UPMC Mercy 2729

Department of Emergency Medicine

A hospital of University of Pittsburgh Medical Center

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Ms. Ann Steffanic
Board Administrator
State Board of Nursing
P.O. Box 2649
Harrisburg, PA 17105-2649

RE: Proposed Scope of Practice Modifications for CRNPs

Dear Ms. Steffanic:

I have had the opportunity to work with Certified Nurse Practitioners in the Emergency Department of UPMC Mercy for the last 10 years. I have enjoyed a collaborative and supportive relationship which has been mutually agreeable and beneficial. I also believe that the future of health care rests with health care teams working collaboratively with physician direction. Given my experience with CRNPs and patient care, I would like to offer comments on the proposed change in the regulations.

One of the tenents which we should be striving for in health care is transparency. Whether in cost, complications, or communications, I feel that patients deserve to have clear communication and understanding about their health care. This applies to "WHO" is providing their care. In the Emergency Department it is often confusing for the patient and family to know who is providing care whether a nurse versus a technician versus an aide versus a physician in training. Often we are wearing similar garb which exacerbates the misunderstanding. I can imagine that there are similar misunderstandings about who is providing care in other health care settings. These regulations should define the specific, clearly visible identification should be displayed by Nurse practitioners appropriate for their particular level of training. As a patient I would want to know who is taking care of me and what part that they play in the healthcare team.

Critical to the successful collaborative relationship with the certified nurse practitioner is the collaborative agreement. It is reasonable to structure the collaborative relationships in a way that the collaborating physician and CRNP have appropriately similar current practice experience and has a current and active license to practice in the State of Pennsylvania. It makes little sense that, for example, a urologist should be the collaborating physician for a family CRNP. If a CRNP is practicing outside of the credentialing for the collaborating physician, then they should seek supplementary collaborative agreements. It is also reasonable that the collaborative agreements be written documents which would reduce confusion and misunderstanding particularly if there is an unexpected or unfortunate outcome with the patient.

It is also reasonable to have a basic structure to the written collaborative document such as scope of services, availability of physician support, emergency plan, and prescribing patterns. This will allow for clear communication between the collaborating parties. It would also be appropriate to delineate the maximum number of collaborating relationships which a physician could be involved in at any given time. The medical legal responsibility associated with the care provided by the CRNP will be communicated through the collaborative agreement.

I understand that there may be extraordinary circumstances where these regulations might need to be waived to meet patient care needs. There is a waiver process in place which should be maintained. Any petitions for waivers should be evaluated to identify if there is a deficit patient care need which could be met with a waiver of these regulations.

Thank you for the opportunity to provide these comments.

Sincerely,

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