SCOTLAND HEALTH CARE SYSTEM

Collaborative Practice Agreement for Nurse Practitioners/Physician Assistants in the Hospitalist Service

A. Purpose:

The purpose of this document is to:

1. Describe the scope of practice for the Physician Assistants (PA's)/Advanced Nurse Practitioners (ANP's) who contribute to medical aspects of care for patients served by the Hospitalist Service at Scotland Memorial Hospital.

2. This document authorizes the NP/PA to perform medical acts in accordance with the Statutory Authority G.S. 90-18(13); 90-18.2; 90-121.36; effective 8/1/2004 for the NP and Statutory Authority G.S. 90-18 (13); 90-18.1; amended effective 5/1/2004 for the PA.

3. Serve as written authorization for the NP/PA to initiate medical aspects of patient care.

B. General Information:

1. NP/PA:

The following information shall be maintained on file at SMH:

a. *Current licensure with the Board of Nursing for the State of North Carolina as a Registered Nurse with approval from the NC Medical Board to practice as a Family Nurse Practitioner or current licensure with the NC Medical Board to practice as a Physician Assistant.
b. *Current approval from the NC Medical Board to practice under a supervising physician (may have more than one supervising physician- each requiring their own approval notice).
c. *Current DEA certificate.
d. Current BLS and ACLS.
e. Current credentialing from SMH.
f. *Documentation that yearly CME requirements are met (currently 50)
g. *Copy of the Collaborative Practice Agreement for the NC Board of Nursing and/or Medical Board signed by the NP/PA, the supervising physician and back-up physicians.

*These items will also be available on hand by the mid-level provider in the Hospitalist Office.

2. Physicians:

The following information shall be maintained on file at SMH:

a. Current licensure by the NC Medical Board.
b. Current credentialing from SMH.

3. Miscellaneous:

   The NP/PA(s) and Physician(s) practicing under this protocol agree to notify one another of any sanctions imposed by a licensing board against his/her license, or failure to maintain above mentioned requirements.

C. Settings Where Protocol Will Be Used:

NP/PA is authorized to initiate medical aspects of care under this protocol to patients in the hospital, office setting, and satellite offices associated with SMH including the Emergency Department, Urgent Care Center, and the inpatient Hospital. Community service activities involving minimal medical decision-making (blood pressure screenings, sports physicals, etc.) may be conducted at appropriate off-site areas.

D. Scope of Practice and Medical Functions Authorized:

1. Patient populations and health conditions to be cared for.

   The medical aspects of care provided by the NP/PA under this protocol shall be in connection with providing primary care and preventative services to patients enrolled in the Scotland Hospitalist Service. These services are provided within the framework of acute and primary health care and under the supervision of a physician. Services provided include, but are not limited to, management of acute illnesses and injuries, gynecological services, chronic disease management for stable conditions, performing or assisting with procedures, and consultation/referral. A patient's medical care shall be reviewed with a physician in a timely manner.

2. Functions:

   a. Consistent with the rules and regulations form the NC Boards of Nursing/Medicine the NP/PA is authorized to provide the medical functions identified below. These functions are not intended as an exhaustive description of practice but rather illustrative of the types of medical functions the NP/PA will perform. These functions are in addition to any function a NP/PA is authorized to perform independently under his/her professional license.

   b. Responsible daily patient care, patient/family teaching, discharge of patients to primary care physician or links patient to primary medical care, assistance with patient transfer issues, availability to the Emergency Center for evaluation and treatment of inpatients, available for inpatient procedures, i.e. line placement, etc. with other members of the Hospitalist team.

- obtains health histories and performs physical examinations. diagnoses and manages acute and chronic health conditions via evidence based guidelines.
- orders, conducts, and interprets diagnostic studies and laboratory tests.
- performs diagnostic and therapeutic procedures including but not limited to suturing, wound care, incision and drainage, splinting, invasive procedures such as line placement, etc.
- prescribes or recommends pharmacologic and non-pharmacologic therapies, including controlled medications.
- consults appropriate physician(s) for patient care needs.
- refers patients to appropriate sources of care as indicated.
- works to exceed national benchmarks for quality care delivery, cost containment and length of stay for various disease states.
- assists patients to maximize their abilities to cope with health and illness.
- presents and documents patient data.
- responsible with hospitalist team to help reduce patient length of stay by performing tasks and evaluations in a timely manner, as well as, advocating for the patient regarding system issues in the hospital preventing them from creating barriers that increase patient length of stay, i.e. timely laboratory results, radiology reports, social issues, etc.
- assures the efficient utilization of inpatient resources while supporting clinical pathway implementation and compliance.
- assures appropriate and timely referrals to a tertiary care facility as indicated by the patient care needs in consultation with the primary care physician.
- available to surgeons and others for patient evaluation and management.
- participates in the assurance of robust communication system including telephone communications on the admission/status updates, discharge summaries, etc. in acknowledgement of the inpatient hospitalization as a component of the continuum of care provided by the primary care physician.
- supports the primary care physician/patient relationship.
- actively establishes primary care relationships for patients who do not have primary care physicians.
- maintains a collegial relationship with all physicians involved in care of the patient inclusive of the primary care physician.
- takes responsibility for assuring patient/family satisfaction with care provided. Provides follow-up calls to the patients that are discharged while under his/her care.

- Promotes self-care, health promotion, and disease prevention through the provision of information, counseling, and education for individuals, families and groups as indicated.
- develops and participates in community outreach programs/activities.
- assists with relevant billing documentation.
- develops patient care policies, procedures or clinical guidelines.
- assists in the development and implementation of performance improvements, particularly those related to improving patient outcomes.
- participates in meetings, committees, and projects relevant to the function of the organization.

c. The Hospitalist midlevel provider may:

I) Admit patients from the Emergency Center to the service of a hospitalist physician. The midlevel must see the patient in the Emergency Center and therefore cannot call in telephone admission orders.

II) The supervising physician must see a patient admitted by the mid level to a regular bed within 24 hours of the patients admission and the supervising physician must see a patient admitted to the Critical Care Unit within the timeframe outlined in the Medical Staff's Rules and Regulations. Admission by a midlevel does not constitute a visit by the admitting practitioner.

III) Round on hospitalist patients.

IV) Discharge patients with the approval of the hospitalist physician on duty.

V) Take "first call" for the service for the Emergency Center. The call schedule posted on www.amion.com must list both the midlevel and physician on call.

VI) All patients will be seen daily by the hospitalist physician.

d. The above mentioned functions will be performed utilizing:

I) Recent (less than 4 years old) clinical guidelines references including, but not limited to on-line sources available on the World Wide Web, The Sanford Guide to Antimicrobial Therapy, Clinical Guidelines in Family Practice (Uphold & Graham, Barmarrae Books, Inc), CDC guidelines for immunizations and epocrates.

II) The expertise and consultation of supervising/collaborating physician.

3. Emergency Care:

Emergency situations will be handled according to the written protocols listed above, as well as in accordance with SMH policies. The NP/PA may provide care to stabilize a patient's condition and prevent deterioration of condition that may be otherwise by beyond the scope of protocol. Initiate appropriate evaluation and emergency management of emergency situations such as cardiac arrest, respiratory distress, injuries, burns and/or hemorrhage.

Criteria For Ordering Special Diagnostic Tests:

a. CT Scan of Brain or MRI:
   I) Seizure disorder
   II) Persistent Headaches
   III) Suspected other neurological disorder

b. CT Scan of the Spine or MRI:
   I) Suspected herniated disc.
   II) Progressive weakness of extremities.
   III) Suspected other neurological disorders.

c. CT Scan of Abdomen:
   I) Abdominal symptoms not explained by any other radiological means.

d. Ultrasound:
   I) Pelvis- to rule out ovarian cysts, PID, tubal pregnancy or define pelvic mass.
   II) Scrotum- to evaluate vascular status.
   III) Lower extremity- for vascular status.
   IV) Trauma as indicated to rule out vascular compromise.

e. Nuclear Medicine Examinations:
   I) To delineate the cause of symptoms not diagnosed by other means (i.e. V/Q scans).

e. Carrying Out Or Signing Prescription Drug Orders:

5. Authority to Prescribe:

a. Prescribing pharmaceuticals will be done in a manner consistent with T32: 32L.0009 of North Carolina law. Each prescription will have the NP/PA's and the supervising physician's full name and state license number and the site's address and phone number.

b. Consistent with the NP/PA practice and functions described in Paragraph D, the NP/PA may prescribe all categories of dangerous drugs and medical devices. A careful drug allergy history will be taken prior to prescribing medications. Careful assessment to avoid drug interaction and side effects will be made. The potential benefit will outweigh the potential risk.
c. Samples may be received (excluding controlled substances) and dispensed as deemed appropriate, without cost to the patient for the medication.
d. Limitations on prescribing Controlled substances (Class II-V).
    I) May be independently prescribed by the NP/PA.
    II) Limited to a 7 day supply or less with no refills.
    III) Limited by DEA authority.

6. The NP/PA shall provide appropriate instructions to the patient on use of any medication prescribed, including appropriate warnings and laboratory monitoring. Instructions may come in the form of verbal instructions, written instructions or pre-printed information.

7. Every prescription must be entered on the patient's chart.

8. Approved formulary as follows (but not limited to):
a. Antihistamines
b. Antibiotics/Anti-infective agents
c. Anti-tussives, Expectorants and Mucolytic Agents
d. Anti-inflammatory agents
e. Autonomic drugs
f. Birth control medications
h. Blood formation and coagulation agents
i. Cardiovascular drugs
j. Central nervous system drugs
k. Diagnostic agents
l. Electrolytic, Calorie and Water balance agents
m. EENT preparation
n. Enzymes
o. GI drugs
p. Hormones and synthetic substitutes
q. Local anesthetics
r. Pain medications (see above limitations regarding schedule drugs)
s. Prenatal preparations
t. Skin and mucous membrane preparations
u. Spasmolytic agents
v. Vitamins
w. Toxoids and vaccines

f. Physician Responsibilities:

a. Supervision:

The supervising physician is required to provide adequate supervision and knowledge of the practice guidelines of the NP/PA initiating medical aspects of care under this protocol. A back-up supervising physician, if he/she has affirmed in writing that he/she is familiar with this protocol and signed this form, may provide supervision. The NP/PA is authorized to diagnose and prescribe under the protocols established in this document without the direct (on-site) supervision or approval of the supervising physicians.

b. Consultation and Collaboration:

The supervising or back-up physician is available at all times either by on-site, by telephone or by other electronic means of communication when needed. Supervision shall be consistent with any requirement specified by the NC Boards of Nursing and/or Medicine. The supervising physician will be available for a daily status report on complications or problems encountered that are not covered by a protocol.

g. Quality Assurance and Documentation of Physician Supervision:

The following must be cosigned by the MD:

- H & P
- Discharge summary
- DNR orders
- Restraint orders
- Progress notes.

DNR orders may be written by the NP/PA, but must be cosigned as above and the DNR must be consulted by another MD. The NP/PA will document DNR discussion with MD in the progress notes.

The NP/PA may not consult a DNR.

IVC papers must be signed by the physician.

9. The quality of care initiated under this protocol shall be monitored and evaluated as follows:

- Every six months there shall be a scheduled meeting between the supervising physician and the NP/PA to review/evaluate quality of care for at least one mutually agreed upon clinical problem. Any other issues may be discussed at this time. Documentation, including a written plan that this meeting occurred will be kept at the clinic site.
    - These meeting will take place monthly for a 6 month grace period if:
        - The NP/PA is a new graduate or is a new hire to the SMH system.
        - A different supervising physician for the NP/PA.

Interim Status:

Nurse practitioners who have been granted interim status by the NC Board of Nursing shall practice with the following limitations:

- No prescribing privileges
- Supervising or back up physician shall be continuously available for ongoing supervision, collaboration, consultation, and countersigning of notations of medical acts in all patient charts within two working days of nurse practitioner applicant-patient contact.
- Face-to-Face consultation with the primary supervising physician shall be weekly with documentation of consultation consistent with Rule .0110(e)(3) of the Subchapter of 32M of the NC Medical Board Rules for Nurse Practitioners.
- Shall not exceed a period of six months.

h. Review and Revision of Protocol:

This protocol shall be reviewed every (2) two years and revised as appropriate to reflect any changes in scope of practice or drugs to be prescribed. Revisions must be reviewed and approved by the Chair of Medical Care, Credentials Committee, Medical Executive Committee, and Board of Trustees. A signed (NP/PA and supervising physician) signature sheet reflecting this will be maintained at each practice site.

The following have reviewed this Policy and Procedure document:

Hospitalist Medical Director _____

Physician Assistant/Nurse Practitioner _____

Supervising Physician _____

Back-Up Physician _____

Back-Up Physician _____

Back-Up Physician _____