



MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

SAMPLE PROTOCOL

The following is a sample protocol intended to provide physicians an idea of what the Board expects in the layout and content of a protocol. It is not the intent of the Board to provide this protocol so that a physician simply copies the material contained herein nor to suggest that the arrangement discussed in this example is the ideal arrangement. Each protocol should be custom tailored to your situation, as there is no universal protocol:

COLLABORATIVE PRACTICE PROTOCOL

The following guidelines address the implementation of the Advanced Practice Registered Nurse (APRN) and physician collaborative relationship between APRN Name and Credentials of APRN Clinic Name, located in the city of City, MS, and Physician Name and Credentials/Specialty Area, of Physician Clinic/Primary Practice, located in the city of City, MS. The clinical site(s) will use Hospital Name, located in City, MS and its emergency services for the purposes of this collaboration.

The mission of APRN Clinic Name is: Mission and Purpose behind the collaboration.

The clinical APRN will work in collaboration with the physician named in this protocol to implement the aforementioned mission. The collaboration between the APRN and physician will be enforced through the following practice guidelines. It is the intent of this protocol to ensure complete compliance with all Administrative Code Rules and Regulations of both the Mississippi Board of Nursing, hereafter referred to as the "Nursing Board," and the Mississippi State Board of Medical Licensure, hereafter referred to as the "Medical Board."

Basic Practice Standards:

Basic practice standards are incorporated herein by reference. These encompass basic practice elements such as assessment and examination, diagnosis, treatment, referral and consultation as appropriate *within the APRN's scope of practice* as agreed herein. Attached to this protocol are any ancillary documents, including the APRN's Nursing Board documentation, to include all practice sites.

Hours of Operation and Emergency Provisions:

The standard clinic hours are from Open until Close, Days of the week open. (The physician's clinic) has Memorandums of Understanding with hospitals within 30 miles of the clinic or the collaborating physician has hospital privileges. The hospital arrangement for (APRN's clinic):

<u>Hospital Name</u>	The physician has privileges at (if different):	<u>Hospital Name</u>
<u>Address</u>		<u>Address</u>
<u>Contact Info</u>		<u>Contact Info</u>

Emergent patients that present to the clinics supervised by this physician are stabilized and treated per the protocol and within the APRNs scope of practice. Ambulance services are available for transport to the local emergency room. A backup referral and tertiary hospital is available. The tertiary hospitals have the following specialty departments: (list of specialties). The hospitals used in the State include: List of Hospitals.

Memorandums of Agreement for routine hospital services are with: List of Hospitals.

(APRN Clinic Name) has a list of specialty providers within the (designated metropolitan areas nearest the clinic) that are utilized for specialty care. In collaboration with the physician, the APRN will determine whether specialty care is necessary.

Methods of Collaboration

The physician collaboration with the APRN will be attained through a variety of means:

- A) Daily communication in person, if at all possible, or via telephone if necessary.
- B) Monthly chart audits as required by Administrative Code, to include a review of 10% or 20 charts, whichever is less, of a representative sample of the APRNs patient population for the given month. In recognizing a responsibility to prevent the diversion of controlled substances, the APRN will provide the physician a (number of agreed months duration) Prescription Monitoring Report on any patient the physician requests and for any patient chart audited by the physician during the usual course of collaboration.
- C) Monthly staff meetings with providers and support staff.
- D) In-service training and continuing education offerings.
- E) Quarterly meetings with the APRN as required by Administrative Code, including documentation of said meetings and the findings of said meetings. It is understood that any substantive findings generated from the meetings will be added to an updated protocol, which shall be updated once a year.

The primary collaborative physician will be contacted as needed for all conditions which exceed the APRN's scope of practice, exceed the agreed limitations of the scope of practice as outlined in this protocol or require consultation with specialists.

To ensure the continuity of the collaborative process, Backup/Secondary Physician and Credentials/Specialty Area, of City, MS, will serve as a secondary or backup physician in the event the primary collaborator is unavailable or outside the 15 miles as required by the Medical Board.

Review of Diagnostics:

The APRN will review with his/her primary collaborating physician, or his/her secondary physician in the absence of the primary physician, all abnormal or ambiguous findings in lab results, X-ray reports, adverse drug reactions, specialists referrals and hospitalization referrals, as deemed necessary by the collaborating physicians.

Life Threatening Emergencies / Ambulance Transport:

The APRN will perform cardiopulmonary resuscitation as necessary until emergency vehicles arrive. The APRN successfully completed the national cognitive skills examination in accordance with the Standards of the American Heart Association for Course C, Basic Life Support, (Date). Ambulance services will be utilized to transport patients to the designated hospital emergency room. The collaborative physician will be involved in all aspects of emergent care.

Liability Malpractice Coverage:

Malpractice coverage for (APRN name or associated clinic) and its employees is provided by _____
Liability coverage provider information _____.

Performance Improvement Plan / Scope of Collaboration:

As stated previously, the APRN and primary collaborating physician will comply with all Nursing Board and Medical Board Administrative Code regulations regarding the appropriate standard of review. The aforementioned chart review will encompass a comprehensive review which includes the following:

- HPI, ROS and/or Exam
- Assessment - Diagnosis codes
- Treatment Plan - Including Procedures (lab, X-rays, other imaging, etc.)
- Immunization Status when the patient is under the age of 18
- Billing Information - Visit Codes and/or Procedure Codes
- Next Appointment date
- Total Items Missed
- Birth Weight of Infants when appropriate
- Blood Pressure for Hypertensive Patients seen in the last six (6) months
- Entry into pregnancy appropriately documented
- EPSDT Preventive Medicine Screen
- HbA1C Test and Results for Diabetic Patients seen in the last six (6) months
- Lab Reports - Findings to be documented
- Pap Smear for the last two (2) years for women between 21 and 64
- Referral and/or followup
- Developmental screens
- Immunizations for patients less than 24 months
- Chief Complaint
- Medical History
- Social History
- Prescription Information / Prescribing Patterns / Patient Compliance

Five life cycles are monitored for health care and include: perinatal, pediatric, adolescent, adult and geriatric care. Current areas of special focus include: immunizations, hypertension, diabetes management, Pap Smears, low birth weight infants, trimester of first visit for prenatal visit and smoking. The volume of patients varies and is expected to be similar to other Family Practice clinics in the area.

Quarterly Meetings, as required by the Nursing Board and Medical Board, will be revised appropriately as regulation changes dictate. The collaborating physician(s) will ensure there is

documentation from the quarterly meetings which cover the following:

- Referrals to a specialist in another field
- Adverse drug reactions
- Prescribing patterns which require corrective action and/or the removal of certain drugs from the prescribing abilities of the APRN while in collaboration with the physician(s).
- Interpretation of conflicting or ambiguous diagnostic tests
- Hospitalization needs of certain patients
- Procedure changes
- Issues outside of the APRNs scope of practice or questions which generate medical, legal and/or ethical concerns

APRN Basic Functions:

The APRN will provide general physical exams, preventative care, diagnosis & treatment of episodic, short term and stable chronic health problems. Examples of such care include the treatment or the process of:

- Upper respiratory infections
- Pharyngitis
- Otitis Media
- Common skin conditions
- Asthma
- Diabetes Mellitus
- Flu
- Other infections
- Minor wound repair
- Suture removal
- Ear and eye wash
- Splinting

Examples of acute or unstable conditions in which the APRN will participate in the diagnosis with consultation and collaboration with the primary collaborative physician or a specialist as designated by the primary collaborating physician include:

- Fractures
- Severe abdominal pain

Ordering, Performing and Interpreting Laboratory Tests:

The APRN will order and interpret any test(s) necessary to the medical evaluation of the patient. Examples of laboratory and diagnostic tests that the APRN may order, perform or interpret include:

- Complete blood count
- Serum chemistry
- Thyroid function tests
- EKG
- X-rays
- Urine drug screening
- CTs
- MRIs

- Other preventative tests

The APRN has (number) years of experience in ordering, performing and interpreting diagnostic tests and has had didactic training in a baccalaureate nursing program in (training), as well as advanced preparation in a master's program as an advanced practice registered nurse and through continuing medical education in interpreting laboratory data.

Prescribing:

The APRN will prescribe medications as necessary and appropriate for a family practice office and in accordance with state and federal law. Examples of the types of medications prescribed include:

- Antihypertensives - such as Beta blockers, ACE inhibitors and α 1 Antagonist
- Diabetes medications
- Antibiotics
- Bronchodilators
- Diuretics
- Analgesics - such as NSAIDs and Acetaminophen agents
- Antihistamines
- Topical preparations - such as Anorectal agents
- Gastrointestinal agents - such as antacids and biological response modifiers

The APRN may order controlled substances covered by the APRN's Controlled Substance Registration with the U.S. Drug Enforcement Agency (DEA) after consultation and collaboration with the collaborating physician and will be limited to short-term, acute episodes. It is strictly understood that this protocol *does not allow* for the treatment of chronic pain or the prescribing of any narcotic analgesics.

By signing this document, the APRN and collaborating physician(s) stated above do hereby acknowledge their complete understanding of the Administrative Code regarding collaborative practice of both the Nursing Board and the Medical Board and are fully aware of all responsibilities stated therein. It is further understood that a corresponding responsibility rests with the collaborating physician(s) to ensure safe and responsible practice by the APRN.

Primary Physician

Date

License Number

Secondary Physician

Date

License Number

APRN

Date

License Number