

21 NCAC 36 .0229 is proposed to be adopted as published in NCR 39:01, page 39, as follows:

21 NCAC 36 .0229 DETERMINATION AND PRONOUNCEMENT OF DEATH

Determination and pronouncement of death is an act that can be delegated to a registered nurse or a licensed practical nurse, provided that:

(1) The registered nurse or licensed practical nurse has the requisite qualifications and experience to assess, interpret, and formulate this determination and pronouncement; and

(2) This delegation is consistent with the registered nurse's or licensed practical nurse's site-specific policies and procedures.

History Note: Authority 90-171.20(7) and (8); 90-171.23(b)

21 NCAC 36 .0810 is proposed to be amended as published in NCR 39:01, pages 39-40, as follows:

21 NCAC 36 .0810 QUALITY ASSURANCE STANDARDS FOR A COLLABORATIVE PRACTICE AGREEMENT

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 Section~~ and may include issuing do not resuscitate orders as outlined in G.S. 90-21.17(b) and determining and pronouncing death pursuant to G.S. 90-323 so long as all other applicable requirements are met and doing so is permitted by and consistent with practice-site-specific policies and procedures; 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:

- 1 (i) identify clinical problems discussed, including progress toward improving
2 outcomes as stated in Sub-item (4)(b) of this Rule, and recommendations, if any,
3 for changes in treatment plan(s);
4 (ii) be signed and dated by those who attended; and
5 (iii) be available for review by either Board for the previous five calendar years and
6 be retained by both the nurse practitioner and primary supervising physician.
- 7 (5) Nurse Practitioner-Physician Consultation. The following requirements establish the minimum
8 standards for consultation between the nurse practitioner and primary supervising physician(s):
9 (a) During the first six months of a collaborative practice agreement between a nurse
10 practitioner and the primary supervising physician, there shall be monthly meetings to
11 discuss practice-relevant clinical issues and quality improvement measures.
12 (b) Documentation of the meetings shall:
13 (i) identify clinical issues discussed and actions taken;
14 (ii) be signed and dated by those who attended; and
15 (iii) be available for review by either Board for the previous five calendar years and
16 be retained by both the nurse practitioner and primary supervising physician.

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18 *History Note: Authority G.S. 90-8.2; 90-18(c)(14); 90-18.2; 90-171.23(b)(14);*
19 *Recodified from 21 NCAC 36 .0227(i) Eff. August 1, 2004;*
20 *Amended Eff. December 1, 2009; August 1, 2004;*
21 *Readopted Eff. January 1, 2019;*
22 *Amended Eff. June 1, 2021.*