UCSF Liability Insurance guidelines

All patient care and clinical activities must be conducted in accordance with applicable professional credentials and privileges. All activities that are performed at non-University sites must be done through a formally approved affiliation agreement consulting contract or professional services agreement (PSA) executed between The Regents of the University of California and the outside organization.

In general, all faculty who conduct professional activities within the course and scope of University employment, including those activities covered as part of a PSA or consulting agreement executed with The Regents on behalf of a faculty member, are covered by the University’s general and professional liability program.

The University’s general and professional liability and workers’ compensation coverage does not extend to faculty who conduct activities that are outside of the course and scope of the faculty member’s University employment. If a faculty member engages in activities that are not covered by an appropriate consulting agreement, training affiliation or PSA, coverage does not extend and The Regents will not indemnify and defend the faculty member in any action brought subject to these outside activities. Faculty members who engage in professional activities that are outside the course and scope of their University employment are encouraged to obtain outside legal consultation, as needed, and consider obtaining personal liability insurance.

Therefore, all clinical faculty and faculty in any other academic series that work in any patient care environment (both within and outside of UCSF) must have an appointment (salaried or without salary/volunteer) in one of the School of Nursing departments. In addition, faculty must complete the credentialing process established by the Faculty Practice Committee prior to beginning any clinical practice. This policy is designed to ensure quality of care in clinical practice and maintain a data base for risk management. The School of Nursing appointment is required even if the provider holds an appointment elsewhere on campus so continuous coverage is maintained in the event the other appointment ends.

- If a faculty member has an active appointment elsewhere on campus (e.g. another school) and is planning on joining a SON faculty practice, the Department Chair or Vice Chair must initiate a volunteer or paid faculty appointment at least 1 month before the individual begins to practice.
- If a potential faculty member does not have an active appointment (salaried or volunteer) elsewhere on campus, s/he may not begin working in a School of Nursing practice until an appointment has been approved in one of the School’s departments.
- Faculty with 50% (+) appointment must complete the credentialing process established by the Faculty Practice Committee prior to beginning any clinical practice. Additionally, faculty with a less than 50% appointment who are practicing in a UCSF Faculty Practice must complete the credentialing process.

2.17.15 Revised by GCB, PBdP, MP
I. PURPOSE

A. To delineate a consistent approach for the hiring of salaried and volunteer faculty into one or more of the School of Nursing Faculty Practice (FP) sites or clinical practice arrangements.
B. To delineate a consistent approach for maintaining credentialing privileges through the School of Nursing Faculty Practice Committee

II. POLICY

A. The hiring of clinical faculty and faculty in another academic series that engage in clinical practice is the responsibility of the Department Chair or Vice-Chair. The Department Chair/Vice-Chair will assure that all relevant certification and credentialing information has been forwarded to the Dean’s office for entry in the School of Nursing credentialing database before the individual provider begins to work at the clinical site, see step 1.

B. Practice directors will instruct new faculty who will be in practice to contact the Vice Chair in each department at least thirty days before their appointment begins to ensure that the new provider can obtain a packet early enough to meet the deadlines stated in the Faculty Practice Policy and Procedures.

C. If the faculty member is solely involved in a School of Nursing faculty practice where no actual contact with a patient population occurs (e.g. Tele-healthcare), step 2 of the credentialing process and CPR is not required. The Faculty Practice Manager/Clinical Director will notify Dean’s office that this faculty will have no patient contact.

D. Primary source verification of relevant licensure for all health care personnel providing direct patient care services will be completed by the designated administrative staff member in the Dean’s Office.

E. All faculty in practice are required to maintain up-to-date credentialing. Each faculty credentialing file will be reviewed and approved by the Faculty Practice Committee every two years, see step 3.

F. All faculty in practice are required to maintain current standardized procedures approved by the Committee in Interdisciplinary Practice (CIDP), which is a subcommittee of the Faculty Practice Committee.

G. Failure to maintain up to date credentialing will result in the faculty member not being allowed to practice until the file is complete. The Faculty Practice Committee will notify the Department Chair and Vice Chair of any such delinquencies on a monthly basis. Sustained delinquency may impact the faculty members Good Standing status as indicated in SON Health Sciences Compensation Plan.

2.17.15 Revised by GCB, PBdP, MP
FACULTY PRACTICE CREDENTIALING PROCESS

STEP ONE: Upon beginning practice

A. Licensed health care personnel, including but not limited to acupuncturists, advanced practice nurses (APNs), chiropractors, pharmacists, licensed vocational nurses, medical doctors (M.D.), registered nurses (RNs), and social workers, who are seeking a clinical practice arrangement are required to submit the following items:

   i. A copy of the State of California Professional License(s).
   ii. Current Curriculum Vitae or Resume (submit via Advance appointment system).
   iii. Evidence of CPR certification within the past 2 years.
   iv. A copy of the State of California Furnishing License and/or DEA License, if furnishing/ordering drugs and/or medical devices is performed by the practitioner.
   v. The National Provider Identifier number (MDs and NPs only).
   vi. Evidence of Board/APN national certification (NPs required; MDs and other APNs optional).
   vii. “Attestation Questions” form (see attachment)
   viii. “Professional Liability Action Information” (see attachment)
   x. APNs must provide a copy of the signed Standardized Procedures to the Faculty Practice Committee.

B. Provide Human Resources with the names and contact information for two people (peers or supervisors) who can be contacted for a reference. [This is done through the Advance appointment system as part of the academic appointment process].

C. Although not required, licensed health care personnel are encouraged to provide documentation of any non-UCSF professional liability certificates to the Faculty Practice Clinic Manager/Director or Dept Chair/Vice Chair.

STEP TWO: Within 30 days of practice

A. All salaried and volunteer faculty with direct patient contact are required to submit evidence of the following items within 30 days of their start date:

   i. Healthcare Clearance (Occupational Health)
   ii. Respiratory mask fit testing (RFT),

2.17.15Revised by GCB, PBdP, MP
iii. Tuberculosis screening and testing
iv. Record of Vaccination or titers of immunity for the following diseases: Hepatitis B, measles, mumps, rubella and Varicella.
v. Annual Flu vaccine

STEP THREE: Maintaining Credentialing

To maintain credentials the following documentation is required:

<table>
<thead>
<tr>
<th>LICENSE AND CERTIFICATION</th>
<th>FREQUENCY OF VERIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current RN/NP or MD License</td>
<td>Every 2 yrs</td>
</tr>
<tr>
<td>Nurse Practitioner Furnishing</td>
<td>Every 2 yrs</td>
</tr>
<tr>
<td>CPR</td>
<td>Every 2 years</td>
</tr>
<tr>
<td>National Certification</td>
<td>Every 5 yrs</td>
</tr>
<tr>
<td>Drug Enforcement Administration</td>
<td>Every 4 yrs</td>
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<th>VACCINATION / IMMUNIZATION</th>
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<tr>
<td>TB Screening and testing</td>
<td>Annual</td>
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<tr>
<td>Flu vaccine</td>
<td>Annual</td>
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<thead>
<tr>
<th>ADMINISTRATIVE FORMS</th>
<th></th>
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<tbody>
<tr>
<td>Attestation questionnaire</td>
<td>Bi-annual (renewed every two years at the time of license renewal)</td>
</tr>
<tr>
<td>Professional liability Actions</td>
<td>Bi-annual (renewed every two years at the time of license renewal)</td>
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