

Saint Michael's Hospital
Stevens Point, Wisconsin

ADVANCED PRACTICE NURSE PRESCRIBER/PHYSICIAN COLLABORATION AGREEMENT AND PRACTICE GUIDELINES

The advanced practice nurse prescriber ("APNP") is a registered nurse licensed to practice and authorized to prescribe medication in Wisconsin who is currently certified by a national certifying body as a nurse practitioner, certified nurse midwife, certified registered nurse anesthetist or clinical nurse specialist and, if such certification was received after July 1, 1998, who has graduated from an accredited masters degree nursing program with course work relevant to the advanced practice nursing role. We understand that the scope of the practice for the APNP and the skills which may be carried out by a fully trained and educated APNP in their area of specialty involve knowledge of the sciences as well as use of national care guidelines. The APNP may do any of the following when within the APNP's scope of practice:

1. Educating patients and families about health life styles (Health Promotion/Disease Prevention).
2. Evaluating health status (Assessment).
3. Identifying and differentiating normal from abnormal conditions (Diagnosis).
4. Selecting appropriate therapeutic measures (Treatment).
5. Implementing treatment referrals and or consultation (Care Coordination).
6. Monitoring patient outcomes (Evaluation).

In a manner consistent with Saint Michael's Hospital Medical Staff Midlevel Provider Policy, the APNP's specialty scope of practice, and applicable laws, the APNP listed below may write orders and authorize services, including laboratory, x-ray, and other diagnostic procedures, and treat patients.

Each APNP who writes orders and authorizes services at Saint Michael's Hospital must establish and identify at least one relationship with a collaborating physician who is a member of the Medical Staff. Collaboration is defined as a process which involves two or more health care professionals (at least one of whom is a physician) working together, in each other's presence when necessary, each contributing one's respective area of expertise to provide more comprehensive care than one alone can offer. Jointly, they must complete this Advanced Practice Nurse Prescriber/Physician Collaboration Agreement and Practice Guidelines form. The APNPs will maintain ongoing communication with their collaborating physicians including direct consultation whenever a patient presents with symptoms or a diagnosis, which exceeds the specific training or competency of the individual APNP.

In the case of any emergency, to the degree permitted by their license and regardless of department of staff status, or lack of it, the APNP shall be permitted and assisted to do everything possible to save the life of a patient, using every facility of the hospital necessary, including the calling for any consultation necessary or desirable. When an emergency situation no longer exists, the APNP shall immediately refer the patient to a physician. The APNP shall also notify their collaborating physician of the situation if their collaborating physician is not the physician to whom the patient was referred.

The overall review of APNP practice and evaluation of the quality of service provided is evaluated by the applicable department chair or medical director.

The collaborating physician is responsible for the patient's care, only to the extent that they have consulted or have been asked by the APNP to participate in the patient's care.

We understand that this agreement is valid for two years. If at any time our collaborative relationship is terminated, prompt notification will be given to Saint Michael's Hospital Medical Staff office. Such termination will have the effect of terminating this Agreement as it relates to the physician whose collaborative relationship is ended.

We have read, understand, accept and agree to conditions outlined in this Agreement and the Midlevel Provider Policy of the Medical Staff of Saint Michael's Hospital regarding APNP/physician collaboration, ordering tests and countersignature requirements.

Advanced Practice Nurse Prescriber (APNP)

Name (printed): _____
Practice: _____
Street Address: _____
City/St/Zip: _____
Telephone Number: _____
Certification: _____
APN Signature: _____
Date: _____

Collaborating Physician

1. Name (printed): _____
Practice: _____
Street Address: _____
City/St/Zip: _____
Telephone Number: _____
Physician Signature: _____
Date: _____

2. Name (printed): _____
Practice: _____
Street Address: _____
City/St/Zip: _____
Telephone Number: _____
Physician Signature: _____
Date: _____

3. Name (printed): _____
Practice: _____
Street Address: _____
City/St/Zip: _____
Telephone Number: _____
Physician Signature: _____
Date: _____

4. Name (printed): _____
Practice: _____
Street Address: _____
City/St/Zip: _____
Telephone Number: _____
Physician Signature: _____
Date: _____