“Ensuring Quality in the Collaborative Practice”

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Collaborative Practice Nurse Consultants
Alabama Board of Medical Examiners
Objectives

- List the responsibilities of both physicians and nurses in a collaborative practice agreement, including Quality Assurance review.

- Describe common problems seen in a collaborative practice and the methods to apply to correct them.

- Cite the regulations for prescribing medications, including the Controlled permits. Know difference between state and federal requirements.
Where to find the rules…..

Alabama Board of Medical Examiners
www.albme.org
Collaborative Practice
540-X-8
QACSC
540-X-18
LPSP
540-X-20

Alabama Board of Nursing
www.abn.alabama.gov
Advanced Practice Nurses
CRNP
CNM
610-X-5
Collaborative Practice Rules

- Requirements for Collaborative Practice
  - Physician
  - Nurse Practitioner
- Prescriptions and Medication Orders
- Quality Assurance Review Requirements
- Collaboration Time Requirements
- FTE Limitations
Joint Committee of the Board of Nursing and the Board of Medical Examiners for Advanced Practice Nurses

- Makes recommendations to ABME and ABN
- 3 Nurses
  - CRNP in collaborative practice
  - CNM in collaborative practice
  - RN
- 3 Physicians
  - 1 in collaborative practice with CRNP or CNM
  - 2 other physicians
Review by Joint Committee

- Standard Protocol and Formulary, Covering Physician (Fast Track)
  - Presented to ABN and ABME Monthly
  - These applications receive final approval the fastest

- Remote Sites, Additional Duties, Special Formulary
  - Review by Joint Committee
  - Usually every 2 months
  - Recommendations to both Boards for approval
  - Defer recommendation, get additional information

- Usually 1-3 months for date of application
Collaboration

TEAMWORK
Together Each Achieves More
Collaboration

✓ A formal relationship
✓ Includes written Protocols
✓ Approved according to Statute (Code of Alabama)
✓ Or exempted by the same
✓ Provides for Medical Oversight and Direction
COLLABORATION TIME REQUIREMENTS

EXPERIENCE

< 2 years/4000 hours:

➢ Since initial certification
➢ In this collaborating physicians practice specialty
= 10% of work hours in collaboration

2 years/4000 hours:

➢ Meet no less than quarterly for QA Review
Collaboration Time Requirements

- No additional requirement for documentation of on-site collaboration when working in the same office or facility
Collaboration Time Requirements

- Must visit remote practice sites no less than twice annually
Practice Sites

• Principal Practice Site: Main location where the Collaborating Physician is engaged in the practice of medicine
Remote Site Collaboration

• Remote Site: An approved Collaborative Practice Site without physician onsite
• Neither the Collaborating or Covering physician is physically present in the clinic, facility, office, or suite where the CRNP is seeing patients.
• Exemptions
Exemptions for Remote Site

• Physician’s Principal Practice Site
• Acute Care Hospitals
• Skilled Nursing Facilities
• Assisted Living Facilities, Special Care ALF
• End Stage Renal Disease Treatment Facilities (Licensed by ADPH)
• Patient’s home; Certified Mental Health Group Homes
Protocol

“What is it you are doing at your job”? 

• Written Document
• Establishes Permissible Functions and Duties
• Submitted by the Nurse Practitioner or Nurse Midwife
• Copy at each practice site
NEW: LIMITED PROTOCOLS and Transitional Allowances

• Home Health Complete Physicals
• Nursing Homes
• Training a new NP
• Sudden absence of a physician: Covering can act as collaborative up to 60 days
Covering Physicians

- Must meet same eligibility requirements as Collaborating Physician and know the Collaborative Practice Rules
- Must be pre-approved
- Specific to one Collaborative Agreement
- Does not stand alone
- May be present in lieu of collaborating physician and may help with QA review
Medical Oversight

- Ongoing Collaboration
- Documentation of Time together
- Includes but not limited to:
  - Direct Consultation and Patient Care
  - Review of Records
  - Discussion of Disease Processes
QUALIFICATIONS
Collaborating Physician must...

- Have a current, unrestricted license to practice medicine in the State of Alabama
- Have practiced medicine for at least one (1) year if Board Certified or Board Eligible* (Completed a three(3) year U.S. Residency makes you Board Eligible) or
- Have practiced medicine for at least three (3) years

- Submit the Collaborative Practice Commencement Form and $200.00 Fee to the Alabama Board Of Medical Examiners!
- Collaborate with no more than 4 FTE’s (160 hours)
- Renewals no longer required
CRNP/CNM Qualifications for Collaborative Practice

- Active unencumbered, Alabama registered nurse license
- Completion of post-baccalaureate nursing education program with supervised clinical practice in advanced practice nursing as a nurse practitioner or nurse midwife
- Master’s or higher degree in Advanced Practice Nursing from an accredited program
Responsibilities of Physician

• Provide Medical Oversight for the Nurse Practitioner or Nurse Midwife
• Know the APN Scope of Practice
• Complete Quality Monitoring at least Quarterly
• Be Readily Available or have a pre-approved Covering Physician
Responsibilities of the CRNP/CNM

- Apply to ABN via On-line Application process
  - Initial approval (new graduates)
    - New Collaborating Physician (Add Application)
    - Modify Existing Collaborative Practice for additional duties, sites, specialty formulary
    - Add or Delete Covering Physician
On-line Application Process

• Select Physician from *Search* list
• *Identify Covering* Physicians
• How often will you work in Physician’s Principal Practice Site?
  • Routinely, Rarely, Never
• Total of **weekly** hours to be worked by the CRNP/CNM in the Collaborative Practice
• List **all** practice sites w/ address and phone
Notice of Temporary Approval

- WILL NOT BE ISSUED UNTIL THE COMMENCEMENT FORM AND FEE HAVE BEEN RECEIVED AT ABME!

- ABME does **NOT** send a separate Temporary Approval

- ABN has confirmed physician eligibility with ABME prior to sending approval
Notice of Temporary Approval

• Letter for Temporary Approval includes:
  • Rx Number – 4 digits
  • Instructions regarding individual profile
  • Review the online CRNP/CNM profile to confirm sites and formulary at My Profile on www.abn.alabama.gov
Termination of Collaborative Practice

- Responsibility of Physician to Notify the Board of Medical Examiners
  - Online Termination Form found [www.albme.org](http://www.albme.org)

- Responsibility of Nurse to notify the Board of Nursing
  Online Termination Form found [www.abn.alabama.gov](http://www.abn.alabama.gov)
Quality Assurance Reviews
Required in Every Collaborative Practice

• Most every other aspect of QA is a professional clinical decision of the CRNP/CNM and the physician
Definition of Quality Assurance

“Documented evaluation of the clinical practice of the certified registered nurse practitioner or nurse midwife against defined quality outcome measures, using a selected, meaningful sample of patient records which will identify areas needing improvement, set performance goals, and assess progress towards meeting established goals, with a summary of findings, conclusions, and, if indicated recommendations for change. The physician’s signature on the patient record does not constitute quality improvement monitoring”.

Focus on Quality

Time for Feedback
# Medical Oversight

<table>
<thead>
<tr>
<th>Chart Review</th>
<th>Collaboration</th>
<th>Quality Assurance Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review of charts is a clinical decision between practitioners</td>
<td>Time spent together in discussion or consultation</td>
<td>Reviewing a meaningful sample of charts against selected criteria with documentation using patient identifier</td>
</tr>
<tr>
<td>Signature of physician on the notes is not required</td>
<td>Time spent in review of Quality Assurance data</td>
<td>Data can be pulled by anyone with understanding of the criteria</td>
</tr>
<tr>
<td>Chart review does not constitute Quality Assurance Review</td>
<td>Years of experience determine how much collaboration is required</td>
<td>Quarterly meeting to review the QA data and keep summary -required</td>
</tr>
</tbody>
</table>

- Signature of physician on the notes is not required.
- Data can be pulled by anyone with understanding of the criteria.
- Quarterly meeting to review the QA data and keep summary -required.
Practical Aspects of Quality Monitoring

- Not a part of the patient record!
- Use a patient identifier to track the record
- QA Plan should be practice specific
- Review all Adverse Outcomes
  - You define Adverse Outcome for your practice
- Discuss and document QA findings-use to improve patient outcomes
“My doctor says I’m a Type 8 diabetic...that’s a Type 2 with four times more excuses for not exercising.”
SUMMARY OF FINDINGS

Period of Review: ____________________________________________
Name of Audit/QA: __________________________________________
Number of Charts audited: ____________________________________

Summary of Findings:
☐ No specific medical issues identified
☐ Certain Medical Issues are in Question (see comments)
☐ Adverse findings identified (see comments)
☐ Follow-Up with provider is needed

Comments/Discussion/Changes to be made (if any):

___________________________________________________________

___________________________________________________________

Physician name: ___________________________ Signature: __________ Date: __________

CRNP name: ___________________________ Signature: __________ Date: __________
Prescriptive Authority of CRNP and CNM

Physician and APN Prescription Orders

ABN

- 610-X-5-.11 (CRNP)
- 610-X-5-.23 (CNM)

ABME

- 540-X-8-.11 (CRNP)
- 540-X-8-.25 (CNM)
- 540-X-18-QACSC
- 540-X-20 LPSP for CRNP / CNM
Formulary

Standard formulary for drugs by major classification
Specialty Formulary

Request for Specialty Formulary.....

The Specialty Legend Drugs listed below must be given within the scope of the collaborative practice specialty. The initial dose must be prescribed by a physician, with authorization to prescribe continuing maintenance doses according to written protocol (available for review onsite) or direct order of the physician. Other requirements are listed below:

Specialty Legend Drugs
1. Antineoplastic Agents
2. Oxytocics
3. Radioactive Agents: Collaborating physician must have current license from the Alabama Department of Public Health for prescribing and dispensing radioactive pharmaceuticals.
4. Non-biologic disease-modifying anti-rheumatic drugs (DMARDs)
5. Biologic or Biosimilar DMARDs and Anti-tumor necrosis factor drugs (anti-TNF)
6. Other Biologics or Biosimilars (excluding anti-TNF)
Controlled Substance Prescribing by CRNP/CNM

- Physicians may not allow CRNPs / CNMs to prescribe controlled substances III-V without a Qualified Alabama Controlled Substances Certificate.

- **Without a QACSC...**
  - Prior approval for verbal order for III-V must be recorded in patient record, and co-signed by the physician within 7 business days.
  - Must follow the Alabama Controlled Substances List in addition to DEA—this list may be found at: [www.adph.org](http://www.adph.org)
Controlled Substance Prescribing by CRNP or CNM

• CRNP/ CNM must have...
• Personal QACSC and DEA in order to prescribe Controlled Substances III- V. according to the approved protocol.
• A Limited Purpose Schedule II Permit (LPSP) must be obtained to allow CRNPs or CNMs to write limited Schedule II Controlled Medications.
Controlled Substance Prescribing

- Define separate policies in your practice for prescribing legend drugs and controlled drugs
- Check Medical Staff Bylaws and facility policies prior to writing inpatient orders for Controlled Substances
Q. A. C. S. C.
Qualified Alabama Controlled Substance Certificate
Qualified Alabama Controlled Substances Certificate

Requirements

• Collaborative Agreement(s) with Final Approval by ABN and BME totaling 1 year

• Prescribing Seminar as presented by the Medical Association of the State of Alabama (12 AMA PRA Category 1 credits)

• Complete the application for QACSC within one year of taking prescribing course
Qualified Alabama Controlled Substances Certificate

• To add a covering physician they must first be added on the Collaborative Agreement

• Terminates if Collaborative Agreement Terminates

• Be sure QACSC # and DEA # are on any controlled prescription you give a patient
Next Step.....

- Apply for DEA Registration
  - [www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov)

- Send a copy to Board of Medical Examiners

- Register for the PDMP
  - [www.adph.org](http://www.adph.org)

- Remember: You are not authorized to write a prescription for a controlled substance in Alabama without both the QACSC and the DEA!
The Benefits of Prescription Drug Monitoring Programs (PDMP)
Physician Drug Monitoring Program

• Registration is required
• Check your prescribing on a regular basis
• Contact Pharmacy regarding any errors
PDMP
(Physician Drug Monitoring Program)

- Physician privacy statement
- Access to information
- Practitioner
- Unlawful disclosure

- Master account holder (Physician only)
- Delegate account holder (Physician only)
- Account Agreement
Limited Purpose Schedule II Permit

• Requirements
  • Current/Active QACSC
  • Current /Active DEA
  • Submit application including a current formulary (check website)
  • Covering physicians for LPSP must first be covering on QACSC
  • Terminates if Collaborative Agreement Terminates
Prescription Format Requirements

1. Name, Medical Practice Site Address, Phone number for Collaborating Physician
2. CRNP/CNM Name, License Number, and Prescriptive Authority Number
3. If writing a controlled substance the QACSC #/LPSP# and DEA Number
4. Name, Practice Address, phone number for the CRNP/CNM if different from that of the Collaborating Physician
5. Date prescription issued to the patient
6. Two signature lines to include the words:
   “Product Selection Permitted”
   “Dispense as Written”
Prescriptions

• Title 21 – Part 1306 (a) Code of Federal Regulation (a) All prescriptions for controlled substances shall:
  - Be dated as of, and signed on, the day when issued
  - Shall bear the full name and address of the patient
Sample Prescription Format

- Marcus Welby MD
- 123 Anywhere Street
- Any Town, AL 33333
- Telephone 334-123-4567

Jane Doe CRNP/Lic # 1-000002
Rx # 0000/QACSC # 12345/LPSP# 12345
DEA _____________________________

- Patient Name ________________________ Date ________________________
- Rx
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- Dispense as Written
- Product Selection Permitted
Standard and Specialty Protocols

• The physician may not delegate any skill that is considered the practice of medicine and may not require the CRNP or CNM to perform skills outside his/her scope of practice.

• Physician and CRNP determine skills from the Standard Protocol which are appropriate to individual practice.
Specialty Protocols

Beyond basic education for CNM or NP specialty

• Orthopedic
• Critical Care Mid-level
• Critical Care Advanced Level
• CNM Midwife Specialty
• Neonatal
Competency Validation

- CRNP/CNM and Collaborating Physician
- Procedures from Standard Protocol
  - Used in your practice?
  - Not pertinent to your practice?
- Validate existing competency
- Examples: PDF fill-in Form
  - ✓ indicates previous validation
  - N/A indicates not applicable
  - EDU indicates NP education
Requesting Additional Duties

Common additional duties requested:

- Orthopedic Specialty Protocol: Joint Injections
- Trigger Point Injections below T-12
- Critical Care Specialty Protocol
Specialty Protocols for CRNP or CNM

• Board(s) approval before starting supervised practice

• Pertinent to the proposed collaborative practice

• Physician qualified to perform the procedures

• CNM or NP has documentation of didactic instruction, education
Orthopedic Specialty Protocol

• Standard Joints included with this request:
  • Shoulder
  • Elbow
  • Knee
  • Greater Trochanteric Bursa
Specialty Protocol

- Half of the required number of supervised practice for CVL, Internal Jugular, Femoral and Arterial Line Femoral may be completed in the Simulation Lab.
- Documentation of supervised practice must be submitted to both Boards.
- Documentation of supervised practice must be submitted within one (1) year of approval to train.
- Documentation must include the anatomical site and whether procedure was completed in a simulation lab or on live patient.
<table>
<thead>
<tr>
<th>Skill</th>
<th>Number required</th>
<th>Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Venous Line: Internal Jugular</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Central Venous Line: Femoral</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Central Venous Line: Subclavian (with physician present)</td>
<td>50</td>
<td>25</td>
</tr>
<tr>
<td>Arterial Line: Femoral</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Intra-Aortic Balloon Insertion</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>Radial Artery Harvest (Cardiac Surgery ONLY)</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>Sternal Closure (Cardiac Surgery ONLY)</td>
<td>50</td>
<td>25</td>
</tr>
<tr>
<td>Thoracostomy Tube Insertion (Intra-Operative ONLY)</td>
<td>30</td>
<td>15</td>
</tr>
<tr>
<td>Primary Sternotomy (Cardiac Surgery ONLY)</td>
<td>50</td>
<td>25</td>
</tr>
<tr>
<td>Primary Thoracotomy (Cardiac Surgery ONLY)</td>
<td>50</td>
<td>25</td>
</tr>
<tr>
<td>Removal of Pacing Wires</td>
<td>30</td>
<td>15</td>
</tr>
<tr>
<td>Removal of Left Atrial Catheters</td>
<td>30</td>
<td>15</td>
</tr>
<tr>
<td>Removal of Mediastinal Chest Tubes</td>
<td>15</td>
<td>8</td>
</tr>
<tr>
<td>Removal of Pulmonary Artery Catheters (Swan Ganz)</td>
<td>30</td>
<td>15</td>
</tr>
<tr>
<td>Removal of Intra-Aortic Balloon Pump</td>
<td>10</td>
<td>5</td>
</tr>
</tbody>
</table>
Central Venous Lines

- Central Venous Line, Remove and Replace over Guide Wire
- Document 5 initial procedures with 5 procedures for annual maintenance

“Only for practitioners who have previously been approved or are requesting to train to perform CVL placement, IJ and Femoral”

- Central Venous Line Removal- Percutaneous (10)
- Central Venous Line Removal- Tunneled (10)
  - Document 10 initial procedures for each removal type with 5 procedures each for annual maintenance. May not be performed in simulation lab and supervised practice must be submitted within one (1) year of approval or the approval to train will lapse.
Critical Care Advanced Protocol

• Advanced skills without direct physician supervision at the bedside
• Outside the operating theater
• After documentation of supervised practice has been completed, submitted and approved

Initial Requirements:
• Practitioner must have worked in the Critical Care Setting for at least 1 year before being eligible to request these expanded skills—those requesting this skill should be a select group of well-trained highly specific people.
• Facility must be a State Designated Level I or Level II Trauma Centers actively participating in the Alabama Trauma System
Advanced Protocol Skills

✓ Central line insertion and removal (internal jugular, femoral and subclavian for the purpose of venous access including dialysis, extracorporeal photopheresis (ECP), and extracorporeal membrane oxygenation (ECMO).
✓ Insertion of chest tube
✓ Thoracentesis both diagnostic and therapeutic including placement and use of small indwelling catheter
Statewide Criteria Diagnostic ENT Procedures

- Procedures Included:
  - Flexible Fiberoptic Diagnostic Laryngoscopy/Stroboscopy
  - Flexible Nasopharyngoscopy
  - Diagnostic Nasal Endoscopy (Flexible and Rigid)
Initial Requirements

- Restricted to Otolaryngology practice:
- CRNP or PA must have been working in the clinical setting of otolaryngology for no less than 6 months prior to making a request to train
- Observation of no less than 150 procedures (including normal/abnormal tissue distinction) before requesting to train to perform procedures
- Collaborating (CRNP) or Supervising (PA) Physician completes a request to train after observation period completed
- Physician will certify the practitioner has met the initial requirements
- Supervised practice of 25 of each procedure requested for certification
RENEWAL REMINDER:

• Please renew by 12/31/19 at www.alrenewals.org
• Enter practitioner portal
• Enter name and last FIVE digits of SS#
• MDs/DOs renew their medical licenses and ACSCs
• PAs renew their licenses and their controlled substance certificates (QACSCs and/or LPSPs)
• CRNPs/CNMs renew their controlled substance certificates (QACSCs and/or LPSPs)
Questions
Collaborative Practice Educational Visits
Collaborative Practice Site Visit

• **Are all of the required documents on file?**
  - Verification of Current RN Licensure from primary source (ABN)
  - Verification of Current CRNP Certification
  - Copy of the Collaborative Agreement
  - Copy of the Approval Letter (ABN)
  - Copy of the Collaborative Practice Registration Certificate (BME)
  - Copy of the Standard Protocol for NP Specialty
  - Copy of any Specialty Protocol or special skill approvals including documentation of training
  - Copy of any Specialty Formulary approvals
  - Emergency Plan and provisions
  - QACSC /LPSP Certificates if applicable to the CRNP/CNM
Who to Call at BME.....

- Commencement Forms
- Fee payments
- Terminations
- General Information

Collaborative Practice Administrative Assistants
- lstripling@albme.org
  - 334-833-0199
Who to Call at BME.....

❖ Questions about Collaborative Practice
  ❖ QA Requirements
  ❖ FTE Limits
❖ Questions about QACSC or LPSP
  ❖ How to apply and approval process
❖ To request a Courtesy-Educational Site Visit

Contact Collaborative Practice Nurse Consultants:
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Alabama Board of Nursing

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Fax: 334-293-5201
Alabama Board of Nursing

Sharon Owens

Email: sharon.owens@abn.alabama.gov
Phone: 334-293-5200 or 1-800-656-5318
Fax: 334-293-5201
Advanced Practice Nursing

Administrative Support Staff

Incoming Applications
Melissa Curtis

Email: melissa.curtis@abn.alabama.gov
Phone: 334-293-5200 or 1-800-656-5318
Alabama Board of Nursing

Peggy Sellers Benson RN, MSHA, MSN, NE-BC

Executive Officer, Alabama Board of Nursing

334-293-5200

Or

1-800-656-5318
Alabama Department of Public Health

Physician Drug Monitoring Program Contact Information

nancy.bishop@adph.state.al.us

1-855-925-4767

- Reset Passwords
- Create an account
- Tech Support

1-877-703-9869

Office of State Pharmacy Director

- For a deactivated account
- Any other questions
- Not tech support
The End