



Credentialing Office Policy and Procedure

Title: MID LEVEL PROVIDER REQUIREMENTS AND DELEGATION: ADVANCED PRACTICE REGISTERED NURSE AND PHYSICIAN ASSISTANT	Policy Number: CO 1.14 Replaced by: El Paso Ambulatory Clinic Policy and Procedure - EP 9.3 from 08-2012 to 03-2021
Regulation Reference: Texas Occupations Code: Chapters 157, 202, 204, and 221	Effective Date: 06-23-2021 Last Annual Review Date: 11-04-2024 Last Revision Date: 08-25-2023 (Revision History on last page)

Policy Statement:

It is the policy of Texas Tech University Health Science Center at El Paso, Paul L. Foster School of Medicine (TTUHSC EP PLFSOM) to assure that all Mid-level Providers (Advance Practice Registered Nurses (APRN) and Physician Assistants (PA), their departments and supervising physicians abide by all policies of the Texas Medical Board (TMB) and Texas Board of Nursing (TBON) regarding APRN/PA.

Scope and Distribution:

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

Abbreviations used:

- MLP – Mid-level providers (APRN or PA who provides patient care under the supervision of a physician)
- APRN – Advanced Practice Registered Nurse
- PA - Physician Assistant
- TMB – Texas Medical Board
- TBON – Texas Board of Nursing
- DA – Delegation Agreement (Attachment A)

Procedure:

A. Responsibilities:

1. A Primary and all alternate supervising Physicians and MLPs who agree to work under a supervision relationship must complete and sign a Delegation Agreement (DA) and acknowledge the content of this policy. Those physicians retain professional and legal responsibility for the care provided by the MLP while these work under their assigned supervision.
2. Departments employing MLPs will assure that all requirements for clinical practice by MLPs are met and documentation of all aspects of their practice are kept in the Departmental office; including applicable protocols, related communications received from the TMB, yearly Delegation Agreements and documentation of periodic supervisory reviews between physician and MLP. Protocols will also be available at Practice Sites.

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3. Supervising Physicians may be responsible for supervision of no more than 7 MLPs in the ambulatory setting.
4. Primary supervising Physicians MLP must:
 - a. Register with the TMB the supervision relationship;
 - b. Hold and document monthly meetings between the physician and MLP for supervision review including a sample of chart reviews must be performed and documented.
5. MLP must be currently certified in their specific practice area and have a current RN or PA 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.

B. Scope of Practice and use of Guidelines or Protocols:


1. The Scope of Practice of the MLP will be defined in the Delineation of Privileges forms for the respective clinics or hospitals.
2. When providing medical aspects of care, MLPs may utilize mechanisms which provide authority for that care. These mechanisms may include but are not limited to written protocols or guidelines. These shall be defined in a manner that promotes the exercise of professional judgment by the MLP commensurate with the education and experience of that person. Under this section, a guideline or protocol used by a reasonable and prudent physician exercising sound medical judgment;
 - a. is not required to describe the exact steps that an APRN or 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.
3. Protocols or other written authorization:
 - a. should be jointly developed by the MLP and appropriate physician;
 - b. should be signed by both the MLP and physician;
 - c. should be reviewed and re-signed at least annually;
 - d. should be maintained in the practice setting of the MLP; and
 - e. should be made available as necessary to verify authority to provide medical aspects of care.

C. Delegation of Prescriptive Authority

1. Delegation Agreement to include prescriptive authority agreements will be drafted according to the requirements listed in Texas Occupational Code §157 (familarly referred to as SB 406) and will also include the scope of practice for the APRN/PAs. These agreements will become known as the Delegation Agreements (DA) (See attachment A). Their purpose will be to delegate the prescribing and ordering of drugs and devices to MLP under supervision by Physician while promoting the practice and exercise of professional judgment by MLP, commensurate with their education, experience and the relationship between them and Physician while treating patients at TTUHSC Clinics and partner

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facilities.

- When the supervisory relationship is terminated with one or more physicians, both the physician and the mid-level provider must update this element of the registration with their respective licensing Boards. In addition, when a physician is removed from the relationship, the agreement in attachment A of this policy must be appended and sign to document the removal/s.

Policy Number: CO 1.14	Version Number: 1.0	
Signatory approval on file by:	Approved:	Adam H. Adler, M.D., Chair, TTUHSCEP PLESOM Credentials Committee 

Revision History		
	Credentials Committee	Dean Approval
Effective Date:	06-22-21	06-23-21
Annual Review Date:	02-23-22, 09-27-23, 10-30-24	02-25-22, 09-29-23, 11-04-24
Revision Date:	08-23-23	08-25-23

**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO (TTUHSC-EP)
Paul L. Foster School of Medicine**

Attachment A to policy CO 1.14: Mid Level Provider Requirements and Delegation: Advanced Practice Registered Nurse and Physician Assistant

**DELEGATION AGREEMENT BETWEEN
PHYSICIAN ASSISTANT (PA) / ADVANCED PRACTICE REGISTERED NURSE (APRN) AND SUPERVISING
PHYSICIAN(S)**

A. AGREEMENT MADE AND ENTERED INTO BY AND BETWEEN:

PA/APRN:		
Name:	Department:	License No.
SUPERVISING PHYSICIAN(S):		
Physician Name:	Specialty:	License No.
Physician Name:	Specialty:	License No.
Physician Name:	Specialty:	License No.
Physician Name:	Specialty:	License No.
Physician Name:	Specialty:	License No.
Physician Name:	Specialty:	License No.
Physician Name:	Specialty:	License No.

B. PURPOSE:

The purpose of this document is to serve as written authorization for the PA/APRN, in accordance with the rules of the Texas Board of Nursing and the Texas Medical Board, to deliver medical aspects of patient care under the supervision of TTUHSC-EP physician(s). (Texas Occupations Code, Chapter 157)

C. SITES WHERE PA/APRN WILL PROVIDE CARE (Must Check All Applicable)

- | | |
|--|---|
| <input type="checkbox"/> TTUHSC Clinic(s): (Alberta, Mesa, Kenworthy, Hague and Transmountain Clinics) | <input type="checkbox"/> UMC of El Paso
<input type="checkbox"/> EPCH
<input type="checkbox"/> THOP Hospital
<input type="checkbox"/> Other: _____ |
|--|---|

This site represents a primary practice site as that term is defined in Texas Occupations Code, Chapter 157 (Authority of Physician to Delegate Certain Medical Acts) and Texas Administrative Code rules. Separate delegation agreements may be required by the hospitals where the PA/APRN work.

D. SCOPE OF PRACTICE/FUNCTIONS

The PA/APRN will provide professional nursing and/or medical aspects of care as described in the Delineation of Privileges form/s of the respective clinic or hospital.

E. DELEGATION OF PRESCRIPTIVE AUTHORITY

After delegated prescriptive authority has been registered with the Texas Medical Board, and with the Texas Board of Nursing for APRN, and in accordance with all applicable laws, the PA/APRN may prescribe medications as addressed below.

The PA/APRN hereby attest that he/she has been approved by the Texas Medical Board or the Texas Board of Nursing to prescribe drugs under physician delegation.

PA/APRN initials: _____

(You MUST select a box from #1 and #2, they cannot be left blank. This must match the delegation registered with the Texas Medical Board.)

1. Dangerous drugs (defined as all drugs that can only be dispensed with a prescription from a licensed practitioner, excluding controlled substances).

(Check one)

- TTUHSCEP physicians will **not** supervise the inpatient ordering or outpatient prescribing of any dangerous drugs by PA/APRN.
- Dangerous drugs may be prescribed in the inpatient and/or outpatient setting under the authority of this Delegation Agreement.

2. Controlled Substances (Schedules III - V).

(Check one)

- TTUHSCEP physicians will **not** supervise the inpatient ordering or outpatient prescribing of any controlled substances by PA/APRN.
- Controlled Substances for inpatient ordering and/or outpatient prescribing authority is delegated as follows:
 - Limited to a 90 day supply or less
 - No prescription for children under 2 years of age or prescription refill without prior consultation with the physician. Prior consultation must be noted in the chart.

All other standards and requirements relating to carrying out or signing prescription drug orders by PA/APRNs must be met. In addition, PA/APRNs with full authorization to practice and valid prescription authorization numbers must comply with all federal, state and local laws and regulations relating to the prescribing of controlled substances, including but not limited to requirements set forth by the Texas Department of Public Safety and the Drug Enforcement Administration.

Delegation regarding obstetrical services during labor and delivery is subject to the limitations set forth in Occupations Code, Delegation regarding certain Obstetrical Services, Title 3, Subtitle B, Chapter 157, 157.059

F. PHYSICIAN RESPONSIBILITIES

1. Supervision.

The primary supervising physician will provide continuous supervision by monthly chart reviews with the PA/APRN, this may be virtual or in person, and in accordance with State law including, but not limited to, the Texas Medical Practice Act and Texas Medical Board (TMB) rules. All supervising physicians are responsible to comply with all other physician requirements related to delegation of prescriptive authority.

The physician will not delegate outpatient prescriptive authority to a combined number of more than seven (7) APRN and/or PA (or FTE equivalent) practicing at the physician's primary and alternate practice sites, except for hospital based practice.

Alternate Physicians may provide appropriate supervision on a temporary basis as defined and established by board rule.

For outpatient clinics the physician will be on clinic site at least once every 10 days the PA/APRN is on site providing care during regular business hours to observe and provide medical direction.

2. Consultations.

TTP-EP supervising physician(s) will be available for consultation in person or via telecommunication (latter for outpatient clinics) on a daily basis. It should be documented by the PA/APRN making a notation in the patient's medical record when the physician has been consulted. The PA/APRN may refer patients to licensed physicians, clinics, or other health care providers for the purpose of evaluation, management or consultation, as deemed necessary by PA/APRN.

G. PA/APRN AND PHYSICIAN RESPONSIBILITIES

In emergency situations the PA/APRN may provide care to stabilize and prevent deterioration of a patient's condition, and immediately notify and consult with the physician of such emergency care as was determined necessary by the PA/APRN.

The PA/APRN(s) and physician(s) practicing under this Delegation Protocol agree to immediately notify one another if any of the following occur:

- o Any sanctions imposed or investigation initiated by a licensing board against the APRN or PA or Physician's license or DEA certificates.
- o Exclusion from participation in federal and/or state health care programs including, but not limited to, being listed on any federal or state exclusion or debarment list.

**** The PA/APRN(s) and physician(s) agree to notify TTP-EP Credentialing Office immediately if the supervising relationship with the PA/APRN is terminated or otherwise restricted in any way.**

**** The PA/APRN(s) and physician(s) here acknowledge the contents of Credentialing Policy CO 1.14.**

Initials APRN/PA(s)? _____

Initials Supervising Physician(s) _____

H. QUALITY ASSURANCE

The primary supervising physician will collaborate with the PA/APRN to maintain the standard of patient care by means of ongoing review of the PA/APRN medical practice decisions and documentation. This review will include **periodic face-to-face meetings to include review of at least 3 medical records**. This requirement can be alternatively met by at least 3 patient encounter notes per month of the PA/APRN reviewed and appended by the supervising physician on the daily course of clinical activity. This review **shall be performed at least monthly and documented** using the form that is appendix to this agreement. This documentation shall be maintained in the respective clinical department.

The undersigned PA/APRN and physician(s) agree that this Delegation Agreement will govern the PA/APRN's provision of care and that it **shall be reviewed annually** and revised as appropriate.

I. CREDENTIALING OFFICE

The Credentialing Office will obtain verification from the Texas Medical Board that the PA/APRN is listed under the supervising physician's license. PA/APRN will ensure that the DEA delegation matches what is approved under the supervising physician's license.

J. TERM AND TERMINATION

This agreement is valid for a period of **ONE YEAR**, and will need to be renewed yearly thereafter.

The agreement may be terminated by the Physician or the PA/APRN upon thirty (30) days written notice to the other, and in addition to the TMB.

Physician may terminate this agreement immediately upon receiving notice or documentation that the PA/APRN's license has been revoked, non-renewed, or restricted.

K. REGISTRATION WITH LICENSING AGENCY

The primary supervising Physician and the PA/APRN are responsible to register this agreement with their respective licensing board, within 30 days of all parties signing this agreement.

All signing parties below acknowledge the content of this agreement and of Credentialing Office Policy CO 1.14.

Advanced Practice Registered Nurse / Physician Assistant:

Signature: _____ Date: _____

Print Name: _____

Primary Supervising Physician (responsible for Quality Assurance per item H):

Print Name

Print Name

Signature

Signature

Date

Date

Alternate Physician(s):

Print Name

Print Name

Signature

Signature

Date

Date

Print Name

Print Name

Signature

Signature

Date

Date

Print Name

Print Name

Signature

Signature

Date

Date

Print Name

Print Name

Signature

Signature

Date

Date

Department Chair:

Department Chair, MD
Chair of Department

Date: _____