
DATA LINK

Your link to the Centralized Credentials Database

To keep you knowledgeable about current and emerging developments within your areas of expertise for the purpose of enhancing your professional development

Volume 4 Issue 1

Dec 2001

**NATIONAL
PRACTITIONER
DATA BANK
(NPDB) QUERY
FREQUENCY
REVISITED**

CDR (Ret) G. Irvine/Don Riggs

**NPDB/HIPDB Query
Process**

The Health Care Quality Improvement Act, 1986, directed hospitals to "request a NPDB query at time of initial appointment and/or privileges, and once every 2 years thereafter." You will note the above does not tie the query dates with the appointment/privileges expiration date.

The BUMEDINST 6010.18, 18 May 1993, directed the query be completed at the time of initial appointment and/or privileges,

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and approximately 90 days before the second anniversary of the most recent query, another query must be generated.

The NPDB/HIPDB query software was set up to cue-off the current NPDB/HIPDB query date in CCQAS. The new NPDB query software, The Integrated Querying and Reporting

Software" or IQRS, also queries off of the last query date, instead of the appointment expiration/renewal date.

**DoD policy on NPDB/HIPDB
Frequency**

In a memo from OASD HA to the three Services it states, "Henceforth, all licensed practitioners will require a query of the NPDB when applying for initial clinical privileges or when renewing existing privileges". Note, this policy directly connects subsequent queries with the expiration/renewal date of the appointment/privileges.

Navy policy on NPDB/HIPDB Frequency

The above DoD policy will necessitate a change, because the renewal process begins at different intervals than privilege expiration dates, depending on internal policy/practice per Facility. It is not possible for the HSO to determine when the renewal process will begin for the various providers. To prevent performing unneeded, or unusable, NPDB queries wasting Government dollars, it is necessary for the HSO to change the NPDB query process. The HSO will no longer perform "quarterly" NPDB/HIPDB queries; instead each Credentials Coordinator (PAC) must submit query requests via the HSO web site, for each provider requiring initial/renewal privileges. The HSO will no longer perform batch queries at quarterly intervals. Since the software was not developed to query on the appointment expiration date, the HSO will perform queries only on providers submitted to us by the HSO web site = <http://nhso-jax.med.navy.mil/CCQAS/NPDB.htm>

Note regarding Naval Reserve practitioners: Do not request NPDB queries on Reserve practitioners; this is done at the CCPD level. Many of you entered CCQAS records for Reservists (N13 SELRES) that are at your facility on an ICTB. Don't forget these CCQAS records need to have a "Y" in the CCQAS

data filed "Member Received on ICTB" on the Medical Readiness Screen. This is extremely important—and will become more so when it is time to convert the CCQAS 1.5 into the CCQAS 2.6 web CCQAS.

Civilian NPDB/HIPDB Self-Querying

Civilian individuals, e.g., volunteers, Civil Service, contracted, or individual commands, may receive information about the applicant from the NPDB/HIPDB by requiring the individual to submit a self-query. Self-queriers may download the appropriate form from the web site or call the NPDB/HIPDB Help Line (1-800-767-6732) for assistance. The completed and notarized form is then mailed to the NPDB/HIPDB for processing. Self-queries are processed against both Data Banks, and a fee is assessed for each Data Bank. All self-query fees must be paid by credit card. The Data Banks will mail self-query responses to the subject of the query within 2-weeks of receipt.

The NPDB/HIPDB cannot send self-query responses to third parties such as individual commands.

The above needs to be addressed with your command's COTAR/COR, e.g., individual who manages the command's contracting agencies. Each contracting agency who works with your command needs to know any civilian applying for an appointment and/or privileges requires a self-query prior to consideration by the Medical Staff for **hiring**.

The self-query application is available on-line at www.hpdb-

hipdb.com/forms.html Give this web site to your contracting agency representatives.

Remember, employment is a separate process from the credentials and privileging process. Just because a contractor/HRO "hires" a provider, does not mean we can credential/privilege this provider if he/she does not meet Navy standards.

The hiring criteria may be (are) different than the credentials/privileging criteria. A physician can be hired anytime, but this physician may not meet the Navy's standards for either an appointment, or the granting of privileges. So...do not credential/privilege a civilian until the self-query is completed, and the Medical Staff, and you the PAC, have reviewed both the NPDB, and the HIPDB. There must be two separate reports, even though they may look exactly the same.

PRESCRIBING AUTHORITIES

Sandra Banning

I spoke with Captain Wilkins, Pharmacy Specialty Leader. Please review the following:

1) MANMED Change 113, Section 21-4, paragraph (6) states: "Military, Civil Service, and contract nurse practitioners, midwives, nurse anesthetists, optometrists, pharmacists, physical therapists, and physician

assistants privileged to practice in the MTF are authorized to prescribe medications and durable products consistent with their scope of practice and privileges." This means a drug list is no longer REQUIRED and the practitioners may write prescriptions based on their scope of practice or privileges.

2) The Department Head/Directorate is responsible for the medications/prescriptions written by those non-physician LIPS under his/her direction and to insure the prescriptions are within the member's scope of practice or privileges granted (core and supplemental privilege lists). This may be accomplished through the PI/peer review process. If you have a more efficient process in place which meets the intent of insuring non-physician LIPs only prescribe drugs permitted by their scope of practice, you are free to use it. The change in the MANMED simply implies a drug list is no longer required if you have another mechanism to monitor the process.

3) If the command chooses, a drug list may be used; however, care must be taken to insure the drugs listed are permitted by the member's scope of practice. P & T Committee should have input if a drug list is used.

4) Captain Wilkins stated that although there was no longer a requirement for a drug list to be included in the non-physician LIP's credentials and

privileging process, one could be used if the command so desired. You should insure if you use this process for one, it is used for all non-physician LIPs.

5) IDCs may write prescriptions when authorized, in writing, by the CO. Paragraph (7) in Section 21-4 of the MANMED states: "Those clinicians that are not independent practitioners may write prescriptions when authorized, in writing, by the CO. They must prescribe only those drugs and quantities approved by the P&T Committee and reviewed by the Credentials Committee. Supervising physicians for these prescribers will review their prescribing, following local instructions to assure rational prescribing." IDCs on ships or deployed without supervising physicians fall under a different set of rules, which don't apply to your situation since you are in a fixed MTF.



Question

I am confused just when the Reserve PAR is required. We currently forward only AT PARS and think this is enough. With this AT information, and information gathered from the private sector, this should be

enough clinical data to renew privileges.

Answer

This is not a question of "having enough clinical data" to make a decision with. (Note from Georgi Irvine = The issue is the continuous monitoring and trending of the care provided by the Reservist for the Medical/Dental Staff to assess current competency as documented on a PAR--not just gathering data).

The CCPD needs drill PARs, just as the CCPD needs AT PARs. If a practitioner does clinical drills at an MTF/DTF, the CCPD needs a drill PAR. The cycle for drill PAR should be wrapped up so that the CCPD receives the drill PAR at least 60 days prior to expiration of privileges.

If an AT is performed in close proximity to the end of that cycle, you can include the AT data if you clearly break out the dates for each. Otherwise, the AT PAR should be sent after completion of the AT.

For example: Let us say privileges expire 02 April. Drill PAR cycle is Jan 00 - Jan 02. AT is performed in March 00. You cannot wait until Jan 02 to send the AT PAR. It should be completed promptly after the AT, and forwarded to the CCPD. Second AT is performed Nov 01. That is close enough to the end of the drill PAR cycle that you could include that data on the drill PAR, with two sets of dates and explanations at the top of the PAR. All clinical data could be merged.

Should you have a question regarding this issue, please contact LCDR Hart at DSN 942-7200 X8116.

WHERE IS THE RULE THAT REQUIRES WE KEEP AN ICF/IPF FOR 10 YEARS?
CDR (Ret) G. Irvine

There is a Navy Notice titled Quality Assurance (QA)/Risk Management (RM) dating from 22 Feb 1993. The Policy Act Notice, N06320-3 discusses when QA records may be disclosed, and the retention and disposal of QA records.

The ICF/IPF is considered a QA record. The policy states the following, "When health care providers leave the health care system, the ICF is ordinarily retained at a provider's last command for 10 years then destroyed." It also requires ICFs containing adverse privileging action(s) from these provider's be forwarded to BUMED for retention.

While the policy states the command maintains the ICF after the provider leaves military service, remember this policy is changed. All ICFs of practitioners who have left military service, are now maintained at the HSO as an Archived file.

Add this to your "Now You Know File."

QUESTION REGARDING NEW SEDATION AND ANESTHESIA 2001 STANDARDS

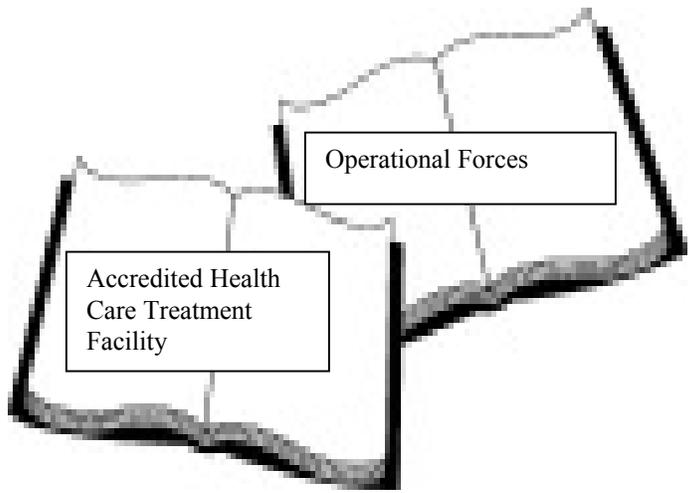
CDR (Ret) G. Irvine

Question

Is the availability of an on demand "cardio-respiratory code team" acceptable, in lieu of the person who is permitted to administer moderate (conscious) sedation being able to perform the rescues required by the sedation and anesthesia standards?

JCAHO Answer

No. The Sedation and Anesthesia standards require that individuals who administer moderate sedation must also be competent to perform the rescues described in the standards. A "code team" would be considered as an additional resource.



PARS

Question

A physician is assigned to 1st MAW, Okinawa to provide health care services to the greenside operational forces.

The physician works in coordination with NH Okinawa to provide care for 1st MAW patients admitted to NH Okinawa.

1st MAW granted the physician a medical staff appointment with clinical privileges. Via the ICTB, and Appendix Q the physician is allowed to "exercise" privileges granted at NH Okinawa, thus providing a smooth transition for patient care from 1st MAW to NH Okinawa.

While NH Okinawa is overseas (OCONUS), it is not an operational forces health care treatment facility; it is a JCAHO accredited hospital.

The physician is up for renewal, and the question is: *Who completes the PAR?*

Answer

The physician will have two PARs completed for renewal. The physician is practicing medicine under two different privileging authorities: The operational forces CG/Wing Surgeon, and the CO of the hospital.

The CG/Wing Surgeon monitors the care provided while the physician provides care at the 1st MAW. When the physician moves into the hospital to provide care (regardless of where the patient is assigned in Okinawa), the physician must provide care within the standards of the NH Okinawa's Medical Staff, and at this time, this physician is under the NH

Okinawa's Performance Improvement monitoring and trending plan, and peer review requirements.

1st MAW cannot dictate the standard of care provided within NH Okinawa, just as NH Okinawa cannot dictate to the CG/Wing Surgeon the standard of care provided within the 1st MAW.

Therefore, the 1st MAW Medical Staff will complete a PAR based on patient care provided at the 1st MAW. The NH Okinawa Medical Staff will complete a PAR based on the care provided while under the auspices of the NH Okinawa CO/Medical Staff; this PAR will be sent to 1st MAW for consideration prior to time of renewal. Two PARs.



QUESTION

Who can provide a peer reference, or complete peer review, for a licensed independent nurse practitioner when there is no other nurse practitioner on staff at the command?

The definition of a peer is someone from the same discipline (Nurse Practitioner), with essentially equal qualifications (advanced nurse practitioner education/training, certification and/or licensure).

To be able to provide a reference, or complete peer review, the peer would need to

be familiar with the individual's actual performance, e.g., completing medical record reviews, monitoring facility PI monitors such as patient complaints/compliments, directly and/or indirectly observing care.

For the nurse practitioner this should be another nurse practitioner. However, in those isolated commands, or overseas commands, where there is only one nurse practitioner at the command, it is acceptable for a physician or D.O. with essentially equal qualifications, who is familiar with the nurse practitioner performance, to provide the reference, or complete the peer review for current competency. For example, a Family Practitioner could complete the peer review for an advanced family nurse practitioner, etc. The decision as to who specifically will complete the peer review is a Medical Staff decision.

Please remember, the opposite is never true. An advanced nurse practitioner is **NOT** the peer of any physician specialty, therefore an advanced practice nurse cannot complete peer review on any physician. For example, a CRNA cannot complete peer review for the anesthesiologist; the command would need to make other arrangements for the anesthesiologist peer review; or, a Clinical Psychologist is not the peer of a Psychiatrist.

If there are any questions regarding the issue of peer

review, please do not hesitate to contact CDR (Ret) Georgi Irvine at DSN 942-7200 Ext 8111.



**THE CO APPLICATION PACKAGE
REVISITED**

The Healthcare Support Office Jacksonville Florida is the privileging authority for all Commanding Officers requesting a medical/dental staff appointment with clinical privileges.

THE PROCESS

Your CO requests a Medical/Dental Staff Appointment with clinical privileges at your command. You proceed just like you would for any other applicant:

1. Completion of the appointment application: PPIS, Appendix K, signed Attestation of Ability to Perform.
2. You "pull" the ICF, and completely check the whole history of the CO looking for "red-flags" or holes in his/her appointment history. You compare each PPIS with the preceding PPIS; you check each credential for the appropriate verification, you check the recent PAR to make sure of sufficient patient volume, with the appropriate patient case mix, to equate to a majority of the Core for which the CO is requesting. You do this

for each Core the CO is requesting. For example: If the CO is requesting two different Core privileges, and for the past two years saw only 10 patients, that won't cut it, unless those patients were very, very, very, ill. Remember, enough patient volume with the appropriate patient case mix, to equate to a **majority of the Core being practiced within the past two years**. Do not send me a PAR where Sections VI, and VIII are marked "Not Observed." I will not recommend approval, and your Medical/Dental Staff will need to correct this error.

3. You would then investigate, and attempt to clear and/or explain all red flags, or questions. If you cannot clear the red flags, you move the issue up to the Medical/Dental Staff to investigate and clear and/or explain.
4. You would note on the Core privilege sheets any facility limitations (restrictions).
5. You would primary source verify (PSV) the license in accordance with the new 2001 standards; you would obtain a new NPDB; you would re-PSV those old credentials that do not meet the Navy standard for PSV.

6. You would forward the ICF and the application to the Department Head (or equivalent) to verify the CO meets your command's Medical/Dental Staff standards, and is in compliance with the Departmental Specific Criteria of the department. The CO would have an interview with the Department Head if this was the first appointment within your facility; at this time any facility limitations would be discussed.
7. The ICF would be forwarded to the Directorate, then to the Credentials Committee (if your command has one), then onto the ECOMS/ECODS for review.
8. After the ECOMS/ECODS approves the CO for privileges, then you forward the following to the HSO for signature:
 - a. Either the original ICF, or a 100% copy of the ICF;
 - b. The appropriate specialty Departmental Specific Criteria used for the CO by the Department Head;
 - c. A copy of the ECOMS/ECODS minutes approving the CO for privileges. Do not send copies of the Credentials Committee minutes; the Credentials Committee does not have the

authority or responsibility to recommend privileges to the privileging authority. If the ECOMS/ECODS does not meet for many weeks, then the ECOMS Chair can review the ICF, sign the Endorsement Page, and write a Memorandum for the Record stating he/she has reviewed the CO's ICF, and the CO is recommended for privileges, and will be presented at the next ECOMS/ECODS meeting. In this way, your command can forward the ICF when the ECOMS/ECODS Chair recommends it, and not have to wait for the next ECOMS Committee meeting.

- d. Prior to forwarding the original ICF, make a 100% copy in case it gets lost in the mail.

If there are any questions prior to forwarding a CO's ICF, please do not hesitate to contact CDR (Ret) Georgi Irvine, or Ms. Sandra Banning.

Should a CO arrive at your command, and has not been clinically active in the past two years, a Medical Staff Appointment with clinical privileges will not be granted. The CO, as with all other licensed independent practitioners (LIPS) must go under a Plan of Supervision (POS) until current competency is assessed. Then your command

will complete a POS PAR, then the CO can request to be clinically active at your

DoD DEA

Sometimes it's so Confusing

Some of our Navy PACs are very frustrated with the DoD DEA process. Ms. Davies at the DEA is excellent in assisting our PAC Family with the multiple problems arising from this program.

Often I hear PACs tell me, when they receive an ICF, there is no documentation in the ICF the physician/dentist has a DoD DEA. The **original certification, a copy of the application request, and a copy of the DEA Registration Number Multi-purpose Administrative Form, signed by the physician/dentist is NOT in the ICF.** The receiving PAC cannot tell if the physician/dentist has a DoD DEA, or is in the process of the Notification of Change of Station process located on the Multi-Purpose Administrative Form.

THE PROCESS

Every command has a User Code, which is based on the PACs last name. This is a command code,

and will remain at the command. If you obtain a new User Code let me (Georgi) know what that code is; because, these codes are forgotten, or if the program is not working at your command, I need to check if it is working at the HSO level.

1. When a physician/dentist applies for a DoD DEA, maintain a copy of both the application, and the signed Multi-Purpose Form in the ICF, until the original certification arrives.
2. Place the original certification in the ICF; this certification does not belong to the physician/dentist; it belongs to your command and needs to be in the ICF.
3. When the physician/dentist transfers, and you the sending command completes the Multi-purpose Form, Notification of Change of Station, a copy of this needs to be placed in the ICF so the gaining PAC knows you have transferred the physician/dentist's certification to the gaining command.
4. When the certification is surrendered, keep a copy of the Multi-purpose Form, Surrender of DEA Registration Certification in the ICF forever. Do not expunge.

Do not maintain this paperwork in another file separate from the ICF, e.g., a CAF file. These files are forgotten at the of transfer, and the critical paperwork does not transfer with the ICF.

RENEWAL OF THE DOD DEA

Guess what guys, there is no process, yet. When we developed, and initiated, the process for the DoD DEA we kind of, sort of, really did forget to discuss the renewal process.

The Air Force and I are discussing this issue with the DoD DEA. Since the program did not start until April 2000, this means the renewals will not start until around Jan 2003, since the certification is for three years.

When I have additional news, I will let our PAC Family in on the Good News.

**Recommendation from
A Fellow PAC Family
Member**

Recommend: When forwarding an ICF/IPF please forward it in the 6-Section File. The 6-Section file is part of the ICF/IPF.

Please, do not forward an ICF/IPF without it being in the 6-Section file.

LET'S ROLL

The Annual PAC Conference is Scheduled for 8 -11 April 02
The Annual PAC Conference is Scheduled for 8 -11 April 02 at the NAS.

BE THERE

**JCAHO
REVISED 2002 STANDARD**

**SUPERVISION
OF RESIDENTS
IN TRAINING PROGRAMS**

Effective 1 Jan 2002, the Supervision of Residents in Training Programs standards will be in effect.

The JCAHO completely revised the standards for 2002, Supervision of Residents. Residents are defined as those individuals participating in a GME program(s).

Listed below are the specific requirements. I recommend you give a copy of this to your

Medical Staff for review, and compliance.

- In facilities participating in professional graduate education programs, the medical staff will have a defined process for supervision by a licensed independent practitioner (LIP) who is granted appropriate clinical privileges. Therefore, the medical staff assures each participant in the professional graduate program is supervised in his/her patient care activities by a LIP granted clinical privileges.
- Written descriptions of the role, responsibilities, and patient care activities of participants in professional graduate education programs are provided to the medical staff. Descriptions include identification of the mechanisms by which the participant's supervisor(s) and graduate education program director make decisions about each participant's progressive involvement, and independence in specific patient care activities.
- MTF local policies also delineate those participants in professional education programs who may write patient care orders, the circumstances under which they may do so, and what entries, if any, must be countersigned by a supervision LIP.
- There is a mechanism for effective communication between the committee responsible for professional graduate education, the medical staff, and the Commanding Officer, regarding safety and quality of patient care provided by, and the related educational and supervisory needs of, the participants in the professional graduate education program.

SAGE ADVICE FROM A

NAVY PAC

Ms. Karen Thomas

Karen, NH Great Lakes PAC had a problem with a "duplicate DoD DEA certificate, and wondered what should the command do?

Take the following steps if you discover a "duplicate" DoD DEA certificate:

- ✓ Ms. Davies, DoD DEA, asked for a faxed memo from Karen identifying the member has a duplicate DoD DEA, giving the duplicate DoD DEA number, and asking it be destroyed.
- ✓ Ms. Davies asked Karen not to put in her memo the DoD DEA number that Karen would have the provider use, since that might confuse her.
- ✓ It made sense to keep the DoD DEA number issued first while the member was at the previous command.

Karen also recommends to the PAC Family when forwarding files to the next command, to leave the notification of change of station paperwork in the ICF forwarded. In this manner, the gaining command would be aware the losing command processed the DoD DEA paperwork PCSing the member to the gaining command.

Karen states be aware, this practitioner's name did not come up on her DoD DEA website as transferring---at least not right away. It takes time.

BLESSINGS DURING THIS

HOLIDAY SEASON

DATALINK

