IMPLEMENTING THE APRN CONSENSUS MODEL: LACE

AACN Spring Annual Meeting
March 16, 2013
Washington, DC
Joan Stanley, PhD, CRNP, FAAN, FAANP
Senior Director of Education Policy
Objective:

- Identify components of the Consensus Model with which APRN programs are expected to comply.
IOM *The Future of Nursing* (2010)

**Key Messages:**
- Nurses should practice to full extent of their education and training.
- Nurses should be full partners with physicians and other HPs in redesigning HC in U.S.
- Remove scope of practice barriers for APRNs.
- Expand opportunities for nurses to lead improvement efforts.
- Double the number of nurses with a doctorate by 2020.
Timeline for Sequential Implementation of Model

Implementation was started in 2008 (or earlier) by all LACE entities

APRN education programs should be transitioned by 2012-2013

Accreditation processes should be in place by 2012-2014

Certification examinations should be in place by 2012-2014

Target for full implementation is 2015
Implementation of **LACE Network**

- In August 2010, MOU was signed by 28 organizations who agreed to support the implementation of LACE electronic network
- Currently, 28 organizations are supporting and participating in LACE electronic network (27 original + 1 new)
  - Ensure transparent and ongoing communication among LACE entities
  - Provide a platform for the ongoing work
  - LACE not a formal, separate organization
APRN REGULATORY MODEL

APRN SPECIALTIES
- Focus of practice beyond role and population focus
- Linked to health care needs
- Examples include but are not limited to: Oncology, Older Adults, Orthopedics, Nephrology, Palliative Care, Pain management

Licensure occurs at Levels of Role & Population Foci

POPULATION FOCI
- Family/Individual Across Lifespan
- Adult-Gerontology
- Neonatal
- Pediatrics
- Women’s Health/Gender-Related
- Psychiatric-Mental Health

APRN ROLES
- Nurse Anesthetist
- Nurse-Midwife
- Clinical Nurse Specialist
- Nurse Practitioner *
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Implications of CM for Education Programs

- Timeline for education programs to transition continues to be 2012-2013!
- Ensure that graduates are eligible for national certification/licensure
- All new APRN programs/tracks must be pre-accredited/pre-approved prior to admitting students
- All post-graduate certificate APRN programs will need to be accredited by 2015
### Number of Master’s Programs in Adult and Gerontology

Source: AACN IDS 2013; Data is result of an agreement between AACN - NACNS and AACN - NONPF

<table>
<thead>
<tr>
<th>Program Type</th>
<th># Programs</th>
<th>Enrollments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adult Health CNS</strong></td>
<td>92</td>
<td>1,128</td>
</tr>
<tr>
<td><strong>Acute-Critical Care CNS- Adult</strong></td>
<td>33</td>
<td>461</td>
</tr>
<tr>
<td><strong>Gero CNS</strong></td>
<td>20</td>
<td>95</td>
</tr>
<tr>
<td><strong>Adult Gerontology CNS</strong></td>
<td>16</td>
<td>185</td>
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<tr>
<td><strong>Adult NP</strong></td>
<td>123</td>
<td>4,604</td>
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<tr>
<td><strong>Gerontological NP</strong></td>
<td>29</td>
<td>173</td>
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<tr>
<td><strong>Adult Acute Care NP</strong></td>
<td>61</td>
<td>2,494</td>
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<tr>
<td><strong>Adult Gero Primary Care NP</strong></td>
<td>62</td>
<td>2,456</td>
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<tr>
<td><strong>Adult Gero Acute Care NP</strong></td>
<td>24</td>
<td>929</td>
</tr>
<tr>
<td><strong>Adult Psychiatric NP</strong></td>
<td>49</td>
<td>889</td>
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<tr>
<td>Specialty Area</td>
<td>Number of Programs</td>
<td>Enrollments</td>
</tr>
<tr>
<td>--------------------------</td>
<td>--------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Parent/Child CNS</td>
<td>3</td>
<td>7</td>
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<tr>
<td>Rehabilitation CNS</td>
<td>2</td>
<td>0</td>
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<tr>
<td>Women’s Health CNS</td>
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<td>51</td>
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<tr>
<td>Family Health CNS</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>Perioperative CNS</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Forensic CNS</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>Perinatal</td>
<td>2</td>
<td>15</td>
</tr>
<tr>
<td><strong>Totals:</strong></td>
<td><strong>13</strong></td>
<td><strong>111</strong></td>
</tr>
</tbody>
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Building a Curriculum

Competencies

Professional Organizations (e.g. oncology, palliative care, nephrology)

NP, CRNA, CNM CNS
Core competencies in Population context

3 Ps (Advanced Pathophys, Pharmacology, Health Assessment)

Professional Certification

Graduate Core

Regulation

Specialty

Population foci

Role

APRN

2011 AACN Master’s or 2006 DNP Essentials
Adult/Gerontology NP Competencies

- Adult-Gerontology Primary Care NP Competencies (2011)
- Adult-Gerontology Acute Care NP Competencies (2012)
- Adult-gerontology Clinical Nurse Specialist Competencies (2011)

http://www.aacn.nche.edu/geriatric-nursing/competencies
Implementation Issues for Education

- Clarification of APRN Core (3 P’s)
- Official Transcript
- Age parameters
- Clinical experiences in curriculum
- Preparation of CNSs from wellness to acute care
- Inclusion of wellness in all APRN curricula
- Enhancing content related to care of older adults in all APRN curricula
APRN Core

- 3 P’s (separate graduate-level courses)
  - Advanced physiology/pathophysiology, including general principles *that apply across the lifespan; (lifespan is defined as prenatal through old age including death).*
  - Advanced health assessment, which includes *all systems* and *advanced techniques*.
  - Advanced pharmacology, which includes *all broad categories of agents* - not solely for population

Specific competencies delineated in 1996 Master’s Essentials & 2006 DNP Essentials (www.aacn.nche.edu/education-resources/essential-series)
CM states that the transcript or official document must state the role and population of program from which student graduated.

Example: Adult-Gerontology CNS
          Neonatal CNS
          Pediatric CNS
Age Parameter for Populations

- Intent of CM is not to be prescriptive or restrictive
- Age Parameter statement posted on the LACE site
- “…rigid establishment of population age parameters is not in the best interest of patients. The definition of a population identified by specific age ranges may create barriers and limit access to care for patients with specific needs or health conditions. Circumstances exist in which a patient, by virtue of age, could fall outside the traditionally defined population focus of an APRN but, by virtue of special need, is best served by that APRN. Such patients may be identified as non-traditional patients for that APRN. In these circumstances, the APRN may manage the patient or provide expert consultation to assure the provision of evidence-based care to these patients.”
All APRNs & Preparation to Care for Older Adults

- CM states that all APRNs in any of the 4 roles providing care to the adult population, e.g. family or women’s health, must be prepared to meet the growing needs of the older adult population.

- Recommended Competencies for Older Adult care for Non-Adult-Gerontology CNSs
  - WH and Across the Lifespan CNSs

http://www.aacn.nche.edu/education-resources/competencies-older-adults
Incorporation of Wellness in All APRN Curricula

“All APRNs are educationally prepared to provide scope of services across health wellness-illness continuum… however emphasis and implementation within each role varies.” (CM p. 10)

- Requires review and enhancement of national core competencies for roles and population foci
- Evaluation of curricula
- Enhancement of certification examinations
- CNS educated and assessed across the continuum from wellness through acute care
- New A-G CNS competencies reflect this scope and breadth of preparation
Facilitating Transition to the Adult-Gerontology APRN Curriculum

- APRN Resource Center funded by JAHF
  - Teaching resources developed and compiled
  - Archived webinars
  - Curricular exemplars
  - Content slides
  - Speakers/Consultant Bureau
  - Case studies
  - Assessment items **New**

http://consultgerirn.org/aprncenter
Acute & Primary Care NP

Consensus Model states: The CNP is prepared with the acute care NP competencies and/or the primary care NP competencies. This applies only to the pediatric and adult-gerontology CNP.

Programs may prepare individuals across both the primary care or acute care; however, then individuals must be prepared with consensus based competencies for both roles and obtain certification in both.

NONPF is developing a statement for employers of NPs clarifying the intent of the CM.
For additional information or questions:

http://www.aacn.nche.edu

jstanley@aacn.nche.edu