The following are the quality assurance standards for a collaborative practice agreement:

(1) Availability: The primary or back-up supervising physician(s) and the nurse practitioner shall be continuously available to each other for consultation by direct communication or telecommunication.

(2) Collaborative Practice Agreement:
   (a) shall be agreed upon, signed, and dated by both the primary supervising physician and the nurse practitioner, and maintained in each practice site;
   (b) shall be reviewed at least yearly. This review shall be acknowledged by a dated signature sheet, signed by both the primary supervising physician and the nurse practitioner, appended to the collaborative practice agreement, and available for inspection by either Board;
   (c) shall include the drugs, devices, medical treatments, tests, and procedures that may be prescribed, ordered, and performed by the nurse practitioner consistent with Rule .0809 of this Section; and
   (d) shall include a pre-determined plan for emergency services.

(3) The nurse practitioner shall demonstrate the ability to perform medical acts as outlined in the collaborative practice agreement upon request by members or agents of either Board.

(4) Quality Improvement Process:
   (a) The primary supervising physician and the nurse practitioner shall develop a process for the ongoing review of the care provided in each practice site, including a written plan for evaluating the quality of care provided for one or more frequently encountered clinical problems.
   (b) This plan shall include a description of the clinical problem(s), an evaluation of the current treatment interventions, and if needed, a plan for improving outcomes within an identified time frame.
   (c) The quality improvement process shall include scheduled meetings between the primary supervising physician and the nurse practitioner for a minimum of every six months. Documentation for each meeting shall:
      (i) identify clinical problems discussed, including progress toward improving outcomes as stated in Sub-item (4)(b) of this Rule, and recommendations, if any, for changes in treatment plan(s);
      (ii) be signed and dated by those who attended; and
      (iii) be available for review by either Board for the previous five calendar years and be retained by both the nurse practitioner and primary supervising physician.

(5) Nurse Practitioner-Physician Consultation. The following requirements establish the minimum standards for consultation between the nurse practitioner and primary supervising physician(s):
   (a) During the first six months of a collaborative practice agreement between a nurse practitioner and the primary supervising physician, there shall be monthly meetings to discuss practice-relevant clinical issues and quality improvement measures.
   (b) Documentation of the meetings shall:
      (i) identify clinical issues discussed and actions taken;
      (ii) be signed and dated by those who attended; and
      (iii) be available for review by either Board for the previous five calendar years and be retained by both the nurse practitioner and primary supervising physician.

History Note: Authority G.S. 90-8.2; 90-18(c)(14); 90-18.2; 90-171.23(b)(14);
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