


**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?


<ul style="list-style-type: none"> • CNS • Purpose: <ul style="list-style-type: none"> – Improve nursing care – Patient populations • Emphasis: Nursing & System <ul style="list-style-type: none"> – Optimal nursing care – Systems problem solving • Role: Indirect care facilitator • Practice: System based • Setting: <ul style="list-style-type: none"> – Most inpatient – Varies by specialty 	<ul style="list-style-type: none"> • NP • Purpose: <ul style="list-style-type: none"> – Improve access to medical care – Focus on Individuals • Emphasis: Medicine <ul style="list-style-type: none"> – Medical Dx & management – Advanced nursing practice • Role: Direct care provider • Practice: Age/Acuity based • Setting: <ul style="list-style-type: none"> – Primary- community – Acute/Gero- inpatient
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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
(Griffith & Robinson, 1993)
- 35 – 50 % of care can be done by NPs
(Knickman, 1992)
- NP = safe, high quality care in complex, inpatient settings
(Clinton, 1983; Spisso, 1990; Goksel, 1993; Carzoli, 1994; Dahle, 1998; Naylor, 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 % NP's 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



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

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*

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



cure

restore

maintain

palliate

AACN (2006)

rehabilitate

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

AACN (2006)

* ACNP Competencies (2004 & 2011)

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

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 outpt follow up
 - Decreased outpt 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

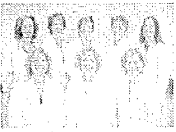
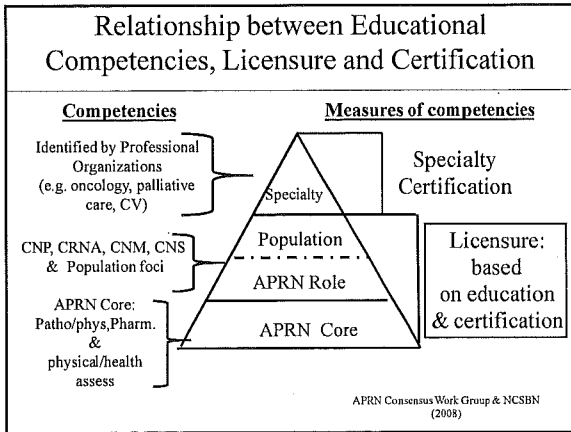
Hunsberger et al 1992

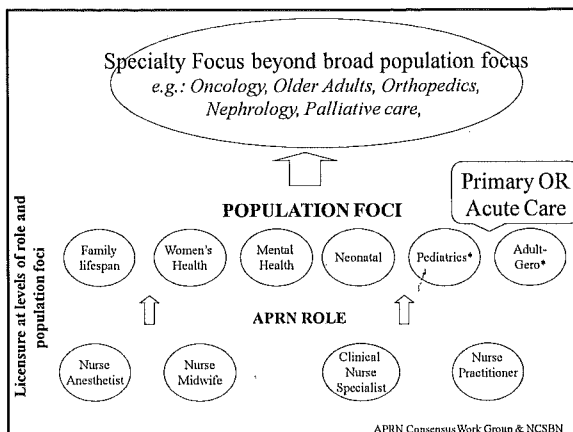
Other Outcomes

- NPs provide safe, high quality care to complex patients and in inpatient settings
 - Cintron et al 1983
 - Spisso 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



Comparison Scope of Practice Statements

<ul style="list-style-type: none"> • ACNP Specialized care of adults Physiologically unstable, technology dependent, Highly vulnerable for complications. Across continuum of acute care services Complex acute, critical & chronic health conditions, emphasis on urgent, emergent & life-threatening • GNP Episodic & chronic care, health promotion Older adults & their families A variety of settings 	<ul style="list-style-type: none"> • ANP Primary care, comprehensive wellness, common acute, episodic and stable chronic care Older adolescent & adult (no pre and post-natal care) • FNP Primary care, comprehensive wellness, common acute, episodic and stable chronic care Families and individuals across the life span.
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NP Population Workforce Distribution

<p><u>Primary care</u></p> <ul style="list-style-type: none"> • Pediatric 7 % • Family 48 % • Women's Hlth 8 % • Adult 19 % • Gerontologic 3 % • Psychiatric 4 % 	<p><u>Acute Care</u></p> <ul style="list-style-type: none"> • Neonatal 1 % • Pediatric <1% • Adult/Gero 6%
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AG-ACNP Practices

<ul style="list-style-type: none"> • Private practice 12 % • Hospital specialty clinics 7 % • Cardiology • Oncology • Surgical specialties <ul style="list-style-type: none"> - Cardiac surgery - Trauma - Transplant • Oncology 	<ul style="list-style-type: none"> • ICU – 25% • IMCs • Hospitalist – 12 % • Rehab facilities • Chronic Ventilator Units • Interventional radiology • Nursing homes • Hospital at home • Emergency dept. 7 %
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Evidence of Need for additional ACNPs

- "A nurse practitioner may practice only in the area of specialization in which he is certified"
(COMAR 10-27.07.02.C).
- Only 50 % of hospital NPs are ACNP certified
- Growing demand
 - Up to 41 % of national ads - Hospitalist & Intensivist
 - Salaries \$100 K new grad \$150 K with experience (+ Billing for procedures)


Year	Candidates
1995	100
1996	150
1997	200
1998	250
1999	300
2000	350
2001	400
2002	450
2003	500
2004	550

Pathways to AG-ACNP Preparation

<ul style="list-style-type: none"> • Traditional MSN <ul style="list-style-type: none"> - 39 to 55 credits • Graduate core • APRN Clinical core • AG-ACNP courses 	<ul style="list-style-type: none"> • Post-Master's for Non-NP <ul style="list-style-type: none"> - 24 to 32 credits • APRN Clinical core • AG-ACNP courses
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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 **Criteria III.F (pg 9)**



Application of National Task Force Criteria for Post-Master's (2012)

3. Sufficient to master competencies of new area
 Require 3 / 4 ACNP courses
 4th course = non-clinical content
4. Sufficient number of clinical hours to establish competency in the new specialty.
 Actually exceeds the 500 hr minimum
(Criteria III.F (pg 9))


Application process



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

Accelerated Post Master's ACNP Curriculum Plans
 Competitive Post MS options 15 to 32 SH

<u>Initial Plan 2004 - 2005</u>	<u>Revised Plan 2005 - 2013</u>
Advanced Diagnostics & Therapeutics 4 cr (56 hr clinical)	Advanced Diagnostics & Therapeutics 2 cr (56 hr clinical)
Acute Care of Adult Patients 6 cr (224 hr clinical)	Acute Care of Adult Patients 3-5 cr (224 hr clinical*)
Case Studies in Acute Care 7 cr (224 hr clinical)	Case Studies in Acute Care 3-5 cr (224 hr clinical*)
17 credits / 504 clinical hr	8 - 12 credits / 504 clinical hr



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 identity 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