

Carolina Family Health Centers, Inc.

Supervisory Agreement for Nurse Practitioners and Physician Assistants

Name of the Primary Supervising Physician: _____

Name of the Advanced Practitioner: _____

LOCATION OF PRACTICE

The Advanced Practitioner (Physician Assistant, Pediatric Nurse Practitioner, or Nurse Practitioner) shall limit practice to:

Wilson Community Health Center, located at 303 Green Street East, Wilson, NC 27893; 252-243-9800 (phone); 252-243-9888 (fax)

Harvest Family Health Center, located at 8250 South NC Hwy 58, Elm City, NC 27822; 252-443-7774 (phone); 252-443-7611 (fax)

Freedom Hill Community Health Center, located at 162 NC 33 East, Tarboro, NC 27886; 252-641-0514 (phone); 252-641-1668 (fax)

Lee Student Health Center, located at 200 Atlantic Christian College Dr. NE, Building C, Wilson, NC 27893; 252-399-6397 (phone); 252-399-6397 (fax)

LICENSURE

The Advanced Practitioner and supervising physician shall hold a current license with the North Carolina Medical Board or the North Carolina Nursing Board at all times. Documentation of the current license is maintained in the credentialing files.

SCOPE

The scope of practice of the Advanced Practitioner includes, but is not limited to:

- the promotion and maintenance of health;
- the prevention of illness and disability;
- the diagnosing, treating, and managing acute and chronic illness;
- providing guidance and counseling for both individuals and families;
- prescribing, administering, and dispensing therapeutic measures, tests, procedures, and drugs;
- consulting with and referring to other healthcare providers as appropriate; and
- evaluating health outcome.

Privileges are assessed and renewed every two years based on the Advanced Practitioner's assessed competencies and skills. The Chief Medical Officer, in conjunction with the supervising physician assessment, approves the clinician's privileges. Refer to *HR-402.01 Credentialing and Privileging*.

The Advanced Practitioner documents all patient encounters (office visits, procedures, phone calls, etc.) in the patient's electronic health record, provides sufficient documentation for each clinical diagnosis and E/M code, and documents a comprehensive list of each patient's medical problems.

If the Advanced Practitioner provides medical care to people living with HIV/AIDS, he/she provides care in accordance with the Department of Health and Human Services Guidelines for the Use of Antiretroviral Agents in HIV-1-infected adults and adolescents.

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PRESCRIBING INSTRUCTIONS

Each prescription written by the Advanced Practitioner must be documented in the patient's electronic health record. The documentation includes the medication name, dosage, amount prescribed, directions for use, and the number of refills. Each prescription issued shall contain the Advanced Practitioner's name, practice address, telephone number, license number, and Drug Enforcement Agency (DEA) number (if applicable); and a supervising physician's name and telephone number.

In order to prescribe controlled substances, both the Advanced Practitioner and the supervising physician must have a valid DEA registration. The supervising physician shall possess at least the same schedule of a controlled substance as the Advanced Practitioner. The Advanced Practitioner is allowed to prescribe substances falling within the categories 2, 2N, 3, 3N, 4, and 5.

The Advanced Practitioner will not prescribe controlled substances for the following:

- The Advanced Practitioner's own use
- The Advanced Practitioner's supervising physician(s)
- Spouse
- Parent
- Child
- Sibling
- Parent-in-law
- Son or daughter-in-law
- Step-parent
- Stepchild or step-siblings
- Any person living in the same residence as the Advanced Practitioner
- Anyone with whom the Advanced Practitioner is having a sexual relationship

The Advanced Practitioner is allowed to prescribe the following medications or medical devices.

- Medications used in the treatment of acute and chronic medical conditions consistent with the practice of family medicine/pediatrics.
- Devices used to monitor and treat chronic and acute medical conditions consistent with the practice of family medicine/pediatrics.
- Medical treatments, tests, and procedures based on the clinician's training and experience as determined through CFHC, Inc.'s privileging process.

QUALITY IMPROVEMENT

The Advanced Practitioner and supervising physician follow CFHC, Inc.'s policies, procedures, and protocols. The Advanced Practitioner strives to meet the quality performance indicators as established by the Health Resources and Services Administration, Patient Centered Medical Home certification, and other federal and state program requirements. Performance is monitored through the periodic assessment of the clinician's performance and peer reviews.

SUPERVISION

For the first six months of the agreement, the Advanced Practitioner meets at least monthly with the Primary Supervising Physician. Subsequently, these meetings will occur at a frequency of at least every six months. The purpose of these meetings is to discuss practice-relevant clinical issues and quality improvement measures. Documentation of these meetings will:

Carolina Family Health Centers, Inc.

1. Outline clinical issues discussed and actions taken;
2. Include signature and date of those in attendance;
3. Be retained by both the Advanced Practitioner and the Primary Supervising

A copy of the meeting documentation is sent to the Administrative Assistant-Medical for filing within one week of the meeting. Documentation of the meetings must be kept for five years.

EMERGENCY SERVICES

For all emergency situations, the Advanced Practitioner assesses, stabilizes, and treats the patient. The Advanced Practitioner or his/her designee activates emergency medical services (EMS) as outlined in CFHC, Inc.'s. Emergency Plan for patients needing advanced assessment and treatment in a hospital setting. Refer to *RM-200 Emergency Plan*.

TERM AND TERMINATION

This agreement is reviewed at least annually and is available at all practice sites. The review shall be acknowledged by a dated signature sheet, signed by both the primary supervising Physician and the Advanced Practitioner, appended to the collaborative agreement, and available for inspection by members or agents of the medical board. This agreement automatically expires upon either party's termination of employment from Carolina Family Health Centers, Inc. Termination of this agreement not related to either party's termination of employment must be approved by the Chief Medical Officer.

REPRESENTATION AND WARRANTIES

The undersigned have read this form and certify that the information contained herein is correct to the best of their knowledge.

The undersigned further certify that they have carefully read and understand the law and regulations regarding advanced practitioners. The undersigned agree to fully comply with such statutes and regulations.

The supervising physician accepts responsibility for the advanced practitioner's conduct and understands that conduct which violates the laws and regulations governing the advanced practitioner may subject the supervising physician to sanctions, including suspension or revocation of the physician's license to practice medicine in North Carolina.

The supervising physician hereby represents and warrants that she/he is duly licensed in the State of North Carolina to provide medical services. The supervising physician certifies that the supervision provided is solely for the clinical sites listed above and does not extend to any other organization or location.

The Advanced Practitioner hereby represents and warrants that he/she is duly licensed in the State of North Carolina to provide medical services listed in the agreement and designated in approved privileges. If secondary employment outside of CFHC, Inc. is conducted, the Advanced Practitioner notifies his/her supervisor and follows the process of notification to CFHC, Inc. as outlined in his/her employment contract.

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The following providers have read and understand the above Practice Agreement.

Advanced Practitioner

Signature	Date
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Printed Name	NC Medical License Number
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Primary Supervisor

Signature	Date
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Printed Name	NC Medical License Number
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Annual Review Signature Page

We acknowledge that the above Practice Agreement has been reviewed and renewed.

Advanced Practitioner

Signature

Date

Printed Name

NC Medical License Number

Primary Supervisor

Signature

Date

Printed Name

NC Medical License Number

Advanced Practitioner

Signature

Date

Printed Name

NC Medical License Number

Primary Supervisor

Signature

Date

Printed Name

NC Medical License Number

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Back Up Supervising Physicians

Name of Advanced Practitioner: _____

Signature

Date

Printed Name

NC Medical License Number

Signature

Date

Printed Name

NC Medical License Number

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NC Medical License Number

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