There appears to be a degree of misunderstanding among nurses in collaborative practice (CP) regarding the requirement that each CP nurse have a Standard Protocol and Quality Assurance (QA) plan on file with the Board for each collaboration in which he or she is involved. I would like to take the opportunity to clear up any confusion. Please allow me to address this issue.

First, the Board has no interest in micromanaging CRNPs and CNMs in practice. Requiring that these documents be filed with the Board allows the ABN to advance the profession’s understanding of the meaningful QA, as well as the specific connection between national certification and patient population.

The ABN staff works daily with CRNPs and CNMs who have no difficulty understanding regulatory issues, including filing requirements for new skills, but experience demonstrates that this understanding is not universal throughout the Alabama CRNP population. Board staff spends countless hours communicating directly with CRNPs who have trouble filing the applications and understanding their scope of practice and patient population limitations. To make matters worse, Alabama physicians often understand these factors even less than CRNPs do and many are often unaware that a CP has been initiated for them, resulting in complaints to the ABN.

These changes are not intended to burden practice, but to expand it, and were approved through the Joint Committee of Collaborative Practice and the Alabama Board of Nursing and Alabama Board of Medical Examiners as best practices, to ensure high standards of patient care.

Contrary to the belief of some, the ABN is among the greatest advocates in Alabama for expansion of practice to allow CRNPs and CNMs to provide patient care at the fullest extent of their education, training, and national certification. We are restricted by statutes that require nurses to practice under CP agreements with physicians, but continue to advocate for changes to regulatory policy, allowing maximum autonomy for advanced practice nurses. These efforts have been largely successful, as the medical community recognizes the competency and value of these highly educated and skilled professionals.
Subsequent to an internal audit conducted by a large retail pharmacy operator, the ABN has learned that over 70% of prescriptions issued by CRNPs were missing one or more of the required data listed below. As a reminder, ABN Administrative Code § 610-X-5-.12 (Prescriptions and Medication Orders by Certified Registered Nurse Practitioners) requires that every prescription by a CRNP be issued in a format that includes:

1. The name, practice site address, and telephone number of either the collaborating physician or the covering physician.
2. The name of the CRNP, printed next to or below the name of the physician.
3. The CRNP’s practice site address and telephone number, if different from the physician’s.
4. The CRNP’s RN license number and Rx number.
5. The words “Product Selection Permitted” printed on one side of the form, directly beneath a signature line.
6. The words “Dispense as written” printed on one side of the form, directly beneath a signature line.
7. The date the prescription is issued to the patient.

As you should be aware, failure to issue a prescription in the required format could result in a pharmacy declining to fill the prescription, denying the patient necessary medication. The Board encourages all CRNPs to review their prescription formats and to adhere to all documentation requirements.

REMINDER REGARDING REQUIRED DOCUMENTATION FOR APN PRESCRIPTIONS

RN Renewal ends at 11:59 p.m. (CST) on December 31, 2018. As of this writing, a large number of RNs still have not renewed their licenses and/or have not fulfilled the 24-hour continuing education requirement (in the case of APNs, 6 of those hours must be pharmacology). If you are among those who have not renewed, we encourage you to visit My Profile on the ABN website and review your CE Record before your license expires.

Should you find that you are short on CE, you can access dozens of hours of free courses provided by the Board. All of these courses are available through My Profile and your CE hours will automatically be credited to the CE Record.
THE ABN CONTINUES ITS WORK TO ENSURE SCOPE OF PRACTICE FOR CRNAs

As many Alabama CRNAs know all too well, confusion persists among hospital administrators and credentialing personnel regarding the extent to which a CRNA may practice under Alabama law. As the sole regulator for CRNAs in the state, the Alabama Board of Nursing has engaged in a number of initiatives to the applicability of guideline and standards of practice for the role, to ensure that these highly skilled professionals are able to practice to their full scope.

In May 2018, as part of this ongoing effort, the Board amended § 610-X-9-.04 of the ABN Administrative Code (Standards of Practice for a Certified Registered Nurse Anesthetist), to stipulate that CRNAs are allowed to practice to the extent of the “standards, scope of practice, and guidelines” [emphasis added] published by the AANA, so long as those guidelines, scope, and standards do not exceed Alabama law. While that had been true in practice prior to adoption of the amendment, this was an important change that recognized that real-world advances in patient care often occur more rapidly than government regulations can adapt to them.

The Board is confident that this change will lead to a better understanding of CRNA scope of practice among hospital administrators, but we continue to seek and take advantage of opportunities to promote CRNA practice through aggressive communication campaigns. In October, the Board contacted thousands of administrators and credentialing personnel via list serve message, explaining the appropriate role of CRNAs in the perioperative period and attaching the AANA Guidelines for Core Clinical Privileges. That message, which received an overwhelmingly positive response from CRNAs and administrators, is available for your review on the CRNA Resources page of the ABN website.

Moving forward, the ABN will continue to work with the nurse anesthesia community to promote CRNA practice in the clinical setting. Only through our combined efforts can we achieve the goal of enabling Alabama CRNAs to provide patient care to the full extent of their education, training, and competency throughout the state.

A NOTE ON COMMUNICATING WITH THE ADVANCED PRACTICE DIVISION

Earlier this year, in an effort to improve efficiency of communication between the ABN and advanced practice nurses and applicants, the Board created a dedicated email address - advancedpractice@abn.alabama.gov - for the Division. This address is manned at all times during ABN business hours and ensures that your message will get to the proper staff member as quickly as possible. To further streamline communication processes, we ask that all licensees reference their RN license numbers, whenever they contact the Board. The ABN’s databases primarily identify nurses by license number, so including this information in your message allows us to access your profile as quickly and accurately as possible.

ABN RESOURCE PAGES CONTINUE TO EXPAND

The Board’s communications strategy for advanced practice includes new resource pages for each APN role. The pages are routinely updated, and provide access to a wealth of helpful information for nurses in practice. We encourage you to check these pages on the Advanced Practice page of the ABN website regularly.
In 2018, the ABN established a Clinical Nurse Specialist (CNS) advisory committee, which was dedicated to CNS practice in Alabama. The CNS role remains underutilized and misunderstood in the state. The Nurse Practice Act further complicates the scope of practice by specifically restricting CNSs from performing certain services.

In an effort to educate nurses and employers and to promote CNS practice, the Board recently approved a new framework for independent contracts for CNS services. The framework identifies activities that may be included in an independent contract with a CNS. This list of activities included in the framework is not exhaustive but is meant as a tool to better understand the CNS role and identify nursing activities which would be permissible in a contract. Expansion of CNS practice relies on approved medical protocols, standing orders, policies, guidelines, and standardized procedures.

The Board remains committed to ensuring that CNSs in Alabama are allowed to practice to the full scope of their education, training, and competency, within the boundaries of Alabama law. However, this effort will require a great deal of education, involving the ABN, employers, the public, and the CNS community.

The CNS Independent Contract Framework, along with a variety of other relevant materials, is available for review on the CNS Resources page of the ABN website.

Since 2014, the Alabama Board of Nursing has pursued an aggressive effort to develop practice protocols that reflect current realities of CRNP practice and comport to specific practice models. The following are examples of recently added standard protocols for collaborative practice:

**Comprehensive Physical Examination Limited Protocol** - this protocol is designed for use in a collaborative practice that centers on physical examinations such as those required for Medicare Advantage participants. Recognizing the specific conditions of this practice model, the Board developed the Comprehensive Physical Examination Limited Protocol to eliminate prescriptive authority, while expanding the existing full-time equivalent (FTE) limitation from four (160 hours/week) to eight (320 hours/week) FTEs for nurses in collaborations that involve only these examinations.

**FLEX/PRN Standard Protocol** - the ABN Administrative Code provides for use of the FLEX protocol, if the collaborating physician has reached the 160-hour-per-week (or 4 FTE) limit of APRN/PA staff and needs to add additional staff to cover for maternity leave, vacations, etc. If this is not the case, this protocol is unnecessary and should not be submitted.

It should be noted that APRNs employed by the Alabama Department of Public Health and/or county health departments are exempt from the FTE limit and do not qualify for this protocol.