



EMERGENCY NURSE PRACTITIONER PRACTICE DATA

EXECUTIVE SUMMARY APRIL, 2018

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INTRODUCTION

Increasingly across the United States the role of the Emergency Nurse Practitioner (ENP) remains poorly understood. Varied interpretations of licensure by State Boards of Nursing and facility credentialing bodies are contributing to increasing workforce gaps and creating further role confusion. Increased awareness among stakeholders of current data and science is required to ensure that the appropriately prepared nurse practitioners are allowed and supported to provide continued care in emergency department settings.

NATIONAL ED CENSUS TRENDS

Annual Emergency Departments (ED) census rates have been consistently increasing at an estimated rate of 2% annually since 1996 (Kellerman, Yeh & Morganti, 2013; Marcozzi, Carr, Liferidge, Baehr & Browne, 2017). National Hospital Ambulatory Medical Care Survey and Emergency Department Benchmarking Alliance (EDBA) data estimates 151 million ED visits in the United States in 2016 (Augustine, 2017a; EDBA, 2017; Rui & Kang, 2014).

ED PATIENT DEMOGRAPHICS

National data provides clear evidence that ENPs must be prepared to care for patients across the continuum of both lifespan and acuities.

Females made up 54% of all ED visits in 2014 (Rui & Kang, 2014). Of women ages 15-64 years seen in the ED:

- The third most common diagnosis was complications of pregnancy, childbirth, and the puerperium. This constituted 2.1% of all female visits ages 15-65 (Rui & Kang, 2014).
- Pelvic examination rates were higher in women seen by NPs versus physicians (4.3% of women seen by NPs versus 2.88% of women seen by physicians) (Eddy, Pitts, Evans, & Goedken, 2018).

Pediatric patients ages 0-18 comprised 22% of all ED visits, with minimal variation in rates across the states (Goto, Hasegawa, Faridi, Sullivan & Camargo, 2017). Among pediatric ED visits ages 0-15 years, 53% are 0-4 years of age. In pediatric patients ages 0-4 years, 28% are 0-1 year of age (Rui & Kang, 2014, Tables 2 & 7).

With respect to pediatric care locations:

- Smaller EDs see a higher percentage of pediatric ED visits, and pediatric patients seen in rural EDs are the least likely to have access to pediatric consultants (EDBA, 2017 & Sullivan, Rudders, Gonsalves, Steptoe, Espinola, & Carmargo, 2013).
- Pediatric ED visit rates vary by size and type of hospital (EDBA, 2017). EDs with an annual census \leq 20,000 patient visits per year (typically rural) have a 23.4% pediatric visit rate compared to EDs with an annual census of \geq 120,000 patient visits per year which show pediatric visit rates of 19.2%.
- Pediatric specialty EDs have the highest rates of pediatric visits at 89.3% (EDBA, 2017).
- Even adult EDs have annual pediatric visit rates of 4% (EDBA, 2017).

ED PATIENT ACUITY

The majority (83.2%-92.1%) of patients seen in EDs nationwide are treated and released (Rui & Kang, 2014; EDBA, 2017).

- In 2014, 7.9% of all ED visits resulted in hospital admission. Of the 7.9% of patients admitted to the hospital from the ED, only 1.3% are admitted to an intensive care unit (1.8 million patient visits annually) (Rui & Kang, 2014).
- In 2016, the average national ED admission rate was 16.8% (EDBA, 2017).
- Admission rates vary based on ED size and location. EDs having more than 120,000 visits/year have admission rates of 20%, whereas EDs seeing under 20,000/year have a rate of 10.2% (EDBA, 2017).
- Adult EDs have the highest admission rates at 24.7%, followed by Pediatric EDs at 10.2% and free standing EDs with 5.8% admission rates (EDBA, 2017).

When patient acuity is measured using the Emergency Severity Index (ESI) triage scale, of the 141.4 million ED patient visits in 2014 (Rui & Kang, 2014):

- Level 1 ESI (immediate) = 0.4%
- Level 2 ESI (emergent) = 6.8%
- Level 3 (urgent) = 31.8%
- Level 4 (nonurgent) = 24.6%
- Level 5 (nonurgent) = 4.3%

The 32.1% of missing triage data is likely because ED triage is not required, and there is no uniform national triage scheme. The NCHS goes through a complex process of re-mapping 3- and 4-level systems to the Emergency Severity Index's 5 levels (personal communication, S. Pitts, Centers for Disease Control epidemiologist and emergency medicine physician, February 20, 2018).

EMERGENCY MEDICINE WORKFORCE GAPS

Due to the steady estimated 2% annual increase in ED volumes since 1996 (Augustine, 2016; Kellerman, Hsai, Yeh & Morganti, 2013), there is increasing use of advanced practice providers (APPs) in EDs nationwide. **The percent of EDs reporting staffing with APPs increased from 23% in 2010 to 62% in 2016** (Augustine, 2017b). As ED census levels and demographics have changed, NPs are increasingly caring for patients with higher acuity conditions (Menchine, Wiechmann, & Rudkin, 2009). Additionally, as patients are presenting with multiple comorbidities, complex diagnostic workups are necessary (Kellerman, Hsai, Yeh & Morganti, 2013). The number of APPs practicing as solo providers in one rural state has seen a significant decrease in solo coverage with APPs, declining from 72% in 2012 to 39% in 2017 (Evans & House, 2017). According to American Association of Nurse Practitioners data, **5.9% of all NPs (5.9% x 248,000 = 14,632) practice in urgent care or emergency departments** (AANP, 2018).

ENP SPECIALTY ALIGNMENT WITH THE CONSENSUS MODEL

According to the Consensus Model, “APRNs are licensed at the role/population focus level and not at the specialty level” (Advanced Practice Registered Nurse Consensus Work Group, 2008, pp. 13). National emergency department census and workforce data support that ENPs need to have a scope of practice encompassing the lifespan (Chamberlin, Krug & Shaw, 2013; Goto, Hasegawa, Faridi, Sullivan & Carmago, 2017; Marcozi, Carr, Liferidge, Baehr, & Browne, 2017; Morganti, et al, 2013; Niska, Bhulya, & Xu, 2010; Rui & Kang, 2014). **For most NPs in emergency care, it is most appropriate that ENP educational preparation and licensure center build upon the Family population of the Consensus model.** National surveys have shown a majority of ENPs are certified as family nurse practitioners ranging from 78% (Ramirez, 2014) to 98% (AANPCB, personal communication Diane Tyler, Director of Certification, February 21, 2018).

The consensus model delegates oversight of specialty practice to the specialty organization: “It is the responsibility of a specialty organization to ensure the appropriate education and competency validation for an advanced practice specialty” (Advanced Practice Registered Nurse Consensus Work Group, 2008, pp. 12). With respect to specialty competencies, the consensus model acknowledges that they must be assessed separately and that “Competency in the specialty areas could be acquired either by educational preparation or experience and assessed in a variety of ways through professional credentialing mechanisms (e.g., portfolios, examinations, etc.)” (Advanced Practice Registered Nurse Consensus Work Group, 2008, pp. 12). In response to these directives, the American Academy of Emergency Nurse Practitioners (AAENP) has to date:

- Developed ***Emergency Nurse Practitioner Scope and Standards of Practice***, endorsed by the Emergency Nurses Association, which includes a “definition of acute care in emergency practice” (AAENP, 2016).
- Partnered with the American Academy of Nurse Practitioners Certification Board resulting in a national practice analysis of nurse practitioners in emergency care, a critical step to updated competencies.
- Explored professional credentialing mechanisms ultimately leading to varied opportunities for assessment and validation of specialty knowledge.

ENP CERTIFICATION

In congruence with the Consensus model which states that “Professional certification in the specialty area of practice is strongly recommended” (Advanced Practice Registered Nurse Consensus Work Group, 2008, pp. 12), certification options have been developed for the ENP.

- In 2013, ANCC launched ENP certification by portfolio. A total of 124 ENPs are now certified by portfolio. Among this group 68% are FNPs, 25% Acute Care and 2% are Pediatric NPs (personal communication, Marianne Horahan, Director ANCC Certification Services, October 15, 2017). This certification was discontinued in November 2017.

- In 2016, AAENP partnered with the American Academy of Nurse Practitioners Certification Board, ultimately resulting in a national board certification exam for nurse practitioners in emergency care. The exam launched in January 2017 for eligible FNPs. As of April, 2018, there are 257 Board certified FNP/ENPs (personal communication, Diane Tyler, Director of Certification for the American Academy of Nurse Practitioners Certification Board, April 22, 2018).

The ENP certification is a post-graduate Family NP specialty examination requiring prior population certification and emergency-specific educational preparation (AANPCB, 2018).

ENP EDUCATIONAL PREPARATION

To date, only 10 graduate level programs exist in the United States specifically preparing Nurse Practitioners for emergency practice, but the number is rising quickly. In just the past year, four new programs have been approved and enrolled their first classes. Emergency specific content builds upon family nurse practitioner primary and chronic care competencies for patients of all ages presenting with low acuity, urgent or emergent medical conditions. Post-graduate fellowships are also increasing in number, providing additional avenues for NPs to obtain specialty knowledge. With the advent of certification avenues and curricular guidelines for educational programs (Wilbeck, Roberts, & Rudy, 2016), the expectation is that increased numbers of graduate nurses will be prepared with specialty knowledge to address the manpower gaps in providing safe emergency care.

CONCLUSION

Today's ENP must be prepared to care for pediatric patients, women with gynecological and obstetrical problems and adults presenting with a wide range of presentations and acuities. While most patients who present to EDs are treated and released, roughly two-thirds of all patients admitted to the hospital enter through the ED (Augustine, 2017a). ENPs must be prepared through emergency specific education to initiate complex diagnostic workups, and be prepared to provide acute resuscitation and stabilization of conditions for patients requiring transfer to higher levels of care in collaboration with an interdisciplinary team.

In response to the growing need for standardized emergency nurse practitioner education and competency validation for the estimated 14,600 NPs practicing in emergency care, and explicitly following the framework of the Consensus model, the American Academy of Emergency Nurse Practitioners (AAENP) was established in 2014. As the specialty organization for emergency nurse practitioners, AAENP now represents nearly 800 ENPs and is endorsed and supported by the American College of Emergency Physicians and the American College of Osteopathic Emergency Physicians in its mission to promote high quality, evidence-based practice for nurse practitioners providing emergency care for patients of all ages and acuities in collaboration with an interdisciplinary team (AAENP, 2018). Along with strategic partner organizations and policy makers, AAENP is emerging as a pioneer in shaping specialty care provided by NPs.

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AAENP MISSION

THE AMERICAN ACADEMY OF EMERGENCY NURSE PRACTITIONERS PROMOTES HIGH QUALITY, EVIDENCE BASED PRACTICE FOR NURSE PRACTITIONERS PROVIDING EMERGENCY CARE FOR PATIENTS OF ALL AGES AND ACUITIES IN COLLABORATION WITH AN INTERDISCIPLINARY TEAM.

More specifically, the Academy seeks to:

- Establish guidelines for quality and safety emergency health care
- Encourage continuing clinical education of emergency nurse practitioners
- Support training and education in emergency care
- Facilitate research in emergency care
- Collaborate with professional health organizations and academic institutions

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