

Legislative Update

Standard Care Arrangement and Quality Assurance

Ohio NAPNAP recently held a conference in March, focusing on the six hour of continuing education that is required for license renewal this year. During the talk on the law and rule there were several questions about the Standard Care Arrangement and the Quality Assurance standards that are required by APRN's in the state of Ohio.

Ohio Administrative Code 4723-8-04 discusses the standard care arrangement for a certified nurse practitioner. In the state of Ohio, an APRN must enter into a collaborative agreement with a physician prior to engaging in practice.

This **Standard Care Arrangement** needs to include the following for all APRN's (CTP or non-CTP holders):

1. APRN's name
2. Names of each collaborating MD or physician designated representative (i.e department or unit director)
3. Date arrangement is initially executed
4. Date of most recent review
5. Name, specialty and practice area, business address and phone number for all collaborating MD's and certified nurse practitioner (CNP)
6. For CTP holders, a description of the scope of prescriptive practice
7. A plan for incorporation of new technology or procedures within the scope of practice
8. A policy for care of infants up to age one and recommendations for collaborating MD visits for children from birth to age 3 years
9. A plan for coverage of patients in an emergency or planned absence of either the CNP or the collaborating MD
10. A process for resolution of disagreements regarding matters of patient management
11. An arrangement regarding reimbursement

This collaborative agreement should be reviewed at least annually. There should be provisions addressed that include:

1. Criteria for referral of a patient to the collaborating physician
2. A process to obtain consultation from the physician
3. Procedure for regular review of referrals to other providers and care outcomes for a representative sample

APRN's with a certificate to prescribe (CTP) the following **Quality Assurance** provisions should be included and the standard care arrangement should include the APRN's scope of prescribing practices.

1. Provisions to ensure the collaborating MD can see the patient in a timely manner if indicated
2. Additional prescribing parameters
 - a. Provisions for use of drugs with non-food and drug administration

- b. Provisions for use of drugs approved by the FDA and reviewed by the committee of prescriptive governance (CPG), including new indications
 - c. Provisions for Schedule II controlled substances
3. A procedure for the nurse and the collaborating physician, or a designated member of a quality assurance committee conduct a review, at least semiannually, of:
- a. A representative sample of prescriptions written by the nurse;
 - b. A representative sample of schedule II prescriptions written by the nurse; and
 - c. Provisions to ensure that the nurse is meeting all the requirements related to review of a patient's OARRS report

The Ohio Board of Nursing does not have a sample of a quality assurance review for APRN's to use as a guide for recording the above information. However, according to Ohio Administrative Code 4723-8-05, the quality assurance review should include:

- 1. Periodic random chart reviews annually
- 2. Semi-annual review of prescriptions written and prescribing patterns
- 3. A conference with the collaborating physician to discuss the chart review and identification of any patient care issues
- 4. A process for patient evaluation of care

With regards to prescribing of schedule II controlled substances, the quality assurance review does not specify the manner in which schedule II medications should be addressed. Schedule II medications *would not* need to be addressed in the same manner that the nursing regulations require off-label medications be addressed, e.g, supported by peer reviewed literature or identified as the standard of care at the APRN's facility.

Here is a sample Quality Assurance Tool based on the above information:

Sample Quality Assurance Review Tool									
Name of APRN: _____									
Date of Review: _____									
Review of Clinical Management/ Documentation							Review of Prescriptive Practice		
Patient ID	Date of Visit	H&P	Labs/Diagnostics	Diagnosis/ Differential	Appropriate Referral	Appropriate Follow-up	Appropriate Medication for Dx	Appropriate Use Off- Label	Appropriate dose/duration of treatment
APRN Signature: _____		Date: _____							
Collaborating MD Signature: _____ / _____		Date: _____							
		MD Printed Name							

Please remember that the number of charts reviewed needs to be a representative sample and should be discussed with your collaborating MD or institutional guidelines.

Delegation For Ohio APN's

Ohio NAPNAP is aware that OAAPN has been working with ONA to draft legislation that will allow APRN's to expand current delegation practices to unlicensed personnel. The first draft of this legislation is expected to have site restrictions that may not be beneficial to APRN's practicing in primary care settings.

Ohio NAPNAP supports legislation that will improve our scope of practice and remove barriers to care. We are monitoring this initiative and will inform members of movement on this issue as we become aware.

Use of "Doctor" Title

As many APRN's begin furthering their education to terminal degree, there has been a lot of discussion about the use of the title "doctor" as it pertains to nurses. In 2010 the Institute of Medicine Report recommended doubling the number of nurses with a doctoral degree by 2020. The title doctor is used for a terminal degree in many areas, not just in health care. But there has been concern voiced by the American Medical Association that the use of doctor for more than an "MD or DO" could cause confusion. Pharmacists, physical therapists, nurses and doctors introducing themselves with a doctor title may be misleading for the patient. The AMA launched a Truth in Advertising campaign in 2009 saying that patients have the right to know their providers level of education and training and licensure. As a result of this campaign, nearly half of the states in the US have legislation in process to prevent healthcare providers who are non-physician caregivers from misrepresenting themselves. In 12 of these states the legislation has become law. States where this legislation has been enacted include: Arizona, California, Florida, and New York, just to name a few.

The most recent bill regarding title protection in our state was House Bill 303 which passed in December of 2012 and included revisions to the nurse practice act. This bill provides title recognition to Advanced Practice Registered Nurses (APRN). APRN is the nationally accepted term now used to refer to registered nurses who have reached the advanced degree, licensing and certification.

NAPNAP will be monitoring legislation and will keep APRN's informed of possible changes to Ohio law.