

Certified Registered Nurse Anesthetist
Scope of Practice | Collaborative Practice | Delegation

CRNA: _____ Date: _____, 20____

Instructions: Under PA 53 of 2021, certain services are considered within the scope of CRNA practice and may be performed without direct physician supervision, if the CRNA meets certain conditions. The conditions are set out in **Section I** – review and complete this section. If the criteria are met and no other functions outside the scope of the CRNA license are delegated, sign Section I and skip Section II; the document is complete. If the criteria are not met, sign and then complete **Section II** with a physician supervisor, who must also sign the document at the end. **PLEASE NOTE:** All CRNAs practicing pain management in a freestanding pain clinic must be under the supervision of a physician.

SECTION I – Scope of Practice

I, _____, hereby attest and confirm that as of the date set forth above, I am a Certified Registered Nurse Anesthetist licensed to practice in the State of Michigan. I further attest that: (check each as appropriate)

- A. _____ I have practiced as a nurse anesthetist for three (3) or more years, and have practiced this health profession specialty field in a Health Care Facility¹ for a minimum of four thousand (4,000) hours.
- B. _____ I have a Doctor of Nurse Anesthesia Practice degree, or a Doctor of Nursing Practice degree.
- C. _____ I am collaboratively participating in a patient-centered care team², which includes at least one qualified physician, dentist, or podiatrist.

Signed: _____

If you checked item “C” above, and either item “A” or “B,” the document is now complete, unless other functions outside the scope of the CRNA license are delegated.

Under Michigan law, a CRNA is not authorized to perform any activity that would permit a patient to self-administer, obtain, or receive prescription drugs or controlled substances outside of the facility in which the CRNA provides anesthetic or analgesic service, or outside of the perioperative, periobstetrical, or periprocedural period. These restrictions apply even if the CRNA qualifies for independent practice.

¹ “Health Care Facility” means any of the following: a hospital inpatient or outpatient facility; a freestanding surgical outpatient facility; an office of a physician, podiatrist, or dentist; or any other office or facility in which diagnostic or therapeutic procedures are provided to a patient. MCL 333.17210(6)(b)

² A “Patient-centered care team” means a group of health care professionals which must include, but is not limited to, a physician, dentist, or podiatrist who directly or indirectly care for a patient by each contributing his or her specialized knowledge, skill, and experience to the care of the patient. MCL 333.17210(6)(d)

SECTION II – Collaborative Practice

This Collaborative Practice Agreement is entered into effective as of _____, 20____ by and between the CRNA identified above, and the physician whose name and signature appear below. Physician and CRNA hereby agree to the following collaborative practice protocols for the provision of health care services at the following location(s):

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Cadillac Hospital | <input type="checkbox"/> Munson Medical Center | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Charlevoix Hospital | <input type="checkbox"/> Otsego Memorial Hospital | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Grayling Hospital | <input type="checkbox"/> Paul Oliver Memorial Hospital | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Kalkaska Memorial HC | <input type="checkbox"/> Manistee Hospital | <input type="checkbox"/> Other: _____ |

1. Physician and CRNA Relationship and Responsibilities

- a. Physician and CRNA have mutually developed, and shall continue to develop as reasonably necessary, this Agreement and any related protocols and/or addenda, which are intended to or necessary to comply with applicable law and standards of practice.
- b. CRNA shall provide care services within the CRNA's licensed scope of practice, as well as those services properly delegated to CRNA based upon the CRNA's education, training, and experience.
- c. Physician agrees to be continuously available in person or by direct telecommunication to ensure that appropriate physician consultation is available to CRNA at all times that CRNA is engaged in clinical activities.
- d. In Physician's absence, CRNA may consult with an alternate physician as designated by Physician.
- e. CRNA shall adhere to the scope of practice as agreed to herein and with Physician.
- f. Physician and CRNA each agree to review this Agreement and any related protocols annually, to document such review, and provide further consultation and education to the CRNA in the performance of their functions and duties, as needed and appropriate.
- g. Physician shall delineate a plan for emergencies.
- h. CRNA shall document consultation and referral with physician in progress notes, and participate in regularly scheduled reviews, meetings, and call responsibilities as assigned.

2. Delegated Tasks and Functions

- a. Subject to the conditions, limitations, and requirements specified herein, Physician and CRNA shall establish and detail the tasks and functions delegated to CRNA. CRNA accepts such delegated authority, subject to Physician's supervision for any tasks outside of CRNA's licensed scope of practice, and CRNA confirms and agrees that CRNA is qualified by education, training, and experience to perform such tasks and functions. Specific delegated tasks and functions shall include but are not limited to: (~~strikethrough any tasks not delegated or applicable~~)

- | | |
|--|---|
| <ul style="list-style-type: none"> ● Development of a plan of care ● Performance of all patient assessments, procedures, and monitoring to implement the plan of care or to address patient emergencies that arise during implementation of the plan of care ● Selection, ordering, or prescribing and the administration of anesthesia and analgesic agents that are prescription drugs, including controlled substances, to the extent permitted by law, including MCL 333.17210(3) | <ul style="list-style-type: none"> ● Services related to health maintenance & promotion ● Perform other therapeutic or corrective measures as indicated. ● Consult as needed with appropriately licensed physicians ● _____ ● _____ ● _____ |
|--|---|

This Agreement may be terminated at any time by either party, upon advance written notice to the other party given at least thirty (30) days before the date of termination.

ACKNOWLEDGEMENT

CRNA:

I _____, understand that I am under the supervision of my supervising physician for all activity at Munson Healthcare. I further understand that if the situation should arise that I no longer have said supervision, I will immediately notify the Medical Staff Office in writing. I understand that failure to maintain a supervisor while I do not qualify for independent CRNA practice will be taken as voluntary resignation.

CRNA Signature

Date

Supervising Physician:

I _____, understand that I am the designated supervising physician for the above–signed Certified Registered Nurse Anesthetist. I have read and agree to comply with the supervision responsibilities listed on page 1 of this form. I understand that if the situation arises that I am no longer able to supervise the Certified Registered Nurse Anesthetist, I will immediately notify the Medical Staff Office in writing.

Supervising Physician Signature

Date

CRNA shall maintain a current, signed copy of this Agreement at the CRNA's primary place of practice.

RECORD OF PERIODIC REVIEW

Physician and CRNA have reviewed their collaborative practice agreement, and CRNA's performance of acts, tasks, and functions on the following dates:

Date of Review: _____, 20____

Comments: _____

Signatures: _____
CRNA Physician

Date of Review: _____, 20____

Comments: _____

Signatures: _____
CRNA Physician

Date of Review: _____, 20____

Comments: _____

Signatures: _____
CRNA Physician