

## **Sample Cover Letter:**

### **The Role of the Consulting Pharmacist in Physician Delegated Patient Care Services to Optimize the Facility Antimicrobial Stewardship Program in Management of Uncomplicated Urinary Tract Infection**

Introduction: This sample **Policy** and **Clinical Practice Agreement (CPA)** are offered as example working documents for use as a facility embarks to establish Collaborative Practice Agreements between the facility consulting pharmacist and individual attending physicians or physician assistants under the supervision of their attending physician. The purpose of the policy is to lay the framework for establishing a Collaborative Practice Agreement (CPA) between a physician and the facility consulting pharmacist. Such a program can complement a facility antibiotic stewardship program. These CPAs define patient clinical services that are delegated to the pharmacist by the attending physician.

The sample Policy and CPA were created to include the specific conditions contained within Wisconsin State Statutes which were modified by 2013, Wisconsin Act 294. Any facility should feel free to modify these documents to accommodate its unique structure and circumstance. For example when a facility which has multiple physician providers attending residents, a single standard menu of delegated services may more efficiently facilitate communication to nursing services about participating attending physicians and delegated services.

Wisconsin Act 294 applies to physicians and physician practitioners but conspicuously omits participation of a nurse practitioner in its description of such Collaborative Practice Agreements whereby a pharmacist may perform clinical services which have been delegated by a physician or a physician assistant. To complement antibiotic stewardship projects, most facilities will desire that nurse practitioners who practice in their facilities will also participate in those programs which utilize facility defined best practice criteria for both diagnosis and treatment of targeted infectious diseases in efforts to improve antimicrobial use. To that end, management of simple uncomplicated urinary tract infection by a nurse practitioner may be facilitated through processes which a facility sets in place by establishing these Collaborative Practice Agreements to manage uncomplicated Urinary Tract Infection. However, at this time, a nurse practitioner cannot delegate physician services to a consulting pharmacist under Act 294. Consequently, any suggestions of patient services included in this sample Collaborative Practice Agreement may be extended to the residents of a nurse practitioner provided there is a documented communication between the facility and the nurse practitioner in each case.