NorthEast Ohio Neighborhood Health Services, Inc.
CERTIFIED NURSE PRACTITIONER (CNP)
STANDARD CARE ARRANGEMENT
2012 Revision

Section 1: General Stipulations Regarding Standard Care Arrangement

A. This Standard Care Arrangement (SCA) is a written formal guide for planning and evaluating the health care of clients served by the Advanced Practice Nurse who has been appropriately credentialed by NEON and has privileges to serve NEON as a Certified Nurse Practitioner certified in Pediatric Medicine, Adult Medicine, or Family Practice (hereinafter referred to as CNP). This SCA is pursuant to Ohio Administrative Code Section 4723.431.

B. To execute this SCA, the signatures of the Medical Director, the NEON CNP, and all NEON collaborating physicians shall be affixed to the ‘NEON Certified Nurse Practitioner Standard Care Arrangement Signature Page’ made a part hereof. This SCA shall be reviewed and revised on an annual basis. A collaborative body that is composed of the Medical Director, all NEON CNPs, and designated NEON collaborating physicians shall participate in this review.

C. This SCA shall be executed prior to engaging in the practice as a CNP for NEON. A new SCA shall be executed when engaging in practice with a different collaborating physician.

Section 2: General Stipulations Regarding Collaborating Physicians

The CNP shall practice in collaboration with at least one physician who has NEON privileges in General Medicine. Collaboration means that the physician specialty is the same or similar to the CNP and is available to communicate with the CNP either in person, telephone or other form of telecommunication. Each collaborating physician shall satisfy NEON’s credentialing policies and procedures at all times, without restriction in their privileges. Collaborating physicians shall be so identified upon their execution of this SCA.

Section 3: Standards of Practice, General Stipulations

The CNP shall practice and provide primary health care services in observance of that which is noted below:

- Standards of practice that are followed shall be generally being reflective of the American Academy of Pediatrics or the American Academy of Family Practice.
- Section 4723.431 of the Ohio Revised Code and rules adopted by the Ohio Board of Nursing.
- Patient care guidelines that are followed shall also be generally reflective of NEON’s Clinical Practice Guidelines for Adult Medicine and Pediatric Medicine as listed on the neonprovider.org website unless the current (last print) guidance conflicts with more current and accepted guidelines of care described and formulated elsewhere.
Section 4: Standards of Practice, Specific Stipulations

4.I. Qualifications

The CNP shall be a registered nurse with advanced education and clinical competency necessary for the delivery of primary health care and has been certified by an approved accrediting body.

4.II. Process of Care

The CNP shall utilize the nursing process as a framework for managing client care.

4.II.a. Assessment of Health Status

The CNP shall
1. Obtain a relevant health and medical history;
2. Perform a physical examination consistent with patient age and history;
3. Conduct preventive screening procedures consistent with age and history;
4. Identify medical and health risks and needs of the patient;
5. Update and record in the medical record changes in the patient’s health status.

4.II.b. Diagnosis

The CNP shall
1. Formulate an appropriate differential diagnosis based on history, physical examination and clinical findings;
2. Identify the needs of the individual, family or community as a result of the evaluation of the collected data.

4.II.c. Development of a Treatment Plan

The CNP shall
1. Establish priorities and a mutually acceptable plan of care that is devised to maximize the health potential of the individual, family, or community;
2. Order appropriate diagnostic tests;
3. Identify appropriate pharmacologic agents;
4. Identify non-pharmacologic interventions;
5. Develop a patient/guardian education plan.
4.II.d. Implementation of a Plan of Care

The CNP shall

1. Base clinical interventions upon established clinical priorities and patient care guidelines;

2. Display and document actions consistent with the appropriate plan of care consistent with established standards of care;

3. Base clinical decisions on scientific principles, theoretical knowledge, and clinical expertise;

4. Individualize a plan of care to the specific situation;

5. Demonstrate consistency with teaching and learning opportunities.

CNP actions that are consistent with the appropriate plan of care shall include:

1. Accurately conducting and interpreting diagnostic tests;

2. Appropriate selection of pharmacologic agents prescribed;

3. Appropriate selection and prescribing of non-pharmacologic therapies

4. Providing relevant patient education

5. Making appropriate referrals to other health professionals and community agencies.

4.II.e. Follow up and Evaluation of Patient Status

The CNP shall

1. Maintain a process for systematic follow-up by determining the effectiveness of the plan of care through documentation of client care outcomes;

2. Reassess and modify the plan of care as necessary to achieve clinical goals.

4.II.f. Patient Education

The CNP shall provide educational opportunities for the individual and/or family related to health status, utilizing additional resources when indicated.

4.II.g. Facilitation of Patient/Guardian Participation in Self Care

The CNP shall

1. Facilitate patient/guardian participation in medical and health care by providing information needed to make decisions and choices about the promotion, maintenance, and restoration of health;

2. Seek and utilize appropriate health care personnel;

3. Utilize appropriate health care resources.
4.II.h. Promotes Optimal Health
   The individual's achievement of optimal health potential is influenced by the CNP’s clinical expertise and therapeutic relationship with the individual and/or family.

4.II.i. Facilitation of Entry into Health Care System
   Upon entry into the NEON health care system, the CNP facilitates appropriate utilization of the system and encourages appropriate follow up care.

4.III. Safe Environment
   The CNP shall promote a safe environment.

4.IV. Interdisciplinary/Collaborative Responsibilities
   The CNP participates as a team member in the provision of medical and health care, interacting with professional colleagues providing comprehensive care.

4.V. Accurate Documentation of Client Status and Care
   The CNP maintains accurate, legible and confidential medical records.

4.VI. Responsibility as Patient Advocate
   a. The CNP interprets the role of the nurse practitioner to individuals, families, and other professionals.
   b. As an advocate, the CNP promotes health care policies established at the local, state, and national levels.

4.VII. Commitment to Quality Assurance and Quality Improvement
   The CNP recognizes the importance of self-directed continued learning including:
   a. Participation in NEON on-site quality reviews on a periodic basis, including systematic review of records and treatment plans, with the intent of providing assurance of quality of care and improvement in quality of care;
   b. Maintenance of current knowledge by attending educational programs;
   c. Maintenance of licensure in compliance with current state law and national certification requirements.
Section 5: Scope of Practice for the NEON CNP

The CNP shall practice in the ambulatory setting in a manner consistent with the delineation of privileges awarded by NEON and in a manner that falls within the guidelines described in various parts of this Standard Care Arrangement, where applicable. Each CNP will be awarded privileges that are specific to their certification. The ‘scope’ is tabulated below as a delineation of segments of clinical scope that are further segmented into types or categories of care.

<table>
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<tr>
<th>CLINICAL SCOPE</th>
<th>TYPE OR CATEGORY OF CARE</th>
<th>DESCRIPTION OF CLINICAL ACTIVITIES PERMITTED</th>
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<tr>
<td>Pediatric CNP &amp; Family Practice CNP</td>
<td>Level One</td>
<td>History, Examination, and Treatment of common and simple medical conditions affecting patients aged 0 to 21 years of age for Pediatric CNP and patients of all ages for Family Practice CNP and typically managed on an outpatient basis. Examples of such conditions include: acute upper respiratory viral infectious conditions, acute ENT viral and bacterial infectious conditions (e.g., otitis externa, otitis media, and pharyngitis), mild to moderate asthma exacerbations, simple dermatological disorders (e.g., uncomplicated burns, contact dermatitis, simple I&amp;D, and atopic dermatitis) and common sexually transmitted diseases. Preventative medicine appropriate for age of patient.</td>
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<tr>
<td>Pediatrist CNP &amp; Family Practice CNP</td>
<td>Level Two</td>
<td>History, Examination and Treatment of up to moderately complex medical conditions affecting patients 0 to 21 years of age for Pediatric CNP and all ages for Family Practice CNP, whereby the conditions are typically managed on an outpatient basis without specialty or subspecialty physician consultant collaboration.</td>
</tr>
<tr>
<td>Family Practice CNP</td>
<td>Level Two B</td>
<td>History, Examination and Treatment of up to moderately complex medical conditions affecting patients aged 25 years and older, whereby the conditions are typically managed on an outpatient basis without specialty or subspecialty physician consultant collaboration.</td>
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Section 6:  Incorporation of New Technology or Procedures

The CNP shall incorporate new technology and procedures in a manner consistent with guidelines established by NEON. The Medical Director in collaboration with applicable collaborating physicians and CNP advisor shall develop these guidelines and shall develop written competencies for evaluation as part of this process of incorporating new technology.

The CNP shall be given opportunities to access educational in-services and/or conferences expounding on new technology.

Section 7:  Quality of Care Assurance Provisions for the NEON CNP

7.I.  Criteria for Consultation

a. The CNP should adhere to general referral guidelines as detailed in the current NEON Provider Manual, current NEON Clinical Guidelines for the respective disciplines, and the American Academy of Pediatrics or the American Academy of Family Practice.

b. The CNP, in accordance with his/her level of clinical expertise and educational preparation, shall otherwise determine when physician consultation is necessary, if not specified elsewhere.

7.II.  Process of Consultation

a. Consultation options include, but are not limited to, telephone contact, on-site case review or discussion and/or physical examination of the patient by a collaborating physician. The method of consultation chosen and the resulting plan of care shall be documented in the patient's medical record.

b. The CNP shall have a widely distributed pool of physicians across our network of health centers that shall act and assign themselves as collaborating physicians, including the Medical Director.

c. The collaborating physician must personally evaluate the client when the CNP so requests.

7.III.  Criteria for Referral of Patients

a. When a patient's health care needs fall outside the clinical expertise and scope of the CNP, a collaborating physician, should be consulted prior to deciding on whether a specialty referral should be made to an outside specialist (not employed or contracted by NEON). No such consultation is required if the patient is referred to a specialist employed or contracted by NEON even if said intended care is within the scope of a NEON collaborating physician.

This stipulation serves the following purposes:

- To ensure that the intended referral services are beyond the scope of NEON providers;
- To ensure the necessity of each formal referral to an external specialty provider.
b. The CNP should adhere to general referral guidelines as detailed in the current NEON Provider Manual and current NEON Clinical Guidelines for the respective disciplines.

c. The CNP may continue to provide supportive and educative care for the client who has been referred.

7.IV. Random Medical Record Review

Reviews of randomly selected medical records of patients managed by the CNP shall be performed by the collaborating physician(s) and/or APN colleague pursuant to the process illustrated below entailing three levels of review (Level One, Level Two, and Biannual). The physician reviewer shall take into consideration the following aspects in said review:

a. Whether the medical record reflects ‘Standards of Practice, Specific Stipulations’ as described in Section 4 of this SCA;

b. Whether the documented care falls within the NEON ‘Scope of Practice for the CNP’;

c. Outcomes of referrals to external specialty providers, where applicable.

Level One Medical Record Review

a. For a new employee CNP (regardless of prior experience), a random sample of 10 medical records depicting patient care provided by the CNP shall be reviewed on a weekly basis during the initial 6 weeks of the statutory 6-month Probationary Period. An appropriate collaborating physician and/or APN colleague, relative to the age of patient, shall perform the review. The collaborating physician(s) and/or APN colleague shall discuss his/her findings with the CNP. The CNP shall provide written acknowledgement of the review to the collaborating physician(s) and forward a copy of the communication(s) to the Medical Director. The written acknowledgement should also describe/highlight specific guidance provided by the collaborating physician.

b. After the 3rd review session is performed by collaborating physicians and/or APN colleague, the Medical Director shall contact said reviewers and determine whether to continue this frequency of review due to a concern or whether the review process can move on to Level Two.

Level Two Medical Record Review

a. A random sample of 10 charts depicting patient care provided by the CNP shall be reviewed on a monthly basis through completion of the 6-month Probationary Period. An appropriate collaborating physician and/or APN colleague, relative to the age of patient seen, shall perform this review. The collaborating physician(s) and/or APN colleague shall discuss his/her findings with the CNP. The CNP shall provide written acknowledgement of the review to the collaborating physician(s) and forward a copy of the communication(s) to the Medical Director. The written acknowledgement should also describe/highlight specific guidance provided by the collaborating physician.
b. After completion of the last review session during the Probationary Period, performed by collaborating physicians and/or APN Colleague, the Medical Director shall contact said reviewers and determine whether to continue this frequency of review due to a ongoing concern or whether the review process can be downgraded to Biannual Review.

**Biannual Medical Record Review**

a. A random sample of 10 charts depicting patient care provided by the CNP shall be reviewed every 6 months completed within 30 days after the end of each respective semi-annual period (January to June and July to December). An appropriate collaborating physician and/or APN colleague, relative to the age of patient seen, shall perform the review. The collaborating physician(s) and/or APN colleague shall discuss his/her findings with the CNP. The collaborating physician(s) and/or APN colleague shall discuss his/her findings with the CNP. The CNP shall provide a written acknowledgement of the review to the collaborating physician(s) and forward a copy of the communication(s) to the Medical Director. The written acknowledgement should also describe/highlight specific guidance provided by the collaborating physician.

7.V. **Patient Satisfaction Survey**

On an annual basis, NEON performs a Patient Satisfaction Survey. Patients are allowed the opportunity to provide written commentary about specific NEON providers and staff members. Survey results will inspected for commentary about respective CNPs. Commentary about respective CNPs will be reconciled with the indicators of care as noted below:

a. The extent to which it perceived that the provider understood what the patient or guardian verbalized during patient encounters.

b. The extent to which it perceived that the provider took enough time with the patient or guardian.

c. The extent to which it perceived that the provider took care of the medical needs or problems of the patient or guardian.

d. The extent to which it perceived that the provider acted kindly and courteously with the patient or guardian.
Section 8: Prescriptive Authority

The CPN holding a valid Certificate to Prescribe (CTP), (including an externship CTP), may prescribe in accordance with Sections 4723.485, Ohio Revised Code, the rules of the Board of Nursing, and within the formulary made available by the Ohio Board of Nursing.

8.I. Prescribing Parameters

a. The CNP may prescribe, with their scope of practice, as indicated by educational preparation and training, and the most current formulary by the Ohio Board of Nursing.

b. The signature of the CNP and the collaborating physician(s) on this SCA, implies acceptance of the formulary as written.

c. Any restrictions to selected drugs within the formulary as agreed upon by the CNP and the physician(s) shall be indicated in an addendum to this SCA.

d. The APN may prescribe any/all schedule II drug(s) within the prescribing parameters as approved by the Ohio Board of Nursing current formulary. The APN may not prescribe any schedule II medications in an urgent care or convenience care setting.

e. The CNP may prescribe schedule II drug(s) in accordance with Ohio Administrative code 4723-9-12 only under the following conditions:
   1. DEA licensure approval for schedule 2 and 2A has been completed. This license shall be on record with the medical director.
   2. Registration with Ohio Automated RX Reporting system (OARRS) has been completed.

f. During any components of the externship, a written record/log of prescriptive therapy will be maintained, which will include the patient’s name, date of birth, drug, and dose.

g. All drugs/drug categories listed in the "physician initiation OR physician consult" category of the Ohio Board of Nursing APN CTP Formulary will be considered PHYSICIAN CONSULT unless otherwise included in an attached and dated addendum to this Standard Care Agreement. In this regard, the following procedure must be followed:
   1. In such cases, the collaborating physician must review the appropriateness of the medication with respect to its indications and the dosing.
   2. The health record must include notation on the identity of the collaborating physician as well as the procedure utilized for said review (e.g., chart review, telephone consultation, or patient visit with physician).

h. For all drugs/drug categories listed in the “Additional Parameters” category of the APN CTP Formulary, the following procedure must be followed:
   1. The collaborating physician must review the appropriateness of continuing the medication or its dosage.
2. The health record must include notation on the identity of the collaborating physician as well as the procedure utilized for said review (e.g., chart review, telephone consultation, or patient visit with physician).

8.II. Quality Assurance Provisions Related to Prescriptive Authority

a. The CNP and the collaborative physician(s) and/or APN colleague shall review at least ten (10) randomized sample of written prescriptions at least semi-annually. This review may be completed as part of the quality of care assurance review described in Section 7.

b. A representative sample of Schedule II prescriptions will be included in the semi-annual review.

c. Prior to prescribing any Schedule II drug(s), the CNP will review the patient(s) OARRS report and shall comply with the OARRS database.

d. Only written Schedule II prescriptions are permitted and no refills are permitted. Schedule II drug(s) may not be refilled without a visit. Schedule II drug dispensing is prohibited.

e. Documentation of these reviews shall be noted on the signature page of this SCA.

f. During the prescriptive authority externship, a review of prescriptions will occur in accordance with Section 7 of this SCA until necessary hours are completed in accordance with Ohio Board of Nursing Rules and/or probationary period is completed.

Section 9: Miscellaneous Provisions

9.I. Coverage of CNP Absences

In the event of a planned or unplanned absence of the CNP, the responsibility of patient care shall default to the first available collaborating physician and/or APN relative to the age of the patient at the respective health center. If this is not possible, scheduled patients will be contacted and rescheduled. If the patient requires more immediate attention he/she will be directed to another appropriate provider or hospital for care.

9.II. Coverage of CNP by Physician

In order to ensure timely and direct evaluation of the patient by a physician, a collaborating NEON physician, or other designated NEON physician shall be available to evaluate a patient within a forty-eight (48) hour time period.

9.III. Coverage of Collaborating Physician Absences

In the event of an planned or unplanned absence of an on-site collaborating physician, the CNP shall always have phone and pager access to a collaborating
NEON physician within the NEON network of health centers (the Medical Director by default).

9.IV. Resolution of Conflicts Regarding Matters Between CNP and Physician

Resolution of conflicts regarding matters of patient management between the CNP and a collaborating physician shall be referred, immediately, to the Medical Director. Current professional literature exploring clinical issues surrounding the conflict, NEON Clinical Guidelines, and practice guidelines espoused by the American Academy of Pediatrics or the American Academy of Family Practice shall serve as primary sources for establishing a decision regarding disagreements about patient management and/or referrals.

9.V. Nursing Board Notifications

a. The CNP shall be principally responsible for notifying the Ohio Board of Nursing of the identity of a collaborating physician not later than thirty days after engaging in this practice.

b. The CNP shall be principally responsible for notifying the Ohio Board of Nursing of any change in the identity of a collaborating physician not later than thirty days after the change takes effect.

c. The CNP shall be principally responsible for maintaining records of SCA and chart audits for a period of six years in accordance with the rules of the Ohio Board of Nursing.
The NEON Policies, Procedures, and Clinical Guidelines of the CNP practice as described in the NEON Standard Care Arrangement made a part hereof have been reviewed and agreed upon by the undersigned.

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