

UNC Health Care
University of North Carolina Medical Center
APP Handbook
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Prior to Employment

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 completing the CPA template. The CPA template 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 usually 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)



Applying for a North Carolina DEA

Rev. 5/2017

**Centralized Credentialing Office &
Office of Medical Staff Services**

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.

First Day

Hospital Orientation (Day 1): New Employees to UNC

Brief Description: For new UNC Health Care employees, orientation will be all day on Monday.

| 2018 New Employee Orientation Schedule Morrisville Conference Center | | |
|---|---|---|
| Time | Topic/Content | Facilitator |
| 7:30-8:30 AM | Arrival and Check-in Stations | Recruitment (Registration and 1-9 Forms), Contracts, Occupational Health, Nursing, Parking & ID Badges, and MyChart Activation |
| 8:30-8:35 AM | Welcome & Logistics | Kimberly Eastman Zirkle, HCS-Sr Consultant Learning and Organizational Development or Other HR LOD Facilitator |
| 8:35-8:45 AM | UNC HCS Vision & Values Video | William Roper, MD, UNC Healthcare System CEO |
| 8:45-9:15 AM | UNC Health Care: Past to Future System & Local History, Culture, Strategy | VP Executive (either Ian Buchanan, Leslie Burnside, Janet Hadar, Meghan McCann, or Matt Smith) |
| 9:15-10:00 AM | People - A Pillar of Success | Aleyah Pryor-Pankey, HCS Executive Director Diversity Rich Helgans, HCS Exec Dir Learning and Org Development |
| 10:00-10:15 AM | Break | |
| 10:15-10:35 AM | Parking and ID Badges | Jeff Watson, Administrative Officer, Valet Parking Kate Capehart, Administrative Associate, Valet Parking |
| 10:35-11:00 AM | Learning and Development, Environmental Health and Safety, Police, Infection Control | Kimberly Eastman Zirkle or Other HR LOD Facilitator |
| 11:00-11:30 AM | Culture of Improvement | Larry Mandelkher, HCS-Exec Dir Hospital Quality |
| 11:30-11:45 AM | Compliance | Patrick Kennedy, HCS Director Compliance David Behinfar, HCS Director of Privacy Sarah Sauls, Program Manager |
| 11:45-12:30 PM | Lunch | |
| 12:30-1:30 PM | Carolina Care: Empathy and Expertise | Kim Green, Associate Director Mel Hurston, Sr VP Professional Support Services Dan Lehman, Associate VP |
| 1:30-1:45 PM | Break | |
| 1:45-3:00 PM | Benefit Breakout Sessions UNC Med Center (Ballrooms) Shared Services/REX (Bell Tower) | Benefit Managers, Analysts, Specialists and Service Team Reps: Angela Montgomery, Jeannie Alston, Vonyee Carrington, Sharon Cook, Gail Smith, Betsy Webb, Patricia and Cheryl Pennisi |
| 3:00-3:15 PM | Next Steps/Wrap up Evaluations and Badge Pickup | Kimberly Eastman Zirkle (Ballroom); Benefits Representative (Bell Tower) and Kate Capehart (Badges) |

Second Day Onward

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>, 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>
 - * 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> (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 at 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.)
 - MyTime
 - 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, MyTime, 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

<https://csg.unch.unc.edu/Citrix/XenApp/auth/login.aspx>

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
webmail.unch.unc.edu

Login:

u# and password

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_lastname@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)

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_attendance.pdf

www.unhealthcare.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 31 st 2016. Years of Service | Biweekly Accrual • | Total Annual Accrual• |
|--|--------------------|-----------------------|
| < 5 | 11.539 hours | 300 hours |
| 5 but less than 10 | 12.500 hours | 325 hours |
| 10 but less than 15 | 13.462 hours | 350 hours |
| 15 but less than 20 | 14.423 hours | 375 hours |
| 20+ | 15.385 hours | 400 hours |

*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.

| PTO Leave credits for Full time employees (80-hour appointment) hired after January 1 st 2017. Years of Service | Biweekly Accrual • | Total Annual Accrual• |
|--|--------------------|-----------------------|
| < 4 | 9.846 hours | 256 hours |
| 4 but less than 9 | 10.769 hours | 320 hours |
| 9 but less than 15 | 12.308 hours | 328 hours |
| 15 but less than 20 | 12.165 hours | 328 hours |
| 20+ | 13.538 hours | 352 hours |

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

| Table 2. PTO Balance Distributions at Termination to UNC Healthcare Service Date (EOD) or Reason | |
|--|--------------------------------------|
| 0-9 months | 0% of PTO Balance |
| 9 months-2 years | 50% of PTO balance under 281 hours |
| 2-5 years | 75% of PTO balance under 281 hours |
| >5 years | 100 % of PTO balance under 281 hours |
| Discharge | 0% of balance |
| Death While Employed | 100 % of PTO balance |
| Retirement | 100 % of PTO balance |

School of Medicine PTO

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 members 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](#).

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](#).

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](#) 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.

| Years of Service | Vacation Leave Annual Accrual | Sick Leave Annual Accruals |
|------------------|-------------------------------|----------------------------|
| 0-5 | 112 hours | 96 hours |
| 5-10 | 136 hours | 96 hours |
| 10-15 | 160 hours | 96 hours |
| 15-20 | 184 hours | 96 hours |
| 20+ | 208 hours | 96 hours |

Basic information

Directory:

Entry: Once you have your pager you will need to update your profile in the WebXchange directory at the following website: <https://survey.unch.unc.edu/TakeSurvey.aspx?SurveyID=m6014822>
Your Division HR or Administrative Coordinator is responsible for adding your contact information in the Division's contact list, and then you are responsible for any future adjustments.

Phone Directory/Voice Mail/Long-Distance Phone Access:

Telecommunications: 984-974-4357

Daily Basics:

- **ATMs/Banking/Money:**

ATMs:

Cash Points

SECU (State Employees Credit Union)

Main lobby, N.C. Memorial Hospital opposite pay phones

N.C. Women's Hospital lobby near the escalator

Ambulatory Care Center, 1st floor

Banking:

CCB (Main lobby, N.C. Memorial Hospital, opposite pay phones)

Bank of America (Ground floor, N.C. Memorial Hospital, near coffee shop)

Wachovia (Main lobby, N.C. Memorial Hospital, opposite registration desk)

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**.

TimeTrex

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/unhcs/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.

TimeTrex

University of North Carolina Hospitals at Chapel Hill
Non-Physician Practitioners Time Study - For Medicare/Medicaid Cost Reporting

Reporting Cycle:
 Dates:
 Last Updated:

| | |
|----------------------------------|-----------------|
| Non-Physician Practitioners Name | PID |
| Department Number | Home Department |

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

Full Time Employee: Yes or No

Paid Leave (Full Month): Yes or No

Away 2 or more days preferred week : Yes or No

Provide Services in the Pediatric Continuity Clinic: Yes or No
(See following page for time)

Notes:

Hospital Contract Number(s): _____
 Completed by Department Manager _____

Department Manager's or representatives'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.

Department Manager Initials _____ Date _____

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

Non-Physician Practitioner _____ Contact Department Date
 Signature # _____

TimeTrex–Category Lines and Explanations

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

TimeTrex – Category Lines and Explanations

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

COLLABORATIVE PRACTICE AGREEMENT

UNC SCHOOL OF MEDICINE, DEPARTMENT/DIVISION OF _____

This Collaborative Practice Agreement (“Agreement”), effective _____, is by and between _____, nurse practitioner (“NP”)/ Physician Assistant (PA) 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. Approval Number (NPs)/N.C. License Number (PAs):

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.

Procedures: Authorized procedures are set forth in the completed UNC Practice Privileges Request form, attached hereto and incorporated by reference as if fully set forth herein.

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 and pertinent to the patient population being served as outlined above in Section III of this CPA.

<https://www.ncbon.com/practice-nurse-practitioner-general-information>

https://www.ncmedboard.org/resources-information/faqs/physician_assistant

All prescriptions will include the supervising physician(s) name, name of the patient, APP's name, telephone number, and approval number, and the NC DEA number for controlled substances. 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 for the Nurse Practitioner, and the North Carolina Medical Board Rules, for the Physician Assistant, each 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 and the name of the supervising physician must be included on the prescription. There must be a policy for periodic review by the physician of these instructions and policy.

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

<https://www.ncleg.net/Sessions/2017/Bills/House/PDF/H243v6.pdf>

Medications and devices that will be prescribed include the following: All medications and devices pertinent to the patient population being served as outlined above in Section III of this CPA.

VIII. DOCUMENTATION

This Agreement must be agreed to and signed by the Primary Supervising Physician and the APP. The backup physician log must be signed and dated by any backup physician, the primary supervising physician 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.

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 Signature: _____ Date:

Supervising Physician typed name:

Advanced Practice Provider Signature: _____ 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 (PSP): _____ **Date:**

**must be signed and dated after signatures of backup physicians completed*

Signature of Advanced Practice Provider: _____ **Date:**

**must be signed and dated after signatures of backup physicians completed*

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:

**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:

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.