

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

•PNP •FNP

•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

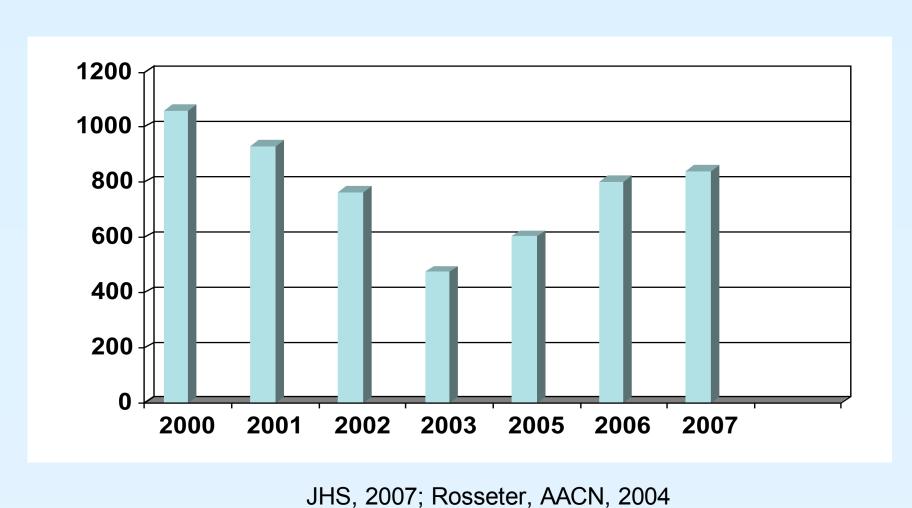
•Increased need for access to care issues

 Changes in medical residency coverage in the hospital setting (Steele, 1997)

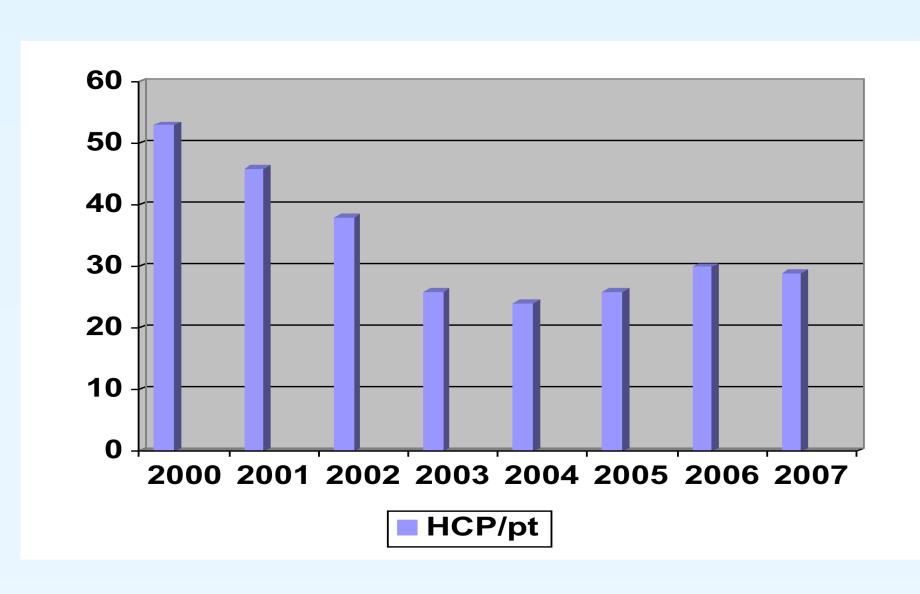
Acute Care Nurse Practitioners: The Intensivist Theory©

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Healthcare Provider Hours per Week



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

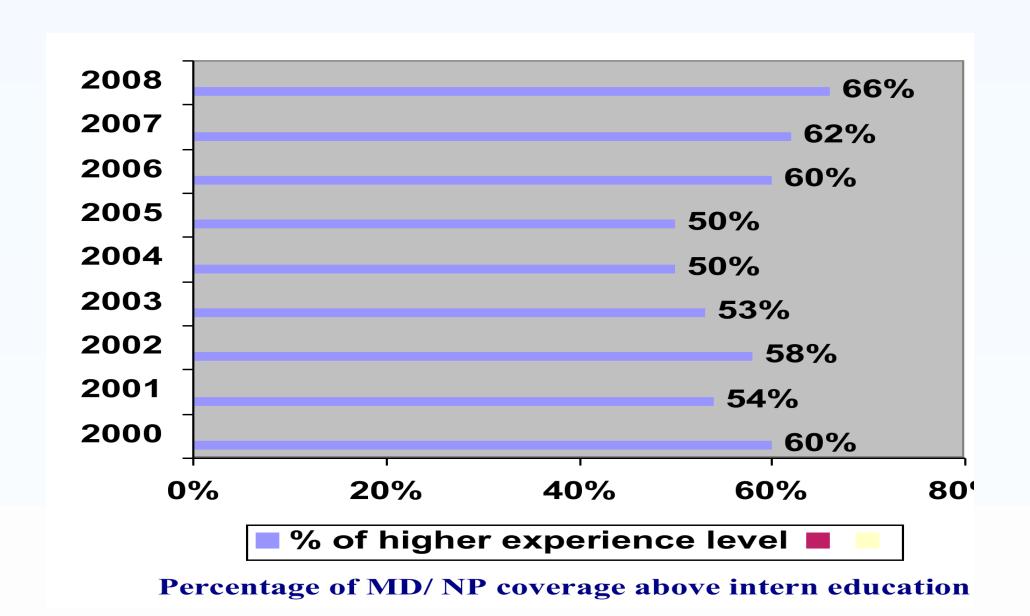
Chest tube placement

Bronchoscopy

Pulmonary Artery Placement

Daily assessment

Educational Levels of Healthcare Providers



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

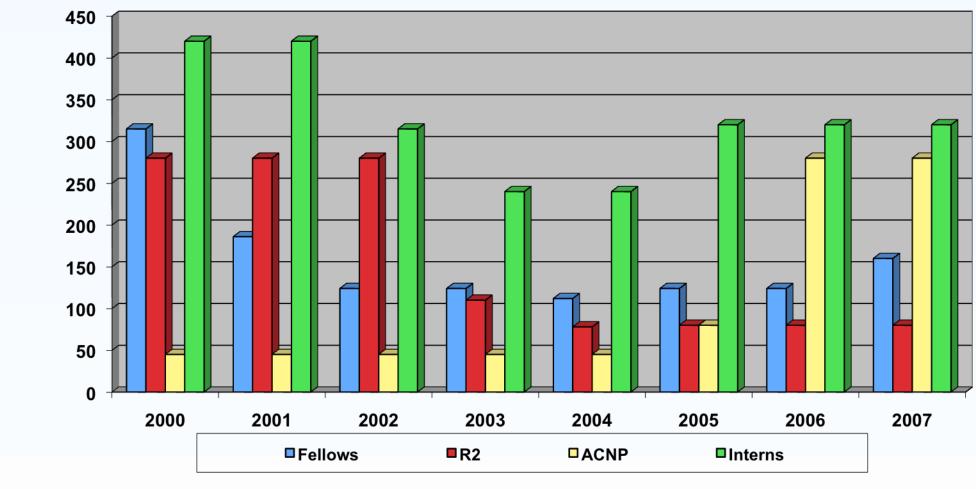
no difference in mortality ACNP ratios

Responsibility Critical conditions

 Measurement scores •Apache

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

Comparison of Staff Mix



Internship

MEMORIAL HOSPITAL

Jackson Health System

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



