



## **NATIONAL ORGANIZATION OF NURSE PRACTITIONER FACULTIES**

### **STATEMENT ON ACUTE CARE AND PRIMARY CARE CERTIFIED NURSE PRACTITIONER PRACTICE 2012**

#### **Introduction**

In the *Consensus Model for APRN Regulation*<sup>1</sup>, patient safety is a key unifying link among the components of advanced practice registered nursing (APRN) regulation – licensure, accreditation, certification, and education (LACE). 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. The alignment of the LACE components defines CNP scope of practice with a goal of public protection.<sup>2</sup> As described by the Pew Health Professions Commission, scope of practice is the “definition of the rules, the regulations, and the boundaries within which a fully qualified practitioner with substantial and appropriate training, knowledge, and experience may practice.”<sup>3</sup> 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.

#### **Application of the Consensus Model**

The drafting of the Consensus Model included various iterations and substantial discussion of acute care and primary care CNP practice. In 2008, a work group of NP educators and representatives of NP certification organizations studied the overlap of the acute care and primary care competencies.<sup>4</sup> The work group identified some unique competencies, but many competencies were similar and could only be distinguished by wording that referred to the populations served by each area. Based on this review and subsequent discussions, the work group recommended that the Consensus Model should retain only one role for the CNP and that the distinction between primary and acute care should be made at the level of the population served by the CNP. Of the broad populations (adult-gerontology, family/individual across the lifespan, pediatrics, neonatal, psychiatric-mental health, and women’s health/gender-related), the acute and primary care distinctions are currently within the adult-gerontology and pediatrics foci.<sup>5</sup> The Joint Dialogue Group integrated these recommendations into the final version of the Consensus Model.

A fundamental premise of the Consensus Model is that CNP competencies are not setting-specific. Historically, the acute care CNP practiced predominantly in the hospital and the primary care CNP practiced within a community setting. These setting boundaries often overlap, however. It is inappropriate and restrictive to regulate acute and primary care CNP scope and practice based on settings. Regulation should be based on educational preparation, certification, and scope of practice.

Formal NP educational programs prepare adult-gerontology and pediatrics CNPs to provide either primary care or acute care. ♦ This educational preparation is not setting-specific, and graduates from acute care and primary care programs apply their respective scope of practice competencies across multiple settings. For example, an acute care CNP may practice in both hospital and home settings (e.g., inotrope therapy). The primary care pediatrics or adult-gerontology CNP who practices predominantly in a community-based setting might also work within a hospital-based clinic or an in-patient unit that does not provide care for unstable, critical, or complex patients. As telehealth and other technological innovations continue to expand, the settings for both acute care and primary care will diversify further. The key issue is that scope of practice should be linked to educational preparation and corresponding NP certification; scope of practice is population-based and should not be linked to settings.

### **Educational Preparation & Certification**

Formal educational preparation and subsequent certification should be the key determinants of CNP scope of practice. With the exception of dual track programs that prepare CNPs to provide the full range of primary and acute care, ♦ most NP programs are limited to either primary or acute care and certification eligibility is based on the area of preparation. Scope of practice is determined by formal educational preparation and certification in primary or acute care. Pre-NP specialization at the RN level does not expand scope of practice at the APRN level. For example, a registered nurse who practiced in critical care and then completes a primary care NP formal educational program is not prepared to practice as an acute care CNP. The individual would also need to complete a formal acute care NP educational program to be eligible to sit for acute care certification and to practice as an acute care CNP.

Eligibility for certification is linked to educational preparation. Graduation from a formal NP educational program allows the graduate to seek NP certification in the population focus that corresponds with the population focus of the NP program (adult-gerontology acute care, adult-gerontology primary care, family/individual across the lifespan, neonatal, pediatrics acute care, pediatrics primary care, psychiatric-mental health, or women's health/gender-related). ♦ It is the responsibility of the educational program director, the graduate, and certifying bodies to ensure that an individual sits only for certification in the NP population focus area that corresponds with the population focus of the NP program in which s/he has been prepared.

### **Scope of Practice**

Although some employers may be willing to credential CNPs to practice beyond educational preparation and certification, the CNP and employer have joint responsibility for adhering to scope of practice. For example, some hospitals hire primary care CNPs to work in the acute/critical care side of emergency departments (EDs). Given the primary care-focused NP educational preparation, a primary care CNP could see patients in ED fast track areas who present with problems that are commonly seen in primary care settings (e.g., otitis media, minor injuries, sprains). However, if the primary care CNP is expected to provide care for unstable,

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♦ Some programs may offer individuals preparation in acute care and primary care, and the graduates are expected to meet all of the pediatrics or adult-gerontology acute care and primary care NP competencies. Graduates would then be eligible to sit for both the primary care and acute care certifications for adult-gerontology or pediatrics CNP. See the *Criteria for Evaluation of Nurse Practitioner Programs* (current edition) and the *Consensus Model for APRN Regulation* (2008) for additional guidance to programs offering dual tracks.

critical, or complex patients, then s/he would be practicing outside his/her scope of practice. The CNP may seek formal post-graduate NP education if s/he wishes to expand beyond his/her primary care or acute care CNP preparation.

Primary and acute care CNPs are prepared to deliver different types of care. The main emphasis of primary care NP educational preparation is on comprehensive, chronic, continuous care characterized by a long term relationship between the patient and primary care CNP. The primary care CNP provides care for most health needs and coordinates additional health care services that would be beyond the primary care CNP's area of expertise. In contrast, the acute care NP educational preparation focuses on restorative care that is characterized by rapidly changing clinical conditions. The acute care CNP provides care for patients with unstable chronic, complex acute, and critical conditions. Both acute and primary care CNPs might treat patients with similar conditions, such as patients with diabetes and asthma; however, the severity and instability of presenting symptoms might help to define the needed provider at any given time.

Both primary and acute care CNPs can serve as points of entry to health care and they also collaborate with each other when managing patients. For example, if a patient presents to the ED with an acute asthma exacerbation requiring hospitalization, the acute care CNP would stabilize and manage the patient's asthma symptoms, document the patient's ongoing primary care needs, and then refer to the primary care CNP for long-term management. Similarly that same patient could present to a primary care setting and the primary care CNP would provide immediate stabilization and transfer to the hospital where the acute care CNP would manage the unstable, critical patient.

During the preparation of the Consensus Model, questions emerged about the nature of acute care and primary care CNP practice. For acute care, the questions centered on whether or not acute care practice is merely a critical care specialization. As supported by the 2008 work group and the current review of competencies, acute care is not a specialization. Instead, acute care CNPs are expected to meet competencies that span the continuum of acute and severely acute unstable, chronic, and critical conditions. For primary care, both the work group and current task force reinforced that primary care is not limited to preventive and maintenance care of the well person but includes continuous care for patients with stable acute and/or chronic conditions. A review of practice standards and curriculum content can further clarify the distinctions and intersections of primary care and acute care CNP practice.

### **Key Messages**

- The focus of care based on patient care needs – not the setting – defines acute and primary care CNP scope of practice. Acute care CNPs focus on restorative care characterized by rapidly changing clinical conditions. The acute care CNP provides care for patients with unstable chronic, complex acute, and critical conditions. Primary care CNPs focus on comprehensive, continuous care characterized by a long term relationship between the patient and primary care CNP. The primary care CNP provides care for most health needs and coordinates additional health care services beyond the primary care CNP's area of expertise. CNPs should be regulated according to the services they perform for a patient population (e.g., pediatrics primary care, pediatrics acute care, adult-gerontology primary care, adult gerontology acute care) served and not where they provide services.

- Scope of practice must be tied to formal APRN education and certification and not pre-APRN education.
- An NP educational program is either primary care or acute care focused. Alternatively, it may offer dual track preparation to cover the full range of primary care and acute care. Certification as both an acute care and primary care NP requires completion of both formal educational programs or a dual-track adult-gerontology or pediatrics program that prepares the graduate to meet all of the corresponding acute and primary care NP competencies. (This would be adult-gerontology or pediatrics acute care NP competencies and adult-gerontology, family/individual across the lifespan, pediatrics, or women's health/gender-related primary care NP competencies.)
- Certification must match educational preparation. Certification eligibility should be linked to the educational preparation, and similarly a NP graduate should sit only for certification that corresponds with the population focus of his/her educational preparation.
- Both the primary care CNP and the acute care CNP can serve as the point of entry to health care and they also collaborate with each other when managing patients.
- Both the primary care CNP and acute care CNP might evaluate an acutely ill patient, but the severity of the symptoms would determine which provider is most appropriate and best matched to the patient's acuity level. The primary care CNP does not have the educational preparation to care for the unstable complex acute or critical patient but does have preparation to stabilize the acute patient and manage patients with multisystem chronic conditions. Likewise, the acute care CNP does not have the educational preparation to provide comprehensive, continuous care but does have the preparation to document the need for preventive services within the context of caring for patients with unstable, critical, and complex conditions.
- Patient safety is jeopardized when clinicians practice outside their scope of practice. Regardless of the willingness of some employers to credential the CNP to practice beyond his/her educational preparation and certification, the CNP is responsible for adhering to scope of practice, as determined by state licensure regulations.

## **Conclusion**

NONPF posits that that differentiation between acute care and primary care is based upon education and certification in a population, e.g., adult-gerontology acute care, adult-gerontology primary care, pediatrics acute care, and pediatrics primary care. NONPF will continue to provide leadership in identifying national, consensus-based competencies that support the clarification of acute and primary care. As with the Consensus Model, the statements in this paper are intended to provide guidance from this point forward and not in any way to be punitive towards CNPs. NONPF shares a common goal of quality patient outcomes, and we have a commitment to promoting congruence between the Consensus Model and NP education.

## References

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**Approved by NONPF Board of Directors, September, 2011.**

**Statement updated, approved by NONPF Board of Directors, November 2011.**

**Statement updated June 2012**

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