



Position Statement

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Advanced Practice Registered Nurses in the Emergency Care Setting

Description

Advanced practice registered nurses (APRNs) are clinicians licensed as Nurse Practitioners (NPs), Clinical Nurse Specialists (CNSs), Certified Registered Nurse Anesthetists (CRNAs), or Certified Nurse Midwives (CNMs).¹ All are educated and trained at the postgraduate level to diagnose, treat, and prescribe medications for complex medical conditions. Nearly all APRNs who practice in the emergency care setting, which includes both in-hospital and out-of-hospital environments, are NPs or CNSs. APRNs have existed for more than 50 years and are established members of emergency care teams throughout the U.S. and in many countries worldwide.²⁻⁶

Nearly a decade ago the Institute of Medicine identified APRNs as necessary for the future of healthcare delivery in the United States.^{7,8} Since then EDs in the U.S. and abroad have become increasingly overcrowded, in part due to their status as a healthcare safety net for those who cannot access a primary care provider.^{9,10} It is estimated that emergency departments (EDs) provide more than 47% of all hospital-associated healthcare in the U.S.⁹ As a result, there is currently a substantial mismatch between the need for emergency services and the available resources to provide that care.¹⁰ APRNs have been identified as particularly important for bridging this gap in both urban and rural settings.¹¹⁻¹⁴

The regulatory landscape for APRNs in the U.S. continues to evolve, and APRNs who work in the emergency care setting face a few unique licensing and certification challenges. First, all APRNs in the U.S. are licensed at the state level and their scope of practice differs from state to state. In many states APRNs are restricted from practicing to the full extent of their education and training.^{15,16} The Consensus Model for APRN Regulation is a proposed solution to this problem in the form of standardized education, certification, licensure, and accreditation of all APRNs and APRN programs in the U.S.¹⁷ However, the Consensus Model has also proposed that states license APRNs in a way that enforces a scope of practice definition of "primary care" and "acute care" that is not currently practiced today. The emergency care setting is unlike nearly all other practice settings in that its patients are all ages with all combinations of medical history and chief complaint. The Consensus Model's licensing paradigm could create barriers to APRN practice in the emergency care setting because it would require APRNs who treat the full population of the emergency care setting to complete three courses of graduate study and to obtain and maintain three certifications (e.g., Family Nurse Practitioner, Adult- Gerontological Acute Care Nurse Practitioner, and Pediatric Acute Care Nurse Practitioner).^{1,17} Clinical Nurse Specialists, for whom there



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are fewer courses of study than for NPs, would be required to have and maintain two licenses (Adult/Gerontology CNS and Pediatric CNS) but they would be restricted to either primary or acute care.¹⁸

ENA Position

It is the position of the Emergency Nurses Association that:

1. Advanced practice emergency nurses are established members of the emergency care team and are critical to the future of quality healthcare across the U.S. and worldwide.
2. Advanced practice emergency nursing is a unique specialty that requires many of its practitioners to treat the episodic primary and acute care needs of all patient populations.
3. There is a need for a single population focus that will educate and license APRNs to treat the episodic acute care needs of patients across the lifespan within the framework of the *Consensus Model*.
4. The Emergency Nurses Association is a stakeholder in the *Consensus Model for APRN Regulation* and is committed to working collaboratively with others to ensure the future of APRNs in emergency care settings.
5. The Emergency Nurses Association, in collaboration with other key stakeholders, will continue to develop and update scopes of practice, standards of practice, and core competencies for APRNs practicing in the emergency care setting.
6. There is a need for more specialty education for APRNs as such, ENA can focus on efforts to provide educational offerings and serve as content experts for education programs that educate and train APRNs for roles in the emergency care setting.

Background

The emergency care setting is unique when compared to most other practice settings in that its patient population consists of all ages and all combinations of medical history and chief complaint, rather than a narrow subset of them, as is the case with most other specialties (e.g., pediatric oncology, adult cardiology, etc.).¹⁹ Although some APRNs only treat a subset of the patients in the emergency care setting – for example, only pediatric patients or only adults with urgent or chronic needs – other APRNs are



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called upon to treat all patients and conditions, from nonemergent, episodic chronic care to acute, complex, life-threatening traumatic and medical conditions.^{2,20-23}

APRNs are licensed and regulated by state law, and reciprocity across state lines is determined by each state. There is no nationally standardized scope of practice, with the result that many states restrict APRNs from practicing to the full extent of their education and training. The Consensus Model for APRN Regulation has proposed to standardize the accreditation, education, certification, and licensure of APRNs and APRN programs throughout the U.S. with the goal of achieving full practice authority for APRNs in all states. It has proposed that APRNs be certified in one of four roles (NP, CNS, CRNA, or CNM) and one of six population foci (family/individual across the lifespan, adult-gerontology, pediatrics, neonatal, women's health/gender-related, or psychiatric/mental health).¹ Under the Consensus Model APRNs must (and may only) be licensed in a role and a population focus. Although they may also validate expertise by becoming certified in a specialty area (e.g., as an Emergency Nurse Practitioner), specialty certification cannot expand an APRN's scope of practice past that designated by the role and population focus.¹

Within the Consensus Model's framework, the family/individual-across-the-lifespan population focus would allow APRNs to treat patients of all ages, but their scope of practice would be restricted to primary care, defined as "...comprehensive, chronic, continuous care that is characterized by a long term relationship between the patient and primary care [NP]."^{17(p3)} This "...includes continuous care for patients with stable acute and/or chronic conditions."^{17(p3)} Acute care certification can be obtained only in the adult-gerontology or pediatrics foci. ("Acute care," as envisioned by the Consensus Model, is "...care that is characterized by rapidly changing clinical conditions"^{17(p3)} – that is, "...care for patients with unstable chronic, complex acute, and critical conditions."^{17(p3)}) As a result, the Consensus Model requires an APRN treating the whole patient population of the emergency care setting to have and maintain three certifications (Family, Pediatric Acute Care, and Adult-Gerontological Acute Care). CNSs would be required to have and maintain two certifications (Adult and Pediatric), as there is no Family population focus for CNSs,¹⁸ and they would have to choose primary or acute care. An acute-care-across-the-lifespan population focus would go a long way toward solving this problem, and the Consensus Model contains within itself a pathway to creating a new population focus.

The Consensus Model's proposal that U.S. states license APRNs as "primary care" or "acute care" APRNs, along with its stipulation that an APRN only be allowed to expand his or her scope of practice by completing another graduate program of study, stands in contrast to how APRNs are currently licensed and regulated today.²⁴⁻²⁹ In nearly all states, APRNs are licensed at the role level, and scope of practice is determined not only by formal education and national certification but by clinical experience as well.³⁰ Degree-granting programs are designed to prepare APRNs for entry-level competency and postgraduate training after one's formal course of education confers clinical expertise.^{6,29,31-34}



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It is therefore no surprise that APRNs who are currently providing safe and effective primary and acute care across the country are certified as FNPs, ACNPs, Adult NPs, Pediatric NPs, Adult-Gerontological NPs, Adult-Gerontological CNSs, and Pediatric CNSs, among others.^{15,21,35,36}

The Consensus Model has been a powerful force for raising the quality of APRN education and training in the U.S. and has successfully championed full practice authority for APRNs in all states.¹⁵ Regardless of the outcome of these and future discussions over whether and how to implement the Consensus Model's definitions of primary care, acute care, and scope of practice, APRNs will continue their long tradition of providing safe, effective care in the emergency care setting, and ENA will remain committed to interprofessional collaboration and advocacy on their behalf.

Resources

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