

St. Luke's Hospital & Health Network

June 24, 2013

#Name_FML_T#

#AddrFull:'2'#

Dear Nurse Practitioner:

St. Luke's Hospital and Health Network has developed a standard Collaborative Agreement template for all Certified Registered Nurse Practitioners practicing in a St. Luke's facility. This form will facilitate uniformity across the Network.

We have also included a brief review of Collaborative Agreement for Prescriptive Authority and Collaborative Agreement requirements established by the State Board of Nursing of Pennsylvania. Additional information can be found on the State Board of Nursing's Rules and Regulations website:

<http://www.pacode.com/secure/data/049/chapter21/subchapCtoc.html>.

For your convenience attached is a template style form that you will be able to type your information on. To do so, save the document to your computer and complete it on your PC. After completing, please print the form and arrange for it to be signed and initialed by your collaborating physician.

Upon completion return the Collaborative Agreement form and a copy of the State issued Prescriptive Authority Agreement, if applicable, to the Department of Medical Affairs-APS, St. Luke's Hospital & Health Network, 801 Ostrum Street, Bethlehem, PA 18015.

You will need to have a separate Collaborative Agreement for each different employer that needs you to practice in a St. Luke's facility and if necessary a prescriptive authority for each as well. If there are multiple physicians at a practice one will be the primary and the rest can be listed as substitutes on the collaborative agreement form. Copies of existing prescriptive authorities may be submitted to us, but the attached completed SLH Collaborative Agreement form must be supplied.

We would appreciate receiving the completed and signed form by November 4, 2010.

Thank you in advance for your help in this matter.

Yours Sincerely,

Manny Changalis
Assistant Vice President
Medical and Academic Affairs

#Name FML T#

Certified Registered Nurse Practitioner

Collaborative Agreement for Practicing in a St. Luke's Hospital Facility and Collaborative Agreement for Prescriptive Authority

St. Luke's Hospital, Department of Medical Affairs, has prepared the following instructions and form for establishing Collaborative Agreements when practicing at a St. Luke's facility.

For Nurse Practitioner information see the State Board of Nursing Rules and Regulations:

<http://www.pacode.com/secure/data/049/chapter21/chap21toc.html>

Or, see the State Board of Nursing website:

http://www.portal.state.pa.us/portal/server.pt/community/state_board_of_nursing/12515

In order for a CRNP to provide care to patients at a St. Luke's Hospital and Health Network facility, the attached form **must** be utilized.

I. DEFINITIONS

Collaboration – The process in which a CRNP works with one or more physicians to deliver healthcare services within the scope of the CRNP's license. The process includes the following:

1. Immediate availability of a licensed physician to a CRNP through direct communication or by radio, telephone or telecommunication.
2. A predetermined plan for emergency services.
3. A physician available to a CRNP on a regularly scheduled basis for the following:
 - a. Referrals
 - b. Review of standards of medical practice incorporating consultation and chart review.
 - c. Drug and other medical protocols within the practice setting.
 - d. Periodic updating in medical diagnosis and therapeutics.
 - e. Cosigning records when necessary to document accountability by both parties.

Collaborative Agreement - The written and signed agreement, between the CRNP and a collaborating physician in which they agree to the details of their collaboration including the elements in the definition of collaboration.

Prescriptive Authority Agreement – The written and signed agreement between a CRNP with prescriptive authority and a collaborating physician in which they agree to the details of their prescriptive collaboration.

II. COLLABORATIVE AGREEMENT

Collaborative Agreement – (complete attached form supplied by St. Luke's and provide the Department of Medical Affairs a copy) A CRNP may collaborate only with a physician who holds a current license to practice in Pennsylvania. When acting in collaboration with a physician, as set forth in a collaboration agreement, and within the CRNP's specialty, a CRNP may:

1. Perform comprehensive assessments of patients and establish medical diagnoses.
2. Order, perform and supervise diagnostic tests for patients and, to the extent the interpretation of diagnostic tests is within the scope of the CRNP's specialty and consistent with the collaborative agreement, may interpret diagnostic tests.
3. Initiate referrals to and consultations with other licensed professional health care providers, and consult with other licensed professional health care providers at their request.
4. Develop and implement treatment plans, including issuing orders to implement treatment plans.
However only a CRNP with current prescriptive authority approval may develop and implement treatment plans for pharmaceutical treatments.
5. Complete admission and discharge summaries.
6. Order blood and blood components for patients.
7. Order dietary plans for patients.
8. Order home health and hospice care.
9. Order durable medical equipment.

10. Issue oral orders to the extent permitted by St. Luke's Hospital's by-laws, rules, regulations or administrative policies and guidelines.
11. Make physical therapy and dietitian referrals.
12. Make respiratory and occupational therapy referrals.
13. Perform disability assessments for the program providing temporary assistance to needy families (TANF).
14. Issue homebound schooling certifications.
15. Perform and sign the initial assessment of methadone treatment evaluations, provided that any order for methadone treatment shall be made only by a physician.

III. PRESCRIPTIVE AGREEMENT (If you already have one, please submit a copy)

Prescriptive Authority Collaboration Agreement (complete form supplied by State Board of Nursing and provide the Department of Medical Affairs a copy) - The written and signed agreement between a CRNP with prescriptive authority and a collaborating physician in which they agree to the details of their collaboration.

This agreement must:

1. Be in writing, identify the parties, including the collaborating physician, the CRNP, and at least one substitute physician who will provide collaboration if the collaborating physician is unavailable, include the signature of the CRNP and the collaborating physician, and contain the date that the agreement is signed and the date the agreement is effective.
2. Identify the specialty in which the CRNP is certified.
3. Identify the categories of drugs from which the CRNP may prescribe or dispense.
4. Specify the circumstances and how often the collaborating physician will personally see the patient.
5. Be kept at the primary practice location of the CRNP and a copy filed with the Bureau of Professional and Occupational Affairs.
6. Be made available for inspection to anyone who requests it and be provided, without charge, to any licensed pharmacists or pharmacy upon request.
7. Be reviewed and updated by the parties at least once every 2 years or whenever the agreement is changed.
8. Specify the amount of liability insurance that covers the CRNP.

To obtain prescriptive authority approval, a CRNP shall:

- a. Successfully complete 45 hours of course work specific to advanced pharmacology.
- b. Complete at least 16 hours of Board-approved continuing education in pharmacology in the 2 years prior to the biennial renewal date of certification.
- c. Submit an application for prescriptive authority approval to the Board.

Collaborative Agreement
for Practicing at a St. Luke's Hospital and Health Network Facility

In order for a CRNP to provide care to patients at a St. Luke's Hospital and Health Network facility, the attached form **must** be completed. A separate Collaborative Agreement must be submitted for **each** collaborating physician.

PART I

This written and signed document shall serve as the collaborative agreement, between **#FirstName# #LastName#**, a CRNP, and the collaborating physician, _____, in which they agree to the details of their collaboration, including the elements in the definition of collaboration. This collaborative agreement has been established according to the rules and regulations of the State Board of Nursing of the Commonwealth of Pennsylvania.

PARTIES TO THE AGREEMENT

Nurse Practitioner

First Name: #FirstName#	Last Name: #LastName#	Middle Name: #MiddleName#
PA Nurse Practitioner License Number: #LicNumber:'CRNP':F#	PA Nurse Practitioner License Expiration Date: #LicExpDt:'CRNP':F#	

Collaborating Physician:

First Name:	Last Name:	Middle Initial:
PA Medical License Number:	PA Medical License Expiration Date:	Degree: <input type="checkbox"/> M.D. or <input type="checkbox"/> D.O.
Physician's Office Practice Name		
Telephone:	Fax Number:	E-Mail Account:

PRACTICE SETTING

Facility: St. Luke's Hospital & Health Network	Phone Number:
<input type="checkbox"/> Bethlehem <input type="checkbox"/> Allentown <input type="checkbox"/> Miners <input type="checkbox"/> Quakertown <input type="checkbox"/> SLPG <input type="checkbox"/> VNA	
Address:	
City:	State: Zip Code:

PART II

Please select the National Certification Organization from which you received certification for the specialty selected in Part III.

- | | |
|---|---|
| <input type="checkbox"/> AACN
<i>American Association of Critical Care Nurses</i> | <input type="checkbox"/> ONCC
<i>Oncology Nursing Certification Corporation</i> |
| <input type="checkbox"/> AANP
<i>American Academy of Nurse Practitioners</i> | <input type="checkbox"/> PNCB
<i>Pediatric Nursing Certification Board</i> |
| <input type="checkbox"/> ANCC
<i>American Nurses Credentialing Center</i> | <input type="checkbox"/> Other
_____ |
| <input type="checkbox"/> NCC
<i>National Certification Corporation</i> | |

PART III

Please select the one area of specialty as listed on your Pennsylvania CRNP National Certification Board.

- Acute Care
- Adult
- Adult Psych/MH
- Adv Diabetes Mgmt
- Family
- Family Psych/MH
- Gerontology
- Neonatal
- OB/GYN
- Oncology
- Pediatric
- Pediatric Acute Care
- Pediatric Primary Care
- Women's Health
- Other _____

PART IV

The CRNP has professional liability insurance coverage from:

Insurance Carrier's Name:	
Limits of Liability Coverage:	
Policy Number:	Expiration Date:

PART V

Collaboration – The process in which a CRNP works with one or more physicians to deliver healthcare services within the scope of the CRNP's expertise. The process includes the following:

1. Immediate availability of a licensed physician to a CRNP through direct communication or by radio, telephone or telecommunication.

Physician, please describe your availability and means of communication

2. A predetermined plan for emergency services.

Physician, please describe your predetermined plan for emergency services

3. A physician must be available to a CRNP on a regularly scheduled basis for *all* of the following:

Physician, please check and initial that you ensure all of the following will apply

- _____ Referrals
- _____ Review of standards of medical practice incorporating consultation and chart review.
- _____ Drug and other medical protocols within the practice setting.
- _____ Periodic review in medical diagnosis and therapeutics.
- _____ Cosigning records when necessary to document accountability by both parties.

PART VI

A CRNP may collaborate only with a physician who holds a current license to practice in Pennsylvania. When acting in collaboration with a physician, as set forth in a collaboration agreement, and within the CRNP's specialty, a CRNP may:

Physician, please check and initial those items for which collaboration will occur

- _____ Perform comprehensive assessments of patients and establish medical diagnoses.
- _____ Order, perform and supervise diagnostic tests for patients and, to the extent the interpretation of diagnostic tests is within the scope of the CRNP's specialty and consistent with the collaborative agreement, may interpret diagnostic tests.
- _____ Initiate referrals to and consultations with other licensed professional health care providers, and consult with other licensed professional health care providers at their request.
- _____ Develop and implement treatment plans, including issuing orders to implement treatment plans. *However only a CRNP with current prescriptive authority approval may develop and implement treatment plans for pharmaceutical treatments.*
- _____ Complete admission and discharge summaries.
- _____ Order blood and blood components for patients.
- _____ Order dietary plans for patients.
- _____ Order home health and hospice care.
- _____ Order durable medical equipment
- _____ Issue oral orders to the extent permitted by St. Luke's Hospital's by-laws, rules, regulations or administrative policies and guidelines.
- _____ Make physical therapy and dietitian referrals.
- _____ Make respiratory and occupational therapy referrals.
- _____ Perform disability assessments for the program providing temporary assistance to needy families (TANF).
- _____ Issue homebound schooling certifications.
- _____ Perform and sign the initial assessment of methadone treatment evaluations, provided that any order for methadone treatment shall be made only by a physician.

Additional Items for Collaboration

Physician, please check and initial for each additional item. (Attach pages if needed)

- _____ _____
- _____ _____
- _____ _____

PART VII

STATEMENT OF COLLABORATING PHYSICIAN

I, _____ (**Collaborating Physician**), hereby verify that #Name_FML_T#, a licensed practitioner in the State of Pennsylvania, is working in collaboration with me, or a substituting physician recognized within this document, within his/her scope of practice for the licensed specialty of _____.

This agreement shall be updated, and signed between the CRNP and collaborating physician, every two years at the time of re-appointment. I agree to promptly notify in writing St. Luke's Hospital and Health Network when any substantive changes in the collaboration occur or when myself and the CRNP are no longer working in collaboration.

I also agree to keep this document at the primary practice location of the CRNP and allow it to be made available for inspection to anyone seeking to confirm the scope of practice of the CRNP.

Nurse Practitioner:

Signature of #Name_FML_T# Date License Number

Collaborating Physician:

Print Name Signature Date License Number

Substituting Physician(s)

Print Name	Signature	Date	License Number

**** Attach any additional explanatory collaborative agreement documents and, if applicable, a copy of the Collaborative Agreement for CRNP Prescriptive Authority. ****

- Prescriptive Authority Agreement is Included**
- Prescriptive Authority Agreement is Not Applicable**

***This agreement is effective* _____
month/date/year**