Advance Practice Nurses Role in the Emergency Department: past, present, and future directives!

Learning Objectives

I. Review the changing role of the nurse with advance skill in the Emergency Department in the past and how nurses evolved into this role.

II. Discuss the present standards of practice of the Advance Practice Nurse in the Emergency Department and current standards of credentialing.

III. Brainstorm on the future role of the Advance Practice Nurse in the Emergency Department and discuss the national directive in standardized care that is being introduced as we speak.
Disclaimer

- I have been a nurse for 35 years
- APN for 4 years
- I have worked with, and still do work with some of the Greatest Physicians in the world!
- This information may give physicians a negative light but that is not the intent
- I work with the Physicians as a team player and am constantly consulting, directing and collaborating with them.

Loretta Ford

- In rural Boulder County Colorado
- In 1960
- In Collaboration with pediatrician Dr. Henry Silver
- Started first Pediatric APN role
- First pediatric nurse practitioner program in 1965 at the University of Colorado's Schools of Medicine and Nursing
Opposition: Key word in History of Nurse Practitioners

*Nurse practitioners lacked training, a lack of credentialing processes, with increasing sophistication of medical care, so opposition occurred.
*Some nurses and physicians opposed the nurse practitioner model.
*Organized medicine expressed opposition to the concept of a nurse "functioning in an expanded role not under [physicians'] direction,"

In response to this opposition, nurse practitioners began to define and legitimize their profession

- 1970s: NPs increased the availability of primary care services with patients and physicians satisfied
- 1980s: NPs conducted studies of increasing scientific rigor to establish their value
Growing Pains

- A randomized trial in the Journal of the American Medical Association supporting the hypothesis that primary care outcomes do not differ between nurse practitioner and physician delivery.
- These findings spurred increasing utilization of nurse practitioners and would prove vital in establishing policies validating the profession.
- Nurse practitioners continued to grow in number and autonomy in response to an expanding need for accessible, cost-effective care.
- As their impact on health care increased, nurse practitioners sought greater professional and economic recognition.

What is the difference between Registered Nurse Practitioners and Advance Practice Nurses

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<tr>
<th>RNP</th>
<th>Certificate or Master’s Nurse not required</th>
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<tbody>
<tr>
<td></td>
<td>Board certification not needed</td>
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<td>Scope of practice is defined by protocols</td>
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<td>Physician supervision defined by protocols</td>
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<td>Physician on site not required</td>
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<td>Orders co-signed by physicians</td>
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<td>Collaborative Practice Agreement not needed</td>
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<td>Prescriptive Authority not available</td>
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<td>Not eligible for DEA Number</td>
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<table>
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<tr>
<th>APN</th>
<th>Certificate and Master’s in Nursing are both required</th>
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<td>Board approved national certification required</td>
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<td>Scope of practice-Defined by certifying body, educational preparation and competence. Prescriptive authority limited to scope of the certifying body and the collaborative practice agreement limitations.</td>
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<td>Protocols are only used for prescribing</td>
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<td>Physician supervision not required</td>
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<td>Physician on site not required</td>
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Why have Advance Practice Nurses in Emergency Department?

- Patients use the ED as a Primary Care Provider
- Over crowded Emergency Departments
- A need for innovative and cost effective approaches to the care of emergency patients
- Reduction in general nursing staff
- Few NPs are employed in emergency settings, so let's try advanced practice registered nurses could be used to provide quality care in alternative settings and to facilitate the efficient and effective care of patients within emergency departments

ED Census over last 15 years
Left without being seen rates

What Advance Practice Nurses do

- Nurses in advanced clinical practice provide comprehensive health assessments and demonstrate a high level of autonomy and expert skill in the diagnosis and treatment of the complex human responses of individuals, families, and communities to actual and potential health problems.
- Procedures: Suturing, stapling, skin adhesive, wound care, burn care, splinting, lumbar punctures, foreign body removal, digital blocks, I & D of abscess, and other procedures the registered nurse performs.
- Fast track Providers
- Sexual abuse kits (must be specially trained)
- Order extensive testing
- Billing
- Quality Assurance
- Research
Credentialing

- Credentialing involves the collection, verification, and assessment of information regarding a few critical parameters:
  - current licensure,
  - education and relevant training
  - experience, ability, and current competence to perform the requested privileges through skills validation and procedure logs.
  - Monitoring for any sentinel events

Future Directives for the APRN through the Consensus Model

- Official title “Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, & Education (LACE)
- Framework for uniform regulation of APRN practice across the country
- Allows APRNs (name change) to function at the full scope of practice as independent practitioners
- No collaborative practice agreements required or physician supervision
- Full prescriptive privileges for pharmacologic & non-pharmacologic interventions
- APRNs can be recognized as primary care providers
Other Benefits

- Improved patient safety, quality of care, and access to care
- Heightened professional accountability
- Less confusion about APRN practice among the public and other healthcare professionals
- Greater mobility for APRNs with consistent rules & regulations for all states
- State borders represent an obstacle to APRN portability
- Clarification of the statutes, rules, & regulations for APRNs across all states making them consistent
- Standardization of entry into practice, including APRN licensure, education, & certification
- Standardization of APRN education & certification

How can this help in the future?

- Increasing community-based capacity for primary care rather than providing primary care in the emergency department.
- Increased staffing with nurse practitioners in the emergency department can serve to reduce overcrowding, reduce waiting times, and increase patient satisfaction.
- Addition of an urgent care area staffed by nurse practitioners where patients with non-emergent problems could be seen.
Conclusion

Hospitals must look at alternatives to ED care for non-emergent visits. Until a systems level change occurs, emergency departments and patients will be best served when nurse practitioners are employed more widely in emergency departments. Nurse practitioners will improve the quality of care, lower cost, and improve patient satisfaction by decreasing ED overcrowding.

References

- What this means for APN Practice at ACH, 2011, Luann Jones, DNP, APN, NNP-BC
- Factors Influencing the Decision to Use Nurse Practitioners in the Emergency Department, (2007), Laurie A. McGee, MN, ARNP, and Louise Kaplan, PhD, ARNP, Centralia, and Vancouver, Wash
References

- http://www.mnpa.us/History.htm