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| <b>Title: NURSE PRACTITIONER SCOPE OF PRACTICE, CREDENTIALING AND COLLABORATIVE PRACTICE AGREEMENT REQUIREMENTS</b> |  |
| <b>Category:</b> Clinical, Nursing  | <b>Type Of Policy:</b> Operational     |
| <b>Authorizing Title:</b> Chief Nursing Executive, PPEC   |  |
| <b>Primary Document Author:</b> Professional Practice Leader, Nurse Practitioners                                   | <b>Effective Date:</b> October 4, 2013 |
| <b>Areas Consulted:</b> Nurse Practitioners, Director of Nursing Practice and Education                             | <b>Next Review:</b> October 4, 2016    |
| <b>Committee Approved:</b> Professional Practice Executive Council (PPEC)   | <b>Associated Emergency Code:</b> N/A  |
| <b>Reference:</b> 1061-005-01.doc   |  |

## Introduction

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A Nurse Practitioner (NP) is a nurse registered in the extended class (EC) with additional education and experience. NPs have and demonstrate the competencies to autonomously diagnose order and interpret diagnostic tests, prescribe pharmaceuticals and perform procedures within their legislated scope of practice.

An NP in Ontario must either use the title NP or RN(EC). The College of Nurses of Ontario currently registers NPs in 3 specialty certificates: NP-Adult; NP-Pediatrics; and NP-Primary Health Care (PHC). At St. Michael's, NPs use the title "NP" and are Master's prepared.

An NP is expected to uphold the standards of practice for all RNs as well as the standards for NPs outlined in College of Nurses of Ontario Standard Practice for Nurse Practitioners, and is expected to demonstrate the following competencies established by the Canadian Nurses Association *Canadian Nurse Practitioner Core Competency Framework* (May 2010):

- Professional Role, Responsibility and Accountability;
- Health Assessment and Diagnosis;
- Therapeutic Management;
- Health Promotion and Prevention of Illness and Injury.

An NP in Ontario is permitted to perform **additional** controlled acts above and beyond those permitted to general class registrants (Registered Nurses). The authority of NPs to initiate and perform controlled acts is subject to the limits and conditions outlined in the *Nursing Act* and NP standards of practice. As self-regulating professionals, NPs are accountable for working within their legal scope of practice and to their individual competency level, and in accordance with the list of controlled acts authorized to NPs under the *Nursing Act*, set out at Appendix 1 to this policy.

According to Regulation 965 of the Public Hospitals Act, an NP is permitted to:

- diagnose, prescribe for or treat patients in the hospital
- admit a patient to a hospital
- discharge a patient (and communicate the order to the patient) when the patient is no longer in need of treatment in the hospital
- file a copy of the medical certificate of death on the patient's health record as required under the *Vital Statistics Act*, or in a coroner's case, where the coroner has not provided a copy of the certificate, sign a Form 1 Certificate of Death (under the *Public Hospitals Act*) and have it placed in the health record

## Policy Statement

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St. Michael's employs NPs registered in the following categories: Adult, Primary Health Care, and Pediatrics. When documenting in the patient care chart, NPs at St. Michael's must identify their credentials as "NP-Adult, Primary Health Care (NP-PHC) or NP-Pediatric".

NPs at St. Michael's may practice to the current legislated scope of practice within a defined health care team in accordance with a **Collaborative Practice Agreement and in accordance with hospital policies**. Any care that the NP is required to perform *that is not within the legislated scope of practice* must be authorized through the use of authorizing mechanisms such as formal delegation and/or medical directives. Please see [http://www.cno.org/Global/docs/prac/41038\\_StrdRnec.pdf](http://www.cno.org/Global/docs/prac/41038_StrdRnec.pdf), Appendix 2 to this policy for a guide to assist NPs in deciding to perform a controlled act.

At St. Michael's, an NP may provide treatment for hospital patients and may discharge patients according to discharge principles defined within Collaborative Practice Agreements developed with his/her Collaborative Practice Team.

## Collaborative Practice Agreements

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Collaborative practice agreements delineate a relationship among an NP, a physician (or group of physicians) and an employing organization to describe how team members work together and define the responsibility and accountability of each team member within the context of practice. Collaborative practice agreements are used to guide decisions that enable the health care providers to work together to use their separate and shared knowledge and skills to provide optimal patient-centered care.

NPs at St. Michael's must develop collaborative practice agreements to define their scope of practice within the clinical environment and those agreements must define and describe:

- Patients included in the NP's practice;
- Clinical responsibilities and accountabilities of the NP;
- Scope of practice including identification of controlled act procedures and authorized activities (laboratory and diagnostic testing) and medical directives (if required);
- General indications for NP communication or consultation with physician partner(s). (Consultation is an explicit request by an NP to another health care professional to provide

advice and/or participate in the care of a patient and is required when NPs encounter patient care needs *beyond the NP legal scope of practice, beyond their individual competencies, or when patient care would benefit* CNO, 2011)).

- Description of responsibilities within non-clinical domains of practice consistent with the model of practice for NPs at St. Michael's (Education, Research and Administration).

Please see Appendix 3: a template to guide the development of collaborative practice agreements. Further assistance is available from the Professional Practice Leader for Nurse Practitioners. Once developed and agreed-upon by the NP, physician partners, and Program Director, the Collaborative Practice Agreement must be reviewed by the Professional Practice Leaders for NPs, the Director of Nursing Practice and Education and approved by the Professional Practice Executive Committee. Once approved, the CPAs should be signed by the NP(s), Chief of Division/Service and Program Director and circulated to the Medical Advisory Committee for information. CPAs are developed within the first 3 months of hire, reviewed after one year of practice and then every three years thereafter. As well, they may be updated to reflect changes in scope of practice, hospital policy and/or other relevant clinical requirements. If there are no changes when a CPA is renewed, it should be signed and dated with a renewal notice being sent to the PPEC for information.

## Credentialing

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The NP must demonstrate the following credentials which will be verified in accordance with St. Michael's Professional Credentialing Policy for Nurses and Health Disciplines:

- Current registration with the College of Nurses of Ontario as Registered Nurses in the Extended Class with one of the following specialty classes: Adult, Pediatric, or Primary Health Care.
- Master's degree in Nursing (or related field)

## Continuing Competence

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- Each NP maintains and continually improves his/her competence by participating in the College of Nurses of Ontario's Quality Assurance requirements;
- NPs are expected to participate in performance appraisal as per St. Michael's policy.

## References

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- College of Nurses of Ontario Practice Standard: Nurse Practitioners (2011). Downloaded from [www.cno.org](http://www.cno.org) on October 1, 2011.
- Canadian Nurses Association: Canadian Nurse Practitioner Core Competency Framework (2010). Downloaded from [www.cna-aiic.ca](http://www.cna-aiic.ca) on October 1, 2011.
- Government of Ontario; Public Hospitals Act, R.R.O. 1990, c. P.40, Regulation 965. Downloaded from <http://www.e-laws.gov.on.ca> on October 1, 2011.

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- Government of Ontario; Regulated Health Professions Act, S.O. 1991, c. C. 18.  
Downloaded from <http://www.e-laws.gov.on.ca> October 1, 2011

## **Appendix Document**

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- Appendix 1: NP Controlled Act List
- Appendix 2: Algorithm re decision to perform controlled acts
- Appendix 3: Collaborative Practice Template
- Appendix 4: College of Nurses of Ontario Diagnostics List

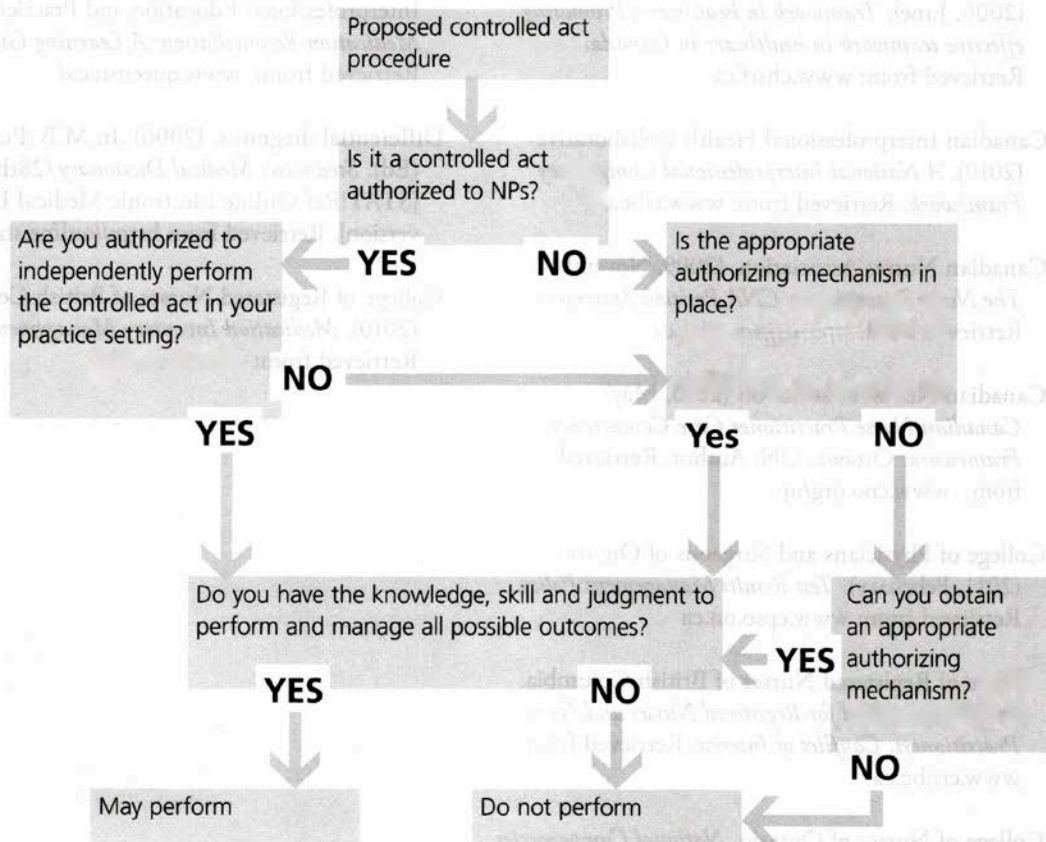
**Controlled Acts authorized to Nurse Practitioners under the *Nursing Act***

1. Communicating a diagnosis to a client or his/her representative, a diagnosis made by the NP identifying as the cause of the client's symptoms, a disease or disorder. NPs may communicate a diagnosis to clients who were assessed by another health care professional if the NP has reviewed the assessment and other relevant findings. NPs may also communicate diagnoses that were made in collaboration or consultation with another health care professional.
2. Performing ordering a procedure below the dermis or a mucous membrane,
3. Putting or ordering the insertion of an instrument, hand or finger into an opening of the body
4. Applying or ordering the application of a prescribed form of energy.
5. Setting or casting a fracture of a bone or dislocation of a joint.
6. Administering or ordering the administration of a substance by injection or inhalation, in accordance with the regulation or when it has been ordered by another health care professional who is authorized to order the procedure.
7. Prescribing, dispensing, selling or compounding a drug in accordance with the regulation. NPs do not prescribe, sell or compound medications that are controlled substances. Directives cannot be used for controlled substances.

- College of Nurses of Ontario Practice Standard: Nurse Practitioners (2011). Downloaded from www.cno.org on October 1, 2011.

**APPENDIX 2**

**Decision Tree for NPs: Deciding to Perform a Controlled Act**



- College of Nurses of Ontario Practice Standard: Nurse Practitioners (2011). Downloaded from www.cno.org on October 1, 2011.

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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 [REDACTED], Nurse Practitioner- Specialty(NP), and Chief of [REDACTED] 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



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### 2. Scope and Role of the Nurse Practitioner in the [REDACTED]

**2.1 Approximately 80% of the NPs' scheduled time** will be allocated to providing *clinical care* to patients within the [REDACTED] Program. 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 in the [REDACTED] 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 (if applicable).  
 N/A

COLLABORATIVE PRACTICE AGREEMENT .....October 04, 2013

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### **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. CONSULTATION/ COLLABORATION/ COMMUNICATION**

- 3.1** Consultation is an explicit request by an NP for a physician or other member of the inter-professional team to advise regarding an aspect of the care of a patient for whom the NP is providing care at the time of the request.
- 3.2** 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 in the [ ] 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.
  2. Request consultation from another clinical service.
  3. Request the consultation of any other member of the inter-professional team.

### **3.3 Communication with Collaborating Physician**

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**

**3.4.2** 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. Recommendations of the consulting clinical service may be authorized by the NP requesting the consultation as part of the comprehensive plan of care. 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.

**3.4.3** 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.

**3.5 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:**

**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:**

N/A

**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 or 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."

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### 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.

### 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.

COLLABORATIVE PRACTICE AGREEMENT .....October 04, 2013

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**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:**

██████████

N/A

**SIGNATURES:**

**Date:** ██████████

\_\_\_\_\_  
NP

\_\_\_\_\_  
Chief of Division

\_\_\_\_\_  
Program Director

COLLABORATIVE PRACTICE AGREEMENT .....October 04, 2013

## ***Diagnostic Test List***

NPs are authorized to order the following diagnostic tests:

- X-rays of the chest, ribs, arm, wrist, hand, leg, ankle and foot, as well as mammography — includes specific views (e.g., coned)
- Diagnostic ultrasound of the abdomen, pelvis and breast — includes specific views (e.g., of a specific organ), techniques (e.g., transvaginal) or indications (e.g., obstetrical) within these anatomical regions
- Electrocardiograms in non-urgent, non-acute circumstances
- Spirometry

## ***Laboratory Tests***

As of July 1, 2011, regulations under the *Laboratory and Specimen Collection Centre Licensing Act* no longer require laboratory tests to be listed in the regulation. NPs order tests as appropriate for client care and apply the practice expectations for public protection set out in the [Nurse Practitioner](#) practice standard.

## ***Medication***

As of October 1, 2011, the *Nursing Act, 1991* no longer requires medication to be listed in the regulation. With the exception of controlled substances, NPs have the authority to prescribe medication as appropriate for client care. (A controlled substance is one that is included in Schedule I, II, III, IV or V of the [Controlled Drugs and Substances Act](#)). When prescribing medication, NPs are expected to apply the practice expectations for public protection set out in the [Nurse Practitioner](#) practice standard.

College of Nurses of Ontario Practice Standard: Nurse Practitioners (2011). Downloaded from [www.cno.org](http://www.cno.org/en/learn-about-standards-guidelines/publications-list/list-of-all-publications/amended-drug-laboratory-and-diagnostic-test-lists/) on October 1, 2011. <http://www.cno.org/en/learn-about-standards-guidelines/publications-list/list-of-all-publications/amended-drug-laboratory-and-diagnostic-test-lists/>.

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| Revision # | Effective Date(s) | Next Review | Author or Reviewer                                      |
|------------|-------------------|-------------|---|
| 00         | Oct-01-2000       | Oct-01-2002 |   |
| 01         | Feb-01-2011       | Feb-01-2012 | Marnee Wilson, Professional Practice Leader,<br>Nursing |
| 02         |                   |             |   |