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COLLABORATIVE PRACTICE AGREEMENT

St. Michael's Hospital Clinical Area

This agreement describes and clarifies the collaborative relationship and consultative process between _____, Nurse Practitioner- Specialty(NP), and Chief of _____ Department (on behalf of the collaborating physician staff members) and St. Michael's Hospital.

1. RESPONSIBILITIES AND ACCOUNTABILITIES OF TEAM MEMBERS

1.1 Staff Physician: The staff physician's responsibilities, accountabilities and credentialing requirements are outlined in detail in St. Michael's By-laws and Medical Staff policies.

1.2 Nurse Practitioners: The NP is responsible for demonstrating the knowledge, skill, judgment, attitude and competencies necessary for safe practice and the accountabilities and responsibilities outlined by the College of Nurses of Ontario, Standards of Practice: Nurse Practitioners. The NPs must know and practice in accordance with the standards relevant to the practice area as well as the legislation and regulations applicable to an NP practice:

- Regulated Health Professions Act, 1991;
- Regulated Health Professions Statute Law Amendment Act, 2009
- Nursing Act, 1991;
- Laboratory and Specimen Collection Centre Licensing Act;
- Healing Arts Radiation Protection Act, 1990;
- Public Hospitals Act, R.R.O. 1990, REGULATION 965, R.R.O. 1990, REGULATION 965
- Health Protection and Promotion Act, 1990.
- Nurse Practitioner, Practice Standard, Revised, 2011

1.3 Competencies: The NPs will demonstrate the Canadian Nurse Practitioner Core Competencies (2010) in the following areas:

- Health assessment and diagnosis
- Health care management and therapeutic intervention;
- Health promotion and prevention of illness, injury and complications;
- Professional role and responsibility

2. Scope and Role of the Nurse Practitioner in the

2.1 Approximately 80% of the NPs' scheduled time will be allocated to providing *clinical care* to patients. The NP will carry out his/her clinical practice in accordance with the College of Nurses of Ontario, Standards of Practice: Nurse Practitioners and policies at St. Michael's.

2.2 Clinical Care will include, but not be limited to:
Establishment of therapeutic relationships with patients and families to facilitate assessment, diagnosis, management and therapeutic interventions of patients, using best practices and including (but not limited to): **Populate with your information here**

2.3 Scope and authorizing mechanisms: The NP will practice within his/her authorized scope of practice and knowledge, skill, judgment and competencies. Any activities that the NP engages in to provide care to patients that are beyond his/her scope of practice require formal authorizing mechanisms. Any activities that are beyond the individual knowledge, skill and judgment of the NP and are not included via additional authorizing mechanisms require communication with the collaborating physician (Most Responsible Physician if in-patient {MRP} or Primary Collaborating Physician {PCP} if out-patient or consult service) or designate.

2.4 Controlled Acts/Other activities:

NP may perform and initiate care orders for the following controlled acts as part of a therapeutic plan of care, as authorized by legislation:

- Performing a procedure below the dermis or mucous membrane
 - Administer a substance by injection or inhalation
 - Put an instrument, hand or finger beyond specified orifices
 - Ordering the application of a form of energy as permitted by legislation.
 - Communicating a diagnosis
 - Prescribing a drug permitted by legislation
- Miscellaneous activities: NPs may order any laboratory or diagnostic test as needed.

The NP may discharge patients from St. Michael's Hospital (mark with **X** if applicable).

2.5 Professional role, responsibility and accountability-related activities:

The NP is prepared at the Master's or PhD level, and as such is expected to demonstrate leadership in areas outside the clinical realm (such as professional leadership, education, and research). The NP will devote approximately 20% of his/her time to non-clinical responsibilities such as: fill in your information here

3. COLLABORATION/CONSULTATION

3.3 Communication with Collaborating Physician(s)

The NP will work with the collaborating physician to develop a plan of care for patients and will communicate with him/her regarding any issues that are beyond the NP's authorized scope of practice or knowledge, skill or judgment or competencies.

3.3.1 Communication between the NP and physicians will positively bring together each professional's unique knowledge, skill, and judgments, in order to develop patient centered care/services and to assist the patient/family achieve optimal health outcomes.

3.3.2 Communication with collaborating physicians can occur in a variety of ways, including face to face, by telephone, in writing or during team meetings.

3.3.3 Examples of situations requiring formal communication with the collaborating physician include, but are not limited to: insert your information here

3.4 Consultation

The NP initiates a consultation when he/she reaches the limit of individual competency or scope of practice, beyond which he/she cannot provide care independently, and additional information and/or assistance is required from a physician or other inter-professional colleague with more extensive knowledge related to the specific patient situation. The NP may consult in several ways:

1. Communicate with the collaborating physician about an aspect of the care of a patient for whom they both are providing care (as described previously).
2. Request consultation from another clinical service or Specialist physician.

3. Request the consultation of any other member of the inter-professional team.

The NP may consult or recommend consultation with other clinical services as needed/appropriate for patient problems outside her individual competence and/or scope of practice. The referral will be documented clearly in the patient record and the collaborating physician will be notified of the consultation. The NP is responsible for following up on the recommendations of the consulting clinical service. The NP will discuss with the collaborating physician any recommendations that represent a significant change from the agreed-upon plan of care prior to authorization and implementation, or are beyond her scope.

When requesting a consultation from another clinical service, the NP will:

- Clearly explain the reason for, and the level of urgency of the consultation
- Describe the level of consultation requested:
 - Assess and treat (recommendation and concurrent intervention);
OR
 - Assess and recommend (an opinion);
- Ensure that the consultation service has both the necessary health, developmental and social history. Document the request for, and outcome of, the consultation in the patient health record.

Consultation with other members of the Inter-professional team

The NP may consult or recommend consultation with other health disciplines to facilitate the care of patients within the service and will authorize the recommendations (as she/he deems appropriate) as part of a comprehensive plan of care agreed upon by the NP and MRP.

4. **DISCHARGE: (Mark with X if NP makes autonomous decisions to discharge patients from hospital)**

4.1 As part of a comprehensive plan of care, NPs provide leadership in developing and facilitating the discharge plan of care for patients.

4.2 Patients being discharged should demonstrate the following:

Include information here about “benchmarks” patients must meet prior to discharge.

4.3 Discharge summary: The NP will complete (or contribute to) the discharge summary of the patients for whom she/he is providing care. The discharge summary should facilitate transfer of accountability to the referring and primary care physicians/NPs by communicating the patient’s status at discharge, relevant medical information, and recommendations for ongoing plan of care.

The NP will communicate with the primary care physician directly for any patient issues upon discharge that require timely follow-up or clarification.

5. **Non-agreement:** When consulting with any physician, the NP will confirm that the NP and physician have an agreement and understanding of each other's responsibilities specific to the situation. In a situation of non-agreement with the collaborating physician, the College of Nurses of Ontario's (CNO) guidelines for "disagreeing with the Plan of Care" may provide a valuable resource. If non-agreement is not resolved using the CNO guidelines, consult with the Division Chief or Chief Medical Officer, Program Director and/or the Chief Nursing Executive.

6. DOCUMENTATION

- 6.1 The NP will complete and maintain all documentation in accordance with the College of Nurses of Ontario (CNO) Documentation (Revised 2008) Standards of Practice, the CNO Confidentiality and Privacy: Personal Health Information Guidelines in accordance with the *Personal Health Information Protection Act 2004* (PHIPA), applicable CNO Telepractice Guidelines and St. Michael's Policy "Documentation for Nurses and Health Disciplines."

7. REGULATORY AND PROFESSIONAL REQUIREMENTS

- 7.1 **NP Credentialing:** The NP will provide as per the employment policies and credentialing policies, current registration in good standing with the College of Nurses of Ontario in the Extended Class.
- 7.2 **Physician Credentialing:** The collaborating staff physician must be a member of the medical staff at St. Michael's Hospital with current privileges to practice.

8. COMMUNICATION/ACCESS

Hours of Work: insert your information here including contact details (ie available by pager, etc) about how staff/patients/family can contact you

9. TRANSFER OF ACCOUNTABILITY:

On weekdays, when the NP hands over care at the end of the day, she/he will assure that the patients' current status is reflected in the patient record and provide verbal sign-over for any urgent patient issues to the resident/fellow-on-call. Prior to weekends/planned absences, she/he will [redacted].

10. REPORTING OF LABORATORY RESULTS

For all diagnostic tests ordered by the NP, the NP will interpret, manage and consult as per the NP scope of practice.

AFTER-HOURS NOTIFICATION OF ABNORMAL/CRITICAL

LABORATORY ACTIVITY OR DIAGNOSTIC RESULTS

During absences or after-hours, abnormal or critical (e.g. laboratory, radiology) reports for tests ordered by the NP will be reported, as per the St. Michael's Policies "Notification of abnormal values", to the resident on call for the Service that the NP is affiliated with. The NP will alert the resident on call (verbally) if there are urgent results pending that require follow-up after hours.

11. ABSENCE AND VACATION

In case of planned absence the NP will notify the Program Director, and/or CLM and physician colleague.

12. CONTINUING COMPETENCE/PERFORMANCE EVALUATION

12.1 The NP must carry out self-reflective practice activities and create yearly learning plans in accordance with the CNO Quality Assurance (QA) Program in order to demonstrate the principles of lifelong learning that are essential to continuing competence.

The evaluation for the NP at the St. Michael's Hospital will be assessed during the annual performance management process conducted by the Program Director annually. Input may be contributed by the Director, Nursing Practice and Education.

12.2 Physician performance appraisal process is conducted annually and outlined in St. Michael's Hospital by-laws.

13. TERMINATION / ALTERATION TO THIS AGREEMENT

13.1 This Collaborative Agreement will be reviewed annually along with the NP performance review in order to evaluate the implementation of the agreement by both parties and to update the content within the agreement.

13.2 The Collaborative Agreement may be reviewed at any time if there are any concerns expressed by any of the co-signed members of the Collaborative Practice Team.

14. APPROVAL OF THIS AGREEMENT

This Collaborative Agreement must be signed by the NP, Chief, the responsible Program Director, and must be reviewed by the Director, Nursing Practice and Education and Professional Practice Leader for NPs. It must be presented for approval to the Professional Practice Executive Council upon initial draft of the Agreement, at one year and three years thereafter for renewal or more often if required and with any proposed changes in scope of practice of the NP.

15. SPECIAL CIRCUMSTANCES:



SIGNATURES:

Date:

NP,

Chief of Division,

Program Director,