

Date: Friday, April 1, 2016

From: Kara Myers, CNM  
Michelle Schneidermann, MD  
Co-Chairs, ZSFG Committee for Interdisciplinary Practice

To: Jim Marks, Chief of Staff  
Troy Williams, Chief Quality Officer

Re: Committee on Interdisciplinary Practice (CIDP)

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Please accept the following summary and attached documentation as a plan of correction for the Committee on Interdisciplinary Practice (CIDP). We have included all anticipated findings as described in Troy's email dated 3/2/16. Actual findings (as per the Statement of Deficiencies 2567) are in bold.

- **Lack of balance between MD and RN committee members – must be 50/50.**

Misa Perron-Burdick, MD (OBGYN), Teresa Vilela, MD (Family & Community Medicine), Mark Wilson, MD (Radiology), Ben Breyer (Urology), and Masato Nagao (Orthopedics) have agreed to join the committee. The committee will now have a 50/50 balance between MD and RN members.

Audit: Check committee membership by reviewing attendance sheets per month times 1 quarter (Janet Kosewic)

- **Standardized protocols require a majority approval from both MD and RN committee members and must be documented in the minutes.**

Please reference the attached CIDP policy, which specifies this requirement. Appendices (Review and Approval of Standardized Procedures and CIDP Meeting Minutes Template) demonstrate a plan for implementation.

Audit: Check approval process to ensure majority of MD and majority of RN member approval obtained by reviewing monthly minutes times 1 quarter (Janet Kosewic)

- No policy and procedure that describes the business of the committee – see Title 22 for details.

*Please reference the attached CIDP policy, for which we used Title 22 as our guide.*

- We need standard work for how affiliated staff are managed in the clinical setting (e.g. Performance appraisals, OPPE, Supervision etc.) – inconsistent practice regarding who signs performance appraisals and OPPE and what is in the credentialing file.

Please reference the attached CIDP policy, especially section IV.C. Evaluation/Performance Assessment and Appendix (Performance Evaluation Template), which includes required signatures.

Per Dan Schwager, The March Credentials report encompassing the recommendation by the Credentials Committee for the inclusion of Performance Appraisals for all Affiliate Staff reappointments was approved by the Governing Body on 3/22/16. Dan has instructed the Medical Staff Office credentialers to commence the following practice: affiliate staff reappointment applicants will be requested to provide their last Performance Appraisal, and credentialing staff will follow-up as needed to obtain the Chief's signature on the document.

Please note that credentialing applications have already been dispatched to reappointment applicants through September 2016 without this new instruction. It will be added from this point forward.

[Audit: Check 3 credentialing files per month for 1 quarter to check compliance to ensure appropriate performance appraisal/OPPE signatures are present \(Michelle Schneidemann\)](#)

- OPPE metric was signed off for a procedure the NP could not perform (FAST Ultrasound)

Per Dr. Gelb, OPPE metrics for ED affiliated staff have been revised and will be reviewed at the April Credentials committee meeting.

Please let us know if you have additional questions or concerns.

cc: Terry Dentoni, Chief Nursing Officer  
Jay Kloo, Director of Regulatory Affairs  
Dan Schwager, Director of Medical Staff Services