Agenda Item: 7.6
Prepared by: J. Zych
Meeting Date: January 2007

Scope of Practice Issue: Acute and Primary Care Pediatric Nurse Practitioners

Summary of Request: The purpose of this agenda item is to provide information to Board members regarding an issue that has arisen related to primary care educated pediatric nurse practitioners (PNPs) working in acute care, specifically critical care, settings.

Historical Perspective: Board staff recently learned that Children's Medical Center in Dallas has a number of primary care prepared PNPs working in its critical care units. A few of these individuals are currently eligible to be or have since been recognized as acute care PNPs, but not all are eligible for this recognition at this time. Joe Don Cavender, director of advanced practice services for the facility, contends that the requirement for both certification and education as an acute care PNP is new (Attachment A). Although recognition of the acute care PNP examination by the Board is recent (July 2005), recognition of the title is not. The acute care PNP title has been recognized since 1997-1998. The pediatric critical care nurse practitioner title has been recognized for even longer–since 1995. Prior to the Board's recognition of the acute care PNP examination, acute care PNPs completed 1000 hours of supervised practice (post-graduation) with a board-approved preceptor. The person recognized as the first acute care PNP completed her acute care PNP program in April 1997 and was recognized after completing 1000 hours of supervised practice approximately one year later.

Mr. Cavender's letter requests exceptions to allow primary care prepared PNPs to continue to practice in critical care while they obtain the necessary education to allow them to apply for the appropriate authorization to practice in acute care pediatrics. Mr. Cavender points out that one of these individuals has been practicing in this capacity for nine years. The other also has experience in the setting and will be finishing an acute care PNP program in the spring. If these individuals do not continue to practice in this setting, the facility is placed in a difficult position due to a shortage of providers. Mr. Cavender's letter was shared with the APN Liaison Committee (Dr. Rounds, Dr. Garcia, and Dr. Jackson) prior to staff drafting a response.

Based on input from the APN Liaison Committee and current regulations, a response was sent to Mr. Cavender (Attachment B). The Nursing Practice Act states that advanced practice approvals are granted based on education. Rule 221 reiterates education as the foundation for authorization and requires the advanced practice nurse to practice in the role and specialty appropriate to his/her educational preparation [Rule 221.13(b)]. Although these individuals are educated in the pediatric specialty, primary care PNP education does not provide a sufficient foundation for medical diagnosis and medical management of critically ill patients. Staff's response provides additional clarification of these issues.

Since that letter was sent, staff has learned that Texas Children's Hospital in Houston may also have primary care prepared PNPs practicing in critical care settings. This issue may potentially affect other children's hospitals within the state of Texas as well; however, none of these facilities have contacted staff as of the writing of this report. If staff is contacted by additional facilities, a verbal update will be provided at the Board meeting.

Action: This agenda item is provided for information purposes so that Board members are aware of this issue; therefore, action is not required at this time. A petition related to this issue has been received and is currently under review by the petition review committee. Staff anticipates the petition will be presented for the Board's consideration at the April 2007 meeting.

October 18, 2006

Jolene Zych, MS, RNC, WHNP
Board of Nurse Examiners for the State of Texas
Nursing Consultant - Advanced Practice
333 Guadalupe #3-460
Austin, Texas 78701
JOLENE.ZYCH@BNE.STATE.TX.US

Dear Ms. Zych,

I am the Director of Advanced Practice Services at Children's Medical Center Dallas. In my role, I oversee all of the Advanced Practice Nurses that practice in the various subspecialties here at Children's. One of those areas is the Pediatric Critical Care Service.

We currently employ 16 full time Advanced Practice Nurses in the Critical Care Service. These nurse practitioners practice in either the Cardiovascular ICU or in the Trauma/Neuro ICU. Of the 16 nurse practitioners here at Children's in critical care, 14 of them have either completed a Master's degree to prepare them as an acute care Pediatric Nurse Practitioner (ACPNP) or have completed a Pediatric Critical Care Nurse Practitioner Master's program.

As you may know, Children's is the principal pediatric teaching hospital for the University of Texas Southwestern Medical School. Subsequently the nurse practitioner's function here in a completely supervised medical education model where they examine patients, develop a plan of care, write a daily progress note and then present their patients during daily rounds to the Attending Physician. The Attending Physician then repeats the physical exam and either concurs or alters the plan of care developed by the nurse practitioner. The nurse practitioners do not bill for their services – all billing is via the UT Southwestern Attending Physician. This is a unit with only faculty physicians, fellows, and nurse practitioners. There are no pediatric residents.

The Attending Physician is physically present on the unit daily and then is immediately available via phone 24 hours per day, 7 days per week for any issues or questions. During times that the Attending Physician is not physically present, a pediatric intensivist Fellow is physically present on the unit to supervise the nurse practitioners 24 hours per day, 7 days per week.

The Critical Care Nurse Practitioners also have a Pediatric Intensivist, Dr. Maeve Sheehan, who serves as their Medical Director. She oversees their yearly skills day for validation of their proficiency with skills required to perform their role. She also provides a twice-monthly rounding session where she discusses interesting cases to supplement their knowledge of pediatric critical care medicine. The Pediatric Critical Care service also has weekly didactic lecture session providing educational information regarding the medical management of common pediatric critical care issues.

I am aware of the recent communications between 4 of our nurse practitioners with your staff at the Board of Nurse Examiners for the State of Texas (BNE). My first concern was the

children's
MEDICAL CENTER

graduates of the University of Texas at Arlington School of Nursing's Acute Care PNP post Master's certificate program in August of 2003 and August of 2004. Those nurse practitioners included Allison Paige Clancy, Theresa Gray Rashdan, Kristin Milota, and Lisa Thompson. Thank you for your guidance in relation to outlining the steps required for getting them to the point of achieving recognition from the BNE as ACPNPs.

We have in the interim adjusted our staffing schedule so that only BNE recognized ACPNPs are covering the critical care service here at Children's, however this has created a strain on those ACPNP's recognized by the BNE, as well as limiting our critical care bed capacity with the winter cold, RSV, and Flu season approaching – historically a time of tremendous shortage of pediatric critical care beds in the Dallas area. In short, limiting the practice of these 3 nurse practitioners is having a negative impact on the care of pediatric patient's here at Children's Medical Center of Dallas.

My second concern is that 2 of our current nurse practitioners (employed for their expertise in pediatric ICUs) have not yet completed their Acute Care PNP post Master's certificate program. Both of these Nurse Practitioners are Primary Care educated and certified PNPs who have extensive experience functioning in the nurse practitioner role in critical care. However, we have currently suspended their practice in the critical care areas at Children's.

In fact, one of these individuals has:

- Nine years of experience as a Pediatric Nurse Practitioner in pediatric cardiovascular ICU nursing.
- In 2005 wrote a book chapter titled "Cardiovascular Disorders" in Richardson, V.E., *Practice Guidelines for Pediatric Nurse Practitioners*. Elsevier Publishing, 2005.
- Completed the PNCB's ACPNP examination in 2005 – scoring the highest of all who took the examination in 2005 and was recognized at the annual NAPNAP conference this year for her achievement.

She is beginning the Acute Care PNP post Master's certificate program at the University of Texas at Arlington in January 2007.

The other primary care PNP who has been practicing in critical care here at Children's is a current student of the Acute Care PNP post Master's certificate program at the University of Texas at Arlington with an expected graduation date of May 2007. She too has extensive pediatric critical care experience as both a registered nurse and as a pediatric nurse practitioner.

My request for these two individuals: Is there a process for them to request a waiver to have temporary recognition to continue their practice pending the successful completion of their Acute Care PNP post Master's certificate program?

Here at Children's we are committed to promoting the ACPNP role by financially supporting NPs who want to go back for the post-masters ACPNP education. Additionally we have worked diligently to restrict practice in critical care to only those individuals with prior experience or training as a pediatric nurse practitioner in critical care or acute care pediatrics. However, as you are aware, there is only one ACPNP education program in the State of Texas and the pool of available candidates is very small. Despite this limited pool of candidates, the number of

children requiring critical care services is growing steadily. Here at Children's we have made a commitment to the community to provide care to children in need despite the ability to pay for these services, however our ability to provide this service hinges on our ability to safely staff critical care beds.

Other factor's influencing the growth of nurse practitioner roles in our institution is the limited number of subspecialty physicians and the Accreditation Council for Graduate Medical Education resident work hour restrictions. An area of particular need is that of the pediatric Cardiovascular ICU. There are very few subspecialty physicians available for a very specialized practice area such as this. The loss of a nurse practitioner with extensive knowledge and experience in this subspecialty as a nurse practitioner would be extremely detrimental to patient care.

My final area of concern is that of other areas of practice for nurse practitioner's here at Children's that may or may not be deemed acute care. We have 100 nurse practitioners in approximately 30 subspecialty areas here at Children's. As mentioned, we have been encouraging our nurse practitioner's to return to school for their Acute Care PNP post Master's certificate program (with financial assistance for tuition fees and time off for attending classroom activities). However, once again, the current pool of available candidates to meet the growing need for services is very small.

It has been common practice across the State of Texas to employe Primary Care educated and certified nurse practitioners in pediatric critical care areas. This is not an issue that is unique to Children's Medical Center of Dallas. My personal desire is to avoid another crisis such as the recent event where 5 of our Nurse Practitioner have been suddenly unable to practice in critical care. I am sure a similar crisis would occur in Houston, Fort Worth, Austin, and San Antonio if they became aware of the BNE's stance regarding NP practice in critical care by Primary Care educated and certified PNPs with years of critical care experience. Therefore this is an issue that the Texas BNE must quickly address.

Clear, unambiguous direction from the BNE would be very helpful and might include:

- A definition or set of criteria one could use to determine if the practice setting is considered acute care or primary care in scope.
- A deadline for when all nurse practitioners that practice in those areas defined by the above required criteria as acute care must have both the Acute Care PNP post Master's certificate program completed and successful completion of the PNCB's ACPNP examination.
- An interim plan for allowing primary care educated and certified PNPs to continue practicing in their current area of specialty before the imposed deadline mentioned above in the second bullet point (certainly aside from critical care areas).

A sudden requirement for Acute Care PNP education and certification in other clinical areas that are hospital based would certainly create a health care crisis for us here in Dallas – and likely also in pediatric institutions across the state.

I appreciate your thoughtful consideration of my requests and comments. Our utmost concern is providing safe care to our patients and their families while following the guidelines and rules imposed by the Texas BNE.

children's
MEDICAL CENTER

I would also like to invite you to visit Children's for a day to tour our facility, spend time with our nurse practitioner's in their current roles, and to discuss our approach to all areas of practice here at Children's in terms of the need for Acute Care PNP vs. Primary Care PNP education and certification. As an alternative, Maeve Sheehan (the Critical Care Nurse Practitioner Medical Director) and I could visit your office provide additional information regarding nurse practitioner practice here at Children's Medical Center of Dallas.

Respectfully,

Joe Don Cavender, RN, CPNP-PC

Joe Don Cavender, MSN, RN, CPNP-PC
Director; Advanced Practice Services
Children's Medical Center Dallas
1935 Motor Street
Dallas, Texas 75235
214-456-2331
joe.cavender@childrens.com

CC:
Katherine Thomas, MN, RN – Executive Director of the Board of Nurse Examiners for the State of Texas.

Mary Stowe, MSN, RN – Interim Chief Nursing Officer, Children's Medical Center Dallas

Attachment B

Board of Nurse Examiners For the State of Texas

Location Address: William P. Hobby Building, Ste. 3-460, 333 Guadalupe Street, Austin, Texas 78701
Phone: (512) 305-7400 Fax: (512) 305-7401 Web: www.bne.state.tx.us

Katherine A. Thomas, MN, RN
Executive Director

29 November 2006

Joe Don Cavender, MSN, RN, CPNP–PC
Director, Advanced Practice Services
Children's Medical Center Dallas
1935 Motor Street
Dallas, TX 75235

Dear Mr. Cavender:

This letter is in response to your letter of October 18, 2006 regarding advanced practice nurses practicing in the pediatric critical care service at Children's Medical Center Dallas (Children's). You inquired regarding the differentiation of acute care and primary care pediatric nurse practitioner services and requested that the Board provide an "interim plan" for primary care educated and certified pediatric nurse practitioners (PNP) to continue to practice in their current areas of specialty.

The Advanced Practice Nursing Liaison Committee (liaison committee) is composed of three members of the Board of Nurse Examiners (BNE, Board). Your letter was provided to the liaison committee for review and this response is provided based upon their comments and opinions.

Section 301.152 of the Nursing Practice Act (*Texas Occupations Code*) states that advanced practice nurses in the state of Texas, including PNPs, are authorized to practice in a specific advanced role and specialty area based on completing an advanced practice nursing educational program that is acceptable to the Board. Therefore, their scope of practice is founded first and foremost upon their advanced practice nursing educational preparation, and they are required to practice in the role and specialty that is appropriate to their educational preparation [22 Tex. Admin. Code, Sec. 221.13(b)].

The requirement for advanced practice nurses to practice in the role and specialty appropriate to their advanced practice nursing educational preparation has been included in BNE Rule for more than twenty-five years and has been consistently enforced. Therefore, the liaison committee members and staff would respectfully disagree that this is a change in policy. PNPs who were educated in a program that prepares them to provide primary care to pediatric patients have consistently been advised by board staff that practice in critical care settings is beyond their scope when they have contacted the board office to inquire whether such services are within their scopes of practice to provide. This is consistent with the responses given to adult and family nurse practitioners who inquire regarding practicing in adult critical care settings.

Like the adult and family nurse practitioner roles, the PNP role has historically provided educational preparation targeted for care of patients in primary care settings. In general, the Board has viewed the primary care prepared PNP's role in the acute care setting as more limited than that of the acute care pediatric nurse practitioner (ACPNP). It is not considered to be equivalent to that of an ACPNP in the acute care setting. Primary care PNP educational preparation generally includes well-child care as well as prevention and management of commonly occurring pediatric acute illnesses and chronic conditions. Although there may be some overlap between the primary and acute care PNPs and there may be services that the primary care-prepared PNP may provide in an inpatient setting, this does not mean their scopes of practice are identical.

Primary care PNP educational preparation does not generally include significant content related to medical diagnosis and management of critically ill children.

The Guidelines for Determining APN Scope of Practice that were adopted by the Board in October 2005 further elaborate on the concept of expanding one's scope of practice.

> *. . . . there are finite limits to expansion of scope of practice without completing additional formal education. Advanced practice nurses cannot change their legally recognized titles or designations through experience or continuing education; these changes may only be achieved through additional formal educational preparation and meeting all legal requirements to use that title and practice in that specialty set forth by the BNE.*
>
> *The following questions may help to clarify whether a new activity/procedure can be incorporated into an individual's scope of practice:*
>
> *Is it consistent with one's professional scope of practice?*
> *Is it consistent with statutory or regulatory laws?*
> *Is it consistent with one's education in the role and specialty?*
> *Is it consistent with the scope of one's recognized title or does it evolve into another advanced practice title recognized by the board requiring additional formal education and legal recognition?*

Staff recognizes this is a difficult issue because of the way the advanced practice roles and specialties have evolved over time. However, the first individual who received recognition as an acute care PNP in the State of Texas completed her advanced practice educational program in this specialty in the spring of 1997 and received full authorization to practice as an acute care PNP in 1998. This title has been recognized ever since that time. Prior to the Board's recognition of the acute care PNP examination in July 2005, individuals who completed such programs completed 1000 hours of supervised practice post graduation to obtain their recognition in this role and specialty. The aforementioned acute care PNP would have been required to complete the supervised practice hours to obtain full authorization to practice.

The acute care PNP title was recognized by the Board long before its 2005 revisions to the rules relating to advanced practice titles. After more than a year of discussion on this issue, the Board limited the titles it recognizes to only those titles with the broadest educational foundation for practice and a corresponding certification examination. The acute care PNP role and specialty was considered one of the titles with a broad educational foundation and, therefore, continues to be recognized as an advanced practice title in Texas based on both formal educational preparation and national certification.

In regard to primary care PNPs continuing to work in critical care settings until they complete their acute care PNP educational programs, it is not consistent with the Nursing Practice Act and BNE rules to grant approval to practice prior to program completion. In the past, similar requests have been submitted as petitions to the Board and all were unsuccessful. The most recent request was considered by the Board in July 2006. A clinical nurse specialist in psychiatric/mental health nursing did not meet the curricular requirements for prescriptive authority in Texas, although he previously held prescriptive authority in another jurisdiction and had more than fifteen years of experience in his role and specialty. He requested that the Board grant him prescriptive authority, allowing him to prescribe medications during the time he was completing the required academic courses. The Board unanimously denied his request. The individuals you referenced in your letter may petition the Board if they wish to do so and may contact me for further information regarding the petition process.

As an interim measure while primary care PNPs complete the acute care PNP program, you may wish to consider the possibility of providing direct supervision of these PNPs under physicians or other acute care

PNPs or critical care PNPs. Rule 217.1(10) defines direct supervision as requiring another nurse (or, in this case, acute care PNP or physician) immediately available to coordinate, direct, and observe at firsthand another individual for whom the nurse is responsible. In the case of the primary care PNPs practicing in critical care settings the physician or appropriately authorized advanced practice nurse who agrees to provide direct supervision must:

- Participate in the assessment, management, and follow-up of each patient and document such participation in the patient record,
- Remain physically present on the unit and immediately available to the primary care PNP **at all times**,
- Review and sign all patient records, and
- Authorize/Issue all patient care orders. Orders may not originate with the primary care PNP.

In regard to your request for a definitive list of criteria for determining whether a practice setting is considered within the acute care or primary care scope, staff cannot provide this to you as there are many situational factors that must be considered. For example, the average patient acuity on one unit in one pediatric facility may be very different on the same unit in a different pediatric facility. Likewise, patients themselves and their responses to treatments and procedures will vary. It is impossible to predict when and if a patient's actual response will vary from the intended response. One patient may well be within the scope of a primary care PNP one day, and beyond the primary care PNP's scope one day–or even one hour later. Yet a third factor is the variation in individual primary care PNP educational programs. It is important to consider that the 'clear, unambiguous direction" you believe might be helpful would prove to be even more restrictive to advanced practice nurses than the position the board has maintained for many years.

Staff recognizes that this is a difficult issue for both the facility and the PNPs that are affected. But it is important to keep in mind that authorization to practice as an advanced practice nurse in any role and specialty from the Board of Nurse Examiners provides the public with assurance that certain minimum criteria have been met and all individuals who are authorized to practice in a particular area have the same core educational preparation in the specialty in which they practice.

Thank you for your time and cooperation in this matter. Please be advised that this response to your inquiry is not a "position statement" or "advisory opinion" of the Board or the Advanced Practice Liaison Committee; rather, this is an opinion from board staff based solely on representations made in your letter dated October 18, 2006.

Sincerely,

Jolene Zych

Jolene Zych, MS, RNC, WHNP
Nurse Consultant–Advanced Practice

cc: Linda Rounds, PhD, RN, FNP, President, Board of Nurse Examiners
Katherine Thomas, MN, RN, Executive Director, Board of Nurse Examiners