Fill out form entirely. Incomplete forms will be returned.

Collaborative Practice Quality Assurance Plan

CRNP/CNMNAME: Sally Brown, CRNP

SPECIALTY (Family, Pediatric, Women's Health, etc.): FNP

COLLABORATING PHYSICIAN: Sam Smith, MD

QUALITY ASSURANCE: Documented evaluation of the clinical practice of the certified registered nurse practitioner or certified nurse midwife against defined quality outcome measures, using a meaningful selected sample of patient records, which will identify areas needing improvement, set performance goals, and assess progress towards meeting established goals, with a summary of findings, conclusions, and, if indicated, recommendations for change. The physician's signature on the patient record does not constitute quality improvement monitoring. [ABN Administrative Code § 610-X-5-.01(13)]

LIST PATIENT DIAGNOSIS GROUP(S) to be monitored (high-risk, problem-prone, or low-volume groups only)	**Sample Size** *Percentage or number of charts to be reviewed*	**Frequency of Review** *(Weekly, Monthly, Quarterly)*	**Designated Personnel** *Individual who will compile data.*
Hypertenstion	10%	Monthly	QA Personnel, Billing/Coding Personnel, Clinic Manager, etc.
Diabetes	5 charts	Weekly	
Cardiovascular Disease	15%	Quarterly	
Dementia	10%	Weekly	
Adverse outcomes	100%	Immediately	MD and CRNP/CNM

Each Quality Assurance/Adverse Outcome document review will include the following:

- Identified medical records, based on problem-prone, high-risk patient population
- Summary of the Quality Assurance findings and conclusions presented to CRNP/CNM and collaborating physician
- Recommendations for change, if indicated
- Comment section, if indicated
- Date of review, and signature of CRNP/CNM and collaborating physician

The completed document review is to remain on file at the practice site.

Attestation: We hereby certify, under penalty of law of the State of Alabama, that the foregoing information is correct, to the best of our knowledge and belief. We understand that we are jointly and individually responsible for complying with the rules and regulations pertaining to CRNPs/CNMs and the collaborative practice of CRNPs/CNMs with physicians.

Sam Smith _____ _____ _____

Print Collaborating Physician Name | Original Signature of Collaborating Physician | Date

Sally Brown _____ _____ _____

Print Name of CRNP/CNM | Original Signature of CRNP/CNM | Date

Note: The Quality Assurance Plan is to be on file with the ABN and at each practice site.