

# Advanced Practice Registered Nurses in the Emergency Care Setting Position Statement



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# Advanced Practice Registered Nurses in the Emergency Care Setting

## Description

Advanced practice registered nurses (APRNs) are clinicians trained and, in many states, licensed as Nurse Practitioners (NPs), Clinical Nurse Specialists (CNSs), Certified Registered Nurse Anesthetists (CRNAs), or Certified Nurse Midwives (CNMs) (Advanced Practice Registered Nursing Consensus Work Group & The National Council of State Boards of Nursing APRN Advisory Committee, 2008). All APRNs 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 (Parker & Hill, 2017; Phillips et al., 2018; Wheeler et al., 2022;). Over a decade ago the Institute of Medicine identified APRNs as necessary for the future of healthcare delivery in the United States (National Academies of Sciences, Engineering, and Medicine, 2016, 2021). Since then, emergency departments (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 (Marcozzi et al., 2018; Stone et al., 2020). A 2018 study found that EDs provide more than 47% of all hospital-associated healthcare in the U.S. (Marcozzi et al., 2018) As a result, there is currently a substantial mismatch between the need for emergency services and the available resources to provide that care (Stone et al., 2020).

APRNs have been identified as particularly important for bridging this gap in both urban and rural settings (Hall et al., 2018; Jennings et al., 2015; Nelson & Hooker, 2016; Tucker & Bernard, 2015). 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, not 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 (National Council of State Boards of Nursing, 2023). 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. (Advanced Practice Registered Nursing Consensus Work Group & The National Council of State Boards of Nursing APRN Advisory Committee, 2008; National Academies of Sciences, Engineering, and Medicine, 2021). However, the Consensus Model also proposes that states license APRNs in a way that delineates patients into defined populations. The spectrum of emergency care is unique in that patient presentations are unpredictable and may be of any age, acuity, complexity, or with any type of comorbidities and therefore do not fit into any single population. This situation applies to both NPs and CNSs (Advanced Practice Registered Nursing Consensus Work Group & The National Council of State Boards of Nursing APRN Advisory Committee, 2008; National Association of Clinical Nurse Specialists, n.d.-b; National Organization of Nurse Practitioner Faculties [NONPF], 2021).

## Emergency Nurses Association Position

It is the position of the Emergency Nurses Association (ENA) 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.

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2. Advanced practice emergency nursing is a unique specialty that requires many of its APRNs to treat the episodic and acute care needs of all patient populations.
3. ENA supports the practice of and serves as an advocate for all APRNs practicing within the scope of their education, certification, licensure, and credentialing.
4. 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.
5. The Emergency Nurses Association is an endorsing organization 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.
6. ENA endorses multi-state RN and APRN compacts to facilitate nursing and APRN practice that does not restrict full practice authority.
7. ENA, in collaboration with other key stakeholders, will continue to develop and update scope of practice, standards of practice, and core competencies for APRNs practicing in the emergency care setting.
8. There is a need for more specialty education for APRNs as such, and ENA can focus on efforts to provide such educational offerings, serving as content experts for education programs that educate and train APRNs for roles in emergency care settings.

### 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 co-morbidities and chief complaints, rather than a narrow subset of them, as is the case with most other specialties (e.g., pediatric oncology, adult cardiology). While some APRNs treat a subset of the patients in the emergency care setting that fall within a defined population—for example, pediatric or adult patients—APRNs in an undifferentiated ED are expected to treat all patients and conditions. This includes the whole range of patient scenarios, from nonemergent, episodic care to acute, complex, life-threatening traumatic and medical conditions, in patients across the lifespan (Davis et al., 2022; Hoyt et al., 2010; Phillips et al., 2018; Wolf et al., 2017). APRNs are licensed and regulated by state law, and reciprocity across state lines is determined by each state. At this time, there is an ongoing effort to form a multi-state compact for APRNs, similar to that which exists for registered nurses. However, there is currently 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 (APRN Compact, n.d.). During the COVID-19 pandemic, many states granted licensing privileges to APRNs across their borders in order to provide patients with increased access to safe and effective care. Discussion of establishing a permanent compact for APRNs continues (Myers et al., 2022; Schorn et al., 2022).

The Consensus Model for APRN Regulation has been 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 includes the proposal 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) (Advanced Practice Registered Nursing Consensus Work Group & The National Council of State Boards of Nursing APRN Advisory Committee, 2008). The adult-gerontology and pediatric populations for NPs are further subdivided into acute care or primary care. However, there is no single acute care

population that applies to all persons across the lifespan (Advanced Practice Registered Nursing Consensus Work Group & The National Council of State Boards of Nursing APRN Advisory Committee, 2008). Under the Consensus Model, APRNs must be licensed in a role and, for NPs and CNSs, in a population focus. Although APRNs 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 beyond that designated role and population focus (Advanced Practice Registered Nursing Consensus Work Group & The National Council of State Boards of Nursing APRN Advisory Committee, 2008).

Although the family/individual-across-the-lifespan population focus would enable APRNs to treat patients of all ages within the Consensus Model's framework, APRN scope of practice is limited to primary care (American Association of Critical Care Nurses, 2021; American Association of Nurse Practitioners, 2023; National Organization of Nurse Practitioner Faculties [NONPF], 2021), which NONPF (2021) defines as "longitudinal care for stable patients with an emphasis on comprehensive health maintenance and management of stable chronic conditions" (p. 2) and "comprehensive, continuous care delivery characterized by a long-term relationship between the patient and primary care NP for health maintenance and stable acute and chronic conditions" (p. 3). This "includes continuous care for patients with stable acute and/or chronic conditions" (p. 4). The Consensus Model is clear that population foci reflect the needs of the patient, not the physical setting in which care is provided. Primary care APRNs, for example, family NPs, may provide care in the emergency setting. However, the NONPF document also says that "a primary care NP should only see patients in ED fast track areas presenting with problems that are commonly seen in primary care" (2021, p. 3). Acute care APRNs are prepared to provide care for patients with acute, critical, and/or complex chronic conditions, including "a rapidly deteriorating condition" (American Association of Critical Care Nurses, 2021, p. 15). At present, acute care certification can only be obtained in the adult-gerontology or pediatrics foci. As a result, the Consensus Model limits the ability of an APRN to treat the patient acutities, complexities, and ages frequently encountered in emergency care. Despite the Consensus Model applying all population foci to both NPs and CNSs, there are no current CNS populations that apply across the lifespan. CNSs are required to choose between adult or pediatric populations, although they are prepared to practice across the continuum of wellness through acute care. In 2016, a task force was established to address the barriers to practice for CNSs, including those in emergency care. The group developed a crosswalk of the adult-gerontology and pediatric competencies, with the final recommendation that those caring for families across the lifespan (FALS) pursue dual certification (National Association of Clinical Nurse Specialists, n.d.-a).

Creation of a new population represents one solution to the challenges faced by specialty APRNs in emergency care. Two potential population descriptors are "emergency" or "acute care across the lifespan." Either of these choices would facilitate preparation within one population that promote practice within scope. A defined emergency population focus, or a population of acute care across the lifespan, would help address this issue, and the Consensus Model contains within itself a method for creating such a focus. When considering the variety of patients presenting for emergency care, it may be challenging to define an emergency population and would limit APRNs educated, certified, and licensed to practice within that definition. Defining a population of acute care across the lifespan would enable the APRN to manage the diversity of patients encountered in emergency care, while offering flexibility to practice in other acute care settings.

The Consensus Model's proposal that U.S. states license APRNs as "primary care" or "acute care," 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 (Ohio Board of Nursing, 2017). In nearly all states, APRNs are licensed at the role level, and scope of practice is determined by formal education and national certification within each state (American Association for Nurse Practitioners, 2023). Degree programs are designed to prepare APRNs for entry-level competency; postgraduate training after one's formal course of education confers clinical expertise (Keough et al., 2016; Parker & Hill, 2017). 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 (National Council of State Boards of Nursing, 2023). 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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