

Acute Care Nurse Practitioners: The Intensivist Theory[©]

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Role Development

- Involved inter- and intra-professional conflicts
 - Legal battles over acceptance of the various roles and the APN's scope of practice
- Impact of societal forces
 - Wars, crisis, environmental disasters, terrorism
 - Federal government funding and legislation
 - Economic conditions
- Organizational efforts
 - Certification at the national level
 - Evolution of graduate education requirements

Regulation and Scope of Issues

- Regulated by state practice acts and ACNP scope and standards of practice
- Regulatory authority over ACNP practice is predominantly governed by the board of nursing within each state, some with AMA involvement
- New coalition, ANA and key stakeholders to change collaborative practice
- New class of patient: the chronically critically ill
- More patients living longer with chronic disease, immunosuppression, life prolonging therapies
- Reduced RN care, increased home care
- Increase in invasive medical devices

Awareness

- All but 6 of the 50 states, regulatory control of NP practice falls under the control of the board of nursing
- Five states (Florida, South Dakota, North Carolina, Virginia, Massachusetts) NP practice is regulated by board of nursing and board of medicine control
- Two states (Illinois and Nebraska), NP practice is regulated by a separate advanced practice board
(American Academy of Nurse Practitioners [AANP], 2006)

Evolution

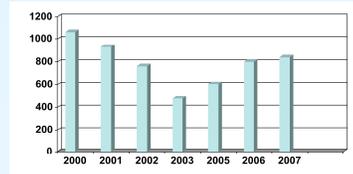
- The fight for prescriptive authority for ACNPs characterized the 1980s and continues
- Multiple roles for NPs continued to develop
 - ACNP
 - ENP
 - FNP
 - FNP
 - NNP
- Throughout the 1980s, NPs worked tirelessly to convince state legislatures to pass laws and reimbursement policies that would support their practice
- Evolution of the ACNP the next new intensivist



NP Sample Survey

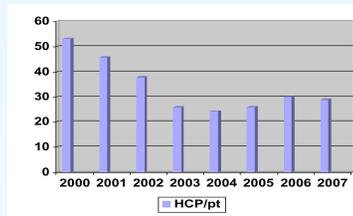
- 2004 National Nurse Practitioner Sample Survey, approximately 4.5% of the NP population/4,500 NPs are ACNPs
- Since formulation of the ACNP role, it has evolved into an established specialty area of NP practice (Goolsby, 2005)
- ACNP evolution driving forces included:
 - An increase in the severity of illness of hospitalized patients
 - Need for shorter hospital length of stay
 - An increase in the aging population with chronic conditions
 - Increased demands for care
 - Increased need for access to care issues
 - Changes in medical residency coverage in the hospital setting (Steele, 1997)

Healthcare Provider Hours per Week



JHS, 2007; Rossetter, AACN, 2004

Healthcare Provider Hours per Bed

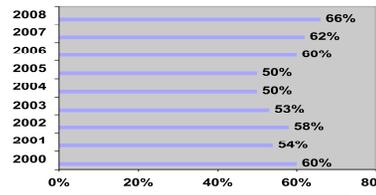


JHS, 2007; Landrigan, et al., 2004

Revenue and Medicare Reimbursement

- Central lines \$188,536
- Arterial lines \$57,208
- PICC \$8,657
- Percutaneous tracheostomy \$110,000
- Not Including
 - Chest tube placement
 - Bronchoscopy
 - Pulmonary Artery Placement
 - Daily assessment

Educational Levels of Healthcare Providers



Percentage of MD/ NP coverage above intern education

ACNP Innovation

- A catalyst to the future
- Facilitate development, provide education
- Observation and provide solutions
- Offer insight
- Listen then provide feedback, stimulate
- Encourage optimism
- Focus on achievement
- Facilitates the art of thinking
- Develop the team and the practice
- Facilitating care
- Setting the standards
- Model of success
- Focus on succession
- Pass the torch



ACNP Goals

- Increase patient safety
- Attuned to the minutia
- Decrease nosocomial infections
- Monitoring patient outcomes
- Patient safety focus
- Research focus
- Being prepared
- Anticipating the next wave
- Riding the surf
- Maintaining the normalcy
- Providing detailed evidenced based practice



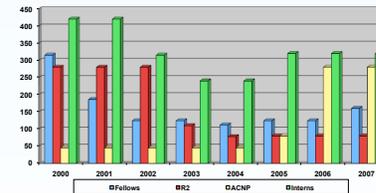
Staffing Ratios

- How much is too much?
- Intensivist ratio
 - 1:7.5 vs. 1:15 showed an increased LOS, but no difference in mortality
- ACNP ratios
- Responsibility
- Critical conditions
- Measurement scores
- Apache



Dara & Afessa, 2005; Hoffman et al., 2005

Comparison of Staff Mix



ACNP Internship Program

- Planning for the shortage
- Weekly rotation internship
- Involves ACNP students
- Three 12 hour days per week
- CCNE guidelines
- Goals
 - Patient care management
 - Ventilator management
 - Procedural education
 - Pharmacological management

ACNP Residency Program

- Near graduation
- Post clinical completion
- Hire into residency
- Goal
 - Full education as ACNP in SICU
 - Patient care management
 - Ventilator management
 - Procedural management
 - Pharmacological management

Clinical Simulation Laboratory

- Provided at clinical classes in Universities
- Provided on site at simulation laboratory
- Clinical case scenarios
 - Cardiac arrest
 - Respiratory arrest
 - Intubation, chest tubes
 - Septic shock
 - Central line placement
 - Percutaneous tracheostomy

Goals

- Collaboration with interdisciplinary team
- Continuous and comprehensive care
- Holistic model
- Inpatient focus
- Acute episodic critical conditions
- Facilitate communication with teams
- Patient and family liaison
- Staff education
- Quality improvement Initiatives
- DNP Focus:
 - Prepare experts in specialized advanced nursing practice
 - Innovative and evidence-based practice
 - Application of credible research findings
- Require a practice application-oriented Capstone Project

