



July 29, 1997

MEMORANDUM

TO: Local Health Directors
Local Nursing Directors
Local Family Planning Coordinators

FROM: Margaret Woodcock, Head *MW*
Women's Preventive Health

SUBJECT: Provider Qualifications In Family Planning

Provider roles are changing in order to better serve our North Carolina citizens. Since March, 1996, Enhanced Role training has been offered to registered nurses working in Family Planning Clinics. Upon successful completion of this training, the nurse functioning in this capacity is able to provide complete physical assessments to "low-risk" contraceptors. As a result of this change, role clarification is needed to ensure that care is provided in compliance with both the Nursing Practice Act and MCH Program policies.

In FY 1996-97 the Enhanced Role training for family planning was offered exclusively through the Guilford County Training Program. Beginning July 1, 1997 a new model will be used for the training. The training will be offered as a joint initiative of the UNC Schools of Nursing, Medicine and Public Health. The course will be offered via teleconference, thus allowing more nurses to be trained in each session with less disruption of local clinics. There will be a core course (common to both Maternal Health and Family Planning) followed by specific track courses (one for family planning and one for maternity). The cost of the core course and one track will be \$600. If the nurse requires both specialty tracks (family planning and maternity) an additional \$200 will be charged for the second specialty track. This tuition is needed because for the last several years the nurse training program costs have substantially exceeded the funds allocated for it. Nurses completing the training will quickly generate revenues in the Maternity or Family Planning clinics which will repay the investment you make in their training. A track-specific clinical practicum will take place locally. During the practicum, students will spend a minimum of two months with a clinical advisor in their local setting, and each student will see a

minimum of five new patients and ten return patients. Successful completion of the Adult Health Physical Assessment Course is a prerequisite for entry into the training.

Nurses who successfully complete all the components of the Enhanced Role training in Family Planning (including the practicum) may provide physical assessments to **low-risk family planning patients** as an Enhanced Role Nurse in the health department's family planning program. Low-risk clients are defined as women who have no contraindications to the contraceptive method chosen and who have no high-risk medical conditions. Physical assessments offered by Enhanced Role Nurses in Family Planning are now eligible for reimbursement by Medicaid.

The core course common to both Maternal Health and Family Planning will be offered in four sessions over the course of two months. The first three training days will be teleconferenced to all students at their closest videoconferencing site. The fourth day will be held in Chapel Hill. The first core course is scheduled for 10-16-97, 10-30-97, 11-13-97, and 12-8-97. The final date will be held in Chapel Hill at the Friday Center. The first family planning track will be taught 2-5-98, 2-19-98, and 3-5-98.

Students will be selected for enrollment based on county need. Counties wishing to use nurses in the enhanced role capacity should contact their Regional Women's Health Nurse Consultant for application information.

A summary of Family Planning visit types follows. Beside each visit type is a list of providers that may provide each service. Staff not identified in the descriptions **may not** provide the service.

INITIAL PHYSICAL ASSESSMENTS may be provided by **physicians** or **mid-level providers**. These visits may also be provided by **Enhanced Role Nurses only** on low-risk patients with a documented complete normal physical within the past 6 months and desiring to continue with their current method.

ANNUAL EXAMS (COMPLETE PHYSICALS) may be provided by **physicians** or **mid-level providers**. Low-risk patients may be assessed by **nurses functioning in the enhanced role**. Every third annual assessment must be done by a **physician** or **mid-level provider**.

LIMITED VISITS may be provided by a **physician, mid-level providers, or a public health nurse**. The nurse providing this care does **not** need training in the enhanced role to provide this care.

EXTENDED VISITS may be provided by **physicians, mid-level providers, or registered nurses who have completed appropriate training to provide category II nursing functions** (physical assessments including bimanual exams). Nurses functioning in this capacity are encouraged to have enhanced role training but this training is **not** required in order to provide these services.

NORPLANT INSERTIONS may be provided by **physicians** or **mid-level providers**.

NORPLANT REMOVALS may be provided by **physicians** or **mid-level providers**.

NORPLANT REMOVAL AND REINSERTIONS may be provided by **physicians** or **mid-level providers**.

DEPO PROVERA INJECTIONS may be provided by **public health nurses, mid-level providers, or physicians**.

If you have questions about any of these issues, do not hesitate to call your Regional Women's Health Nurse Consultant or April Privette the Women's Preventive Health Nurse Consultant in the Central Office at (919) 715-3396. Thank you for all you do to promote women's preventive health in North Carolina.

cc: Dr. Ann Wolfe
Dr. Kevin Ryan
Regional Nurse Consultants

ADULT HEALTH EXPANDED ROLE NURSES

I. QUALIFICATIONS

Consistent with the *North Carolina Nursing Practice Act* and related rules and regulations, Public Health Nurses who meet the following requirements may provide periodic assessment of adults for purposes of health screening.

1. Baccalaureate degree in nursing or completion of "Introduction to Principles and Practices of Public Health and Public Health Nursing";
2. Successful completion of the Physical Assessment of Adults, including the required clinical practicum and final clinical check-off.

II. TRAINING

The Physical Assessment of Adults course includes didactic and clinical components for the assessment of each major body system as well as preceptorship in the local agency. The course is developed by the Office of Public Health Nursing with oversight by the PAA Advisory Committee composed of representatives of the Divisions of Health Promotion, Maternal Child Health and Epidemiology and nurses from local health departments.

The course contains a written exam, ongoing clinical evaluation by the clinical advisor, completion of a mandatory preceptorship period with specific numbers of assessments to be successfully completed in various categories (e.g., male, nulliparous female, etc.) and final assessment of clinical skills. The participant must pass the written exam before beginning the preceptorship experience and must be deemed clinically competent by the clinical advisor and faculty in order to pass the course.

III. SUPERVISION

A health department wishing to utilize a nurse in this role must meet the following requirements:

1. Approval from the NC Board of Nursing for performance of the relevant Category II functions by RN's and maintenance of the appropriate records for this approval;
2. Policies which provide for appropriate referral of any client for whom findings on the assessment are "not normal" or who needs medical assessment; and
3. On-going quality assurance program to ensure accuracy of assessments and appropriate course of action.

2 - Adult Health

IV. SERVICES

The following services may be provided by the Public Health Nurse (PHN) who has completed the above requirements:

- breast assessment*
- bimanual pelvic and rectal exams*
- Papanicolaou smears*
- prostate screening* and rectal exams on males
- comprehensive adult assessments
- limited adult assessments

The PHN will refer any patient for whom a health problem is identified during the assessment to a physician or mid-level provider for further examination and/or medical evaluation.

* These services are specifically identified as Category II nursing activities, requiring additional education and agency and administrative support, by the NC Board of Nursing.

FAMILY PLANNING ENHANCED ROLE NURSES

I. QUALIFICATIONS

Consistent with the *North Carolina Nurse Practice Act* and related rules and regulations, Public Health Nurses who meet the following requirements may provide periodic assessment and care of low-risk family planning patients.*

1. Registered Nurses who have a BS degree in nursing or have completed the "Introduction to Principles and Practices of Public Health and Public Health Nursing";
2. One year of experience in a public health family planning setting and an endorsement from the sponsoring health department;
3. Completion of the Adult Physical Assessment Education Program;
4. Completion of the Family Planning Module; and
5. Demonstrated clinical competency in physical assessment including the pelvic examination.

II. TRAINING

The Family Planning Training Module includes didactic and clinical components as well as a preceptorship for the assessment of low-risk family planning patients as approved by the Women's Health Section, Division of Maternal and Child Health.

This Module includes a written pre and post test; a clinical evaluation prior to admission into the course and at the end of the Family Planning Module; and a case study. A score grade will be given for each of the above items.

III. SUPERVISION

A Health Department wishing to utilize a nurse in this role must meet the following requirements:

1. Standing orders signed by a physician
2. Continuous availability on site or by phone of a physician and/or mid-level provider for referral and consultation;
3. On-going quality assurance program to ensure accuracy of clinical assessment, findings, and appropriate course of actions; and

2 - Family Planning

4. A clear outline of duties and responsibilities of the nurse utilized in this role documented in a job description.

Certain minimum physician responsibilities are also identified. At a minimum, the physician must:

1. Approve and at least annually update and sign standing orders for routine medical intervention and continued contraception for the care of low-risk family planning patients;
2. Be accessible on-site or by telecommunication for referral and consultation; and
3. Participate in on-going review of the medical orders implemented and other aspects of the quality assurance program.

A quality assurance system must be implemented in each agency that utilizes a nurse in the enhanced role capacity. The quality assurance system must include:

1. Precise written standing orders signed at least annually by the physician.
2. A multi-disciplinary team will quarterly review the records of 10% of the patients seen by the nurse for:
 - a. Accuracy of clinical assessments;
 - b. Appropriate implementation of standing orders;
 - c. Appropriate referral and consultation; and
 - d. Patient outcomes.

IV: SERVICES AND TYPES OF PATIENTS SERVED:

The nurse will be able to perform family planning assessments through the direction of Standing Orders and will be able to provide the following:

1. Annual assessment on low-risk family planning patients who are currently on a contraceptive method;
2. Initial visits on low-risk patients with documented complete normal physical exam within the past 6 months and currently using a prescribed contraceptive; or low-risk patients currently using a prescribed or non-prescribed contraceptive method choosing a non-prescribed contraceptive method;
3. Provide periodic assessment and care of low-risk family planning patients.

3 - Family Planning

The nurse will refer the patient to a physician or mid-level provider in any of the following situations.

1. Patient requests change in prescribed contraceptive method;
2. Patient is experiencing a method problem;
3. Patient requests insertion or removal of IUD;
4. Patient requests insertion or removal of Norplant;
5. Nurse identifies a health problem during annual assessment which requires further medical evaluation or there is a contraindication to the prescribed method;
6. Women over the age of 35 using oral contraceptives; or
7. Patient has been seen by the nurse for the past two years for the annual visit. (Every third annual assessment must be done by a physician or mid-level provider.)

* Low-Risk Family Planning Patient - A woman who has no contraindication to the contraceptive method chosen and no high-risk medical conditions/problems at the time of the visit.