NATIONWIDE CHILDREN'S HOSPITAL
ADVANCED PRACTICE REGISTERED NURSE
STANDARD CARE ARRANGEMENT

This collaborative Standard Care Arrangement ("SCA") is dated _____ by and among those physicians whose names and signatures appear at the end of this SCA ("Collaborating Physician" individually and "Collaborating Physicians" collectively), and _____, (the "Advanced Practice Registered Nurse" or the "APRN") in accordance with section 4723.431 of the Ohio Revised Code.

I. STATEMENT OF PURPOSE

Advanced Practice Nurses (APRNs) at Nationwide Children's Hospital (NCH) include the Certified Nurse Practitioner (CNP) (Pediatric Nurse Practitioner, Family Nurse Practitioner, Family Planning/Gynecology Nurse Practitioner, Neonatal Nurse Practitioner & Adult Nurse Practitioner), Clinical Nurse Specialist (CNS), and the Certified Registered Nurse Anesthetist (CRNA) and Certified Nurse Midwife (CNM).

However, CRNAs in Ohio practice in a supervisory relationship with physicians and do not enter into SCAs, and thus are not included in this SCA.

The APRN delivers individualized, comprehensive nursing care to patients and their families with attention to physical and developmental assessments, preventative health care, education, and medical management of acute and chronic illnesses.

The collaborating physician/s must maintain a current license to practice medicine in Ohio and actively engage in the same or similar practice as the APRN. The APRN's scope of practice and prescriptive authority may not exceed that of the collaborating physician.

II. GENERAL

A. The APRN shall work in collaboration with a physician/s according to guidelines set forth in this SCA. The Collaborating Physician/s and the APRN shall establish times for case discussions, protocol review if applicable, client visits, and periodic in-service seminars. Collaborating Physician/s shall be continuously available to communicate with the APRN either in person or via telecommunications. Response time of the Collaborating Physician shall be no more than thirty (30) minutes.

B. All APRNs at NCH must be employees of NCH or an employee leased by NCH (e.g. APRNs leased by NCH for off-site NICUs) and must be appropriately credentialed according to NCH policies and procedures.

III. SCOPE OF PRACTICE

A. CERTIFIED NURSE PRACTITIONER (CNP)

1. The CNP is a registered professional nurse with advanced educational preparation in a Nurse Practitioner Program. A national certifying body, approved by the Ohio Board of Nursing, must certify Nurse Practitioners.

2. Consistent with and in adherence to NCH Policies and Medical Staff Bylaws, Manuals, Rules & Regulations, Polices and Procedures, CNPs deliver comprehensive health care, in collaboration with a physician, which consists of a broad range of health services including the ability to:

   a. Assess the health status of individuals and families through health and medical history taking, physical examination, diagnostic tests, and defining of health and development problems.

   b. Institute and provide continuity of health care to clients, work with the client to insure understanding of and compliance with their therapeutic regimen and recognize when to refer the client to a physician or other health care provider.

   c. Provide instruction and counseling to individuals, families, and groups in the areas of health promotion and maintenance, including involving such person(s) in planning for their health care.

   d. Work in collaboration with other health care providers and agencies to provide and coordinate services to individuals and families including referral to other health care providers and community resources, when appropriate.

   e. Provide care, including therapeutic and diagnostic interventions, in accordance with medical protocols, if applicable, which are agreed upon in advance between the CNP performing the services and the physician of record.

   f. Participate in the admission, transfer, and discharge process by writing admission, transfer, and discharge orders in collaboration and after discussion with the attending physician. Also order needed durable medical equipment as needed for continuation of care.

   g. Order X-rays, scans, lab test & evaluate findings, make initial diagnosis, and initiate appropriate action to facilitate the implementation of the therapeutic plan.

h. Order blood products as needed and in collaboration with the attending physician.

i. Provide care in accordance with the CNP's NCH job description.

3. Health care for infants up to age one (1) may be provided by either a CNP (with a Collaborating Physician) or a physician. Collaborating Physician visits for children from birth to age three (3) will be a minimum of one (1) visit within this time frame, and/or as appropriate for each patient and area of practice according to the American Academy of Pediatrics Standards of Care.

B. CLINICAL NURSE SPECIALIST (CNS)

1. The CNS is a registered nurse who through study and supervised practice at the graduate level has become an expert in a defined area of knowledge and practice in a selected clinical area of nursing.

2. Consistent with and in adherence to NCH Policies and Medical Staff Bylaws, Manuals, Rules & Regulations, Polices and Procedures, the CNS, in collaboration with a physician/s, may provide and manage care of individuals and groups with complex health problems and provide services that promote, improve and manage health care within the CNS' specialty and in accordance with the CNS' NCH job description.

3. The CNS is responsible for facilitating the delivery of health care through:

a. Advanced assessment of patients and families.

b. Collaboration with health care team to facilitate cost effective health promotion, disease prevention services, and education for patients and families.

c. Collaboration with other health care providers and agencies to provide and coordinate services to patients and families including referrals to other health care providers and community resources.

d. Ordering X-rays, scans, lab test & evaluate findings, making initial diagnosis, and initiating appropriate action to facilitate the implementation of the therapeutic plan.

e. Ordering blood products as needed and in collaboration with the attending physician.

f. Analyzing clinical trends and data to identify patterns for research development and applies research findings to practice.

g. Order durable medical equipment needed to continue care at home.

C. CERTIFIED NURSE MIDWIFE (CNM)

1. A CNM is a registered nurse with graduate level education in nursing, midwifery, and women's health who is certified by the American College of Nurse-Midwives (ACNM) or its certifying agent, the American Midwifery Certification Board (formerly called the ACCNM Certification Council, Inc.), who holds current licensure by the Ohio Board of Nursing as a registered nurse and who also holds a valid Certificate of Authority to practice as a certified nurse midwife by the Ohio Board of Nursing.

2. Consistent with and in adherence to NCH Policies and Medical Staff Bylaws, Manuals, Rules & Regulations, Polices and Procedures, CNMs deliver comprehensive health care, in collaboration with a physician, which consists of a broad range of health services including the ability to:

   a. Assess the health status of individuals and families through health and medical history taking, physical examination, diagnostic tests, and defining of health and development problems.

   b. Institute and provide continuity of health care to clients, work with the client to insure understanding of and compliance with their therapeutic regimen and recognize when to refer the client to a physician or other health care provider.

   c. Provide instruction and counseling to individuals, families, and groups in the areas of health promotion and maintenance, including involving such person(s) in planning for their health care.

   d. Work in collaboration with other health care providers and agencies to provide and coordinate services to individuals and families including referral to other health care providers and community resources, when appropriate.

   e. Provide care, including therapeutic and diagnostic interventions, in accordance with medical protocols, if applicable, which are agreed upon in advance between the CNP performing the services and the physician of record.

f. Participate in the admission, transfer, and discharge process by writing admission, transfer, and discharge orders in collaboration and after discussion with the attending physician. Also order needed durable medical equipment as needed for continuation of care.

g. Order X-rays, scans, lab test & evaluate findings, make initial diagnosis, and initiate appropriate action to facilitate the implementation of the therapeutic plan.

h. Order blood products as needed and in collaboration with the attending physician.

i. Provide care in accordance with the CNM's NCH job description.

3. NCH does not provide full scope obstetric services. Clinical and Support services for pregnancy and postpartum may be provided by a CNM, however birth will be planned to occur at an institution of the patient's choice. CNMs are not credentialed through NCH to provide birth services in the home setting.

IV. CRITERIA FOR REFERRAL AND CONSULTATION OF A PATIENT

Consistent with applicable NCH Procedures and Policies, as well as Medical Staff Bylaws, Manuals, Polices and Procedures, Rules & Regulations and any *applicable national standard and applicable section guidelines/policies*, the APRN shall determine when referral or consultation is necessary. In making such determinations, APRN shall fully apply his or her clinical expertise and educational preparation.

The Collaborating Physician/s shall be continuously available either on-site or via telecommunication access to the APRN for consultation. For prescribing purposes, the collaborating physician/s will be available within 30 minutes. The APRN is responsible for obtaining and documenting consultations and/or referrals and the resulting care plans in the chart.

V. COVERAGE OF ABSENCES

In instances of emergency or planned absences of the APRN, an appropriate alternate health care provider will see the patients. If this is not possible, scheduled patients will be contacted and rescheduled. If the patient requires more immediate attention, he or she will be directed to the appropriate facility and/or health care provider. When possible, APRN shall give the Collaborating Physician/s at least fourteen (14) days notice prior to a planned absence.

In the event of an emergency or planned absence by a Collaborating Physician, the APRN shall be notified and the Collaborating Physician shall designate a physician colleague to cover in the Collaborating Physician's absence.

VI. INCORPORATION OF NEW TECHNOLOGY AND PROCEDURES

The parties shall identify new technology and procedures required for their clinical practice. Educational in-services and seminars shall be utilized as necessary. Where appropriate, the APRN shall receive formal education and clinical training prior to the implementation of the new technology or procedure.
When determining the appropriateness of additional skills, the APRN and collaborating physician will consult the Board of Nursing website (www.nursing.ohio.gov) and refer to the APRN decision making guide.

VII. APRN PRECEPTORSHIP

The APRN will communicate to the Collaborating Physician when a student will be working with the APRN in the capacity of a Student APN. The Student APRN will be supervised by the APRN or collaborating physician/s while performing all advanced activities including history and physicals, order writing, and procedures.

VIII. RESOLUTION OF DISAGREEMENTS

In the event of a disagreement between the APRN and a Collaborating Physician regarding a matter of patient management that is within the scope of practice of both parties, the APRN and the Collaborating Physician shall work collaboratively to resolve the disagreement professionally and expeditiously.
If the APRN and the Collaborating Physician are unable to resolve the disagreement, the following process will be utilized to resolve such conflicts:

1. If the patient requires emergent care and a decision must be made immediately, the Collaborating Physician retains the ultimate authority, although the APRN shall have the right to pursue the issue through established NCH channels.

2. If the decision can be delayed, the APRN and Collaborating Physician will discuss the issue and the established medical protocols (if applicable) for the treatment currently in place. The APRN and Collaborating Physician may refer to current professional literature (journals, research texts, etc.) and/or consult a specialist within the area in question.

3. If a disagreement still exists, the Section Chief/Medical Director of the practice area or designee shall assist to settle the disagreement.

4. If a disagreement still exists following intervention by the Section Chief/Medical Director of the practice area, the NCH Medical Director and Chief Nursing Officer shall make a final determination.

5. If the APRN believes that a clinical encounter and/or decision-making involves ethical issues, the APRN may contact and request a consult by the Integrated Ethics Committee.

IX. PRESCRIPTIVE AUTHORITY

A. An APRN who holds a valid Certificate To Prescribe (CTP) or Certificate to Prescribe Externship (CTPE), may prescribe medications, including schedule II medications, in accordance with sections 4723.48 through 4723.485 of the Ohio Revised Code, the rules of the Ohio Board of Nursing, and within the APRN Formulary made available by the OBN (http://www.nursing.ohio.gov/Practice.htm#AdvancedPractice).

B. Availability of Timely and Direct Evaluation of the Patient by a Physician:

If the APRN holds a valid CTP or CTPE, the Collaborating Physician or designee shall be available to provide timely, direct, personal evaluation of the patient within twenty-four (24) hours, or sooner based on the condition of the patient.

C. Formulary Compliance:

1. The APRN who holds a CTP or CTPE may prescribe medications, including schedule II, as allowed by the APN Formulary established by the Committee on Prescriptive Governance and made available by the Ohio Board of Nursing. (http://www.nursing.ohio.gov/Practice.htm#AdvancedPractice)

2. All medications on the APRN Formulary established by the Committee on Prescriptive Governance that are classified as “In Accordance with the Standard Care Arrangement”” will be reclassified as “CTP holder May prescribe” at NCH: provided however that an APRN may only initiate or modify a prescription for a medication in this classification if the APRN has received educational preparation or training related to the use of the medication in the patient population for which the APRN is practicing. For all other medications in this this classification, an APRN may only continue a prescription previously ordered by another authorized prescriber.

3. While prescribing for medications that will be dispensed within NCH, the APRN must prescribe in accordance with the NCH Formulary and may not prescribe any medication restricted by NCH to particular medical specialties.

4. The APRN may prescribe schedule II controlled substances, such as opioids and stimulants, according to the most recent pain management and stimulant therapy guidelines and recommendations according to NCH policy and procedure, Medical Staff Bylaws, and state and national organizations such as the following: American Academy of Pediatrics, American Academy of Child Psychiatry, *and American Academy of Pain Medicine.*

5. The APRN may prescribe medications for off-label use if the following criteria are met:

    a. The prescribing is in accordance with provisions of the APRN Formulary made available by the Ohio Board of Nursing.

    b. The off label indication(s) must be consistent with clinical specialty/subspecialty practice.

    c. The off-label indication(s) is/are supported by standard clinical practice and literature.

    d. The medication(s) being used for off-label indication(s) are included in the NCH Formulary.

    e. If the medication(s) used for off-label indication(s) are not included in the NCH Formulary, a list of such drug(s) shall be added as an addendum to this SCA. The signature of the APRN and the Collaborating Physician(s) on this SCA indicates agreement to the off-label indication(s) that appear in the NCH Formulary or those stated in the addendum to this SCA.

D. Prescribing Parameters:

1. The APRN may prescribe within his/her scope of practice as indicated by educational preparation and training.

2. The signature of the APRN and the Collaborating Physician(s) on the SCA implies acceptance of the NCH Formulary as written with the exceptions as indicated in section IX(C)(3)(d) above.

3. Specific medications, such as opiates, antidepressants, and steroids, must be reviewed as indicated in the NCH Formulary.

4. Any ability of APRN to prescribe medications with non-FDA approved indications and not listed in NCH Formulary will be indicated in an addendum to this SCA.

E. Ohio Automated Rx Reporting System (OARRS):

1. Consistent with rule 4723-9-12 of the Ohio Administrative Code, the APRN will review a patient's (with whom the APRN holds a prescribing relationship with) Ohio Automated Rx Reporting System (OARRS) report under those situations that are deemed mandatory. (http://www.med.ohio.gov/pdf/rules/4731-11-11%20FAQs.pdf)

2. Review of the OARRS report and any applicable consultation with the collaborating physician prior to prescribing shall be documented in the patient's medical record.

X. QUALITY ASSURANCE PROVISIONS

A. SCA Review and Re-approval

At a minimum, the parties shall review this SCA annually. The APRN and at least one Collaborating Physician shall sign and date the SCA upon completion of each review. Review and approval of this SCA shall be in accordance with the Polices and Procedures of NCH's governing body and the Bylaws, Policies and Procedures of the Medical Staff. For APRNs who practice in one subspecialty and have identical SCAs listing the same Collaborating Physicians, the APRNs and Collaborating Physicians may all sign one group sheet indicating the review.

B. Procedure for Regular Review of Referrals, Care Outcomes, and Charts:
In accordance with rules 4723-8-04 and 4723-8-05 of the Ohio Administrative Code, the parties shall randomly select patient records and patient referrals for purposes of an annual review by the APRN and the Collaborating Physician(s) and/or designated member of the NCH Quality Improvement department.

The parties shall determine the number of records to be reviewed and the specific time frame in which the annual review must be completed.

Patient care outcomes shall also be jointly reviewed on an annual basis.

Subsequent to each review, the parties shall discuss at least the following: the results of each referral and chart review, the identification of client care issues, and, where applicable, whether past plans for improving care delivery have been effectively implemented. The results of the annual review and subsequent conference shall be used to improve care delivery.

Documentation of these reviews may be noted on the copy of the signature page of the APRN's SCA contained within the NCH employment file, or on a NCH Quality Review form.

C. Provisions Related to Prescriptive Authority:

The APRN and the Collaborating Physician(s) will review a randomized sample of prescriptions written by the APRN and prescribing patterns of the APRN at least semi-annually.

If the APRN prescribes schedule II medications, a representative sample of schedule II prescriptions will be included in this semiannual review.

The review will include evaluation of access and review of the Ohio Automated Rx Reporting System (OAARS) according to the Ohio Administrative Code 4723-9-12. (http://www.med.ohio.gov/pdf/rules/4731-11-11%20FAQs.pdf)

This review may be completed as part of the quality assurance review described above. Documentation of these reviews may be noted on the signature page of this SCA, or on an NCH Quality Review form.

XI. ARRANGEMENT REGARDING REIMBURSEMENT

Reimbursement shall comply with existing NCH policies and procedures. At all times, current State and Federal law shall govern APRN and Collaborating Physician reimbursement, and all relevant parties shall adhere to such State and Federal laws.

XII. MISCELLANEOUS

A. Notification of Change of Collaborating Physician

APRN shall notify the Board of Nursing of an addition or deletion of a Collaborating Physician not later than thirty (30) days after such change takes effect.

B. Retention of SCA

The parties shall maintain the most current copy of this SCA on file at each site where the APRN practices. Upon request of the Ohio Board of Nursing, APRN shall immediately provide a copy of this SCA to the Board of Nursing.

C. Other Provisions

This SCA constitutes the entire understanding among the parties with respect to the subject matter of this Agreement. This SCA supersedes all prior and contemporaneous understandings or agreements between the parties with respect to the subject matter of this Agreement. This SCA may at any time be amended in whole or part by written instrument executed by each party. Should any provision or portion of this SCA be held unenforceable or invalid for any reason, the remaining provisions or portion of this Agreement shall continue in full force and effect. This Agreement shall be governed by and construed in accordance with the laws of the State of Ohio.

IN WITNESS WHEREOF, each of the undersigned has caused this Agreement to be duly executed in its name and on its behalf as of the date first above written.

Advanced Practice Registered Nurse:		**Collaborating Physician:**	
Printed Name	_____	Printed Name	_____
Specialty	_____	Specialty	_____
Practice Area	_____	Practice Area	_____
Business	_____	Business	_____
Address	_____	Address	_____
Phone	_____	Phone	_____
Signature	_____	Signature	_____
Date	_____	Date	_____

Date of original SCA_____

Printed Name_____ Printed Name _____

Specialty _____ Specialty _____

Practice Area_____ PracticeArea _____
Business _____ Business _____

Address _____ Address _____

Phone _____ Phone _____

Signature _____ Signature _____

Date _____ Date _____

Date of original SCA_____

Printed Name_____ PrintedName_____

Specialty _____ Specialty _____

Practice Area_____ PracticeArea _____

Business _____ Business _____

Address _____ Address _____

Phone _____ Phone _____

Signature _____ Signature _____

Date _____ Date _____

Date of original SCA_____

Dates of Annual SCA Review and Signature by APN and at least one (1) Collaborating Practitioner:

_____ _____ _____

_____ _____ _____

_____ _____ _____

Dates of Annual Prescriptive Practice Review and Signature by APN and at least one (1) Collaborating Practitioner:

_____ _____ _____

_____ _____ _____

_____ _____ _____

Dates of Annual Chart Review and Signature by APN and at least one (1) Collaborating Practitioner:

_____ _____ _____

_____ _____ _____

_____ _____ _____

ADDENDUM

Off-Label Medication Parameters

Medication	Common FDA Approved Use	Clinically Sanctioned Off-Label Use