

MEDDAC Regulation 40-16

Medical Services

Utilization of the Advanced Practice Nurse

**Headquarters
U.S. Army Medical Department Activity
Fort George G. Meade
2480 Llewellyn Avenue
Fort George G. Meade, MD 20755-5800
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Unclassified

SUMMARY of CHANGE

MEDDAC REG 40-16

Utilization of the Advanced Practice Nurse

Specifically, this revision—

- o Has been published in a new format that includes a cover and this “Summary of Change” page.
- o Reformats the title page. The Contents section now includes the page numbers that the various chapters and paragraphs begin on.
- o Changes the term “supervising physician” to “collaborating physician” throughout the regulation.
- o Deletes paragraph 1-4f(11), which assigned advanced practice nurses the responsibility to assist the in-house nursing staff to develop nursing care plans and manage patient care. Paragraphs (12) and (13) have been redesignated (11) and (12).

Medical Services

Utilization of the Advanced Practice Nurse

FOR THE COMMANDER:

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Official:



JOHN SCHNEIDER
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Summary. This regulation covers responsibilities and procedures for advanced practice nurses regarding clinical privileges, quality improvement, and clinical practice guidelines.

Applicability. This regulation applies to the Headquarters, U.S. Army Medical Department Activity, Fort George G. Meade (MEDDAC) and all outlying U.S. Army health clinics.

Proponent. The proponent of this regulation is the Deputy Commander for Nursing (DCN).

Supplementation. Supplementation of this regulation is prohibited.

Suggested improvements. Users of this publication are invited to send comments and suggested improvements, by memorandum, directly to the Commander, U.S. Army Medical Department Activity, ATTN: MCXR-ZN, Fort George G. Meade, MD 20755-5800, or to the MEDDAC's Command Editor by fax to (301) 677-8088 or e-mail to john.schneider@na.medd.army.mil.

Distribution. Distribution of this publication is by electronic medium only.

History. This is the third revision of this regulation, which was originally published on 5 January 1996.

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* This publication supersedes MEDDAC Reg 40-16, dated 1 October 2001.

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Glossary

Chapter 1 Introduction

1-1. Purpose

This regulation prescribes policies, procedures and responsibilities for the assignment and utilization of advanced practice nurses.

1-2. References

Referenced publications are listed in appendix A.

1-3. Explanation of abbreviations and terms

Abbreviations and special terms used in this regulation are explained in the glossary.

1-4. Responsibilities

a. *The DCN.* The DCN will—

(1) Coordinate the assignment of all military advanced practice nurses (APNs) to the medical department activity (MEDDAC) and the hiring and contracting of civilian APN's for Kimbrough Ambulatory Care Center in accordance with the strategic plan approved by the MEDDAC Executive Committee.

(2) Coordinate with collaborating physician(s) to assess the competency and performance of APNs.

(3) Determine rating schemes for APN Officer Evaluation Reports (OERs) and Senior System Civilian Evaluation Reports (SSCEVs) in collaboration with the Deputy Commander for Clinical Services (DCCS).

b. *The Chief, Nursing Services, Dunham U.S. Army Health Clinic (USAHC).* The Chief , Nursing Services, Dunham USAHC will—

(1) Coordinate the hiring and contracting of civilian APNs in accordance with the strategic plans approved by the clinic's Executive Committee and the MEDDAC Executive Committee.

(2) Coordinate with collaborating physician(s) to assess the competency and performance of APNs.

(3) Determine rating schemes for APN OERs and SSCEVs in collaboration with the clinic's chief of Ambulatory Medicine Service.

c. *The Chief, Nursing Services, Kirk USAHC.* The Chief, Nursing Services, Kirk USAHC will—

(1) Coordinate the hiring and contracting of civilian APNs in accordance with the strategic plans approved by the clinic's Executive Committee and the MEDDAC Executive Committee.

(2) Coordinate with collaborating physician(s) to assess the competency and performance of APNs.

(3) Determine rating schemes for APN OERs and SSCEVs in collaboration with the clinic's DCCS.

d. *The clinic directors, Defense Distribution Center USAHC, Fort Detrick USAHC, Fort Indiantown Gap USAHC, Letterkenny USAHC, and Tobyhanna USAHC.* The clinic directors, Defense Distribution Center USAHC, Fort Detrick USAHC, Fort Indiantown Gap USAHC, Letterkenny USAHC, and Tobyhanna USAHC will—

(1) Coordinate the assignment of military APNs and the hiring and contracting of civilian APNs in accordance with the strategic plan approved by the MEDDAC Executive Committee.

(2) Coordinate with supervising physician(s) to assess the competency and performance of APNs.

(3) Submit rating schemes for SSCEVs for approval by MEDDAC Executive Committee.

e. *Preceptor physicians*. Preceptor physicians will—

(1) Provide medical direction and/or collaboration.

(2) Complete initial and ongoing evaluations of APNs' competency and performance.

(3) Provide instruction and continuing education relative to the medical component.

f. *Advanced practice nurses (APNs)*. APNs will—

(1) Assess the physical and psychosocial health status of patients and/or their families through health and developmental history-taking and physical examination.

(2) Discriminate between normal and abnormal findings in physical assessments and histories.

(3) In collaboration with physicians and other health team members, evaluate assessment data in order to make prospective decisions regarding care and treatment.

(4) Manage the care of selected patients within protocols mutually agreed upon by the medical and nursing personnel, including but not limited to prescribing and providing care, initiating requests for laboratory and radiological tests, making judgements about the use of medications and treatments, prescribing such medications and treatments based upon protocol, and initiating referrals to other health team members.

(5) Assume continuing responsibility for informing patients and families of the implications of health status, treatment, and prognosis through counseling and health teaching.

(6) Assess and interpret patients' needs to medical and/or nursing staff and other members of the health team.

(7) Coordinate aspects of outpatient care with particular emphasis on patient education.

(8) Collaborate and confer with other members of the health team.

(9) Provide resources on nursing care and methods for beginning advanced practice nurses and serve as consultant for nurses on nursing problems presented by selected patients.

(10) Provide direct patient care in all instances that require expert professional nursing skills and judgement.

(11) Complete required continuing instruction and education in both nursing and medical components through attendance at and participation in appropriate medical and nursing conferences both in-house and in the community.

(12) Maintain a high level of professional performance through self-study, meaningful experiences, medical and nursing conferences, and any form of continuing education that helps to stay abreast with current trends in their individual specialty areas.

g. Officers, noncommissioned officers (NCOs), civilian physicians and civilian nurses in charge of assigned duty areas. Officers, NCOs, civilian physicians and civilian nurses in charge of assigned duty areas will provide administrative and logistical support; that is, office space, equipment, ancillary support and receptionist. APNs will not be responsible for the administration of the duty areas they are assigned to, unless assigned in a supervisory role approved by the DCN.

Chapter 2

Clinical Privileges, Clinical Guidelines, Prescription Writing, and Performance Improvement

2-1. Clinical privileges

Specific clinical privileges, functions, and responsibilities for each APN will be determined individually rather than for APNs as a group. Upon assignment to a clinical area, the APN and the department, service or clinic chief will jointly determine the appropriate area of practice for the APN and will submit to the DCN and then to the Credentials Committee, in writing, a copy of the collaborating physician's evaluation of the APN, a resume of the APN's education and experience, and a request for privileges. The Credentials Committee will make a recommendation to the MEDDAC commander regarding which privileges should be granted. The final determination (approval or disapproval) will be made by the MEDDAC commander.

2-2. Clinical guidelines

a. A set of practice protocols/clinical practice guidelines (CPGs) and/or sources of CPGs will be established for each specialty by the collaborating physician and the APN. These mutually agreed upon protocols/CPGs will be signed by the supervising physician, the APN, the chief of the medical department or service in which the APN practices, and the DCN. Nursing Services provides a Nurse Practitioner Protocols/Clinical Practice Guidelines document that is standardized for all MEDDAC APNs. Collaborating physicians who require this document may request it directly from the DCN's office. The practice protocols/CPGs established for a specialty area will be reviewed, and if necessary modified by the supervising physician and the APN annually.

b. The basic clinical protocols established for a specialty area will be reviewed, and if necessary modified, by the supervising physician and the APN as the need arises. The reviewed and/or modified clinical guidelines will serve as protocols under which the APN must function. It is the responsibility of the collaborating physician and the APN to periodically update clinical guidelines in accordance with changes in the APN's competency and in changes in medical practice.

2-3. Prescription writing

Advanced nurse practitioners who are privileged may write prescriptions for selected medications that have been recommended by the MEDDAC Pharmacy and Therapeutic Committee (P&T Committee), reviewed by the Credentials Committee and approved by the MEDDAC commander. Upon the MEDDAC commander's approval to write prescriptions for selected drugs from the locally approved list, the APN will then use the appropriate prescription form or Composite Health Care System (CHCS). The selected list of drugs that the APN is authorized to prescribe will be reviewed biannually by the supervising physician and APN. The APN prescribing list will be reviewed by the MEDDAC P&T Committee and approved by the MEDDAC commander. Drugs approved for prescription writing will be included as part of the recommended protocols/clinical practice guidelines. Written permission for the prescription privileges will be maintained on file by the Credentials Committee.

2-4. Performance improvement

a. APNs will develop and maintain a documented interdisciplinary peer review system. This system will be individualized for each APN to the area(s) in which the APN is working. Within each clinic where an APN is assigned for duty, the results of each review will be documented in the clinic's Performance Improvement minutes.

b. The collaborating physician will audit a sample of APN-generated medical records (usually five; however this number may be varied at the discretion of the preceptor) on a weekly basis. The results of the audit will be provided to the APN in order to capitalize on or enhance quality improvement.

2-5. Reports

Each APN will be responsible for maintaining a daily activities log. These will be tabulated and entered on the automated Advanced Practice Nurse End of the Month Report. The APN module provides for workload accounting and utilization as well as Uniform Chart of Accounts Personnel Utilization System (UCAPERS) scheduling. This automated report replaces weekly UCAPERS scheduling. Data that can be entered includes inpatient and outpatient care, administration, continuing education, case management, staff development, research and readiness.

Appendix A References

Section I Required Publications

This section contains no entries.

Section II Related Publications

A related publication is merely a source of additional information. The user does not have to read it in order to understand this publication.

AR 40-2
Army Medical Treatment Facilities General Administration

AR 40-48
Nonphysician Health Care Providers

AR 40-68
Quality Assurance Administration

AR 40-407
Nursing Records and Reports

AR 310-25
Dictionary of United States Army Terms

AR 310-50
Authorized Abbreviations, Brevity Codes, and Acronyms

JCAHO Manual for Ambulatory Care Centers

WRAMC Pam 40-89
Utilization of the Nurse Practitioner

Section III Prescribed Forms

This section contains no entries

Section IV Referenced Forms

This Section contains no entries.

Glossary

Section I Abbreviations

APN
advanced practice nurse

CHCS
Composite Health Care System

CPG
clinical practice guidelines

DCCS
Deputy Commander for Clinical Services

JCAHO
Joint Commission on Accreditation of Healthcare Organizations

MEDDAC
U.S. Army Medical Department Activity, Fort George G.

Meade

NCO
noncommissioned officer

OER
Officer Evaluation Report

SSCEV
Senior System Civilian Evaluation Report

UCAPERS
Uniform Chart of Accounts Personnel Utilization System

USAHC
U. S. Army health clinic

**Section II
Terms**

advanced practice nurse (APN)
An Army Nurse Corps officer

or civilian registered nurse who has been prepared to function in expanded roles in either the inpatient or outpatient setting and has been recognized as an APN by the Office of the Surgeon General, Department of the Army. This preparation may be acquired through Army Medical Department advanced practice nurse courses, comparable civilian advanced practice nurse courses or through a masters degree program with a major in a clinical nursing specialty field.