

NEW & EMERGING ROLES OF
ADVANCED PRACTICE
NURSING:

WHAT THE LNC NEEDS TO
KNOW!

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Disclaimer

The speaker have no conflicts to disclose.
Any opinions expressed are those of the speaker and not of any organization.

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Learning Objectives

1. Describe the role of advanced practice nursing including varied educational levels and credentialing.
2. Understand the difference between full practice authority and practicing under supervisory or collaborative agreements.
3. Discuss practice issues that could lead to increased liability.

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What is a Nurse Practitioner ??

...."a registered nurse who is qualified through advanced training to assume some of the duties and responsibilities formerly assumed only by a physician
 –abbreviation "NP"
www.merriam-webster.com
 ...A nurse practitioner is a health care professional who offers a wide range of acute, primary, and specialty care services, either alone or alongside a doctor.
 "The services they can provide are dependent on which state they are practicing. In many states now, NPs are licensed to be fully independent practitioners who can prescribe medications and do certain procedures **without** supervision by a doctor."
www.webmd.com/whatisanursepractitioner
 "NPs are quickly becoming the health partner of choice for millions of Americans. As clinicians that blend clinical expertise in diagnosing and treating health conditions with an added emphasis on disease prevention and health management, NPs bring a comprehensive perspective and personal touch to health care."
www.aanp.org/whatisanursepractitioner

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NURSE PRACTITIONERS

NPs are the providers of choice for millions of Americans. NPs evaluate patients, diagnose, write prescriptions and bring a comprehensive perspective to health care.

NP: Your Partner in Health

With a track record of quality health care delivery for nearly half a century...

and a growing need for health care providers, especially in primary care...

Nurse practitioners are a clear solution for patient-centered, accessible health care.

PRIMARY CARE FOCUS

NPs are choosing primary care more than physicians and physician assistants. In 2017 more than 87% of NPs were prepared in primary care programs, while only 44% of physicians entered a primary care residency.

87% MORE THAN 87% OF NPs WERE PREPARED IN PRIMARY CARE PROGRAMS, WHILE ONLY 44% OF PHYSICIANS ENTERED A PRIMARY CARE RESIDENCY.

DELIVER PRIMARY CARE

3 out of 4 DELIVER PRIMARY CARE

60% OF NPS SEE 60% OR MORE PATIENTS PER HOUR

INCREASING IN NUMBER

The number of nurse practitioners continues to grow rapidly.

Year	Number of NPs
2018	234,000
2015	171,000
2012	140,000
2007	100,000
2004	106,000
2003	97,000
2004	83,000
1999	68,300

AREA OF PRIMARY CARE PREPARATION

Family	60.6%
Adult and Geriatrics	21.3%
Healthcare	3.4%
Pediatrics	4.6%

REQUIREMENTS FOR PRACTICE

- State NP License/Registration
- National Board Certification
- Graduate Nursing Education
- Registered Nurse License
- Bachelor's Degree in Nursing

NPs AT A GLANCE

Over **5 decades** of helping patients access and qualify care.

Over **1.02 billion** prescriptions written in all **50 states** and D.C.

NPs BY THE NUMBERS

- 85%** accept Medicare
- 83%** accept Medicaid
- 84%** accept Private Insurance
- 82%** accept Uninsured

PRESCRIPTION FOR THE FUTURE

2 out of 3 patients support legislation for greater access to NP services

6+ YEARS OF ACADEMIC AND CLINICAL PREPARATION

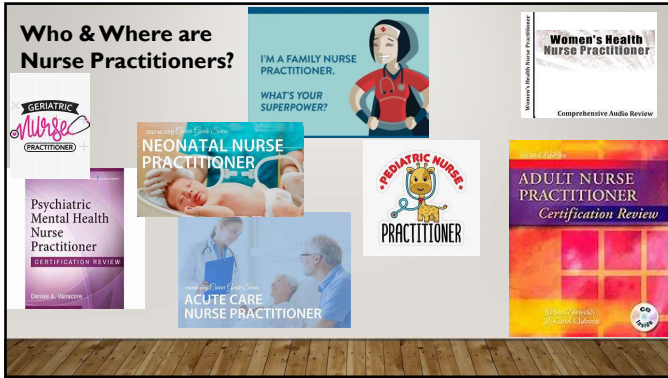
March 2018 AANP - American Association of Nurse Practitioners

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Education & Training:

- All Nurse Practitioners must complete & graduate from either a master's or doctoral degree program and have advanced clinical training beyond their initial professional RN degree.
- Must demonstrate competency to practice as evidenced by national board certification.

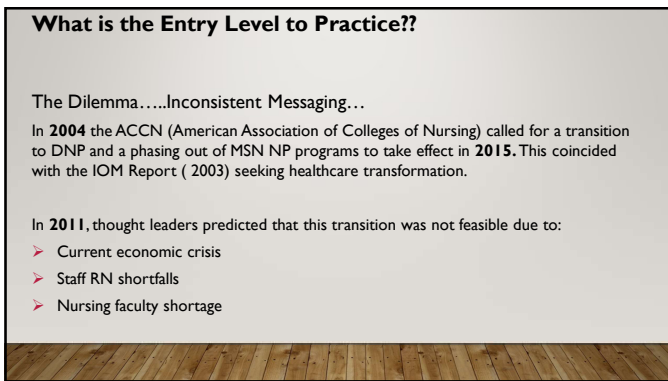
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500 NANA OUTLOOK 68 (9/24) 494-503

Table 1 - MSN vs. BSN-DNP Nurse Practitioner Preparation				
Program	Full-Time Commitment	Credit Hour Requirements	Clinical Hour Requirements	Approximate Total Program Costs
MSN	3-5 Years	45-54	500-750	Range: \$15,000-45,000*
BSN-DNP	4-5	65-99	1,000	Range: \$57,000-110,000**

* Source: Graduatenuresing.edu.org, 2015.
 ** Source: Stronze, M.

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ACCN Meeting 2020

- DNP as Entry to Practice by 2025
- Some schools are planning to move or have moved to post-BSN DNP/APRN away from the MSN/APRN
- NONPF is also pushing to increase to 1000 practice hours (more than the 500 hours)
- Stalling at the University level

NONPF Statement - Reaffirming DNP: Entry to Nurse Practitioner Practice by 2025
Thursday, April 20, 2023
 Posted by: Tia Mason

States |
 The National Organization of Nurse Practitioner Faculties (NONPF) is pleased to reaffirm the transition of all entry-level nurse practitioner (NP) education to the Doctor of Nursing Practice (DNP) degree by 2025

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How do Nurse Practitioners Practice?

The Laws of the Land....

STATE PRACTICE ENVIRONMENT

26 states and D.C., Guam, and the Northern Mariana Islands have full practice authority to assess, diagnose, treat and prescribe.


AANP American Association of Nurse Practitioners

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DEFINITION

According to the American Association of Nurse Practitioners (AANP) 2016, nurse practitioners (NPs) are licensed advanced clinicians focused on managing people's health conditions and preventing disease.

As advanced practice registered nurses (APRNs), NPs often specialize by patient population, including pediatric, adult, geriatric, and women's health. NPs may also specialize in areas such as dermatology, cardiovascular health, and oncology.




COLLABORATIVE PRACTICE AGREEMENT

Definition: "Collaborative Practice Agreement" means the arrangement for nurse practitioner-physician continuous availability to each other for on-going supervision, consultation, collaboration, referral and evaluation of care provided by the nurse practitioner.

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Supervisory Agreement:

- In certain states that do not authorize independent Practice, the nurse practitioner engages in a supervisory Relationship with the physician that stipulates scope and Requires the physician to be on site.
- In some states the physician cannot "supervise" more than 4 Nurse Practitioners at any given time.
- A protocol is also required to be submitted to both the medical board and nursing board and updated with any practice changes.

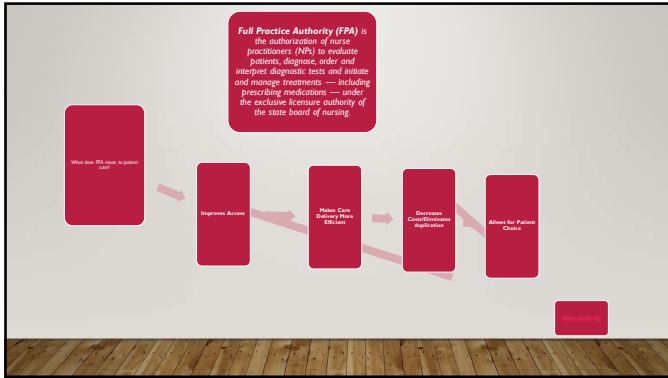


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Collaboratory Agreement :

- When states determine that a Nurse Practitioner cannot practice independently, these states require an outlined practice agreement /filed protocol that specifically delineates what services, meds and or procedures the Nurse Practitioner may perform with or without direct or indirect supervision.
- Such written documents are agreed upon on initial hiring and are often required to be updated annually or if there are any practice changes.

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Links to Additional Resources

National Council of State Boards of Nursing (NCSBN) Model Nurse Practice Act language: Model statutes and rule language for regulating NP practice for FPA.

Clinical Outcomes: The Yardstick of Educational Effectiveness: Appropriate educational evaluation and comparison markers.

Nurse Practitioner Cost Effectiveness: An introduction to the body of evidence supporting NPs as cost-effective providers of high-quality care.

Quality of Nurse Practitioner Practice: An overview of the research supporting the value NPs bring to high-quality health care.

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Areas of Liability

- Scope of Practice
- Standard of Care
- Missed Diagnosis
- Medication Management
- Practice Settings

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How can Nurse Practitioners decrease Risk?

- Know your State Practice Act.
- Know your Scope of Practice.
- Maintain CE's , board certification & keep abreast of any changes in your state laws.
- Review & Update your job description as needed.
- Know your employers' policies & procedures.
- Adhere to any collaborative or supervisory agreements and if autonomous , consult as needed.
- Stay involved in local, state & national organizations.

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Thank you!

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