



**ABC INSIDER**  
Accreditation Webinars



# **Understanding Privileging**

*What, Who and How*

ABC Webinar Series

November 28, 2018

# Supervision & Privileging

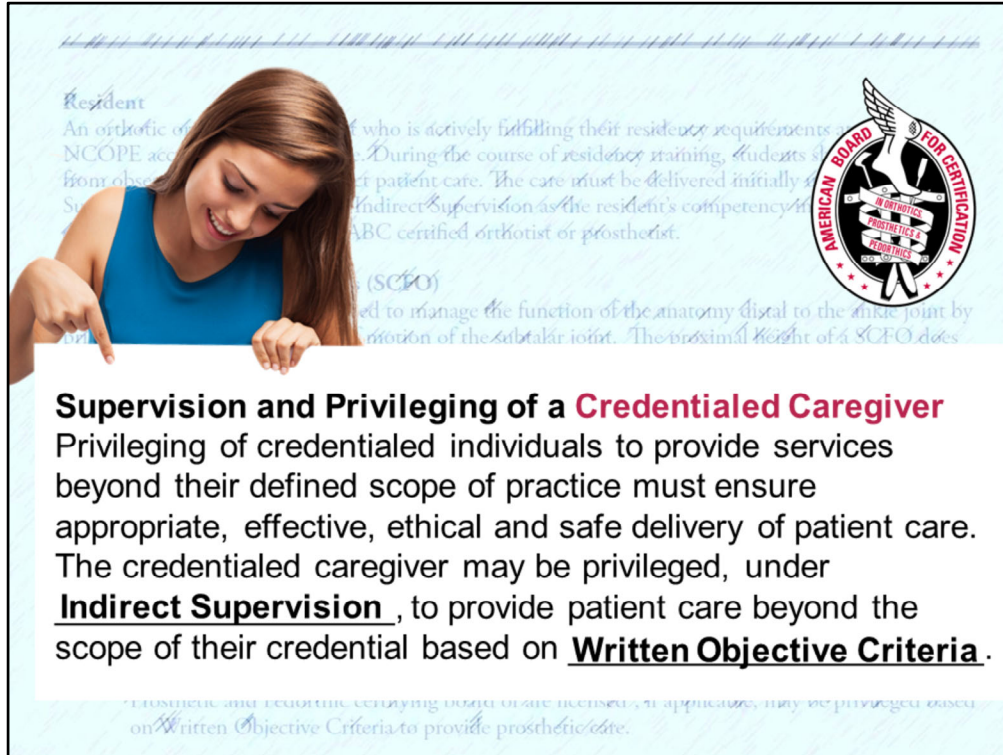


Let's discuss what privileging is, who can do it and the importance of how it should be done and the specific documentation that's required for compliance.

# What is Privileging?



Let's start with the basics. What is Privileging? The ABC Scope of Practice breaks the definition down into two categories: 1 –The Supervision and Privileging of a *Credentialed* Care Giver and 2 – Supervision and Privileging of *Non-Credentialed* Care Giver. However, there is a big change that hopefully you're already aware of going into effect January 1, 2019 in which the privileging of a non-credentialed caregiver will no longer be allowed. We will get to that in more detail in just a moment.



**Supervision and Privileging of a Credentialed Caregiver**  
Privileging of credentialed individuals to provide services beyond their defined scope of practice must ensure appropriate, effective, ethical and safe delivery of patient care. The credentialed caregiver may be privileged, under **Indirect Supervision**, to provide patient care beyond the scope of their credential based on **Written Objective Criteria**.

First, let's keep going with our explanation of supervision and privileging of a Credentialed Caregiver vs. a Non-Credentialed Caregiver. Let's start with the first one, the privileging of a *credentialed* care giver. Quote, "Privileging of credentialed individuals to provide services beyond their defined scope of practice must ensure appropriate, effective, ethical and safe delivery of patient care. The credentialed care giver may be privileged, under ***Indirect Supervision***, to provide patient care beyond the scope of their credential based on **Written Objective Criteria**."

## Supervision and Privileging of a Credentialed caregiver is **NOT** changing



Some good news is that the supervision and privileging of a credentialed care giver is **NOT** changing. Indirect Supervision does not require the supervising credentialed individual to be on site, however they must be available for consultation throughout the patient care process. The “patient care process” is any time a patient is actually receiving care by you or your staff.



What acceptable ways could a supervisor be available? Whenever I ask this question, inevitably I have a practitioner tell me that the supervisor must be physically available within a 60-mile radius. I actually did some research and in ABC's Scope of Practice from the early '90s, the 60-mile radius was included but that has long since been removed and is no longer the case.

## Indirect Supervision Options

Telephone

Seeing other patients onsite



The telephone is an option. You can also be in the office treating another patient but still available for any consultation and supervision that is needed. Indirect supervision does not require the supervisor to be on site, however they must be available for consultation throughout the patient care process.

## Privileging Changes

**Beginning  
January 1, 2019**



Eliminates Privileging of  
Non-Credentialed Caregiver



NEW Support Personnel  
Category

So, as I mentioned a few slides ago, beginning January 1, 2019, ABC's Scope of Practice will change to include only one category. The changes include **eliminating the practice of privileging non-certified individuals to provide patient care.**

In addition, a **new category for Support Personnel** was created. The ABC board believes that anyone who is independently providing direct patient care should have some formal education, experience and certification.



## How can we use non-certified staff after January 1<sup>st</sup>?



So with these changes, how can you still use non-credentialed staff in assisting with patient care? One of the answers may be in the newly defined Support Personnel category.

## SUPPORT PERSONNEL

An ABC credential holder may **delegate** certain tasks in the provision of any custom fabricated or custom fitted orthosis, prosthesis or pedorthic device to non-credentialed support personnel. Those delegated tasks must be within the ABC credential holder's scope of practice.

An ABC credential holder (that's the supervisor) may delegate certain tasks to a non-credentialed support personnel. Please remember that **delegation is not privileging**. And of course, the tasks need to be within the ABC credentialed supervisor's scope of practice. For example, a certified prosthetist would not be delegating orthotic tasks to someone in a support personnel role.

## SUPPORT PERSONEL

Any tasks delegated to Support Personnel must be supervised under **Direct Supervision**.

And finally, all delegated actions must be done under the new definition of Direct Supervision. So, let's review Direct Supervision and what it can look like today. Remember, these changes will go into effect January 1, 2019.



## **Current Direct Supervision Options**

As of today, direct supervision requires the supervising credentialed individual to be available in real time for consultation throughout the patient care process and to be able to assess the care being provided by visual means (i.e, physically present, live video, web cam or other means of live visual technology). ABC accepts being available by different means and tools. It is acceptable to use media tools such as Skype and Facetime where you have an immediate visual and audio component.

## **Effective January 1, 2019 Direct Supervision definition**

### **Direct Supervision**

**This level of supervision requires the supervising credentialed individual to be available for consultation throughout the patient care process.**

The requirement for supervisors to be available for consultation throughout the patient care process will remain the same.

## Effective January 1, 2019 Direct Supervision definition

- The supervisor must be **physically on-site** while the care is being provided
- Supervisor must be available for consultation throughout the patient care process

But, here is the major change of direct supervision: the supervisor must be physically on site while the care is being provided **AND** must be available for consultation throughout the patient care process.



## Support Personnel

### Can...

- Implementation of Plan
- Outcome Measures
- Height/Weight

### Can Not...

- Formulation of Plan
- Final Fitting and Delivery
- Any Follow Up Care that Modifies the Function of Device

An ABC credential holder may delegate certain tasks in the provision of any custom fabricated or custom fitted orthosis, prosthesis or pedorthic device to non-credentialed support personnel. Those delegated tasks must be within the ABC credential holder's scope of practice. They can assist the certified staff with implementing the patient treatment plan, they can record outcome measures and record vitals such as weight and height. The tasks cannot include patient assessment, formulation of a treatment plan, final fitting and delivery and any follow-up care that modifies the function of the device as originally prescribed. And again, any tasks delegated to Support Personnel must be supervised on site under Direct Supervision.

## **Effective January 1, 2019 Direct Supervision Definition**

### **The credentialed supervisor must:**

- Review the results of care and the documentation of the services rendered by Support Personnel
- Sign and date the notes
- Must happen within 15 days

As always, the supervisor must review the results and documented record and is responsible for countersigning and dating those notes within 15 days.



## **Other Options for Non-Credentialed Staff**



# CERTIFICATION



## Therapeutic Shoe Fitter (CFts)

Experience	Education	Training	Board Exam
250 Fitting hours	HS, GED or College Degree	Pre-cert Course - 16 hours	2 hour, computer-based, 100 multiple choice questions

There are other options if you don't want to be a "support personnel." If you are credentialed with ABC, then you wouldn't be support personnel. I have been asked to share with you some of the options for becoming ABC credentialed and what is required for a few of those possibilities. For example, to become a Certified Therapeutic Shoe Fitter you would need 250 hours of supervised fitting experience, a high school, GED or college degree, attend an ABC approved Therapeutic Pre-certification education course which is generally 2 days, often one day in person and one day online, then you'll complete your application and sit for the 100-question, all multiple choice question computer-based exam. ABC uses over 300 testing locations throughout the country, so there should be one close to you or within a very short drive.

## Orthotic Fitter (CFo)

Experience	Education	Training	Board Exam
1,000 fitting hours	HS, GED or College Degree	Pre-cert Course 4-5 days	3 hour, 150 multiple choice computer based exam

Another option would to become a Certified Orthotic Fitter. For this credential, you need 1,000 hours of supervised orthotic fitting experience, a high school, GED or college degree, attend an ABC approved pre-certification orthotic fitter education course which is usually 4-5 days, complete your application and then take the 150-question, all multiple choice computer-based exam. Again, you can take this exam at one of 300 available testing sites.

## Assistant

Experience	Education	Specific College Courses	Board Exam
1,900 clinical hours	HS, GED or College Degree	1. Anatomy 2. Fundamental Physics 3. Medical Terminology	3 hour, 165 multiple choice computer based exam

Still, another option would to become a certified assistant either in orthotics, prosthetics or both. For this certification, you need 1,900 hours of supervised clinical experience in each discipline, a high school, GED or college degree. You must also complete three hours for each college courses in: Human Anatomy, General/Fundamental Physics and Medical Terminology. Once you have completed these prerequisites, you can apply to sit for the 165 multiple choice computer-based exam. Again, this exam is offered at 300 testing sites nationwide.

## And More!



Certified  
Mastectomy Fitter



Certified  
Pedorthist

**ABCop.org**

These are three examples of credential possibilities, but you can also become ABC certified as a mastectomy fitter or certified pedorthist. The specific eligibility requirements for all of our credentials are available on the ABC website at [ABCOP.org](http://ABCOP.org).

## **Now...back to privileging and how it works**



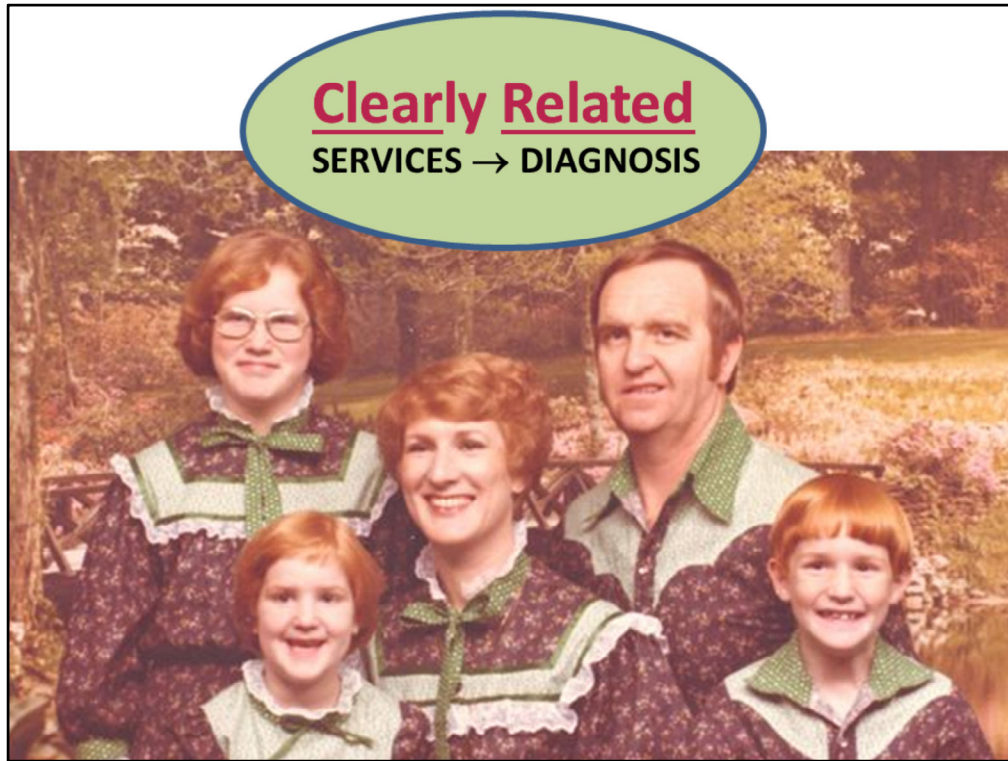
Now, let's talk about how you are able to privilege your credentialed staff to provide items and services that are beyond their own scope of practice.

**Scary & Confusing...Ahhh!**

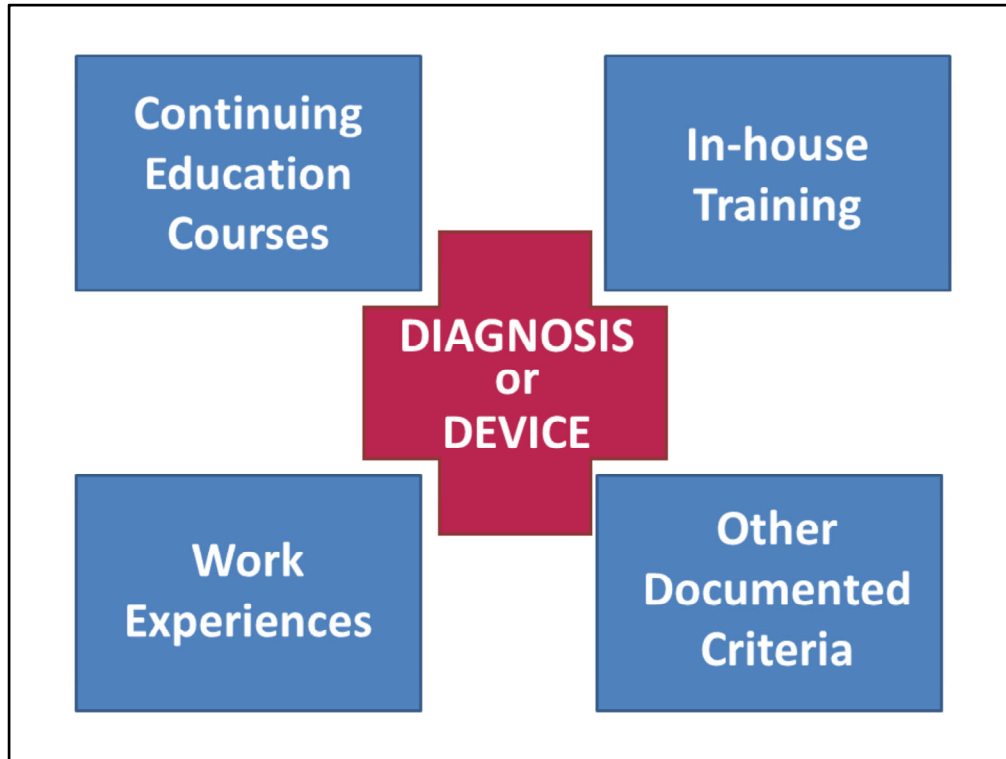


No matter who is being privileged, the process must be done by means of Written Objective Criteria. Written Objective Criteria is defined as “the means by which a privileged caregiver’s ability to provide specific patient care service has been assessed and documented.”





We're talking about the structure and mechanism of how the caregiver has gained the necessary knowledge and skills to be able to provide a specific patient care service. It must be **clear** and **related** to the diagnosis involved and the orthosis or prosthesis being provided. Let's break it down even further.



The documentation that is required may take different forms including, but not limited to, proof of completion of continuing education courses related to a specific diagnosis or device, documented in-house training/in-services that are specific to the patient care service that the caregiver is being privileged to provide, and/or documented specific work experiences participating in patient care activities. Again, these are just some of the examples. If you have other documentation, that should be provided as well.

## Specific Training Related to a Device



Let's use this scenario as an example: if you have been privileged to provide a custom PLS AFO to treat a dorsiflexion weakness in a stroke patient (that is very specific diagnosis) that does not mean you are also privileged to provide an Arizona AFO for treatment for PTTD (Posterior Tibial Tendon Dysfunction). So, what I'm saying is that you are privileged for a very specific task for a specific diagnosis and a specific device. If you wish to be privileged in other tasks, you will need specific written objective criteria and documentation for that task as well.

# Proof of Training



One example of documentation may be a certificate of attendance for a training course. This, along with any other documentation, would live in the personnel file of the person being privileged.

# Privileging Record/Log

Supervision Level	Lower Extremity					
	Indirect			Direct		
	Evaluation	Fitting	Delivery	Evaluation	Fitting	Delivery
Foot	Custom Fit					
Pediatric						
Adult						
Geriatric						
	Custom Fab					
Pediatric						
Adult						
Geriatric						
	AFO					
Pediatric						
Adult						
Geriatric						
Fracture						
	Custom Fit					
H/KA						
Pediatric						
Adult						
Geriatric						
Fracture						
	Custom Fab					
Pediatric						
Adult						
Geriatric						
Fracture						
	H/KAFO					
Pediatric						
Adult						
Geriatric						
Fracture						
	Custom Fab					
Pediatric						
Adult						
Geriatric						
Fracture						

Not Enough

A log or a check off sheet is not adequate by itself. There needs to be other substantiating documentation that supports what is described in the log. Let's discuss some of the different pieces of information and documentation that should be in the written objective criteria. Remember, you will continue to add to this documentation. Think of it as living, growing documentation.

	<h3>Content</h3> <ul style="list-style-type: none"> <li>• What is the specific diagnosis being treated</li> <li>• What is the specific intervention being learned</li> </ul>
	<h3>Format</h3> <ul style="list-style-type: none"> <li>• Where did the learning take place</li> <li>• When did the learning take place</li> <li>• Who was the preceptor</li> </ul>
	<h3>Process</h3> <ul style="list-style-type: none"> <li>• How did the care provider progress from observation to assistance to independence</li> </ul>

So, here's what we need to see:

Content: What is the specific diagnosis being treated? What is the specific intervention being learned?

Format: Where did the learning take place? When did the learning take place? Who was the preceptor and which organization did he/she represent?

Process: How did the privilege progress from observation to assistance to independence?

## Background Documentation Example

### Arizona AFO – Evaluation & Casting

**The privileging must be specific to the type of item/service being provided!**


	Unilateral, Joe casted R side	
1/19/16	Joe measured and casted patient for Arizona AFO with practitioner observing. Feedback given about alignment in cast	John Smith, CO

Living documentation for privileging is telling us the story of who, when and what and how these elements are specific to a diagnosis and device. For example, Joe is being privileged and here is his story. It tells us what he is being privileged in, his training and who has done the training. It also tells us Joe's progression throughout his privileging process.

We'd also like to see the justification for needing to privilege a staff member. Why did you make the decision to privilege someone?

ONCE AGAIN, all privileging must be specific to the type of item and service being provided.

[www.abcop.org](http://www.abcop.org)

 American Board of Certification for Prosthetists and Orthotists

### Instructions for Using Privileging Criteria Template

This form is designed to provide the business owner or accreditation manager a summary of the necessary documentation for each privileged individual's ability to provide a specific item or service. It is not intended to replace the actual documentation which details the Written Objective Criteria used to substantiate the knowledge and skills of the privileged person to provide the care.

Following is an overview of the form.

Supervisor: \_\_\_\_\_

#### Individual Privileging Record

Employee Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Date	Privileged In	Experience (current or previous) Company name & name of credentialed person if previous	Continuing Education Programs	In-House Training
11-12-13 through 2-20-14	Diabetic shoes/inserts	Wendy is employed as a technician at Foot Care Plus. She attended a Dr. Comfort program about diabetes and diabetic foot care on 11-6-13 (certificate is in her employee file). She has observed and assisted Pete Pedors, C Ped. with measurement and fitting of diabetic shoes for 2 months. Pete's assessment of her progress in demonstrating increasing competency is also in her file.	X	X
6-1-14 through 12-25-14	Arizona AFOs for treatment of PTTD	Wendy shadowed with Bob Bracewell, CO for 6 months while he provided Arizona AFOs. She participated in measurement, castings and fittings. Bob's narrative assessment of Wendy's knowledge and skills in providing Arizona AFOs		X

Practice must ensure appropriate, effective, and safe care under Indirect Supervision, to provide prosthetic and Pedorthic certifying and provide prosthetic care.

Recognized Orthotic, Prosthetic and Pedorthic certifying and provide prosthetic care.

Recognized Orthotic, Prosthetic and Pedorthic certifying and provide prosthetic care.

For those sites who are accredited with ABC, we have some great resources in our online **Accreditation Resource Pack**. These are available on our website at [ABCOP.org](http://ABCOP.org). Simply click on the big red MY ABC button on the home page and log in with your facility's user ID and password. Click on the Resource Pack link to the right of the page. You should see two privileging specific links: **Instructions for Using Privileging Criteria** and **Privileging Criteria Template**. KEEP IN MIND, these resources will be changing at the end of 2018 to reflect the changes we've talked about that are coming in January, so if you are using them now or are going to download them after this webinar, you'll want to download the updated versions at the beginning of the year.





Now that you have a sufficient written objective criteria, we'd like to remind the credentialed supervisor of their responsibility. First, you must review all notes written in the patient's chart by the privileged staff member. Second, you must co-sign those notes, and thirdly, you must date them. I want to emphasize the reason for the supervisor to review, co-sign and date the notes, because as the supervisor you are saying "I agree with this action." This action falls under your certification. Remember, any care you privilege someone else to provide is ultimately your responsibility.



As a reminder, let's take a look at some of the **Do's** and **Don'ts** when privileging.

# DO...

 **Have Sufficient Documentation**

 **Continue to be Educated**

 **Be Available for Supervision**

 **Review, Co-sign & Date - 15 Days**

 **Remember Survey Requirements**

Do: Make sure you have all of the sufficient documentation needed for privileging, training, justification, written objective criteria.

Do: Continue to be educated and keep up with the new procedures, technology and standards. Being privileged follows along the same line with your ABC certification, you need to reach your minimum CEU requirements every five years; continue to update your privileged staff member's education as well.

Do: Be available for supervision and consultation with a credentialed caregiver and a non-credentialed caregiver.

Do: Review, co-sign and date the privileged staff member's notes within a 15 day period, but preferably earlier.

Do: Remember that if your facility is accredited with ABC, your ABC surveyor will review all privileging documentation during your next and following ABC accreditation surveys

# DON'T...



**Become complacent with privileged staff and the services they are providing**

Don't: Become complacent with your privileged staff member and the services they are providing. Be aware of what they are doing and how they are doing it. Once again, their work is basically your work because it is being provided under your certification. You should take this very seriously.

If you don't feel comfortable or if you feel you don't have sufficient documentation for privileging another credentialed employee, hold off until you are confident that you have the appropriate required documentation.

## How Does This Affect Residents?



So, how do these changes effect residents? It doesn't! The changes to the privileging rules for non-credentialed staff does not impact residents. They have a separate definition in the ABC Scope of Practice. They are supervised by the residency director and residency mentors.

## **Exam Candidate (Orthotist or Prosthetist)**

**1**

Successfully completed an NCOPE accredited residency  
at a comprehensive O&P accredited facility



### **How does this effect residents between their completion of their residency and when they become certified?**

It doesn't! The changes to the privileging rules for non-credentialed staff do not impact "Exam Candidates." They have a separate definition in the ABC Scope of Practice as well. They are supervised by the certified/licensed practitioners in the discipline they are practicing.

What about the candidates who will be soon taking the ABC board exams? Let's take a look at them.

## **Exam Candidate** **(Orthotist or Prosthetist)**

2

Has met all eligibility criteria and **has applied for and been accepted** to take the ABC orthotist or prosthetist certification exam.

An exam candidate is anyone who has successfully completed the NCOPE residency in Orthotics and/or Prosthetics and has applied to ABC for the board exams and their exam application has been approved.

## **Exam Candidate** **(Orthotist or Prosthetist)**

**3**

**Can continue to provide O&P services under Indirect Supervision** while they're within the exam eligibility window.

If they've applied and been approved, then they can continue to provide orthotic or prosthetic services under INDIRECT Supervision. Again, with indirect supervision, the supervisor needs to be available in real-time but does not need to be on site.



# What about licensure?

## STATE LICENSURE

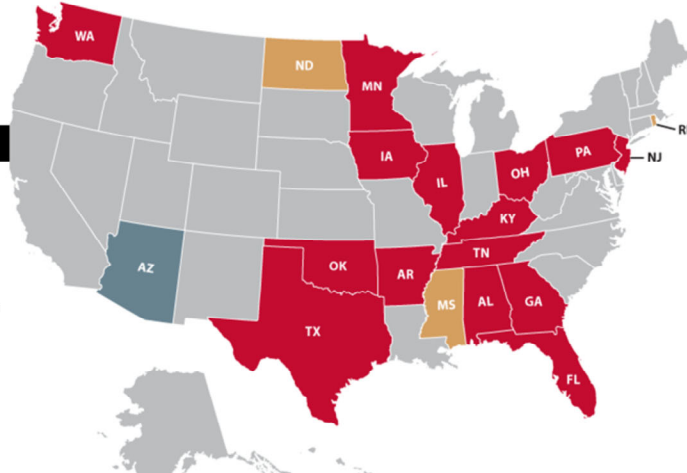
### ABC LICENSURE LINKS

- [State Licensure Map](#)
- [ABC State Licensure Policy](#)
- [ABC Model Practice Act](#)
- [ABC Model Administrative Rules](#)
- [ABC State Licensure Handbook](#)

Whether you practice in a state that has licensure requirements or are moving to one that does, find everything you need with ABC's interactive state licensure map. With detailed information about each state's requirements, costs and links to important documents and applications, we've got you covered!

### Map Key

- Has State Licensure
- Has certification requirements, but does not issue licenses for O,P&P.
- Has facility accreditation requirements for the provision of custom fabricated orthoses or prostheses.



ABC's accreditation standards recognize licensed O&P staff the same as certified staff. An O&P licensed individual meets ABC staffing qualification requirements.

## **Reminder about who can dispense an off-the-shelf (OTS) device**

### **Example #1**

L1833 – KO, adjustable  
knee joints, (unicentric  
or polycentric) positional  
orthosis, rigid support,  
prefabricated, off-the-  
shelf



Here are a few after-thoughts that may help you further understand what non-certified staff members may do. Off-the-shelf (OTS) items can be dispensed without a credentialed person having to provide the care. Keep in mind that the documentation requirements are still in place. For example, there has to be a Rx, delivery receipt, proof of providing instructions to the patient, etc...

## Reminder about who can dispense an off-the-shelf (OTS) device

### Example #2

L3809 – WHFO,  
without joint(s),  
prefabricated, off-the-  
shelf, any type



Any L-code that has “**off-the-shelf**” in its descriptor is considered OTS and does **NOT require a credentialed person to provide** (does not pertain to A-codes)

Here is another example. Any L-Code that has OTS in it's descriptor does not require a credentialed person to provide the device. And, the same documentation requirements are in place, there has to be a Rx, delivery receipt, proof of providing instructions to the patient, etc...

# Questions?



**Your Best Resources!**






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