

**Texas Children's Hospital
System Advanced Practice Providers
Practice Advisory Council**

Purpose of the Council	<ul style="list-style-type: none"> ➤ A shared-governance council that will review practice standards for Advanced Practice Providers (APPs) at Texas Children's Hospital (TCH) ➤ Provide ongoing review of standards of practice, policies and processes of national and state credentialing and licensing for application to TCH Medical Staff for privileges ➤ Provide input via the Director of APPs to medical leadership and hospital administrative leadership regarding practice related issues ➤ Enhance and encourage dynamic collaboration and communication between APPs and interdisciplinary groups ➤ Develop an infrastructure that encourages the integration of shared experiences through the professional practice model ➤ Provide a forum for exchange of ideas and discussion of practice related issues
Responsibilities	<ul style="list-style-type: none"> ➤ Discuss issues related to APP professional practice ➤ Members will submit items for the agenda to the Chair ➤ Recommend, revise or create policies, procedures, processes, and forms to support improved professional practice ➤ Administer an annual survey to assess and identify practice related issues ➤ Develop an action plan based on survey results to address areas of improvement ➤ Report to Leadership Council for all Peer Review Activity ➤ Provide advanced resources to support and improve individual practice ➤ Council will provide applicable updates around practice related issues ➤ Council sub-committees will be formed to focus on improving practice at Texas Children's Hospital ➤ Sub-committee leaders will be nominated by fellow council members and provide the Chair and council with a regular report of committee activities ➤ Chair will provide regular updates to medical and hospital administrative leadership on practice related issues
Membership	<ul style="list-style-type: none"> ➤ Membership will include: <ul style="list-style-type: none"> a) Directors of Advanced Practice Provider Services b) Leadership from clinical areas (6) c) Representatives from clinical areas (8) d) A Physician Ad-Hoc representative e) HR representative Ad-Hoc f) Compliance Officer Ad-Hoc g) Legal Ad-Hoc h) Family Advisory Ad-Hoc
Member Selection	<ul style="list-style-type: none"> ➤ Members will serve 24 month terms on a rotating basis with half of the group serving an initial 36 month term in order to ensure continuity with experienced members. ➤ Voting members are added by invitation based on the potential member's expressed interest and nomination. ➤ Additional Ad-Hoc, non-voting members may be added at the APP Advisory Council's discretion
Meetings	<ul style="list-style-type: none"> ➤ Councils will meet monthly for one hour unless otherwise specified ➤ Attendance will be reviewed quarterly by the Facilitator or Designee ➤ Low attendance of a member will result in replacement of that member if unable to attend 75% of the meetings, or if they have not been excused ➤ A pre-meeting agenda will be distributed within 24 hours for review of the

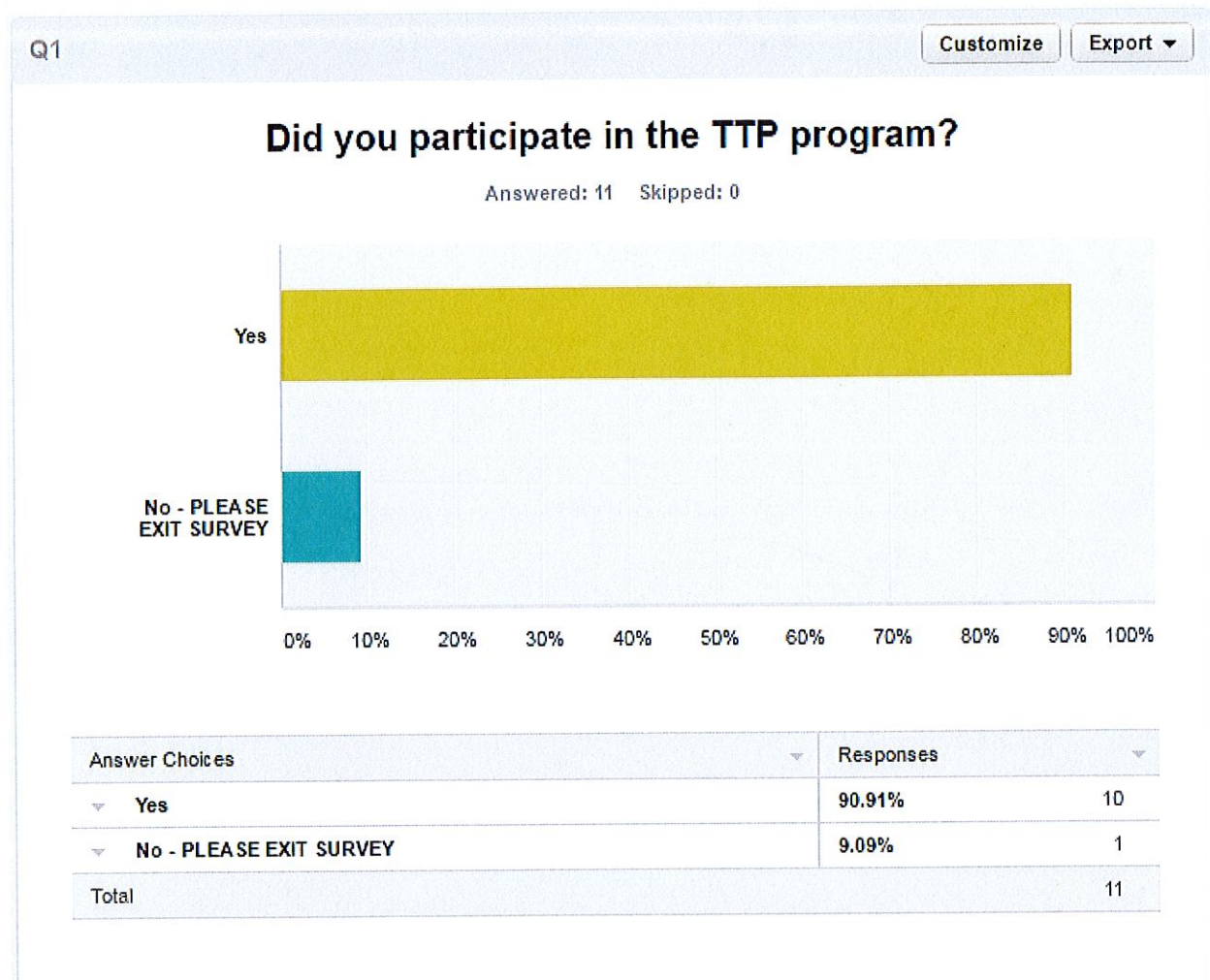
Approved 3/2016 reviewed by Legal Medical Staff

	<p>committee by the Chair or designee</p> <ul style="list-style-type: none"> ➤ Minutes will be completed for each meeting and reviewed by membership prior to approval and & publication.
Process for Approval / Decision Making	<ul style="list-style-type: none"> ➤ All members and Chair have voting power for decisions ➤ Past-chair and ad-hoc representatives are non-voting members ➤ Members must be present to vote (unless electronic vote is solicited from chair) ➤ Consensus, with fall back decision by the chair.
Group Structure	<p>Chair</p> <ul style="list-style-type: none"> ➤ System Director for APPs <p>Co-Chairs</p> <ul style="list-style-type: none"> ➤ Leaders as assigned
Sub-Group Structure (See Professional Practice Model)	<p>Purpose: To promote the professional practice and development of APPs in the areas of:</p> <ul style="list-style-type: none"> ➤ Direct Comprehensive Family Centered Care ➤ Organization Priorities <ul style="list-style-type: none"> Human Resources <ul style="list-style-type: none"> a) Vet all APP request for hire before submitting to Workforce Staffing b) Review all compensation proposals/requests Billing and Compliance <ul style="list-style-type: none"> a) Review benchmarking/departmental practice for billing and productivity ➤ Education, EBP, Research & Quality <ul style="list-style-type: none"> a) Student Placement Process ➤ Transformational Professional Practice <ul style="list-style-type: none"> a) Annual TCHAPP Conference ➤ Credentials & Regulatory <ul style="list-style-type: none"> a) Vetting and approval of all initial and reappointment applications b) Leadership Council Representation c) Peer Review Process for APRNs and PAs d) FPPE/OPPE concerns ➤ Ad-hoc committees <ul style="list-style-type: none"> a) Will be appointed by the Chair as needed

Developed By: Practice Advisory Council Chair/Co-Chair
 Reviewed/Revised: 8/4/2016
 Approved By: Practice Advisory Council Members

Approved 3/2016 reviewed by Legal Medical Staff

Transition to Practice (TTP) Program: Survey 6/2017



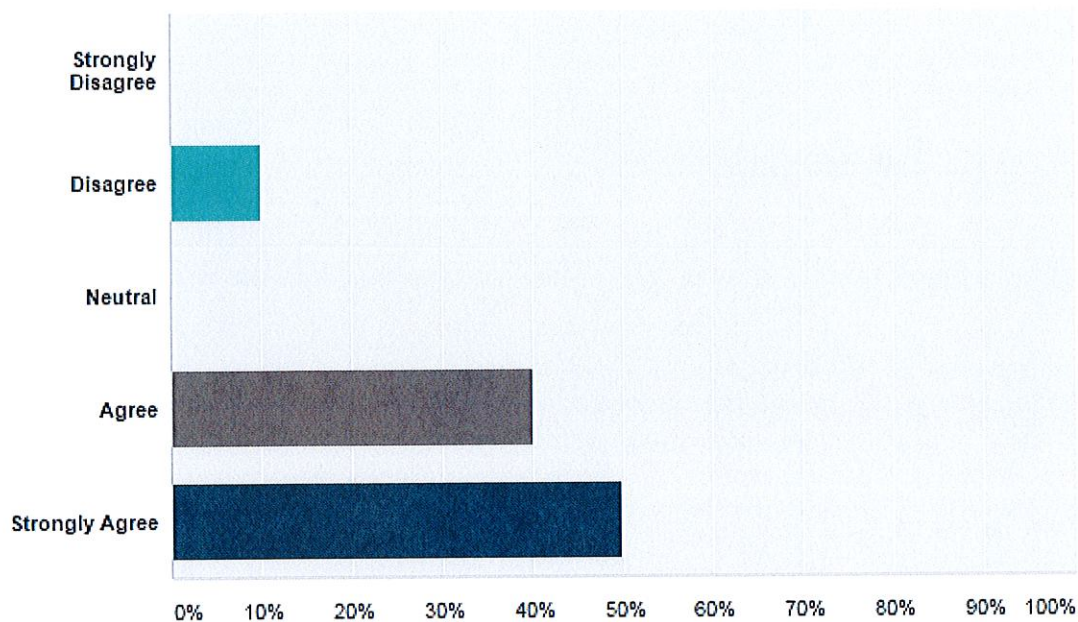
Q2

Customize

Export ▼

**During Phase 1 of TTP, you received
adequate opportunities to familiarize
yourself with your department as a new
APP?**

Answered: 10 Skipped: 1



Answer Choices ▼	Responses ▼	
▼ Strongly Disagree	0.00%	0
▼ Disagree	10.00%	1
▼ Neutral	0.00%	0
▼ Agree	40.00%	4
▼ Strongly Agree	50.00%	5
Total		10

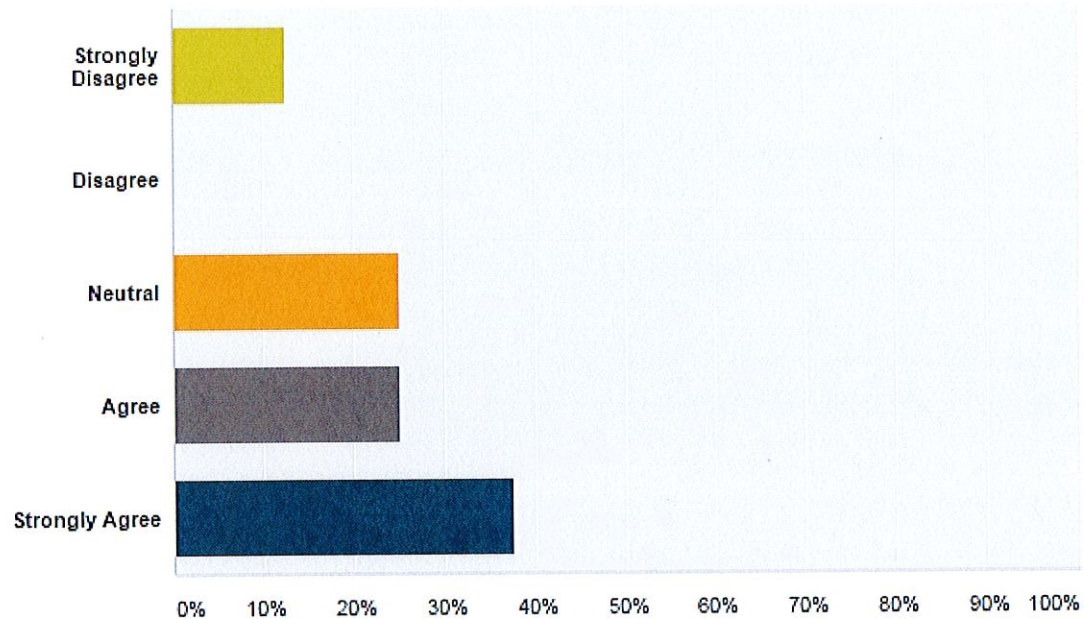
Q4

Customize

Export ▼

During Phase 2 of TTP, you received proper mentoring from your preceptor(s) during case study presentations to augment your skills/knowledge in managing patients?

Answered: 8 Skipped: 3



Answer Choices ▼	Responses ▼	
▼ Strongly Disagree	12.50%	1
▼ Disagree	0.00%	0
▼ Neutral	25.00%	2
▼ Agree	25.00%	2
▼ Strongly Agree	37.50%	3
Total	8	

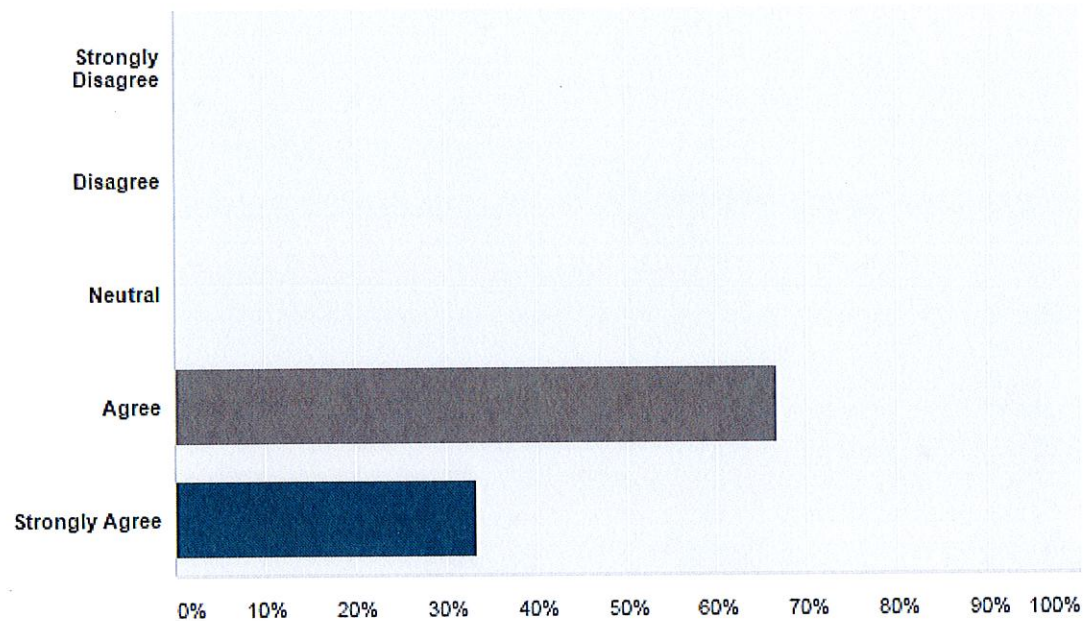
Q3

Customize

Export ▼

During Phase 2 of TTP, you were able to utilize your didactic protected time to enrich your specialty knowledge base?

Answered: 9 Skipped: 2



Answer Choices ▼	Responses ▼	
▼ Strongly Disagree	0.00%	0
▼ Disagree	0.00%	0
▼ Neutral	0.00%	0
▼ Agree	66.67%	6
▼ Strongly Agree	33.33%	3
Total		9

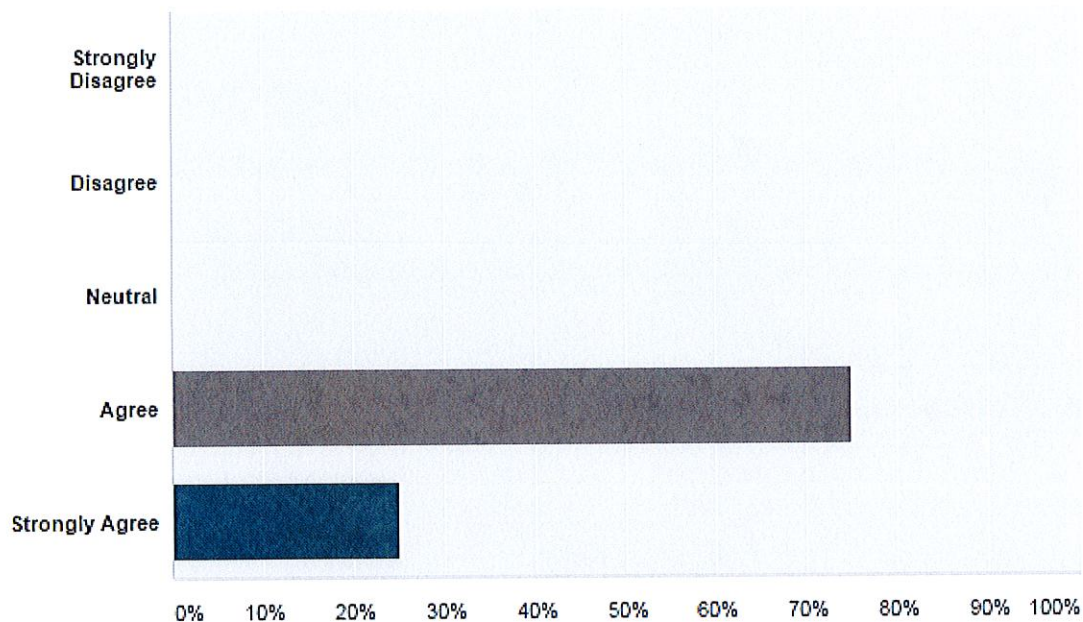
Q5

Customize

Export ▼

During Phase 3 of TTP, you received enough direct patient care management to feel clinically efficient and knowledgeable as a provider in your area?

Answered: 8 Skipped: 3



Answer Choices ▼	Responses ▼
Strongly Disagree	0.00% 0
Disagree	0.00% 0
Neutral	0.00% 0
Agree	75.00% 6
Strongly Agree	25.00% 2
Total	8

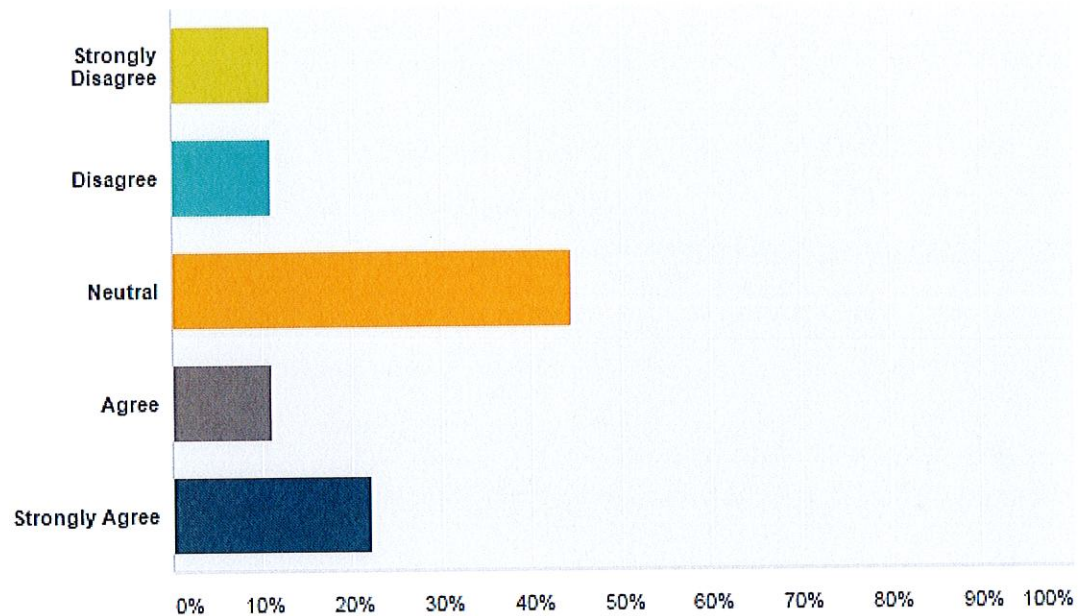
Q7

Customize

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The end of orientation project was a meaningful addition to your TTP process?

Answered: 9 Skipped: 2



Answer Choices	Responses	
Strongly Disagree	11.11%	1
Disagree	11.11%	1
Neutral	44.44%	4
Agree	11.11%	1
Strongly Agree	22.22%	2
Total		9

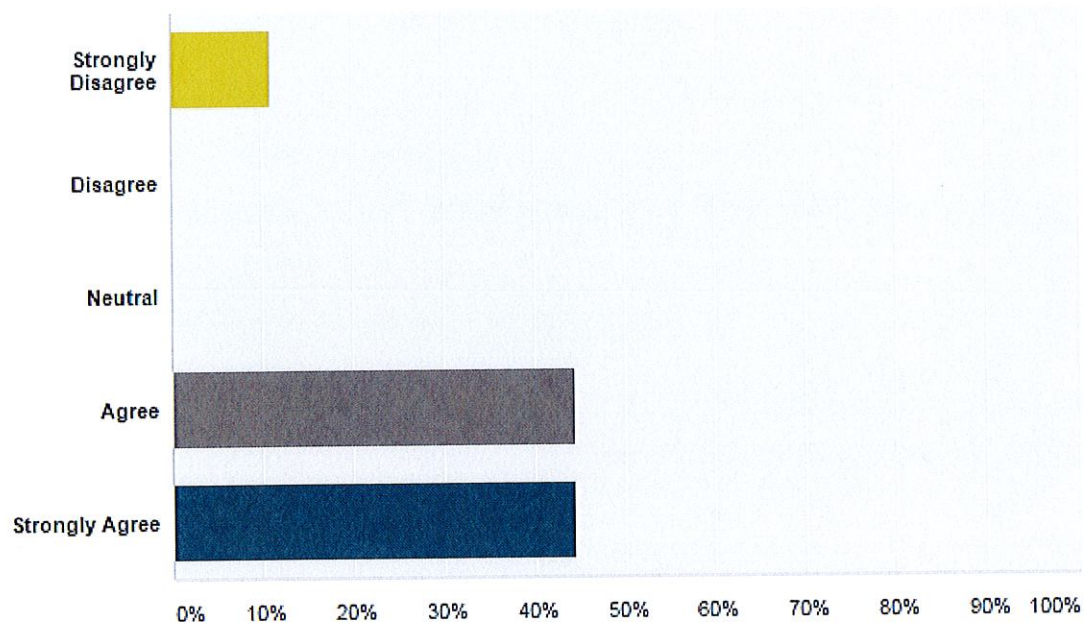
Q6

Customize

Export ▼

During TTP, you were given enough opportunities to meet with your leader and adjust TTP goals as necessary?

Answered: 9 Skipped: 2



Answer Choices	Responses	
Strongly Disagree	11.11%	1
Disagree	0.00%	0
Neutral	0.00%	0
Agree	44.44%	4
Strongly Agree	44.44%	4
Total		9

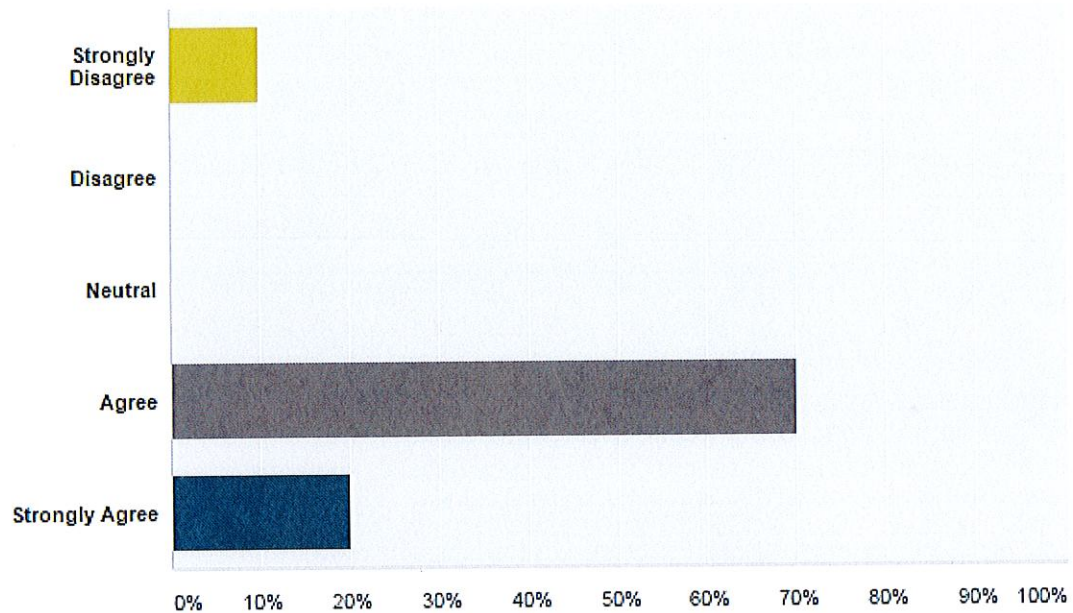
Q8

Customize

Export ▼

By the end of your TTP, you felt adequately prepared to end the orientation period and receive an evaluation by your supervising physician/Chief of Service?

Answered: 10 Skipped: 1



Answer Choices	Responses	
Strongly Disagree	10.00%	1
Disagree	0.00%	0
Neutral	0.00%	0
Agree	70.00%	7
Strongly Agree	20.00%	2
Total		10

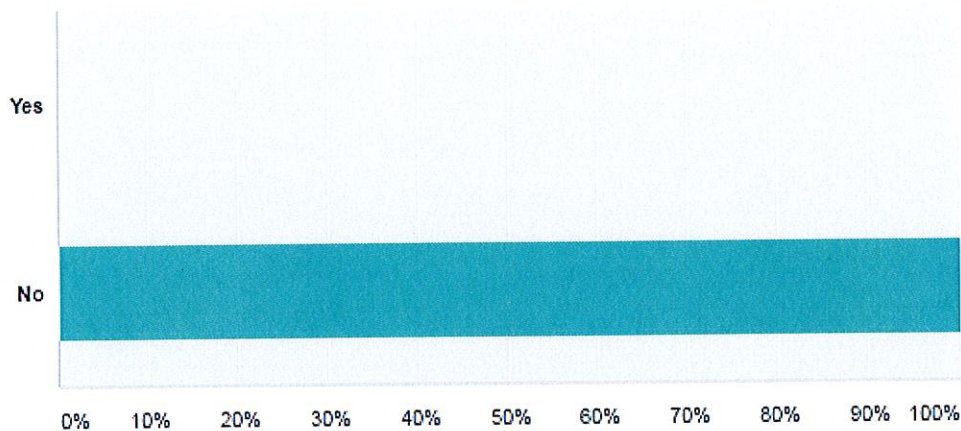
Q9

Customize

Export ▼

Any additional comments or feedback on your TTP?

Answered: 9 Skipped: 2



Answer Choices ▼	Responses ▼
▼ Yes	0.00% 0
▼ No	100.00% 9
Total	9

Comments (1)

The transition has not been smooth. The department is very unorganized as a whole and expectations are very high (which is good), adequate resources for me to meet these expectations were not provided. I do not feel that TCH has met my expectations.

6/22/2017 12:27 PM [View respondent's answers](#)