Primary Care NPs to AG-ACNPs: An Accelerated Option
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CRNP’s
- Introduced in 1965
  - PNP post grad
  - Now 92% MSN
  - for medically underserved
  - Now everywhere across ages and needs
  - Primary to lifestyle to sub-specialties
- Today > 158,000 in USA
  - > 10,000 new grads per year
  - 50% are FNPs

Evolution of Acute Care Needs
- 1980’s - 2000 Health care in transition
  - Managed care demands seamless transitions
  - Specialty services require continuity & comprehensive care
  - Shift to outpatient care - more monitored units & critically ill inpatients

1st Question: Need an NP or a CNS?
- CNS
  - Purpose:
    - Improve nursing care
    - Patient populations
  - Emphasis: Nursing & System
    - Optimal nursing care
    - Systems problem solving
  - Role: Indirect care facilitator
  - Practice: System based
  - Setting:
    - Most: Inpatient
    - Varies by specialty
- NP
  - Purpose:
    - Improve access to medical care
    - Focus on individuals
  - Emphasis: Medicine
    - Medical Dr & management
    - Advanced nursing practice
  - Role: Direct care provider
  - Practice: Age/Acute based
  - Setting:
    - Primary: Community
    - Acute/Gero - Inpatient

Emergence of Acute Care
Roles for NPs
- Changes medical education
  - First more preventive care
  - Early restrictions on work hours
- Natural evolution of critical care nursing skills
  (Gittin & Hinson, 1991)
- 35 - 50% of care can be done by NPs
  (Kockman, 1992)
- NP = safe, high quality care in complex, inpatient settings
  (Carlson, 1983; Spinos, 1990; Gittin, 1993)
  - Cardiac, 1994; Dallas, 1996; Koyce, 2004)
- Early adopters - trauma, cardiology, cardiac & orthopedic surgery, transplant

Acute Care NPs
- First reports 1983
  - Heart failure, Stroke, Trauma
- Programs started 1990
  - Exam in 1995 - 2000
  - 69 schools in 35 states & 450 grads annually
- > 7,500 certified ACNPs in US
  - Plus NNNP and PNP-AC
- 18% NPs practicing in acute care
  - BUT > 7% hold AC certification
Growing Pressures on Acute Care

- Continued shifts in care workforce
  - Trainee work hours
- Expectations for safe, high quality, evidence-based care
  - Safety & quality of inpatient & ICU care
    - Hospitalists & Hospital acquired...
    - IHI, Leapfrog and SCCM
  - Only 6% of ICUs provide 24/7 coverage
    - 95% residents unsupervised
  - How to provide 'intensivists' everywhere

Defining Acute Care:
Not just a setting

- Patients who are physiologically unstable
- Technologically dependent
- Require frequent monitoring / intervention
- Highly vulnerable for complications

Across the continuum of care services
What are the needs of the patient

Procedural Skills

- 12 lead ECG interpretation*
- CXR interpretation*
- Hemodynamic monitoring*
- ICP monitoring
- Spirometry and peak flow assessment
- IABP management
- Respiratory support*
- Nutritional support*
- Local anesthesia and sedation for procedures
- I & D superficial abscess
- Suturing*
- Wound debridement / packing
- Lumbar puncture
- CVP and Arterial cannulation*
- Endotracheal intubation*
- Insertion/removal of CT
- ACLS

AG-ACNP: Goals of care

- Immediate:
  - Stabilize
  - Prevent or minimize complications
  - Promote physical & psychological well being
- Long Term
  - Restore maximal health
  - Evaluate risk factors and provide prevention
  - End of life care

AG-ACNP: Education

- prepared for practice with adults and elders who have acute, complex chronic and critical illnesses.
  - Highly specialized acute, chronic and critical care skills
  - Diagnosis & management of highly complex patient problems
  - During acute or critical episodic illnesses.
  - Complex chronic care across continuum
- Practice
  - Independent & interdependent decision-making
  - Direct accountability for clinical judgment
  - Collaboration in complex practice environments with multiple health care providers

Development & Validation ACNP Specialty

1995
ANCC and AACN collaborated on:
- Scope and Standards of Practice
- Exam
  Practicing ANP, FNP, GNP's
  Board eligible through 2000
  JHU offered exam prep
- Growth of ACNP tracks
  - Since 1999 national trend in credentialing expectations

AACN (2006)
* ACNP Competencies (2004 & 2011)
Outcomes: Stroke patients

- Patients managed by NP/MD team vs fellow/MD team
- No difference in patients
  - Characteristics / acuity
  - Number of consultations
  - Use of diagnostic tests
- NP patients had shorter LOS

Weinberg et al 1983

Outcomes: Trauma Center

- Addition of ACNPs to team:
  - Decreased LOS (1.05 d)
  - Increased patient compliance with outpatient follow up
  - Decreased outpatient wait time
  - Fewer pt complaints
  - House staff workload reduced

Spizzo et al 1990

Outcomes: Neonatal ICU NPs

- NNNPs in NICU’s since 1970’s
- Processes:
  - Prescribe diagnostic & therapies
  - Order medications
  - Initiate referrals
  - Document patient progress
  - Dictate D/C Summaries

Hunsberger et al 1992

Other Outcomes

- NPs provide safe, high quality care to complex patients and in inpatient settings
  - Cintron et al 1983
  - Spizzo et al 1990
  - Goksel et al 1993
  - Carzoli et al 1994
  - Dahle, Smith & Wilson 1998
  - Naylor et al 2004

Along comes the......

*Consensus Model for APRN Regulation*

NonPF website
NCSBN website

Relationship between Educational Competencies, Licensure and Certification

- Measures of competencies
  - Specialty Certification
  - Licensure: based on education & certification

- Populations
  - Specialty
  - APRN Role
  - APRN Core

APN Consensus Work Group & NCSBN (2001)
NP Population Workforce Distribution

**Primary care**
- Pediatric 7%
- Family 48%
- Women's Health 8%
- Adult 19%
- Gerontologic 3%
- Psychiatric 4%

**Acute Care**
- Neonatal 1%
- Pediatric <1%
- Adult/Gero 6%

AG-ACNP Practices

- Private practice 12%
- Hospital specialty clinics 7%
- Cardiology
- Oncology
- Surgical specialties
  - Cardiac surgery
  - Trauma
  - Transplant
- Oncology
- ICU – 25%
- IMCs
- Hospitalist – 12%
- Rehab facilities
- Chronic Ventilator Units
- Interventional radiology
- Nursing homes
- Hospital at home
- Emergency dept. 7%

Evidence of Need for additional ACNPs

- "A nurse practitioner may practice only in the area of specialization in which he is certified" (COMAR 10-07-06.02.02 C).
- Only 50% of hospital NPs are ACNP certified
- Growing demand
  - Up to 41% of national ads
  - Hospitalist & Intensivist
  - Salaries $100K new grad
  - $150K with experience (+ billing for procedures)

Pathways to AG-ACNP Preparation

- Traditional MSN
  - 39 to 55 credits
- Graduate core
- APRN Clinical core
- AG-ACNP courses
- Post-Master's for Non-APRN
  - 24 to 32 credits
- APRN Clinical core
- AG-ACNP courses
Traditional Master's AG – ACNP
37 cr & 750 hr over 4 terms
- Graduate core 12 cr
  - Stats – Research – Context – Theory/Ethics
- APRN Clinical core 9 cr
  - 3 “P’s”
- NP role & Population competencies 16 cr
  - Health Promotion 1 cr
  - Management common needs (DM, HTN, COPD, etc....... 2 cr
  - Advanced Diagnostics & Therapeutics 2 cr
  - Diagnosis & Management Acute/Critical 11 cr

Application of National Task Force
Criteria for Post-Master’s (2012)
1. Courses waived if transcript of successful completion
   Phys/Pathophys; Pharmacology; Health assessment;
   Dx, Sx and Illness Management
   Equivalency via transcript

2. Special consideration given NPs expanding to other
   specialty, challenge selected courses/experiences;
   Require 3 / 4 AG-ACNP courses
   4th course = non-clinical didactic content +
   250 hr clinical practicum

Application process
- Post Master’s application
- MS Transcript
  - Physiology / pathophysiology
  - Pharmacology
  - Health Assessment
  - Management broad spectrum needs
- Statement of purpose
- Recommendations
- Copy current certification
- CV
  - work experience
  - presentations
  - publications
  - special projects
  - preceptorships
  - *Recent CEU’s

Accelerated Post Master’s ACNP
Curriculum Plans
Competitive Post MS options 15 to 32 SH
<table>
<thead>
<tr>
<th>Initial Plan 2004 - 2005</th>
<th>Revised Plan 2005 - 2013</th>
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<tr>
<td>Advanced Diagnostics &amp;</td>
<td>Advanced Diagnostics &amp;</td>
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<tr>
<td>Therapeutics 4 cr (56 hr</td>
<td>Therapeutics 2 cr (56 hr</td>
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<tr>
<td>Acute Care of Adult Patients</td>
<td>Acute Care of Adult Patients</td>
</tr>
<tr>
<td>6 cr (224 hr clinical)</td>
<td>3-5 cr (224 hr clinical*)</td>
</tr>
<tr>
<td>Case Studies in Acute Care</td>
<td>Case Studies in Acute Care</td>
</tr>
<tr>
<td>7 cr (224 hr clinical)</td>
<td>3-5 cr (224 hr clinical*)</td>
</tr>
<tr>
<td>17 credits / 504 clinical hr</td>
<td>8 - 12 credits / 504 clinical hr</td>
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How many clinical hours?
Currently / Not currently practicing in area-
Sufficient to master competencies and meet
criteria for national certification
# Hours / semester at SON individualized
*All do 504 hours in ACNP role

> 2 yr FT NP experience in acute care + currently
employed in same = 112 hr

> 1 < 2 yr FT NP experience in acute care + currently
employed in same = 168 hr

< 1 yr FT NP experience in acute care +/or not currently
employed in same = 225 hr

Criteria III.F (pg 9)
Attaining 500 hours supervised practice in Acute Care

- Complete 225 hr SON clinical practicum in each of 2 clinical courses
  OR
- Precepted clinical practicum via the SON (112 – 168 hrs per course)
  AND
- Completion of 57 – 112 hr acute care practice each semester in current acute care work environment
  - clinical log reflecting practice hours with acute care patients
  - 1 - 2 (1 for 57 hr, 2 for 112 hr) case analysis papers
  - care of patients with acute/critical care needs
  - Faculty site visit & CET by collaborating provider at work setting

- Develop career and long-term commitment
  - Residents in learning mode
- Quality of care
  - Depth of expertise, nuances of the specialty
- Consistency and continuity
  - Assure integrity of protocols
  - Implementation of practice guidelines
    - Modification based on experience with outliers
  - Complex specialty populations –
    - CHF, Transplant, Oncology
- Value added service
  - The nursing perspective – prevention, integration, education
  - Care coordination & Discharge planning

Challenges

- Professional
  - Workforce shortages
  - Sticking to scope of practice
  - Retaining Nursing identify as assume Provider identify
  - Being a “line” or “scut monkey”
  - Who’s in charge here? - making decisions
- Organizational
  - Placement under Nursing or Medical Staff
  - Credentialing
  - Who’s in charge? – admitting privileges
  - Billing for visits vs Stark