

CALIFORNIA PRISON HEALTH CARE SERVICES



VOLUME 4: MEDICAL SERVICES	Created: May 5, 2009
CHAPTER 28B	Next Revision: January 2010
NURSE PRACTITIONER PROCEDURE	Attachment(s): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

GENERAL REQUIREMENTS:

A. Standardized Procedure Development, Review and Revision

Standardized Procedures shall be developed through collaboration with Physicians, Nurse Practitioners, and Administrators in California Prison Health Care Services (CPHCS), which adhere to the regulations jointly promulgated by the California Board of Registered Nursing and the Medical Board of California.

CPHCS shall establish a Professional Practice Committee to oversee the development of all Standardized Procedures. The Professional Practice Committee shall be comprised of Physicians, Mid-level Practitioners, and other clinical disciplines as deemed appropriate. Standardized Procedures shall be reviewed annually and revised as necessary.

B. Approval of Standardized Procedures

All Standardized Procedures shall be approved by the Professional Practice Committee and accompanied by a dated and signed approval sheet (see Attachment A, Statement of Approval and Agreement). Signature on the "Statement of Approval and Agreement" implies the following:

- Approval of all attached Standardized Procedures;
- The intent of all parties to abide by the Standardized Procedures in theory and in practice; and
- The willingness of all parties to maintain a collaborative working relationship.

Standardized Procedures approved by the Professional Practice Committee shall be maintained in a separate manual at each institution.

C. Hiring of Nurse Practitioners

Nurse Practitioners may be hired as civil servants or as contract employees. The hiring process for Nurse Practitioners shall follow established State laws and CPHCS standards. The physician manager at each institution (Chief Medical Officer or Chief Physician and Surgeon) shall obtain approval from the Headquarters Credentialing Unit prior to making a permanent job offer to Nurse Practitioner applicants.

D. Education, Experience, and Certification

All Nurse Practitioners hired by CPHCS (civil service and contract employees) shall possess the following:

- Active California Registered Nurse license; and
- Nurse Practitioner certificate issued by the California Board of Registered Nursing.

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Other desirable qualifications include:

- Current Basic Life Support certification;
- At least two (2) years of relevant primary care experience: For specialized facilities (e.g., women's prisons), the 2 years of experience in primary care can be substituted with other relevant experience (e.g., 2 years as a Nurse-Midwife);
- National certification (by the American Academy of Nurse Practitioners or the American Nurses Credentialing Center) as a Family or Adult Nurse Practitioner; or have graduated from a Nurse Practitioner program within the past twelve months, with the intention of seeking national certification; and
- Possession of a furnishing number and DEA certificate within one year of hire.

E. Orientation

All Nurse Practitioners (civil service and contract employees) shall attend new employee orientation at their assigned institution. Orientation shall include pertinent information regarding the work environment as well as job expectations. A copy of the Duty Statement shall be provided to all newly hired Nurse Practitioners during clinical orientation (see Attachment B, Nurse Practitioner Duty Statement).

F. Scope

Nurse Practitioners working at CPHCS may perform the following functions within their specialty area, and consistent with their experience and credentialing: assessment, diagnosis, management and treatment of episodic illness and chronic illness, as well as health promotion and general evaluation of health status, including but not limited to ordering laboratory procedures, x-rays and physical therapies, recommending diets, and referring patients to specialty clinics when indicated.

G. Setting

Nurse Practitioners working in CPHCS may perform Standardized Procedures in Reception Centers, Ambulatory Care Clinics, Specialty Clinics, Yard Clinics, Sick Call Clinics, Chronic Care Clinics, Outpatient Housing Units, Correctional Treatment Centers (CTC), General Acute Care Hospitals (GACH), Hospice Units, and other clinical settings as determined by the Chief Medical Officer or designee.

The physician manager shall ensure that each Nurse Practitioner is properly credentialed and receives appropriate privileges. Only those Nurse Practitioners with appropriate credentials and privileges may provide care in licensed inpatient settings. Credentialing and privileging for practice in licensed inpatient settings shall be in accordance with all applicable state regulations. When providing care in an inpatient setting, the Nurse Practitioner shall closely collaborate with the clinical supervisor who shall be the physician of record.

In extreme, unforeseen circumstances and when deemed medically necessary for the preservation of life and limb, Nurse Practitioners may provide emergency health care services, in accordance with their training and experience, in others areas of the institution, or off grounds as necessary.

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H. Consultation

Physician consultation shall be obtained as specified in individual protocols and under the following circumstances:

- Whenever situations arise which go beyond the intent of the Standardized Procedures or the competence, scope of practice, or experience of the Nurse Practitioner;
- Whenever patient conditions fail to respond to the treatment plan in an appropriate timeframe;
- Any rare or unstable patient condition;
- Any patient condition that does not fit the commonly accepted diagnostic pattern for a disease or disorder;
- Any unexplained physical examination or historical finding;
- At the Nurse Practitioner's or physician's request; and
- All emergency situations after initial stabilization.

Whenever a physician is consulted a notation including the date, time, and physician's name, shall be recorded in the Unit Health Record (UHR).

All patient consultations or treatment related to new or recurrent diagnosis of depression, anxiety, or any other mental health condition or diagnosis shall immediately be referred to the Mental Health Department at the institution.

Whenever a Nurse Practitioner makes a mental health referral, a notation shall be made in the patient's UHR.

I. Patient Records

The Nurse Practitioner shall be responsible for the preparation of a complete medical record for each patient encounter. All information relevant to patient care (e.g., assessments, diagnoses, treatment plans, procedure notes and discharge notes) shall be recorded in the UHR.

J. Supervision

The physician manager at each institution shall be responsible for ensuring that Nurse Practitioners receive adequate supervision. Appropriately qualified physicians may provide clinical supervision to Nurse Practitioners. Physician consultation shall be available at all times either onsite, by telephone, or via electronic device, and no physician shall supervise more than four (4) Nurse Practitioners at one time.

It is the physician manager's responsibility to:

- Ensure that all physicians assigned to provide clinical supervision to Nurse Practitioners receive adequate orientation to their role and responsibilities;
- Delegate, if appropriate, the clinical supervision of Nurse Practitioners to appropriately qualified physicians based on approved ratios;
- Ensure that all Nurse Practitioners (civil service and contract employees) receive new employee orientation in accordance with institutional guidelines;
- Ensure that all Nurse Practitioners (civil service and contract employees) receive adequate orientation to their job responsibilities;

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- Ensure that each Nurse Practitioner complies with all department policies, procedures, and standards;
- Ensure that UHR reviews for each Nurse Practitioner are completed within established timeframes as specified in this policy; and
- Complete probationary reports and annual performance evaluations for each Nurse Practitioner as identified in this policy.

K. Evaluation of Clinical Competence

Initial Evaluation

Initial evaluation of clinical competence for civil service and contract Nurse Practitioners shall be provided as follows:

- For the first month following employment, the physician supervisor or designee shall meet with the Nurse Practitioner at least weekly to review the practitioner's clinical care. Evaluation shall include a review of at least five percent (5%) of the medical records for patients treated by the Nurse Practitioner;
- A Clinical Evaluation Program shall be implemented to monitor performance and assist in the completion of performance appraisals;
- After the first month of employment the physician supervisor or designee shall ensure that at least five percent (5%) of the medical records for patients treated by the Nurse Practitioner are reviewed monthly for a period of six (6) months;
- The physician manager shall ensure that three (3) probationary reports are completed thoroughly and in a timely manner for all civil service Nurse Practitioners;
- Informal consultations shall occur as deemed necessary, and as mutually agreed upon by the physician manager and Nurse Practitioner; and
- Contract Nurse Practitioners shall be evaluated at least as often as civil service Nurse Practitioners, utilizing the methods identified above.

Ongoing Evaluation

- At least weekly, the designated physician manager at each institution shall meet with physicians and Nurse Practitioners to discuss clinical practice issues;
- A peer review process shall be utilized to monitor compliance with current practice standards;
- The physician manager shall ensure that an Individual Development Plan (IDP) is completed annually for all civil service Nurse Practitioners that have satisfactorily completed probation; and
- Areas requiring increased proficiency as determined by initial or routine evaluation shall be reassessed by the physician supervisor at appropriate intervals until acceptable skill level is achieved.

L. On-Call

Nurse Practitioners may be scheduled to provide "on-call" services in all areas of the institutions, except the GACH. Nurse Practitioners and rank and file physicians shall be scheduled on an equal basis, with no individual or group receiving preferential treatment.

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Nurse Practitioners scheduled "on-call" shall be available by phone or other electronic means, and be available to return to the institution if necessary. Nurse Practitioners scheduled "on-call" shall provide primary care services and determine the appropriate disposition for patients. When a Nurse Practitioner is "on-call," a physician manager (Chief Physician and Surgeon, Chief Medical Officer or Regional Medical Director) shall be available onsite, by telephone, or via electronic device to provide supervision and clinical support. Nurse Practitioners "on-call" shall be compensated in accordance with the Bargaining Unit 17 Memorandum of Understanding.

M. Record of Persons Authorized to Perform Standardized Procedures

Written records of Nurse Practitioners authorized to perform Standardized Procedures shall be maintained. (See Attachment C).

Reviewed and Approved By:

Steven Ritter, D.O.

Chief Physician Executive

 5/26/09
Name

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ATTACHMENT A CALIFORNIA PRISON HEALTH CARE SERVICES STATEMENT OF APPROVAL AND AGREEMENT

The attached Standardized Procedures have been approved by the CPHCS Professional Practice Committee. The Standardized Procedures were developed in accordance regulations jointly promulgated by the California Board of Registered Nursing and the Medical Board of California.

Signature on the "Statement of Approval and Agreement" implies the following:

- Approval of the Standardized Procedures, and all the policies and protocols contained in this document;
- The intent to abide by the Standardized Procedures contained in this document both in theory and in practice; and
- The willingness of all parties to maintain a collaborative and collegial working relationship.

Chair, Professional Practice Committee

Date

Chief Physician Executive

Date

Chief Nurse Executive

Date

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ATTACHMENT B CALIFORNIA PRISON HEALTH CARE SERVICES NURSE PRACTITIONER DUTY STATEMENT

JOB TITLE: NURSE PRACTITIONER – CORRECTIONAL FACILITY (CF)
DIVISION: HEALTH CARE SERVICES
DEPARTMENT: MEDICAL

DEFINITION:

Utilizing standardized procedures under the clinical supervision of a physician manager, the Nurse Practitioner-CF provides routine primary care services to the adult male and female inmate population, including assessment, diagnosis, management and treatment of episodic illness and chronic illness, as well as health promotion and general evaluation of health status. Care may be provided in Reception Centers, Outpatient Housing Units, Specialty Clinics, Yard Clinics, Sick Call Clinics, Chronic Care Clinics, Correctional Treatment Centers, General Acute Care Hospitals, Hospice Units, and other clinical settings as determined by the Health Care Manager or designee.

DUTIES:

- 80%** Responsible for the evaluation and treatment of inmates in (a) outpatient settings; and/or (b) inpatient settings¹ by carrying out the following functions:
1. Obtain relevant medical histories. Perform physical examinations based on age and history.
 2. Conduct preventive screening procedures based on age and history.
 3. Formulate the appropriate differential diagnosis based upon the history, physical examination and clinical findings.
 4. Develop and implement appropriate treatment plans that include:
 - Ordering appropriate diagnostic tests (laboratory, x-rays, electrocardiograms, etc);
 - Identifying and ordering appropriate pharmacologic agents, adhering to the CPHCS statewide formulary whenever possible;
 - Identifying non-pharmacologic interventions;
 - Making appropriate referrals to other health professionals (mental health, specialty services, dentistry, etc) and community agencies upon release from CPHCS;
 - Consulting with a supervisory or collaborating physician on-site or via electronic means, as clinically indicated;
 - Developing a patient education plan that promotes inmate-patient participation in the plan of care;
 - Counseling and educating patients on health behaviors, self-care skills, and treatment options.

¹ Functions described in this document may be performed in licensed inpatient settings if the Nurse Practitioner possesses the appropriate credentials and/or experience.

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5. Document all assessments and care provided for each patient contact, maintaining detailed, legible, and confidential medical records in accordance with Department policies and procedures.
6. Monitor patients to determine the effectiveness of the plan of care. Reassess and modify the plan of care as necessary to achieve medical and health goals.
7. Conduct patient rounds in the inpatient setting.
8. Perform pre-parole evaluations.
9. Perform administrative segregation clearances.
10. Perform evaluations of patients to determine their suitability or fitness for vocational/education programs.
11. Complete CDC Form 128-C in accordance with department policy.
12. Perform other duties related to patient care as assigned by the Health Care Manager or designee.

10% Respond to medical emergencies in the clinics, Outpatient Housing Units, Correctional Treatment Center, General Acute Care Hospital, or off grounds as necessary. Conduct emergency examinations on injured staff and provide First Aid care.

10% Participate in multidisciplinary care conferences and professional practice group meetings (e.g., Peer Review, Continuous Quality Improvement, Pharmacy and Therapeutics, etc.). Assist in updating Standardized Procedures as necessary. Attend continuing education seminars necessary to maintain licensure and certification requirements.

Nurse Practitioner

Date Reviewed

Supervisor's Signature

Date Reviewed

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ATTACHMENT C

CALIFORNIA PRISON HEALTH CARE SERVICES

NURSE PRACTITIONER STANDARDIZED PROCEDURES

The attached Standardized Procedures were developed in accordance with regulations jointly promulgated by the California Board of Registered Nursing and the Medical Board of California:

C-1 FURNISHING DRUGS AND DEVICES

**C-2 PATIENT SPECIFIC PROTOCOL - SCHEDULE II AND SCHEDULE III
CONTROLLED SUBSTANCES**

ATTACHMENT C-1

CALIFORNIA PRISON HEALTH CARE SERVICES

NURSE PRACTITIONER AND PHYSICIAN ASSISTANT

STANDARDIZED PROCEDURE: FURNISHING DRUGS AND DEVICES

A. Definition

This protocol covers the procedure for Nurse Practitioners/Physician Assistants furnishing drugs or devices. "Furnishing is defined to mean the act of making a pharmaceutical agent or agents available to the patient in strict accordance with a standardized procedure." The ordering of drugs and devices includes the initiation, discontinuation and/or renewal of prescription medications and/or over-the-counter equivalents.

B. Circumstances Under Which the Nurse Practitioner/Physician Assistant May Perform These Functions

1. Setting: Ambulatory Care Clinics, Specialty Clinics, Yard Clinics, Sick Call Clinics, Chronic Care Clinics, Reception Centers, Hospice Unit, Correctional Treatment Centers (CTC), and the Outpatient Housing Unit (OHU).
2. Supervision: Physician supervision required. The physician must be available at least by telephone.
3. Patient Conditions:
Nurse Practitioners who possess a current furnishing number may furnish or order drugs and devices incidental to the provision of:
 - Family planning services
 - Routine health care rendered to essentially healthy persons
4. Other:
Nurse Practitioners/Physician Assistants may furnish Schedule II through Schedule V controlled substances when in possession of a Drug Enforcement Administration (DEA) registration number.

Physician Assistants must obtain advance approval (specific to the patient being treated) from a supervising physician prior to issuing drug orders for non-formulary drugs.

In addition, Physician Assistants must obtain advance approval from a supervising physician before writing a drug order for Schedule II through Schedule V controlled substances, unless the Physician Assistant has completed an education course that covers controlled substances and, the course meets standards approved by the Physician Assistant Committee.

C. Database

1. Subjective Data:
 - a. Age appropriate history and review of symptoms relevant to the presenting complaint or disease process to include current medication, allergies, current treatments and substance abuse history.

- b. No personal and/or family history, which is an absolute contraindication to use of the drug or device.
 - c. Pain history to include onset, location, and intensity.
2. Objective Data:
- a. Physical exam consistent with history and clinical assessment of the patient.
 - b. Laboratory and imaging evaluation to indicate or contraindicate use of the drug or device if necessary.

D. Diagnosis

Assessment data consistent with use of drug or device. No absolute contraindications to use of the drug or device.

E. Plan

1. Treatment:
- a. Initiate, adjust, discontinue, and/or renew medication and devices included on, but not limited to the attached formulary. Use lowest effective dosage per pharmaceutical references. The Nurse Practitioner name and furnishing number shall be included on all Nurse Practitioner prescription transmittal order forms.
 - b. Orders for Schedule IV and V controlled substances shall not exceed 90 days in duration.
 - c. For chronic conditions such as acute, intermittent but recurrent pain, **or** continuous chronic pain the treatment plan shall be established in collaboration with a physician.
 - d. Monitor the effectiveness of the prescribed drug or device.
2. Patient Conditions Requiring Physician Consultation:
- a. Non-responsiveness to appropriate therapy.
 - b. Unusual or unexpected side effects.
 - c. Initiation or change of medication other than those in the formulary.
 - d. Unexplained historical, physical or laboratory findings.
 - e. Upon the request of the Nurse Practitioner/Physician Assistant or Physician.
3. Education:
- a. Provide education on why medication is being prescribed, expected outcomes, side effects, and precautions.
 - b. Provide instruction to the patient on how to take the medication or use the device correctly. Communicate effectively and appropriately based upon the patient's primary language spoken.
4. Follow-up:
- As indicated and appropriate to patient health status and diagnosis.

F. Record Keeping

All information related to patient care shall be documented in the Unit Health Record. Documentation shall be patient-specific and include but not be limited to assessment, diagnosis, name of the drug (or device), condition for which the drug or device is prescribed, dose, route, frequency, quantity, number of refills authorized, patient education, and timeframe for follow-up. For controlled substances the name, title, signature, and Drug Enforcement Administration (DEA) registration number of the Nurse Practitioner/Physician Assistant shall be included on the prescription transmittal order form. Physician consultation and/or referral shall be noted in the patient's chart (including the physician's name).

**RECORD OF NURSE PRACTITIONERS
AUTHORIZED TO PERFORM STANDARDIZED PROCEDURE:
FURNISHING DRUGS AND DEVICES**

Nurse Practitioner		Date
Registered Nurse License #	Furnishing #	
Nurse Practitioner Certification #	DEA #	

Nurse Practitioner		Date
Registered Nurse License #	Furnishing #	
Nurse Practitioner Certification #	DEA #	

Nurse Practitioner		Date
Registered Nurse License #	Furnishing #	
Nurse Practitioner Certification #	DEA #	

Nurse Practitioner		Date
Registered Nurse License #	Furnishing #	
Nurse Practitioner Certification #	DEA #	

Nurse Practitioner		Date
Registered Nurse License #	Furnishing #	
Nurse Practitioner Certification #	DEA #	

ATTACHMENT C-2
CALIFORNIA PRISON HEALTH CARE SERVICES
NURSE PRACTITIONER AND PHYSICIAN ASSISTANT
STANDARDIZED PROCEDURE: PATIENT SPECIFIC PROTOCOL –
SCHEDULE II AND SCHEDULE III CONTROLLED SUBSTANCES

A. Definition

This protocol covers the procedure for Nurse Practitioners/Physician Assistants furnishing or ordering drugs classified as Schedule II and Schedule III controlled substances. Schedule II and Schedule III controlled substances must be furnished in accordance with a patient-specific protocol. "A patient-specific protocol is a protocol contained within a standardized procedure that specifies which categories of patients may be furnished this class of drugs."

B. Circumstances Under Which the Nurse Practitioner/Physician Assistant May Perform These Functions

1. **Setting:** Ambulatory Care Clinics, Specialty Clinics, Yard Clinics, Sick Call Clinics, Chronic Care Clinics, Hospice Unit, Correctional Treatment Centers (CTC), and the Outpatient Housing Unit (OHU).
2. **Supervision:** Physician supervision required. The physician must be available at least by telephone.
3. **Patient Conditions:**
Schedule II and Schedule III controlled substances may be ordered for patients in the following categories:

Category Examples

Respiratory	Marked cough; injury
Dermatology	Shingles; dermal injuries
Musculoskeletal	Marked strain, sprain or fracture; marked arthritis Inflammatory disorders
Neurological	Headache, marked myofascial pain or neuropathies
EENT	Severe pain from EENT infection or injury
GU	Urinary calculi
Post-operative pain	

4. **Other:**
Nurse Practitioners/Physician Assistants must possess a current Drug Enforcement Administration (DEA) registration number in order to furnish controlled substances.

Physician Assistants must obtain advance approval (specific to the patient being treated) from a supervising physician prior to issuing drug orders for

Schedule II through Schedule V controlled substances, unless the Physician Assistant has completed an education course that covers controlled substances and, the course meets standards approved by the Physician Assistant Committee.

C. Database

1. Subjective Data:
 - a. Age appropriate history and review of symptoms relevant to the presenting complaint or disease process to include current medication, allergies, current treatments and substance abuse history.
 - b. No personal and/or family history, which is an absolute contraindication to use of the drug.
 - c. Pain history to include onset, location, and intensity.

2. Objective Data:
 - a. Physical exam consistent with history and clinical assessment of the patient.
 - b. Laboratory and imaging evaluation to indicate or contraindicate use of the drug if necessary.

D. Diagnosis

Assessment data consistent with use of the drug or device. No absolute contraindications to use of the drug or device.

E. Plan

1. Treatment:
 - a. Initiate, adjust, discontinue, and/or renew medication. Limit quantity of tablets as appropriate to the condition being treated. Orders for controlled substances shall not exceed 90 days in duration.
 - b. Monitor the effectiveness of the medication.

2. Patient Conditions Requiring Physician Consultation:
 - a. Non-responsiveness to appropriate therapy.
 - b. Unusual or unexpected side effects.
 - c. Unexplained historical, physical or laboratory findings.
 - d. Upon the request of the Nurse Practitioner/Physician Assistant or Physician.

3. Education:
 - a. Provide education on why medication is being prescribed, expected outcomes, side effects, and precautions.
 - b. Provide instruction to the patient on how to take the medication correctly. Communicate effectively and appropriately based upon the patient's primary language spoken.

4. Follow-up:

As indicated and appropriate to patient health status and diagnosis.

F. Record Keeping

All information related to patient care shall be documented in the Unit Health Record. Documentation shall be patient-specific and include but not be limited to assessment, diagnosis, name of the medication, condition for which medication is prescribed, dose, route, frequency, quantity, number of refills authorized, patient education, and timeframe for follow-up. The name, title, signature, and DEA registration number of the Nurse Practitioner/Physician Assistant shall be included on the prescription transmittal order form. Physician consultation and/or referral shall be noted in the patient's chart (including the physician's name).

**RECORD OF NURSE PRACTITIONERS
AUTHORIZED TO PERFORM STANDARDIZED PROCEDURE:
PATIENT SPECIFIC - SCHEDULE II AND SCHEDULE III
CONTROLLED SUBSTANCES**

Nurse Practitioner		Date
Registered Nurse License #	Furnishing #	
Nurse Practitioner Certification #	DEA #	

Nurse Practitioner		Date
Registered Nurse License #	Furnishing #	
Nurse Practitioner Certification #	DEA #	

Nurse Practitioner		Date
Registered Nurse License #	Furnishing #	
Nurse Practitioner Certification #	DEA #	

Nurse Practitioner		Date
Registered Nurse License #	Furnishing #	
Nurse Practitioner Certification #	DEA #	

Nurse Practitioner		Date
Registered Nurse License#	Furnishing #	
Nurse Practitioner Certification #	DEA #	