

UCSF Faculty Practice

Developing Infrastructure to Optimize Faculty Practice Quality and Regulatory Compliance: The UCSF Exemplar

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Faculty Practice Committee- a SON Standing Committee with bylaws to:

- Develop faculty practice policies that articulate the integration of research, teaching, practice and service.
- Provide guidance to faculty and administration on the Compensation Plan in relation to faculty practice revenues
- New in 2003, the FPC was charged with a new regulatory compliance and risk reduction initiative.

School of Nursing “Sponsored” Faculty Practice Tradition

- Varied Settings—primary health care foci and interdisciplinary collaboration
- Serving diverse patient populations across the city and across the Bay
- Wide ranging organizational infrastructure—directly sponsored to contracted services
- Highly self-directed compliance
- Each practice sparking commitment and rich clinical practice

Faculty Practice Committee Goals 2002-2004

- Integrate Faculty Practice goals with SON Strategic Plan
- Engage Faculty Practice “Leaders” across departments in risk reduction & compliance effort
- Strengthen infrastructure to support faculty practices
- Establish and secure funding (resources) for Quality Improvement program

Infrastructure Subcommittee Priorities

- Five practices were initially targeted for risk reduction & compliance improvement.
- 2003 “Infra” Priorities included:
 - Development of Faculty Practice Standards and candid self assessment of practices re: standards
 - Refining credentialing of all providers, SON practices, with strengthening of Policy and Procedures in the New Hire Process for Credentialing and Health Surveillance
 - Establishing a school wide process for standardized procedures: establish SON Committee on Interdisciplinary Practice

Faculty Practice Standards

adopted by UCSF SON Full Faculty October 2003
adapted from the Accreditation Association of Ambulatory Health Care, Inc

- I. **Rights of Patients:** UCSF-SON Faculty Practices recognize the basic human rights of patients and fully adhere to all regulatory requirements.
- II. **Governance:** UCSF-SON Faculty Practices have a School of Nursing faculty practice governance policy that ensures the provision of high-quality health services overseen by credentialed providers within a legal and professional model of practice, and which fulfills the School’s missions, goals and objectives for teaching, research and service.
- III. **Administration:** UCSF-SON Faculty Practices have administrative systems in place to ensure the provision of high-quality health services within a legal and professional model of practice, and which fulfill the School’s missions, goals and objectives for teaching, research and service.

Faculty Practice Standards

IV. Clinical Records and Health Information—UCSF-SON Faculty Practices maintain clinical records and health information systems from which information can be retrieved promptly. Clinical records are legible, documented accurately in a timely manner, readily accessible to health care professionals and maintained with a commitment to privacy of personal health information.

V. Facilities and Environment—UCSF-SON Faculty Practices provide safe and accessible environments for their patients, personnel, students, and visitors.

VI. Teaching and Research Activities—UCSF-SON Faculty Practices ensure the appropriate placement and oversight of students in the provision of clinical services, and maintain a value/priority on student teaching, research, and the dissemination of clinical outcomes and other research findings.

Faculty Practice Standards

VII. Access to Quality Care —UCSF-SON Faculty Practices provide culturally relevant, high quality health care and supportive clinical services in accordance with regulation, and the principles of professional practice and ethical conduct. These services are provided with the goals of enhanced access to care and improvement of the health status of community members, with a focus on vulnerable populations.

VIII. Quality Management and Improvement—UCSF-SON Faculty Practices strive to preserve each of their unique practices, while standardizing care against community, state and national benchmarks and within and across settings to reduce unwarranted variation among providers. This is accomplished by maintaining an active and integrated peer-based program of quality management and improvement that links peer review, quality improvement activities, and risk management in an organized, systematic way.

Self Assessment Process

- Adopted Bureau of Primary Health Care “New Start” Protocol <http://bphc.hrsa.gov>
 - Texas Association of Community Health Centers: http://www.tachc.org/Community_Resources/Community_Development/Resources.asp
- Ongoing self assessment of practices, by standard at Infra group meetings, with goal to identify best practices across sites
- Focus in 2003-2004:
 - Standard II Governance
 - Standard IV: Clinical Records and HIPAA
 - Standards VII and VIII: Quality Management

Credentialing

- The validation of the education, training, and experience of each provider.
- Our Goal: To implement a consistent credentialing process for salaried and volunteer faculty & staff involved in direct care in SON faculty practice.
- Initial focus on the new hire process with primary source verification of relevant licensure(s) and employee health verification.
- Goal in 2004: Continuing professional competence of all providers in practices

Credentialing process for new providers and staff with direct patient contact includes:

- Attestation questions
- Agreement, release and consent form
- Professional liability form
- Computer security and use statement
- Infection control and safety precautions
- Health clearance memo
- Copy of professional licenses and certification
- Copy of CPR certification
- Role of Chair in implementation
- Monitoring and reporting of credentialing compliance

SON Committee on Interdisciplinary Practice

- Charter adopted in October 2003 by SON Full Faculty
- Membership includes five nursing practice directors, five medical consultants, one pharmacist, and, as ex-officio, the UCSF Director of Risk Management and SON Associate Dean for Practice
- Currently meeting quarterly, but will reduce to 1-2x/year
- Standardized procedure template and pharmacy formulary adopted in 2003.

Quality Improvement Initiative

- Two QI workshops, sponsored by the FPC, were offered to all SON faculty in 2002-2003
- The goal is to establish core measures (SON Dashboard) to examine quality outcomes across practice sites.
- Self assessment completed of current QI Programs
- 2004 QI Subcommittee established

Preliminary Demographic & Quality Indicators

- Demographics
- Client satisfaction, sensitive to nursing interventions
- Credentialing
- Environment of care
- Adverse event reporting
- Abnormal lab followup
- Cost avoidance

Initial visit
 Return visit (<3 years since last visit)
For office personnel only

University of California, San Francisco – School of Nursing
Faculty Practice Patient Information

Today's date: Month _____ Day _____
 Year of your birth: _____

What is your gender? (mark one)
 1. Male
 2. Female
 3. Transgender
 4. Other, specify _____
 5. Decline to state

What is your race/ethnicity? (mark one or two)
 1. Black/African American 14. Other, specify _____
 2. American Indian/Alaska Native
 3. Asian/Pacific Islander
 4. Hispanic/Latino (a)
 5. White (not Hispanic)
 6. Other, specify _____
 7. Decline to state

What is your sexual orientation? (mark one)
 1. Heterosexual/straight
 2. Gay man
 3. Lesbian
 4. Bisexual
 5. Don't know
 6. Decline to state

Please describe your living situation: (mark one)
 1. Owns/Rents
 2. Single Room
 3. Doubled-up with another person
 4. Institutional (hospital/all)
 5. Group Home (or other supportive housing)
 6. Shelter
 7. Vehicle
 8. Street
 9. Make/Shift _____
 10. Other, specify _____
 11. Decline to state

What is your primary language? (mark one)
 1. English 16. Portuguese
 2. Arabic 17. Punjabi
 3. Cambodian 18. Russian
 4. Cantonese 19. Swedish
 5. Farsi 20. Tagalog
 6. French 21. Thai
 7. German 22. Vietnamese
 8. Hebrew 23. Sign
 9. Hindi 24. Other, specify _____
 10. Hmong
 11. Italian
 12. Lao/Lao 25. Unknown
 13. Mandarin 26. Decline to state
 14. Native American

Charges from this visit will be paid by:
 1. Medicare
 2. MediCal
 3. Managed Care Payer
 4. Private Health Insurance
 5. Self-Pay by patient with insurance
 6. I do not have health insurance to pay for this visit.

Highest educational grade completed:
 (i.e. graduated high school is grade 12) _____

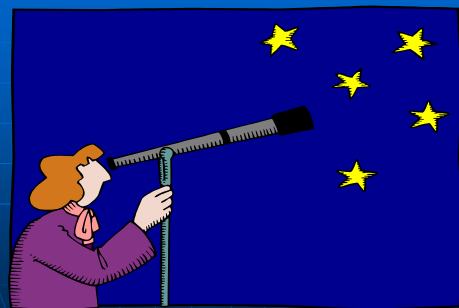
Preliminary Health Indicators

- Identify Health Indicators of interest that:
 - Cross the lifespan/both genders
 - Are important (ie, Healthy People 2010)
 - Match with the cultural diversity of our practice populations
 - Build on SON research/clinical expertise
 - Are fundable, and
 - Generate excitement across key stakeholders
- Possible health indicators under consideration include Smoking, BMI and/or Physical Activity

Challenges

- Centralized administrative support is critically important to facilitate communication in a highly decentralized and departmentalized school.
- Time considerations of faculty trying to do it all!

Next Steps



Demographic Data Pilot Project

- Data Capture options
 - NP Manual
 - NP PDA data entry
 - Patient Self Report
 - Ramp-up September
 - 90 days pilot 10/1 to 12/31/04

Current Faculty Practice Strategic Resources

- Administrative/Strategic Support
 - Dr. Donaldson and Center for Research and Innovation in Patient Care
 - Donna Frantz – Web/Administrative Analyst
- Data Management
 - Dr. Padilla and Office of Research
- Credentialing Compliance
 - Nancy Wang

Next Steps

- Pilot of a small QI measurement project
- Expand resources to grow initiatives
- Establish standardized adverse event reporting mechanism
- Refine current chart review/peer review process to focus more on disease/population management

Next Steps

- Continue to conduct and analyze compliance self-assessment; gap analysis and develop supports to expedite compliance
- Continue credentialing compliance monitoring; develop continuing competence of providers procedure
- Evaluate ongoing administrative support needs and ensure sufficient support to sustain risk reduction/compliance and strategic goals.

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