

ACUTE CARE COLUMN

Preparation for negotiating scope of practice for acute care nurse practitioners

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Introduction

The Acute Care Nurse Practitioner (ACNP) is an NP educated and trained to provide advanced nursing care to acutely and critically ill patients (National Panel for ACNP Competencies, 2004). Requirements for national certification include successful completion of formal education and training in the specialty area of practice, master's or higher in nursing, a minimum of 500 h of supervised clinical practice in the specialty area, and core content in advanced pharmacology, advanced pathophysiology, advanced health assessment, differential diagnosis and disease management, and health promotion and disease prevention (American Nurses Credentialing Center, 2006).

ACNPs practice in a variety of settings, including acute and critical care settings such as intensive care units, urgent care, clinic settings, and subacute care (Kleinpell, 2005). Components of the ACNP role include patient care management for patients with acute, critical, and complex chronic illness, diagnostic reasoning to formulate the plan of care, and evidenced-based and research-based clinical practice (American Association of Critical Care Nurses, 2006). The scope of practice of the ACNP includes conducting history and physical exams, diagnosis and treatment, ordering and interpreting of diagnostic tests, performing noninvasive and invasive diagnostic, therapeutic, and interventional measures and tests, prescribing medications, providing counseling, teaching, and referrals (National Panel for ACNP Competencies, 2004). Longitudinal research on over 400 ACNPs has shown that while the ACNP role has developed, challenges in practice remain, including securing recognition and support for the role (Kleinpell). As a result, negotiating scope of practice for ACNP practice can be challenging.

ACNPs entering the job market or relocating must be able to promote their personal and professional attributes to potential employers. In many cases, healthcare providers

may be unfamiliar with the scope of practice of the ACNP. This places the responsibility of educating the potential employer on the ACNP (Selph, 1998). The ACNP should be familiar with the laws and regulations governing the scope of practice in the state in which he or she plans to practice (American Academy of Nurse Practitioners Committee on Practice, 2002). Prior to planning negotiations, the ACNP should determine the type of practice and environment in which they would like to work. The ACNP should research the organization to find the answers for the questions listed in Table 1 (American Academy of Nurse Practitioners Committee on Practice). The type of practice (i.e., hospital, clinic, or private) will ultimately determine the level and scope of practice.

The collaborative practice agreement

A collaborative practice may bring increased opportunities for negotiation compared to set salary and benefit options provided by employment in a hospital or health-care system (Kleinpell & Perez, 2006). When negotiating scope of practice, a Collaborative Practice Agreement (CPA) and a Nurse Practitioner Privilege Request Form should be included in most privilege request packets. The CPA, formerly known in some practices as the Written Practice Agreement, is a document developed in collaboration by the ACNP and the supervising physicians (Henry, 1995) (see Figure 1). The CPA sets a precedent and establishes a position of power from which ACNPs can negotiate future expansion of their practice (Sebas, 1994). The agreement outlines that the ACNP works with the collaboration of the physicians in an active practice to deliver healthcare services in accordance with the NP's education and experience. The CPA is developed to define the foundation for the ACNP's scope of practice. This document will encompass the scope of practice for the entry level

Table 1 Considerations for planning negotiations

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- A. Does this practice support the role of the ACNP?
 - B. How much autonomy will the ACNP have?
 - C. Will the ACNP be allowed to practice at his or her maximum potential?
 - D. What percent of the time will be directed to clinic work and what percent of the time will be directed to administrative duty?
 - E. What are the expectations for working call time, holidays, and weekends?
 - F. Will there be opportunities to perform procedures and/or assist in surgery?
 - G. What special skills are required to get the position? (i.e. suturing, line placement, or chest tube insertion).
-

Source: American Academy of Nurse Practitioners (2002).

position, as well as define the framework in which ACNPs can develop and expand their role in the future. The CPA includes the ACNP's qualifications: education, licenses, certifications, residencies, and clinical experiences. The CPA also states the delegation of authority from the physician to the ACNP to perform the necessary tasks to provide quality patient care, to include prescriptive authority.

Many CPAs include a section for references that can be used as guidelines by the ACNP. The final section of the CPA will have signature blocks for the ACNP, the collaborating physician or department chair, the Allied Health Credentials Committee, the Medical Staff Credentials Committee, the Medical Executive Committee, and the Board of Directors. Most states require that the CPA be reviewed and updated annually by the ACNP and the collaborating physician.

The Nurse Practitioner Privilege Form

The Nurse Practitioner Privilege Form (NPPF) is also required for NPs to practice in most healthcare facilities (see Figure 2). The first section of the NPPF will usually outline the minimal requirements for the NP position, as well as give a brief job description. The second section of the NPPF will give a list of "Core Privileges" that pertain to the majority of NP specialties. This section is usually seen in a check-off format. This section includes such tasks as performing history and physical exams, ordering and reviewing diagnostic tests, preparing discharge summaries, and performing daily rounds and writing progress notes. The third section of this form will include specific privileges that the ACNP may request to perform independently. These are procedures that have been previously attained by education and experience. Most often the ACNP will be required to perform a set number of the requested procedures under the supervision of a mentor prior to having the privilege granted. The fourth section of the form will be used to request privileges that must be

performed under direct supervision of the collaborating physicians. This type of privilege request may include first assisting in surgery and/or performing new procedures that have not been previously credentialed.

ACNPs are involved in performing a variety of invasive procedures, and many of these skills are taught in the ACNP program. In a national survey of 63 ACNP programs assessing skills taught during ACNP education and training, common skills taught in programs included suturing, central line insertion, arterial line cannulation, chest tube insertion, endotracheal intubation, and wound debridement (Kleinpell, Hravnak, Werner, & Guzman, 2006).

Delegation of privilege

ACNPs are authorized to request privileges for procedures that are within their scope of practice, necessary in their practice, and that have also been granted to their collaborating physicians (i.e., a cardiothoracic or trauma surgeon can delegate authority to have an ACNP insert chest tubes or central lines, whereas a neurosurgeon may authorize privileges to perform a lumbar puncture). The number of repetitions of each procedure under supervision will be a collaborative decision between the ACNP, the collaborating physician, and sometimes the administration of the healthcare facility as there is really no statute regulating a set number. For example, when expanding practice as a clinician with the cardiothoracic surgery service in 1995, the author was instructed to perform 10 arterial line placements, 10 central line placements, 25 thoracenteses, 25 chest tube insertions, 10 intubations, and 5 intra-aortic balloon pump removals under the direct supervision of the collaborating physicians. Every successful procedure was documented and signed off by the collaborating physician until all the requirements for each procedure were completed. The next step was submitting all the documents through the hospital credentialing committee. The process was completed over a 6-month period. Since the credentials were approved, 11 years ago, authorization was received to perform the requested procedures independently.

The validation process

The collaborating physician evaluates the frequently used skills by direct observation, chart reviews, radiographic reviews of central line and chest tube placement, and by speaking to patients and staff members. To maintain independent credentials for skills less frequently used (i.e., intubation), the ACNP may be required to complete a set number of repetitions of the skill annually. The validation would be conducted by a physician who has expertise in performing the skill requested (i.e. an

Advanced Practice Nursing Written Collaborative Agreement

1. Advanced Practice Nurse Information:

Name					
Contact Numbers		Telephone		Fax	Pager / Answering Service
Licensures		IL RN License	IL APN License	IL Controlled Sub License	Fed. Mid-Level Practitioner DEA Nbr.
Areas of Certification		Certifying Organization		Certification Expiration Date	Certification Number
Practice Sites:	Name	Address		Phone Nbr.	Fax Nbr.

2. Collaborating Physician Information: *Attach additional pages IF more than one collaborating physician*

Physician Name			Phone Number
Practice Site	Name		Address
Certification	Illinois Registration Number	Board Certification Area	Certifying Organization

3. Guidelines of Collaboration:

In this Agreement, the term "collaboration" means that the nurse practitioner works with the collaborating physician(s) in an active practice to deliver health care services in accordance with the nurse practitioner's education and experience. These services are provided under medical direction in jointly formulated and approved guidelines as defined by the Illinois Nursing and Advanced Practice Nursing Act. The physician(s) shall file with the Department of Professional Regulation Notice Delegation of Prescriptive Authority and the termination of such delegation.

A copy of this written Collaborative Agreement shall remain on file at all sites where the nurse practitioner renders service and shall be provided to the Illinois Department of Professional Regulation upon request.

4. Attached are copies of:

Attached are copies of:	Item	Yes	No
	• Certification / Re-Certification		
	• RN and APN License, IL Controlled Substance Lic.		
	• Certificate of Insurance		
	• Mid-Level Practitioner DEA License		

Figure 1 The first page of the Collaborative Practice Agreement contains certification and practice information for the ACNP and the collaborating physician. The second page contains guidelines and references chosen by the ACNP. The bottom portion of the second page demonstrates privileges authorized by the collaborating physician.

Advanced Practice Nursing Written Collaborative Agreement

5. Guidelines of Collaboration:

The Nurse Practitioner may use, but is not limited to, the following references, texts, or guidelines in providing care: (May attach title page of the document)	

6. Nurse Practitioner Services: (Add or delete *as appropriate* to your work situation)

General Nurse Practitioner Services	
Perform comprehensive physical assessments	Provide services related to health maintenance and promotion
Establish diagnoses for common short-term and chronic stable health conditions	Order, interpret, and perform laboratory and radiology tests
Prescribe medication, including controlled substances III-V	Provide stock and sample medications
Perform other therapeutic or corrective measures as indicated	Refer patients to licensed physicians or other health care providers as indicated
Provide urgent care as indicated	

7. Nurse Practitioner Services – Physician Relationship:

The physician and nurse practitioner shall consult with each other either by telecommunication or in person as needed. The physician must be on site at least once a month to provide medical direction and consultation. In the absence of the designated collaborating physician(s), another physician shall be available for consultation.

The nurse practitioner shall inform each collaborating physician of all written collaborative agreements he or she has signed with other physicians, and provide a copy of these to any collaborating physician upon request

8. Signatures:

Nurse Practitioner: _____ Date: _____

Physician Signature: _____ Date: _____

BJ Document: Advance-pract-agree.doc
Created: 6/19/01; Revised: 6/21/01; 7/24/01; 8/13/01

Figure 1 Continued

**NURSE PRACTITIONER PRIVILEGE REQUEST
ROCKFORD HEALTH SYSTEM
Rockford, Illinois**

Name of Applicant: _____

Rockford Health System Collaborating Medical Staff Member: _____
(Please attach the Collaborative Agreement)

Department: _____

Qualifications: 1.) Required: Current R.N. licensure in Illinois, completion of a nationally accredited Nurse Practitioner (N.P.) program and current national certification from the appropriate national certifying body as determined by rule of the Illinois Department of Professional Regulation (IDPR). New graduates of NP programs must obtain certification within six months of employment. After January 1, 1997, any newly hired N.P. is required to have a Masters' degree in a clinical advanced practice nursing specialty. Those currently in practice in RHS will be credentialed based on their clinical experience and abilities in practice. By July 1, 2001, all Nurse Practitioners shall apply for Advanced Practice Nurse licensure in Illinois. 2.) Two years of related clinical experience prior to certification.

Job Summary: The nurse practitioner is a healthcare provider who works collaboratively with physicians in a multi-disciplinary health team and is responsible for comprehensive care to a specific group of patients. All duties and responsibilities must be accomplished within the guidelines of the unit, department and institution as developed in collaboration with physicians and administrators. In addition to nursing care, the following privileges are requested:

AMBULATORY PRIVILEGES ONLY
HOSPITAL PRIVILEGES ONLY
AMBULATORY & HOSPITAL PRIVILEGES

Privileges:

REQUESTED
YES NO

Provide initial and ongoing assessment of patient's medical, physical & psychosocial status, including:

1. Obtain a relevant health and medical history _____
2. Perform a physical examination based on age and history _____
3. Dictate history & physicals _____
4. Conduct preventive screening procedures based on age and history. _____
5. Formulate the appropriate differential diagnosis based on the history, physical examination and clinical findings in collaboration with attending physician. _____

Figure 2 The first page of the Nurse Practitioner Privilege Request form lists general NP qualifications and job summary. Options for ambulator and hospital privileges are listed, as are generic NP privilege requests. The second page continues with generic NP requests as well as specific privileges that can be performed supervised or unsupervised. The third page contains signature blocks for all parties involved in the credentialing process.

Nurse Practitioner Privilege Form

2

REQUESTED
YES **NO**

6. Facilitate the needs of the individual, family as a result of the evaluation of the collected data.
7. Order and interpret diagnostic tests in collaboration with attending physician.
8. Provide patient educational activities.
9. Prescribe pharmacologic agents as per collaborative agreements.
10. Prescribe nonpharmacologic therapies (i.e. OT, PT, Speech, Dietician & vitamins)
11. Prepare patient discharge summary.
12. Facilitate referrals to other health professionals and community agencies.
13. Precept undergraduate medical and nursing students/family practice residents in the care of patients.
14. Performs specific medically delegated procedures not requiring physician presence. **(attach documentation of training for specific procedures)**

15. Performs specific medically delegated procedures requiring a physician's presence as the procedure is being performed.
(attach documentation of training for specific procedures)

Performs specific medically delegated procedures requiring physician's presence as the procedure is being performed
(attach documentation of training for specific procedures)

Nurse Practitioner Privilege Form

3

Signature of Applicant

Date _____

Department Chair

Date _____

Approved Medical Staff Credentials Committee

Date _____

Approved Medical Executive Committee

Date _____

Approved by the the Board of Directors

Date _____

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APPROVED BY:
Credentials Committee 7/16/98
Medical Executive Committee 8/25/98
Quality Committee acting on behalf of the Board of Directors 9/9/98

Figure 2 Continued

anesthesiologist or emergency medicine physician would validate intubations).

Collaborator support

For success of this process, collaborating physicians must be supportive of the ACNP performing procedures and/or surgery. They must be willing to mentor the ACNP and facilitate necessary education and training for the ACNP to perform the tasks to standard. It is the physician's responsibility to set the standards for the credentialing process; however, it is the ACNP's responsibility to attain the goal and meet the standards. Successful expansion of the ACNP's role will be attributed to the acceptance of the role by the facility administration, the medical staff, and the nursing staff. This philosophy can be promoted by collaborative education effort of the ACNP and the supervising physicians.

Renewal of privileges

Most healthcare institutions require reapplication for NP privileges every 2 years. Documents necessary for renewal of privileges can be viewed in Table 2.

Strategies

Successful strategies used to acquire and maintain credentials and privileges begin with maintenance of skill performance starting with ACNP educational, clinical, and residency experiences. These logs should be maintained throughout the ACNP's career. Other essential aspects include openness to critique by physician preceptors and willingness for receiving feedback on skill sets. Physicians may not be aware that ACNPs are educated and trained to perform skills such as central line insertion, suturing, chest tube insertion, or wound debridement. Conversely, some physicians may want ACNPs to perform skills for which they have not received educational training during their

ACNP program—that is, lumbar puncture. In this instance, the physician must be willing to educate and train the ACNP to ensure skill competency. Other strategies that can be used by the ACNP include attending continuing education programs to maintain knowledge and skill performance techniques. Many conferences, including the national conference of the American Academy of Nurse Practitioners, offer workshops on invasive skills that can be used by ACNPs to refresh their knowledge base and skill set on the performance of invasive skills.

Conclusions

In summary, the ACNP continues to meet challenges as the role evolves. Negotiating scope of practice can be one of the most difficult challenges when securing employment or expanding the role of an existing ACNP position. The information discussed in this article may be used as a guide for negotiating scope of practice; however, there are currently no national standards that dictate performance on skill sets for ACNP practice. State laws and hospital by-laws vary throughout the country. The requirements necessary for the successful completion of negotiating scope of practice may be more or less challenging, depending upon the institution and state where the ACNP practices.

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Table 2 Necessary documents for reapplication of privileges

1. Current copy of RN license.
2. Current copy of Advanced Practice License.
3. Current copy of state controlled substance license.
4. Current copy of DEA license.
5. Current copies of CPR, BLS, ACLS, and PALS if required.
6. Current certificate of liability insurance.
7. Current copy of collaborative agreement with signatures of all collaborating physicians.
8. Current Nurse Practitioner Privilege Request form.
9. Reapplication for privilege form.
10. Procedure logs (if required).

Source: Rockford Memorial Hospital, 2007.

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