AACN Mission
Patients and their families rely on nurses at the most vulnerable times of their lives. Acute and critical care nurses rely on AACN for expert knowledge and the influence to fulfill their promise to patients and their families. AACN drives excellence because nothing less is acceptable.

AACN Vision
AACN is dedicated to creating a healthcare system driven by the needs of patients and families where acute and critical care nurses make their optimal contribution.

AACN Core Values
As AACN works to promote its mission and vision, it is guided by values that are rooted in, and arise from, the Association’s history, traditions and culture. AACN, its members, volunteers and staff will honor the following:

• **Ethical accountability and integrity** in relationships, organizational decisions and stewardship of resources.

• **Leadership to enable individuals to make their optimal contribution** through lifelong learning, critical thinking and inquiry.

• **Excellence and innovation** at every level of the organization to advance the profession.

• **Collaboration** to ensure patient- and family-focused care.
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A special acknowledgment is given to the institutions that supported the participation of the members of the American Association of Critical-Care Nurses (AACN) and the representatives of other nursing organizations who served on the Acute Care Nurse Practitioner Scope and Standards Task Force to produce this important document.

We are also indebted to the ACNP students, faculty, and practitioners who provided thoughtful review and comment for this document throughout the period of public comment.
AACN Scope and Standards for Acute Care Nurse Practitioner Practice 2017

Introduction

Purpose of this document

Current trends and developments in advanced practice nursing, in conjunction with issues in health care delivery and an aging society, continue to drive the definition and description of the roles and responsibilities of the nurse practitioner in acute care. The purpose of the AACN Scope and Standards for Acute Care Nurse Practitioner Practice 2017 is to describe the practice of the acute care nurse practitioner (ACNP), whether trained and certified to care for pediatric patients or the adult-gerontology population. This purpose is accomplished by delineating the scope of practice, the standards of clinical practice, and the standards of professional performance. While neonatal nurse practitioners are recognized as ACNPs, they are not included in this document as their scope of practice has been defined elsewhere.

This document is intended for use by all of those involved in the professional life of the ACNP, including students, faculty, ACNPs in practice, members of the interprofessional team, and other nursing colleagues. Additionally, administrators, medical staff professionals, boards of nursing, policy makers, and insurers will benefit from the description of the role and accountabilities of the ACNP.

The authors and contributors to this update of the scope and standards have worked to appropriately describe the most current functions of the role in a manner consistent with the education and training, licensure, and certification of the ACNP. They recognize that the role will continue to evolve as the needs of patients, families, the health care system, and society dictate.

Definition and role of scope

Scope of practice defines the boundaries of the license held by the practitioner; that is, the procedures, actions, and processes contained within the role for which the practitioner has received the education, training, licensure, and certification needed to practice. Documents describing scope of practice should describe who, what, where, when, why, and how the practitioner functions within the role.

However, the boundaries of nursing practice should not be confined to a historical definition. Expanding definitions allows for exchange, expansion, and flexibility of the profession to meet the evolving needs of patients, organizations, and society at large. Demand is increasing for practitioners educated to meet the needs of an expanding population given the consistent birthrate and the aging of the baby boomer generation. Systems to meet the needs of populations are in flux. It is important to remember that state boards of nursing do not define the “where” of practice; the competencies of the practitioner and the needs of patients do. With the evolving nature of advanced nursing practice roles, as well as the increasingly complex needs of patients, a flexible scope of practice statement is essential.

This document was developed to identify the role of the nurse practitioner in acute care as separate from that of the nurse practitioner in primary care. The National Organization of Nurse Practitioner Faculties has stated that “the ACNP educational preparation focuses on restorative care that is characterized by rapidly changing clinical conditions. The ACNP provides care for unstable chronic conditions, complex acute illnesses, and critical illnesses.” Alternatively, “the main emphasis of Primary Care Nurse Practitioner (PCNP) educational preparation is on comprehensive, chronic, continuous care characterized in a long term relationship between the patient and the PCNP. The PCNP provides care for most health needs and coordinates additional health care services that would be beyond the PCNP’s area of expertise.” It is recognized that the skill sets of these two practitioners may overlap, especially in the middle of the health continuum. “The patient’s
The primary factors in determining the most appropriate certified nurse practitioner (CNP) to manage the patient’s health care needs, not the setting of care. Neither a primary care CNP nor an acute care CNP is restricted to providing care in any particular setting.

**Definition and Role of Standards**

Standards are “authoritative statements that describe the level of care or performance common to the profession of nursing by which the quality of nursing practice can be judged.” These ACNP standards are written to establish an example of the roles and responsibilities expected of the ACNP by the profession and society at large. The standards of clinical practice describe a competent level of advanced nursing practice; the standards of professional performance speak to the professional accountabilities expected of the advanced nursing professional.

All of the standards reflect the competencies and behavior expected of the ACNP based on education and training, licensure, and certification. The standards also include competency statements that are key indicators of competent advanced practice, building on Nursing: Scope and Standards of Practice, third edition, and the AACN Scope and Standards for Acute and Critical Care Nursing Practice.

It is expected that the standards describing clinical practice and professional performance will remain stable over time. However, the competency statements will continue to be evaluated and revised to incorporate changes as the number, utilization, and evaluation of ACNPs increase. As advanced nursing practice continues to evolve, competency expectations must keep up with the development of new scientific knowledge and technology to meet patient, family, and societal needs.

**Frameworks for this Document**

**Nursing Process**

The nursing process is the systematic process used to organize professional nursing practice using critical thinking and diagnostic reasoning skills. In this edition, the nursing process has been adapted to encompass the advanced knowledge, skills, and abilities expected of the ACNP. These include advanced assessment, differential diagnosis, outcome identification, care planning and management, implementation of interventions, and evaluation of patient progress along the continuum of care. Each step is predicated on the accuracy of the previous step; however, the process is dynamic and circular rather than linear. Ongoing assessment of patients and families, their responses to interventions described in the plan, critical review and evaluation of patient progress, and a reformulation of diagnoses, interventions, and outcomes occur along a continuum of care. Communication and collaboration skills between and among interprofessional team members, patients, and families and caregivers are critical to the success of the plan in achieving the desired outcomes.

**The AACN Synergy Model for Patient Care**

The fundamental premise of the AACN Synergy Model for Patient Care is that when patient characteristics drive nurse competencies, optimal outcomes for patients and their families will occur. Patients differ in their capacity for health and their vulnerability to illness on the basis of core characteristics. The skills and level of competency required by the nurse are driven by the patient’s needs along the continuum of core characteristics. This is equally as important for the advanced practice nurse as for the bedside clinician.

The model focuses on knowing the patient and understanding the perspectives of the patient and family. It integrates all dimensions of a patient’s health status, including physical, social, psychological, and spiritual dimensions. It reflects patient-driven and patient- and family-centered care that requires building relationships and that achieves synergy to create a healing environment.
AACN Standards for Establishing and Sustaining Healthy Work Environments: A Journey to Excellence, Second Edition

AACN Standards for Establishing and Sustaining Healthy Work Environments: A Journey to Excellence, second edition,9 provides the rationale and criteria for the optimal environment in which ACNPs provide care. The creation of healthy work environments is imperative to ensure patient safety, enhance staff recruitment and retention at every level, and maintain an organization’s financial viability.

The Healthy Work Environments document puts forward 6 essential standards for establishing and sustaining healthy work environments: skilled communication, true collaboration, effective decision-making, appropriate staffing, meaningful recognition, and authentic leadership. These systematic behaviors are often discounted, despite growing evidence that an unhealthy work environment contributes to creating unsafe conditions for staff and patients and obstructs the ability of individuals and organizations to achieve excellence.

Model for Advanced Practice Registered Nurse Regulation

The Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education10 reflects the need to align education, licensure, and certification for the 4 clinically based advanced practice nursing roles: (1) the certified registered nurse anesthetist, (2) the certified nurse midwife, (3) the clinical nurse specialist, and (4) the certified nurse practitioner. One goal of model development is to ensure consistent licensure and regulatory requirements to achieve practice authority to the full scope of education and training. The model has clarified that the education must be provided by an accredited organization, that the education of the practitioner be consistent with the role and the population being served, and that certification assess the competencies of the role core education. Licensure grants authority for a nurse practitioner to practice in the advanced role in the population foci for which the applicant has been educated and certified.10

The Consensus Model has informed the development of this scope and standards document by providing the clarity needed in the required education and population foci addressed by the either the pediatric or the adult-gerontology ACNP.

Acute Care Nurse Practitioner Competencies

Several nurse practitioner competency statements have been instrumental in shaping this scope and standards document. The Nurse Practitioner Core Competencies11 defines the domains and competencies of professional nurse practitioner practice. The additional Adult-Gerontology Acute Care and Primary Care NP Competencies12 added the competencies required of the nurse practitioner prepared for the adult-gerontology population focus in acute care. The pediatric acute care competencies,13 which represent the added competencies required of the nurse practitioner prepared to provide care for the pediatric acute care patient, also informed this document. These documents helped the task force view the complexity of the ACNP role and its obligations to the patient and family, interprofessional team, and society as a whole.

Additional Documents Contributing to Framework

Two additional documents describing focused areas of professional practice were consulted in developing the content for this scope and standards document: the Core Competencies for Interprofessional Collaborative Practice: 2016 Update14 and the Graduate-Level QSEN Competencies: Knowledge, Skills and Attitudes.15 These documents stress the need for practitioners to function collaboratively with the interprofessional team and to provide safe, effective care.

Finally, as with all scope and standards documents, the lens of the Code of Ethics for Nurses with Interpretive...
Statements was used to ensure that the full document remained consistent with high level of ethical practice expected of all nurses.

need for defining the role of the acute care nurse practitioner ——

The changing and turbulent health care environment has accentuated the fragmentation that accompanies the delivery of episodic, specialized care across the continuum of emergent, acute, and chronic care services for both the pediatric and adult-gerontology patient populations. Limited access to care, the aging of the population, chronicity, and dependence on medical technology across the life span contribute to the numbers of vulnerable persons. Management of stable and progressive chronic illness in an acute care setting where episodic care is provided often results in lack of continuity and increasing patient vulnerability.

Patient needs are also unmet when care is limited to specialty treatment of an acute illness, with neglect of attention to comorbidities and chronic health conditions, or the recognition and minimization of physiologic, psychological, and iatrogenic risks. Significant resources are expended for specialty-focused care, both inpatient and outpatient, which again affects continuity of care. The result is an environment of uncoordinated high resource utilization and poorly defined holistic patient outcomes.

Furthermore, a mismatch is growing between historical provider characteristics and patient needs. What has emerged is a need for a provider with unique knowledge, skills, and abilities to manage a patient’s care across the full continuum of acuity and care services. Pediatric-focused and adult-gerontology-focused ACNPs are uniquely prepared to meet this need and collaborate with their primary care colleagues to achieve continuity for effective patient- and family-centered care.

In The Future of Nursing, the Institute of Medicine advocates not only that nurses be allowed to practice to the full extent of their education and training but also that federal and state action is needed to remove the current restrictions to make full use of APRNs in meeting health care needs. An update to this document in 2016 noted that APRNs have prescribing authority in 49 states with some restrictions, and that 21 states have full practice and prescriptive authority for nurse practitioners, up from 13 states when the original report was published.

references

introduction

The historical conceptualization of nursing delineates clinical practice dimensions according to the practitioner’s role, the clinical setting, a patient’s diagnosis, and a patient’s physiologic and psychosocial systems. Today’s changing health care calls for the complexities and needs of patients to drive the competencies of nursing and advanced nursing practice. The various points of competency reflect the integration of knowledge, skills, and attitudes needed to meet the patients’ needs.\(^1\)

Throughout this document, the term *patient* refers to the individual, family or caregiver, or group or community. *Family* is defined as the family of origin or significant others and surrogate decision-makers. This definition also recognizes family as defined by the patient. *Caregiver* is defined as family, custodian, or legal guardian.

Special attention is currently focused on the utilization of advanced practice registered nurses (APRNs), such as the acute care nurse practitioner (ACNP), where the patient’s needs are increasingly complex and of higher acuity.

“Advanced nursing practice builds on the competencies of the registered nurse and is characterized by the integration and application of a broad range of theoretical and evidence-based knowledge that occurs as part of graduate nursing education.”\(^2\)

As a result of this advanced preparation and successful completion of certification, ACNPs have a great range, breadth, and depth of knowledge and competencies, which result in a broad repertoire of effective solutions for patient needs, patient populations, and systems. This expansion makes the ACNP (pediatric or adult-gerontology) optimally suited for managing the more complex, uncertain, and resource-exhausting situations characteristic of patients and settings with high acuity.\(^2\)

scope of practice

**Definition of the Acute Care Nurse Practitioner**

The ACNP is an advanced practice registered nurse who has completed an accredited graduate-level educational program that prepares him or her as a nurse practitioner with supervised clinical practice to acquire advanced knowledge, skills, and abilities. This formal educational preparation qualifies him or her to independently

- perform comprehensive health assessments,
- order and interpret the full spectrum of diagnostic tests and procedures,
- formulate a differential diagnosis to reach a diagnosis, and
- order, provide, and evaluate the outcomes of interventions.

The ACNP provides comprehensive advanced nursing care across the continuum of health care services to meet the individualized needs of patients with acute, critical, and/or complex chronic health conditions.\(^3\) Care may be provided in any setting where the patient may be encountered.

The ACNP autonomously provides patient-centered care and consults and/or collaborates with other mem-
bers of the interprofessional team as appropriate. ACNPs do not require physician supervision or oversight as may be defined in collaborative practice arrangements to fulfill their role. Designation as a licensed independent practitioner may vary among states or between facilities.

**Role of the Acute Care Nurse Practitioner**

The core body of knowledge and competencies for pediatric or adult-gerontology ACNP preparation and practice are derived from the full spectrum of needs of high-acuity patient care along the wellness-to-illness continuum. The ACNP assesses patients with acute, critical, and/or complex chronic illnesses or injury through their health history, physical and mental status examinations, and health risk appraisals. Diagnostic reasoning, advanced therapeutic interventions, and referral to and collaboration with other members of the interprofessional team are intrinsic to this role.

The ACNP acknowledges and incorporates the dynamic nature of each patient’s response to acute, critical, and/or complex chronic illnesses or injury in the provision of care. The ACNP also individualizes care with respect to diversity (such as, but not limited to, gender, age, and developmental level). The focus of the ACNP is the provision of restorative, curative, rehabilitative, palliative, and/or supportive end-of-life care as determined by patient needs. Goals include patient stabilization for acute and life-threatening conditions, minimizing or preventing complications, attending to comorbidities, and promoting physical and psychological well-being. Additional goals include the restoration of maximum health potential or providing for palliative, supportive, and end-of-life care, as well as an evaluation of risk factors in achieving these outcomes.

Key components of the ACNP role are as follows:

- Performing comprehensive histories, physical examinations, and screening activities;
- Diagnosing, and managing patients with acute, critical, and/or complex chronic illnesses and injuries;
- Ordering, performing, supervising, and interpreting diagnostic studies;
- Prescribing medications, durable medical equipment, and advanced therapeutic interventions;
- Using specialized skills in the performance of procedures;
- Providing health promotion, disease prevention, health education, and counseling;
- Collaborating and communicating with members of the interprofessional team;
- Assessing, educating, and providing referrals for the patient, family, and caregiver; and
- Facilitating transitions in the levels of care across the continuum.

The ACNP uses invasive and noninvasive technologies, interventions, and procedures to assess, diagnose, monitor, and promote physiologic stability and perform a variety of procedures and skills in providing care. The skill set is dependent on the specific patient population focus and specialty area of practice.

**Practice Population**

The population focus for the ACNP is either pediatric or adult-gerontology patients with acute, critical, and/or complex chronic illnesses or injury who may be physiologically unstable, technologically dependent, and highly vulnerable for complications. The population served is determined by the educational preparation of the ACNP in a population focus. The ACNP is “prepared to diagnose and treat patients with undifferentiat-
ed symptoms, as well as those with established diagnoses.” The patient may be experiencing episodic critical illness, stable chronic illness, acute exacerbation of chronic illness, acute injury, or terminal illness. Patient needs may include complex monitoring and therapies, high-intensity interventions, or continuous vigilance within the range of high-acuity care.

**Practice Environment**

“The services or care provided by APRNs is not defined or limited by setting but rather by patient care needs.” The ACNP practices in any environment in which patients with acute, chronic, and/or complex chronic illnesses or injury may be found. Examples include acute and critical care environments, emergency care for trauma stabilization, and procedural and interventional settings. Additionally, the continuum of acute care services spans the geographic settings of home, ambulatory care, urgent care, long-term acute care, rehabilitative care, and hospice and/or palliative care. The practice environment extends into the mobile environment, including advanced air and ground ambulances, and virtual locations, such as tele-intensive care units (tele-ICUs) and areas using telehealth.

**Educational Preparation**

The education of the ACNP who is focused on the pediatric or adult-gerontology population is at the masters, post-masters, or doctoral preparation in nursing. The curriculum is composed of, but not limited to, content to “ensure attainment of the APRN core, role core, and population core competencies.” These competencies are delineated by the American Association of Colleges of Nursing documents *The Essentials of Master’s Education in Nursing* and *The Essentials of Doctoral Education for Advanced Nursing Practice*.

At the conclusion of the educational program, the graduate ACNP must meet the essentials of the degree obtained (eg, master’s, post-masters, doctor of nursing practice) to practice as an ACNP including the clinical hours required by the certifying body. The educational program must also ensure that graduates are eligible to apply for and sit a national certification examination that is consistent with the role and the population focus of the program and state licensure.

The precepted clinical practicum is an essential component of the ACNP educational program. The ACNP program should offer sufficient clinical experiences to prepare the graduate to provide care consistent with public safety as demonstrated by certification and to promote performance of ACNP competencies at the entry level after graduation.

**Regulation**

Regulation of the ACNP is accomplished through scope and standards of practice, specialty certification, nurse practice acts with rules and regulations, institutional policies and procedures, and self-determination.

**Nursing Scope of Practice, Standards of Practice, and Specialty Certification**

Scope and standards of practice are set by professional nursing organizations. The American Nurses Association (ANA) *Nursing: Scope and Standards of Practice*, third edition, provides the foundation for specialty organizations to define practice within the specialty and population. The *AACN Scope and Standards for Acute and Critical Care Nursing Practice* provides an additional definition of foundational practice for clinicians caring for acutely and critically ill patients.

Certification of ACNPs is a formal recognition of competence in a population focus. Certification eligibility requires the successful completion of the accredited program of study, appropriate course content, and specified amount of supervised clinical practice. An additional component of certification is knowledge assessment, which is determined by passing an examination for the selected area of advanced practice. Consistent
evaluation of ACNP knowledge through certification provides evidence to the public that the candidate meets established standards of quality and patient safety.

**Nurse Practice Act and Rules and Regulation**

ACNP practice is externally regulated through licensure or recognition at the state level. Regulation in the state nurse practice acts is informed by the APRN Consensus Model and is administered under the authority of state governments to ensure public safety. Currently, state requirements for the recognition and practice of the ACNP vary. An exception to state regulation is within the Veterans Health Administration system.

**Institutional Policies and Procedures**

Institutional policies, procedures, and medical staff bylaws define practice within institutions. To maximize the impact that the ACNP has on patient outcomes, he or she also participates in peer review and regular external performance evaluations consistent with credentialing and privileging. ACNPs participate in developing criteria used to establish and measure outcomes. Information gained in internal, peer, and external reviews will guide the ACNP’s efforts to enhance performance and to achieve optimal patient outcomes.

**Self-Determination**

All nurses exercise autonomy within their scope of practice. This autonomy is based on expert knowledge and the willingness to commit to self-regulation and accountability for practice. Such self-regulation includes the ACNP performing an internal review of his or her own practice to ensure function within educational preparation, certification, and competencies. Boards of nursing have written documents to help nurse practitioners understand their scope of practice, such as this statement from Arizona: “Experience as an RN, on-the-job training, having a physician sign off orders and the personal comfort level of the registered nurse practitioner (RNP) are not a sound basis for accepting an assignment or role beyond the RNP’s scope of practice.”

**Ethical Issues**

ACNPs promote an ethical practice and base their decisions and actions on behalf of patients, families, and caregivers, consistent with the ANA Code of Ethics for Nurses with Interpretive Statements. They acknowledge the dignity, autonomy, cultural beliefs, and privacy of patients and their families. The ACNP advocates for the patient and family in care decisions up to and including the limitation and/or withdrawal of treatment when appropriate. As an advocate, the ACNP is obligated to demonstrate nonjudgmental and nondiscriminatory attitudes and behaviors toward patients, families, and other members of the health care team. Additionally, care is provided in a culturally congruent manner.

Leadership in the promotion of an ethical, healthy work environment is within the scope of the ACNP practice. Ethical practice is also demonstrated by the appropriate use of technology for documentation of patient care, ensuring confidentiality of records and patient information. Documentation should use standardized language and recognized terminology to ensure effective communication among health care providers and for appropriate billing practices.

**Conclusion**

This document reflects the ACNP’s education, role, and responsibility to meet the needs of patients and families. An emphasis is also placed on the ACNP’s focus on the restorative aspects of care or ensuring a peaceful death. By defining, clarifying, and reviewing the clinical practice of the ACNP, this statement of scope of practice for the ACNP contributes to the advancement of clinical nursing practice in acute health
care and supports the assertion stated in the Institute of Medicine document *The Future of Nursing*: “Nurses should practice to the full extent of their education and training.”

Although the ACNP’s role will continue to evolve with advances and changes in science and systems, the needs of patients and families will remain the dominant focus and driver of care.

**References**

The Standards of Clinical Practice are not intended to stand alone but must be used in conjunction with the other sections of this entire document: the ACNP Scope of Practice and the Standards of Professional Performance. The Standards of Clinical Practice apply to the care that the acute care nurse practitioner (ACNP) provides to all patients within the population focus of his or her educational preparation and defines how the quality of care may be evaluated. The Standards of Clinical Practice for the ACNP are built on the generalist standards defined by the American Nurses Association in its publication Nursing: Scope and Standards of Practice, third edition, and by the American Association of Critical Care Nurses (AACN) in its publication AACN Scope and Standards for Acute and Critical Care Nursing Practice.

The framework for the ACNP Standards of Clinical Practice continues to be the nursing process and considers the role competencies as identified by The National Organization of Nurse Practitioner Faculties. In this edition, the nursing process has been adapted to encompass the advanced knowledge, skills, and abilities expected of the ACNP. These include advanced assessment, differential diagnosis, outcome identification, care planning and management, implementation of treatment, and evaluation. The clinical practice of the ACNP is characterized by the application of relevant theories, research, and evidence-based guidelines, which provide a basis for advanced nursing practice and therapeutic intervention and evaluation of patient- and family-oriented outcomes. The focus of the pediatric or adult-geriatric ACNP practice is to restore, cure, rehabilitate, maintain, or palliate on the basis of identified patient needs.

**standard 1 ADVANCED ASSESSMENT**

The ACNP elicits relevant data and information concerning patients with acute, critical, and/or complex chronic illnesses or injury.

**Competencies**

The ACNP:

1. Obtains a comprehensive or problem-focused health history as appropriate to the setting.
2. Performs a pertinent, developmentally appropriate, comprehensive or problem-focused physical examination as appropriate to the setting.
3. Prioritizes data collection, including advanced diagnostic information or procedures according to the patient's immediate needs.
4. Collects data using a continuous process in recognition of the dynamic nature of the patient's needs and any comorbidities.
5. Determines appropriate assessment techniques, supporting diagnostic information, and diagnostic procedures.
6. Interprets physiologically and technologically derived data to determine the patient's needs.
7. Distinguishes between normal and abnormal developmental and age-related physiologic and behavioral changes.
8. Assesses for adverse, contraindicated, and synergistic effects of multiple pharmacologic and non pharmacologic interventions.
9. Assesses for risks to health including but not limited to the following:
   a. Physiologic: genetics, medication adverse effects, immobility, frailty, impaired nutrition, pain, immunocompetence, metabolic imbalance, and iatrogenic effects of therapeutic and diagnostic interventions
   b. Psychological: delirium, impaired sleep, impaired communication, substance use and abuse, threat to life, self-image, independence, and ability to participate in social engagement, play, and recreational activities
   c. Family and community environments: impaired safety, inadequate social support and financial resources, lack of access to health information, and altered family dynamics
   d. Health care system: polypharmacy, complex therapeutic regimens, inadequate access to care, discoordination, and transitions of care
10. Assesses health literacy and decision-making capacity.
11. Assesses the patient’s and family’s preferences and spiritual needs in the context of their care needs, illness, or injury.
12. Determines the need for transition to a different level of care or care environment on the basis of an assessment of the patient’s acuity, frailty, vulnerability, stability, resources, and need for assistance, supervision, or monitoring.
13. Documents patient information using standardized language and recognized terminology.

**standard 2 DIFFERENTIAL DIAGNOSIS**

The ACNP analyzes and synthesizes the assessment data in determining differential diagnoses for patients with acute, critical, and/or complex chronic illnesses or injury.

*Competencies*

The ACNP:

1. Formulates the differential and working diagnoses using clinical judgment and diagnostic reasoning.
2. Diagnoses rapid deterioration or life-threatening instability.
3. Recognizes disease progression, comorbidities, and iatrogenic conditions.
4. Diagnoses common behavioral and mental health disorders or diseases.
5. Prioritizes differential diagnoses based on the complexity and severity of the patient’s needs.
6. Collaborates with the interprofessional team as indicated.
7. Reformulates diagnosis on the basis of additional patient data and the patient’s dynamic clinical status.

**standard 3 OUTCOMES IDENTIFICATION**

The ACNP identifies individualized goals and outcomes for patients with acute, critical, and/or complex chronic illness or injury.
Competencies

The ACNP:

1. Derives goals and outcomes from assessment and diagnoses in collaboration with the patient, family, caregivers, and other health care providers.
2. Establishes desired restorative, curative, rehabilitative, maintenance, and/or palliative and end-of-life care outcomes.
3. Develops expected outcomes to facilitate coordination and transitions of care.
4. Uses clinical expertise and current evidence-based practice to identify health risks, benefits, costs, and/or expected trajectory of patient needs.
5. Establishes goals and outcomes that consider the preferences of the patient, family or caregiver, and diversity.
6. Establishes goals and outcomes that consider the current and potential capabilities of the patient and family or caregivers.
7. Generates a time frame for the attainment of expected outcomes.
8. Identifies the benefit-versus-burden, safety, quality, and cost-effectiveness for decision-making.
9. Monitors incremental indicators of progress in achieving goals and outcomes.
10. Modifies goals and outcomes on the basis of changes in the patient’s condition and preferences.
11. Establishes alternative goals on the basis of available resources, such as system, economic, environmental, and community factors.
12. Facilitates optimal outcomes by minimizing risk and promoting and protecting the health of patients.
13. Documents expected outcomes as measurable goals using standardized language and recognized terminology.

standard 4 CARE PLANNING AND MANAGEMENT

The ACNP develops an outcomes-focused plan of care.

Competencies

The ACNP:

1. Formulates an individualized, dynamic plan of care that addresses the identified needs and can be applied across the continuum of services.
2. Collaborates with the patient, family, caregiver, and interprofessional team in establishing a plan of care.
3. Continually revises the plan of care to support the patient with rapid deterioration and/or life-threatening instability.
4. Modifies the plan of care on the basis of the patient’s response and treatment goals.
5. Prescribes diagnostic strategies and therapeutic interventions that incorporate scientific evidence and evidence-based practice to achieve the identified goals and outcomes.

6. Orders, supervises, performs, and interprets diagnostic tests and procedures.

7. Initiates referrals and consultations with the appropriate interprofessional team member.

8. Incorporates health promotion, protection, and injury prevention measures into the plan of care.

9. Facilitates the patient’s safe transition across levels of care including admission, transfer, discharge, and outpatient or home care.

10. Informs the patient, family, and caregivers about the intended effects and potential adverse effects of proposed therapies.

11. Documents the plan of care in the patient’s health record using standardized language and recognized terminology.

**standard 5 IMPLEMENTATION OF INTERVENTIONS**

The ACNP implements the interventions identified in the interprofessional plan of care for patients with acute, critical, and/or complex chronic illness or injury.

**Competencies**

The ACNP:

1. Prescribes evidence-based interventions that are consistent with the established interprofessional plan of care.

2. Performs diagnostic and therapeutic (pharmacologic and nonpharmacologic) interventions on the basis of the patient’s condition and the established plan of care, which is consistent with the ACNP’s education, practice, facility, and state regulatory requirements.

3. Performs specific diagnostic strategies and technical skills to monitor and sustain physiologic function and to ensure patient safety, including but not limited to electrocardiographic (ECG) interpretation, radiographic studies interpretation, respiratory support, hemodynamic monitoring, line and tube insertion, lumbar puncture, and wound debridement.

4. Manages the care of patients with acute, critical, and/or complex chronic illness or injury.

5. Collaborates with the interprofessional team members to implement the plan of care.

6. Initiates interventions to monitor, sustain, restore, and support the patient with a rapidly deteriorating condition.

7. Prescribes therapies, including but not limited to symptom management, pain management, sedation, rehabilitation services, physical therapy, occupational therapy, speech therapy, child life specialist, social work, cardiac and pulmonary rehabilitation, home health, nutritional therapy, and palliative and/or end-of-life care.

8. Prescribes treatments and therapeutic devices as indicated, including but not limited to oxygen administration, noninvasive and/or invasive ventilation, prosthetics, splints, and adaptive equipment.
9. Certifies eligibility requirements, including but not limited to home care, worker’s compensation, Family and Medical Leave Act (FMLA), independent education plans, and disability for patients with acute, critical, and/or complex chronic illness or injuries consistent with state and federal regulations.

10. Manages referrals and consultations as determined by the plan of care.

11. Implements educational interventions appropriate to the needs of patients (including families or caregivers) with acute, critical, and/or complex illness or injury considering cognitive and developmental levels and diversity.

12. Performs consultations on the basis of the ACNP’s knowledge, education, and expertise.

13. Implements health promotion, health maintenance, health protection, and disease prevention initiatives individualized for the patient.

14. Uses technology in implementing the plan of care.

15. Communicates the progression of the plan of care to the patient, caregivers, and interprofessional team.

16. Documents the provision of professional services, medical decision-making, and patient responses in the patient’s health record using standardized language and recognizable terminology.

**standard 6 EVALUATION**

The ACNP evaluates the patient’s progress toward the attainment of goals and outcomes.

*Competencies*

The ACNP:

1. Performs a systematic and ongoing evaluation of dynamic changes in patient status, needs, and responses to therapeutic interventions using input from the interprofessional team members and multiple data sources.

2. Evaluates the safety and efficacy of therapeutic interventions including recognition of adverse and unanticipated treatment outcomes.

3. Uses scientific evidence, quality indicators, risk-versus-benefit analysis, and clinical judgment when evaluating the patient’s progress toward goals and outcomes.

4. Consults as indicated on the basis of the evaluation of the patient’s progress.

5. Evaluates the effectiveness and adequacy of the patient’s and/or caregivers’ support systems.

6. Modifies the plan of care as indicated on the basis of the evaluation of progress toward goals and outcomes.

7. Communicates the effectiveness of the plan of care to the patient, caregivers, and interprofessional team.

8. Documents the evaluation of the patient’s response, effectiveness of the plan of care, and medical decision-making in the patient’s health record using standardized language and recognizable terminology.
introduction

The Standards of Professional Performance are not intended to stand alone but must be used in conjunction with the other sections of this full document: the ACNP Scope of Practice and the Standards of Clinical Practice. The Standards of Professional Performance continue to follow the format defined by the American Nurses Association (ANA) in its publication Nursing: Scope and Standards of Practice, third edition, and by the American Association of Critical Care Nurses (AACN) in its publication AACN Scope and Standards for Acute and Critical Care Nursing Practice.

The Standards of Professional Performance describe a competent level of behavior in the professional role, including activities related to professional practice, education, collaboration, ethics, systems thinking, resource utilization, leadership, collegiality, quality, and clinical inquiry. Some activities included are not unique to the acute care nurse practitioner (ACNP); rather, they cross all roles of the advanced practice nurse and describe the responsibilities of advanced nursing practice. ACNPs should be self-directed and purposeful in seeking out the necessary knowledge, skills, and abilities to demonstrate lifelong learning and professional development.

standard 1 PROFESSIONAL PRACTICE

The ACNP evaluates his or her clinical practice in relationship to institutional guidelines, professional practice standards, and relevant statutes and regulations.

Competencies

The ACNP:

1. Maintains professional certification as an ACNP.
2. Regularly engages in self-evaluation of practice.
3. Analyzes data regarding the performance and delivery of care within the context of practice.
4. Evaluates patient outcome measures as a component of individual performance appraisal.
5. Participates in peer review as available to foster a culture of clinical and professional excellence.
6. Identifies own role in emergency response plans.
7. Communicates care provided in accordance with institutional documentation policies.

standard 2 EDUCATION

The ACNP maintains current knowledge of best practices.

Competencies

The ACNP:

1. Engages in lifelong learning in formal and informal educational activities related to professional and clinical practice.
2. Assimilates knowledge to improve patient outcomes and professional performance.
3. Maintains professional records to provide evidence of competence.

**standard 3  COLLABORATION**

The ACNP collaborates with the patient, family, and members of the interprofessional team across the continuum of care.

*Competencies*

The ACNP:

1. Uses skilled communication to build relationships with the patient, family, and members of the interprofessional team.
2. Performs consultations to facilitate optimal care.
3. Advances best practices by teaching, coaching, and mentoring members of the interprofessional team.
4. Fosters the coordination of services across the continuum of care.
5. Collaborates in interprofessional teams in addressing ethical risks, benefits, and outcomes.
6. Collaborates with other disciplines in teaching, mentoring, consulting, managing, technological skill development, research, and other professional activities.

**standard 4  ETHICS**

The ACNP integrates ethical considerations into all areas of practice congruent with patient and family needs and values and the *ANA Code of Ethics*.

*Competencies*

The ACNP:

1. Accepts accountability for own actions.
2. Monitors practice to ensure the delivery of ethical care.
3. Promotes respect for the autonomy of persons, helping them or their surrogate participate in their care and clinical decisions.
4. Advocates for the patient’s access to health care resources within systems and communities.
5. Protects information in a confidential manner.
6. Delivers culturally congruent care in a nonjudgmental, nondiscriminatory manner.
7. Contributes to the establishment of an ethical environment that supports the rights of patients and members of the interprofessional team.
8. Reports unethical and illegal practices.
9. Leads in achieving resolution of ethical issues.
10. Collaborates in interprofessional teams in addressing ethical risks, benefits, and outcomes.

11. Uses principles of ethics when overseeing, delegating, and directing interprofessional services.

**standard 5 SYSTEMS THINKING**

The ACNP engages in organizational systems and processes to promote optimal outcomes.

*Competencies*

The ACNP:

1. Applies knowledge of organizational theories and systems to provide evidence-based, safe, high-quality, and cost-effective care.

2. Analyzes organizational system enhancements and barriers that have an effect on patient care delivery and coordination.

3. Addresses challenges and barriers to optimal care created by the competing priorities of patients, payers, and suppliers.


5. Serves as a resource in the design and development of care programs and initiatives across the continuum of care.

6. Advocates for equity in health and health care for individuals of diverse cultural, ethnic, and spiritual backgrounds across the life span.

7. Evaluates the ongoing integration of practice standards into systems of health care delivery.

8. Assists with the development of institutional and organizational planning for emergency response systems.

9. Demonstrates knowledge of governmental and regulatory constraints or opportunities that affect the delivery of care.

10. Advocates for legislation and policies that promote health and improve care delivery models.

**standard 6 RESOURCE UTILIZATION**

The ACNP incorporates evidence-based diagnostic strategies, therapies, and complementary health alternatives to achieve optimal fiscally responsible outcomes.

*Competencies*

The ACNP:

1. Assists patients, families, and caregivers to access appropriate health care services.

2. Develops innovative solutions addressing patient care that efficiently use resources while maintaining or improving quality and patient safety.
3. Guides interprofessional team members, patients, families, and caregivers in selecting therapies that integrate perspectives of benefit-versus-burden, safety, quality, and cost-effectiveness in care decisions.

4. Serves as an expert resource and advocate to influence the formation of health care policy.

**standard 7 LEADERSHIP**

The ACNP leads in the practice setting and in the profession.

*Competencies*

The ACNP:

1. Continually strives to improve interpersonal skills.
2. Educates the interprofessional team and the public about the ACNP role.
3. Promotes dissemination of knowledge and advances the profession through writing, publishing, or presentations.
4. Demonstrates leadership through teaching, coaching, and supporting others in the advancement of the plan of care.
5. Develops innovations to effect change in practice and to improve outcomes.
6. Participates in or leads committees, councils, or administrative teams.
7. Promotes the nursing profession through educational programs and staff development.
8. Promotes advancement of the profession by participating and assuming leadership positions in community, professional, policy, and/or regulatory organizations.
9. Provides leadership in the implementation of Consensus Model–derived protocols or guidelines at the system, local, state, or national level.
10. Advocates at the system, local, state, or national level for policies and legislation to improve the delivery of care to patients.

**standard 8 COLLEGIATION**

The ACNP promotes respect for colleagues and the interprofessional team through the implementation of standards supporting a healthy work environment.

*Competencies*

The ACNP:

1. Contributes to a healthy work environment by encouraging and facilitating open communication.
2. Seeks opportunities to teach, coach, and mentor.
3. Shares skills, knowledge, and strategies for patient care and system improvement.
4. Promotes a respectful environment that enables the interprofessional team to make optimal contributions for systems to function effectively.

5. Exhibits professionalism with colleagues, interprofessional team members, and health care consumers.

6. Acknowledges contributions of diverse interprofessional team members in patient care and system improvements.

**standard 9 QUALITY OF PRACTICE**

The ACNP evaluates and enhances the quality, safety, and effectiveness of care across the continuum of acute care services.

*Competencies*

The ACNP:

1. Collaborates with colleagues, the interprofessional team, and informal caregivers to achieve quality patient outcomes.

2. Engages in self-reflection, performance appraisal, and peer review to improve the quality of care provided.

3. Participates in the use of scientific evidence to ensure safe, quality patient outcomes.

4. Participates in formal and informal evaluations of the quality, safety, and effectiveness of care.

5. Contributes to the design, implementation, and evaluation of evidence-based, age-appropriate professional standards and guidelines for care.


7. Participates in resource allocation efforts to achieve high-quality, cost-effective care.

8. Influences initiatives at the system, local, state, or national level through dissemination of data and knowledge to improve the quality of practice of the ACNP.

9. Improves the delivery of health care services through dissemination of data, knowledge, and/or involvement in professional organizations.

**standard 10 CLINICAL INQUIRY**

The ACNP enhances knowledge, attitudes, and skills through participation in research, translation of scientific evidence, and promotion of evidence-based practice.

*Competencies*

The ACNP:

1. Evaluates existing practice and makes changes related to current evidence-based recommendations, guidelines, and benchmarking.
2. Implements diagnostic strategies and treatment interventions supported by relevant evidence.

3. Provides culturally congruent care through the integration of research knowledge and application of evidence-based practice to reduce disparities in health and health care outcomes.

4. Applies clinical inquiry skills for process improvement and patient safety.

5. Disseminates best practices to colleagues at the system, local, state, national, or international level through, but not limited to, activities such as formal presentations, publications, consultations, and journal clubs.

6. Synthesizes and translates research findings to influence health care policies that promote improved health outcomes.
The dynamic nature of health care requires clinicians to systematically review and refine the framework under which care is provided. The challenging environment acute care nurse practitioners (ACNPs) face today offers both barriers and opportunities. Positive strides have already been made in the acceptance and visibility of the ACNP role, but challenges persist.

In an effort to promote a cohesive advanced practice registered nurse (APRN) framework for practice and to promote uniform recommendations to state licensing, the Consensus Model for APRN Regulation was developed. The Consensus Model provided a structure for APRN education, certification, accreditation, and licensure. Essential to this model was the shift to population-based foci of care: family/individual across life span, adult-gerontology, neonatal, pediatrics, women's health/gender-related, and psychiatric-mental health. The adult-gerontology and pediatrics populations were further distinguished by either an acute care or a primary care focus. ACNPs have long provided care consistent with the population-based paradigm rather than by location or geography. Care is provided to acute, critical, and/or complex chronically ill or injured patients throughout the health care environment.

The Institute of Medicine (IOM) has recommended the removal of scope-of-practice barriers for APRNs to “practice to the full extent of their education and training.” The IOM report recommended reforming scope-of-practice regulations at the state level to conform to the National Council of State Boards of Nursing (NCSBN) Model Act and Model Rules. The NCSBN Model Act describes APRNs as “independent practitioners within standards established or recognized by the [Board of Nursing].” Although independent practitioners, the NCSBN Model Act stresses that each APRN is accountable to patients, the nursing profession, and the state board of nursing for providing quality advanced nursing care, recognizing the limits of knowledge and experience; planning for management of situations beyond the APRN’s expertise; and consulting with or referring patients as appropriate.

This “full practice authority,” which allows for APRNs to practice to the full extent of their education and training, under the exclusive licensure authority of the state board of nursing, has been adopted in less than half of the states. As of January 2017, the Department of Veterans Affairs (VA) amended its medical regulations to permit full practice authority to nurse practitioners, clinical nurse specialists, and certified nurse midwives when acting within the scope of their VA employment. This change was made to improve access to care while maintaining “patient-centered, safe, high-quality care.”

Despite the positive strides toward full practice authority in some states and within the VA, continued resistance remains, most notably from the American Medical Association (AMA), which has continued to oppose “legislation that would allow for the independent practice of advanced practice registered nurses.” The AMA opposition appears to be in conflict with studies showing APRN quality comparable to or better than physician comparisons.

ACNPs must continue to educate their physician colleagues, administrators, the public, and legislators on the quality and value offered. This will be an ongoing conversation that references the ACNP Scope and Standards of Practice, as well as the relevant state and national regulations and guidelines. The conversation will be enriched by research demonstrating the effectiveness of care and the uniqueness of the ACNP practice model. The ACNP should maintain a keen understanding of health care financing and reimbursement issues to participate in the ongoing dialogue. Regardless of the future, change is inevitable.

references


AACN Synergy Model for Patient Care. The core concept of the conceptual model of certified acute and critical care nursing and advanced nursing practice. This model specifies that the needs or characteristics of patients and families drive the characteristics or competencies of the nurse from novice through advanced practice.

acute care nurse practitioner (ACNP). An ACNP is an advanced practice registered nurse who has completed graduate education and supervised clinical practice to acquire advanced competencies that qualify him or her to perform comprehensive health assessments, order and interpret the full spectrum of diagnostic tests and procedures, use differential diagnosis to reach a medical diagnosis, and order, provide, and evaluate the outcomes of medical interventions for patients who are physiologically unstable, technologically dependent, and highly vulnerable for complications within his or her population foci.

acute critical illness. Condition of a patient who is at high risk for actual life-threatening health problems. The more critically ill the patient, the more likely he or she is to be highly vulnerable, unstable, and complex.

assessment. Systematic, dynamic process by which the ACNP through interaction with the patient or family, nursing personnel, and interprofessional team collects and analyzes data. Data may include the following dimensions: physical, psychological, social, environmental, cultural, spiritual, cognitive, functional, organizational, developmental, and economic factors. Data may also be collected to meet regulatory requirements or external demands.

autonomous practice. The ability to provide patient care services without supervision or by mandated collaboration with other health professionals.

caregiver. Family, custodian, or legal guardian as identified by the patient.

chronically critically ill. Adult patients who survive the life-threatening phase of critical illness but continue to require extensive critical care support services. An additional definition has recently been described for the Centers for Medicare & Medicaid Services as 1 of 5 clinical conditions plus at least 8 days in an intensive care unit during an acute care hospitalization. The 5 conditions are (1) prolonged acute mechanical ventilation (ie, mechanical ventilation for at least 96 hours in a single episode), (2) tracheotomy, (3) sepsis and other severe infections, (4) severe wounds, and (5) multiple organ failure, ischemic stroke, intracerebral hemorrhage, or traumatic brain injury.

collaboration. Working with individuals of other professions to maintain a climate of mutual respect and shared values to improve coordination, communication, and the quality and safety of patient care. It describes joint practice, consultation, or referral in the care of patients. This does not require mandated agreements between the professions to provide care.

competencies. Integration of knowledge, attitudes, and skills necessary to function in a specific role and work setting.

complementary health. A non-mainstream practice used together with conventional medicine. This may be the use of natural products or mind and body practices.

comprehensive health history. A full account of past and present illness, injury, and treatment obtained by asking questions of a patient or family member.

comprehensive physical exam. The highest level of physical examination and indicates that 9 out of 10 physiologic systems were assessed, with at least 2 characteristics in each system documented.
Consensus Model for APRN Regulation. A model developed to align the licensure, education, accreditation, and certification requirements for the 4 APRN roles: certified registered nurse anesthetist, certified nurse practitioner, clinical nurse specialist, and certified nurse midwife.8

continuity of care. Interprofessional process that includes patients and families or significant others in the development of a coordinated plan; a process that facilitates the patient’s transition between settings, based on changing needs and available resources.

continuum of care. Conceptual model that describes a person’s movement from wellness through desired quality of life to a dignified death. A person’s place on the continuum is individually determined.

credentialing. Refers to the systematic process of screening and evaluating qualifications and other credentials, including licensure, required education, relevant training and experience, and current competence and health status.

diagnosis. A clinical judgment about the patient’s response to actual and potential health conditions or needs; may be medical or nursing diagnosis. Provides the basis for determining an interprofessional plan of care to achieve expected outcomes.

differential diagnosis. Part of the systematic process of developing a medical diagnosis where the practitioner makes a list of potential diagnoses, including any pathological causes that may demonstrate the patient’s signs and symptoms.9

diversity. The variation that occurs among a set of similar items. With respect to patients, the factors that vary include, but are not limited to, race, culture, spirituality, ethnicity, socioeconomic status, age, lifestyle, and values.

evaluation. The process of determining the patient’s progress toward the attainment of expected outcomes.

evidence-based practice (EBP). A systematic process of inquiry and a method of providing optimal patient care in complex health care environments. EBP integrates the best available evidence and the clinical expertise of the interprofessional team together with patient and family preferences to facilitate decision-making and optimize outcomes.10

family. Family of origin or significant others and/or surrogate decision-makers as identified by the patient.

geriatrics. The comprehensive health care of older adults.

gerontology. The study of aging processes and individuals as they grow from middle age through later life.

guidelines. Broad practice recommendations based on scientific theory, research, and/or expert opinion.

healing environment. An organizational philosophy and commitment to structuring resources to support and focus on integrating science and spirituality. A healing environment provides conditions that stimulate and support the inherent healing capacities of patients and families.11

health care literacy. The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.12

health promotion and disease prevention. Identifying and mitigating factors that create a risk for injury or illness in an individual or group of individuals.

health protection (includes risk and safety). Defending a state of wellness from potential sources of injury or illness.
healthy work environment. A work environment that supports the standards of skilled communication, true collaboration, effective decision-making, appropriate staffing, meaningful recognition, and authentic leadership.13

hospitalist. A practitioner who is engaged in clinical care, teaching, research, and/or leadership in the field of hospital medicine. Practitioners of hospital medicine include physicians, nurse practitioners, and physician assistants.14

illness. Poor health resulting from disease of body or mind. Sickness.15

implementation. The process of carrying out the interdisciplinary plan of care that may include implementing, delegating, and/or coordinating interventions; the patient and/or family or health care providers may be designated to implement interventions within the plan.

injury. A form of hurt, damage, or loss. Damage or harm done to or suffered by a person or thing.16

interprofessional. Working with individuals of other professions. As a team, individuals of different disciplines working, collaborating, and communicating to accomplish goals.

intraprofessional. Individuals from the same discipline. As a team, working, collaborating, and communicating to accomplish goals.

judgment. Forming a conclusion that encompasses critical thinking, problem solving, ethical reasoning, and decision-making.

knowledge. Encompasses thinking, an understanding of science and humanities, professional standards of practice, and insights gained from practical experiences, personal capabilities, and leadership performance.

licensed independent practitioner (LIP). An individual permitted by law and by the organization to provide care, treatment, and services without direction or supervision. An LIP operates within the scope of his or her license, consistent with individually granted privileges.17

nonpharmacologic. Referring to therapy that does not involve drugs.18

nurse. An individual who is licensed by a state agency to practice as a registered nurse.

nurse characteristics. As defined by the AACN Synergy Model for Patient Care. Reflect an integration of knowledge, skills, experience, and attitudes needed to meet the needs of patients and families; continuums of nurse characteristics are derived from patient needs. These characteristics are clinical judgment, advocacy and moral agency, caring practices, collaboration, systems thinking, facilitation of learning, response to diversity, and clinical inquiry.

nursing. The protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations.19

nursing process. A dynamic, systematic method of caring for patients from a nursing perspective. The steps of the nursing process include assessment, diagnosis, planning, implementation, and evaluation. The dynamic and circular nature of the nursing process is apparent in the ACNPs’ continuous collection (recollection) and assessment (reassessment) of data, the patient’s response to care, formulation (reformulation) of the outcomes to be expected, and provision of interventions based on these data. This assumes that the ACNP includes the patient, the family, and the interprofessional team in the formulation of the plan.
outcomes. Measurable, expected goals. Expected outcomes describe the results that are anticipated or expected as a result of the interventions of the ACNP.

palliation/palliative care. Specialized medical care for people with serious illness. This type of care is focused on providing relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family.20

patient. Recipient of nursing care. The term refers to the individual, family or caregiver, group, or community. Family is defined as the family of origin or significant others and surrogate decision-makers. This definition also recognizes family as defined by the patient.

patient characteristics. As defined by the AACN Synergy Model for Patient Care. These patient characteristics span the continuum of health and illness and include resilience, vulnerability, stability, complexity, resource availability, participation in care, participation in decision-making, and predictability.

peer review. The process by which professionals with similar knowledge, skills, and abilities judge the processes and/or outcomes of care.

pharmacologic. Pertaining to pharmacology or to the properties and reactions of drugs.21

plan of care. An interprofessional outline of care based on individualized expected outcomes for the patient. The patient, family, and health care providers participate in carrying out the plan for the implementation or delivery of care.

population foci. The 6 categories of patient populations as defined by the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education$: (1) family/individual across the life span, (2) adult/gerontology, (3) neonatal, (4) pediatric, (5) women’s health/gender-related, (6) psychiatric/mental health. Scope of practice of the primary care or acute care certified nurse practitioner is not setting-specific but is based on patient care needs. Programs may prepare individuals across both the primary care and acute care certified nurse practitioner competencies. If programs prepare graduates across both sets of roles, the graduate must be prepared with the consensus-based competencies for both roles and must successfully obtain certification in both the acute and the primary care certified nurse practitioner roles. Certified nurse practitioner certification in the acute care or primary care role must match the educational preparation for certified nurse practitioners in these roles.

privileging. The process by which a practitioner who is licensed for independent practice is permitted by law and the facility to practice independently and to provide specific medical or other patient care services within the scope of the individual’s license. Peer references, professional experience, health status, education, training, and licensure contribute to this determination of the clinical competence of the practitioner. Clinical privileges must be specific to both the facility and the provider.

problem-focused physical examination. Only a signal problem was investigated and other systems unrelated to that problem were not checked.22

quality of care. Cooperative and collaborative process that combines the goals of professional standards of care with the defined expectations of the patient and family.

reflective learning. Recurrent thoughtful personal self-assessment, analysis, and synthesis of strengths and opportunities for improvement.

skill. Ability that includes psychomotor, communication, interpersonal, and diagnostic components.
**standard.** Authoritative statement articulated and supported by the profession that describes a level of care or performance by which the quality of practice, service, or education can be measured or judged.

**standards of practice.** Authoritative statements that describe a level of care or performance common to the profession of nursing and by which the quality of practice can be judged. These standards describe a competent level of clinical practice demonstrated through assessment, diagnosis, outcome identification, planning, implementation, and evaluation. The associated competency statements identify ways in which the standard can be met.

**standards of professional performance.** Authoritative statements that describe a competent level of behavior in the professional role, including activities related to professional practice, education, collaboration, ethics, systems thinking, resource utilization, leadership, collegiality, quality of practice, and clinical inquiry. The associated competency statements identify ways in which the standard can be met.

**system.** Organization of groups of people, resources, and institutions that provide health services to meet the needs of patients.

**telehealth.** A variety of technologies and tactics to deliver virtual health care, public health, and health.

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**references**

Appendix A

Consensus Model for APRN Regulation

Consensus Model for APRN Regulation - Nurse Practitioner Focus

APRN Specialties
Focus of Practice beyond role and population focus
Linked to healthcare needs
Examples include but are not limited to: oncology, older adults, orthopedics, nephrology, palliative care

Licensure at Levels of Role and Population Foci

Population Foci

Nurse Practitioner

APRN Role

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Appendix B

Additional Foundational Resources

The National Organization of Nurse Practitioner Faculties (NONPF) identifies competencies for nurse practitioners (NPs) for entry into practice. These documents are accessible as noted below:


Nurse practitioner organizations and state boards of nursing have made statements about the roles of the Acute Care vs. Primary Care Nurse Practitioner practice. Here are some resources that can help discussion in your institution:


- Ohio Board of Nursing APRN Decision Making Model http://www.nursing.ohio.gov/PDFS/AdvPractice/APRN_Decision_Model.pdf

Additional documents that may be helpful:


In 2001, the American Association of Critical-Care Nurses (AACN) made a commitment to actively promote the creation of healthy work environments that support and foster excellence in patient care wherever acute and critical care nurses practice. AACN Standards for Establishing and Sustaining Healthy Work Environments: A Journey to Excellence, issued in 2005, responded to mounting evidence that unhealthy work environments contribute to medical errors, ineffective delivery of care, and conflict and stress among health care professionals. The standards uniquely identified previously discounted systemic behaviors that can result in unsafe conditions and obstruct the ability of individuals and organizations to achieve excellence. AACN called for the creation and continual fostering of healthy work environments as an imperative for ensuring patient safety and optimal outcomes, enhancing staff recruitment and retention, and maintaining health care organizations’ financial viability.

AACN’s seminal work identified 6 essential standards that must be in place to create and ensure a healthy work environment. They provide an evidence-based framework for organizations to create work environments that encourage nurses and their colleagues in every health care profession to practice to their utmost potential, ensuring optimal patient outcomes and professional fulfillment.

Since the first edition of the standards was released, there has been spirited national and international dialogue about the work environment’s impact on nurse retention, team effectiveness, patient safety, nurse and patient outcomes, and burnout among health care professionals. Yet workplace studies confirm that unhealthy work environments still exist in many organizations. At no other time in health care’s history has there been more turbulence, rapid change, or complexity. Today’s work environments demand even more attention to the fundamental issues of these standards, because stakes are high, and patients’ lives depend on it.

The original 6 standards remain unchanged. This second edition reflects the emergence of robust evidence acquired since 2005 addressing the concepts described in the standards. The literature strongly supports the tenets of the standards and highlights the urgent need for health care professionals to continue addressing the health of the work environment.

Through this 2nd edition of the standards, AACN recognizes the inextricable links among the quality of the work environment, excellent nursing practice, and patient care outcomes. The organization remains strategically committed to bringing its influence and resources to bear on creating work and health care environments that are safe, healing, humane, and respectful of the rights, responsibilities, needs, and contributions of all people — including patients, their families, nurses, and other health care professionals.
The 6 standards for establishing and sustaining healthy work environments represent evidence-based and relationship-centered principles of professional performance. Each standard is considered essential in that effective and sustainable outcomes do not emerge when any standard is considered optional.

The standards align directly with the core competencies for health care professionals recommended by the National Academy of Medicine (NAM). They support the education of all health care professionals and echo NAM’s call “to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics.”

The standards are neither detailed nor exhaustive. They do not directly address dimensions such as physical safety, clinical practice, clinical and academic education, and credentialing, all of which are addressed by a multitude of statutory, regulatory and professional agencies, and other organizations.

With these standards we aspire to shine a light on the dimension these frameworks often overlook — the human factor.

This document is designed to be used as a foundation for thoughtful reflection, engaged dialogue, and bold action related to the current realities of work environments. Critical elements required for successful implementation accompany each standard. Working collaboratively, individuals and groups in an organization should determine the priority and depth of application required to ensure each standard is met.

The standards for establishing and sustaining healthy work environments:

<table>
<thead>
<tr>
<th>Skilled Communication</th>
<th>Nurses must be as proficient in communication skills as they are in clinical skills.</th>
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<tbody>
<tr>
<td>True Collaboration</td>
<td>Nurses must be relentless in pursuing and fostering true collaboration.</td>
</tr>
<tr>
<td>Effective Decision Making</td>
<td>Nurses must be valued and committed partners in making policy, directing and evaluating clinical care, and leading organizational operations.</td>
</tr>
<tr>
<td>Appropriate Staffing</td>
<td>Staffing must ensure the effective match between patient needs and nurse competencies.</td>
</tr>
<tr>
<td>Meaningful Recognition</td>
<td>Nurses must be recognized and must recognize others for the value each brings to the work of the organization.</td>
</tr>
<tr>
<td>Authentic Leadership</td>
<td>Nurse leaders must fully embrace the imperative of a healthy work environment, authentically live it, and engage others in its achievement.</td>
</tr>
</tbody>
</table>