



TITLE: STANDARDIZED PROCEDURES FOR REGISTERED NURSES AND STANDARDIZED PROTOCOLS FOR LICENSED VOCATIONAL NURSES AND CERTIFIED MEDICAL ASSISTANTS DIVISION: Ambulatory Care Network	Policy & Procedure Number	ACN CD-01.001-A
	Origination Date:	12/12/2013
	Revision Date:	02/23/2017
	Review Date:	02/23/2017
	Approved By:	ACN P&P

1.0 PURPOSE:

To provide a mechanism by which licensed or certified staff can safely, efficiently and effectively facilitate and expedite patient care.

2.0 POLICY:

Development and Review

- 2.1** Standardized Procedures for Registered Nurses and Standardized Protocols for Licensed Vocational Nurses and Certified Medical Assistants (SPRN-SPLC) are developed collaboratively and approved by the Interdisciplinary Practice Committee (IDPC), whose membership consists of nurses, physicians, pharmacists and administrators, and conforms to all required components as specified in Title 16, CCR Section 1474 of the BRN.
- 2.2** Where a SPRN-SPLC has not been developed by the ACN IDPC to address a specific clinical or business need, an ACN facility may develop a site specific SPRN-SPLC to address a specific clinical or business need. The locally developed SPRN-SPLC must conform to all the required components as specified in Title 16, CCR Section 1474 of the BRN and must be approved by the local facility Nursing Director, Medical Director, and, where applicable, Administrator/Director. Locally developed SPRN-SPLCs must be presented to the ACN IDPC within 90 days of the date they are officially approved by the local administration for their review and consideration for use by the entire ACN.
- 2.3** All SPRN-SPLC are to be kept in a manual that includes dated, signed approval sheets.
- 2.4** All changes or additions to the SPRN-SPLC are to be approved by the IDPC, accompanied by a dated and signed approval sheet.
- 2.5** Periodic review of SPRN-SPLC and associated documents by the IDPC will occur as clinical practices, regulatory guidelines, or operational demands dictate, or at a minimum of every two years.

3.0 SCOPE AND SETTING OF PRACTICE:

- 3.1 Staff may implement a SPRN-SPLC approved by the ACN Interdisciplinary Practices Committee (IDPC) for the SPRN-SPLC-defined scope of practice within their license or certificate once they are specifically trained and successfully pass skills validation.
- 3.2 Registered Nurses (RN) must have a current, active and unrestricted California registered nursing license, Licensed Vocational Nurses (LVN) must have a current, active and unrestricted California LVN license and Certified Medical Assistants (CMA) must have current Medical Assistant certification.
- 3.3 RNs may perform the functions outlined in the SPRN-SPLC within their training and consistent with their experience including: assessment, management, and treatment of common conditions as defined in the SPRN-SPLC.
- 3.4 LVNs and CMAs may perform the functions outlined in the SPRN-SPLC within their training and consistent with their scope of practice.
- 3.5 Training of staff and competency validation will be conducted initially and annually by the appropriate body, which may include ACN Nursing Administration, working in conjunction with local facility leadership.
- 3.6 A OHS SPRN-SPLC training certification log will be maintained with ACN staff name, date of testing, and date to re-test.

4.0 SUPERVISION

- 4.1 Staff working under the SPRN-SPLC have a designated nursing or physician supervisor.
- 4.2 Physician consultation is to be obtained as specified in the specific SPRN-SPLC and under the following circumstances:
 - 4.2.1 When a patient's condition requires following emergency response procedures.
 - 4.2.2 Acute decompensation of patient situation.
 - 4.2.3 Problem that is not resolving as anticipated.
 - 4.2.4 History, physical or lab findings not consistent with the expected clinical picture.
 - 4.2.5 Upon the request of the patient, nurse or consulting physician.
 - 4.2.6 If a patient condition does not meet the SPRN-SPLC criteria, staff may not use the SPRN-SPLC and must notify a physician.

4.3 RN may perform or delegate to the LVN or CMA, as appropriate, as long as those actions remain within the scope of their training, licensure and/or certification.

4.4 Staff may place an order as directed by a SPRN-SPLC for any empaneled patient who seeks services at any ACN site even if the empaneled provider is located at a different ACN site.

5.0 DOCUMENTATION:

5.1 SPRN-SPLC orders or actions shall be entered via electronic systems per facility process.

5.1.1 To prevent duplicate orders, staff will not re-enter existing orders as long as the patient can complete the orders prior to the order expiration date. If there is a current active order and the patient cannot get it completed before it expires, a new order will be entered by the appropriate staff.

5.2 If a patient already received services identified by a SPRN-SPLC outside of OHS, staff shall document such in the medical record per facility process.

5.3 Appointments for services shall be entered via electronic systems per facility process.

5.4 Documentation will be performed via paper-based and/or electronic records. Some SPRN-SPLC will have specific template-based documentation.

5.5 Approved SPRN-SPLC will be available in written or electronic form and will serve as the source document for configuration of electronic applications (e.g., ORCHID, etc.).

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Approval:

Date: _____

Nina J. Park, MD
Chief Executive Officer/Chief Medical Officer

Signature(s) on File.

P&P History

Date	Department	Policy & Procedure#	Comments	Next Annual Review Due
11/3/2013	ACN, IDPC	N/A	Draft prepared	
12/12/2013	ACN	CD-01-001	P&P Committee Approved	12/12/2014
4/9/2014	ACN	CD-01-001-A	P&P Committee Approved	4/9/2015
02/23/2017	ACN, IDPC	CD-01-001-A	Revised	02/23/2019