AG Acute Care Nurse Practitioner Scope of Practice

John D. Gonzalez, DNP, RN, ACNP-BC, ANP-C

Why is Scope of Practice Important?

Three Pillars of Scope of Practice

- Education
- Certification
- Licensure

Scope of Practice Case Scenario

- An RN with 15 years of experience in critical care has recently graduated from a family Nurse Practitioner program. She has accepted a job working as an intensivist. Because of her RN experience in the ICU setting, she feels qualified to do this position.
- Is this job within the Nurse Practitioner’s scope of practice?
- Does her RN experience qualify her for an intensivist role as an FNP?
- How can an APRN expand their scope of practice? What does it take to expand the APRN scope of practice?

Scope of Practice Definitions

- American Nurses Association
- American Academy of Nurse Practitioners
- Texas Board of Nursing

- Nurse Practitioners are licensed, independent practitioners who practice in outpatients, ambulatory, acute and long-term care as primary and specialty care providers. Nurse Practitioners’ scopes include diagnosis, treatment and management of episodic and chronic illnesses. Nurse Practitioners are experts in health promotion and disease prevention. They order, conduct and interpret diagnostic and laboratory tests, prescribe pharmacological agents and nonpharmacological therapies, as well as teach and counsel patients, among other services.
- As licensed independent clinicians, NPs practice autonomously and in coordination with other health care providers to deliver the highest quality of care to patients. Nurse Practitioners deliver primary and specialty care that includes the assessment, diagnosis, treatment, counseling and education of patients and their families. Nurse Practitioners provide a wide range of health care services to individuals, families, groups and communities.
- Definition: The activities that an individual nurse practitioner performs in the delivery of patient care. Scope of practice reflects the types of patients for whom the advanced practice registered nurse (APRN) can care; what procedures and activities the APRN can perform; and influences the ability of the APRN to seek reimbursement for services provided.
- Two Types of Scope of Practice
  - Professional Scope
    - Defined by the national APRN organization
  - Individual Scope
    - Defined by the education, training and certification. Scope of practice is based on the level of education and certification level.

Scope of Practice Definitions

- Texas Board of Nursing
- Definition: The activities that an individual nurse practitioner performs in the delivery of patient care. Scope of practice reflects the types of patients for whom the advanced practice registered nurse (APRN) can care; what procedures and activities the APRN can perform; and influences the ability of the APRN to seek reimbursement for services provided.
- Two Types of Scope of Practice
  - Professional Scope
    - Defined by the national APRN organization
  - Individual Scope
    - Defined by the education, training and certification. Scope of practice is based on the level of education and certification level.

Scope of Practice Case Scenario

- Whose responsibility is it to ensure that the APRN is working within their scope of practice?
- A Certified Nurse Midwife interviews for a job with a hospital service at a local teaching hospital. One week after the interview, she received a job offer and after negotiating a salary she accepted the position to be a hospitalist.

- Whose responsibility is it to ensure that the APRN is working within their scope of practice?
- Is this job within the CNM’s scope of practice?
- Will the employee know what the AP RN’s scope of practice is?
- Will a collaborating physician know what the AP RN’s scope of practice is?
- Who will be liable?

How do I know if “it” is within my scope of practice?

- Texas Board of Nursing Recommends Answering the following questions:
  - Is it consistent with one’s professional scope of practice?
  - Is it consistent with statutory or regulatory laws?
  - Is it consistent with the education in the role and specialty?
  - Is it consistent with the scope of practice recognized by the board requiring additional formal education and legal recognition?
  - Is it consistent with the standards of nursing practice outlined in board rule 217.11?
  - Is it consistent with evidence-based care?
  - Is it consistent with reasonable and prudent practice?
  - Are you willing to accept accountability and liability for the activity and outcomes?


AG Acute Care Nurse Practitioner Scope of Practice

- American Association of Critical Care Nurses
- American Association of Colleges of Nursing and the National Organization of Nurse Practitioner Faculty

- Both provide guidelines/definition on the scope of practice for the AGACNP

AG Acute Care Nurse Practitioner Scope of Practice

- Published: AACH Scope and Standards for Adult Acute Care Nurse Practitioner Practice 2012
- Definition of Scope of Practice
- Role of the AGACNP
- Practice Population
- Practice Environment
- Clinical and Professional Standards

AG Acute Care Nurse Practitioner Scope of Practice

- American Association of Colleges of Nursing & National Organization of Nurse Practitioner Faculty
- Adult-Gerontology Acute Care Nurse Practitioner Competencies, February 2012
- New one to be released Summer of 2016
- Defines Entry Level Competencies
- Definition of the AGACNP is taken from American Association of Critical Care Nurses

Scope of Practice Scenario

- Case Scenario
  - An AGACNP colleague tells you he will be taking a full-time position with United HealthCare performing High on stable, elderly, hospitalized patients in the home. He will not be performing any medical management.
  - Is this a reasonable position for an AGACNP?
  - Is this safe and prudent?
  - Will this maintain certification?
Scope of Practice Scenario

- Case Scenario
  - Two things to consider when accepting a position:
    - Scope of practice
    - Does the position qualify to maintain my licensure & certification?

- Is it within scope of practice but may not qualify as acute care hours?

Scope of Practice Scenario

- Case Scenario
  - An AGACNP colleague tells you she is considering taking a position with a psychiatrist. She predicts that the NPs will work with behavioral management of patients with dementia in nursing homes. This is a psychiatric only practice.

- Is this an appropriate position for an AGACNP?

- Is it within scope of practice?

Organizations Which Shape AGACNP Scope of Practice

- Hospital Medical Staff Office
- Hospital Policies
- National Certifying Bodies: ANCC
- Professional Organizations: AANP
- Professional Organizations such as Texas Nurses Association
- Board of Medicine
- Board of Pharmacy
- DEA
- Physicians with whom NPs Practice
- Texas other laws not in the health and safety code

Federal Agencies (Laws and Regulations) Which Affect Scope of Practice

- Food and Drug Administration (FDA)
- Drug Enforcement Agency
- Centers for Medicare and Medicaid

FDA Regulations

- Prescribe only FDA approved drugs
- FDA Risk Evaluation and Mitigation Strategies (REMS)
- Prescriptions must be written for a patient who is physically examined by a healthcare provider
- Healthcare providers are designated to follow REMS
- Concomitant use of other drugs and radiation therapy must be considered
- Prescribing restrictions and warnings must be read before writing the prescription
- FDA Indications
  - Not indicated you cannot prescribe it
  - Ketorolac oral and tablets has no indication in 2013
Drug Enforcement Agency

- Role is to enforce the Controlled Substances Act
- Prevent the diversion and abuse of controlled substances
- Define the schedule of medications
- Nationals: anyone prescribing scheduling controlled substances must have a DEA number
- DEA number must be kept at the place of employment
- DEA number is renewed every 3 years
- State License Revoked, suspended or denied one must surrender their DEA number

Centers for Medicare and Medicaid Services

- What does Medicare prohibit the NP from doing?
  - Ordering Home Health
  - Ordering Hospice Services
  - Admitting to SNF and performing the H&P
- Role of the attending physician
- Services must be lawful in the state where you provide care, within your scope of practice
- Services to Medicare and Medicaid patients from an entity in which the physician or an immediate family member of the physician is a financial arrangement
- Must be medically necessary
- Can be provided and furnished to Medicare and Medicaid patients

Centers for Medicare and Medicaid Services

- Prescription requirements
  - Date and signature
  - Patient name, address, and DEA number
  - Drug information
  - Use Ink only
  - Never prescribe unless the order above it is dated
  - DEA number must be kept at the place of employment

Centers for Medicare and Medicaid Services

- Physician Self-referral Law (Stark Law)
  - A CMS regulation which prohibits physicians from referring Medicare patients to entities with which the physicians or an immediate family member has a financial arrangement
  - Violation of the Stark Law
  - A violation is a violation whether or not it was intentional, accidental, etc.
  - Safe Harbor allows for the Stark Law to provide money to physicians to help employ an RN, PA, Nurse. There are specific guidelines
  - Law is complicated and convicted
  - Implication: Do not allow yourself to accidentally violate this law

Drug Enforcement Agency

- Prescriber Safety
  - Keep Rx in a safe place
  - Write out the exact amount to be dispensed
  - Use Rx only for writing prescription notes
  - Never pre-signature, pre-approve
  - Contact the DEA to report suspicious prescription activity
  - Use tamper resistant prescription pads
  - Prescription Requirements
    - Date and signature
    - Patient name, address
    - Practitioner name, address, and DEA number
    - Drug information
    - Use Ink only
    - Cannot prescribe unless the order above it is dated
    - DEA number must be kept at the place of employment
Texas Specific Laws
- Texas Board of Medicine
- Texas State Board of Pharmacy
- Texas Board of Nursing
- Other Texas Laws

Case Scenario
- You are an AGACNP working for an intensivist group who provides telemedicine consultation services to a rural hospital without an intensivist program.
  - What Texas Law/Rule governs telemedicine practice?
  - Is this within scope of practice?

Texas Medical Board
- Telemedicine (Texas Administrative Code Title 22, Part 9, Chapter 174)
  - Defines regulations for telemedicine delivered on Established Medical Sites vs. non-established medical sites.
  - Established medical sites:
    - Rules are more flexible.
    - Patient presents to a site for care. The site has a provider (physician or PA or APRN) who is supervised by and has delegated authority from a Texas physician who uses telemedicine to provide health services.
    - Providers must be licensed in Texas.
    - Sites require written protocols to be developed to prevent fraud and abuse.
    - Sites require a written statement on security, verifications, and patient profiles.
    - Notice to patient about risks and benefits of telemedicine.
    - In-person requirements.

Texas Medical Board
- Telemedicine (Texas Administrative Code Title 22, Part 9, Chapter 174)
  - Other requirements of this rule:
    - Technology and security requirements:
    - Medical records:
    - Patient-identified by both the provider and patient for video EHRs used.
    - Patient access and education regarding medical history. Further patient education regarding medical history must be provided.
    - Patient access:
    - Patient access to records is allowed.

Texas Medical Board
- Telemedicine (Texas Administrative Code Title 22, Part 9, Chapter 174)
  - Other requirements of this rule:
    - Technology and security requirements:
    - Medical records:
    - Patient-identified by both the provider and patient for video EHRs used.
    - Patient access and education regarding medical history. Further patient education regarding medical history must be provided.
    - Patient access:
    - Patient access to records is allowed.

Case Scenario
- Your AGACNP colleague asks you to discuss scope of practice. He is working for an intensivist group and just recently started the position. He is expected to make rounds on ICU patients during the day. The physicians and the NP split the patients and provide care to only their team of patients. The physicians are available for consultation but do not routinely see the patients. The NP views:
  - What Texas Law/Rule gives rise direction for this scenario?
  - What other agency policies must be considered?
  - Is this appropriate?
  - Is this within scope of practice?
Texas Medical Board

Standing Delegation Orders (Texas Administrative Code Title 22, Part 9, Chapter 193)

Physician is not liable for the acts of an APRN solely on the basis of having signed an order, a standing medical order, or a standing delegation order, or a prescriptive authority agreement for another physician.

Delegation of Prescriptive Authority at a Facility Based Practice

Max: 1 hospital or 2 long term care facilities

"Physician supervision of the prescribing and ordering of a drug or device shall continue to what extent required by the education and experience of the APRN/PA, a physician shall provide such supervision, but there must be a physical presence of the physician, it is not required.

Registration of Delegation and Prescriptive Authority Agreements

Texas Medical Board website.


Case Scenario

Your AGACNP colleague calls you to discuss scope of practice. He is working for an intensive care unit and was recently started the position. He is interested to make rounds on ICU patients during the day. The physicians and the NPs split the patients and provide care to only their team of patients. The physicians are available for consultation, but do not usually see the patients the NPs.

What Texas Law/Rule gives use direction for this scenario?

What other agency policies must be considered?

Is this appropriate?

Is this within scope of practice?

Question

How does the Texas State Board of Pharmacy regulate APRN practice in Texas?

Texas State Board of Pharmacy

Prescriptions (Texas Occupations Code, Title 3 Health Professions, Substance Abuse Practitioners, Chapter 562)

- Requires that prescription of dangerous drugs be in compliance with all state and federal regulations
- Texas prescription code Title 22, Part 15, Chapter 315 Controlled Substances - Effective September 1, 2016
  - Requires the use of "Official Prescription forms" to prescribe Schedule II medications
  - Forms are to be ordered from the TXSBP
  - APRN/PAs may order the forms, but the order form must be co-signed by the delegating physician
  - Upon termination of physician delegation the forms are void and must be returned to the TXSBP
  - Requires DEA registration
  - Use of the official form is not required for hospitalized patients or patients in the ED
  - Required for hospice settings that are outpatient

Texas State Board of Nursing

APRNs are governed by all areas of the nurse practice act rules and regulations

Question

Which of the following is the most appropriate way to sign your name and credentials after your name received recognition as an AGACNP in Texas?

- John Smith AGACNP, ARNP
- John Smith AGACNP
- John Smith, AGACNP
- John Smith-AGACNP

Texas Board of Nursing

APRNs are governed by all areas of the nurse practice act rules and regulations

Question

Which of the following is the most appropriate way to sign your name and credentials after your name received recognition as an AGACNP in Texas?

- John Smith AGACNP, ARNP
- John Smith AGACNP
- John Smith, AGACNP
- John Smith-AGACNP
Texas Board of Nursing

**Prescriptive Authority Agreement**

- APRNs are authorized by which an APRN is delegated the authority to order prescription drugs or devices at a facility.
- **Required Elements**
  - Name and address of the facility
  - Prescriptive Authority Agreement
  - Name and address of the delegating physician
  - Patient medical record
  - Prescribing physician
  - Date of prescription
  - Number of days
  - Worldwide jurisdiction

**Prescribing at a Facility-Based Practice**

- APRNs may use a PAA or other written protocol to prescribe drugs and devices at a facility.
- **Required Elements**
  - Name and address of the facility
  - Prescribing physician
  - Date of prescription
  - Number of days
  - Worldwide jurisdiction

**Core Standards of Practice (For an APRN)**

- APRNs must practice within their scope of practice.
- **Required Elements**
  - Name and address of the practice
  - Medicares or is accredited by Joint Commission must register with the Board.
  - APRNs must retain professional accountability for advanced practice care.
  - Must follow the following laws:
    - Texas Pharmacy Act
    - Texas Medical Practice Act
  - APRNs may only order/ prescribe in a facility in which the delegating physician is the medical director.

**Prescriptive Authority**

- APRNs must practice within the scope of practice.
- **Required Elements**
  - Name and address of the facility
  - Prescribing physician
  - Date of prescription
  - Number of days
  - Worldwide jurisdiction

**Outline for Prescribing**

- APRNs may use a PAA or other written protocol to prescribe drugs and devices at a facility.
- **Required Elements**
  - Name and address of the facility
  - Prescribing physician
  - Date of prescription
  - Number of days
  - Worldwide jurisdiction

**Texas Board of Nursing**

- APRNs must practice within their scope of practice.
- **Required Elements**
  - Name and address of the facility
  - Prescribing physician
  - Date of prescription
  - Number of days
  - Worldwide jurisdiction

**Prescribing a Facility-Based Practice**

- APRNs may use a PAA or other written protocol to prescribe drugs and devices at a facility.
- **Required Elements**
  - Name and address of the facility
  - Prescribing physician
  - Date of prescription
  - Number of days
  - Worldwide jurisdiction

**Prescriptive Authority Agreement**

- APRNs are authorized by which an APRN is delegated the authority to order prescription drugs or devices at a facility.
- **Required Elements**
  - Name and address of the facility
  - Prescribing physician
  - Date of prescription
  - Number of days
  - Worldwide jurisdiction

**Prescribing at a Facility-Based Practice**

- APRNs may use a PAA or other written protocol to prescribe drugs and devices at a facility.
- **Required Elements**
  - Name and address of the facility
  - Prescribing physician
  - Date of prescription
  - Number of days
  - Worldwide jurisdiction

**Core Standards of Practice (For an APRN)**

- APRNs must practice within their scope of practice.
- **Required Elements**
  - Name and address of the practice
  - Medicares or is accredited by Joint Commission must register with the Board.
  - APRNs must retain professional accountability for advanced practice care.
  - Must follow the following laws:
    - Texas Pharmacy Act
    - Texas Medical Practice Act
  - APRNs may only order/ prescribe in a facility in which the delegating physician is the medical director.
Texas Board of Nursing

Prescribing at a Facility-Based Practice—Case Scenario

- The AGACNP is working for a hospital group and the medical director has delegated authority to the AGACNP to care for the physician's patient in the hospital. Upon meeting a new physician, Dr. Smith, he tells the AGACNP, I do not believe in using nurse practitioners to care for my patients.

How should you handle this?
Is there a Texas law which should guide your response?

Texas Board of Nursing

Authority to Prescribe Controlled Substance

- Must be delegated by a physician
- Prescription includes statement of 90 days
- Must follow the APN for 90 days
- Assessments and documentation
- Prescription with a scheduled 3 medications
- Cannot write a prescription for controlled substances
- Person who is receiving hospice care from a qualified hospice provider

Texas Board of Nursing

Conditions for Obtaining and Distributing Drug samples

- Must be authorized by the AAP or facility-based agreement
- All record of the sample is maintained and samples are labeled as specified in the Dangerous Drug Act (Chapter 483, Health and Safety Code) or the Texas Controlled Substances Act (Chapter 481, Health and Safety Code) and 37 Texas Administrative Code Chapter 13.

TX BON Enforcement Rule Case Scenario

- An AGACNP colleague tells you she has an ear infection and has written a prescription for herself to treat the infection. Is this legally allowed?

Can an AGACNP write an inpatient order for a patient to receive Vancomycin and have pharmacy dose the medication?

What Texas Law gives us direction to answer these questions?

Texas Board of Nursing

Enforcement (Prescriptive Authority)

- Any APRN who violates the sections of the rule or practices in a matter that is not consistent with the standard of care or prescribed under this section and adversely affects the patient.
- Determined by the Board that the APRN's conduct or practice is in violation.
- Precluding the individual from practice in any other jurisdiction.
- Referring the complaint to the appropriate authority.

http://www.bne.state.tx.us/rr_current/222-2.asp
TX BON Enforcement Rule Case Scenario

- An AGACNP colleague tells you she has an ear infection and has written a prescription for herself to treat the infection. Is this legally allowed?
- Can an AGACNP write an inpatient order for a patient to receive Vancomycin and have pharmacy dose the medication?
- What Texas Law gives us direction to answer these questions?

Texas Board of Nursing

Pain Management Standards of Practice (Texas Administrative Code Title 22, Part 11 Texas BON: Chapter 228, Rule 228.1)
- Sets the minimum standards of care for APRNs managing pain
- Goal of therapy
- Prescriptive medication in therapeutic manner only
- Treatment based on complete assessment
- Evaluation of pain
- Complete history, focused exam, nature and intensity of pain
- All current and past treatment
- Underlying conditions associated with pain
- Effects of pharmacological and psychological function
- History and potential for substance abuse, dependence, addiction

Other Texas Laws

Case Scenario
- You are an AG ACNP working as an intensivist. You have been coding a patient for 30 minutes without any response.
- What Texas law gives us direction for this scenario?
- Based on Texas law how do you want to handle this situation?
Other Texas Laws

Case Scenario

You are an AGACNP working for a hospitalist group. One of the physicians asks you to write a DNR order on a patient. He also asks you to complete an out of hospital DNR order in preparation for discharge. Based on Texas law, how do you want to handle the situation?

What Texas law gives us guidance for this situation?

How should you handle this situation?

Other Texas Laws

Case Scenario

You are the AGACNP working for a cardiologist practice. The office manager comes to you and says that Mr. XYZ passed away last night from coronary artery disease. His family needs the death certificate signed as soon as possible. The office manager asks you to sign because the cardiologist is out of the office on vacation for the next 3 weeks.

What Texas Law Applies here?

How should you handle the situation?

Other Texas Laws

Case Scenario

You are the AGACNP working for a hospitalist group. You provide cross coverage to the hospitalized patients and do admissions at night. You receive a call from the RN stating that Mr. ABC who was a DNR passed away and she would like you to come and pronounce the death.

What Texas Law Applies here?

How should you handle the situation?
Other Texas Laws

Case Scenario
You are the AGACNP working for a hospitalist service. You are preparing to discharge a patient who is wheelchair bound. The patient asks you to sign a renewal application for his handicap parking placard.

What Texas Law Applies?
Transportation Code Title 7, Subtitle F, Chapter 681

How should you handle this situation?
NPs can only sign the initial certification/application for a disability placard. Renewals must be signed by a physician.


Miscellaneous Scope of Practice

Case Scenario
You are an AGACNP working with a hospitalist group. Upon reviewing your patient load in the morning you notice that a 14 year old male has been admitted to your service for an asthma exacerbation. Does your scope of practice include taking care of adolescents?

Yes quite possibly.
Consider Scope of practice
ANCC certification covers ages 13 to 85.
Texas Board does not define your educational preparation and certification.

Miscellaneous Scope of Practice

Case Scenario
An AGACNP colleague has just graduated with her DNP. She tells you she plans to introduce herself as "Dr. ABC" to her patients.

What Texas law governs the use of the term Doctor?
Occupations Code Title 2 (Health Professions) Subtitle A: Provisions applying to health professions generally, Chapter 104, Healing Art Practitioners.

Can she do this?
Yes, but has to identify herself as a RN and her Advanced Practice Specialty, and which university granted the academic doctorate degree.