

## ***El Paso - Ambulatory Clinic Policy and Procedure***

Title: <b>MID LEVEL PROVIDER REQUIREMENTS AND INFORMATION: ADVANCED PRACTICE NURSES AND PHYSICIAN'S ASSISTANTS</b>	Policy Number: <b>EP 9.3</b>
Regulation Reference:	Effective Date: <b>8/2012</b>

### **Policy Statement:**

It is the policy of Texas Tech University Health Science Center at El Paso/Paul L. Foster School of Medicine to assure that all Mid-level Providers (Advance Practice Nurses and Physician Assistants), their departments and supervising physicians abide by all policies of the Texas Medical Board regarding Advance Practice Nurses and Physician Assistants; the Texas Board of Nursing regarding Advance Practice Nurses and by the Physician's Assistants Act for Physicians Assistants.

### **Scope and Distribution:**

This policy applies and will be distributed to all Texas Tech University Health Science Center at El Paso Clinics.

### **Abbreviations used:**

- MLP – Mid-level providers (clinical medical professional who provides patient care under the supervision of a physician)
- APN – Advanced Practice Nurses
- PA - Physician Assistant
- TMB – Texas Medical Board
- TBON – Texas Board of Nursing

### **Procedure:**

#### **A. Responsibilities:**

1. Physicians who agree to be supervising physicians for APN's or PA's must be familiar with and abide by the TMB rules regarding delegation of medical acts and the acts for APN's and PA's.
2. APNs and PAs are expected to be familiar with all rules and requirements of their respective boards and to follow these rules and requirements at all times.
3. Departments employing MLP's will assure that all requirements for clinical practice by MLP's are met and documentation of all aspects of their practice are kept in the Administrative office; including development of protocols, their completion, review and yearly signature. Protocols will be available in Administrative Offices and at Practice Sites. (Other requirements are noted on P.4 OP 60.07)
4. Supervising Physicians: may be responsible for supervision of no more than 3 APN's or 3 PA's.

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5. Physicians supervising PAs must:
  - a. Hold an unrestricted and active license as a physician in this state;
  - b. Notify the TMB of the physician's intent to supervise a PA;
  - c. Submit to the TMB a statement that the physician will:
    - i. Supervise the PA according to the medical board rule;
    - ii. Retain professional and legal responsibility for the care provided by the PA; and
    - iii. Receive approval from the medical board to supervise the PA. Approval will be kept on file in the department Administrative Office.

### **B. Orders and Protocols:**

(see: Texas Administrative Code; Examining Boards; Texas Board of Nursing Title 22 Part 11 Chapter 221, Physicians Assistants Act, TX Occupations Code Chapter 204 to 204.202 and TX Medical Board, Chapter 157 to 157.055)

According to 157.055 of the TMB Rules for Physicians supervising MLP's:

1. A protocol or other order shall be defined in a manner that promotes the exercise of professional judgment by the APN and PA commensurate with the education and experience of that person. Under this section, an order or protocol used by a reasonable and prudent physician exercising sound medical judgment;
  - a. is not required to describe the exact steps that an APN or a PA must take with respect to each specific condition, disease or symptom; and
  - b. may state the types or categories of medications that may be prescribed or the types or categories of medications that may not be prescribed.
2. APN's must be currently certified in their specific practice area and have a current RN license in order to provide medical care or services to patients and must practice within the advanced specialty and role appropriate to their advanced educational preparation.

When providing medical aspects of care, APN's will utilize mechanisms which provide authority for that care. These mechanisms may include but are not limited to protocols or other written authorization.

Protocols or other written authorization:

- a. should be jointly developed by the APN and appropriate physician;
- b. should be signed by both the APN and physician;
- c. reviewed and re-signed at least annually;
- d. maintained in the practice setting of the APN; and
- e. made available as necessary to verify authority to provide medical aspects of care.

(See: TX Administrative Code, TX Board of Nursing, 221.13)

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3. Physician's Assistants are the agent of the supervising physician for any medical services that are delegated by that physician and that:
  - a. Are within the PA's scope of practice; and
  - b. Are delineated by protocols, practice guidelines or practice directives established by the supervising physician.(See: Physicians Assistants Act, Occupations Code, Chapter 204 section 204.202, Scope of Practice)
  
4. Physicians may delegate to the qualified and properly certified PA or APN, acting under the physician's supervision, any medical act that a reasonable and prudent physician would find within the scope of sound medical judgment to delegate if, in the opinion of the delegating physician, the act can be properly and safely performed by the person to whom the act is delegated; is performed in its customary manner and is not in violation of any other statute.

### **C. Prescription Requirements:**

1. Prescriptions written by Mid Level Providers must contain at a minimum:
  - a. All requirements of the State Board of Pharmacy for prescriptions - see TTUHSC ACP4.09;
  - b. Name, address, telephone number of the Mid Level Provider;
  - c. Name, address, telephone number of the supervising physician; (need only be stated once if same)
  - d. Prescription authorization number of the Mid Level Provider;
  - e. DEA & DPS's numbers must be included for controlled substances. At the discretion of the MLP these may be preprinted on the prescription form.
  - f. Preprinted prescriptions will assure all of these items are included.
  
2. Prescriptions for Controlled Substances III to V may only be written for 30 a day maximum with no refills.

### **D. Identification:**

1. Advanced practice nurses will wear clear identification which indicates the individual is a Registered Nurse with the appropriate advanced practice designation authorized by the TBON. (for example: RN, FNP) This also applies to all forms of written communication.  
(Advanced Practice nurses may not use the designation APN but must use the authorized designation.)
  
2. PA will wear a name tag identifying them as a Physician's Assistant. (Under "Identification" the Physician's Assistant Act also states "the PA shall: Keep the PA license available at the PA's primary place of business.)

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**All provisions of HSC op 60.07 – Prescriptive Activities by Physicians Assistants and Advance Practice Nurses must be carried out by department and MLP's.**

Item #4 p 2 of HSC OP # 60.07 is reproduced below for easy reference to some key provisions of the policy.

Practice Site*			
Element Required or Specified	Primary Practice Site of Delegating Physician (Clinic or Office)	Facility Based Practice (Hospital or Long Term Care Center)	Medically Underserved Site
Schedules III, IV, V Controlled Subst & Dangerous Drugs	<b>X</b>	<b>X</b>	<b>X</b>
Protocols – w annual review	<b>X</b>	<b>X</b>	<b>X</b>
MD Chart Review	To be determined by physician or department	To be determined by supervising physician or department	10% Random countersignature
Weekly MD Visit	NA	NA	Every 10 business days w log/signature/QI Plan
PA & APN Prescription authorization #	<b>X</b>	<b>X</b>	<b>X</b>
DEA & DPS Number for controlled substances	<b>X</b>	<b>X</b>	<b>X</b>
MD Delegation to BME	<b>X</b>	<b>X</b>	<b>X</b>
Number of PA/ APN one MD may delegate to	3 FTE	3 FTE	3 FTE

\*from: Texas Medical Board, Chapter 157 – Authority of Physicians to delegate certain medical acts.

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#6 Procedure of HSC OP # 60.07 includes 6 items that must be in place.  
--- See policy for full text. -

1 – Department memorandum reviewed and renewed annually, noting approval of department chairperson for delegation by each supervising physician.

2 – Each MLP shall submit their “Application for Limited Prescriptive Authority” to their respective board and a copy of this document and the board approval will be on file in the department.

3 – Delegating physicians will complete the “Physicians Designation of Prescriptive Delegation” form and the approval will be on file in the department.

4 – Protocols, reviewed and signed yearly by MLP and supervising physician and will be in place in the department and at the primary practice site.

5 – Prescription forms will be prepared as required – pre-printed for each MLP.

6 – Proof of Malpractice Coverage in place.

Policy Number:	<b>EP 9.3</b>	Original Approval Date:	<b>3/2009</b>
Version Number:	<b>2</b>	Effective Date:	<b>8/2012</b>
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