Thanks for joining us. The webinar will begin shortly...

What privileging is.
Who can do it and the importance of performing it correctly.
How it should be done and the specific documentation that’s required for compliance.
So 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** Caregiver and 2 – The Supervision and Privileging of a **Non-Credentialed** Caregiver.

There are two very distinct definitions. Let’s start with the first one, the privileging of a **Credentialed Caregiver**. 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 caregiver may be privileged under **Indirect Supervision** to provide patient care beyond the scope of their credential based on **Written Objective Criteria**.”

Did you pick up on that phrase **Indirect Supervision**? That’s a pretty important part of the definition, so let’s discuss what ABC deems appropriate for Indirect Supervision.
Indirect Supervision does not require the supervising credentialed individual to be onsite however they must be available for consultation throughout the patient care process. So what does that mean, “they must be available throughout the patient care process”?

Let’s be clear. The patient care process is any time that a patient is actually receiving care by you or your staff, no matter how minor or extensive that interaction may be.

What acceptable ways could a supervisor be available? I have heard from some practitioners say that you must be available within a 60-mile radius. I don’t have a tape measurer that long so that one is out. It’s just a rumor and probably from the horse and buggy years! I actually did some research and the 60-mile parameter did appear in ABC’s Scope of Practice from the early ’90s. BUT…it has long since been removed.

Let’s look at the options for Indirect Supervision. The telephone is one convenient option that would qualify for indirect supervision. Another option is to supervise while treating patients simultaneously. The supervisor is in the office treating a patient while the privileged individual is treating a different patient. The supervisor must be 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 entire patient care process.
Supervision and privileging of a non-credentialed caregiver must ensure appropriate, effective, ethical and safe delivery of patient care. The non-credentialed caregiver may be privileged to assist in the provision of patient care based on Written Objective Criteria in situations where either prosthetic, custom fabricated orthotic or custom fit-high orthotic items being provided. The initial patient assessment, formulation of the treatment plan and the final fitting and delivery must be done under direct supervision.

Pay attention to that word assist, as in participate, play a certain role. This is important. Privileged individuals protect their quarterback (supervisor), but don’t run the ball themselves.

Direct supervision requires the supervising credentialed individual, the supervisor, 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 by 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 immediate visual and audio components available.
Please remember that these tools and resources must be live and used in REAL TIME, not a recorded video. For example, if an ABC surveyor is at your business, you must be able to show the surveyor how your system works in real time. It is more than likely that the surveyor will ask you to demonstrate how your system works and to run a test of your system no matter what it is you’re using.

Regardless of who is being privileged, there must be **Written Objective Criteria** for each person. Yes. The ever confusing written objective criteria. What exactly is a written objective criteria? **ABC defines it as** the means by which a privileged caregiver’s ability to provide specific patient care service has been assessed and documented.

This refers to the structure and mechanism in which the caregiver has gained the necessary knowledge and skills to be able to provide a specific patient care service. This information must be **clear** and **related** to the diagnosis involved and the orthosis or prosthesis being provided (the device). Confused yet? I hope not! But, just in case, we’ll break it down for you in a moment.
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, please provide that as well.

Did you pick that up? Being privileged, no matter who you are, does not mean that you have carte blanche to do any work that you feel you can or want to do. It must be specifically related to a diagnosis and a device.

For example, if you are privileged for an Arizona AFO to treat the paralysis of drop foot in a stroke patient (which is very specific), that does not mean you are also immediately privileged for an Arizona AFO for treatment of Posterior Tibial Tendon Dysfunction (PTTD). You are privileged in a very specific task. If you wish to be privileged in other tasks, you will need the corresponding written objective criteria and other supporting documentation for that task as well.
Don’t let privileging CREEP happen. This is when a person who is privileged to provide a certain device for a specific diagnosis begins to CREEP over the line of what is specifically covered in their written objective criteria.

Now, I have a question for you, have you picked up on how many times the form of the word documented has been used? There must be specific documentation throughout the entire process. As we know all too well, this profession is nothing if it there isn’t any documentation.

A privileging record or log is very important, but it 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 want to add to and grow this documentation. Think of it as a living document. I think it will be clearer when we see some of the written objective criteria examples a little later on.
Alright, let’s break this down. The documentation should answer what, where, when, who and how. Are you ready?

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 privileged individual progress from observation to assistance to independence?

Here is a great example of the living documentation for privileging, it is telling us the story of who, when, what and it is very specific to a diagnosis and device. 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 shows us Joe’s progression throughout his privileging process.

Remember, this written criteria will be used to justify privileging for a **SPECIFIC DEVICE** to treat a **SPECIFIC DIAGNOSIS**.

Additionally, we need to see the justification for needing to privilege a team member. Why did you make the decision to privilege Joe?
Understanding Privileging

We have several great privileging resources in our Accreditation Resource Pack. These are available on our website, ABCOP.org. Simply click the big red MY ABC button on our homepage to log in with your accredited facility’s login ID and password. This is not your individual login ID and password. Ask your facility manager/owner to log in and print or save these resources for you and other staff to use. If you are with an ABC accredited facility or boutique, you have full access to these tools for free! The first is titled Instructions for Using Privileging Criteria Template and the second is an actual Privileging Criteria Template.

Once you have sufficient written objective criteria, what is your responsibility as the credentialed supervisor? First, you must review all of the notes written in the patient’s chart by the privileged team member. Second, you must co-sign those notes and thirdly, you must date them. Let’s not forget the reason you’re reviewing and co-signing these notes. We want to make it very clear and stress the importance of reviewing notes, because as the supervisor, you are saying, “I agree with this action”.

Your review, co-signature and dating must happen within 15 days of the privileged staff member providing services. 15 days.....Today is Tuesday, quick, can you remember what you had for lunch last Thursday? 15 days is a long time, I urge you to review, sign and date the notes in a timely manner.
With that being said, it is extremely important to remember the following point. Everything that is done by the privileged staff member is done under the supervisor’s credential and if you’re the supervisor, that’s your certification on the line! The buck stops here, as it were. That gives you a great incentive to make sure everything is performed properly and that all documentation is sufficient and in the correct place. Some practitioners will not let a patient leave their office until they have reviewed, co-signed and dated the privileged team member’s notes. Others review all patient charts by the end of each day. If there is a problem you want to catch it as soon as possible, it is your responsibility. If the privileging is for delivery of an elementary device or something very simple you may not feel the need to review and sign off on the notes immediately. But, if there is something being done to change a device, you would want to review the notes as soon as possible. Otherwise, your business could be at risk if mistakes were made and not rectified.
With all of this in mind, let me throw you a curve ball. We have 15 states in the US that have O&P licensure for our profession. This state licensure supersedes ABC’s privileging standards and rules. Fortunately, most of the licensure states follow ABC standards, but there are few states that have their own rules and you must follow those rules. You don’t want the risk of losing your license. For example, Florida defines Supervision differently from ABC. Florida’s licensure board states that General Supervision is where the qualified supervisor is accessible at all times by two way communication, which enables the supervisor to respond to an inquiry when made and to be readily available for consultation during delivery of care; and is within commuting distance in reasonable geographical proximity. This distance requirement is different from ABC.

Oklahoma is another O&P licensure state that differs from ABC. It’s licensure law states that “The licensed orthotist and/or prosthetist is responsible for personally reviewing the work by the supervisee.”

What does all of this mean? It means...know your state. If you practice in a licensure state be familiar with the rules and what you can and cannot do. ABC has an interactive state licensure map on our website. All of the states colored red, currently have licensure. Those in gold, do not have a formal O&P licensure law, but do have some specific requirements for O&P. Just click on the highlighted licensed state and it will take you to an information page specific for that state. Many of the state licensure board websites are difficult to navigate, so ABC has compiled as much information and links as possible and provided it on our website to make it easier for you. Be sure to read and review the specific rules and requirements for your state. This is your livelihood and career; it is important to be as well educated on the state licensure as possible. We also encourage you to be just as familiar with the ABC accreditation standards that apply to your practice.
Let’s review some Do’s and Don’ts for privileging. This will be a recap of many of these points we’ve discussed in the previous slides.

Do: Make sure you have all of the sufficient documentation needed for privileging, training, justification and 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 as your ABC certification. You need to reach your CEU minimum goals every five years, so continue to update your privileged staff member’s education as well.
Do: Be available for supervision and consultation with a credentialed and 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 the ABC surveyor will review all privileging documentation during your next and following ABC accreditation surveys. We have had practices not take their privileging seriously and have been penalized because of lack of documentation, poorly constructed written objective criteria and patient charts not being reviewed, co-signed and dated. Don’t let this happen to you!

Don’t: Forget to review and understand your state’s licensure rules if applicable
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. Please take this very seriously.
I’d also like to share with you that if you don’t feel comfortable or if you feel you don’t have sufficient documentation for privileging either a credentialed employee or a non-credentialed employee, my advice is to hold off on it until you are confident you have the appropriate required documentation in place.

Your Best Resources - ABC is the leading certification and accreditation organization for our profession but we are more than that, we are here to help you succeed. We are available to answer your questions.

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