

**MARTIN LUTHER KING, JR. OUTPATIENT CENTER
POLICY AND PROCEDURE**

DIVISION: CLINICAL	NUMBER: 2.3
SUBJECT: NURSE PRACTITIONER STANDARDIZED PROCEDURE	
SECTION: PROVISION OF SERVICES	PAGE: 1 OF: 4
REVIEWED BY: Policy and Procedure Committee, Medical Executive Committee	EFFECTIVE DATE: 3/5/15
TO BE PERFORMED BY: NURSE PRACTITIONERS, PHYSICIANS	REVIEWED DATE: 3/5/15, 5/18/16 REVISED DATE: 5/18/16

PURPOSE

1. To ensure that all MLK OC Nurse Practitioners maintain compliance with applicable California guidelines governing the practice of Nurse Practitioners
2. To ensure that clear protocols with standardized procedures exist to guide the clinical activities of Nurse Practitioners

POLICY

The following protocols are guidelines for the care to be given by the Nurse Practitioners⁰. The clinicians covered by these standardized procedures will abide by the following procedures.

DEFINITIONS:

Advance Practice Provider: A licensed registered nurse who has completed graduate training as a clinical nurse specialist, nurse anesthetist, nurse-midwife, or nurse practitioner.

PROCEDURE

- I. Requirements for Clinicians functioning under these protocols
 - A. The policy for Nurse Practitioners (NPs) is based on the "Policy for Nurse Practitioners and Registered Nurses in Expanded Roles" of the Los Angeles County Department of Health Services Interdisciplinary Practice Committee (dated March 23, 1981). Nurses who work as Nurse Practitioners must meet the qualifications set forth in Sections 1480 through 1485 of Title 16, California Administrative Code. Their function must be reviewed by the Interdisciplinary Practice Committee as mandated by Section 70706 and 70706.1 of Title 22, California Administrative Code.
 - B. Licensing/Certification: each of the Nurse Practitioners must hold a current license to practice as issued by the State of California. Nurse Practitioners who write transmittal orders must have current furnishing numbers from their regulatory bodies in the State of California.
 - C. Credentialing:
 1. Prior to or at the time of hire, all eligible Nurse Practitioners will submit and fulfill the requirements per MLK OC policies. Every Nurse Practitioner must reapply every two years for privileges to continue to practice in accordance with the Standardized Procedures by submitting to a performance review and demonstrating adherence to standards of care.
 - D. Evaluation
 1. Initial Proctoring: Newly hired Nurse Practitioners are on probation for six (6) months. During that time, they will have all aspects of their practice supervised. They will have a minimum of 10 routine patients proctored by the supervising physicians or the licensed designee to demonstrate full competence. Until competency has been documented, all patient care activities must be closely supervised by an experienced Nurse Practitioner or a licensed physician. In addition, competence for special procedures (such as IUD placement) must be separately demonstrated. Once general practice competency has been documented, the Physician Supervisor will

recommend re-evaluation of privileges per MLK privileging and credentialing policies. Nurse Practitioners will have their competency verified by the medical leadership team, and it will be presented to the medical staff for approval. One copy will be included in the Nurse Practitioner's personnel file.

2. Ongoing Evaluation: Evaluation of the Nurse Practitioner's performance will be done on an annual basis per DHS requirements. Supervising Physicians are responsible for evaluating the medical practice of the Nurse Practitioners. The ACN Nurse Practitioner Standardized Procedure (attachment CD-01.004) will be reviewed by the Supervising Physician with the NP every two years at the time of reappointment. An attestation form (attachment) will be signed by the NP and Supervising Physician as part of reappointment packet.

- E. Educational Opportunities: MLK OC will make available to each Nurse Practitioner time as specified by the appropriate Labor Union negotiated MOU. Nurse Practitioners will reference the DHS Expected Practices (accessed via the intranet at <http://myladhs.lacounty.gov/DHSCR/dhsccl>, UpToDate, epocrates, and VisualDx as educational resources). Nurse Practitioners should also consult with the supervising physician.
- F. Other Requirements: Identification to Patients: All Nurse Practitioners practicing under these Standardized Procedures will wear a visible identification badge while on DHS grounds. This badge will indicate the Nurse Practitioner's name and job classification. Nurse Practitioners must also inform all patients of their job classification with each separate professional encounter.

II. Scope of Practice

- A. Function: The function of the Nurse Practitioners covered in these Standardized Procedures is consistent with State regulations. Under these standardized procedures, the Nurse Practitioner can perform the following functions consistent with their training, experience, and credentialing: assessment, management, and treatment of episodic illness, chronic illness, contraception and the common nursing functions of health promotion and general evaluation of health status including, but not limited to histories and physical exams, ordering appropriate diagnostic and laboratory tests, physical therapies, recommending diets, and referring to specialty care when indicated.

B. Record Keeping / Documentation

1. The appropriate medical record is used to document findings and observations according to established procedures. Patient records are maintained per MLK HIM Policies.
2. Documentation of care provided to patients under these protocols will be done on approved written or electronic progress notes and/or specialized forms. Documentation shall be based on specific patient indications and include at minimum a history of present illness, medications and allergies, past medical history, problem list, vital signs, a physical exam, an assessment, and a care plan that includes follow-up.

C. Physician Supervision / Physician Referral

A licensed physician (MD or DO) must provide supervision of Nurse Practitioners during assigned working hours; collaboration will be available on site or by telephone or electronic communication and will be the primary source for consultation regarding patient management. Whenever a physician is consulted about a particular patient's care, the name of the physician will be documented in the patient's record.

1. Nurse Practitioners will obtain physician consultation under the following circumstances:
 - a. Emergent conditions requiring prompt medical intervention after starting initial care to stabilize patient.
 - b. Acute decompensation of patient.
 - c. Chronic health problem that has not resolved as anticipated.
 - d. Upon the request of patient, nurse or supervising physician.

III. Guidelines for Furnishing and Dispensing Drugs and Devices

- A. Legal Status: California statutes provide for advance practice providers to prescribe drugs and devices under specific conditions.
1. Nurse Practitioners are authorized to write prescriptions in clinics after they have obtained furnishing numbers from the state of California BRN.
- B. Medications prescribed by advanced practice providers
1. Prescription forms used by authorized Nurse Practitioners will include the name and furnishing number of the Nurse Practitioner and the signature of the Nurse Practitioner.
 2. Non-prescription Medications: initiation, alteration, or discontinuance of non-prescription medications must be adequately documented in the patient's chart, whether or not the patient receives a transmittal order or prescription for this medication.
 3. The DHS formulary lists categories of medication and examples of drugs and devices to be furnished by the Nurse Practitioner and can be accessed via the intranet at: <http://www.micromedexsolutions.com/formulary/librarian>. Appropriate dosages will be based on standard texts and resources. Medications given or prescribed may be administered orally, subcutaneously, intradermally, intramuscularly, intravenously, or topically depending on the circumstances. The medications and devices are included in, but not limited to the DHS Formulary. The transmittal order (prescription) may be filled at the MLK OC pharmacy or at external retail pharmacies on the Nurse Practitioner's signature alone, unless Physician co-signature is required by an outside agency or regulation.
- C. Documentation: The Nurse Practitioner will document the drug or device furnished in the patient's medical record. The note should include the following:
- a. Date
 - b. Medication name, dosage, and strength
 - c. Quantity prescribed, including refills
 - d. Directions for use
 - e. Clarification of any changes made in the medication
 - f. Signature
- D. Proctoring
- a. Proctoring of all Nurse Practitioners applying for a furnishing number must be completed according to the guidelines supported by the California Department of Consumer Affairs, and Board of Registered Nursing. It is the responsibility of the supervising physician to ascertain that the applicant has met these guidelines and has subsequently obtained a furnishing number. All outpatient medication orders shall be countersigned until a furnishing number is obtained.
- E. Supervision
- a. A supervising physician should be available during all working hours for consultation.
 - b. There is no limit to the number of Nurse Practitioners that a physician may supervise, except as follows:
 - c. The Nurse Practitioner furnishes or orders drugs or devices in accordance with standardized procedures or protocols under the supervision of a physician who has current practice or training in the relevant field. Such supervision does not require the physical presence or the co-signature or counter-signature of the physician.
 - d. Evaluations and review of performance/competency of the Nurse Practitioner with furnishing number will be performed by the supervising physician 6 months after initiation of transmittal authorization to a Nurse Practitioner and annually thereafter. Every two years at reappointment, the ACN Nurse Practitioner Standardized Procedure (CD-01.004), plus a minimum of 10 charts and prescriptions will be reviewed with the NP by the Supervising Physician or a designee.

NOTED AND APPROVED:

Cynthia M. Oliver, Chief Executive Officer

Date

Ellen Rothman, M.D., Chief Medical Director

Date

Lessie Barber, RN, Nursing Director

Date

Signature(s) on File.