

<b>This policy applies to:</b> <input checked="" type="checkbox"/> <i>Stanford Hospital and Clinics</i> <input checked="" type="checkbox"/> <i>Lucile Packard Children’s Hospital</i> <input checked="" type="checkbox"/> <i>Stanford Health Care Tri-Valley</i>	<b>Last Approval Date:</b> <p style="text-align: right;">July 2022</p>
<b>Name of Policy: Medical Staff and Advanced Practice Professional (APP) Educational Requirements</b>	<b>Page 1 of 10</b>
<b>Departments Affected:</b> All Departments	

**I. PURPOSE**

The purpose of this policy is to outline educational requirements for Medical Staff and non-employed Advance Practice Professionals (APP) who provide patient care within our facilities as required by TJC, CA Title 22, and CMS. The following Medical Staff categories are required to complete the educational requirements: Active, Courtesy and Courtesy Teaching.

**II. DEFINITIONS**

CA Title 22 – California State Regulations

Health Stream – Online Educational Module

NPSG – National Patient Safety Goals

TJC – The Joint Commission

Non-Employed Advanced Practice Professionals – Nurse Practitioner and Physician Assistants who are not employees of the hospital.

MSSD – Medical Staff Services Department

**III. POLICY STATEMENT**

Medical staff and non-employed advanced practice professionals (APP) are required to complete identified educational requirements upon initial appointment to the Medical Staff and annually, thereafter. The following categories are exempt from this requirement: Administrative, Affiliate, LPCH Staff, SHC Staff, and Refer and Follow. The educational elements are included in the online health stream education system and/or on the medical staff educational website. If a practitioner is on both medical staffs, he/she can complete the LPCH educational modules only. The Medical Staff President and/or Chief of Staff may add additional training modules deemed necessary.

The modules that are required include:

- A. **Medical Staff and APP Initial Orientation Module.** These educational courses are required for all new applications. The times noted below are an estimate of time it takes to complete the module.

**LPCH - Medical Staff (Physician) Initial Orientation Module**

- Antimicrobial Stewardship
- Prevention of Hospital Acquired Infections
- LPCH Hand Hygiene and Infection Control Educational Video
- Restraints
- Physicians & Allied Health Professionals: Pain Management Assessment
- Quality Outcomes and Patient Safety
- Mission Zero in Action: Error Prevention at LPCH
- Prevention Health-Care Associated Influenza
- Safety Training (includes RRT)
- Stanford Medical - Prevention of Respiratory Disease
- Medical Staff - Anticoagulation Therapy
- Illness and Impairment Recognition issues
- Stanford Medical - Clinician - Restraints and Seclusion
- Protecting Patient Privacy...one patient at a time(HIPAA)

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**These documents require attestation during the application process:**  
Confidentiality – Biennial Statement of Compliance For Medical Staff Members  
Conflict of Interest for Medical Staff  
Code of Conduct  
California State Abuse and Neglect Reporting Requirements

**SHC –Medical Staff (Physician) Initial Orientation Module**

Stanford Medical - Med Quality Management  
Prevention of Hospital Acquired Infections  
Prevention Health-Care Associated Influenza  
Safety Training(includes RRT)  
Stanford Medical - Prevention of Respiratory Disease  
Medical Staff - Anticoagulation Therapy  
Illness and Impairment Recognition issues  
Stanford Medical - Clinician - Restraints and Seclusion  
Protecting Patient Privacy...one patient at a time(HIPAA)  
CICARE/MDCICARE

**These documents require attestation the application process**

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Code of Conduct  
California State Abuse and Neglect Reporting Requirements

**SHC/LPCH –APP Initial Orientation Module**

Electrical Safety  
Emergency Preparedness  
Hazard Communication  
Lifting and Transferring Patients  
LINKS CTP Provider Training 08 (LPCH ONLY)  
LPCH/SHC Physicians & AHP: Pain Management  
Patient Rights  
Preventing Slips, Trips and Falls in the Workplace  
SHC Quality Management & Patient Safety  
Standard Precautions: Blood borne Pathogens and Other Potentially Infections Materials  
Fire Safety Awareness and Response  
HIPAA Accounting Disclosures  
HIPAA Authorizations for Use and Disclosure  
HIPAA Communications with Family and Friends  
HIPAA IT Security  
HIPAA Minimum Necessary  
Introduction to HIPAA  
Transmission-Based Precautions: Airborne  
Workplace Violence

**Stanford Health Care Tri-Valley – Medical Staff (Physician) Initial Orientation Module**  
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- IV. Physician and APP Annual Educational Modules: These educational courses are required annually by medical staff members and non-employed advance practice professionals.

**LPCH/SHC Medical Staff and APP Annual Education Module**

The Annual Educational information will be sent out annually via email to all medical staff members.

- Prevention of Hospital Acquired Infection
- Antimicrobial Stewardship at LPCH
- Prevention of Hospital Acquired Infection
- LPCH Hand Hygiene and Infection Control Educational Video
- Protecting Patient Privacy...one patient at a time(HIPAA)

**These documents require attestation during the application process**

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- V. **TARGETED EDUCATION MODULES: These courses are required of only a portion of our medical staff, depending on the nature of their clinical activity.**

- SHC Central Line Insertion Module – clinical – limited to members with privileges to insert central lines: 5 minutes
- SHC or LPCH Moderate Sedation Module – required for anyone who requests Sedation privileges at initial appointment or for the first time and every 2 years thereafter.

VI. **PROCEDURES**

- A. The MSSD Coordinator will assign the initial orientation module to all new applicants. Modules must be completed prior to granting of initial privileges.
- B. The MSSD Coordinator will maintain a copy of the health stream transcript in the applicant’s credentialing file.
- C. The MSSD will assign annual educational modules to all medical staff and (non-employed) APP members each calendar year. Practitioners will have 90 days to complete the annual modules. Timelines may be extended as needed by medical staff leadership.
- D. A Practitioner who has not completed required educational modules within the required timelines of the initial notice will have all clinical privileges suspended. If successful completion is not achieved within ninety (90) days of the suspension, the Practitioner will be deemed to have resigned from the Medical Staff. Any such deemed resignation shall not entitle the Practitioner to the hearing and appeal rights under Article Seven of the SHC and/or LPCH Medical Staff Bylaws.”

VII. **DOCUMENT INFORMATION**

- A. Author/Original Date  
Debra R. Green, MPA, CPMSM, CPCS June 2011

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- B. Related Documents – Regulatory Standards – See attached appendix A
- C. Gatekeeper of Original Document  
SHC and LPCH Medical Staff Online Policy Manual
- D. Distribution and Training Requirements
  - 1. This policy resides in the Medical Staff Policy Manual of SHC and LPCH.
  - 2. New documents or any revised documents will be distributed to Administrative Manual holders. The department/unit/clinic manager will be responsible for communicating this information to the applicable staff.
- E. Review and Renewal Requirements  
This policy will be reviewed and/or revised every three years or as required by change of law or practice.
- F. Review and Revision History  
This is a new policy – June 2011 Administrative Clarifications 6/14-DG, administrative edits 9/2/15 DGO
- G. Approvals  
SHC Credentials Committee, 8/11, 8/12, 8/17, 6/19, 3/22  
SHC MEC, 9/11, 9/12, 8/14, 9/17, 7/19, 4/22, 7/22  
SHC Board of Directors, 9/11, 9/12, 8/14, 9/17, 7/19, 4/22, 7/22  
LPCH Medical Staff Leadership – 7/11, 9/16, 4/22  
LPCH Credentials Committee, 8/11, 6/12, 8/14, 8/17, 3/22  
LPCH Policy Committee, 8/11, 8/12, 8/14, 9/17, 8/19, 3/22  
LPCH MEC, 9/11, 9/12, 8/14 9/16, 9/17, 9/19, 4/22  
LPCH Board of Directors, 9/11, 9/12, 8/14, 9/16, 9/17, 9/19, 4/22  
SHC-TV – 3/22  
SHC-TV MEC – 3/22  
SHC-TV Board of Directors – 4/22

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**Appendix A**  
**2011 SHC/LPCH Physician Regulatory Education Requirements**

Requirement	Regulatory Reference	Frequency Required	Frequency (current/proposed)	Requirement for documentation (proof) that education was completed.	Standard
Reporting concerns to JC	APR.09.02.01 EP 1	Hospital determines the frequency.	Initial	Be prepared to show evidence that education was completed. *	01. The hospital educates its staff, medical staff, and other individuals who provide care, treatment, and services that concerns about the safety or quality of care provided in the organization may be reported to The Joint Commission.
LIPs role in EOC	EC.03.01.01	Initial orientation and annual update	Initial	Be prepared to show evidence that education was completed. *	EC 03.01.01 Staff and licensed independent practitioners are familiar with their roles and responsibilities relative to the environment of care.
LIP's role in Infection prevention	IC.01.05.01 EP 7	Initial orientation	initial	Be prepared to show evidence that education was completed. *	07. The hospital has a method for communicating responsibilities about preventing and controlling infection to licensed independent practitioners, staff, visitors, patients, and families. Information for visitors, patients, and families includes hand and respiratory hygiene practices. (See also IC.02.01.01, EP 7) Note: Information may be in different forms of media, such as posters or pamphlets.
LIP implementation in infection prevention	IC.02.01.01 EP 7	Initial orientation	initial	Be prepared to show evidence that education was completed. *	The hospital implements its methods to communicate responsibilities for preventing and controlling infection to licensed independent practitioners, staff, visitors, patients, and families. Information for visitors, patients, and families includes hand and respiratory hygiene practices. (See also HR.01.04.01, EP 4; IC.01.05.01, EP 7) Note:

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Requirement	Regulatory Reference	Frequency Required	Frequency (current/proposed)	Requirement for documentation (proof) that education was completed.	Standard
					Information may have different forms of media, such as posters or pamphlets.
Influenza vaccine, non-vaccine control & prevention measures and the diagnosis, treatment and impact of influenza	IC.02.04.01 EP 2	Hospital determines the frequency.	initial	Be prepared to show evidence that education was completed. *	02. The hospital educates licensed independent practitioners and staff about, at a minimum, the influenza vaccine; non-vaccine control and prevention measures; and the diagnosis, transmission, and impact of influenza. (See also HR.01.04.01, EP 4)
Illness and impairment recognition issues specific to physicians (at-risk criteria)	MS.11.01.01 EP 1	Hospital determines the frequency.	initial	Be prepared to show evidence that education was completed. *	01. Process design addresses the following issues: Education of licensed independent practitioners and other organization staff about illness and impairment recognition issues specific to licensed independent practitioners (at risk criteria).
Restraint policy	CMS 482.13(e)(11)	Hospital determines the frequency and also re-educates when the hospital policy changes.	initial	Document in the credentialing file that education was completed and there is a working knowledge of the policy. **	§482.13(e)(11) - Physician and other licensed independent practitioner training requirements must be specified in hospital policy. At a minimum, physicians and other licensed independent practitioners authorized to order restraint or seclusion by hospital policy in accordance with State law must have a working knowledge of hospital policy regarding the use of restraint or seclusion.

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Requirement	Regulatory Reference	Frequency Required	Frequency (current/proposed)	Requirement for documentation (proof) that education was completed.	Standard
Assessing and managing pain	MS.03.01.03 EP 2	Hospital determines the frequency and also re-educates when the hospital policy changes.	Compliance through CA Medical Board Licensure	Be prepared to show evidence that education was completed. *	02. The hospital educates all licensed independent practitioners on assessing and managing <b>pain</b> . (See also RI.01.01.01, EP 8)
Urgent response P&P (RRT)	HR.01.05.03 EP 13	Hospital determines the frequency.	Initial	Document physician education. *	13. The hospital provides education and training that addresses how to identify early warning signs of a change in a patient's condition and how to respond to a deteriorating patient, including how and when to contact responsible clinicians. Education is provided to staff and licensed independent practitioners who may request assistance and those who may respond to those requests. Participation in this education is documented.
Anticoagulation therapy	NPSG.03.05.01 EP 7	Hospital determines the frequency.	Initial	Be prepared to show evidence that education was completed. *	07. Provide education regarding anticoagulant therapy to prescribers, staff, patients, and families. Patient/family education includes the following: - The importance of follow-up monitoring - Compliance - Drug-food interactions - The potential for adverse drug reactions and interactions

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Requirement	Regulatory Reference	Frequency Required	Frequency (current/proposed)	Requirement for documentation (proof) that education was completed.	Standard
Physician designated as a hospital epidemiologist	CA State SB 158 Sec 7.a	Participation in CME training program provided by the CDC, the Society for Healthcare Epidemiologists of America, or other recognized professional organization, offered training program.	Annual - CME Certification from Medical Director	Documentation of attendance shall be placed in the physician's credentialing file.	SEC. 7. Section 1288.95 is added to the Health and Safety Code, to read: 1288.95. (a) No later than January 1, 2010, a physician designated as a hospital epidemiologist or infection surveillance, prevention, and control committee chairperson shall participate in a continuing medical education (CME) training program offered by the federal Centers for Disease Control and Prevention (CDC) and the Society for Healthcare Epidemiologists of America, or other recognized professional organization. The CME program shall be specific to infection surveillance, prevention, and control. Documentation of attendance shall be placed in the physician's credentialing file.
Prevention of transmission of HAI including but not limited to, MRSA and Clostridium difficile infection.	CA State SB 158 Sec 7.b	Hospital determines the frequency.	initial	Be prepared to show evidence that education was completed. *	SEC 7 (b) Beginning January 2010, all staff and contract physicians and all other licensed independent contractors, including, but not limited to, nurse practitioners and physician assistants, shall be trained in methods to prevent transmission of HAI, including, but not limited to, MRSA and Clostridium difficile infection
HAIs, MDROs and prevention strategies	NPSG.07.03.01 EP 2	Upon hire and annually thereafter.	Initial and annually	Be prepared to show evidence that education was completed. *	02. Based on the results of the risk assessment, educate staff and licensed independent practitioners about health care-associated infections, multidrug-resistant organisms, and prevention strategies at hire and annually thereafter. Note: The education provided recognizes the diverse roles of staff and licensed independent practitioners and is consistent with their roles within the hospital.



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Requirement	Regulatory Reference	Frequency Required	Frequency (current/proposed)	Requirement for documentation (proof) that education was completed.	Standard
CLBSI, and importance of prevention	NPSG.07.04.01 EP 7	Upon hire, annually thereafter, and when involvement in these procedures is added to an individual's job responsibilities.	Initially and annually	Be prepared to show evidence that education was completed. *	01. Educate staff and licensed independent practitioners who are involved in managing central lines about central line-associated bloodstream infections and the importance of prevention. Education occurs upon hire, annually thereafter, and when involvement in these procedures is added to an individual's job responsibilities.
Prevention of surgical site infections	NPSG.07.05.01 EP 1	Upon hire, annually thereafter, and when involvement in surgical procedures is added to an individual's job responsibilities.	Initially and annually	Be prepared to show evidence that education was completed. *	01. Educate staff and licensed independent practitioners involved in surgical procedures about surgical site infections and the importance of prevention. Education occurs upon hire, annually thereafter, and when involvement in surgical procedures is added to an individual's job responsibilities.
Alternate procedures to follow when electronic IS systems are down	IM.01.01.03 EP 3	Hospital determines the frequency.	Initial	Be prepared to show evidence that education was completed. *	03. The hospital's plan for managing interruptions to information processes addresses the following: Training for staff and licensed independent practitioners on alternate procedures to follow when electronic information systems are unavailable. (See also EM.01.01.01, EP 6)

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Requirement	Regulatory Reference	Frequency Required	Frequency (current/proposed)	Requirement for documentation (proof) that education was completed.	Standard
Waived testing, PPM and waived testing requiring use of an instrument	WT.03.01.01 EP 5	<u>Waived testing (occult blood) and Instrument:</u> Upon hire and annually. PPM (fern testing) At orientation and must have training regarding the use and maintenance of the instrument. The Laboratory Director determines the ongoing frequency of training for PPM.	As needed for those who perform Waive and PPM testing	The training on the use and maintenance of an instrument for waived testing is documented.	05. Competency for waived testing is assessed using at least two of the following methods per person per test: - Performance of a test on a blind specimen. - Periodic observation of routine work by the supervisor or qualified designee. - Monitoring of each user's quality control performance. - Use of written test specific to the test assessed.
The hospital communicates in writing with each LPC regarding his or her role(s) in emergency response and to whom he or she reports during an emergency.	EM.02.02.07 EP 7	Hospital determines the frequency.	initial	Be prepared to show evidence that education was completed. *	The hospital trains staff for their assigned emergency response roles.
Antimicrobial Stewardship(LPCH)	MM.09.01.01	Initially	Annually	Be prepared to show evidence that education was completed	The [critical access] hospital educates staff and licensed independent practitioners involved in antimicrobial ordering, dispensing, administration, and monitoring about antimicrobial resistance and antimicrobial stewardship practices. Education occurs upon hire or granting of initial privileges and periodically thereafter, based on organizational need.