

# Scope of Practice and implications

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# DISCLAIMER

The intent of this presentation is to outline policies and process' SerenaGroup(SG) as a company has adopted to ensure contract provider compliance with Scope of Practices w/i our host hospitals.

The presentation addresses regulatory agencies policy and process related to; Licensure, Scope of Practice (SOP), Job Description (JD), Competencies, and other collateral as it relates to the **Joint Commission** elements of performance stated in **HR.01.02.05**, & or the **DNV-GL, ISO 9001** or other certifying agency your hospital may utilize as it relates to their HR elements of performance.

**The intent is NOT to replace Hospital Policy or Process at your institution. If you should have questions or concerns, please discuss them with your supervisor!**

**ASK 1<sup>st</sup> & ACT 2<sup>nd</sup>!**

# LEARNING OBJECTIVES

1. Understand there is a difference between Licensure, Certification and Competency.
2. Understand there is impact to the individual personally and the facility when an employee is allowed to operate independently outside their Scope of Practice (SOP), Job Description, or Competencies.
3. Appreciate why SG requires a signed Job Description on file.

# Important Stuff-

## Scope of Practice defined-

A 2005 Federation of State Medical Boards report defined scope of practice as the “Definition of the rules, the regulations, and the boundaries within which a fully qualified practitioner with substantial and appropriate training, knowledge, and experience may practice in a field of medicine or surgery, or other specifically defined field. Such practice is also governed by requirements for continuing education and **professional accountability.**”

- Registered Nurse
- Licensed Vocational Nurse
- Emergency Medical Technician (Basic, Intermediate, Paramedic)
- Physical Therapy Assistant
- Respiratory Therapist
- Unlicensed Assistive Personnel (CMA & CNA)

# What this means to you.....

Scope of Practice defines permissible activities for the members of a healthcare profession.

In many cases, the scope is determined by laws within a particular jurisdiction, professional standards boards, and the administrators of specific healthcare facilities.

Members of a healthcare profession are typically trained to understand the limitations on their professional tasks and responsibilities and to seek assistance from others when appropriate.

**Healthcare workers who violate these laws risk not only losing their professional license, but may be subject to criminal prosecution and civil lawsuits.**

# Important to know, before you ACT-

The scope of practice as permitted by law may be even more limited in certain healthcare institutions. **A hospital may have a policy of restricting the activities of non-physicians as a cautionary measure, even though the law in that jurisdiction permits other licensed healthcare workers to perform the procedure or activity.** In such cases, a worker must be careful to **“understand institutional policy”** and to not unwittingly engage in a practice that he may have previously had permission to do but is now forbidden by his current employer.

What does the previous statement mean?

Typically, the hospital, private practice, skilled nursing facilities and employers have; Policies, Processes, Job Descriptions that include components Scope of Practice elements allowed by employees under their jurisdiction.

***This is the reason and rationale, signed job descriptions and Primary Source Verification (PSV) is encouraged! And, recommended annually during Performance Evaluation period.***

# Question-

Of the following, which dictates what one can and cannot do inside the hospital?

A- my state Scope of Practice as defined by licensing agency.

B- Institutional policy.

C- My advanced Certification.

D- Core Competencies provided to me during orientation.



# Answer

The Correct answer, typically is B

**Why-**

A hospital may have a policy of restricting the activities of non-physicians as a cautionary measure, even though the law in that jurisdiction permits other licensed healthcare workers to perform the procedure or activity. In such cases, a worker must be careful to understand **institutional policy** and to not unwittingly engage in a practice that he may have previously had permission to do but is now forbidden by his current employer.

# *The Questions to **Ask 1<sup>st</sup>** & **Act 2<sup>nd</sup>**!*

- 1- Does my institution allow for practice and behavior based on Scope of Practice, as set forth by the licensing agency?
- 2- Do I have a Job Description, that dictates what I am allowed to do?
- 3- Do, I understand what is in my Job Description?
- 4- In the event, I choose to work outside my Job Description, am I willing to accept the consequences?

The question to consider and impact on the institution you work for...

What impact will/could happen to the institution, if I work outside established boundaries?

**ANSWER-** There could be financial ramifications to the institution.

What does the Joint Commission say about Licensure, Certification and Job Descriptions?

**HR.01.02.05 EP 3 requires that "The organization verifies and documents that the applicant has the education and experience required by the job responsibilities." Does this mean that verification via primary source is required?**

No, primary source verification of education is not required at this element of performance. **Organizations are required to verify and document education and experience only when specific minimum requirements are written into the job description.** For example, if the Nurse Manager job description specifically requires the incumbent to possess a Master's Degree in Nursing (MSN), the organization must verify the individual has this credential. Organizations determine how verification and documentation of education and experience will be managed. Examples may include, but are not limited to: Review of an original diploma or certification that demonstrates completion of an education course or degree, then retaining a copy as documentation of this education. Organizations also determine if documentation will be retained as 'paper' or in an electronic format, such as a scanned document.

## Joint Commission- continued

Have you ever wondered why you sign your JD?

- **Alternatively, such a document could be reviewed (but not copied) and then a note of attestation by the person reviewing the document could be entered into an HR file. The date the document was reviewed should be documented.**
  - *Examples- Licensure- PSV State Board, signed dated and included in the HR file.*
    - Certification- PSV agency dated and signed*
    - CPR- valid and on file*
    - Competencies- updated*
- Use of an external service, such as a Credentials Verification Organization (CVO). The glossary of the accreditation manual contains a definition of a CVO.

***Reminder- This is the reason and rationale, signed job descriptions and Primary Source Verification (PSV) is encouraged! And, recommended annually during Performance Evaluation period.***

“TRUST ME, I’m a Health Care Provider!”



# Types of Practice encountered in HOPD

Provider

MD & NPP

Registered Nurses

Licensed Vocational Nurse

Physical Therapy Assistant

Emergency Medical Technician (B,I,P)

Unlicensed Assistive Personnel (CMA, CAN, UT)

# So, How do we provide Day to Day Care?

- 1-Abiding by the policies and process' put in place.
- 2- If policies allow for Delegation of Duties, ensure we are operating within what is/is not allowed to be delegated.
- 3-Ensure if you have delegated a responsibility, to staff, they are allowed to be delegated to and have competencies in place.
- 3- Competencies, must be in place for all employees.
- 4- If you are unsure of what to do...



*Unless you are independently wealthy...*

**ASK** *first,*

**ACT** *second!*

# Questions/Comments/ Conclusion

1- Know what your hospitals process' are related to Scope of Practice. Advance Certification, Job Descriptions, and Competencies.

2-Know what is allowed by the above, and do not choose to put yourself or your institution in a vulnerable position.

3-We are working in HOPD's of hospitals, and therefore, it is their policies we abide by, related to staffing responsibilities.

4- Typically our hospital Partners are credentialed by the Joint Commission as Hospital (CAMH) not as Ambulatory Care (CAMAC).