



*Contra Costa Regional
Medical Center and Health Centers*

Nurse Practitioner

Standardized Procedures

Table of Contents

Definitions.....	2
References, Purpose, Method of Document Development.....	3
Qualifications, Furnishing, Scope of Practice.....	4
Standardized Procedures.....	5
Standard of Care, Setting, Supervision/Collaboration	5-6
Evaluation, Record Keeping, Review Process.....	6-7
Appendix I (Outpatient Protocols)	8-10
Appendix II (Inpatient – excluding OB-Gyn service).....	#
Medications Table	#
MEC Approval and Agreement.....	#
IPC Approval and Agreement.....	#
NP Approval and Agreement.....	#

Standardized Procedures Definitions

Nurse Practitioner Definitions Business and Professions Code

Division 2: Chapter 6, Article 8; Sections 2834-2837; Title 16 of California Code of Regulations Sections 1480-485

- Nurse Practitioner:** The legislature finds the public interest served by determination of the legitimate use of the title “Nurse Practitioner” by Registered Nurses *Section 2834*. “Nurse Practitioner” (NP) means a Registered Nurse (RN) who possesses additional preparation and skills in physical diagnosis, psycho-social assessment, and management of health-illness needs in health care, and who has been prepared in a program that conforms to Board of Registered Nursing standards as specified in *Section 1484*.
- Primary Health Care:** That which occurs when a consumer makes contact with a health care provider who assumes responsibility and accountability for the continuity of health care, regardless of the presence or absence of disease.
- Specialized Health Care:** Health care services provided by those with advance training in a particular field. These services are generally accessed by referral from a primary care provider.
- Clinically Competent:** An NP possessing and exercising the degree of learning, skill, care and experience ordinarily possessed and exercised by a member of the appropriate discipline in clinical practice.
- Holding out:** State authorization to use the title of Nurse Practitioner after having met the standards as set forth by the Board of Registered Nursing Business and Professions Code *Section 1482*
- Supervising Physician:** The physician will be responsible for the overall supervision of the NP furnishing activities. It shall be the responsibility of the Dept Chair or his/her designee to evaluate the NPs that work in his/her dept. The supervising physician will have privileges in the area that the NP is working.
- Standardized Policies** refers to the terms of employment, policies and practice guidelines agreed upon by the Nurse Practitioner representative and the Physician Chair of the Medical Executive Committee. In addition to this policy, all NP are subject to medical staff rules, regulations, and bylaws.

I. Standardized Procedures refers to the combination of practice policies and practice procedures. The policies and protocols are formulated by the organized health care system for the performance of standard procedures as specified by the Business and Professional code section 2725. Standardized procedures are the legal mechanisms for NP to perform functions that would otherwise be considered the practice of medicine. A signed copy of the standardized procedures will be maintained in the Medical Staff office.

Nurse Practitioner

Standardized Policies and Procedures

I. **References**.....

1. *California Business & Professions Code Sections 2834-37, 2725.1*
2. *California Code of Regulations Title 16 Sections 1470-1474*
3. *California Code of Regulations Title 16 Sections 1480 –1485*
4. *California Health and Safety Code Section 11026, 11150, 11200*
5. *California Businesses and Professions Code Section 4040, 4060-61, 4174*

II. **Purpose**

This document is to establish the legal authority for performance of standardized procedures by Nurse Practitioners at CCRMC.

III. **Method of Document Development**

Standardized Procedures have been revised after review of the laws and regulations of the State of California. These standardized procedures were written utilizing process protocols. In process protocols, clinical judgment is used in the performance of a given function and, therefore, consistent with the philosophy and actual practice of the Nurse Practitioner and his/her colleagues at Contra Costa Regional Medical Center and Health Centers. Input into the revision of the standardized procedures was obtained from Nurse Practitioners, Physicians and Administration.

II. Policies

A. Qualifications

To utilize these standardized the Nurse Practitioner must possess a current California R.N. license, be Certified by the California Board of Registered Nursing as a Nurse Practitioner, and be a graduate of a nurse practitioner program which meets California state regulations. This certification by the Board of Registered Nursing documents the competency of the Nurse Practitioner to perform under the Standardized Procedures. CCR 1480 (b)

B. Furnishing

To furnish and dispense drugs and devices under these standardized procedures, the qualified Nurse Practitioner must possess a valid Nurse Practitioner Furnishing number, issued by the California Board of Registered Nursing. Furnishing privileges are granted and reviewed through the credentialing process.

The Nurse Practitioner may furnish drugs and devices on the CCRMC Formulary, including non-prescription drugs, alternate medications not on the formulary that meet with accepted community standards, and Schedule II though V controlled substances if they possess a DEA license.

The list of Nurse Practitioners authorized to furnish will be maintained by the Credentials Coordinator at the Contra Costa Regional Medical Center. The *Statement of Approval and Agreement* signed by the nurse practitioner will serve as the document of record.

No supervising physician will supervise more than four (4) advance practice RN at one time for the purposes of furnishing. The physician in conjunction with the NP determines the extent of the supervision in connection with furnishing or ordering of drugs and devices. [Reference: Business and professional Code Nurse-Midwife Section 2746.51 (b) (3) and Nurse Practitioner Section 2836.1 (g) (2).]

V. Scope of Practice

The Nurse Practitioner is qualified to perform functions within their training including specialty areas, consistent with their competency, experience and credentials. The Nurse Practitioner performs the assessment, the physical examination, determines a treatment plan by ordering lab, imaging studies or other modalities as needed to treat and provide case management.

The *Scope of Practice* of the nurse practitioner shall be in accordance with these standardized procedures, and shall not exceed clinical expertise, clinical privileges or licensure.

VI. Standardized Procedures

A. All standardized procedures are to be approved in writing, dated, and signed by the NP, dept chair, and MEC chair. The standard procedures will be reviewed every three (3) years and when modification is deemed necessary.

B. A written record of these Standardized Procedures, the list of nurse practitioners authorized to perform them, and a copy of each practitioner's license and applicable certifications will be kept in the Medical Staff Office

See An Explanation of Standardized Procedure Requirements for Nurse Practitioner Practice NPR-B-20 12/1998.

"Nurse Practitioners who meet the education standards and are certified by the BRN are prepared to provide primary health care, (CCR 1480 b), that which occurs when a consumer makes contact with a health care provider who assumes responsibility and accountability for the continuity of health care regardless of the presence or absence of disease.

I. Standard of Care

The nurse practitioner will provide medical services, furnish medications, *order durable medical equipment, certify disability and provide and manage home health or personal care services*, in accordance with the laws and regulations of the State of California and accepted standards of practice in the community.

VII. Setting

The nurse practitioner will provide medical care in Contra Costa Regional Medical Center Health Centers and Public Health Clinic Services. The setting may also include and is not limited to home visits and skilled nursing facilities.

VIII. Supervision/Collaboration

- Nurse Practitioners will collaborate and consult as needed with the supervising physicians, other experienced clinician, or the designee of the physician head in the NP's clinical practice area(s).
- The furnishing/ordering of drugs or devices occurs under physician supervision.
 - A. The Nurse Practitioner and Physician practice collegially and in collaboration
 - B. Consultation is provided by clinicians with expertise either personally, electronically, or by telephone.

1. Consultations are sought whenever situations arise which are beyond the competence or scope of practice of the Nurse Practitioner or when the patient condition fails to respond to the management in a timely manner, or at any time the patient, nurse practitioner, or supervising physician makes the request.
2. When consultation is obtained, NP must document the consultation with the consultant's name in the medical record.
- C. Review of medical records, peer review and quality assurance pursuant to the Medical Staff bylaws complete the overall supervision process.

III. Evaluation

Evaluation of Nurse Practitioners authorized to perform standardized procedure functions occurs via Focused Professional Practice Evaluation (FPPE) and Ongoing Professional Practice Evaluation (OPPE) as outlined in the Medical Staff bylaws. All Evaluations should be performed by the Dept or division Chair (or his/her designee) and should be documented in the employees file in the Medical Staff Office. Evaluations are based on peer review, quality assurance chart reviews, focused professional practice evaluation, and attendance of dept meetings.

X. Record Keeping

The NP will be held responsible for documentation in the medical records as outlined in the medical staff bylaws. A countersignature is not necessary unless specified by legal requirement statutes.

XI. Review Process

This document is to be reviewed by IPC every three (3) years. The Standardized Procedure Statement of Approval Document is signed both at the time of hiring the Nurse Practitioner and when significant modifications to this document have been made.

Appendix I

Setting: Outpatient Care (primary and subspecialty clinics)

The Nurse Practitioner (NP) is responsible for the assessment of patients in the outpatient clinics at CCRMC. The NP performs physical examinations, confers with patients in person and by phone/electronically, collaborates and participates in the overall coordination of patient care. NP can be primary care providers (PCP) for patients and subspecialty consultants for all providers at CCRMC.

Standardized procedures include but are not limited to the following:

I. Data Base: The following information should be collected and documented in the medical record.

- A. Subjective Data
 - i. Patient report of history and symptoms
 - ii. Pertinent health and social history
- B. Objective Data
 - i. Physical exam, appropriate for disease process
 - ii. Review physiologic parameters, laboratory results, diagnostic test results, other pertinent test data
- C. Assessment
 - i. Diagnosis consistent with subjective/objective data
 - ii. Assessment of disease status
- D. Plan
 - i. Diagnostic
 - ii. Laboratory tests and other diagnostic studies
 - iii. Consultation as needed from other health care providers
 - iv. Initiation of referrals as appropriate
- E. Treatment
 - i. Administration of medications/devices or procedures
 - ii. Dietary/Activity prescription as indicated by disease process and client condition
 - iii. Consultation/Follow-up appointments as appropriate
 - iv. Allied health care referrals as appropriate
- F. Patient/Family Education
 - i. Provide information on diagnosis, disease course, expected outcomes, and prevention
 - ii. Provide information on medications, treatment measures, and devices
 - iii. Provide information on activities, disease prevention, lifestyle counseling, and support groups as appropriate
 - iv. Provide and educate on referrals/follow-up care as necessary
 - v. Inform and update patient/family regarding the patient's condition, progress, and ongoing management

vi. Obtain informed consent for treatments/procedures the NP is authorized to perform

II. Procedures:

- NP may perform any procedure for which he or she has been granted privileges by the Medical Staff.

III. Medication Management:

- See attachment for drug classes used at CCRMC.
- The NP may initiate, alter, discontinue, and renew medications and devices in accordance with standard practice.
- The NP may consult as needed.

IV. Supervision:

The NP is authorized to perform any and all standardized procedures, without direct or immediate supervision of a physician, except where otherwise mentioned in this document.

II. Evaluation:

- A. Per Medical Staff rules, regulations and bylaws.
- B. A procedure log *may* be kept by the nurse practitioner for the purposes of requesting new privileges.

VI: Consultation:

Consultation should take place when:

- Emergencies occur , after initial stabilization of the patient
- Whenever a situation goes beyond the intent of these guidelines or the scope of practice/experience of the nurse practitioner
- Whenever the patient fails to respond to the management plan in an expected amount of time
- Whenever the patient, physician, or nurse practitioner's request

Appendix II: (excluding Midwifery OB-Gyn which has a separate SP)

Setting: Contra Costa Regional Medical Center inpatient units

General Description of NP duties and responsibilities in the inpatient unit

- A. The NP is a specially trained member of the inpatient health care team equipped with skills in the gathering of historical patient information, physical assessment, medical diagnosis, and psychosocial assessment which are used to deliver primary health care, preventative health care, assess general medical and surgical disorders.
- B. NP is expected to recognize deviations from a clinical course that require physician consultation or referral.
- C. NP works in an interdependent fashion with all inpatient disciplines, attending physicians, and resident physicians to promote optimal health in the inpatient setting.
- D. The Nurse Practitioner will be responsible for the inpatient medical care of medical, surgical, or psychiatric patients admitted to Contra Costa Regional Medical Center. This care includes the following: (1) admission history & physical exam with co-signature by attending/admitting physician; (2) daily assessment and continuous development of a plan of care; (3) discharge including an appropriate plan for transition out of the hospital, (4) timely and comprehensive documentation of the care provided on a daily basis.

Minimum qualifications for inpatient units

- A. Advanced Cardiac Life Support Provider (ACLS) certification
- B. Possession of a valid DEA license

Standardized procedures include but are not limited to the following:

I. Data Base: The following information should be collected and documented in the medical record.

- E. Subjective Data
 - i. Patient report of history and symptoms
 - ii. Patient medical records including past medical history, social history
- F. Objective Data
 - i. Physical exam, appropriate for disease process
 - ii. Review physiologic parameters, laboratory results, diagnostic test results, other pertinent test data
- G. Assessment
 - i. Diagnosis consistent with subjective/objective data
 - ii. Assessment of disease status
- H. Plan
 - i. Diagnostic
 - ii. Laboratory tests and other diagnostic studies

- iii. Consultation as needed from other health care providers
- iv. Initiation of referrals as appropriate

E. Treatment

- i. Administration of medications/devices and/or procedures
Dietary/Activity prescription as indicated by disease process and client condition
- ii. Consultation/Follow-up appointments as appropriate
- iii. Allied health care referrals as appropriate

F. Patient/Family Education

- vii. Provide information on diagnosis, disease course, expected outcomes, and prevention
- viii. Provide information on medications, treatment measures, and devices
- ix. Provide information on activities, disease prevention, lifestyle counseling, and support groups as appropriate
- x. Provide and educate on referrals/follow-up care as necessary
- xi. Inform and update patient/family regarding the patient's condition, progress, and ongoing management
- xii. Obtain informed consent for treatments/procedures the NP is authorized to perform

II. Procedures:

- A. NP may perform any procedure for which he or she has been granted privileges by the Medical Staff.

III. Medication Management:

- 1. The NP may initiate, alter, discontinue, and renew medications and devices in accordance with standard practice.
- 2. The NP may consult as needed.
- 3. See attachment for drug classes used at CCRMC.

IV. Supervision:

The NP is authorized to perform any and all standardized procedures, without direct or immediate supervision of a physician, except where otherwise mentioned in this document.

III. Evaluation: Per Medical Staff rules, regulations and bylaws.

- A procedure log of invasive procedures may be kept by the NP for review, if the NP has not reached competency for that procedure.

VI: Consultation:

Consultation should take place when:

- A. Emergencies occur, after initial stabilization of the patient
- B. Whenever a situation goes beyond the intent of these guidelines or the scope of practice/experience of the nurse practitioner

- C. Whenever the patient fails to respond to the management plan in an expected amount of time
- D. Whenever the patient, physician, or nurse practitioner's request

Protocols Template

Setting: _____

General Description of NP duties and responsibilities here: _____

Standardized procedures include but are not limited to the following:

I. Data Base: The following information should be collected and documented in the medical record.

I. Subjective Data

- i. Patient report of history and symptoms
- ii. Patient medical records including past medical history, social history

J. Objective Data

- i. Physical exam, appropriate for disease process
- ii. Review physiologic parameters, laboratory results, diagnostic test results, other pertinent test data

K. Assessment

- i. Diagnosis consistent with subjective/objective data
- ii. Assessment of disease status

L. Plan

- i. Diagnostic
- ii. Laboratory tests and other diagnostic studies
- iii. Consultation as needed from other health care providers
- iv. Initiation of referrals as appropriate

E. Treatment

- iv. Administration of medications/devices or procedures
Dietary/Activity prescription as indicated by disease process and client condition
- v. Consultation/Follow-up appointments as appropriate
- vi. Allied health care referrals as appropriate

F. Patient/Family Education

- xiii. Provide information on diagnosis, disease course, expected outcomes, and prevention
- xiv. Provide information on medications, treatment measures, and devices
- xv. Provide information on activities, disease prevention, lifestyle counseling, and support groups as appropriate
- xvi. Provide and educate on referrals/follow-up care as necessary
- xvii. Inform and update patient/family regarding the patient's condition, progress, and ongoing management

-
- xviii. Obtain informed consent for treatments/procedures the NP is authorized to perform

II. Procedures:

B. NP may perform any procedure for which he or she has been granted privileges by the Medical Staff.

C. The NP may perform the following types of procedures in [insert clinical area]:

IV. Medication Management:

A. See attachment for drug classes used at CCRMC.

B. The NP may initiate, alter, discontinue, and renew medications and devices in accordance with standard practice.

C. The NP may consult as needed.

IV. Supervision:

The NP is authorized to perform any and all standardized procedures, without direct or immediate supervision of a physician, except where otherwise mentioned in this document.

V. Evaluation: Per Medical Staff rules, regulations and bylaws.

(please indicate if there are any particular evaluations specific for your dept)

- A procedure log of invasive procedures should be kept by the NP for review, if the NP has not reached competency for that procedure.

VI: Consultation:

Consultation should take place when:

E. Emergencies occur, after initial stabilization of the patient

F. Whenever a situation goes beyond the intent of these guidelines or the scope of practice/experience of the nurse practitioner

G. Whenever the patient fails to respond to the management plan in an expected amount of time

H. Whenever the patient, physician, or nurse practitioner's request

MEDICATIONS FOR USE AT CCRMC

The following is a listing of the classes of medications for use by nurse practitioners at CCRMC. The specific drugs listed below are examples only and should not be construed as the only medications/drugs are available for use.

I. Alternatives	<i>Herbal products, probiotics</i>
II. Anti-infective	<i>Antifungal, amebicides, antibiotics, antimalarial, antiviral</i>
III. Anti-neoplastic	<i>Monoclonal antibodies, antimetabolites, alkylating agents, Hormone and hormone antagonists, miscellaneous</i>
IV. Biologicals	<i>Recombinant human erythropoietin. Anti TNF agents,</i>
V. Cardiovascular agents	<i>Anti arrhythmic, antihypertensive, diuretics, antihyperlipidemics</i>
VI. Central Nervous System Agents	<i>Antipyretic, analgesics, anticonvulsants, antiemetic</i>
VII. Coagulation Modifiers	<i>Lovenox, heparin</i>
VIII. Gastrointestinal	<i>Laxatives, anticholinergic, PPI, H2 blockers</i>
IX. Genitourinary	<i>Tocolytics, impotency,</i>
X. Hormones	<i>Sex hormones, thyroid, adrenal cortical steroids, ovulation stimulants</i>
XI. Immunologic Agents	<i>Immunoglobulins, vaccines</i>
XII. Immunosuppressive agents	<i>Interleukin inhibitors, TNF alpha inhibitors</i>
XIII. Metabolic Agents	<i>Insulin, sulfonylureas, Other anti diabetic agents</i>

XIV. Nutritional Products	<i>Formula, vitamins</i>
XV. Psychotherapeutic	<i>Antidepressants, anti-anxiety, antipsychotics</i>
XVI. Radiological Agents	<i>Contrast</i>
XVII. Respiratory Agents	<i>Anti-tussives, bronchodilators</i>
XVIII. Topical agents	<i>Topical antifungals, emollients, topical antibiotics, steroids, vitamin D analogues, analgesics, exfoliates</i>
XIX. Nasal Preparations	<i>Antihistamines, steroids, mast cell stabilizers</i>
XX. Ophthalmic Preparations	<i>Steroids, mydriatics, antibiotics</i>
XXI. Otic Preparations	<i>Cerumen lytics, otic anesthetic, antibiotics</i>
XXII. Vaginal Preparations	<i>Vaginal anti-infectives , hormones</i>

DOCUMENTS

- **MEC APPROVAL AND AGREEMENT**
- **INTERDISCIPLINARY PRACTICE COMMITTEE AGREEMENT**
- **NURSE PRACTITIONER APPROVAL AND AGREEMENT**

**Contra Costa Regional Medical Center
and
Health Centers**

- 1. MEDICAL EXECUTIVE COMMITTEE**
- 2. STATEMENT OF APPROVAL AND AGREEMENT**

The Medical Executive Committee, on behalf of the Medical Staff, the Nursing Department, and the Administration of Contra Costa Regional Medical Center and Health Centers, hereby approve the Contra Costa Regional Medical Center and Health Centers' Standardized Procedures document dated April 2014.

By approval, the Medical Executive Committee agrees that nurse practitioners, when providing medical care in this facility, shall function in accordance with these Standardized Procedures. Accordingly, Contra Costa County Regional Medical Center and Health Centers agree to provide the appropriate level of physician consultation.

Chair, Medical Executive Committee

Date

**Contra Costa Regional Medical Center
and
Health Centers**

- 3. INTERDISCIPLINARY PRACTICE COMMITTEE**
- 4. STATEMENT OF APPROVAL AND AGREEMENT**

The Interdisciplinary Practice Committee, on behalf of the Medical Staff, the Nursing Department, and the Administration of Contra Costa Regional Medical Center and Health Centers, hereby approve the Contra Costa Regional Medical Center and Health Centers' Standardized Procedures document dated April 2014.

By approval, the Interdisciplinary Practice Committee agrees that nurse practitioners, when providing medical care in this facility, shall function in accordance with these Standardized Procedures. Accordingly, Contra Costa County Regional Medical Center and Health Centers agree to provide the appropriate level of physician consultation.

Chair, Interdisciplinary Practice Committee

Date

