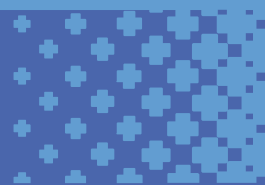


# **Acute Care Delivery within Emergency Care Settings: An Executive Summary**

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The term “acute care” has multiple meanings. “Acute care” may describe the duration of an illness, injury or treatment, or the level/complexity of care (Hirshon et al, 2013). It can also refer to location of care, such as in an acute care facility (Centers for Medicare & Medicaid Services, n.d.). Using the World Health Organization model, the provision of “acute care” occurs within critical care, trauma surgery, pre-hospital care, emergency care and urgent/ambulatory care settings (Hirshon et al, 2013).

According to the LACE Consensus Model for Advanced Practice Registered Nurse (APRN) Regulation, the term “Acute care nurse practitioner (ACNP) often describes nurse practitioners (NPs) who are certified in acute care, pediatric acute care and/or adult-gerontology acute care” (AANP, 2020). **Population-foci of acute care (in both adult & pediatric populations) is most often reflective of critical and complex care (AACN, 2020; PNCB, 2020; AANP, 2020). The adult-gerontology ACNP provides care for patients who are “physiologically unstable, technologically dependent, and/or are highly vulnerable to complications” (NONPF, 2016, pg. 5). Within emergency care settings, national data shows that a small percentage (11%) of patients presenting receive this level of complex and critical care, leaving more than 75% who require less complex episodic care (U.S. Department of Health & Human Services, 2017, table 7). Of those who present to emergency departments within the United States, only 10% of the visits ultimately lead to admission. Even a smaller subset of patients, less than 1%, are admitted to critical care beds (CDC, 2020). Additionally, educational preparation for the ACNP lacks targeted education for many of the conditions (e.g., HEENT complaints, OBGYN emergencies, etc.) and populations encountered within emergency care.**

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- Certification as an acute care NP (even across the lifespan from neonate through frail elder) leaves an NP educationally unprepared to provide care for greater than 75% of patients seen in emergency care.
  - The concern that the emergency department as a setting within a hospital requires NPs with acute care preparation is untrue as the provision of care is not setting specific per the consensus model. As clarified by NONPF (2012), “It is inappropriate and restrictive to regulate acute and primary care... scope and practice based on settings” (pg. 1).
  - Educational preparation as an Emergency Nurse Practitioner builds upon the lifespan foundation of a Family NP to provide additional knowledge & skills needed for the provision of resuscitative and complex care during time-limited initial presentations (as per the Consensus Model, 2008, pg. 12 & NONPF, 2012, pg. 1).
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As stated in the consensus model, **the acute care population is “not setting specific” (LACE, 2008, pg. 10).** This understanding is reinforced by AACN’s statement that “The practice of the adult-gerontology ACNP is not defined by the setting but rather is determined by the acuity of patient needs. The ACNP practices in any setting in which patient care requirements include complex monitoring and therapies, high-intensity nursing intervention or continuous nursing vigilance within the range of high-acuity care” (AACN, 2020, pg. 4). The AANP (2020) notes that while “most AGACNPs report practicing in tertiary care practice settings, AGACNPs can now also work in specialty clinics and long-term care facilities”. Further, the National Organization for Nurse Practitioner Faculties (NONPF) asserts that **“The patient’s conditions and acuity level are the primary factors in determining the most appropriate [NP] to manage the patient...not the setting of care.** Neither a primary care [NP] nor an acute care [NP] is restricted to providing care in any particular setting” (NONPF, 2013, pg. 2). **For these reasons, the Family NP with Emergency Nurse Practitioner specialty education is the most appropriate preparation to provide acute, episodic care within ambulatory and urgent care outpatient settings, as well as hospital-based emergency departments.**

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