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THE JOHN A. HARTFORD FOUNDATION
INSTITUTE FOR GERIATRIC NURSING



Adult-Gerontology Acute Care Nurse Practitioner Competencies

February 2012

Developed in collaboration with
The Hartford Institute for Geriatric Nursing at New York University and
the National Organization of Nurse Practitioner Faculties



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Founded in 1929, the John A. Hartford Foundation is a committed champion of training, research and service system innovations that promote the health and independence of America's older adults. Through its grantmaking, the Foundation seeks to strengthen the nation's capacity to provide effective, affordable care to this rapidly increasing older population by educating "aging-prepared" health professionals (physicians, nurses, social workers), and developing innovations that improve and better integrate health and supportive services. The Foundation was established by John A. Hartford. Mr. Hartford and his brother, George L. Hartford, both former chief executives of the Great Atlantic & Pacific Tea Company, left the bulk of their estates to the Foundation upon their deaths in the 1950s. Additional information about the Foundation and its programs is available on their Web site.



**ADULT-GERONTOLOGY ACUTE CARE
NURSE PRACTITIONER COMPETENCIES**

FEBRUARY 2012

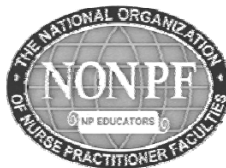
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**EXPERT PANEL FOR ADULT-GERONTOLOGY ACUTE CARE
NURSE PRACTITIONER COMPETENCIES**

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VALIDATION PANEL

Organizations Participating in Validation Panel

American Academy of Nurse Practitioners
Commission on Collegiate Nursing Education
Hartford Geropsychiatric Nursing Collaborative
Hartford Institute for Geriatric Nursing at NYU College of Nursing
National Black Nurses Association
National League for Nursing Accrediting Commission
Oncology Nursing Certification Corporation
Oncology Nursing Society

Schools Participating in Validation Panel

Allen College
Barnes Jewish College
Bloomsburg University
Clemson University
Creighton University
Drexel University
Duke University
Emory University
Felician College
Florida Atlantic University
Lewis University
Loyola University-New Orleans
Marquette University
Monmouth University
North Park University
Northeastern University
Rush University
Saint Louis University
Seattle University
Temple University
Texas Tech University Health Science Center
The College of St. Scholastica
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University of Massachusetts-Worcester
University of Medicine and Dentistry of NJ
University of Michigan
University of Minnesota
University of Nebraska Medical
University of Pennsylvania
University of Pittsburgh
University of Rochester
University of South Alabama
University of Texas- Arlington
University of Texas Health Science Center at Houston
University of Utah
University of Virginia
University of Washington
Ursuline College
Valdosta State University
William Paterson University

ENDORSEMENTS

The organizations listed have endorsed the Adult-Gerontology Acute Care Nurse Practitioner Competencies. Endorsement is defined as a *philosophical agreement with the intent and content* of the competencies found on pages 15-26.

(The endorsement process is ongoing; endorsing organizations are listed in the electronic document which can be accessed at <http://www.aacn.nche.edu/geriatric-nursing/adultgeroacuteNPcomp.pdf>)

Project Overview

The Adult-Gerontology Acute Care Nurse Practitioner (NP) Competencies reflect the work of a national Expert Panel, representing the array of both adult and gerontology nurse practitioners in acute care, education, practice, and certification. In collaboration with colleagues from the Hartford Institute for Geriatric Nursing at New York University and the National Organization of Nurse Practitioner Faculties (NONPF), the American Association of Colleges of Nursing (AACN) facilitated the process to develop these consensus-based competencies, including the work of the national Expert Panel and the external validation process. The process used for this project models that used previously for the development of a number of nationally recognized nursing competencies, including the *Nurse Practitioner Primary Care Competencies in Specialty Areas: Adult, Family, Gerontological, Pediatric, and Women's Health* (2002).

The National Organization of Nurse Practitioner Faculties (NONPF) accepted the invitation to co-facilitate the Expert Panel and appointed Dr. Katherine Crabtree (University of Portland) to serve as their representative and co-facilitator. The national consensus-building process to develop these national consensus-based competencies for the Adult-Gerontology Acute Care Nurse Practitioner was facilitated jointly by Drs. Joan Stanley, AACN, and Katherine Crabtree, NONPF.

The Expert Panel included representatives of national nursing organizations whose foci include nurse practitioner education, certification, adult and gerontology nurse practitioner practice, and acute care nurse practitioner education and practice.

The Expert Panel convened for the first time via conference call on August, 24, 2010, and then again with a live online meeting on September 28, 2010. During these meetings, the panel reviewed relevant documents including nationally recognized core nurse practitioner competencies and adult, gerontology, and acute care nurse practitioner competencies. The John A. Hartford Foundation (JAHF) Gero-Psychiatric Nursing Collaborative recommendations for enhancements to nurse practitioner education related to care of older adults also were reviewed. The Expert Panel confirmed that the Adult-Gerontology Acute Care Nurse Practitioner Competencies would build on the graduate core competencies delineated in the AACN (2006) *Essentials of Doctoral Education for Advanced Nursing Practice* or the AACN (2011) *Essentials of Master's Education in Nursing* and on the NONPF (2006) core competencies for all nurse practitioners. The Panel also agreed that the framework to be used for the Adult-Gerontology Acute Care Nurse Practitioner Competencies would reflect that of the NONPF Nurse Practitioner Core Competencies. The documents reviewed by the Expert Panel are listed in Appendix A. In April 2011, towards the end of the competency development process, the NONPF membership approved the Nurse Practitioner Integrated Core Competencies, which replaced the 2006 Nurse Practitioner Core Competencies. Due to the timing and major change in the framework used for the new NP core competencies, the decision was made by the Expert Panel to finalize the Adult-Gerontology Acute Care Nurse Practitioner Competencies using the 2006 format. The use of the 2006 format will facilitate the

immediate implementation of these population-focused competencies within existing adult acute care NP curriculum.

After the initial conference call and live online meeting, the panel continued to meet electronically to review and discuss the competencies. By Winter 2011, the panel reached consensus on the draft competencies and completed phase one of the competency development process. AACN then solicited nominations from national nursing, consumer, and healthcare organizations for individuals to serve on the external validation panel. Phase II (the validation process) was conducted in March-April 2011.

The Validation Panel included 100 individuals representing national nursing organizations and schools of nursing. All adult acute care nurse practitioner education programs were invited to participate in the validation process. Eighty-nine individuals representing 52 schools of nursing participated in the process. Eleven individuals identified as having expertise relative to adult or gerontology acute care education or practice who had not served on the Expert Panel represented eight national nursing organizations in the validation process. Organizations were asked to identify individuals who had experience in one or more of the following areas related to issues surrounding the acute care NP role or scope of practice:

- delivery of adult or gerontology acute care;
- education of adult or gerontology acute care nurse practitioners;
- credentialing of nurse practitioners;
- licensing of advanced practice registered nurses (APRNs);
- accreditation of graduate nursing education programs; or
- employment of adult or gerontology acute care nurse practitioners.

The validation tool developed originally by AACN and NONPF as part of the nurse practitioner primary care competencies project (2002) funded by the Health Resources and Services Administration (HRSA) was adapted to a SurveyMonkey online format. The Validation Panel was asked to systematically review each adult-gerontology acute care NP competency for relevance (is the competency necessary?) and specificity (is the competency stated specifically and clearly? If not, provide suggested revisions.) The Validation Panel also was asked to provide comment on the comprehensiveness of the competencies (is there any aspect of adult-gerontology acute care NP knowledge, skill, or practice missing?).

The validation process demonstrated overwhelming consensus for the competencies and provided valuable feedback for additional refinement. The Expert Panel met again in a series of live online meetings to review the validation results, revise the competencies as needed, and produce the final set of 110 competencies delineated in this document. The process yielded deletion of 2 competencies, merging of 4 competencies, and the addition of 2 competencies. In addition, based on the feedback from the Validation Panel, 62% (68) of the competencies underwent revision to enhance specificity and clarity. The Expert Panel also made recommendations regarding clinical expectations for adult-gerontology acute care nurse practitioner programs.

The final set of Adult-Gerontology Acute Care NP competencies will be disseminated widely, including to all the national nursing organizations participating in either of the two phases of the project and to all graduate schools of nursing. Endorsement of the Adult-Gerontology Acute Care NP Competencies will be sought from national nursing organizations, including the certifying and accrediting bodies. The endorsement process will remain fluid and names of endorsing organizations will be added to the electronic posting of the document as they are received.

It is recognized that challenges will arise as the adult acute care programs are expanded or developed to encompass an in-depth focus on the entire adult-gerontology population. In the second phase of this APRN initiative funded by the JAHF, materials and resources have been compiled and/or developed to assist faculty to transition to the new regulatory model for adult-gerontology focused NP education, certification, and licensure, and to operationalize these adult-gerontology acute care NP competencies within this new curricular framework. Resources for both faculty and students include gerontology-focused content modules, curricular models, and unfolding case studies to provide guidance for the development and implementation of the adult-gerontology acute care NP curriculum. The APRN Gerontology Resource Center can be accessed at <http://www.aacn.nche.edu/geriatric-nursing/aprn-education-project>.

ADULT-GERONTOLOGY ACUTE CARE NURSE PRACTITIONER COMPETENCIES

Introduction

The national *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education* (LACE), finalized in 2008, defines advanced practice registered nurses (APRNs) and standardized requirements for each of the four APRN regulatory components included in LACE. Under this regulatory model, now endorsed by 48 national nursing organizations, the certified nurse practitioner (CNP) is defined as one of four APRN roles. In addition to the four roles, APRNs are educated and practice in at least one of six population foci: family/individual across the lifespan, **adult-gerontology**, pediatrics, neonatal, women's health/gender-related or psych/mental health. The APRN Consensus regulatory model is shown in Diagram 1.

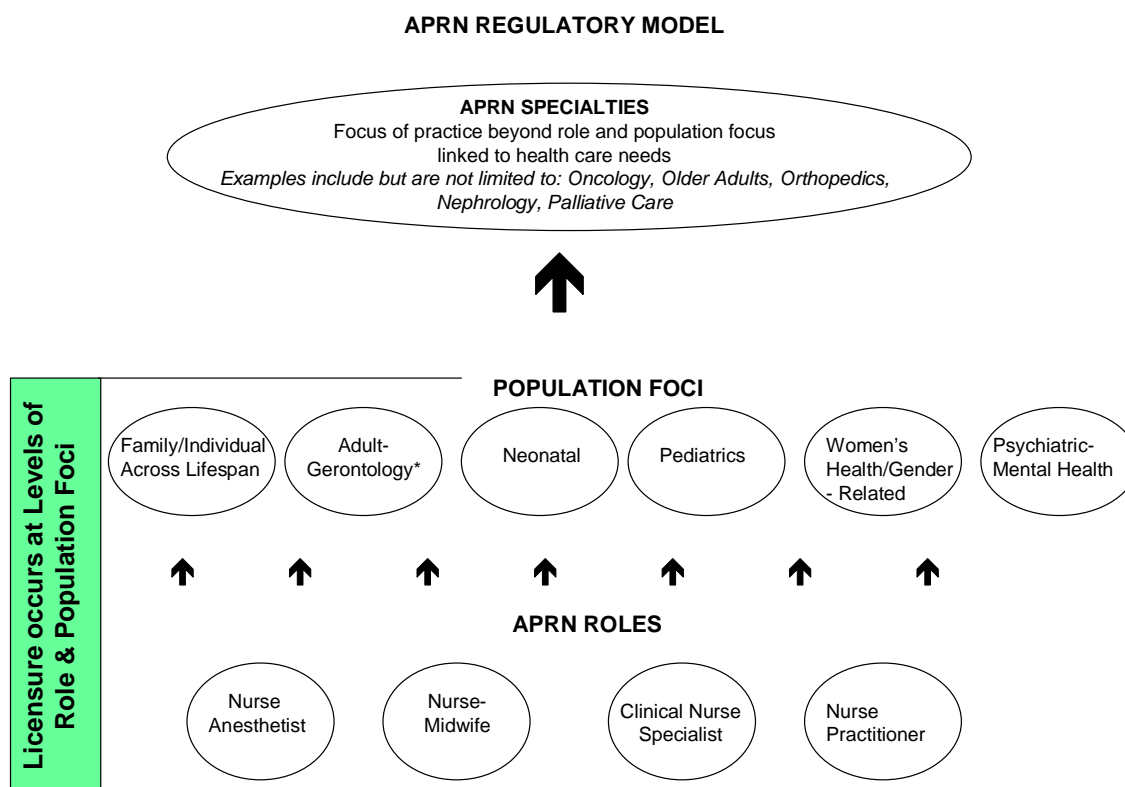


Diagram 1: Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education (2008). (<http://www.aacn.nche.edu/education-resources/APRNReport.pdf>.)

Certified Nurse Practitioners (CNPs), referred to in this document as NPs, are educated across the wellness-illness continuum. Adult-Gerontology NPs are prepared with the

acute care NP competencies and/or the primary care NP competencies. Significant overlap in the acute care and primary care NP competencies does exist; however, the practice of the acute care and primary care adult-gerontology NP differs. The scope of practice of the primary care or acute care adult-gerontology NP is not setting-specific but rather is based on patient care needs. This document delineates the competencies needed by all adult-gerontology NPs prepared for acute care practice. A companion document, *Adult-Gerontology Primary Care NP Competencies* was developed in 2010 and can be located at <http://www.aacn.nche.edu/geriatric-nursing/adultgeroprimcareNPcomp.pdf>. If programs prepare graduates across both the adult-gerontology acute care NP and adult-gerontology primary care NP roles, the graduate must be prepared with the consensus-based competencies for both roles.

Under the Consensus Model for APRN Regulation, APRNs must be educated, certified, and licensed to practice in a role and a population. This document delineates entry-level competencies for graduates of master's, doctorate of nursing practice (DNP), and post-graduate certificate programs preparing acute care NPs who serve the adult-gerontology population. The competencies are intended to be used in conjunction with—and build upon—the graduate core competencies delineated in the AACN (2006) *Essentials of Doctoral Education for Advanced Nursing Practice* or the AACN (2011) *Essentials of Master's Education in Nursing*. The APRN Core: advanced physiology/pathophysiology, advanced pharmacology, and advanced health assessment, must include at a minimum three separate comprehensive graduate-level courses. The individual APRN Core competencies are delineated in the 2006 *Essentials of Doctoral Education for Advanced Nursing Practice* (pp. 23-24) or the 1996 *Essentials of Master's Education for Advanced Practice Nursing* (pp. 12-14). In addition, these competencies build upon the NONPF (2006) core competencies for all nurse practitioners (see discussion related to use of the 2006 NONPF Core Competency framework on pp. 6 of this document). These competencies focus on the unique practice knowledge, skills, and attitudes of the adult-gerontology acute care NP. As an NP gains experience, his or her practice may include more advanced and additional skills and knowledge not included in these entry-level competencies. A model describing the foundations and components of the advanced practice curriculum is shown in Diagram 2. The Adult-Gerontology Acute Care NP curriculum must prepare graduates with the Graduate Core, APRN Core, Role and Population-focused competencies and must ensure that graduates are eligible for national certification as an Adult-Gerontology Acute Care NP. In addition, the education program *may* prepare the graduates with additional competencies in a specialty or more narrow area of practice (e.g. palliative care, orthopedics, or cardiology). Preparation in a specialty area of practice is optional but if offered should prepare the graduate for professional certification in that specialty in addition to national certification in the role and population – Adult-Gerontology Acute Care NP.

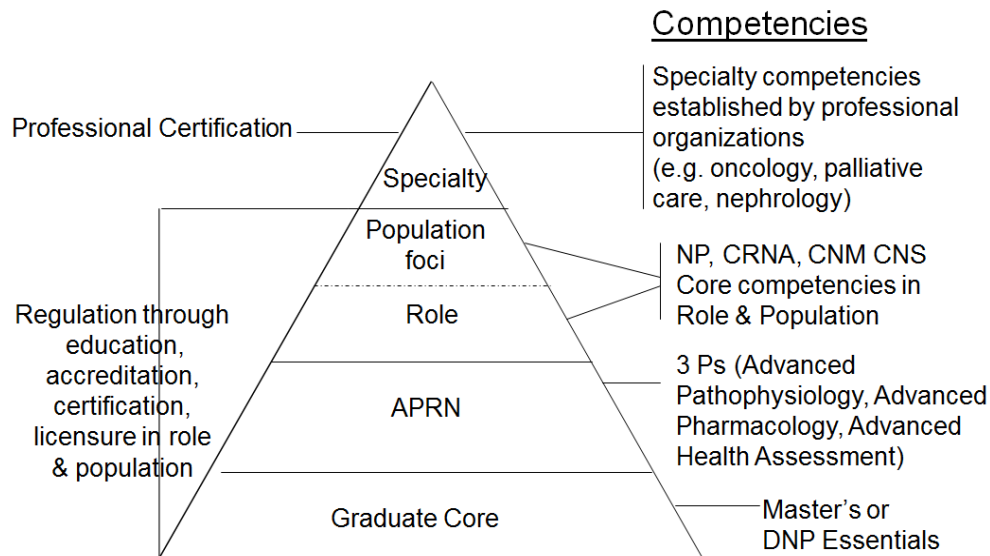


Diagram 2: Building an APRN Curriculum within the Consensus APRN Regulatory Model

These competencies, in addition to the core competencies for all NP practice, reflect the current knowledge base and scope of practice for entry-level adult-gerontology acute care NPs. As scientific knowledge expands and the healthcare system and practice evolve in response to societal needs, NP competencies also will evolve. The periodic review and updating of these competencies will ensure their currency and reflect these changes.

CURRICULAR AND CLINICAL EXPECTATIONS FOR THE ADULT-GERONTOLOGY ACUTE CARE NP EDUCATION PROGRAM

The adult-gerontology acute care NP program provides sufficient didactic and clinical experiences to prepare the graduate with the competencies delineated in this document as well as the NP core competencies. It is expected that faculty assess the types of experiences, patient population and settings, and length of experiences afforded each student to ensure that he/she is prepared to provide care to the entire adult-older adult age spectrum and across the continuum of care from wellness to illness, including the frail elderly. The degree of wellness care provided by the adult-gerontology acute care NP differs from that of the adult-gerontology primary care NP and is reflected in this document.

By merging the adult and gerontology NP curricula, the expectation is that opportunities to enhance or focus the clinical experiences within currently used clinical settings be sought. Practice experiences should focus on the full spectrum of adult-older adult care and should provide the student with the opportunity to focus on the differing and unique developmental, life-stage needs that impact a patient's care across the entire adult age spectrum particularly those with acute care needs. Practice experiences may include a

variety of experiences (e.g., virtual experiences, case studies, and simulation experiences) to enhance the student's preparation with these competencies.

In addition, preceptors and faculty with responsibility for oversight of these clinical and practice experiences should represent broad-based and varied expertise to ensure that the adult-gerontology acute care NP graduate is prepared to provide care to the entire adult-older adult age spectrum and across the wellness-illness continuum, including the frail elderly, with a focus on acute illness care. In this document the term acute care includes care of patients with complex acute, critical and chronic illness, disability, and/or injury.

ADULT-GERONTOLOGY ACUTE CARE NURSE PRACTITIONER COMPETENCIES

These are entry-level competencies for all adult-gerontology acute care nurse practitioners. These adult-gerontology population-focused competencies build on the graduate and APRN core competencies, and NP core competencies. Significant overlap in the acute care and primary care NP competencies does exist; however, the practice of the acute care and primary care adult-gerontology NP differs. The scope of practice of either the acute care or primary care NP is not setting specific but rather is based on patient care needs.

The patient population of the Adult-Gerontology Acute Care NP practice includes young adults (including late adolescents and emancipated minors), adults, and older adults (including young-old, old, and old-old adults). Preparation of the graduate with the entry-level competencies delineated in this document, unless otherwise specified, includes preparation across the entire adult-older adult age spectrum.

The focus of the adult-gerontology acute care NP is to provide patient-centered, quality care to the adult and older adult population. The adult-gerontology acute care NP applies evidence in practice designed to improve quality of care and health outcomes.

The adult-gerontology acute care NP competencies are delineated in Table 1. The adult-gerontology population-focused competencies build on the NP Core Competencies (NONPF, 2006). The Domains of NP Practice (NONPF, 2006) provide the framework for the adult-gerontology acute care NP competencies.¹ In addition, the categories under each Domain reflect those used in the AACN (2010) *Adult-Gerontology Primary Care Nurse Practitioner Competencies*

¹ See discussion related to use of the 2006 NONPF Core Competency framework on pp.6 of this document.

TABLE 1: Adult-Gerontology Acute Care Nurse Practitioner Competencies

ADULT-GERONTOLOGY ACUTE CARE NP COMPETENCIES	
<p>The patient population of the adult-gerontology acute care NP practice includes the entire spectrum of adults including young adults, adults and older adults. The adult-gerontology ACNP provides care to patients who are characterized as “physiologically unstable, technologically dependent, and/or are highly vulnerable to complications” (AACN Scope and Standards, 2006, p 9). These patients may be encountered across the continuum of care settings and require frequent monitoring and intervention. The role encompasses the provision of a spectrum of care ranging from disease prevention to acute and critical care management to “stabilize the patient’s condition, prevent complications, restore maximum health and/or provide palliative care” (AACN p. 10). It is assumed that preparation of the graduate with these competencies unless otherwise specified includes preparation across the entire adult-older adult age spectrum. It also is assumed that the graduate is prepared to implement the full scope of the adult-gerontology acute care NP role.</p>	
<p>The adult-gerontology acute care nurse practitioner is a provider of direct health care services. Within this role, the adult-gerontology acute care NP synthesizes theoretical, scientific, and contemporary clinical knowledge for the assessment and management of both health and illness states. These competencies incorporate disease prevention, and management focus of the adult-gerontology acute care NP practice.</p>	
I. HEALTH PROMOTION, HEALTH PROTECTION, DISEASE PREVENTION, AND TREATMENT	
A. Assessment of Health Status:	
<p>These competencies describe the role of the adult-gerontology acute care NP (ACNP) in terms of assessing the individual’s health status, including assessment of the health promotion, health protection, and disease prevention needs of the acute, critical, and chronically ill or injured patient. Activities include risk stratification, disease specific screening activities, diagnosis, treatment and follow-up of acute illness, and appropriate referral to specialty care.</p>	
1.	Assesses the complex acute, critical, and chronically-ill patient for urgent and emergent conditions, using both physiologically and technologically derived data, to evaluate for physiologic instability and risk for potential life-threatening conditions.
2.	Obtains relevant comprehensive and problem-focused health histories for complex acute, critical, and chronically-ill patients using collateral sources as necessary.
3.	Evaluates signs and symptoms, including age appropriate changes, noting pertinent positives and negatives.
4.	Prioritizes data collection, according to the patient’s age, immediate condition or needs, as a continuous process in acknowledgement of the dynamic nature of complex acute, critical, and chronic illness or injury.
5.	Accurately documents relevant comprehensive and problem-focused health histories.
6.	Performs and accurately documents a pertinent, comprehensive, and focused physical, mental health and cognitive assessment,

Adult-Gerontology Acute Care Nurse Practitioner Competencies, AACN, February 2012

demonstrating knowledge about developmental, age related, and gender specific variations.

7. Assesses the impact of an acute, critical, and /or chronic illness or injury and the health promotion needs, social support and physical and mental health status using age, gender, and culturally appropriate standardized assessment instruments or processes in relationship to:
 - a. Functional or activity level
 - b. Mobility
 - c. Cognition
 - d. Decision-making capacity
 - e. Pain
 - f. Skin integrity
 - g. Nutrition
 - h. Sleep and rest patterns
 - i. Sexuality
 - j. Spirituality
 - k. Immunization status
 - l. Neglect and abuse
 - m. Substance use and abuse
 - n. Quality of life
 - o. Family and social relationships
 - p. Genetic risks
 - q. Health risk behaviors
 - r. Safety
 - s. Advance care planning preferences and end of life care
8. Distinguishes cultural, spiritual, ethnic, gender, sexual orientation, and age cohort differences in presentation, progression, and treatment response of common acute, critical, and chronic health problems.
9. Provides for the promotion of health and protection from disease by assessing for risks associated with care of complex acute, critical, and chronically-ill patients, such as:
 - a. Physiologic risk, including, but not limited to, immobility, impaired nutrition, fluid and electrolyte imbalance, and adverse effects of diagnostic/therapeutic interventions.
 - b. Psychological risk, including, but not limited to, pain, impaired sleep and communication, crisis related to threat to life, finances, and altered family and social network dynamics.
 - c. Healthcare system risks associated with care of complex patients, including but not limited to multiple caregivers, continuity of care, coordination of the plan of care across levels and settings of care, complex medical regimens, low or poor health literacy, and communication with family or between multiple care providers.

10. Assesses the impact of family, community, and environment, including economic, work, institutional, school, social, and living environments, on an individual's health status and quality of life.
11. Screens for acute and chronic mental health and behavioral problems and disorders, adapting for the cognitively impaired.
12. Obtains health information from collateral sources, including electronic health records and databases, and other healthcare providers and family members, as needed, e.g., with cognitively impaired, sensory impaired, or non-self-disclosing patients, applying ethical and legal standards of care.
13. Assesses individuals with complex health issues and co-morbidities, including the interaction with aging and acute and chronic physical and mental health problems.
14. Analyzes the relationship among development, normal physiology, and specific system alterations that can be produced by aging and/or disease processes.
15. Assesses the individual's and support system's ability to cope with and manage developmental (life stage) transitions.
16. Determines the individual's ability to participate in care, care decisions, work, school, physical, and social activities.
17. Assesses the effect of complex acute, critical and chronic illness, disability, and/or injury on the individual's:
 - a. Functional status
 - b. Independence
 - c. Physical, mental, and cognitive status
 - d. Social roles and relationships
 - e. Sexual function and well-being
 - f. Economic or financial status
 - g. Risk for addictive behavior
 - h. Risk for abuse and neglect
18. Conducts a pharmacologic assessment addressing pharmacogenetic risks, complex medical regimens, drug interactions and other adverse events; over-the-counter; complementary alternatives; and the patient's and caregiver's ability to self-manage medications safely and correctly.
19. Assesses for syndromes and constellations of symptoms that may be manifestations of other common health problems, e.g., risk-taking behaviors, stress, self-injury, incontinence, falls, dementia, delirium or depression.
20. Determines the need for transition to a different level of care or care environment based on an assessment of an individual's acuity, frailty,

stability, resources, and need for assistance, supervision or monitoring.

21. Assesses genetic risk factors related to the patient's acute and chronic health conditions.
22. Participates in the determination of patient's comprehension and decision-making capacity.

B. Diagnosis of Health Status

The adult-gerontology acute care NP is engaged in the diagnosis of health status in patients with physiologic instability or the potential to experience rapid physiologic deterioration or life-threatening instability. This diagnostic process includes critical thinking, differential diagnosis, and the identification, prioritization, interpretation and synthesis of data from a variety of sources. These competencies describe the role of the adult-gerontology acute care NP related to diagnosis of health status.

1. Identifies across the entire adult age spectrum both typical and atypical presentations of complex acute, critical and chronic illnesses including urgent and emergent physical and mental health conditions
2. Develops differential diagnoses by priority for new or recurring complex acute, critical, and chronic physical, mental health and behavioral disorders and problems.
3. Identifies the presence of co-morbidities, age-related changes, their impact on presenting health problems, potential for rapid physiologic and mental health deterioration or life-threatening instability and the risk for iatrogenesis.
4. Plans diagnostic strategies and appropriate uses of diagnostic tools to screen for and prevent sequelae of acute and critical illnesses and iatrogenic conditions with consideration of the risks, benefits, and costs to individuals based on goals of care.
5. Manages the evaluation of acute, critical and chronically ill patients through ordering, interpretation, performance, and supervision of diagnostic testing and clinical procedures taking into account the individual's age, gender, genetic risks, and health status.
6. Performs specific diagnostic strategies and technical skills to monitor and sustain physiological function and ensure patient safety, including but not limited to EKG interpretation, x-ray interpretation, respiratory support, hemodynamic monitoring, line and tube insertion, lumbar puncture, and wound debridement.
7. Synthesizes data from a variety of sources to make clinical decisions regarding appropriate management, consultation, or referral.
8. Diagnoses complex acute, critical, and chronic physical illnesses and common mental health problems, recognizing disease progression, multisystem health problems, associated complications, and iatrogenic conditions.

9. Reformulates diagnoses based on new or additional assessment data and the dynamic nature of complex acute, critical, and chronic illness.
10. Diagnoses common behavioral and mental health and substance use or addictive disorder/disease, such as anxiety, depression, PTSD, and alcohol and drug use, in the presence of complex acute, critical, and chronic illness.

C. Plan of Care and Implementation of Treatment

The objectives of planning and implementing therapeutic interventions are to return the individual to stability and optimize the individual's health. These competencies describe the adult-gerontology acute care NP's role in stabilizing the individual, minimizing physical and psychological complications, maximizing the individual's health potential, and assisting with palliative/end-of-life care management.

1. Formulates a plan of care to address complex acute, critical, and chronic physical and mental health care needs.
 - a. Integrates knowledge of rapidly changing pathophysiology of acute and critical illness in the planning of care and implementation of treatment and referrals.
 - b. Prescribes appropriate pharmacologic and nonpharmacologic treatment modalities considering age and genetic profile.
 - c. Utilizes evidence-based practice in planning and implementing care.
 - d. Addresses cultural, spiritual, ethnic, gender, and age cohort differences in planning and implementing care.
2. Plans and implements interventions to support the patient to regain and maintain age-specific physiologic and psychological stability consistent with the patient's goals of care.
3. Promotes safety and risk reduction through the use of interventions such as:
 - a. devices to promote mobility and prevent falls
 - b. cognitive and sensory enhancements
 - c. restraint-free care
 - d. judicious use of catheters and lines
 - e. monitoring and other technological devices.
4. Reduces patient risk by designing and implementing interventions to prevent:
 - a. decline in physical or mental function
 - b. impaired quality of life
 - c. social isolation
 - d. disability
 - e. increased cost

Adult-Gerontology Acute Care Nurse Practitioner Competencies, AACN, February 2012

5. Manages care through ordering, and performing interventions to monitor, sustain, or restore physiological and psychological function including the patient with a rapidly deteriorating physiologic condition.
6. Implements interventions to support the patient with a rapidly deteriorating physiologic condition based on Advanced Cardiac Life Support and Fundamentals of Critical Care Support.
7. Implements health promotion, health maintenance, health protection, and disease prevention initiatives that are age, gender, cultural, and health status appropriate.
8. Provides anticipatory guidance and counseling to individuals and their families based on identified health promotion needs and goals; complex acute, critical and chronic care needs; social support; and health and cognitive status.
9. Performs therapeutic interventions to stabilize acute and critical health problems, including but not limited to suturing; wound debridement; lumbar puncture; airway, line and tube insertion and management.
10. Manages complex, acute, critical, and chronic physical problems.
11. Initiates treatment for common acute and critical mental health problems.
12. Implements care to prevent and manage geriatric syndromes such as falls, loss of functional abilities, dehydration, delirium, depression, dementia, malnutrition, incontinence, and constipation.
13. Analyzes the indications, contraindications, risk of complications, and cost-benefits of therapeutic interventions.
14. Individualizes the plan of care to reflect the dynamic nature of the patient's condition, age, developmental and life transitions, patient's and family's needs.
15. Uses pharmacologic and non-pharmacologic management strategies to ameliorate physical and behavioral symptoms in individuals who have psychiatric/substance misuse disorders.
16. Prescribes medications maintaining awareness of and monitoring for adverse drug outcomes and complex medical regimens, especially in high-risk and vulnerable populations.
17. Manages pain and sedation for patients with complex acute, critical and chronic illness.
 - a. Prescribes pharmacologic and nonpharmacologic interventions.
 - b. Monitors and evaluates the patient's pain and sedation response considering possible concomitant use of alcohol, recreational drugs,

- OTC, and other complementary products.
 - c. Modifies the plan of care according to patient reaction and treatment goals.
18. Initiates appropriate referrals and consultations.
 19. Performs consultations based on one's knowledge and expertise.
 20. Modifies the plan of care after evaluating the patient's response to therapeutic interventions and dynamic changes in condition.
 21. Monitors and evaluates the safety and efficacy of pharmacologic, behavioral, and other therapeutic interventions.
 22. Orders and implements palliative and end-of-life care in collaboration with the patient, family, and members of the healthcare team.
 23. Provides leadership to coordinate the planning, delivery, and evaluation of care by the healthcare team
 24. Develops a transition plan for long-term management of healthcare problems with the individual, family, and healthcare team.
 25. Evaluates effectiveness and adequacy of individual's and/or caregiver's support systems.
 26. Facilitates the patient's transition within healthcare settings and across levels of care, including admitting, transferring, and discharging patients.
 27. Prescribes and monitors treatments and therapeutic devices as indicated, including but not limited to: oxygen, bi-level PAP, prosthetics, splints, and adaptive equipment.
 28. Prescribes and monitors the effect of therapies including but not limited to physical therapy, occupational therapy, speech therapy, home health, palliative care, and nutritional therapy.
 29. Evaluates risks for adverse outcomes due to treatment, including under or over treatment.
 30. Implements interventions to support the individual with a rapidly deteriorating physiologic condition, including the application of basic and advanced life support and other invasive interventions or procedures to regain physiologic stability.

II. NURSE PRACTITIONER-PATIENT RELATIONSHIP

Competencies in this area demonstrate the nurse practitioner-patient collaborative approach, which enhances the adult-gerontology acute care NP's effectiveness of care. The competencies speak to the critical importance of the interpersonal transaction as it relates to therapeutic patient outcomes considering the cognitive, developmental, physical, mental, and behavioral health status of the patient across the adult lifespan.

1. Identifies one's personal biases related to culture, aging, gender, development, and independence that may affect the delivery of quality care.
2. Provides appropriate and effective communication that builds therapeutic relationships with diverse individuals, families, and caregivers facing acute onset or exacerbations of complex chronic physical and/or psychological conditions.
3. Assists individuals, families, and caregivers to support or enhance the patient's right to self-determination, sense of safety, autonomy, worth, and dignity
4. Engages the patient and family's participation in the development and revision of the plan of care.
5. Uses communication skills adapted to the individual's and family's health literacy; and cognitive, developmental, physical, mental, and behavioral health status.
6. Facilitates patient and family decision-making regarding complex acute, critical, and chronic illness treatment decisions, end-of-life care, and organ/tissue donation in a manner that ensures informed decisions.
7. Applies principles of crisis management in assisting the patient and family experiencing complex acute, critical, and chronic physical and mental illness during changes in status.
8. Advocates for the patient's and family's rights regarding healthcare decision-making such as emancipation, conservatorship, guardianship, durable power of attorney, health care proxy, advance directives and informed consent, taking into account ethical and legal standards.
9. Initiates discussion of sensitive issues with the individual, family and other caregivers such as:
 - a. suicide prevention, self injury
 - b. sexually-related issues
 - c. substance use/abuse
 - d. risk-taking behavior
 - e. driving safety
 - f. independence
 - g. finances

- h. violence, neglect, abuse, and mistreatment
- i. prognosis
- j. care transitions, changes in levels of care
- k. institutionalization
- l. palliation and end-of-life care

III. TEACHING-COACHING FUNCTION

These competencies describe the adult-gerontology acute care NP's ability to impart knowledge and associated psychomotor and coping skills to individuals, family, and other caregivers. The coaching function involves the skills of interpreting and individualizing therapies through the activities of advocacy, modeling and teaching.

1. Collaborates with the individual, family, and caregivers in the development of educational interventions appropriate to the complex acute, critical, and chronically-ill patient's needs, values, developmental and cognitive level, and health literacy.
2. Educates individuals, families, caregivers, and groups regarding strategies to manage the interaction among normal development, aging, and mental and physical disorders.
3. Adapts teaching-learning approaches based on physiological and psychological changes, age, developmental stage, cognitive status, readiness to learn, health literacy, the environment, and available resources.
4. Integrates, as appropriate, self-care activities for complex acute, critical, and chronically ill patients.
5. Teaches patients and families how to navigate the health care system effectively.
6. Educates professional and lay caregivers to provide culturally and spiritually sensitive appropriate care.
7. Demonstrates leadership of the healthcare team through teaching and coaching to advance the plan of care for complex acute, critical, and chronically ill patients.

IV. PROFESSIONAL ROLE

These competencies describe the varied role of the adult-gerontology acute care NP, specifically related to advancing the profession and enhancing direct care and management. The adult-gerontology acute care NP demonstrates a commitment to the implementation, and evolution of the adult-gerontology acute care NP role. As well, the adult-gerontology acute care NP implements clinical reasoning and builds collaborative intra- and interprofessional relationships to provide optimal care to patients with complex acute, critical and chronic illness. The adult-gerontology acute care NP advocates on behalf of the patient population and the profession through active participation in the health policy process.

Adult-Gerontology Acute Care Nurse Practitioner Competencies, AACN, February 2012

1. Develops effective collaboration with both formal and informal caregivers and professional staff to achieve optimal care outcomes during complex acute, critical and chronic illness attending to variations across the lifespan.
2. Demonstrates leadership to promote improved health care outcomes for the adult–older adult population in practice, policy, and other venues.
3. Coordinates comprehensive care in and across care settings for patients who have acute and chronic illness needs.
4. Promotes the delivery of evidence-based care for patients with complex acute, critical, and chronic physical and mental illness.
5. Analyzes the impact of participation in professional organizations to:
 - a. Influence health policy
 - b. Promote access to care for the population(s) served
 - c. Advocate on behalf of the population(s) served
 - d. Promote the adult-gerontology acute care NP and other advanced practice nursing roles.
6. Participates in the design and/or implementation, and evaluation of evidence-based, age-appropriate professional standards and guidelines for care.
7. Contributes to knowledge development for improved care of the adult-gerontology acute care population, by participation in quality improvement, program evaluation, translation of evidence into practice, and/or dissemination of evidence.
8. Serves as a knowledge resource regarding clinical and/or care issues related to the design and development of complex acute, critical, and chronic health services for care of the adult-gerontology population.
9. Describes the current and evolving adult-gerontology acute care NP role to other healthcare providers and the public.
10. Applies stress management principles when faced with complex, acute or traumatic situations.
11. Advocates for a safe and healthy practice environment.
12. Engages in self reflection, performance appraisal, and peer-review to:
 - a. Identify lifelong learning needs
 - b. Enhance inter- and intra-professional relationships
 - c. Effect continuous quality improvement
 - d. Enhance professional development

13. Participates in the design and/or development, and evaluation of current and evolving healthcare services to optimize care and outcomes for the adult-gerontology population.
14. Provides guidance, consultation, mentorship, and educational experiences to students, nurses, and other health professionals.
15. Advocates for implementation of the full scope of the adult-gerontology acute care NP role.
16. Advances the level of knowledge of adult-gerontology acute care nurse practitioners to improve healthcare delivery and patient outcomes through presentations, publications, and/or involvement in professional organizations.

V. MANAGING AND NEGOTIATING HEALTHCARE DELIVERY SYSTEMS

These competencies describe the adult-gerontology acute care NP role in achieving improved health outcomes for individuals, communities, and systems by overseeing and directing the delivery of clinical services within an integrated system of health care. In addition, the adult-gerontology acute care NP addresses the development and implementation of system policies affecting services.

1. Assists individuals, their families, and caregivers to navigate transitions between levels of care and across the healthcare delivery system(s).
2. Works collaboratively with a variety of health professionals to achieve patient care goals, promote stabilization and restoration of health in complex acute, critical, and chronic illness.
3. Promotes collaboration among members of the multidisciplinary healthcare team to facilitate optimal care for patients with complex acute, critical, and chronic illnesses considering variations across the adult lifespan.
4. Uses principles of case management when overseeing and directing healthcare services for complex acute, critical, and chronic illness.
5. Identifies processes, principles and regulations related to payer systems used in the planning and delivery of healthcare services.
6. Describes challenges to optimal care created by the competing priorities of patients, payers, providers and suppliers.
7. Promotes efficient use of resources and provision of safe, high quality care to achieve cost-effective outcomes
8. Analyzes system barriers to care delivery and coordination.
9. Applies knowledge of the type and level of services provided across healthcare and residential settings.
10. Advocates within healthcare systems for access to cost-effective, quality care.

11. Advocates for legislation and policy to promote health and improve care delivery models through collaborative and/or individual efforts.
12. Promotes equity in health and health care for peoples of diverse culture, ethnic, and spiritual backgrounds.
13. Describes institutional, local, and state emergency response plans and one's potential role in each.

VI. MONITORING AND ENSURING THE QUALITY OF HEALTHCARE PRACTICE

These competencies describe the adult-gerontology acute care NP role in ensuring quality of care through consultation, collaboration, continuing education, certification, and evaluation. The monitoring function of the role is also addressed relative to examining and improving one's own practice as well as engaging in interdisciplinary peer and colleague review.

1. Monitors one's own practice by:
 - a. Applying evidence-based practice protocols and guidelines in providing quality care.
 - b. Participating in evaluation of scientific evidence through individual and group efforts.
 - c. Evaluating one's own practice against identified benchmarks.
 - d. Engaging in peer review.
2. Functions within the national, state and institutional credentialing and scope of practice for adult-gerontology acute care NPs based upon education, certification, and licensure criteria.
3. Improves *practice outcomes within systems* by:
 - a. Using technology and quality improvement methods to enhance safety and monitor health outcomes.
 - b. Developing strategies to reduce the impact of biases including ageism and sexism on healthcare policies and systems.
 - c. Advocating for access to quality, cost-effective health care.
 - d. Using internal and external agencies and resources
 - e. Addressing cultural, spiritual, ethnic, and intergenerational influences that potentially create conflict among individuals, families, staff, and caregivers.
 - f. Contributing to health literacy of the public

APPENDIX A: BACKGROUND DOCUMENTS REVIEWED BY EXPERT PANEL

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