

### **NURSE PRACTITIONER**

#### SCOPE OF PRACTICE

Name of Nurse Practitioner (Print)

Department

#### **DEFINITION**

A nurse practitioner is defined by law as someone who is registered with the New York State Education Department as a nurse practitioner. That person must meet the stipulations of Article 139, Section 6902 of the NYS Education Law as to the requirements of education and training to become a nurse practitioner. A nurse practitioner must maintain licensure as an RN.

A nurse practitioner is certified to practice in a specific specialty area. You may be authorized in more than one specialty.

Please indicate your specialty:

Acute /Critical Care	Adult Health	College Health	Community Health
Family Health	Gerontology	Holistic Care	Neonatology
Obstetrics/Gynecology	Oncology	Pediatrics	Palliative Care
Perinatology	Psychiatry	School Health	Women's Health

#### AGE RANGE OF POPULATION:

Adult Nurse Practitioners - Diagnosis, treat and manage the care of adults from about age 18 to the very elderly.

Pediatric Nurse Practitioners - Diagnosis, treat and manage the care of infant, children, adolescents and young adults up to about age 21.

Family Health Nurse Practitioners - Diagnosis, treat and manage the care of families and individuals across the life span.

Geriatric Nurse Practitioners - Diagnosis, treat and manage the care of older adults.

Age Range of Patient Population: (Please check) \_\_\_\_\_ Pediatric \_\_\_\_\_ Adult \_\_\_\_\_ Geriatric

#### PRACTICE RELATIONSHIPS

Effective January 1, 2015, the Nurse Practitioner Modernization Act removes the requirement for a written practice agreement between an experienced nurse practitioner (defined as 3,600 hours of practice or more) and a collaborating physician. An experienced nurse practitioner is required to attest that he or she has 3600 hours or more of experience and that he or she maintains a collaborating relationship(s) with a physician. The law does not explicitly address the previous limitation of the scope of a nurse practitioner's privileges to that possessed by the collaborating physician. Due to this fact, Kaleida Health will still require collaborating agreements between a nurse practitioner and collaborating physician under certain situations.

- A. New Appointment A collaborating agreement will be required for all newly appointed nurse practitioners. The General Indemnification Agreement will also be required for applicants who are not employed by Kaleida Health.
- **B.** Addition or Change of Department A collaborating agreement will be required when a nurse practitioner currently on staff adds or changes her department.
- **C. Reappointment** The Nurse Practitioner will need to attest to 3600 hours of practice in their current collaborating physician's department and the collaborating physician will need to sign the attestation.

#### **COMPETENCIES:**

A. Each Nurse Practitioner's qualifications shall be evaluated by the Department with which he/she is affiliated. The scope of practice which may be granted is limited by the Nursing Practice Act of New York State. A Nurse Practitioner must be certified with the American Nurses Credentialing Center (ANCC) or another national certification agency in their specialty prior to becoming a member of the Kaleida Health Medical/Dental Staff. Certification must be maintained to remain on the Kaleida Health Medical/Dental Staff.

### CORE PRIVILEGES

Registered Nurse Privileges	Obtain a relevant health and medical history
Initial and ongoing assessment of patient's medical,	Conduct non-invasive preventive screening procedures
physical, and psychosocial status	based on age and history
Perform a physical examination based on age and history	Update and record changes in health status
Identify medical and health risks and needs	Identify needs of the individual, family or community as a result of the evaluation of the collected data
Formulate the appropriate differential diagnosis based on the history, physical examination, and clinical findings.	Develop and provide a relevant patient education plan
Order and interpret appropriate diagnostic/laboratory tests within protocol guidelines and in collaboration with the collaborating physician	Prescribe non-pharmacologic therapies
Prescribe and/or administer pharmacologic agents	Determine the effectiveness of the plan of care through documentation of client care outcomes
Make appropriate referrals to other health professionals and community agencies	Participate in quality assurance review on a quarterly basis, including systematic review of records and treatment plans
Reassess and modify the plan as necessary to achieve medical and health goals	Pronouncement of death except that in the case of brain death, the patient shall be pronounced dead by a physician with privileges to determine brain death.
Discharge patients	Signing of death certificate except in those cases where such a certificate is issued by the medical examiner/coroner.
Limited admission privileges for patients in ambulatory Surgery or Observation status.	

Name: \_\_\_\_\_

# <u>LEVEL II PRIVILEGES</u> - The applicant must provide written documentation of current competence as noted for all procedures requested:

LEVEL II Privileges				
	Requested	Approved	*Not Approved	With Direct Supervision
MODERATE/CONSCIOUS SEDATION				
1. Providers seeking privileges in moderate/conscious sedation				
must complete either the ASA sedation course – cost \$199.00				
(www.asahq.org/education/online-learning/safe-sedation-				
training-moderate) or Medsimulation course – cost \$75.00				
(www.medsimulation.com) receiving a score of 85% or above.				
* Note: Providers completing the on-line training course				
provided by Medsimulation from other institutions receiving a				
score of 85% or higher will be accepted as an equivalent				
measure of acceptable knowledge for sedation privileges.				
2. Once the provider has successfully passed the course, he/she				
must send the certificate of course completion to the medical staff				
office via e-mail (medicalstaffoffice@kaleidahealth.org) or fax				
(859-5592 or 859-5593).				
3. In addition to demonstrating medical knowledge through				
completion of this course, providers must also maintain airway				
management skills through current completed training and				
certification in ACLS, ATLS or PALS. (ACLS is offered through				
Kaleida Health Corporate Clinical Education. Please call 716-				
859-5515 for information. You can also take either course online				
if you prefer. The following are just a few suggestions. You may				
be able to obtain this training somewhere else:				
https://promedcert.com/ \$179.00,				
www.buffalocpr.com/aclsatubcampus.html \$135.00 or				
www.wnyhe.com/courses/acls/ \$175.00.)				
4. After a four year period of privileging the provider must				
repeat either the ASA sedation course or Medsimulation course				
and receive a score of 85% or greater or a comparable course				
reviewed and accepted by the Chief of Anesthesiology. They				
must also maintain airway management skills through completed				
and current training and certification in ACLS, ATLS or PALS.				

# THE COLLABORATING PHYSICIAN MUST COMPLETE THIS SECTION by checking one of the following:

a) I, as collaborating physician, have personally observed \_\_\_\_\_\_ (applicant's name) in the clinical setting and can attest he/she has the cognitive skills appropriate.

Practitioner's Name (Print)	Practitioner's Signature	Date
Collaborating Physician's Name (Print)	Collaborating Physician's Signature	Date
Chief of Service Name (Print)	Chief of Service Signature	Date
Chairman, Advanced Practice Provider Con	mittee	Date

### SUBSPECIALTY FORMS ARE ATTACHED IF APPLICABLE

Minimal requirement is successful completion of a master's, post-master's or doctorate from a nurse practitioner program accredited by the Commission on the Collegiate of Nursing Education or the National League for Nursing Accrediting Commission with emphasis on the NP's specialty area.

SUBSPECIALTY PRIVILEGES	SUBSPECIALTY PRIVILEGES		
1.) Acute/Critical Care Medicine	10.) Orthopedic Surgery		
2.) Cardiology	11.) Otolaryngology		
3.) Cardiothoracic Surgery	12.) Pediatrics		
4.) Dermatology	13.) Family Medicine/Internal Medicine		
5.) Emergency Medicine	14.) Psychiatric and Behavioral Health		
6.) Neonatology	15.) Surgical (non-Critical Care)		
7.) Nephrology	16.) Women's Health		
8.) Neurology	17.) Neurosurgery		
9.) Hematology/Oncology	18.) Radiology		
Other: Privileges not listed on these forms, must be requested in writing with sufficient supporting documentation of training and/or experience to support the request			



#### For Your Information Re: Practice Agreements

New practitioners are required to establish a collaborative agreement with one physician prior to beginning practice and maintain that agreement in the practice setting(s) where it will be available for inspection by the State Education Department (SED). New practitioners are also required to submit Form 4NP-Verification of Collaborative Agreement and Practice Protocol only once to the SED's Office of the Professions no later than 90 days after beginning professional practice.

The collaborative agreement shall include provisions for referral and consultation, coverage for absences of either the nurse practitioner or the collaborating physician, resolution of disagreements between the nurse practitioner and the collaborating physician regarding matters of diagnosis and treatment, the review of a representative sample of patient records every three months by the collaborating physician, record keeping provisions and any other provisions jointly determined by the nurse practitioner and the physician to be appropriate.

You are also required to identify a protocol text, from the approved list as identified at <u>www.NYSED.gov</u> as your official practice protocol which must reflect the specialty area of practice as identified on your State Education Department issued nurse practitioner certificate. The approved protocol texts include provisions for case management, diagnosis and treatment of pathology in the specialty area. Additional protocols or textbooks which may be appropriate to the practice and/or employment setting may be used but need not be reflected in the collaborative agreement.

Questions about collaborative agreements and practice protocols may be referred to the State Board for Nursing by e-mailing <u>nursebd@mail.nysed.gov</u> or by calling 518-474-3817 ext. 120, or by faxing 518-474-3706.

**AGE RANGE LIMITATION REQUIREMENTS**: In special circumstances where the practitioner will be treating patients outside of Office of the Professions, NYS Education Department nurse practitioner age range limitations (Pediatric Nurse Practitioner - birth until 21st birthday; Adult Nurse Practitioner - 18th birthday and over; Geriatric Nurse Practitioner - 50th birthday and over), these unique circumstances must be documented in the Practice Agreement.

## Please note: The Practice Agreement and practice protocols submitted with your application must meet the criteria delineated above.