



Ambulatory Care Network

HEALTH SERVICES • LOS ANGELES COUNTY

TITLE: NURSE PRACTITIONER STANDARDIZED PROCEDURES

DIVISION: Ambulatory Care Network
SERVICE AREA/ UNIT: Clinical, Patient

Policy & Procedure Number	ACN
	CD-01.004
Origination Date:	5/14/2015
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Approved By:	ACN P&P

1.0 PURPOSE:

- 1.1 To ensure that all Ambulatory Care Network (ACN) Nurse Practitioners maintain compliance with applicable California guidelines governing the practice of Nurse Practitioners.
- 1.2 To ensure that clear standardized procedures exist to guide the clinical activities of Nurse Practitioners.
- 1.3 To designate appropriate supervision of Nurse Practitioners within the ACN as agreed upon in the Statement of Approval for Nurse Practitioners (Attachment A).

2.0 POLICY:

The following procedures are guidelines for the care to be given by the Nurse Practitioners working within the ACN. The clinicians covered by these standardized procedures will abide by the following.

3.0 PROCEDURE:

3.1 Requirements for Clinicians functioning under these protocols: The policy for Nurse Practitioners (NPs) Standardized Procedures 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.

3.1.1 Licensing/Certification: Each Nurse Practitioner must hold current license to practice, as a Registered Nurse and a Nurse Practitioner, as issued by the State of California. Nurse Practitioners who write or electronically transmit orders must have current furnishing numbers from their regulatory bodies in the State of California.

3.1.2 Credentialing: Prior to or at the time of hire, all eligible Nurse Practitioners will submit and fulfill the requirements per the ACN Credentialing and Privileging of Licensed Independent Practitioners Policy. Every Nurse

Practitioner must reapply for privileges, every two years, in order 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.

3.1.3 Evaluation:

- A. Initial Proctoring: Newly hired Nurse Practitioners are granted provisional privileges for a period of six (6) months. During that time, they will have all aspects of their practice supervised. They will have a minimum of 10 routine patient encounters proctored by the supervising physicians, or the licensed designee, to demonstrate full competence. Until competence has been documented, all patient care activities must be closely supervised by an experienced Nurse Practitioner or a licensed physician. In addition, competence for advanced procedures, requested and granted as separate privileges (such as insertion/removal of intrauterine device or contraceptive implant, joint IUD placement, insertion and removal of intrauterine device or contraceptive implant, joint aspiration, etc.) must be separately demonstrated during the proctoring period or through evidence of active performance (at least three performed successfully in past two years in each bundle requested). Once general practice competence has been documented and the Nurse Practitioners satisfactorily completed the provisional period, active full privileges are granted, based on the recommendation of the Physician Supervisor. These privileges must be renewed two (2) years from the date the provisional privileges were granted, per the ACN Credentialing and Privileging of Licensed Independent Practitioners Policy.
- B. Ongoing Evaluation and Monitoring Activities: Ongoing evaluation of the Nurse Practitioner's performance will be in compliance with two ACN policies: Credentialing and Privileging of Licensed Independent Practitioners and Peer Review. Evaluation will be accomplished by continuous monitoring and tracking of grievances/complaints as well as review of quality of care, by the way of chart review of at least five (5) charts of patients cared for by the Nurse Practitioner. All Nurse Practitioners, whether County employees or independent contractors, will be evaluated on an annual basis per DHS requirements. Supervising Physicians are responsible for evaluating the medical practice of the Nurse Practitioner.

3.1.4 Educational Opportunities: ACN will make available to each Nurse Practitioner time for continuing education, as specified by the appropriate Labor Union negotiated Memorandum of Understanding (MOU). Nurse Practitioners will reference the DHS Expected Practices (accessed via the intranet at <http://myladhs.lacounty.gov/DHSCR/dhsccl>), Nurse Practitioners should also consult with the supervising physician.

3.1.5 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.

3.1.6 General policy regarding Standardized Procedures:

- A. A copy of this policy is provided to each nurse practitioner upon hire and whenever revised. A copy of the current protocol will be provided to each physician supervisor.
- B. A copy of the Statement of Approval sheet (Attachment A), signed and dated by the nurse practitioner and the supervising physician, will be maintained in each nurse practitioner's credentials file.
- C. A list including the names of all nurse practitioners, their physician supervisors and the areas they are assigned to, is maintained by the Medical Staff Office.

3.2 Scope of Practice

3.2.1 **Function:** The function of the Nurse Practitioners covered in these standardized procedures is consistent with State regulations, permitting, the Nurse Practitioners 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. Nurse Practitioners who request and are granted privileges to work in specialized areas will have specialization in the appropriate field, as evidenced by at least six months of didactic training and at least six months of practical experience in a certified program in the care of the population serviced.

3.2.2 Recordkeeping/Documentation

- A. The appropriate electronic medical record module or written forms (during downtime) is used to document findings and observations according to established procedures. Patient records are maintained per the Health Information Management policies.
- B. 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.

3.2.3 **Physician Supervision/Physician Referral:** A licensed physician (MD, DO or DPM) must provide supervision of Nurse Practitioners during assigned working hours. Collaboration will be available on site or by telephone or via 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.

- A. Nurse Practitioners will obtain physician consultation under the following circumstances:
 - i. Emergent conditions requiring prompt medical intervention after starting initial care to stabilize patient.
 - ii. Acute decompensation of patient.
 - iii. Chronic health problem that has not resolved as anticipated.
 - iv. History, physical or lab findings inconsistent with the clinical picture.
 - v. Upon the request of patient, nurse or supervising physician.

3.3 Guidelines for Furnishing and Dispensing Drugs and Devices

3.3.1 Legal Status: California statutes provide for advance practice providers to prescribe drugs and devices under specific conditions.

- A. Nurse Practitioners are authorized to write prescriptions in clinics after they have obtained furnishing numbers from the state of California BRN.

3.3.2 Medications prescribed by advanced practice providers.

- A. 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.
- B. 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.
- C. The DHS formulary lists categories of medications 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 written or electronically transmitted order (prescription) may be filled within ACN pharmacies or at external retail pharmacies on the Nurse Practitioner's signature alone, unless Physician co-signature is required by an outside agency or regulation.

3.3.3 Furnishing Controlled Substances

- A. The Nurse Practitioners who work in the ACN clinics, with the exception of Prenatal Clinics, are required to have the ability to write Schedule II medications (and to qualify as such they must complete, as part of continuing education requirements, a course including Scheduled II controlled substance based on the standards developed by the Board of Registered Nursing) as evidenced by the Schedules indicated on the current DEA Registration.

- B. The Nurse Practitioner, who maintains a current Controlled Substance DEA Certificate for Schedule II medications, can prescribe the medications for the following conditions:
1. Treatment of acute pain of moderate to severe intensity.
 2. Treatment of Chronic Cancer Pain.
 3. Treatment of Chronic Non-Cancer Pain of moderate to severe, which has failed treatment with Schedule III medications and other treatment modalities.
 4. The physician should be consulted prior to writing Schedule II medications for any condition other than described above.
 5. The nurse practitioner who maintains a current Controlled Substance DEA Certificate for scheduled III medications can prescribe these medications for the following conditions:
 - i. Treatment of acute pain.
 - ii. Treatment of chronic cancer pain.
 - iii. Treatment of chronic non-cancer pain of moderate to severe intensity, which has failed treatment with other treatment modalities.

3.3.4 Documentation: The Nurse Practitioner will document the drug or device furnished to prescribed 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. Name of the device, if any
- E. Directions for use
- F. Clarification of any changes made in the medication
- G. Signature

3.3.5 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 must ascertain that the Nurse Practitioner has met these guidelines and has subsequently obtained a furnishing number. All outpatient medication orders shall be countersigned until a furnishing number is obtained.

3.3.6 Supervision

- A. A supervising physician should be available for consultation during all working hours.
- B. The Nurse Practitioner furnishes or orders drugs or devices in accordance with standardized procedures 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.
- C. Evaluations and review of performance/competence 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, during the annual performance evaluation. A minimum of 5 charts, which include prescriptions of Nurse Practitioners, shall be included in the chart review conducted annually by the supervising physician or his/her designee.

3.4 Setting of Practice at ACN facilities

3.4.1 Nurse Practitioners may work at various clinical areas including:

- A. Primary Care
- B. Prenatal, Women's Health and Family Planning
- C. Urgent Care
- D. HIV Medicine
- E. Medical Specialties (including Anti-Coagulation, Cardiology, Endocrinology, Hematology/Oncology, Nephrology, and Neurology)
- F. Surgical Specialties (including general surgery, orthopedics, podiatry, urology and wound care)
- G. Mental Health

3.4.2 Special Qualifications and Evaluations

- A. Nurse practitioners who have completed specialized training in the medical diagnosis, documentation, and treatment of child abuse can perform forensic examinations on children who are suspected victims of child abuse and neglect.
- B. Nurse Practitioners working in Urgent Care Clinics must have current certifications in Advance Cardiac Life Support (ACLS) and Pediatric Advance Life Support (PALS).
- C. Nurse Practitioners working in the HIV Clinic must meet one of the requirements listed within the HIV Specialist Policy under section 4.1.4, as stated in section 4.2.2.

D. Nurse practitioners who have completed specialized training in the medical diagnosis, documentation, and treatment of child abuse can perform.

3.4.3 Period Review: he Standardized Procedures are to be reviewed annually by the can Credentialing Privileging Committee.

4.0 REFERENCE:

- 4.1 Board of Registered Nursing: General information: Nurse Practitioner Practice (NPR-B-23 04-1999, Rev 04/13/2011)
- 4.2 Board of Registered Nursing: An Explanation of Standardized Procedure Requirements for Nurse Practitioner Practice (NPR-B-20 12/1998)
- 4.3 Board of Registered Nursing: Nurse Practitioner: Expanded Furnishing Authority for Schedule II controlled Substances, BPC 2836.1 (NPR-B-51 02-2004)
- 4.4 Board of Registered Nursing: Business and Professions Code: Nurse Practitioners: Laws & Regulations: Division 2. Healing Arts; Chapter 6. Nursing; Article 8. Nurse Practitioners (BP2834-R 9/1998, Rev 02/2010; BRN NP Committee 8-1-2013; Board Approved 09-11-2013)

5.0 ATTACHMENT A

Prepared by: Ruth E. Oren, MD


Approvals:



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Interim Chief Executive Officer

3.27.19

Date



Margarita Pereyda, MD
Interim Chief Medical Officer

3/19/19

Date



Debra Duran, RN
Chief Nursing Officer

3/22/19

Date

P&P History

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5/14/2015	ACN	CD-01.004	Approved	5/14/2016
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