AACN Scope and Standards for Acute Care Nurse Practitioner Practice

AMERICAN ASSOCIATION of CRITICAL-CARE NURSES

AACN Mission
Patients and their families rely on nurses at the most vulnerable times of their lives. Acute and critical care nurses rely on AACN for expert knowledge and the influence to fulfill their promise to patients and their families. AACN drives excellence because nothing less is acceptable.

AACN Vision
AACN is dedicated to creating a healthcare system driven by the needs of patients and families where acute and critical care nurses make their optimal contribution.

AACN Core Values
As AACN works to promote its mission and vision, it is guided by values that are rooted in, and arise from, the Association's history, traditions and culture. AACN, its members, volunteers and staff will honor the following:

- **Ethical accountability and integrity** in relationships, organizational decisions and stewardship of resources.
- **Leadership to enable individuals to make their optimal contribution** through lifelong learning, critical thinking and inquiry.
- **Excellence and innovation** at every level of the organization to advance the profession.
- **Collaboration** to ensure quality patient- and family-focused care.

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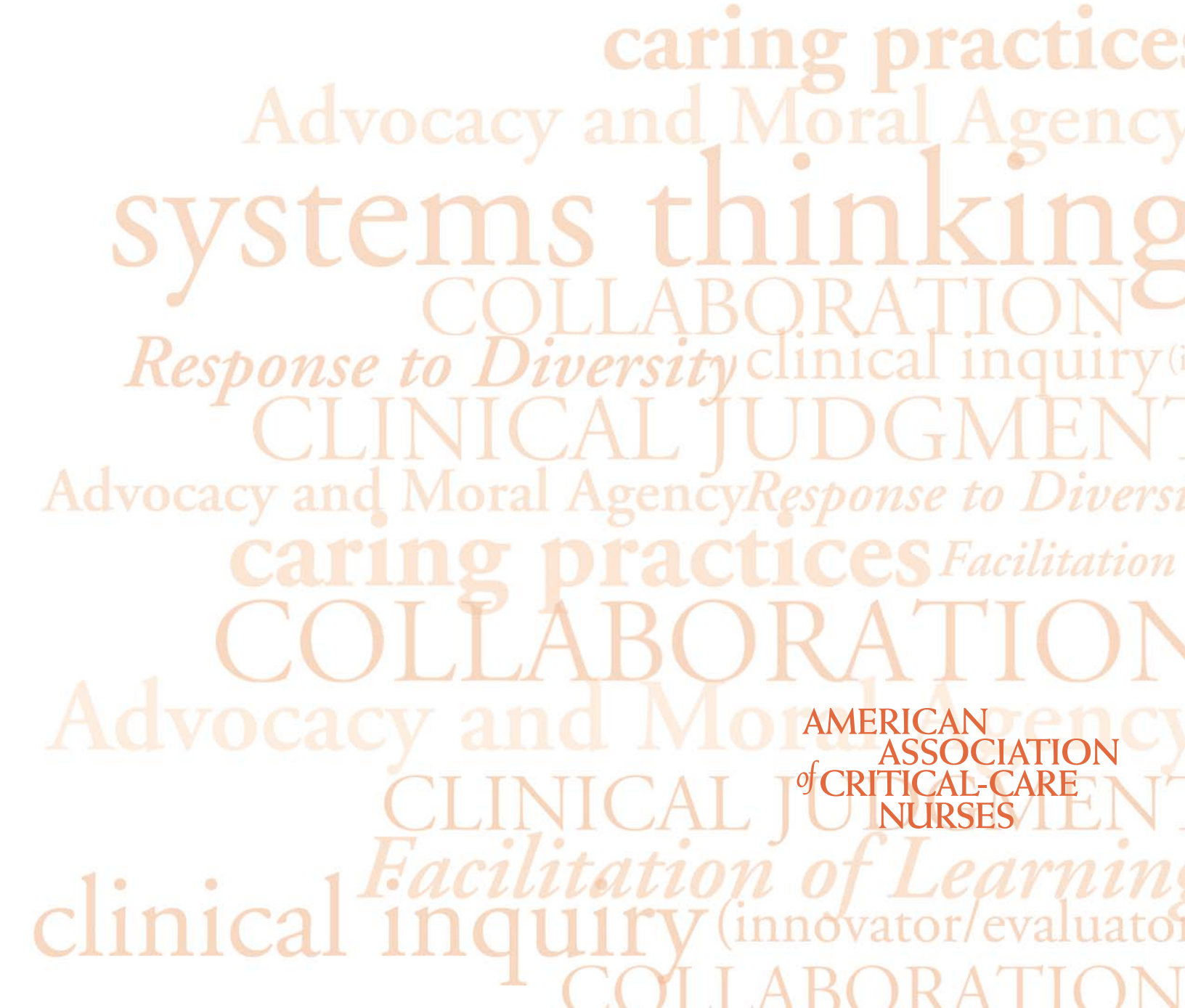

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Purpose of This Document

Current trends and developments in advanced practice nursing, in conjunction with issues in health care delivery and an aging society, continue to drive the definition and description of the roles and responsibilities of the nurse practitioner in acute care. The purpose of this document, *AACN Scope and Standards for Acute Care Nurse Practitioner Practice*, is to describe the practice of the acute care nurse practitioner (ACNP), whether trained and certified to care for pediatric patients or for the adult-gerontology population. This purpose is accomplished by delineating the **scope of practice,** the **standards of clinical practice,** and the **standards of professional performance.** While neonatal nurse practitioners are recognized as acute care nurse practitioners, they are not included in this document as their scope of practice has been defined elsewhere.

This document is intended for use by all of those involved in the professional life of ACNPs, including students, faculty, ACNPs in practice, members of the interprofessional team, and other nursing colleagues. In addition, administrators, medical staff professionals, boards of nursing, policy makers, and insurers will benefit from the description and accountabilities of the ACNP.

The authors and contributors to this update of the scope and standards have worked to describe the most current functions of the role in an adequate manner consistent with the education and training, licensure, and certification of the ACNP. They recognize that the role will continue to evolve as the needs of patients, families, and society dictate.

definition and role of scope

The scope of practice defines the boundaries of the license held by the practitioner; that is, the procedures, actions, and processes contained within the role for which the practitioner has received the education, training, licensure, and, if required, the certification needed to practice. "Scope of practice is founded in state law with the intent to protect the public."[1]

However, the boundaries of nursing practice should not be confined to a historical definition. Expanding definitions allow for the exchange, expansion, and flexibility of the profession to meet the evolving needs of patients, organizations, and society at large.[2] Because of the evolving nature of the role of the advanced nursing professional and others in the health care environment, a flexible scope of practice statement is essential.

definition and role of standards

Standards are "authoritative statements that describe the level of care or performance common to the profession of nursing by which the quality of nursing practice can be judged."[3] These standards are written to establish an example of the roles and responsibilities expected of the ACNP by the profession and society at large. The standards of clinical practice describe a competent level of advanced nursing practice. The standards of professional performance speak to the roles and behaviors expected of the advanced nursing professional.

All of the standards reflect the professional activities and behavior expected of the ACNP, based on education and training, licensure, and certification. The standards also include performance expectations that are key indicators of competent advanced practice, building on the American Nurses Association's publi-

cation, *Nursing: Scope and Standards of Practice*[4] and on the American Association of Critical-Care Nurses' publication, *AACN Scope and Standards for Acute and Critical Care Nursing Practice*.[5]

The **standards** describing clinical practice and professional performance are expected to remain stable over time. However, the **performance expectations** will continue to be evaluated and revised to incorporate changes as the number, use, and evaluation of ACNPs increase, as well as with advances in scientific knowledge, in the health care environment, and in technology. As advanced nursing practice continues to evolve, performance expectations must remain consistent with the development of new scientific knowledge and technologies to meet patient, family, and societal needs.

frameworks for this document

Nursing Process

The nursing process is a systematic process to organize professional nursing practice using critical thinking and diagnostic reasoning skills. In this document, the nursing process has been adapted to encompass the advanced knowledge, skills, and abilities expected of the ACNP. These include advanced assessment, differential diagnosis, outcome identification, plan of care development, implementation of treatment, and evaluation of outcomes. Each step is predicated on the accuracy of the previous step; however, the process is dynamic and circular rather than linear. Ongoing assessment of patients and families, their responses to interventions described in the plan, critical review and evaluation of available outcome information, and a reformulation of diagnoses, interventions, and expected outcomes occur along a continuum of care. Communication and collaboration skills among interprofessional team members, patients, and families and caregivers are critical to the success of the plan in achieving the desired outcomes.

AACN Synergy Model for Patient Care

The fundamental premise of the AACN Synergy Model for Patient Care is the following: When patient characteristics drive nurse competencies, optimal outcomes for patients and their families will occur. Based on core characteristics, a patient differs in his or her capacity for health and vulnerability to illness. The skills and level of competency required by the nurse are driven by the patient's needs along the continuum of core characteristics. These skills and level of competency are equally as important for the advanced practice nurse as for the bedside clinician.

The AACN Synergy Model focuses on knowing the patient and understanding the perspective of the patient and family. It integrates all aspects of a patient's health status, including his or her physical, social, psychologic, and spiritual dimensions. It reflects patient-driven and patient- and family-centered care that requires building relationships and achieves synergy when a healing environment is created.

AACN Standards for Establishing and Sustaining Healthy Work Environments: A Journey to Excellence

AACN Standards for Establishing and Sustaining Healthy Work Environments: A Journey to Excellence provides the rationale and criteria for the optimal environment in which ACNPs provide care. The creation of healthy work environments is imperative to ensure patient safety, enhance staff recruitment and retention, and maintain an organization's financial viability. This document puts forth six essential standards for establishing and sustaining healthy work environments. The standards uniquely identify systemic behaviors that are often discounted, despite growing evidence that they contribute to creating unsafe conditions

and obstruct the ability of individuals and organizations to achieve excellence.

Model for Advanced Practice Registered Nurse Regulation

The Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education (LACE) reflects the need to align education, licensure, and certification for the four clinically based advanced practice nursing roles: (1) the certified registered nurse anesthetist, (2) the certified nurse-midwife, (3) the clinical nurse specialist, and (4) the certified nurse practitioner. One goal of model development is to ensure consistent licensure and regulatory requirements to achieve practice authority to the full scope of education and training. The model has clarified that the education must be provided by an accredited organization, that the education of the practitioner is consistent with the role and population being served, and that certification assesses the competencies of the role core education. Licensure grants authority as a licensed independent practitioner to practice in the advanced role in the population foci for which the applicant has been educated and certified.[6]

The Consensus Model has informed the development of this scope and standards document by providing the clarity needed in the required education and population foci addressed by either the pediatric or adult-gerontology ACNP.

Acute Care Nurse Practitioner Competencies

Several nurse practitioner competency statements have been instrumental in shaping this scope and standards document. The original *Acute Care Nurse Practitioner Competencies*[7] and *Nurse Practitioner Core Competencies*[8] define the domains and competencies of professional nurse practitioner practice. The National Organization of Nurse Practitioner Faculties publication, *Adult-Gerontology Acute Care Nurse Practitioner Competencies,*[9] recently added the competencies required of the nurse practitioner for the adult-gerontology population foci. At the time of the update of this scope and standards document, a related American Association of Colleges of Nursing publication, *Pediatric Acute Care Nurse Practitioner Competencies*, is in development and will also contribute to future updates.

need for defining the role of the acute care nurse practitioner

The changing and turbulent health care environment has accentuated the fragmentation that accompanies the delivery of episodic, specialized care across the continuum of acute and chronic care services for both the pediatric and the adult-gerontology patient populations. Limited access to care, the aging of the population, and chronicity across the life span contribute to the number of vulnerable persons. Management of stable and progressive chronic illness in an acute care setting where episodic care is provided often results in a lack of continuity and increased patient vulnerability.

Patient needs are also unmet when care is limited to specialty treatment of an acute illness, with neglect of attention to comorbidities and chronic health conditions, or the recognition and minimization of physiologic, psychologic, and iatrogenic risks. Significant resources are expended for specialty-focused care in both inpatient and outpatient settings, again affecting the continuity of care. The result is an environment of uncoordinated high resource utilization and poorly defined holistic patient outcomes.

Furthermore, a mismatch between historical provider characteristics and patient needs is increasing. What has emerged is a need for a provider with unique knowledge, skills, and abilities to manage a patient's care *across the full continuum* of acuity and care services. Either pediatric or adult-gerontology-focused acute care nurse practitioners are uniquely prepared to fill this need.

In *The Future of Nursing: Leading Change, Advancing Health*, the Institute of Medicine advocates not only that nurses be allowed to practice to the full extent of their education and training but, in addition, that federal and state actions are needed to remove the current restrictions to make full use of APRNs in meeting health care needs.[2]

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introduction

The historical conceptualization of nursing delineates clinical practice dimensions according to the practitioner's role, the clinical setting, a patient's diagnosis, and a patient's physiologic and psychosocial systems. Today's changing health care calls for the complexities and needs of patients to drive the competencies of nursing and advanced nursing practice. The various points of competency reflect the integration of knowledge, skills, and attitudes needed to meet the patients' needs.[1]

Throughout this document, the term patient refers to the individual, family or caregiver, or group or community. *Family* is defined as the family of origin or significant others and surrogate decision makers. This definition also recognizes family as defined by the patient. *Caregiver* is defined as family, custodian, or legal guardian.

Special attention is currently focused on the utilization of advanced practice nurses in a health care environment where the patient's needs are increasingly complex and of higher acuity.

> "Advanced nursing practice builds on the competencies of the registered nurse and is characterized by the integration and application of a broad range of theoretical and evidence-based knowledge that occurs as part of graduate nursing education."[1]

As a result of this advanced preparation, advanced practice nurses have a great range, breadth, and depth of competencies, which result in a broad repertoire of effective solutions for patient needs, patient populations, and systems. This expansion makes the ACNP (pediatric or adult-gerontology) optimally suited for managing the more complex, uncertain, and resource-exhausting situations characteristic of patients and settings with high acuity.[2]

Definition of the Acute Care Nurse Practitioner

The ACNP is a registered nurse who has completed an accredited graduate-level educational program that prepares him or her as a nurse practitioner with supervised clinical practice to acquire advanced knowledge, skills, and abilities. This education and training qualifies him or her to independently: (1) perform comprehensive health assessments; (2) order and interpret the full spectrum of diagnostic tests and procedures; (3) use a differential diagnosis to reach a medical diagnosis; and (4) order, provide, and evaluate the outcomes of interventions. The purpose of the ACNP is to provide advanced nursing care across the continuum of health care services to meet the specialized physiologic and psychological needs of patients with acute, critical, and/or complex chronic health conditions.[3] This care is continuous and comprehensive and may be provided in any setting where the patient may be found.

The ACNP is a licensed independent practitioner and may autonomously provide care. Whenever appropriate, the ACNP should consider formal consultation and/or collaboration involving patients, caregivers, nurses, physicians, and other members of the interprofessional team.

Role of the Acute Care Nurse Practitioner

The core body of knowledge and competencies for pediatric or adult-gerontology ACNP preparation and practice is derived from the full spectrum of needs of high-acuity patient care along the wellness-to-illness continuum. The ACNP assesses patients with acute, critical, and/or complex chronic illnesses through their health history, physical and mental status examinations, and health risk appraisals. Diagnostic reasoning, advanced therapeutic interventions, and referral to and consultation with other members of the interprofessional health care team are intrinsic to this role.

The ACNP acknowledges and incorporates the dynamic nature of acute, critical, and/or complex chronic illnesses in the provision of care. The ACNP also individualizes care with respect to gender, age, developmental level, race, cultural differences, individuality, ethnicity, spiritual beliefs, lifestyle, sexual orientation, socioeconomic status, disability, and family configuration.

The focus of the ACNP is the provision of restorative, curative, rehabilitative, palliative, and/or supportive end-of-life care as determined by patient needs. Goals include patient stabilization for acute and life-threatening conditions, minimizing or preventing complications, attending to comorbidities, and promoting physical and psychologic well-being. Additional goals include the restoration of maximum health potential or providing for palliative, supportive, and end-of-life care, as well as an evaluation of risk factors in achieving these outcomes. Intrinsic to achieving these goals are the following key components of the ACNP role:

- Taking comprehensive histories and providing physical examinations and other health assessment and screening activities
- Diagnosing, treating, and managing patients with acute and chronic illnesses and disease
- Ordering, performing, supervising, and interpreting laboratory and imaging studies
- Prescribing medications, durable medical equipment, and advanced therapeutic interventions
- Developing specialized psychomotor skills in the performance of procedures
- Initiating health promotion, disease prevention, health education, and counseling
- Collaborating and communicating with members of the interprofessional health care team

- Assessing, educating, and providing referrals for the patient, family, and caregiver
- Implementing transitions in the levels of care

In addition to managing patient care, the ACNP uses invasive and noninvasive technologies, interventions, and procedures to assess, diagnose, monitor, and promote physiologic stability. ACNPs perform a variety of procedures and skills in providing care. The skill set is often dependent on the specific patient population focus and speciality area of practice.

Practice Population

The ACNPs' practice population is based on their education and training, focusing on pediatric or adult-gerontology populations. The population focus includes patients with acute, critical, and/or complex chronic illnesses who may be physiologically unstable, technologically dependent, and highly vulnerable for complications. The ACNP is "prepared to diagnose and treat patients with undifferentiated symptoms, as well as those with established diagnoses."[3] The patient may be experiencing episodic critical illness, stable chronic illness, acute exacerbation of chronic illness, or terminal illness.

Practice Environment

The ACNP practices in any setting in which patients with acute, chronic, and/or complex chronic illnesses may be found. Needs may include complex monitoring and therapies, high-intensity interventions, or continuous vigilance within the range of high acuity care. Although many ACNPs practice in acute care and hospital-based settings, including subacute care, emergency care, and intensive care settings, the continuum of acute care services spans the geographic settings of home, ambulatory care, urgent care, rehabilitative care, and palliative care. The practice environment extends into the mobile environment and virtual locations, such as tele-intensive care units (tele-ICUs) and areas using telemedicine. "The services or care provided by APRNs is not defined or limited by setting but rather by patient care needs."[3]

Educational Preparation

The education of the ACNP who is focused on the pediatric or adult-gerontology population is at the graduate or doctoral level in nursing. The educational program assists the ACNP to integrate the collaborative model of care into a coordinated patient management plan and to develop advanced-level competencies as they pertain to the care of patients with acute, critical, and/or complex chronic illnesses. The curriculum is composed of, but not limited to, content to "ensure attainment of the APRN core, role core, and population core competencies."[3] These competencies are delineated by the American Association of Colleges of Nursing documents *The Essentials of Master's Education in Nursing*[4] and *The Essentials of Doctoral Education for Advanced Nursing Practice*.[5]

1. APRN Core Competencies
   a. Advanced Health or Physical Assessment
   b. Advanced Physiology and Pathophysiology
   c. Advanced Pharmacology
2. Role Core Competencies
   a. Background for Practice From Sciences and Humanities
   b. Organizational and Systems Leadership
   c. Quality Improvement and Safety
   d. Translating and Integrating Scholarship Into Practice

e. Informatics and Health Care Technologies
f. Health Policy and Advocacy
g. Interprofessional Collaboration for Improving Patient and Population Health Outcomes
h. Clinical Prevention and Population Health for Improving Health
i. Advanced Level Nursing Practice

3. Population Core Competencies[6]*
   a. Health Promotion, Health Protection, Disease Prevention, and Treatment
   b. Nurse Practitioner-Patient Relationship
   c. Teaching-Coaching Function
   d. Professional Role
   e. Managing and Negotiating Health Care Delivery Systems
   f. Monitoring and Ensuring the Quality of Health Care Practice

(*Note: The population core competencies listed are for the adult-gerontology patient focus only. As of publication date, pediatric core competencies are in development.)

At the conclusion of the educational program, the graduate ACNP must meet the essentials of the degree obtained (e.g., master's, doctor of nursing practice) to practice as an ACNP. The educational program must also ensure that graduates are eligible to sit for a national certification that is consistent with the role and the population focus of the program[7] and state licensure.[3]

Clinical Practicum

The precepted clinical practicum is an essential component of the ACNP educational program. The graduate ACNP will provide direct patient care, make diagnoses, perform advanced diagnostic and therapeutic procedures, prescribe treatments, and assume the accountability for clinical care. Therefore, the educational program should provide the student with the opportunity to experience and acquire competence with new knowledge, skills, and abilities in an extensive practice. The precepted clinical practicum should further provide these clinical experiences to afford depth and breadth of experience consistent with the population focus of the program. According to the *Criteria for Evaluation of Nurse Practitioner Programs*,[7] the nurse practitioner program or track must have: "… a minimum of 500 supervised clinical hours overall. Clinical hours must be distributed in a way that represents the population needs served by the graduate."[7]

The ACNP program should offer sufficient clinical experiences to prepare the graduate to provide for public safety demonstrated by certification and to promote performance of ACNP competencies at the entry level after graduation. The publication *Criteria for Evaluation of Nurse Practitioner Programs* also specifies program faculty composition and preparation, as well as standards for clinical resources and clinical supervision.

Regulation

Regulation of the ACNP is accomplished through self-regulation, peer review, certification, statutes, and the rules and regulations of state nurse practice acts. All nurses exercise autonomy within their scope of practice. This autonomy is based on expert knowledge and the willingness to commit to self-regulation and accountability for practice.

Such self-regulation includes the ACNP performing an internal review of his or her own practice to ensure function within educational preparation, certification, and competencies. "Experience as an RN, on-the-job training, having a physician sign off orders and the personal comfort level of the registered nurse practitioner (RNP) are not a sound basis for accepting an assignment or role beyond the RNP's scope of practice."[8] To maximize the impact that the ACNP has on patient outcomes, he or she is also obliged to invite peer review and participate in regular external performance evaluations consistent with the requirements for credentialing and privileging. ACNPs must significantly participate in the development of the criteria used to establish and measure performance goals. Information gained in internal, peer, and external reviews will guide the ACNP's efforts to enhance performance and to achieve optimal patient outcomes.

Certification of ACNPs is a formal recognition of competence made about nurses who are clinically active in a population focus. One component of certification is eligibility that is related to the successful completion of the program of study, appropriate course content, and specified amount of supervised clinical practice. The other component of certification is knowledge, which is determined by passing a written (or computer-based) examination that tests the knowledge base for the selected area of advanced practice.[9] A consistent definition for the ACNP provides evidence to the public that the candidate meets established standards of quality and patient safety, which include demonstrated competence for advanced practice and completion of the ACNP educational requirements for certification and renewal.

ACNP practice is externally regulated through licensure at the state level. Regulation in the state nurse practice acts is informed by the APRN Consensus Model and is administered under the authority of state governments to ensure public safety. Currently, state requirements for the recognition and practice of the ACNP vary. The ACNP is licensed as a registered nurse in the state in which he or she practices and is subject to that state's legal constraints and regulations. The exceptions are the nurse practitioner working for designated federal facilities and the Department of Veterans Affairs environment.

Ethical Issues

ACNPs promote an ethical practice and base their decisions and actions on behalf of patients, families, and caregivers, consistent with the ANA *Code of Ethics for Nurses with Interpretive Statements*.[10] They acknowledge the dignity, autonomy, cultural beliefs, and privacy of patients and their families within the framework of interprofessional collaborative practice. The ACNP serves as an advocate and is obliged to demonstrate nonjudgmental and nondiscriminatory attitudes and behaviors toward patients, families, and other members of the health care team.[11] In addition, the ACNP advocates for the patient and family in care decisions up to and including the limitation of treatment when appropriate. Leadership in the promotion of an ethical, healthy work environment is also within the scope of the ACNP practice.

conclusion

This document reflects the ACNP's education, role, and responsibility to meet the needs of patients and families. An emphasis is also placed on the ACNP's focus on the restorative aspects of care or the assurance of a peaceful death. By defining, clarifying, and reviewing the clinical practice of the ACNP, this statement of scope of practice for the ACNP contributes to the advancement of clinical nursing practice in acute health care and supports the assertion stated in the Institute of Medicine document *The Future of Nursing*: "Nurses should practice to the full extent of their education and training."[12] Although the ACNP's role will continue to evolve with advances and changes in science and systems, the needs of patients and families will remain the dominant focus of care.

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Introduction

The Standards of Clinical Practice are not intended to stand alone but must be used in conjunction with the other sections of this entire document: *ACNP Scope of Practice* and the *Standards of Professional Performance*. The Standards of Clinical Practice apply to the care that the acute care nurse practitioner (ACNP) provides to all patients within the population focus of their educational preparation and defines how the quality of care might be evaluated. The Standards of Clinical Practice for the ACNP are built on the generalist standards defined by the American Nurses Association *Nursing: Scope and Standards of Practice*[1] and by the American Association of Critical-Care Nurses (AACN) *AACN Scope and Standards for Acute and Critical Care Nursing Practice*.[2]

The framework for the Standards of Clinical Practice continues to be the nursing process. However, in this edition, the nursing process has been adapted to encompass the advanced knowledge, skills, and abilities expected of the ACNP. These include advanced assessment, differential diagnosis, outcome identification, plan of care, implementation of treatment, and evaluation. The clinical practice of the ACNP is characterized by the application of relevant theories, research, and evidence-based guidelines, which provide a basis for advanced nursing and therapeutic interventions and the evaluation of patient- and family-oriented outcomes. The focus of the adult or pediatric ACNP practice is to restore, cure, rehabilitate, maintain, or palliate on the basis of identified patient needs.

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standard 1 Advanced Assessment

The acute care nurse practitioner (ACNP) independently elicits, selects, and integrates information concerning patients with acute, critical, and/or complex chronic illnesses.

Rationale

The ACNP generates, collects, and integrates data from a wide variety of sources to make appropriate clinical judgments and decisions about orders, procedures, and treatments.

Performance Expectations

The ACNP:

1. Obtains a relevant comprehensive or problem-focused health history.
2. Performs a pertinent comprehensive or problem-focused physical examination, a mental health and functional status examination, and a developmentally appropriate examination.
3. Prioritizes data collection according to the patient's immediate condition and needs.
4. Collects data using a continuous process in recognition of the dynamic nature of acute, critical, and complex chronic illnesses including comorbidities.
5. Collects data using appropriate assessment techniques, relevant supporting diagnostic information, and diagnostic procedures when indicated.
6. Uses physiologically and technologically derived data to determine the patient's needs or condition.
7. Distinguishes between normal and abnormal developmental and age-related physiologic and behavioral changes.
8. Assesses for interactive and synergistic effects of multiple pharmacologic and nonpharmacologic interventions.
9. Promotes and protects health by assessing for risks, including but not limited to the following:
    a. *Physiologic:* genetics, medication side effects, immobility, impaired nutrition, pain, immunocompetence, fluid and electrolyte imbalance, invasive interventions, therapeutic modalities, and diagnostic tests
    b. *Psychologic:* impaired sleep and/or communication, threat to life, self-image, finances, independence, and ability to participate in play or recreational activities
    c. *Family and community environments:* safety, financial resources, social support, substance use, and potential for abuse, health literacy, home and educational environment, and altered family dynamics
    d. *Health care system:* polypharmacy, complex therapeutic regimens, access to care, discoordination of care, care planning, or communication with multiple caregivers or among multiple care providers
10. Assesses for syndromes and constellations of symptoms that may be manifestations of other

common health problems (eg, risk-taking behaviors, stress, self-injury, incontinence, falls, dementia, delirium, depression).

11. Accurately, confidentially, and ethically documents data in the patient's health record in an understandable and retrievable manner.
12. Participates in the determination of the patient's comprehension and decision-making capacity.
13. Distinguishes the patient's individuality, cultural differences, spiritual beliefs, ethnicity, race, gender, sexual orientation, disability, lifestyle, socioeconomic status, age, use of alternative therapies, and family configuration in presentation, progression, and treatment response of common acute, critical, and chronic health problems.
14. Determines the need for the transition to a different level of care or care environment on the basis of an assessment of the individual's acuity, frailty, vulnerability, stability, resources, and need for assistance, supervision, or monitoring.
15. Assesses patient and family preferences related to health care decisions.

standard 2 Differential Diagnosis

The ACNP independently analyzes and synthesizes the assessment data in determining differential diagnoses for patients with acute, critical, and/or complex chronic illnesses.

Rationale

The ACNP diagnoses and prioritizes actual and potential health care problems as the basis for designing evidence-based interventions for the restoration of health and to meet the patient's goals.

Performance Expectations

The ACNP:

1. Formulates the differential and working diagnoses through the analysis and synthesis of data using clinical judgment and diagnostic reasoning.
2. Recognizes acute, critical, and/or complex chronic conditions that may result in rapid physiologic deterioration or life-threatening instability.
3. Diagnoses acute, critical, and/or complex chronic physical illnesses, recognizing disease progression, multisystem health problems, associated complications, and iatrogenic conditions.
4. Diagnoses common behavioral, mental health, and substance abuse or addictive disorders or diseases, such as anxiety, depression, posttraumatic stress disorder (PTSD), and alcohol and drug use in the presence of acute, critical, and/or complex chronic illnesses.
5. Orders, supervises, performs, and interprets diagnostic tests and procedures.
6. Prioritizes diagnoses on the basis of the interpretation of available data and the complexity and severity of the patient's condition.
7. Develops differential diagnosis, working diagnoses, and problem priorities in collaboration and consultation with the interprofessional health care team and the patient and family, as indicated.

8. Reformulates diagnoses on the basis of additional patient data and the patient's dynamic clinical status.
9. Individualizes the diagnostic process based on the patient's individuality, cultural differences, spiritual beliefs, ethnicity, race, gender, sexual orientation, disability, lifestyle, socioeconomic status, age, family configuration, and use of alternative therapies.
10. Performs specific diagnostic strategies and technical skills to monitor and sustain physiologic function and to ensure patient safety, including but not limited to electrocardiographic (ECG) interpretation, x-ray interpretation, respiratory support, hemodynamic monitoring, line and tube insertion, lumbar puncture, and wound debridement.

standard 3 Outcomes Identification

The ACNP identifies individualized goals and outcomes for patients with acute, critical, and/or complex chronic illnesses.

Rationale

The ACNP assumes a leadership role in ensuring that the patient, family, and health care team collaborate to include patient preferences in identifying expected goals and outcomes of care as the framework for the interprofessional plan of care.

Performance Expectations

The ACNP:

1. Derives goals and outcomes from the working diagnosis in collaboration with the patient, family, and other health care providers.
2. Collaborates with the patient, family, and interprofessional team in establishing desired restorative, curative, rehabilitative, maintenance, and/or palliative and end-of-life care outcomes.
3. Formulates goals and outcomes that incorporate scientific evidence and evidence-based practice.
4. Establishes goals and outcomes that are consistent with the patient's present and potential capabilities, age, developmental stage, race, ethnicity, gender, cultural differences, spiritual beliefs, sexual orientation, disability, lifestyle, socioeconomic status, family configuration, individuality, and use of complementary health alternatives.
5. Identifies goals and outcomes, taking into account the benefit-versus-burden, safety, quality, and cost-effectiveness for the patient, family, institution, and society.
6. Monitors incremental indicators of progress in achieving goals and outcomes.
7. Modifies goals and outcomes on the basis of changes in the patient's condition or wishes.
8. Establishes alternative goals on the basis of available resources, such as system, economic, environmental, and community factors.
9. Facilitates optimal outcomes by minimizing risk and promoting and protecting the health of patients with acute, critical, and/or complex chronic illnesses.

standard 4 Plan of Care

The ACNP independently develops an outcomes-focused plan of care that prescribes interventions for patients with acute, critical, and/or complex chronic illnesses.

Rationale

The plan of care may be independently or collaboratively developed, depending on the practice setting. The plan is of sufficient breadth and depth to guide the interprofessional team in achieving the desired health outcomes for the patient with acute, critical, and/or complex chronic health care needs and prescribes interventions to attain the agreed-upon endpoints.

Performance Expectations

The ACNP:

1. Formulates a plan of care that addresses the acute, critical, and/or complex chronic health care needs and is individualized, dynamic, and can be applied across the continuum of acute care services with consideration of the patient's age, developmental stage, race, ethnicity, gender, cultural differences, spiritual beliefs, sexual orientation, disability, lifestyle, socioeconomic status, family configuration, individuality, and use of complementary health alternatives.
2. Collaborates with the patient, family, and interprofessional team in establishing a mutually agreed-upon plan of care that incorporates the desired restorative, curative, rehabilitative, maintenance, palliative, and/or end-of-life goals and outcomes.
3. Continually revises the plan of care to support the patient with rapid physiologic deterioration or life-threatening instability.
4. Modifies the plan of care on the basis of the patient's response and treatment goals.
5. Prescribes diagnostic strategies and therapeutic interventions (both pharmacologic and non-pharmacologic) needed to achieve the goals and outcomes with consideration of the patient's age, race, and genetic profile.
6. Initiates referrals and consultations with the appropriate interprofessional team member.
7. Formulates a plan of care that incorporates scientific evidence and evidence-based practices.
8. Incorporates health promotion, protection, and injury prevention measures into the plan of care.
9. Facilitates the patient's safe transition among and within care settings and across levels of care, including admission, transfer, discharge, and outpatient or home care.
10. Develops a plan of care that reflects the actual and anticipated needs of the patient and family, includes their values and beliefs and goals of care, and considers benefit-versus-burden, safety, quality, and cost-effectiveness.
11. Informs the patient and caregivers about the intended effects and potential adverse effects of proposed therapies.
12. Adjusts the plan of care, incorporating the patient and family needs and concerns.
13. Accurately, confidentially, and ethically documents the plan of care in the patient's health record in an understandable and retrievable manner.
14. Communicates the plan of care to the patient, caregivers, and interprofessional team to optimize coordination and implementation.

standard 5 Implementation of Treatment

The ACNP implements the interventions identified in the interprofessional plan of care for patients with acute, critical, and/or complex chronic illnesses.

Rationale

Through ongoing evaluation of the patient's changing condition and response to therapeutic interventions, the ACNP modifies the plan of care to optimize patient outcomes.

Performance Expectations

The ACNP:

1. Establishes a compassionate and therapeutic relationship with the patient and caregivers.
2. Prescribes evidence-based interventions that are consistent with the established interprofessional plan of care.
3. Prescribes and performs diagnostic and therapeutic (pharmacologic and nonpharmacologic) interventions on the basis of the patient's condition and the established plan of care, which is consistent with the ACNP's education, practice, facility, and state regulatory requirements.
4. Manages acute, critical, and/or complex chronic physical problems.
5. Initiates therapeutic interventions (pharmacologic and nonpharmacologic) for mental health problems commonly encountered in patients with acute, critical, and/or complex chronic illnesses.
6. Performs or delegates interventions to appropriate providers, depending on the scope of practice, and in an ethical manner with consideration of benefit-versus-burden, safety, quality, and cost-effectiveness.
7. Implements the plan of care that incorporates the desired restorative, curative, rehabilitative, maintenance, palliative, and/or end-of-life goals and outcomes.
8. Collaborates with the interprofessional team members to implement the plan of care.
9. Implements interventions to monitor, sustain, restore, and support the patient with a rapidly deteriorating physiologic condition, including the application of advanced life support and other invasive and noninvasive interventions or procedures to regain physiologic stability.
10. Prescribes and monitors the effect of therapies, including but not limited to symptom management, pain management, sedation, physical therapy, occupational therapy, speech therapy, home health, nutritional therapy, and palliative and/or end-of-life care.
11. Prescribes and monitors treatments and therapeutic devices as indicated, including but not limited to oxygen administration, bilevel positive airway pressure (BPAP) therapy, prosthetics, splints, and adaptive equipment.
12. Certifies eligibility requirements, including but not limited to home care, worker's compensation, Family and Medical Leave Act (FMLA), independent education plans, and disability for patients with acute, critical, and/or complex chronic illnesses.
13. Initiates appropriate referrals and consultations.
14. Performs consultations on the basis of the ACNP's knowledge, education, and expertise.
15. Implements health promotion, health maintenance, health protection, and disease prevention

initiatives that are appropriate for the patient's age, developmental stage, gender, culture, and health status.

16. Implements therapeutic interventions that promote safety and reduces risks.
17. Uses technology in an appropriate and ethical manner in implementing the plan of care.
18. Accurately, confidentially, and ethically documents the provision of professional services, medical decision-making, and patient responses in the patient's health record in an understandable and retrievable manner.
19. Communicates the progression of the plan of care to the patient, caregivers, and interprofessional team.

standard 6 Evaluation

The ACNP evaluates the patient's progress toward the attainment of goals and outcomes.

Rationale

Through ongoing evaluation of the patient's changing condition and response to therapeutic interventions, the ACNP modifies the plan of care to optimize patient outcomes.

Performance Expectations

The ACNP:

1. Performs a systematic and ongoing evaluation of dynamic changes in patient condition and responses to therapeutic interventions (pharmacologic and nonpharmacologic) using input from the interprofessional team members and multiple data sources.
2. Evaluates the safety and efficacy of therapeutic interventions (pharmacologic and nonpharmacologic) including recognition of adverse and unanticipated treatment outcomes.
3. Uses quality indicators, scientific evidence, risk-versus-benefit analysis, and clinical judgment when evaluating the patient's progress toward goals and outcomes.
4. Consults and makes appropriate referrals as needed on the basis of the evaluation of patient's progress.
5. Evaluates the effectiveness and adequacy of the patient's and/or caregivers' support systems.
6. Modifies the plan of care as indicated on the basis of the evaluation of the progress toward goals and outcomes.
7. Accurately, confidentially, and ethically documents the evaluation of the patient's response, effectiveness of the plan of care, and medical decision-making in the patient's health record in an understandable and retrievable manner.
8. Communicates the effectiveness of the plan of care to the patient, caregivers, and interprofessional team.

Introduction

The Standards of Clinical Practice are not intended to stand alone but must be used in conjunction with the other sections of this full document: *ACNP Scope of Practice and the Standards of Professional Performance*. The Standards of Professional Performance continue to follow the format defined by the American Nurses Association (ANA) in its publication, *Nursing: Scope and Standards of Practice*[1] and by the American Association of Critical-Care Nurses (AACN) in its publication, *AACN Scope and Standards for Acute and Critical Care Nursing Practice*.[2]

The Standards of Professional Performance describe a competent level of behavior in the professional role, including activities related to professional practice, education, collaboration, ethics, systems thinking, resource utilization, leadership, collegiality, quality, and clinical inquiry. Some activities included are not unique to the acute care nurse practitioner (ACNP); rather, they cross all roles of the advanced practice nurse (APRN) and describe the responsibilities of advanced nursing practice. ACNPs should be self-directed and purposeful in seeking out the necessary knowledge, skills, and abilities to demonstrate lifelong learning and professional development.

[1]American Nurses Association. *Nursing: Scope and Standards of Practice, 2nd ed*. Silver Spring, MD: ANA; 2010. http://www.nursesbooks.org.

[2]Bell L, ed. *AACN Scope and Standards for Acute and Critical Care Nursing Practice*. Aliso Viejo, CA: American Association of Critical-Care Nurses; 2008.

standard 1 Professional Practice

The acute care nurse practitioner (ACNP) evaluates his or her clinical practice in relationship to institutional guidelines, professional practice standards, and relevant statutes and regulations.

Rationale

The ACNP is accountable for providing competent clinical care to patients with acute, critical, and/or complex chronic illnesses and has the professional responsibility to evaluate role performance according to professional practice standards, relevant statutes and regulations, and institutional guidelines.

Performance Expectations

The ACNP:

1. Obtains and maintains professional certification as an ACNP.
2. Regularly engages in self-reflection and self-evaluation of practice.
3. Collects and analyzes data regarding the performance of procedures, the delivery of care, and the incidence and types of individual care complications and their impact on patients to evaluate and improve practice.
4. Uses patient outcome measures as a component of individual performance appraisal.
5. Participates in and evaluates and improves structures for peer review to foster a culture of clinical and professional excellence.
6. Identifies institutional, local, and state emergency response plans and his or her potential role in each.

standard 2 Education

The ACNP acquires and maintains current knowledge in advanced nursing practice.

Rationale

The ACNP is accountable for maintaining current knowledge and skills to facilitate a high quality of clinical performance and to promote professional growth.

Performance Expectations

The ACNP:

1. Is accountable for self-engagement in educational activities related to professional practice and the clinical care of patients with acute, critical, and/or complex chronic illnesses.
2. Uses information gained in educational activities to improve professional performance.
3. Maintains professional records of lifelong learning to provide evidence of competence for patients, employers, and professional and regulatory entities.

4. Acquires and incorporates new knowledge to improve patient outcomes and his or her own professional performance through continuing education.
5. Develops educational interventions appropriate to the needs of patients with acute, critical, and/or complex chronic illnesses, individualized to their age, gender, cognitive and developmental levels, race, ethnicity, spiritual beliefs, lifestyle, socioeconomic status, disability, health literacy, and readiness to learn, using input from the patient, family, and caregivers.
6. Uses communication skills adapted to the patient's and family's health literacy, as well as the patient's cognitive, developmental, physical, mental, and behavioral health status.
7. Educates individuals, families, caregivers, and groups regarding strategies developed to manage the interaction of normal development, aging, and mental and physical disorders.
8. Teaches patients and families strategies to navigate the health care system.
9. Educates professional and lay caregivers to provide culturally and spiritually sensitive care.
10. Demonstrates leadership of the interprofessional health care team through teaching and coaching to advance the plan of care for patients with acute, critical, and/or complex chronic illnesses.
11. Educates and guides individuals and groups through complex health and situational transitions.

standard 3 Collaboration

The ACNP collaborates with the patient, family, and other health care providers in the delivery of patient care.

Rationale

The delivery of acute care services requires a coordinated, ongoing interaction between consumers and providers. The ACNP models behaviors that facilitate a collaborative process within the interprofessional health care team.

Performance Expectations

The ACNP:

1. Consults and collaborates with the patient, family, and other intraprofessional and interprofessional team members to provide coordinated, interdisciplinary care.
2. Collaborates with other disciplines in teaching, mentoring, consulting, managing, technological skill development, research, and other professional activities.
3. Uses skilled communication that builds collaborative relationships with the patient, family, and other health care providers.
4. Initiates referrals and performs consultations to facilitate optimal care.
5. Initiates and promotes collaboration among other members of the interprofessional health care team to facilitate the delivery of optimal care for patients with acute, critical, and/or complex chronic illnesses.
6. Documents plan of care communications, rationales for changing the plan of care, and collaborative discussions to improve the coordination of patient care.
7. Teaches, coaches, and mentors nurses and other health care professionals to advance the plan of care for patients with acute, critical, and/or complex chronic illnesses.

8. Facilitates and participates in the coordination of services across the acute care delivery system (inpatient and outpatient) for individuals and groups.

standard 4 Ethics

The ACNP integrates ethical considerations into all areas of practice.

Rationale

The ACNP has an obligation to ensure the delivery of safe, competent, and ethical care that is age-appropriate and congruent with patient and family needs, values, and the ANA's *Code of Ethics for Nurses with Interpretive Statements*.[3]

Performance Expectations

The ACNP:

1. Accepts accountability for his or her actions, and monitors practice to ensure the delivery of ethical and quality care.
2. Respects and promotes the autonomy of persons, and helps them participate in their care and clinical decisions.
3. Safeguards information learned in the context of a professional relationship, and ensures that it is shared outside the health care team only with the patient's informed consent, or as may be legally required, or where the failure to disclose would cause significant harm.
4. Delivers care in a nonjudgmental, nondiscriminatory, and culturally competent manner that is responsive to diversity.
5. Demonstrates a caring attitude by ensuring dignity and personhood during patient encounters.
6. Contributes to the establishment of an ethical environment that supports the rights of patients and other health care professionals.
7. Reports unethical and illegal practices.
8. Advocates for the patient's access to health care resources within systems and communities.
9. Mentors or provides a role model to gain resolution of clinical or ethical dilemmas.
10. Participates in interprofessional teams addressing ethical risks, benefits, and outcomes.
11. Uses principles of ethics when overseeing and directing interprofessional services.

standard 5 Systems Thinking

The ACNP develops and participates in organizational systems and processes to promote optimal patient outcomes.

Rationale

The ACNP provides leadership in the delivery of care within and across the systems that make up the continuum of acute care services.

Performance Expectations

The ACNP:

1. Applies knowledge of organizational theories and systems to provide safe, high-quality, and cost-effective care.
2. Addresses challenges to optimal care created by the competing priorities of patients, payers, and suppliers.
3. Analyzes organizational system enhancements and barriers that have an effect on patient care delivery and coordination.
4. Advocates for the removal of organizational system barriers to achieve the inclusion of enhancements for optimal patient care.
5. Serves as a resource in the design and development of care programs and initiatives across the continuum of acute care services.
6. Advocates for equity in health and health care for individuals of diverse cultural, ethnic, and spiritual backgrounds across the life span.
7. Evaluates the ongoing integration of practice standards into systems of health care delivery.
8. Identifies, participates in, and assists with the development of institutional and organizational system responses to natural and man-made disasters.
9. Participates in professional organizations to address issues of concern in meeting patients' needs and improving nursing practice and system effectiveness.
10. Demonstrates knowledge of governmental and regulatory constraints or opportunities that affect the delivery of care.
11. Advocates for legislation and policies that promote health and improve care delivery models.

standard 6 Resource Utilization

The ACNP considers factors related to safety, effectiveness, and cost in planning and delivering patient care.

Rationale

The ACNP selects diagnostic strategies, therapies, and complementary health alternatives that achieve optimal outcomes at a minimum burden to the patient, family, and society.

Performance Expectations

The ACNP:

1. Assists patients and families to access appropriate health care services.
2. Integrates the analysis of values and beliefs and the goals of care with consideration of benefit-versus-burden, safety, quality, and cost-effectiveness in care decisions.
3. Develops innovative solutions for patient care problems that efficiently use resources while maintaining or improving quality.

4. Assists interprofessional team members, patients, and caregivers in selecting therapies that integrate perspectives of benefit-versus-burden, safety, quality, and cost-effectiveness in care decisions.
5. Serves as a resource to the public to influence the formation of health care policy.
6. Advocates for policies that improve care access and delivery for vulnerable populations.

standard 7 Leadership

The ACNP provides leadership in the practice setting and profession.

Rationale

The ACNP is a leader in advanced nursing practice and in providing the clinical care of patients with acute, critical, and/or complex chronic illnesses.

Performance Expectations

The ACNP:

1. Continually strives to improve interpersonal skills that affect leadership potential.
2. Interprets the ACNP role to other health care providers and to the public.
3. Promotes dissemination of knowledge and advances the profession through writing, publishing, or presentations for professional or lay audiences.
4. Demonstrates leadership through teaching, coaching, delegating, and supporting others in the advancement of the plan of care for patients with acute, critical, and/or complex chronic illnesses.
5. Influences decision-making bodies at the system, state, or national level to improve patient care.
6. Provides leadership to enhance the effectiveness of the interprofessional health care team.
7. Designs innovations to effect change in practice and to improve health outcomes.
8. Serves in key roles in the work setting by participating in or leading committees, councils, or administrative teams.
9. Uses research to promote the nursing profession through educational and staff development programs that attract and retain nurses in the profession.
10. Promotes advancement of the profession by participating and assuming leadership positions in professional, political, or regulatory organizations that influence the health of patients with acute, critical, and/or complex chronic illnesses and to support the role of the ACNP.
11. Provides leadership in the initiation, application, or revision of Consensus Model-derived protocols or guidelines at the system, state, or national level to promote the delivery of evidence-based care in the clinical setting.
12. Advocates at the local, state, or national level for policies and legislation to improve the delivery of care to patients with acute, critical, and/or complex chronic illnesses.

standard 8 Collegiality

The ACNP promotes a healthy work environment for peers, colleagues, and other professionals through the use of effective communications and respect for the unique contributions of individuals.

Rationale

The ACNP promotes a healthy work environment to improve patient outcomes and to foster the collaborative nature of the interprofessional team.

Performance Expectations

The ACNP:

1. Contributes to a supportive and healthy work environment by encouraging and supporting open communication.
2. Seeks opportunities to teach, coach, and mentor with peers, colleagues, and other professionals.
3. Identifies and participates in opportunities to share skills, knowledge, and strategies for patient care and system improvement with peers, colleagues, and other professionals.
4. Promotes a mutually respectful environment that enables nurses and other health care personnel to make optimal individual contributions and for systems to function most effectively.
5. Models expert practice to intraprofessional and interprofessional team members and health care consumers.
6. Promotes and facilitates active involvement of all members of the health care team in patient care and system improvements with special attention to fostering and integrating the unique contributions of culturally diverse team members.

standard 9 Quality of Practice

The ACNP systematically evaluates and enhances the quality, safety, and effectiveness of advanced nursing practice and the delivery of care across the continuum of acute care services.

Rationale

The ACNP, as a clinical expert, assumes a prominent role in establishing and monitoring the standards of practice to improve the quality of care and patient outcomes across the continuum of care.

Performance Expectations

The ACNP:

1. Directs and collaborates with the intraprofessional and interprofessional team and informal caregivers to achieve optimal patient outcomes during acute, critical, and/or complex chronic illnesses.
2. Engages in self-reflection, performance appraisal, and peer review to improve the quality of care provided.
3. Engages in the process of retrieval, appraisal, synthesis, and translation of scientific evidence in collaboration with the interprofessional team to improve patient outcomes.

4. Participates in formal and informal evaluations of the quality, safety, and effectiveness of care delivered to patients with acute, critical, and/or complex chronic illnesses across the care continuum.
5. Contributes to the design, implementation, and evaluation of evidence-based, age-appropriate professional standards and guidelines for care.
6. Formulates recommendations to improve clinical practice-based data obtained from evaluation of the practice environment and quality improvement activities.
7. Participates in interprofessional efforts to improve access, minimize costs, and eliminate duplication of services, as well as to streamline patient movement across the continuum of acute care services.
8. Designs initiatives at the system, state, or national level to improve the quality of practice of the ACNP.
9. Advances the potential of ACNPs to improve the delivery of health care services and patient outcomes through presentations, publications, and/or involvement in professional organizations.

standard 10 Clinical Inquiry

The ACNP identifies specific research priorities in practice and strives to enhance knowledge and skills through participation in research, translation of scientific evidence, and promotion of evidence-based practice.

Rationale

The ACNP participates in the research process to discover, test, and examine knowledge, theories, and creative approaches to advanced nursing practice. The ACNP provides evidence-based care to optimize patient outcomes.

Performance Expectations

The ACNP:

1. Critically evaluates existing practice and makes changes in light of current evidence-based recommendations, guidelines, and benchmarking.
2. Implements diagnostic strategies and treatment interventions on the basis of patient assessment and supported by relevant evidence to optimize health outcomes.
3. Provides culturally competent care through the integration of research knowledge and application of evidence-based practice to reduce disparities in health and health care outcomes.
4. Applies clinical inquiry skills for the improvement and evaluation of health and systems outcomes.
5. Disseminates best practices to colleagues at the system, state, national, or international level through but not limited to activities such as formal presentations, publications, consultations, and journal clubs.
6. Synthesizes and translates research findings to influence health care policies that promote improved health outcomes.

Advanced practice registered nurses (APRNs) have successfully adapted their roles to meet the ever-changing needs of society and the expectations that go along with them. Some of the recent initiatives fostering the advancement and expansion of APRN roles include health care reform and the Affordable Care Act, the national emphasis on the provision of safe and quality care, the pay-for-performance initiatives, and the Institute of Medicine's report titled *A Summary of the October 2009 Forum on the Future of Nursing: Acute Care*,[1] which called for APRNs to work to the fullest extent of their scopes of practice without restrictions or barriers.

The emergence and acceptability of advanced practice roles has occurred as a result of several factors: the growing number of older adult patients as baby boomers reach retirement age, the increased complexity and severity of illness in patients who are hospitalized, a further reduction in medical residents' clinical work hours, the call for greater access to health care for all citizens, and a varying degree of nursing shortages across the nation.

Regulation of APRNs occurs at the state level, but both educational and certification prerequisites exist. Educators and members of professional organizations who identify essential curricular goals, content, and competencies expected of APRN graduates guide the graduate-level educational preparation of APRNs. Recently, the American Association of Colleges of Nursing made a call for doctoral-level preparation for APRNs. Although many schools of nursing moved their APRN education to the doctoral level with most offering the Doctor of Nursing Practice (DNP) degree, only one APRN group, nurse anesthetists, has mandated doctoral education for entry into practice beginning in 2025.[2]

Requirements for consistent educational preparation across all APRN roles have provided greater uniformity. The content for all APRNs must include graduate-level courses in advanced pathophysiology, advanced physical assessment, and advanced pharmacology, referred to as the "APRN core."[3] In addition, content related to the population served, role development, and clinical experiences in the specific role are required. On completion of an accredited educational program, graduates generally must pass a national certification examination in the area of intended practice before applying for licensure at the state level.

Many issues have been identified with the current regulatory process, particularly the ability of APRNs to move across states and remain eligible to be licensed and to practice. In response to this barrier to practice, the need to develop more consistent standards for APRN recognition across states was undertaken by the APRN Consensus Work Group and the National Council of State Boards of Nursing, resulting in the development of the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education*.[3]

This regulatory model, accepted by numerous nursing organizations and stakeholder groups, acknowledges four APRN roles (1) clinical nurse specialists, (2) nurse practitioners (NPs), (3) registered nurse anesthetists, and (4) nurse midwives and argues that the APRN practice must be regulated in one of these four roles and in at least one of six population foci: (1) family/individual across the life span (2) adult-gerontology, (3) pediatrics, (4) neonatal, (5) women's health/gender-related, or (6) psych/mental health. The adult-gerontology and pediatrics populations are further distinguished by either an acute care or primary care focus. The recommendations of the Consensus Model influence the licensure, accreditation, certification, and educational preparation of all future APRNs.

In the early days of the ACNP role, most NPs reported to the department of medicine or surgery, because they were filling a house staff void. This was problematic, because most physicians were not well-versed

regarding their scope of practice, licensure, and certification issues. In addition, they were not in tune with the unique needs of the new-to-practice NP and did not know how to orient NPs to their new role. Although ACNPs continue to fill the house staff void created by the reduction of resident work hours, recently a new model of governance has emerged for ACNPs.

Many academic centers have developed a model in which the NPs report to and are evaluated by their collaborating physician for clinically related situations. For all other aspects of the role, institutions developed a role for the director of NPs, who is responsible for the financing and credentialing aspects of the role and reports directly to the executive director of nursing.[4] This relationship has made the on-boarding, administration, and continuing education of ACNPs clearer.

As an NP him or herself, the director of NPs has a unique understanding of the role and can provide expertise with issues such as role transition and orientation. Creative models of training have included mentoring, formal didactic teaching, simulations, teaching on rounds, and direction to educational Web sites and podcasts. Another benefit is the facilitation of the expansion and development of the NP roles to enable all NPs to perform to the fullest extent of the scope of the role. Directors of NPs can also help groom future NP leaders by encouraging participation in publication, oral presentations, and other professional aspects.

Another issue faced by ACNPs is that of reimbursement for services delivered. If employed by a medical practice group, these NPs can bill directly for their services. However, NPs who bill directly receive only 85% of the amount a physician would receive for the same services. Because of this disparity, many NPs working in hospitals have not billed directly; rather, they allow their collaborating physicians to bill at the 100% rate. Recently, nursing departments have decided to bring greater visibility to the NPs' contributions to the organization by requiring them to bill for their services. Although this billing change will require the addition of support services as the advanced practice nurses learn the processes for billing and reimbursement, it will also provide increased recognition of the contributions of NPs in economic terms leading to greater job security.

Because the ACNP role is relatively new, NPs caring for patients who are acutely ill have not all been acute care prepared; many are primary care-prepared NPs who have had critical care experience. Because the physicians who were hiring them did not understand the difference in educational preparation, primary care-prepared NPs were hired and learned their roles from on-the-job training. With the adoption of the Consensus Model, the nursing community agreed to only allow a change in an APRN's scope of practice to occur after obtaining formal education. No longer is work experience permitted to provide the training necessary to change one's scope. State boards of nursing will be responsible for ensuring that those NPs who are working with patients who are acutely ill are appropriately prepared to care for them. This assurance will result in the need for those currently practicing outside of their scopes of practice to return to school. Educational programs will need to find a way to meet the demand for this education in a streamlined and cost-efficient manner so as not to cause an interruption in the provision of care to this vulnerable group of patients.

pediatric acute care nurse practitioners

In pediatric settings, the role of the ACNP has evolved into one that assists with managing patients who are acutely ill or who have exacerbations of chronic health problems.[5] Initially, this NP role in pediatric care blended the roles of the clinical nurse specialist (CNS) and the NP in an attempt to provide comprehensive services and direct patient care to pediatric patients and their families. Now, as NP roles are recognized for their contributions to patient outcomes, the blended role is being phased out. The many responsibilities of the APRN in pediatrics include such activities as performing health histories and physi-

cal examinations; evaluating clinical data; prescribing treatments; performing invasive procedures, such as tracheal intubation and insertion of arterial lines; educating and supporting patients and families; facilitating patient discharge; participating in interdisciplinary rounds; and providing consultative services regarding such issues as wound care and infant feeding problems.[5-8]

Pediatric ACNPs may also work outside the hospital setting in other areas where pediatric patients who are acutely ill are found. Such areas include human immunodeficiency virus (HIV) clinics, centers for the management of patients who are mechanically ventilated, transport services, and home settings.[5,6,9,10] The role that each NP assumes largely depends on the specific needs of the patients for whom care is provided. The focus of the role, no matter the geographic location in which the pediatric ACNP works, is to provide cost-effective and quality patient care.

adult acute care nurse practitioners

Similar to their pediatric counterparts, the roles of adult ACNPs are evolving and expanding in the acute care setting. Kleinpell and Goolsby analyzed the responses of ACNPs in the 2004 National Nurse Practitioner Survey.[11] They found that the ACNP respondents continued to develop new roles to fulfill identified needs. NPs were found to be practicing in specialty care areas such as cardiology, pulmonary, and specialized neurology settings; hematology/oncology, specialty ear-nose-throat (ENT) services; a variety of surgery services; palliative care; pain management services, and others.[11,12] New areas or roles for ACNPs were as hospitalists and as surgical first assistants. These new practice areas demonstrate the diversity of practice opportunities available to meet the needs of patients who are acutely ill.

As of 2004, only a little more than 50% of ACNPs continued to work in hospitals, and this change is projected to continue as the role of the ACNP expands into more specialty, rural, and nontraditional areas.[11] As this happens, the practice settings for ACNPs will no longer be defined solely by a hospital's walls but will go far beyond them to wherever the needs of patients who are acutely ill can be met.[13]

acute care nurse practitioners in specialty practices

In tertiary health care centers, cyclic changing of medical residents from one service to another has contributed to fragmented care. Oncology is one of those specialty areas in which NP expertise for continuous and comprehensive care is crucial. Oncology settings span the cancer trajectory from high-risk cancer clinics to hospice and palliative care.[14,15] In 2007, the American Society of Clinical Oncology (ASCO) Workforce Study predicted a 48% increase in the demand for medical oncology services by the year 2020. This need far exceeds the number of medicine trainees who will be able to fill this need.[16]

Perhaps more importantly, NPs in oncology bring a unique holistic perspective that enables them to provide expert care with issues such as pain management, symptom palliation, and sensitivity to the psychologic aspects of having a cancer diagnosis. NP roles in oncology are varied and can include outpatient roles in radiation therapy, chemotherapy, surgical clinics (preoperative and postoperative global care), palliative care, survivorship and prevention, and genetic counseling related to cancer risk. These NPs can also be found in intensive care units and medical-surgical oncology units.

As a result of the Consensus Model, stand-alone oncology NP programs no longer exist. NPs must be prepared as either primary care NPs or ACNPs; then they can complete additional training and obtain specialty certification in oncology.

care of the older adult

The aging population is projected to increase by more than 70% between 2010 and 2030. Coinciding with this increase is a projected worsening of the shortage of critical care intensivists and nurses. These shortages provide considerable concern for those working in or relying on acute health care services.[17] Undoubtedly, the ACNP working in the acute and critical care areas will be confronted with caring for more older patients who are subject to significant physiologic, social, psychologic, and developmental changes that affect their recovery and survival from an acute illness.[18]

In response to the need for more adequately prepared health care professionals who can meet the growing needs of older patients who are critically ill, the Critical Care Workforce Partnership was formed. This partnership collectively represents more than 100 000 health care professionals who specialize in critical care.[17] The organizations represented in this partnership included the American College of Chest Physicians, the American Thoracic Society, the American Association of Critical-Care Nurses, and the Society of Critical Care Medicine.

The goals of the partnership are to help inform policy makers and other key audiences of the complex issues associated with shortages of critical care physicians, nurses, pharmacists, and respiratory therapists trained to care for the critically ill and especially for the older adult who is critically ill; to educate health care professionals in critical care; to promote effective and safe systems of patient care; and to ensure an adequate workforce of trained critical care professionals.[19]

This partnership informed those involved in the development of the Consensus Model. As such, the adult population has been changed to reflect more accurately the growing demographic and is now the adult gerontology population. All advanced practice nurses caring for the adult population must now be educationally prepared to manage the issues of the adult population across the adult-older-adult age continuum. Moreover, the National Organization of Nurse Practitioner Faculties (NONPF) has developed competencies for ACNPs and primary care NPs specific to the adult gerontology population that must be met before students graduate from their educational program. Certification examinations and state licensure are being adapted to meet these and other changes required by the implementation of the Consensus Model. Full implementation of the Consensus Model is anticipated by 2015.

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Glossary

AACN Synergy Model for Patient Care. Conceptual model of the certified acute and critical care nursing practice, which specifies that the needs and/or characteristics of patients and families drive the characteristics or competencies of the nurse from novice through advanced practice.

acute and critical care nursing. Nursing profession specialty that specifically deals with human responses to actual and potential life-threatening problems.

acute care nurse practitioner (ACNP). Nurse who has completed graduate education and supervised practice to acquire advanced competencies, which qualifies him or her to perform comprehensive health assessments; to order and interpret the full spectrum of diagnostic tests and procedures; to use differential diagnoses to reach medical diagnoses; and to order, provide, and evaluate the outcomes of medical interventions for the patient who is physiologically unstable, technologically dependent, and/or highly vulnerable for complications within his or her population foci.

acute critical illness. Condition of a patient who is at high risk for actual life-threatening health problems. The more critically ill the patient, the more likely he or she is to be highly vulnerable, unstable, and complex.

assessment. Systematic, dynamic process by which the ACNP through interaction with the patient and family, nursing personnel, and interdisciplinary team, collects and analyzes data. Data may include the following dimensions: physical, psychologic, social, environmental, regulatory requirements, external demands, cultural, cognitive, functional, organizational, developmental, and economic factors.

caregiver. Family, custodian, or legal guardian as identified by the patient.

chronic critical illness. Condition of an adult patient who survives the life-threatening phase of critical illness but continues to require extensive critical care support services.[1] A separate definition for pediatrics was not found.

competency. Integration of the knowledge, attitudes, and skills that are necessary to function in a specific role and work setting.[2]

Consensus Model for APRN Regulation. Model developed to align the licensure, education, accreditation, and certification requirements for the four APRN roles: certified registered nurse anesthetist, certified nurse practitioner, clinical nurse specialist, and certified nurse midwife.

continuity of care. Interprofessional process that includes patients and families or significant others in the development of a coordinated plan and facilitates the patient's transition between settings, based on his or her changing needs and available resources.

continuum of care. Conceptual model that describes a person's movement from wellness through the desired quality of life to a dignified death. A person's place on the continuum is individually determined.

credentialing. Systematic process of screening and evaluating qualifications and other credentials, including licensure, required education, relevant training and experience, current competence, and health status.

diagnosis. Clinical judgment about the patient's response to actual and potential health conditions or needs; may be a medical or nursing diagnosis; provides the basis for determining an interprofessional plan of care to achieve expected outcomes.

evaluation. Process of determining the patient's progress toward the attainment of expected outcomes.

evidence-based practice. Paradigm and lifelong problem-solving approach to clinical decision making that involves the conscientious use of the best available evidence (including a systematic search for and critical appraisal of the most relevant evidence to answer a clinical question) with one's own clinical expertise and patient values and preferences to improve outcomes for individuals, groups, communities, and systems.[3]

family. Family of origin, significant others, and/or surrogate decision makers as identified by the patient.

guidelines. Broad practice recommendations based on scientific theory, research, and/or expert opinion.

healing environment. Organizational philosophy and commitment to structuring resources to support and focus on integrating science and spirituality; provides conditions that stimulate and support the inherent healing capacities of patients and families.[4]

healthy work environment. Work setting that supports the standards of skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition, and authentic leadership.

implementation. Process of carrying out the interdisciplinary plan of care that may include implementing, delegating, and/or coordinating interventions; the patient and/or family or health care providers may be designated to implement interventions within the plan.

judgment. Formation of a conclusion that encompasses critical thinking, problem solving, ethical reasoning, and decision making.

knowledge. Encompasses thinking, an understanding of science and humanities, the professional standards of practice, and insights gained from practical experiences, personal capabilities, and leadership performance.

nurse. Individual who is licensed by a state agency to practice as a registered nurse.

nurse characteristics. Reflection of the integration of knowledge, skills, experience, and attitudes needed to meet the needs of patients and families, as defined by the AACN Synergy Model for Patient Care. Continuums of nurse characteristics are derived from patient needs and include clinical judgment, advocacy and moral agency, caring practices, collaboration, systems thinking, facilitation of learning, response to diversity, and clinical inquiry.

nursing. Health care profession that protects, promotes, and optimizes patient health and abilities, prevents illness and injury, alleviates suffering through the diagnosis and treatment of human response, and provides advocacy in the care of individuals, families, communities, and populations.[5]

nursing process. Dynamic, systematic method of caring for patients from a nursing perspective. The steps of the nursing process include assessment, diagnosis, planning, implementation, and evaluation. The dynamic and circular nature of the nursing process is apparent in the ACNPs' continuous collection (recollection) and assessment (reassessment) of data, the patient's response to care, formulation (reformulation) of the outcomes to be expected, and the provision of interventions based on these data.

outcomes. Measurable and expected goals that describe anticipated or expected results as a result of the interventions of the ACNP.

patient characteristics. As defined by the AACN Synergy Model for Patient Care, patient characteristics span the continuum of health and illness and include resilience, vulnerability, stability, complexity, resource availability, participation in care, participation in decision making, and predictability.

patient. Individual, family and/or caregiver, or group or community who are recipients of nursing care.

peer review. Process by which professionals with similar knowledge, skills, and abilities judge the processes and/or outcomes of care.

plan of care. Interprofessional outline of care based on individualized expected outcomes for the patient. The patient, family, or health care providers participate to carry out the plan for the implementation or delivery of care.

population foci. Six categories of patient populations as defined by the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education*: (1) family/individual across the life span, (2) adult-gerontology, (3) pediatric, (4), neonatal, (5) women's health/gender-related, or (6) psych/mental health.[6]

privileging. Process by which a practitioner who is licensed for independent practice is permitted by law and the facility to practice independently and to provide specific medical or other patient care services within the scope of the individual's license. Peer references, professional experience, health status, education, training, and licensure contribute to this determination of the clinical competence of the practitioner. Clinical privileges must be specific to both the facility and the provider.

quality of care. Cooperative and collaborative process that combines the goals of professional standards of care with the defined expectations of the patient and family.

reflective learning. Recurrent thoughtful and personal self-assessment, analysis, and synthesis of strengths and opportunities for improvement.

skill. Ability that includes psychomotor, communication, interpersonal, and diagnostic components.

standard. Authoritative statement articulated and supported by the profession that describes a level of care or performance by which the quality of practice, service, or education can be measured or judged.

standards of practice. Authoritative statements that describe a level of care or performance common to the profession of nursing and by which the quality of practice can be judged. These standards describe a competent level of clinical practice demonstrated through assessment, diagnosis, outcome identification, planning, implementation, and evaluation.

standards of professional performance. Authoritative statements that describe a competent level of behavior in the professional role, including activities related to professional practice, education, collaboration, ethics, systems thinking, resource utilization, leadership, collegiality, quality of practice, and clinical inquiry.

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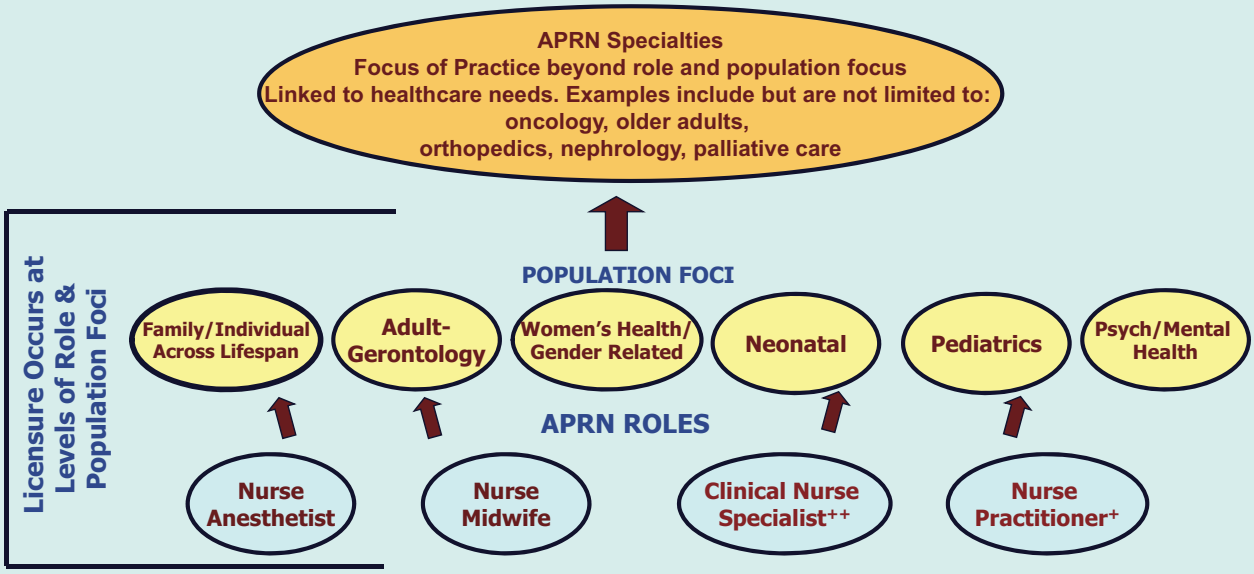
Consensus Model for APRN Regulation



+The certified nurse practitioner (CNP) is prepared with the acute care CNP competencies and/or the primary care CNP competencies. At this point in time the acute care and primary care CNP delineation applies only to the pediatric and adult-gerontology CNP population foci. Scope of practice of the primary care or acute care CNP is **not setting specific** but is based on patient care needs. Program may prepare individuals across both the primary care and acute care CNP competencies. If programs prepare graduates across both sets of roles, the graduate must be prepared with the consensus-based competencies for both roles and must successfully obtain certification in both the acute and the primary care CNP roles. CNP certification in the acute care or primary care roles must match the educational preparation for CNPs in these roles.

++The clinical nurse specialist (CNS) is educated and assessed through national certification processes across the continuum from wellness through acute care.

Appendix B

Additional Foundational Resources

The National Organization of Nurse Practitioner Faculties (NONPF) identifies core competencies for nurse practitioners (NPs) that clarify entry into practice competencies expected upon graduation from an NP educational program.

Statement on Acute Care and Primary Care Certified Nurse Practitioner Practice 2012

Certified nurse practitioners (CNPs), as the largest group of APRNs, have a prominent role in addressing patient health care needs in the current and evolving US health system. As part of an ongoing commitment to advance patient safety and clarify scope of practice, this paper elaborates on a significant issue for CNP practice: the distinctions and overlap in practice by acute and primary care CNPs. NONPF posits that differentiation between acute care and primary care is based upon education and certification in a population, eg, adult-gerontology acute care, adult-gerontology primary care, pediatrics acute care, and pediatrics primary care.

The statement can be accessed for free at:
http://www.nonpf.org/associations/10789/files/ACPCStatementFinalJune2012.pdf

Nurse Practitioner Core Competencies April 2011 (Amended 2012)

The Nurse Practitioner Core Competencies (NP Core Competencies) integrate and build upon existing master's and doctorate of nursing practice (DNP) core competencies and are guidelines for educational programs preparing NPs to implement the full scope of practice as a licensed independent practitioners. The competencies are essential behaviors of all NPs and are demonstrated upon graduation regardless of the population focus of the program. These competencies are essential for NPs to meet the complex challenges of translating rapidly expanding knowledge into practice and function in a changing health care environment.

The competencies can be accessed for free at:
http://www.nonpf.com/displaycommon.cfm?an=1&subarticlenbr=14

Adult-Gerontology Acute Care Nurse Practitioner Competencies

Certified Nurse Practitioners (CNPs) are educated across the wellness-illness continuum. Adult-Gerontology NPs are prepared with acute care NP competencies and/or primary care NP competencies. Significant overlap in the acute care and primary care NP competencies does exist; however, the practice of the acute care and primary care adult-gerontology NP differs. The scope of practice of the primary care or acute care adult-gerontology NP is not setting-specific but rather is based on patient care needs. This document delineates the competencies needed by all adult-gerontology NPs prepared for acute care practice.

The competencies can be accessed for free at:
http://www.nonpf.com/displaycommon.cfm?an=1&subarticlenbr=14

AACN Standards for Establishing and Sustaining Healthy Work Environments

A Journey to Excellence

Executive Summary

In 2001, the American Association of Critical-Care Nurses (AACN) made a commitment to actively promote the creation of healthy work environments that support and foster excellence in patient care wherever acute and critical care nurses practice. This commitment is based on the Association's dedication to optimal patient care and the recognition that the deepening nurse shortage cannot be reversed without healthy work environments that support excellence in nursing practice.

There is mounting evidence that unhealthy work environments contribute to medical errors, ineffective delivery of care, and conflict and stress among health professionals. Negative, demoralizing and unsafe conditions in workplaces cannot be allowed to continue. The creation of healthy work environments is imperative to ensure patient safety, enhance staff recruitment and retention, and maintain an organization's financial viability.

AACN is strategically committed to bringing its influence and resources to bear on creating work and care environments that are safe, healing, humane and respectful of the rights, responsibilities, needs and contributions of all people–including patients, their families and nurses. Six standards for establishing and sustaining healthy work environments have been identified. Putting forth these six essential standards for establishing and sustaining healthy work environments is an important step in meeting our commitment.

The standards uniquely identify systemic behaviors that are often discounted, despite growing evidence that they contribute to creating unsafe conditions and obstruct the ability of individuals and organizations to achieve excellence. The American Association of Critical-Care Nurses recognizes the inextricable links among quality of the work environment, excellent nursing practice and patient care outcomes.

The standards represent evidence-based and relationship-centered principles of professional performance. Each standard is considered essential since studies show that effective and sustainable outcomes do not emerge when any standard is considered optional.

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The standards align directly with the core competencies for health professionals recommended by the Institute of Medicine. They support the education of all health professionals "to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics." With these standards, AACN contributes to the implementation of elements in a healthy work environment articulated in 2004 by the 70-member Nursing Organizations Alliance.

The standards further support the education of nurse leaders to acquire the core competencies of self-knowledge, strategic vision, risk-taking and creativity, interpersonal and communication effectiveness, and inspiration identified by the Robert Wood Johnson Executive Nurse Fellows Program.

The standards are neither detailed nor exhaustive. They do not address dimensions such as physical safety, clinical practice, clinical and academic education and credentialing, all of which are amply addressed by a multitude of statutory, regulatory and professional agencies and organizations.

essential	Absolutely required; not to be used up or sacrificed. Indispensable. Fundamental.
standard	Authoritative statement articulated and promulgated by the profession, by which the quality of practice, service or education can be judged.
critical elements	Structures, processes, programs and behaviors required for a standard to be achieved.

The standards are designed to be used as a foundation for thoughtful reflection and engaged dialogue about the current realities of each work environment. Critical elements required for successful implementation accompany each standard. Working collaboratively, individuals and groups within an organization should determine the priority and depth of application required to implement each standard.

The standards for establishing and sustaining healthy work environments are:

Skilled Communication
Nurses must be as proficient in communication skills as they are in clinical skills.

True Collaboration
Nurses must be relentless in pursuing and fostering true collaboration.

Effective Decision Making
Nurses must be valued and committed partners in making policy, directing and evaluating clinical care and leading organizational operations.

Appropriate Staffing
Staffing must ensure the effective match between patient needs and nurse competencies.

Meaningful Recognition
Nurses must be recognized and must recognize others for the value each brings to the work of the organization.

Authentic Leadership
Nurse leaders must fully embrace the imperative of a healthy work environment, authentically live it and engage others in its achievement.

Call to Action

Healthy work environments are essential to ensure patient safety, enhance staff recruitment and retention, and maintain an organization's financial viability. Inattention to relationship issues poses a serious obstacle to creating and sustaining those environments. Without them, the journey to excellence is impossible.

The six standards put forward in this document offer the framework for healthcare organizations to elevate these competencies to the highest strategic and operational importance. The ensuing dialogue will guide the fundamental reprioritization and reallocation of resources necessary to create and sustain healthy work environments.

For the American Association of Critical-Care Nurses, developing these standards is the first of two steps. The second step, already in progress, is to lead the way in developing practical and relevant resources to support individuals and organizations in standards implementation.

AACN calls upon individual nurses, all health professionals, healthcare organizations and professional nursing associations to fulfill their obligation of creating healthy work environments where safety becomes the norm and excellence the goal. This call to action requires a fundamental shift in the work environments of this country and challenges:

Nurses and all health professionals to:

- Embrace the personal obligation to participate in creating healthy work environments.
- Develop relationships in which individuals hold themselves and others accountable to professional behavioral standards.
- Follow through until effective solutions have been realized.

Healthcare organizations to:

- Adopt and implement these standards as essential and nonnegotiable for all.
- Establish the organizational systems and structures required for successful education, implementation and evaluation of the standards.
- Demonstrate behaviors by example at every level of the organization.

AACN and the community of nursing to:

- Bring to national attention the urgency and importance of healthy work environments.
- Promote these standards as essential to establishing and sustaining healthy work environments.
- Develop resources to support individuals, organizations and health systems in successfully adopting the standards, and recognizing and publicizing their successes.

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This publication is available for download at the
American Association of Critical-Care Nurses Web site: www.aacn.org/acnpscopeandstandards

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