# APP Handbook

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</table>
I. **Human Resources**— will send you (1) an **offer letter** with your tentative start date and (2) **forms to complete** to initiate your background check and drug screening. **These forms will need to be returned to the HR Recruiter as soon as possible** to initiate the hiring process.

II. **Credentialing Coordinator** — will contact you with instructions on completing your credentialing packet.

- **Application** — This packet **MUST** be submitted within 30 days of the initial email, but **preferably within 2 weeks**. Once the Credentialing Coordinator receives your completed packet he/she will submit the packet to the Centralized Credentialing Office (CCO) / Office of Medical Staff Services (OMSS) for review. The review process may take up to 2 months to complete, so the quicker they receive the packet the better. You will receive communication from the CCO as to the status of the review.

- **DEA number** — As part of your packet, you will need to apply for your DEA (instructions on how to apply are included in your application packet). The DEA fee is covered by the health care system **through the “exemption” status** (see instructions on the next page).

- **Collaborative Practice Agreement (CPA)** — You will be responsible for composing a draft of your CPA. An example CPA is provided at the end of this document. As part of your CPA, you will be expected to meet with your supervising physician to review your draft. You will need to contact your supervising physician via email to schedule a time to meet.

After the CCO/OMSS processes your application, it is forwarded to the Credentials Committee for review and determination of approval. The committee meets the first Tuesday of every month.

Once your credentialing packet is reviewed by the Credentialing Committee, the OMSS will notify your Credentialing Coordinator and you will be informed via email of your application status.

III. **UNC Recruitment Department** — will contact you to verify an official start/orientation/date (usually by phone).

The week prior to orientation you will receive a link to complete onboarding forms (I-9, payroll forms, tax information, etc.) prior to attendance to orientation. These should be completed online prior to your orientation date.

You will also need to bring two valid forms of identification to orientation:

(U.S. passport or U.S. Passport Card; Driver’s License or ID card issued by a state or outlying possession of the U.S. provided it contains a photograph or information such as name, DOB, gender, height, eye color and address; Social Security Account Number card; School ID with photograph; U.S. Military card or draft record; U.S. Citizen ID Card (Form I-197))

IV. **APP Mentor** — will be designated once you have a set start date. This is an informal relationship with another APP. This will be someone to turn to with questions and for support. You should receive an email from the mentor introducing himself/herself.

V. **General Information:**

**EPIC Training**— sign up/schedule training through LMS and ARC (Access Request Center) will be arranged with your manager. EPIC training occurs through several instructor-led courses at an off-site location.

Training is specific to your role and privileges. Some of the available courses include:

- Ambulatory Provider 100/200 (2 classes)
- Ambulatory-Trained Inpatient Provider 100/200
- Personalization Lab
- Dragon Voice Recognition (to dictate notes)
- Other specialty courses may include:
  - Ambulatory Oncology Provider

VI. **Orientation** (See page #4 for orientation specifics)
Effective April 1, 2011, all Licensed Independent Practitioners (LIPs), such as Physicians, Advanced Practice Nurses, Physician Assistants, and Clinical Pharmacist Practitioners, who are employed on a full- or part-time basis by the UNC Health Care System, UNC Hospitals, UNCFP, UNC School of Dentistry, or UNC School of Medicine AND are appointed to the Medical Staff or Allied Health Staff of UNC Hospitals must have a personal DEA registration number. Each LIP who does not already have an active personal North Carolina DEA number needs to get one. S/he should, as soon as possible, complete an individual application for a North Carolina DEA registration number using DEA Form 224 or the web-based registration tool.

For web-based registration:
https://www.deadiversion.usdoj.gov/webforms/jsp/regapps/common/newAppLogin.jsp

- Select Business Category: “Form 224 – Practitioners (MD, DO, DDS, DMD, DVM, DPM), Mid-Level Practitioners (NP, PA, OD, etc.), Pharmacies, Hospitals/Clinics, Teaching Institutions”

- Select One Business Activity: Choose the most closely related option to your professional designation

The following information is provided on the DEA website:

“Exemption from payment of application fee is limited to federal, state or local government official or institution. The applicant’s superior or agency officer must certify exempt status. The signature, authority title, and telephone number of the certifying official (other than the applicant) must be provided. The address of the fee exempt institution must appear in Section 1.”

**All employees of UNC Hospitals, UNC School of Medicine and UNC School of Dentistry qualify for the exemption at the time of DEA application and renewal.**

**Note:** A provider who chooses to apply for fee exemption must be aware that restrictions exist for DEA registration numbers obtained under this benefit.

DEA registration numbers obtained under this exemption may only be used in the performance of employment duties for the UNC Health Care System, UNC FP, UNC School of Dentistry or UNC School of Medicine and may not be used for moonlighting or other external activities for pay.

In order to take advantage of this fee exemption, Licensed Independent Practitioners (LIPs) must enter the name of the appropriate “superior” or “certifying official” on their DEA application.

- For UNC School of Medicine faculty, UNC School of Dentistry, UNC Faculty Physician clinicians, or Advanced Practice Providers –Chair, Vice-Chair, or Division Chief of the department recommending UNC Hospitals staff membership and privileges

- For UNC School of Medicine Department Vice-Chairs or Division Chiefs—Department Chair

- For UNC School of Medicine Department Chairs—Tom Ivester, MD

Please note that the DEA may request additional information in order to verify that an individual LIP can take advantage of this fee exemption.

There will be rare exceptions to not getting a personal DEA number. Any such exemptions will be determined on a case by case basis (e.g. Pathologists who do not prescribe any medications in the course of their practice)

**If you need assistance, please contact your department coordinator.**
## 2018 New Employee Orientation Schedule
### Morrisville Conference Center

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic/Content</th>
<th>Facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30-8:30 AM</td>
<td>Arrival and Check-in Stations</td>
<td>Recruitment (Registration and 1-9 Forms), Contracts, Occupational Health, Nursing, Parking &amp; ID Badges, and MyChart Activation</td>
</tr>
<tr>
<td>8:30-8:35 AM</td>
<td>Welcome &amp; Logistics</td>
<td>Kimberly Eastman Zirkle, HCS-Sr Consultant Learning and Organizational Development or Other HR LOD Facilitator</td>
</tr>
<tr>
<td>8:35-8:45 AM</td>
<td>UNC HCS Vision &amp; Values Video</td>
<td>William Roper, MD, UNC Healthcare System CEO</td>
</tr>
<tr>
<td>8:45-9:15 AM</td>
<td>UNC Health Care: Past to Future System &amp; Local History, Culture, Strategy</td>
<td>VP Executive (either Ian Buchanan, Leslie Burnside, Janet Hadar, Meghan McCann, or Matt Smith)</td>
</tr>
<tr>
<td>9:15-10:00 AM</td>
<td>People - A Pillar of Success</td>
<td>Aleyah Pryor-Pankey, HCS Executive Director Diversity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rich Helgans, HCS Exec Dir Learning and Org Development</td>
</tr>
<tr>
<td>10:00-10:15 AM</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>10:15-10:35 AM</td>
<td>Parking and ID Badges</td>
<td>Jeff Watson, Administrative Officer, Valent Parking</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kate Capehart, Administrative Associate, Valet Parking</td>
</tr>
<tr>
<td>10:35-11:00 AM</td>
<td>Learning and Development, Environmental Health and Safety, Police, Infection Control</td>
<td>Kimberly Eastman Zirkle or Other HR LOD Facilitator</td>
</tr>
<tr>
<td>11:00-11:30 AM</td>
<td>Culture of Improvement</td>
<td>Larry Mandelkher, HCS-Exec Dir Hospital Quality</td>
</tr>
<tr>
<td>11:30-11:45 AM</td>
<td>Compliance</td>
<td>Patrick Kennedy, HCS Director Compliance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>David Behinfar, HCS Director of Privacy, Sarah Sauls, Program Manager</td>
</tr>
<tr>
<td>11:45-12:30 PM</td>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>12:30-1:30 PM</td>
<td>Carolina Care: Empathy and Expertise</td>
<td>Kim Green, Associate Director, Mel Hurston, Sr VP Professional Support Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dan Lehman, Associate VP</td>
</tr>
<tr>
<td>1:30-1:45 PM</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>1:45-3:00 PM</td>
<td>Benefit Breakout Sessions</td>
<td>Benefit Managers, Analysts, Specialists and Service Team Reps: Angela Montgomery, Jeannie Alston, Vonyee Carrington, Sharon Cook, Gail Smith, Betsy Webb, Patricia and Cheryl Pennisi</td>
</tr>
<tr>
<td></td>
<td>UNC Med Center (Ballrooms)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Shared Services/REX (Bell Tower)</td>
<td></td>
</tr>
<tr>
<td>3:00-3:15 PM</td>
<td>Next Steps/Wrap up</td>
<td>Kimberly Eastman Zirkle (Ballroom); Benefits Representative (Bell Tower) and Kate Capehart (Badges)</td>
</tr>
<tr>
<td></td>
<td>Evaluations and Badge Pickup</td>
<td></td>
</tr>
</tbody>
</table>
Department – specific Orientation (Day 2 onward)

- Review basics with your Department/Division HR Coordinator
  
  **Details:** Department/Division HR Coordinator will help orient and provide you with:
  
  - Physical mail box
  - Office location
  - Pager and pager instructions: [http://intranet.unchealthcare.org/hospitaldepartments/telecom/pagers](http://intranet.unchealthcare.org/hospitaldepartments/telecom/pagers), pager batteries, labels, and support is located in the telecommunications office - Telecommunications: 984-974-4357 or 919-966-2354 (SOM)
  - Order/verify business cards
  - One Card (if applicable)
  - Lab Coat
  - Attending clinic schedules
  - Ongoing conference/meeting schedules
  - Freedom Pay: These cards are funded securely by your credit card or checking account, work like mini-credit cards at our retail establishments and entitle you to 20% off every purchase you make in UNC’s retail venues. [https://my.freedompay.com/MyFreedompay/faqs.aspx](https://my.freedompay.com/MyFreedompay/faqs.aspx)  
  - Create an ONYEN (used for TimeTrex and University online resource access)

- Tour: Hospital Map—[http://www.uncmedicalcenter.org/uncmc/hospitals-locations/profile/?id=38&searchId=9946d705-eb35-e511-a702-2c768a4e1b84&sort=11&page=1&pageSize=10](http://www.uncmedicalcenter.org/uncmc/hospitals-locations/profile/?id=38&searchId=9946d705-eb35-e511-a702-2c768a4e1b84&sort=11&page=1&pageSize=10) (copy and paste into a browser)
  
  - **Details:** You will be taken on a brief tour
  - **Details:** You will meet your team members

- Clinic Unit Overview:
  
  - **Orientation:** You will be oriented to the clinics/units basic flow - your training and work schedule should be discussed with your coordinator/manager.

  - **Introductions:** Interdisciplinary team members, which may include:
    
    - Primary Supervising Physician
    - Nurse Manager
    - Advanced Practice Providers
    - Support Staff

- Logistics: Technical/Computer
  
  - **Clock In:** Instructions for clocking in on Kronos System (you will not be able to clock in until the Thursday of your orientation week)
    
    - Must clock in **but not out** (unless otherwise designated by your specific manager)
    - Completed via phone
    - **Dial:** *25
    - **Enter EID** (employee identification number, which is given at orientation)
    - **Enter 7** (exempt)

  - **Kronos:** Check your clock-in time to be recorded—you do not have to approve your timecard online, but errors and missed clock-ins should be reported to your coordinator/manager

  - **Computer Access:** You will be given assistance with accessing pertinent software
Shadowing, Required Education, Getting Comfortable

* Required Training: Your training schedule and work schedule should be discussed with your coordinator/manager

- LMS (online education and course sign-up):
  - Off campus, you may access LMS at https://csg.unch.unc.edu/Citrix/XenApp/site/default.aspx - you will need to enter your Citrix username and password.
  - On campus, you may access LMS via Intranet Work at http://intranet.unchealthcare.org/intranet
- Verify Epic training has been scheduled
- Complete TimeTrex module in LMS
- Complete any other required modules that appear in your LMS home screen (eg. safety training, compliance code of conduct, etc.)
- Kronos
- Pay Stub (Pay Advice) – for viewing your paycheck
- Health Sciences Library/online journals
- UNC Healthcare Policy links

Computer/Technology Access Item

**Employee ID numbers:**

- **EID:** Employee ID
  - Use: Internal identification of employee, clocking in
- **U number:**
  - Use: Email, Kronos, CITRIX, LMS, and most online programs
- **Onyen:** Additional identification # for the University
  - Use: UNC library access (university journal/resource access), TimeTrex

Create through helpdesk/UNC library site

Basic Online Systems to know:

- **Citrix:** Remote login program to UNC Healthcare intranet and applications
- **LMS:** Shows you most of your required online training. Go to UNC Intranet where there is a link for LMS via Citrix

**E-mail Account:**

- **UNC HealthCare:**
  - Access: Within Citrix: Outlook
  - Login: u# and password

  - webmail.unch.unc.edu

- **Med.unc.edu account:**

  You already have a UNC Healthcare email address and now need to create @med.unc.edu aliases. Please sign in as stated and begin creating email.

  UNC recently deployed a new self-service tool for creating email accounts and aliases, which can be found at http://selfservice.unc.edu. To use this tool, please follow the steps below:

  - You already have a UNC Healthcare email address and now need to create @med.unc.edu aliases. Please sign in as stated and begin creating email.

  UNC recently deployed a new self-service tool for creating email accounts and aliases, which can be found at http://selfservice.unc.edu. To use this tool, please follow the steps below:

    1. Login with your Onyen at http://selfservice.unc.edu
    2. Click the Email Sign-Up link on the left
    3. Keep the check next to Update Listserv Subscriptions (Recommended)
    4. Click the SUBMIT button to request a new email account
    5. The School of Medicine's standard is to add two email aliases 1) first_last@med.unc.edu and 2) onyen@med.unc.edu
    6. Click the My Aliases tab
    7. Select the radio button next to Add Alias, then click Next
    8. In the box under Alias, enter your name as firstname_lastname, then click the drop-down arrows to select @med.unc.edu. You can use either your formal or nickname for the firstname. Click the ADD ALIAS button.
    9. Repeat 6-8 add your onyen@med.unc.edu
    10. Click the My Aliases tab
    11. Select the radio button next to Set reply-To Address, then click Next
    12. Use the drop-down menu to select firstname_lastname@med.unc.edu
    13. Press the SET REPLY-TO ADDRESS button

These same instructions along with pictures can be found at http://help.unc.edu/help/email-self-service-tool

**Emergency Procedures:**

- Emergency Preparedness: http://intranet.unchealthcare.org/hospitaldepartments/disaster
Paid Time Off (PTO):

- **HCS**: The accrual rate is based upon years of service with UNC Health Care. See chart below.

  **Requesting PTO**: Coordinate with your manager.

  **Taking PTO**: Notify your manager of any days you take off/PTO and any missed clock-ins.

  **Sale of PTO**: To be eligible for the sell-back, employees must have more than 140 hours of PTO available—anything over the 140 can be sold back.

  **Questions/Concerns**: Contact HR manager.

  **Reference for Time and Attendance**:

  - [http://www.aasa1.org/sites/default/files/Member-Toolkit/time_and_attention.pdf](http://www.aasa1.org/sites/default/files/Member-Toolkit/time_and_attention.pdf)
  - [www.unchealthcare.org/site/humanresources/careers/benefits/pto/](http://www.unchealthcare.org/site/humanresources/careers/benefits/pto/)

### Health Care Employee Earning for PTO

#### Table 1. PTO Leave credits for Full time employees (80-hour appointment) hired before December 31st 2016. Years of Service

<table>
<thead>
<tr>
<th>Years of Service</th>
<th>Biweekly Accrual*</th>
<th>Total Annual Accrual*</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 5</td>
<td>11.539 hours</td>
<td>300 hours</td>
</tr>
<tr>
<td>5 but less than 10</td>
<td>12.500 hours</td>
<td>325 hours</td>
</tr>
<tr>
<td>10 but less than 15</td>
<td>13.462 hours</td>
<td>350 hours</td>
</tr>
<tr>
<td>15 but less than 20</td>
<td>14.423 hours</td>
<td>375 hours</td>
</tr>
<tr>
<td>20+</td>
<td>15.385 hours</td>
<td>400 hours</td>
</tr>
</tbody>
</table>

*Accrual is pro-rated for Part-time employees (less than 80 hour appointment) Accrual rate will remain at rate for December 2016 years of service if greater than new accrual rates below, so long as the employee does not terminate employment with UNC Hospital or UNC Faculty Physicians.

#### Table 2. PTO Leave credits for Full time employees (80-hour appointment) hired after January 1st 2017. Years of Service

<table>
<thead>
<tr>
<th>Years of Service</th>
<th>Biweekly Accrual*</th>
<th>Total Annual Accrual*</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 4</td>
<td>9.846 hours</td>
<td>256 hours</td>
</tr>
<tr>
<td>4 but less than 9</td>
<td>10.769 hours</td>
<td>320 hours</td>
</tr>
<tr>
<td>9 but less than 15</td>
<td>12.308 hours</td>
<td>328 hours</td>
</tr>
<tr>
<td>15 but less than 20</td>
<td>12.165 hours</td>
<td>328 hours</td>
</tr>
<tr>
<td>20+</td>
<td>13.583 hours</td>
<td>352 hours</td>
</tr>
</tbody>
</table>

*Accrual is pro-rated for part-time employees (less than 80–hour appointment)

### PTO Balance Distributions at Termination to UNC Healthcare Service Date (EOD) or Reason

<table>
<thead>
<tr>
<th>Date (EOD) or Reason</th>
<th>Biweekly Accrual*</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9 months</td>
<td>0% of PTO Balance</td>
</tr>
<tr>
<td>9 months–2 years</td>
<td>50% of PTO balance under 281 hours</td>
</tr>
<tr>
<td>2-5 years</td>
<td>75% of PTO balance under 281 hours</td>
</tr>
<tr>
<td>&gt;5 years</td>
<td>100% of PTO balance under 281 hours</td>
</tr>
<tr>
<td>Discharge</td>
<td>0% of balance</td>
</tr>
<tr>
<td>Death While Employed</td>
<td>100% of PTO balance</td>
</tr>
<tr>
<td>Retirement</td>
<td>100% of PTO balance</td>
</tr>
</tbody>
</table>

**UNIVERSITY EMPLOYEE- ONLY**
The following summarizes annual leave, sick leave, and holiday leave guidelines for faculty employees.

For information on payout or transfer of faculty leave in the event of termination, change of position or to transfer to/from another State agency or UNC campus, see Guidelines on Faculty Leave Transfer or Payout.

**Annual (Vacation) Leave for Twelve-Month Faculty Members**

- Twelve-month faculty members are entitled to **24 days of annual leave** per calendar year.
- The amount of annual leave is adjusted proportionately for part-time employees in covered positions who work half-time (50% FTE) or more.
- Leave shall be earned on a monthly basis. The monthly earnings amount is equal to one-twelfth (1/12) of the annual leave accrual rate for each month the employee works or is on approved leave with pay at least half the working days of a month.
- The scheduling of an employee’s annual leave shall be subject to the approval of his or her Department Chair or other individual designated by the Chair to authorize leave requests.
- The maximum number of unused days of annual leave that may be accrued and carried forward from one year to the next shall be 30 work days; however, unused annual leave in excess of thirty (30) days shall be converted to sick leave on December 31st of each year. In the event of a part-time faculty member, the thirty-day limit is pro-rated based on the faculty member’s part-time work schedule (FTE).

**Sick Leave for Twelve-Month Faculty**

- Twelve-month faculty earn **12 sick days** per year accrued on a monthly basis. Unused sick leave may be accumulated and carried forward from year to year on an unlimited basis.
- Upon separation, unused sick leave is not paid out. Only members of TSERS are eligible to have sick leave credit converted to creditable service upon retirement. For ORP participants, any unused sick leave balance at termination or retirement is forfeited.
- Sick leave is restored to an employee’s leave record when the employee returns from an approved period of leave without pay.
- Sick leave is restored to an employee’s leave record when the employee is reinstated to State service within five years of any type of separation.
- Sick leave is reinstated when an employee returns to State service within five years after separating from EPA employment with a local government, public school, community college, or technical institute.
- Twelve-month faculty members are also eligible for paid serious illness and parental leave which when used does not require use of accumulated annual or sick leave. For more information on this policy, [click here](javascript:).  

**Annual (Vacation) and Sick Leave for Nine-Month Faculty**

Nine-month faculty **do not** earn either annual or sick leave. They are eligible for paid serious illness and parental leave. For more information on this policy, [click here](javascript:).

**Holidays**

Both nine- and twelve-month faculty generally observe the same holidays as other University employees except that when classes are scheduled during a normal university holiday, faculty are expected to work when assigned teaching duties.

Please refer to the [University Holiday Schedule](javascript:) for the most current holiday schedule. Please note that certain clinical departments of the School of Medicine have a modified holiday schedule for their employees. Clinical departments will communicate any such modified holiday schedule directly to their employees.

<table>
<thead>
<tr>
<th>Years of Service</th>
<th>Vacation Leave Annual Accrual</th>
<th>Sick Leave Annual Accruals</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td>112 hours</td>
<td>96 hours</td>
</tr>
<tr>
<td>5-10</td>
<td>136 hours</td>
<td>96 hours</td>
</tr>
<tr>
<td>10-15</td>
<td>160 hours</td>
<td>96 hours</td>
</tr>
<tr>
<td>15-20</td>
<td>184 hours</td>
<td>96 hours</td>
</tr>
<tr>
<td>20+</td>
<td>208 hours</td>
<td>96 hours</td>
</tr>
</tbody>
</table>
Food and Beverages:

- **Overlook Café**: Located on the 2nd floor hallway connecting the Neurosciences Hospital with the NC Cancer Hospital—**Open 11AM-6PM, Monday-Friday**. Food includes sandwiches, soups, salads, frozen yogurt/smoothies, pizza.

- **Terrace Café**: Located on the first floor terrace of the Children's Hospital—**Open 6:30AM-9PM**.

- **Corner Café**: Located on the ground floor of the Children's Hospital down the hallway past the kinetic sculpture—**Open 7AM-2PM on weekdays**. Food includes deli/sandwich creations.

- **Courtyard Café**: ACC Building—**7 AM-4 PM**

- **The Beach**: Located behind the hospital on the first floor of the Brinkhous-Bullitt Building next to the School of Medicine (Bondurant Hall) - **Open M-Th from 7:30 AM-8PM; Fridays—7:30 AM-3:00 PM; closed on Saturdays and Sundays**

- **Starbucks**: Located off the lobby of the NC Cancer Hospital. This is the only shop **open 24 hours a day**.
V. TimeTrex is a time-keeping system developed and used by UNC Health Care System to accurately calculate UNC Hospital’s reimbursement for Part A activities (hospital related services) on the hospital cost report. All Other activities are related to Part B (direct patient care) or other School of Medicine activities (not for hospital benefit).

1) Complete mandatory training at LMS site:

   https://rod.sumtotalsystems.com/unchcs/app/taxonomy/learnerSearch/LearnerSearch.aspx?UserMode=0

   — Search for TimeTrex and the module will appear if not already auto-assigned to you

2) You will be sent a monthly email with instructions on how to access the site to enter your time.

   Your timetrex monthly entry is REALTIME. **100% of your time should be reported.**

   **Please see an example of the timetrex entry page and category lines with explanations on the following pages.**
# University of North Carolina Hospitals at Chapel Hill

**Non-Physician Practitioners Time Study - For Medicare/Medicaid Cost Reporting**

<table>
<thead>
<tr>
<th>Non-Physician Practitioners Name</th>
<th>PID</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Department Number</strong></td>
<td><strong>Home Department</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<td>1  Instruction (Non-Patient Care) w/Residents</td>
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<td>2  Instruction of or Acting as Hospital Staff in Inpatient/Outpatient Hospital Setting</td>
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<td>3  Hospital Services in a Hospital Based Clinic</td>
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<td>4  Case Management/ Patient Education Related to Hospital Activities</td>
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<td>5  Hospital Committees</td>
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<td>6  Direct Medical and Surgical Services to Individual Patients (with or without Residents)</td>
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<td>7  Clinical Administration (Department, Clinic Specific and UNC P&amp;A Committees)</td>
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<td>8  School of Medicine and Other Activities</td>
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<td>9  Paid Leave Time and Other Mixed Time</td>
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<td>10 Activity at Rex Hospital (describe type of activity in note section)</td>
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<td>11 Activity at Chatham Hospital (describe type of activity in note section)</td>
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<td>12 Activity at Pardee Hospital (describe type of activity in note section)</td>
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**Totals:**

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**Full Time Employee:**

- Yes or No

**Paid Leave (Full Month):**

- Yes or No

**Away 2 or more days preferred week:**

- Yes or No

**Notes:**

- Provide Services in the Pediatric Continuity Clinic:
  - Yes or No

- (See following page for time)

**Confirmation:**

"I certify that this time study reflects a reasonably true and accurate record of my time during the period indicated."

**Hospital Contract Number(s):**

- Completed by Department Manager

- Department Manager’s or representative’s initials represent that necessary information is provided on time study for time reported in row 4 and any information required on the following page of this study.

**Non-Physician Practitioner Signature:**

- Department Date

**Contact Department Date:**

- Department Manager Initials

- Date
Line 1 - Instruction (Non-Patient Care) w/Residents
- Training of Physician Residents

Line 2 - Instruction of or Acting as Hospital Staff in Inpatient/Outpatient Hospital Setting
- Training of RNs, NAs, etc
- Routine RN Activities on Hospital Unit or Department- Not Hospital Based Clinic
- Administrative duties on Hospital Unit or Department- Not Hospital Based Clinics (Such as Clinic Manager)
- Instruction of or Acting as Hospital Staff in Inpatient/Outpatient Hospital Setting

Line 3 - Hospital Services in a Hospital Based Clinic
- Routine RN Activities in Hospital Based Clinics
- Administrative duties in Hospital Based Clinics (Such as Clinic Manager)

Line 4 - Inpatient care coordination and patient education related to hospital activities that does not require an advanced license (i.e. could be provided by Case management or a Registered Nurse)
- Active implementation of post discharge care and transitions of care
- Patient and patient family education as it relates to care (not part of the Professional (APP or Physician) explanation of the patient’s diagnosis or plan of care)
- Examples of case management such as:
  - Arrange home health infusions
  - Arrange local transportation to/from UNC
  - Arrange home health nursing, wound vac, outpatient OT/PT
  - Make changes as needed to post hospitalization care transition arrangements
- Example of education such as:
  - Actively arrange. Facilitate patient/family discussions re: care continuum needs
  - Review understanding of discharge plan/meds/wound care
  - Educate patients/family on G-tubes, etc. before discharge

Line 5 – Hospital Committees and inpatient quality/performance improvement and patient safety activities
- Committees served on which benefit the hospital
- Quality improvement/performance improvement/patient safety
- Examples such as:
  - Green belt project (inpatient) or Kaizen event in hospital unit
  - Review of patient satisfaction data
  - Patient safety root-cause analysis

Line 6 - Direct Medical and Surgical Services to Individual Patients (with or without Residents)
- Information and education to the patient and their families that are part of the initial explanation of the patient’s diagnosis or plan of care
- Additional education and information provided to the patient or their families in the physician clinic
- Education provided to the physician clinic staff
- Taking the patient history
- Physical examination
- Medical diagnosis or judgment
- Ordering tests or treatments
- Coordinating medical care
- Counseling patients regarding prognosis, test results, diagnosis, treatment options, and risk factors
- Nursing care provided in a FP clinic
- Providing services in the Pediatric Continuity Clinic
- Billable Services
**Line 7 – Clinical Administration (Department, Clinic Specific and UNC FP Committees)**
- Procedural issues in the physician clinics
- Quality control activities in the physician clinics
- Documentation review in the physician clinics
- Work on policies and protocols in the physician clinics
- Other management issues in the physician clinics

**Line 8 – School of Medicine/Nursing and Other Activities**
- Medical School Activities
- Research activities (excluding direct patient care)
- School of Medicine Department Committees
- Contract services to outside parties
- Teaching any students including: Nursing, NP, PA, Medical, etc.
- Other non-patient care activities

**Line 9 – Paid Leave Time and Other Mixed Time**
- Continuing education
- Administrative time not otherwise allocated
- Health Care System administrative activities
- Completing TimeTrex monthly time studies
- PTO or vacation and sick time
  - Paid Administrative Leave
  - Paid FMLA
  - Paid Holiday
  - Paid Parental Leave
  - Paid PTO
  - Paid Sabbatical Leave
  - Paid Sick Leave
  - Paid Vacation

**Line 10 – Activity at Rex Hospital (describe type of activity in note section)**
- Patient care activities for which UNC FP WILL NOT bill
- Patient care activities performed in a Rex Hospital clinic
- Patient care activities performed incident to a Rex Hospital physician

**Line 11 – Activity at Chatham Hospital (describe type of activity in note section)**
- Patient care activities for which UNC FP WILL NOT bill
- Patient care activities performed in a Chatham Hospital clinic
- Patient care activities performed incident to a Chatham Hospital physician

**Line 12 – Activity at Pardee Hospital (describe type of activity in note section)**
- Patient care activities for which UNC FP WILL NOT bill
- Patient care activities performed in a Pardee Hospital clinic
- Patient care activities performed incident to a Pardee Hospital physician
The information below is provided by the North Carolina Board on Nursing (NC BON) as a guide in creating your Collaborative Practice Agreement. An example of a UNC APP CPA will follow the NC BON Information.

If you are in need of assistance, please feel free to contact your designated mentor, they will be happy to provide any assistance.

http://www.ncbon.com/searchg?q=collaborative%20practice%20agreement

PATIENT POPULATION:

What patients will you typically see? Depending on your area of education and certification, i.e. FNP, Women’s Health etc., what diagnoses/problems will you commonly see? How will these be managed? For example, do you see High Risk Maternity patients? How are they managed?

What is the arrangement for NP/physician continuous availability to each other for supervision, consultation, collaboration, and evaluation of the medical acts you will perform?

Describe certain patients or disease management situations that the primary or back up supervising physician will only see, or see in consultation with you.

How will you establish the minimum standards for consultation between the nurse practitioner/primary or back-up supervising physician(s), as outlined in the Quality Assurance Standards for a Collaborative Practice Agreement? How and what will your documentation include?

How will consultation and referral of patients be accomplished in your practice?

What is the pre-determined plan for emergency services?
**PRESCRIBING AUTHORITY:**

What drugs, devices, medical treatments, tests and procedures that may be prescribed, ordered and performed, would be appropriate for the diagnosis and treatment of the common medical problems seen in your NP practice sites?

What drugs and devices will you prescribe in each practice site? You may list by specific drugs or drug categories. A broad description of categories of drugs and devices for treating the common health problems in your particular practice can be developed. For example: categories of drugs, such as antiseizure, hypoglycemic drugs-oral/insulin, hormones and oral contraceptives, cephalosporins, aminoglycosides, antiviral, antiasthmatic, diuretics, antihypertensive etc. can be stated. Prescribing exceptions could be by classes of drugs or specific drugs in a class or routes for administration.

Are you going to dispense drugs and devices? If so, you must apply for dispensing privileges through the Board of Pharmacy. If you will be dispensing, state how this will be done to comply with the Board of Pharmacy, and dispensing in accordance with 21NCAC 36.1700.

How will you address in the new rules prescribing and dispensing drugs and devices that are not included in the collaborative practice agreement as stated in rule 21 NCAC36.0809 (b)(3)(A)(B) and 21 NCAC32M.0109 (b)(3)(A)(B).

Will you prescribe any controlled drugs? If so, you must have a DEA number.

A nurse practitioner could do a combination of the above or use a different approach to describe in the Collaborative Practice Agreement the prescribing authority for the nurse practitioner. It is required to describe in the Collaborative Practice Agreement, the drugs and devices that may be prescribed by the nurse practitioner in each practice site as outlined in Medical Board rule 21 NCAC32M.0109 “Prescribing Authority” and, in the Board of Nursing rule 21 NCAC36.0809 “Prescribing Authority.”

**REQUIREMENTS FOR DOCUMENTATION:**

In the Rules, 21NCAC36.0810(b)(1)(2) and 21 NCAC32M.0110(b)(1)(2) “Quality Assurance Standards for a Collaborative Practice Agreement,” the Collaborative Practice Agreement shall be agreed upon and signed by both the primary supervising physician and the nurse practitioner, and maintained in each practice site.

The review of the Collaborative Practice Agreement shall be done at least yearly, and shall be acknowledged with a dated signature sheet, signed by both primary supervising physician and the nurse practitioner, appended to the Collaborative Practice Agreement and available for inspection by members or agents of either Board.

Documentation of how the primary or back-up supervising physician(s) and the nurse practitioner shall be continuously available to each other for consultation by direct communication or telecommunication shall be stated.

Documentation for evaluating the plan of the quality of care provided for one or more frequently encountered clinical problems shall occur at the scheduled meetings between the primary supervising physician and the nurse practitioner that occur at least every six months, as outlined in rule NCAC 36.0810(d)(1)-(3)(A)-(C) and rule 21 NCAC 32M.0110(d)(1)-(3)(A)-(C).
QUALITY IMPROVEMENT PROCESS:

What will be your process, developed by the nurse practitioner and the primary supervising physician, for the ongoing review of care provided in each practice site, including a written plan for evaluating the quality of care provided for one or more frequently encountered clinical problems?

What will the plan include?

Every six months there shall be scheduled meetings between the primary supervising physician and the nurse practitioner.

What will be your minimum standards for consultation between you as a nurse practitioner and your primary supervising physician, as outlined in 21 NCAC 36.0810(e)(1)(A)-(B)(2)(3)(A)-(C) and 21 NCAC 32M(e)(1)(A)-(B)(2)(3)(A)-(C)? This nurse practitioner/physician consultation will be different for the new graduate, new nurse practitioner with first time approval to practice in North Carolina vs. a subsequent collaborative practice agreement between a nurse practitioner previously approved to practice in NC and a different primary supervising physician.

What will be the process for consultation, meetings, and documentation of the meetings?

SUMMARY:

This is not an all-inclusive list of questions or statements to be considered for your Collaborative Practice Agreement, but is meant to guide your development of the Collaborative Practice Agreement for your practice.

No collaborative practice agreement can effectively cover every clinical situation. Therefore, the Collaborative Practice Agreement is not intended to be, nor should it be, a substitute for the exercise of professional judgment by the Nurse Practitioner. There are situations involving patient care, both common and unusual that require the individualized exercise of the Nurse Practitioner’s clinical judgment.

In creating your “Collaborative Practice Agreement” utilize the new nurse practitioner rules. If you have further questions, please call Eileen Kugler, RN, MSN, MPH, FNP, Practice Consultant, 919-782-3211 Ext. 255.

COLLABORATIVE PRACTICE AGREEMENT
UNC SCHOOL OF MEDICINE, DEPARTMENT/DIVISION OF ____________

This Collaborative Practice Agreement (“Agreement” or “CPA”), effective ___, is by and between _______ , nurse practitioner (“NP”)/Physician Assistant (PA), collectively referred to throughout as Advanced Practice Provider (“APP”) and _______ , (the “Primary Supervising Physician”) (MD/DO), and/or backup supervising physicians (listed on the attached document).

It is recognized that no collaborative practice agreement can effectively cover every clinical situation. Therefore, the collaborative practice agreement is not intended to be, nor should it be, a substitute for the exercise of professional judgment by the Nurse Practitioner/Physician Assistant.

I. DEMOGRAPHIC INFORMATION

APP Name:

N.C. APP Approval Number:

Certification Number:

Certifying Organization:

Certification Number:

Certifying Organization:

Primary Supervising Physician:

Office Practice Site (including name, address, phone number):

II. SETTING

The APP will function within the following facilities:

III. PATIENT POPULATION

Patient population served will include: (example: BMT Service, CVTICU Service, Adult GI Clinic, Family Medicine, etc.)

IV. SCOPE OF PRACTICE AND CLINICAL RESPONSIBILITIES

Advanced Practice Providers use independent professional judgment derived from advanced formal education, skills, and experience when providing diagnostic and therapeutic health care to patients. Their practice is measured by acceptable standards of care for this patient population. As with other professional health care providers, APPs know the boundaries of their competence. Thus, as is ethically and legally mandated, they will consult and refer to their physician colleagues and other health care providers when that boundary has been reached. Although clinical guidelines and protocols offer suggestions for acceptable practice, they are not exhaustive summaries of approaches to diagnosis and treatment.
Guidelines & References:

_List texts and resources appropriate for practice setting and population_

Procedures: See attached UNC Privilege form with the appropriate privileges indicated for the APP specified in this CPA.

V. PHYSICIAN SUPERVISION

The Primary Supervising Physician shall maintain adequate oversight of the APP and ultimate responsibility to assure that high-quality care is provided to all patients treated within the scope of this Agreement in accord with existing state and federal law and the rules and regulations of the North Carolina Medical Board.

VI. PHYSICIAN CONSULTATION/AVAILABILITY

The Primary Supervising Physician or back-up supervising physician will be continuously available to the APP either by direct in-person communication or telecommunication, including telephone and e-mail.

The APP and the supervising MD aforementioned will:

1. **Collaborate** in regards to the care of the patients under our care at the above listed facilities.
2. The APP will **consult** with the supervising physician and/or backup supervising physician in any situation in which they feel uncertain regarding management of any patient problem or concern.
3. The **PRIMARY SUPERVISING PHYSICIAN** will **evaluate** care given by the APP by reviewing notes written by the APP and reviewing patient cases as needed.
4. Direct consultation with the supervising MD or back-up physician will always be available by direct communication or telecommunication.
5. In the event the supervising physician is unavailable, these standards will apply to the backup supervising physician with whom the APP is working.

VII. PRESCRIBING AUTHORITY

The APP may prescribe/order all drugs, devices, tests, medical treatments, and procedures as permitted within the scope of practice and in accordance with applicable North Carolina law.


Written prescriptions will include the APP’s name, practice address, telephone number, prescribing number, and NC DEA number for controlled substances, as well as name and telephone number of the Primary Supervising Physician or back-up physician, as applicable. Each prescription will include the name of the medication, dose, amount prescribed, directions, number of refills, and the APP’s signature.
As stated in the North Carolina Board of Nursing Rules/North Carolina Medical Board Rules, the APP may prescribe controlled substances (Schedules II, IIN, III, IIIN, IV, V) as defined by the State and Federal Controlled Substances Acts providing the APP has an assigned NC DEA number entered on each prescription for a controlled substance; dosage units for schedules II, IIN, III, and IIIN are limited to a 30 day supply; and the supervising physician(s) must possess the same schedule(s) of controlled substances as the APP’s DEA registration.

As of July 1, 2017 the APP must also adhere to new rules related to controlled substance prescribing per the STOP Act:


VIII. DOCUMENTATION

This Agreement must be agreed to and signed by the Primary Supervising Physician, back-up physicians, and the APP. It is the APP’s responsibility to maintain a copy of the Agreement in each practice site. The Agreement must be reviewed at least annually, and an attachment shall be added to this Agreement, signed and dated by both the Primary Supervising Physician and the NP/PA, acknowledging each review.

IX. CONSULTATIONS/QUALITY IMPROVEMENT/EDUCATION PLAN

During the initial six (6) months of collaboration with a new Primary supervising physician, the APP and the Primary Supervising Physician shall meet at least monthly in order to discuss clinical issues and quality improvement measures.

Thereafter, the Primary Supervising Physician and the APP shall hold quality improvement meetings at least every six (6) months to maintain an ongoing collaboration with the emphasis on utilization of established guidelines and evidence-based data, use of professional judgment, and improvement of care delivered. The Primary Supervising Physician will share appropriate verbal and/or written feedback about performance with the APP within seven (7) days of receiving input.

Documentation of the meetings pursuant to this Section VI shall:

i) identify clinical issues discussed and actions taken, including progress toward improving outcomes and recommendations, if any, for changes in treatment plans;

ii) be signed and dated by those who attended; and

III) be available for review by members or agents of the Medical Board and Board of Nursing for the previous five (5) calendar years and be retained by both the APP and the Primary Supervising Physician.

The APP shall ensure that all applicable continuing education requirements are met annually and that all related documentation is maintained and filed.
X. EMERGENCY SERVICES

In the event of an emergency or critical patient event, the APP will activate the emergency medical system and administer appropriate evaluation and treatment. The primary supervising physician will be notified as quickly as possible if the medical emergency involves a patient under the APP’s care.

XI. APPROVAL STATEMENT

Having read and understood the full contents of this Agreement, the parties hereto agree to be bound by its terms.

Primary Supervising Physician: ____________________________       Date:
Supervising MD typed name:

Advanced Practice Provider: ____________________________       Date:
Advanced Practice Provider typed name:
BACK-UP SUPERVISING PHYSICIAN(S) FORM

Name of Advanced Practice Provider:

Please keep a copy of this form on file at all practice sites for which it applies as part of the inspectable supervisory arrangements statement.

DO NOT send this form to the NCBON or NCBOM.

Signature of primary supervising physician: ___________________ Date:____________________

Signature of Advanced Practice Provider: ___________________ Date:____________________

Back-up supervising physician: Date:

Back-up supervising physician: Date:

Back-up supervising physician: Date:

Back-up supervising physician: Date:

Back-up supervising physician: Date:
INITIAL APP and Supervising Physician Collaboration

REVIEW OF CLINICAL ISSUES AND QUALITY IMPROVEMENT DOCUMENTATION

The APP and supervising physician will meet monthly for the initial six months of collaboration with a new supervising physician, and then at least once every six months thereafter to maintain ongoing collaboration with same supervising physician.

Month #: of 6

Date:

Relevant Clinical Issues Discussed:

Quality Improvement Measures Discussed (including desired time frame):

Other Relevant Issues Discussed:

Signature of primary supervising physician: ___________________ Date:

Signature of Advanced Practice Provider ________________________ Date:
ONGOING COLLABORATION

REVIEW OF CLINICAL ISSUES AND QUALITY IMPROVEMENT DOCUMENTATION

Semiannual Review

Date:

Relevant Clinical Issues Discussed:

Quality Improvement Measures Discussed (including desired time frame):

Other Relevant Issues Discussed:

Signature of primary supervising physician: ___________________        Date:

Signature of Advanced Practice Provider: ______________________      Date:

** The actual Advanced Practice Provider CPA for use is located on the APP website under “APP Workflow & Application Process”**
# Potential Meetings and Educational Opportunities

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Special thanks to Kate Pepin, NP, Dell Strayhorn, NP, Kimberly Smith and the Department of Medicine, Division of Hematology/Oncology for allowing the APP Center to adapt this onboarding document from their original work.