

 <p>Connecticut Valley Hospital Nursing Policy and Procedure</p>	<p>SECTION A: NURSING SERVICE ORGANIZATION CHAPTER 2: STANDARDS OF NURSING PRACTICE AND CARE</p> <p>Policy and Procedure: 2.4 Credentialing & Levels of Practice</p>
<p>Authorization: Nursing Executive Committee</p>	<p>Date Effective: May 1, 2018 Scope: Connecticut Valley Hospital</p>

Standard of Practice:

The Registered Nurse maintains competence in his/her respective areas of responsibility and performs professional functions within his/her scope of practice.

Standard of Care:

The patient can expect to receive safe quality nursing care from the Registered Nurse who is competent and performs assigned functions within his/her scope of practice.

Policy:

The scope of psychiatric-mental health nursing practice is differentiated according to the nurses' level of practice, the role of the nurse and the RN's CVH program/unit assignment.

Individual nurses are responsible for identifying their own practice parameters as defined by the Nurse Practice Act of the Connecticut General Statutes, Nursing Code of Ethics, Professional Practice Standards defined by the American Nurse's Association, and according to their own professional competency to perform particular activities and functions.

The Nurse's competence is determined by an assessment of the nurse's education, licensure, knowledge, experience, and abilities, through professional or technical supervision and competency-based performance evaluations.

Registered Nurses at CVH are qualified for psychiatric/mental health nursing practice at two levels-basic and advanced. These levels are differentiated by educational preparation, professional experience, type of practice, and type and focus of certification and licensure.

Nursing Leadership monitors the competence of the basic level Registered Nurse through professional supervision and competency based performance evaluations.

Nursing Leadership monitors the competence of the Advanced Practice Nurse (APRN) through the application of the credentialing process as well as through a competency-based assessment/evaluation process. The APRN applies for credentialing in the following clinical and administrative areas:

Individual Psychotherapy
Group Psychotherapy
Family Psychotherapy
Prescriptive Authority and Treatment
Supervision/Administration

The Director of Patient Care Services shall monitor the performance of the Chiefs of Patient Care Services through regularly scheduled supervision and by reviewing and signing their Performance Assessment and Recognition System (PARS) every quarter.

Procedure:

I. CLINICAL NURSING PRACTICE: BASIC LEVEL

- A. **Definition:** A registered nurse who is educationally prepared and licensed to practice in Connecticut. Within the basic level, an RN may become certified by the American Nurses Association designated by the letters “BC” placed after RN (i.e., RNBC). Achieving this certification signifies that the RN has demonstrated clinical skills exceeding those of a beginning RN or a novice in the specialty. CVH endorses the concept of the basic level nurse attaining this certification status although presently it is not mandatory.
- B. The basic level nurse is credentialed by CVH to practice by virtue of his/her nursing education and Connecticut RN License upon hire, following the successful completion of the orientation program.
- C. The orientation program for registered nurses is comprised of three (3) phases:

Phase I: New Employee Orientation Program (NEOP).

The Department of Mental Health and Addiction Services (DMHAS) provides a two-day generic orientation that introduces employees to the following universally required modules: DMHAS Mission Statement, Employee Benefits, Training and Educational Benefits, Time and Attendance Policies/Procedures, Affirmative Action Policies and Procedures, Other Policies and Procedures, HIPAA Awareness, Multicultural Competence, Diversity Training in the Workplace, Back Injury, Ergonomics Awareness, Preventing Disease-Transmission, Hazardous Communication, Fire Safety Training and Fire Safety and Emergency Activation.

Phase 2: Hospital-Wide Orientation Program (HWOP)

Connecticut Valley Hospital (CVH) provides a one-day orientation that familiarizes employees with the organization. Modules offered to all employees include an introduction to CVH’s History, Mission and Organizational Structure, Human Resource Policies and Procedures, General Safety and Security, Confidentiality/Medical Records Policies and Procedures, HIPAA, Affirmative Action, Sexual Harassment, American’s With Disabilities Act, Employee Wellness Program, Critical Incident Stress Management, Infection Control, Hazard Communication, Health Sciences Library, Patient Rights, and

Divisional Service Delivery Models.

Phase 3: Individual RN Competency Orientation

Patient Care Divisions (Addiction Services Division, General Psychiatry Division) provide a competency based review and verification of specific Hospital and Nursing Policies/Procedures, as well as required skill validation as appropriate over a six-week period. Components covered include the following: ACPR/AED/FA, Emergency Cart and Medical Response, Behavioral Management Strategies, Safe Application, Use and Discontinuation of Restraints, Glucometer Procedures, Medication Competency Exam and Automated Medication Procedures (PYXIS), Psychiatric Interventions and Special Procedures, Boundaries, Assessments, Documentation, Age Specific Competencies, and Other Related Competencies. Based on a learning needs assessment, other basic modules may be offered.

D. To maintain credentialing, the Registered Nurse must:

1. Show evidence annually of continued licensure by the last day of their birth month;
2. Complete all mandatory quarterly and annual training which includes:
 - a. Quarterly reviews of Fire Emergency and Safety Training.
 - b. Annual ACPR/AED/FA certification, Annual Emergency Cart and Medical Response, Behavioral Management Strategies Training, Safe Application, Use and Discontinuation of Restraints, Hazardous Substance Training, Infection Control and OSHA Standards, Glucometer Procedures.
 - c. Annual Discipline determined content and competencies.
3. Participate in other pertinent continuing education activities.
4. Receive a successful annual competency based evaluation resulting from a process of ongoing supervision by a nurse of a higher grade.
5. A staff member wishing to appeal his/her performance evaluation is to call the Director of Patient Care Services who will review the disputed evaluation.

The Director of Patient Care Services will review his/her recommendations with the Nursing Executive Committee at the soonest possible meeting.

The Nursing Executive Committee will make the final decision and inform the staff member of the decision within 48 hours.

E. Areas of Basic Level Competencies:

1. **Admission Assessment & Reassessment:** Psychiatric-mental health nurses function at the point of an individual patient's entry into the hospital, performing physical and psychosocial assessments, rendering nursing diagnostic and dispositional judgments,

and facilitating the patient's involvement into appropriate services. Data collection at the point of contact involves observation and investigative activities, which are guided by the nurse's knowledge of human behavior and the principles of the psychiatric interviewing process. The nurse considers biophysical, psychological, social, cultural, economic, and environmental aspects of the patient's life situation to gain an understanding of the problem as it has been experienced and to plan the kind of assistance that is indicated. The nurse is responsible for recognizing areas where additional clinical data are needed and with the interdisciplinary teams referring the patients for more specialized evaluation.

The nurse continually reassesses the patient and plans care in order to meet the patients needs. The nurse is responsible for conducting a formal reassessment at least annually and whenever a patient is transferred from one unit to another.

2. **Milieu Therapy.** In the practice of milieu therapy, the nurse utilizes the human and other resources of the hospital to foster the restoration of individual patient's previous adaptive abilities and their acquisition of new ones. A key idea of milieu therapy is that virtually all aspects of the therapeutic community, comprised of staff and patients can exert a major influence on behavior, facilitating or impeding the individual's potential for growth and change. On behalf of individual patients, the psychiatric-mental health nurse assesses and develops the therapeutic potential of a given setting by attending to a wide range of factors such as the physical environment, the social structure and interaction processes, and the culture of the setting.

Similarly, the nurse may practice the use of self as a therapeutic resource through interactions at a one-to-one or group level, in structured or informal sessions, and in the physical as well as the psychosocial aspects of care. Formulation and implementation of the nursing plan of care proceeds from individualized assessments of patient needs and involve the patient and the patient's family and significant others to the fullest extent possible which becomes part of the integrated interdisciplinary Master Treatment Plan.

3. **Self-Care Activities.** A major dimension of direct nursing care functions within the therapeutic milieu involves self-care activities of daily living. Examples of nursing care which takes advantage of the learning potential inherent in the daily life cycle are personal hygiene, feeding, recreational activities, and socialization in practical skills of community life such as shopping and using public transportation. By comforting, guiding, and setting limits, the nurse can make use of patient's experiences of daily living to help them move from dependent to more independent modes of behavior.
4. **Psychobiological Interventions.** Another dimension of psychiatric-mental health nursing derives from the understanding and application of psychobiological knowledge bases for nursing care. The nurse's distinctive contribution rests in the ability to evaluate holistically and treat patient responses to actual and potential health problems. The psychiatric-mental health nurse employs psychobiological interventions, which include standard nursing measures such as interpretation and

administration of medication, preparation of the patient for electroconvulsive therapy and other treatment regimens.

Nurses at CVH plan and implement services to meet patients' needs for a stable emotional and social support system. A frequent component of these support services is the nurse's support and surveillance of the patient's pharmacotherapeutic treatment. These services may be provided on an individual or group basis. The aim is to teach patients about their medications and assist them in dealing with practical problems related to side effects and other difficulties encountered in continuing a prescribed medication regimen in preparation for discharge to the community.

An essential aspect of the patient's response is the right to exercise personal choice about participation in proposed treatments. The nurse's responsible use of authority respects the patient's freedom to choose among existing alternatives and facilitates awareness of resources available to assist with decision making.

5. **Health Teaching.** Another aspect of the psychiatric-mental health nurse's work with individuals, families, and community groups is health teaching.

In performing this function, the nurse integrates knowledge of the principles of teaching and learning with knowledge of health and illness. The need for health teaching may relate to biological, pharmacologic, physical, sociocultural, or psychological aspects of the learner's care. Selection of particular formal and informal learning methods depends on identified needs and learning outcomes. Nurses recognize that experiential learning opportunities are particularly important in developing an understanding of mental health problems and skills to cope with them. Constructive role modeling by the nurse is an inherent part of the teaching function.

6. **Crisis Intervention.** Psychiatric-mental health nurses may apply crisis intervention strategies to patients and staff in crisis and may serve as members of crisis teams. Crisis intervention is a short-term therapeutic process that focuses on the resolution of an immediate crisis or emergency through the use of available professional personnel, family, and/or environmental resources. This may include the assessment and monitoring of patients when Seclusion or Restraints are utilized.
7. **Counseling.** In nursing, the aim of counseling is to focus specifically and for a limited period of time with a patient, family, or group, on a problem representing an immediate difficulty related to health or well-being. The difficulty is investigated using a problem-solving approach, so that the experience may be understood more fully and integrated with other life experience.
8. **Assignments and Supervision.** The basic level RN assigns care of patients to Licensed Practical Nurses and Mental Health Workers according to the Declaratory Ruling and supervises and evaluates them in their direct and indirect care responsibilities from a clinical and administrative perspective.

9. **Physiological Intervention.** As care of the patient in the psychiatric hospital becomes more complex due to a myriad of medical problems presented by our patients, it has become necessary to increase specialized services provided to meet the needs of our patients. As more specialized services are needed, more specialized skills are required of our nurses, if they are the ones designated to provide these services. Although many of the physiological interventions may be categorized as basic skills, they require training and credentialing at CVH because they are skills that may not be used frequently enough to guarantee competence. Credentialing for new skills introduced to CVH is limited to those nurses who will have the opportunity to safely practice those skills in meeting the needs of their assigned patients. Each function in this category will have its own set of competencies that will need to be met if the nurse is to be credentialed in that function. The Nursing Credentialing Committee is to be consulted for details.

II. CLINICAL NURSING PRACTICE: ADVANCED LEVEL

- A. **Definition:** Advanced practice registered nurses manifest a high level of expertise in the assessment, diagnosis, and treatment of the complex responses of individuals, families, or communities to actual or potential health problems, prevention of illness and injury, maintenance of wellness, and provision of comfort. The advanced practice registered nurse has a master's or doctoral degree concentrating in a specific area of advanced nursing practice, had supervised practice during graduate education, and has ongoing clinical experiences. Advanced practice registered nurses continue to perform many of the same interventions using basic nursing practice. The difference in this practice relates to a greater depth and breadth of knowledge, a greater degree of synthesis of data, and complexity of skills and interventions.

The advanced practice nurse is credentialed to practice all basic level skills by virtue of his/her nursing education and Connecticut RN License upon hire, following the successful completion of the orientation program. In addition the advanced practice registered nurse may be credentialed through the Nursing Executive Committee (NEC) for advanced practice in the following areas:

- (a) Individual Psychotherapy
 - (b) Group Psychotherapy
 - (c) Family Psychotherapy
 - (d) Prescriptive Authority and Treatments
 - (e) Supervisor/Administration
- B. **Roles:** Advanced practice registered nursing has evolved into the roles of clinical nurse specialist, and nurse practitioner at CVH. As health care delivery systems change, other advanced practice registered nursing roles may emerge to meet future needs. While the scope of practice in each of these advanced roles is distinguished from the others, an overlapping of knowledge and skills exists within these roles. The following descriptions are illustrative of the roles and not exhaustive delineations of functions.

Clinical Nurse Specialist: The clinical nurse specialist is an expert clinician and patient advocate in a particular specialty or subspecialty of nursing practice. The clinical nurse

specialist provides direct patient care, including assessing, diagnosing, planning, health promotion and preventive care within this specialized area of practice. In addition to direct practice, the clinical nurse specialist is involved in indirect practice activities with the goal of improving the quality of care and serves as a change agent.

Nurse Practitioner: The nurse practitioner is a skilled health care provider who utilizes critical judgement in the performance of comprehensive health assessments, differential diagnosis, and the prescribing of pharmacologic and non-pharmacologic treatments in the direct management of acute and chronic illness and disease. Nurse practitioners function in various settings for individuals, families, and communities. This includes working autonomously and in interdisciplinary teams as resources and consultants. The role of this provider may include conducting research, providing education, and impacting public policy. The nurse practitioner may focus on a specific area of practice, e.g., family, geriatric, pediatric, primary, or acute care.

III. ADVANCED LEVEL COMPETENCIES: For the Nurse Practitioner

A. All Basic Level Functions.

B. Standards of Care:

Standard I. Assessment

The advanced practice registered nurse collects comprehensive patient health data.

Measurement Criteria

1. Assessment techniques are based on research and knowledge.
2. Diagnostic tests and procedures relevant to the patient's current status are initiated as indicated and are interpreted.

Standard II. Diagnosis

The advanced practice registered nurse critically analyzes the assessment data in determining the diagnoses.

Measurement Criteria

1. Diagnoses are derived and prioritized from the assessment data using appropriate complex clinical reasoning.
2. A differential diagnosis is formulated by systematically comparing and contrasting clinical findings.
3. Diagnoses are made using advanced synthesis of information obtained during the interview, physical examination, diagnostic tests, or diagnostic procedures.

Standard III. Outcome Identification

The advanced practice registered nurse identifies expected outcomes derived from the assessment data and diagnoses and individualizes expected outcomes with the patient and

with the health care team when appropriate.

Measurement Criteria

1. Expected outcomes are identified with consideration of the associated risk, benefits, and costs.
2. Expected outcomes are consistent with current scientific and clinical practice knowledge.
3. Expected outcomes are modified based on changes in the patient's health care status.

Standard IV. Planning

The advanced practice registered nurse develops a comprehensive plan of care that includes interventions and treatments to attain expected outcomes.

Measurement Criteria

1. The comprehensive plan of care describes the assessment/diagnostic strategies and therapeutic interventions that reflect current health care knowledge, research, and practice.
2. The comprehensive plan of care reflects the responsibilities of the advanced practice registered nurse and the patient, and may include delegation of responsibilities to others.
3. The comprehensive plan of care addresses strategies for promotion and restoration of health and prevention of illness, injury, and disease through independent clinical decision-making.
4. The comprehensive plan of care is documented and modified to provide direction to other members of the health care team.

Standard V. Implementation

The advanced practice registered nurse prescribes, orders, or implements interventions and treatments for the plan of care.

Measurement Criteria

1. Interventions and treatments are performed or implemented with knowledge of health care research findings and reflect a scientific basis and theory.
2. Interventions and treatments are performed within the scope of advanced practice registered nursing.

Standard Va. Case Management/Coordination of Care

The advanced practice registered nurse provides comprehensive clinical coordination of care and case management.

Measurement Criteria

1. Case management and clinical coordination of care services are provided using sophisticated data synthesis with consideration of the patient's complex needs and desired outcomes. This results in integration of health care that is accessible, available, high quality, and cost-effective.

2. Health related services and additional specialized care are negotiated with the patient, appropriate systems, agencies, and providers.

Standard Vb. Consultation

The advanced practice registered nurse provides consultation to influence the plan of care for patients, enhance the abilities of others, and effect change in the system.

Measurement Criteria

1. Consultation activities are based on theoretical frameworks.
2. Consultation is based on mutual respect, and defined role responsibility is established with the patient.
3. Consultation recommendations are communicated in terms that facilitate understanding and involve the patient in decision-making.
4. The decision to implement the system change or plan of care remains the responsibility of the patient.

Standard Vc. Health Promotion, Health Maintenance, and Health Teaching

The advanced practice registered nurse employs complex strategies, interventions, and teaching to promote, maintain, and improve health, and prevent illness and injury.

Measurement Criteria

1. Health promotion and disease, illness, and injury prevention strategies are based on assessment of risks, learning, theory, epidemiological principles, and the patient's health beliefs and practices.
2. Health promotion, maintenance, and teaching methods are appropriate to the patient's developmental level, learning needs, readiness and ability to learn, and culture.

Standard Vd. Prescriptive Authority and Treatment

The advanced practice registered nurse uses prescriptive authority, procedures, and treatments in accordance with State and Federal laws and regulations to treat illness and improve functional health status or to provide preventive care.

Measurement Criteria

1. Treatment interventions and procedures are prescribed according to the patient's health care needs and are based on current knowledge, practice, and research.
2. Procedures are used and performed as needed in the delivery of comprehensive care.
3. Pharmacologic agents are prescribed based on knowledge of pharmacological and physiological principles.
4. Specific pharmacologic agents and/or treatments are prescribed based on clinical indicators or on the patient's status and needs, including the results of diagnostic and laboratory tests, as appropriate.
5. Intended effects and potential adverse effects of pharmacologic and non-pharmacologic treatments are monitored.
6. Appropriate information about intended effects, potential adverse effects of the

proposed prescription, costs, and alternative treatments and procedures is provided to the patient.

Standard Ve. Referral

The advanced practice registered nurse identifies the need for additional care and makes referrals as needed.

Measurement Criteria

1. As the primary provider, the advanced practice registered nurse facilitates continuity of care by implementing recommendations from referral sources.
2. The advanced practice registered nurse refers directly to specific providers based upon patient needs with consideration of benefits and costs.

Standard VI. Evaluation

The advanced practice registered nurse evaluates the patient's progress in attaining expected outcomes.

1. The accuracy of diagnoses and effectiveness of interventions is evaluated in relation to the patient's attainment of the expected outcomes.
2. The evaluation process is based on advanced knowledge, practice, and research, and results in revision or resolution of diagnoses, expected outcomes, and plan of care.

C. Standards of Professional Performance

Standard I. Quality of Care

The advanced practice registered nurse develops criteria for and evaluates the quality of care and effectiveness of advanced practice registered nursing.

Measurement Criteria

1. The advanced practice registered nurse, as the clinical expert, assumes a leadership role in establishing and monitoring standards of practice to improve patient care.
2. The advanced practice registered nurse uses the results of quality of care activities to initiate changes throughout the health care system as appropriate.
3. The advanced practice registered nurse participates in efforts to minimize costs and unnecessary duplication of testing or other diagnostic activities and to facilitate timely treatment of the patient.
4. The advanced practice registered nurse analyzes factors related to safety, satisfaction, effectiveness, and cost/benefit options with the patient, and other providers as appropriate.
5. The advanced practice registered nurse analyzes organizational systems for barriers and promotes enhancements that affect patient health care status.
6. Advanced practice registered nurses base their evaluation on current knowledge, practice, and research.
7. The advanced practice registered nurse seeks professional certification in the area of expertise when available.

Standard II. Self Evaluation

The advanced practice registered nurse continuously evaluates his/her own nursing practice in relation to professional practice standards and relevant statutes and regulations, and is accountable to the public and to the profession for providing competent and clinical care.

Measurement Criteria

1. The advanced practice registered nurse has the inherent responsibility as a professional to evaluate his or her own performance according to the standards of the profession and various regulatory bodies and to take action to improve practice.
2. The advanced practice registered nurse seeks feedback regarding own practice and role performance from peers, professional colleagues, patients, and others.
3. The advanced practice registered nurse self-evaluates practice based on client outcomes.

Standard III. Education

The advanced practice registered nurse acquires and maintains current knowledge and skills in the area of specialty practice.

Measurement Criteria

1. The advanced practice registered nurse uses current health care research to expand clinical knowledge, enhance role performance, and increase knowledge of professional issues.
2. The advanced practice registered nurse seeks experiences, formal and independent learning activities to maintain and develop clinical and professional skills and knowledge.

Standard IV. Leadership

The advanced practice registered nurse serves as a leader and a role model for the professional development of peers, colleagues, and others.

Measurement Criteria

1. The advanced practice registered nurse contributes to the professional development of others to improve patient care and to foster the profession's growth.
2. The advanced practice registered nurse brings creativity and innovation to nursing practice to improve care delivery.
3. The advanced practice registered nurse participates in professional activities.
4. The advanced practice registered nurse works to influence policy-making bodies to improve patient care.
5. The advanced practice registered nurse fosters a learning environment when mentoring and precepting students.

Standard V. Ethics

The advanced practice registered nurse integrates ethical principles and norms in all areas of practice.

Measurement Criteria

1. The advanced practice registered nurse maintains a therapeutic and professional relationship and discusses the delineation of roles and parameters of the relationship with the patient.
2. The advanced practice registered nurse informs the patient of the risks, benefits, and outcomes of health care regimens.
3. The advanced practice registered nurse contributes to resolving the ethical problems or dilemmas of individuals or systems.

Standard IV. Interdisciplinary Process

The advanced practice registered nurse promotes an interdisciplinary process in providing patient care.

Measurement Criteria

1. The advanced practice registered nurse works with other disciplines to enhance patient care; interdisciplinary activities may include education, consultation, management, technological development, or research opportunities.
2. The advanced practice registered nurse facilitates an interdisciplinary process with other members of the health care team.

Standard VII. Research

The advanced practice registered nurse utilizes research to discover, examine, and evaluate knowledge, theories, and creative approaches to health care practice.

IV. CREDENTIALING PROCESS FOR THE DISCIPLINE OF NURSING

All applicants for credentialing in Nursing Services shall comply with the following procedure. There is no grandfathering or any other exception to this process.

A. Basic Level

1. Human Resources notifies the Chiefs and Director of Patient Care Services and all licensed staff of their license's pending expiration approximately six (6) weeks prior to the date of expiration. All licensed staff are responsible for providing Human Resources the employee's copy of their current license/certification by the renewal date. Human Resources will provide a listing each month to the Chiefs & Director of Patient Care Services of all nurse license renewals.
2. All registered nurses shall submit annually to their appropriate Discipline Chair (Chief of Patient Care Services) evidence of continued licensure and annual CPR certification by the last day of their birth month; present to their supervisor at least twice a year, samples of documentation on important aspects of nursing care reflective of CVH Standards of Nursing Practice, and evidence of continuing education, and participate in a competency based performance evaluation review process to meet continuing practice standards set by the Discipline of Nursing.

3. The Director of Patient Care Services will report an aggregate summary of the basic level registered nurse credentials quarterly for review by the Nursing Executive Committee and Governing Body.
4. The results of competency based performance evaluations will be submitted by the Chiefs of Patient Care Services to the Director of Patient Care Services twice a year to coincide with the Human Resource Department's Annual Review Process (January/July).
5. Results of the Discipline of Nursing's Credential Review Process will be presented to the Executive Committee of the Medical Staff and Governing Body annually.

B. Advanced Level

1. All Advanced Practice Registered Nurses shall present their credentials annually.
2. Applicants must complete the Connecticut Valley Hospital Nursing Services Professional Standards Application for Nursing Clinical Credentials form. (See Attached Form I). All applicable areas on the form must be completed in full.
3. All applicants must submit the following documents along with their application.
 - a. Current RN and/or APRN License issued by the State of Connecticut.
 - b. Verification of diploma from a Graduate Program which prepares a nurse as a CNS or NP (See Attached Form II).
 - c. Current certification from the ANA as a CNS or NP and/or the National Nurses Society on Addictions.
 - d. Current Cardiopulmonary Resuscitation Certificate.
 - e. Verification of current training in Blood borne Pathogens, OSHA Standards and Standard Precautions.
 - f. Two letters of recommendation: one from someone who has preferably supervised and/or collaborated with the practitioner within the past two years.
 - g. Curriculum Vitae.
4. Applicants who also wish to exercise prescriptive authority and treatment at Connecticut Valley Hospital must complete additional steps.
 - a. Submission of the CVH Protocol for Advance Practice Registered Nurses with the specific designated clinical activities and medication management developed by the Discipline of Nursing and/or agreed to by the supervising physician.
 - b. Proof of current Drug Enforcement Agency Registration from the Department of Consumer Protection and current Connecticut Controlled Substance Registration.
5. Evidence of current professional malpractice liability insurance. The amount shall not be less than five hundred thousand dollars per occurrence with an aggregate of not less than one million five hundred thousand dollars.

C. Contractual Nursing Employees
(including Agency Travel Nurses, Agency Pool Nurses, or Nurses supplied by any organization to perform a specialized direct care service to CVH patients)

1. The Contractor supplies the following documentation related to the establishment of competency for all contractual employees providing direct care to CVH patient:
 - a. proof that the employee has been evaluated by the Contractor as to his/her competency to provide the stipulated clinical service(s);
 - b. documentation of the employee's current license and/or certification;
 - c. a record of the employee's educational background;
 - d. work history and references; and
 - e. evidence that the employee meets age-specific competencies relevant to the patient population served.
2. The Nursing Credentialing Committee will conduct a primary verification of education, licensure, and reference review.
3. The Contractor presents the contractual nurse's credentials annually to the Director of Patient Care Services which includes:
 - a. licensure;
 - b. CPR Certification;
 - c. PPD Status;
 - d. evidence of current competencies, including age-specific competency; and

D. All Parties

1. Application and credentials reviews are carried out by a Nursing Credentialing Committee consisting of the Director of Patient Care Services, the Assistant Director of Patient Care Services, a rotating Chief of Patient Care Services, and an Advance Practice Registered Nurse.
2. The Director of Patient Care Services will make a recommendation to the Nursing Executive Committee for approval with a reply sent to the Nurse within 30 days. (See form 3, Credentialing.)
3. The Nursing Credentialing Committee will meet at least quarterly and in response to organizational need, in terms of new hires and contractual employees.
4. Nurse credentialing activities will be presented to the Executive Committee of Medical Staff and Governing Body annually.

E. Appeal Process for Re-Application After First Denial

1. If an application is denied, the applicant will submit a letter of appeal to the Director of Patient Care Services detailing their concerns and any further evidence concerning re-consideration of his/her application and credentials review.

2. The original application with all supporting documentation will be submitted to the Nurse Executive Committee.
3. The Director of Patient Care Services will notify the applicant within two weeks regarding the decision of the Nurse Executive Committee.