

THE NP

SURVIVAL GUIDE



TO NCBON COMPLIANCE REVIEW AUDITS

FIRST AND ONLY RULE:



BE PREPARED

This guide can optimize your success in compliance with NP Rules and Regulations.

Always be prepared by having the following documentation in your NP Notebook (current documentation and that of the previous 5 years):

CONTINUING EDUCATION

COLLABORATIVE PRACTICE AGREEMENT

QUALITY IMPROVEMENT MEETINGS

CONTINUING EDUCATION

NP Rule 21 NCAC 36.0807 states that the nurse practitioner shall earn 50 contact hours of continuing education each year. At least 20 hours of the required 50 hours must be those hours for which approval has been granted by the American Nurses Credentialing Center (ANCC) or Accreditation Council on Continuing Medical Education (ACCME) or other national credentialing bodies or practice relevant courses* in an institution of higher learning.

Nurse practitioners may choose to obtain formal continuing education credits from the above bodies for the full 50 hours, or they may choose to complete the following activities for all or any part of the 30 hours that do not have to meet the formal criteria.

- Five (5) hours - Clinical Presentations – Designing, developing and conducting an educational presentation or presentations for health professionals totaling a minimum of 5 contact hours
- Preceptor hours – with validation from educational program – up to 30 hours
- Five (5) hours - author on a journal article or book chapter published during renewal year
- Fifteen (15) hours - primary or secondary author of a book published during renewal year
- Ten (10) hours – Completion of an Institutional Review Board (IRB) approved research project related to your certification specialty
- Five (5) hours - Professional volunteer service during renewal year with an international, national, state or local health care related organization in which your NP or certification specialty expertise is required. Examples of accepted volunteer activities include board of directors, committees, editorial boards, review boards or task forces

Initial or recertification in Basic Life Support (BLS) does not count toward NP continuing education credit.

Only initial certification in Advanced Cardiovascular Life Support (ACLS) and Pediatric Advanced Life Support (PALS) will count toward NP continuing education credit if one has obtained a certificate with the date completed and number of contact hours provided.

*Semester credit converted to contact hours:

One semester credit = 15 contact hours

One quarter credit = 7.5 contact hours



KEEP CURRENT AND PREVIOUS
CE DOCUMENTATION IN NP
COMPLIANCE NOTEBOOK

**50 CONTACT HOURS
ARE REQUIRED FOR NP
RENEWAL CYCLE (BIRTH
MONTH TO BIRTH
MONTH)**

**CE DOCUMENTATION
MUST PROVIDE YOUR
NAME AND NUMBER
OF CONTACT HOURS
OBTAINED**

**ONLY THOSE CONTACT
HOURS OBTAINED
DURING THE CURRENT
NP RENEWAL CYCLE CAN
BE APPLIED TO SAID
CYCLE.**

Anatomy of the Acceptable Contact Hour Certificate

ECC Example Certification Corporation

The Example Certification Corporation
123 Nowhere Street, Suite 245
LivingLarge, NY 12547
Certificate of Completion

The certificate must be approved by the Nurses Credentialing Center (ANCC) or Accreditation Council on Continuing Medical Education

**Why Nurse Practitioners Are Awesome:
NPs and the Clinical Setting**

Must be a practice relevant contact hour course

JANE DOE, MSN, FNP-BC, RN

The NP must have his or her name on the certificate

has successfully completed the offering listed and has been awarded 5 contact hours on 11/2/2015.

Contact hours must be listed as well as the date the course was completed

The certificate must be approved by the Nurses Credentialing Center (ANCC) or Accreditation Council on Continuing Medical Education (ACCME) or other national credentialing bodies for a specific amount of contact hours (in this case 5).

The approval language would be stated on the certificate

COLLABORATIVE PRACTICE AGREEMENT

- Is your current CPA document signed and dated by you (the NP) **and** your primary supervising physician?
- If you have been in this specific approval longer than 1 year, have you evidence of annual reviews of the CPA document? The evidence can either be a signature sheet appended to the CPA signed and dated by you (the NP) **and** the primary supervising physician, or individual CPAs for each year signed and dated as mentioned.
- Does your CPA describe how you (the NP) **and** your primary supervising physician are continuously available to each other?
- Does your CPA include drugs, devices, medical treatments, tests, and procedures that may be prescribed, ordered, and performed by you (the NP)?
- Does your CPA include a predetermined plan for emergency services



Keep signed/dated initial and annually reviewed CPAs in NP Compliance Notebook!

CPA MUST BE SIGNED AND DATED BY NP AND PRIMARY SUPERVISING PHYSICIAN

CPA MUST BE REVIEWED YEARLY (SIGNED/DATED BY NP AND PRIMARY SUPERVISING PHYSICIAN)

CPA MUST INCLUDE

- **Drugs**
- **Devices**
- **Medical treatments**
- **Tests**
- **Procedures**
- **Pre-determined plan for emergency services**
- **How the NP and primary are continuously available to each other**

THE FOLLOWING IS ONLY AN EXAMPLE OF A CPA.

BY NO MEANS SHOULD THIS DOCUMENT BE USED AS IS.

YOU AND YOUR PRIMARY SUPERVISING PHYSICIAN MUST DESIGN A CPA SPECIFIC TO YOUR EDUCATION, CERTIFICATION, AND PRACTICE.

EXAMPLE— Collaborative Practice Agreement

This is a collaborative practice agreement between _____, **RN, MSN, ANP-BC** and **Dr.**_____.

I. Demographic Information

Name: _____, **MSN, ANP-BC, RN**

N.C. NP Approval Number: _____

Primary Supervising Physician: **Dr.**_____

Office Practice Site:

Setting

The NP will function within the following facilities:

Look for the words in red font! They indicate the elements required in a CPA.

- **Drugs**
- **Devices**
- **Medical treatments**
- **Tests**
- **Procedures**
- **Pre-determined plan for emergency services**
- **How the NP and primary are continuously available to each other**

Scope of Practice

1.As a certified adult nurse practitioner (ANP-BC), _____ will provide acute care services and chronic disease management to patients admitted under the care of Dr. _____ at the above listed facilities.

2.Patients that the NP will see will range in age from 14-100.

3.The most common clinical problems noted at the LTC facilities include Alzheimer's, pneumonia, urinary tract infections, depression, hypertension, diabetes, and multiple psychiatric conditions (schizophrenia, bipolar, mental retardations, cerebral palsy, etc). Management of patients will be handled in the following manner: Upon admission to the LTC facility, a complete review of the medical record, including computerized documents from hospitalizations and discharge summaries, will be performed. Admission orders will be verified and/or written, based on information provided within the dictated discharge summary from the referring service and/or information contained within the medical record, in combination with the NP's assessment of their ongoing medical needs. Clarification of appropriate orders or documented history, if needed, will be obtained from the referring service by telephone contact. Therapy regimens will be developed after initial assessment by PT/OT.

NP/Primary Supervising Physician Availability

The NP and the supervising MD aforementioned will:

1. Collaborate in regards to care of the patients under our care at the listed LTC facilities.
2. The NP will consult with her primary supervising physician and/or backup supervising physician in any situation in which she feels uncertain regarding management of any patient problem or concern.
3. The PRIMARY SUPERVISING PHYSICIAN will evaluate care given by the NP by reviewing notes written by the NP and reviewing patient cases as needed.
4. Both parties will communicate continuously by direct communication or telecommunication.

In the event the supervising MD is unavailable, these standards will apply to the backup supervising MD with whom the NP is working.

Special Clients

The following patients will only be seen by the primary supervising physician or backup supervising physician, or by the NP in direct consultation with the primary supervising physician:

Any patient who has a life threatening change in their medical status: severe hypo/hypertension, hypoglycemia, chest pain, severe hypoxia minimally or unresponsive to oxygen therapy, projectile emesis, fever >102 degrees.

Emergency Services

If a patient's status deteriorates to a point where the offending problem can not be safely managed within the LTC facility, the NP will proceed to arrange for the patient to be transferred back to acute inpatient care. In the event of cardiac or respiratory arrest, the NP will notify the primary supervising physician or backup supervising physician and adhere to the policy of the LTC facility.

Prescribing Authority

_____, RN, MSN, ANP-BC will be authorized to prescribe drugs as follows:

Drugs that may be prescribed must be included in the protocols approved by the NP and primary supervising physician.

Controlled substances (Schedules II, IIN, III, IIIN, IV, V) may be prescribed or ordered as written in the written protocols as long as the following are met:

DEA number must be included on each controlled substance prescription.

Dosage units for Schedule II, IIN, III, and IIIN are limited to a thirty day supply. No refills are allowed on Schedule II, IIN.

Look for the words in red font!
They indicate the elements required in a CPA.

- Drugs
- Devices
- Medical treatments
- Tests
- Procedures
- Pre-determined plan for emergency services
- How the NP and primary are continuously available to each other

The **drug** categories that may be prescribed/ordered include: hypoglycemics/insulin, antiseizure, antihypertensives, antihistamines, antipsychotics, antidepressants, antibiotics,

The **devices** that may be ordered/prescribed include: DVAC therapy, OT supplies (reacher, sock aide, shoe horn,

The **tests** that may be ordered/prescribed include:

The **medical treatments** that may be ordered/prescribed include:

The **procedures** that may be ordered/prescribed include:

Look for the words in red font!
They indicate the elements required in a CPA.

- Drugs
- Devices
- Medical treatments
- Tests
- Procedures
- Pre-determined plan for emergency services
- How the NP and primary are continuously available to each other

Documentation Requirements

This collaborative practice agreement **must be reviewed at least yearly and acknowledged by a signed dated sheet.** This signed and dated CPA must be kept at the practice site.

Approval Statement

We, the undersigned, agree to the terms of this collaborative practice agreement as set forth in this document.

Primary Supervising Physician Signature: _____

Date: _____

Nurse Practitioner Signature: _____

Date: _____

QUALITY IMPROVEMENT MEETINGS

- Have you provided copies of your documented QI meetings between you (the NP) **and** your supervising physician that are to be held every month for the first six months of your collaborative practice agreement?
- Do your documented QI meetings address clinical problem(s) discussed; progress toward improving outcomes; and recommendations, if any, for changes to treatment?
- Are these documented QI meetings signed and dated by those who attended (in particular, you **and** your primary supervising physician)?



Keep all signed/dated
QI Meetings in
NP Compliance Notebook!

WHEN YOU ADD OR CHANGE PRIMARY SUPERVISING PHYSICIANS, YOU MUST HOLD AND DOCUMENT QI MEETINGS AS FOLLOWS:

- **Monthly for the first six months**
- **Every six months thereafter**

QI MEETING DOCUMENTATION MUST INCLUDE:

- **Discussion of clinical problems (practice relevant)**
- **Progress toward outcomes**
- **Recommendations, if any, for changes in treatment**
- **Signatures/dates of NP **and** primary supervising physician**

SAMPLE

NURSE PRACTITIONER QI MEETING FORM

QUALITY IMPROVEMENT PROCESS – DOCUMENTATION FOR MEETINGS SHALL INCLUDE:

1. CLINICAL ISSUES DISCUSSED (practice relevant clinical issues):

56-year old male with known HF involving both ventricles admitted with shortness of breath and jaundice with elevated alkaline phosphatase (250), direct bilirubin (4.8), and GGT (162) was found on presentation. No nausea, vomiting or history of alcohol abuse.

Treatment interventions discussed:

Shortness of breath: Secondary to acute HF decompensation and significantly improved with diuresis.

Jaundice: Abdominal ultrasound demonstrated gallstones in the gallbladder with no biliary dilation. Liver echo texture was normal.

2. PROGRESS TOWARD IMPROVING OUTCOMES:

Initially, the elevated liver enzymes were considered obstructive in nature. Subsequently, based on ultrasound, it was thought to be congestive. Plan was to continue to diurese and discharge once stabilized. Outpatient recommendations: follow-up LFT's in 4-6 weeks and if still elevated, obtain viral hepatitis serologies.

3. RECOMMENDATIONS (IF ANY) FOR CHANGES IN TREATMENT PLAN:

Hospital day #7: Enzymes remain evaluated. GI consult was obtained for more definitive exclusion of obstructive jaundice with MRCP and laboratory studies including viral hepatitis serologies, iron studies, thyroid-stimulating hormone, anti-nuclear antibodies, and antimitochondrial antibodies.

Nurse Practitioner Signature

Date

Primary Supervising Physician Signature

Date

NURSE PRACTITIONER

QI Meeting Form

Template

QUALITY IMPROVEMENT PROCESS – DOCUMENTATION FOR MEETINGS SHALL INCLUDE:

1. CLINICAL ISSUES DISCUSSED (practice relevant clinical issues):

2. PROGRESS TOWARD IMPROVING OUTCOMES:

3. RECOMMENDATIONS (IF ANY) FOR CHANGES IN TREATMENT PLAN:

SIGNATURE(S) OF THOSE ATTENDED AND DATES:

Nurse Practitioner Signature

Date

Primary Supervising Physician Signature

Date

Questions?

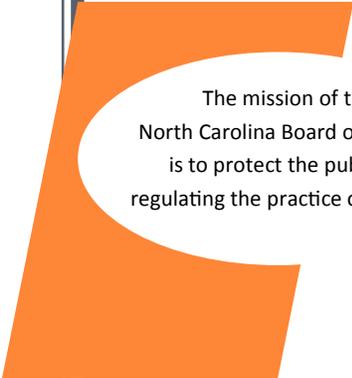
North Carolina Board of Nursing

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**Answers
Available!**



The mission of the
North Carolina Board of Nursing
is to protect the public by
regulating the practice of nursing.