



ARIZONA STATE BOARD OF NURSING
ADVANCED PRACTICE COMMITTEE

2015
Advanced Practice Committee Manual

ARIZONA STATE BOARD OF NURSING

2015 AP Committee Manual

Arizona State Board of Nursing
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Advanced Practice Committee Introduction

Advisory Committee to the Arizona State Board of Nursing



**Randy C. Quinn,
RN, MSN, CRNA
Board President**

Mr. Quinn is currently employed at Maricopa Medical Center in Phoenix as a Certified Registered Nurse Anesthetist. He has been a nurse for 10 years, is a graduate of Northland Pioneer College, received a BSN from Northern Arizona University, and an MS in Nurse Anesthesia from Texas Christian University.

With its mission to protect the health, welfare, and safety of the public through the safe and competent practice of nurses and nursing assistants, the Arizona State Board of Nursing has established a policy to utilize the expertise of nurses and the public in identifying recommendations or alternatives in regulating the practice of nursing. The Advanced Practice Committee is one of several advisory committees to the Board.

On behalf of the Arizona State Board of Nursing, we would like to thank you for serving on the 2014-2016 Advanced Practice Committee. The Arizona State Board of Nursing assures that standards of practice are met and that persons engaged in the practice of nursing are competent. It approves individuals for licensure, registration and certification, approves educational programs for nurses and nursing assistants, investigates complaints concerning licensee's compliance with the law, and determines and administers disciplinary actions in the event of proven violations of the Nurse Practice Act.

Members of the advanced practice committee are chosen for their expertise and their ability to represent various facets of interest and diversity in advanced practice nursing. All members are appointed by the Board; therefore Committee membership cannot be transferred to another individual without Board approval. If a member is unable to attend a meeting, they may send someone to observe the meeting, but that person cannot participate in voting and discussion.

This manual includes information that will assist you in your work with the committee. Agency policies and state statutes governing the committee have been incorporated.

Committee Goals

The purpose of the Advanced Practice Advisory Committee is to provide recommendations to the Board on issues involving Advanced Practice. Current committee goals are:

- Clarify and articulate regulatory sufficiency of the four Advanced Practice roles and recommend changes to the Nurse Practice Act and rules.
- Develop recommendations for Advisory Opinions related to Advanced Practice Nurse functions.
- Review national trends in the regulation of Advanced Practice and make recommendations to the Board.
- Evaluate the APRN Model Compact and make recommendations to the Board its impact on the APRN regulatory process.
- Collaborate with other Board committees on matters of mutual interest.

Committee Chairs

Members of the Arizona State Board of Nursing also serve as chairs and co-chairs of advisory committees to the Board. Board members provide direction and guidance to the advisory committees, and share goals and mandates to help facilitate the work of the Board.



Randy C. Quinn, RN, MSN, CRNA

**Co-Chair
Board Member**

Mr. Quinn is currently employed at Maricopa Medical Center in Phoenix as a Certified Registered Nurse Anesthetist. He has been a nurse for 10 years, is a graduate of Northland Pioneer College, received a BSN from Northern Arizona University, and an MS in Nurse Anesthesia from Texas Christian University. His areas of expertise or clinical interests are Anesthesia, Critical Care and Telemetry. Mr. Quinn's professional memberships include the Arizona Association of Nurse Anesthetists and the American Association of Nurse Anesthetists.



Kathryn L. Busby, J.D.

**Co-Chair
Board Public Member**

Ms. Busby is a government relations consultant specializing in health care. She represents various health care providers and entities providing government relations representation and advice, and consultation on regulatory, contracting and other health care related issues. Ms. Busby obtained a Foreign Service BS from Georgetown University, Washington DC, and a Jurist Doctorate and Arizona State University. Ms. Busby's professional memberships include Board membership with Touchstone Behavioral Health and membership in the State Bar of Arizona.

Board Staff Liaisons

Board staffs work with members of the nursing community, professional organizations, and the state legislature to establish statutes and rules that address the needs of the nursing profession and maintain public safety. Staff members facilitate an ongoing dialogue between the nursing community and the Board to address issues impacting nursing practice.



Joey Ridenour, RN, MN, FAAN
Executive Director

With a career in nursing and public service that has spanned more than 30 years, Ms. Ridenour has provided outstanding leadership in healthcare. In addition to her service at the Board, Ms. Ridenour has served 2 consecutive terms as President of the National Council of State Boards of Nursing (NCSBN) and currently serves as Chair/Member on NCSBN's Commitment to Ongoing Regulatory Excellence (CORE) Committee, and recent past Chair, Nurse Licensure Compact Administrators. Ms. Ridenour has been the recipient of the NCSBN Louise McManus Award, the ASU College of Nursing Distinguished Achievement Award and the University of Arizona Alumni Association and the College of Nursing Public Service Award.



Janeen Dahn, PhD, RN, MSN, FNP-C
Advanced Practice Consultant

Ms. Dahn has more than 24 years in practice in the nursing profession. In her role at the Board, Ms. Dahn serves as a consultant on advanced practice complaints and investigations. In addition to her service to the Board, Ms. Dahn is an Assistant Dean for undergraduates and graduate programs as well as Family Nurse Practitioner programs at the University of Phoenix. Ms. Dahn serves as Chapter 9 President of the Arizona Nurses Association Nurse Practitioner Council and has been awarded the Nurse practitioner State Award for Excellence for the year 2011 from the American Association of Nurse practitioners.



Kristi Hunter, RN, MSN, FNP-C
Advanced Practice Consultant

Ms. Hunter began her nursing career serving in the United States Navy for over 10 years, first as an enlisted corpsman and then as a commissioned officer. She has been a registered nurse since 1999 working primarily in intensive care units and the emergency room. In 2008, Kristi earned her master's degree in nursing and became a certified family nurse practitioner (FNP). Her clinical background includes a variety of hospital and out-patient settings including geriatrics, pulmonology, internal medicine, and currently allergy and immunology. Kristi is an associate faculty member for the University of Phoenix in the undergraduate and graduate programs and works primarily with FNP students. She is a member of the American Academy of Nurse Practitioners, and the Arizona Nurse Practitioner Council. In 2011 she received the Mentor of the Year award from the Arizona Nurses Association. In 2012, Kristi joined the staff at the Arizona State Board of Nursing as a nurse practice consultant.

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2015 Committee Members

The committee has a rich and diverse membership, which reflects all areas of advanced practice nursing. Members include staff nurses, administrators and faculty members from various agencies and health care settings throughout the state.

Jackie Agenbroad, BSN, WHNP

Vicki Ainsworth, DNP, MBA, FNP-C, AG-ACNP

Joshua Burgett, JD, PMHNP, ANP

George Cox, CRNA, DNP, MHS

Ruth DeBoard, PhD, RN, FNP-C

Sandra Gallo, MSN, FNP-BC

Denice Gibson, MSN, RN, CRNI, AOCNS CNS

Diana R. Jolles, MSN, CNM

Ashlee Jontz, RN, MS, ACNP-BC, ANP-C

Deborah Ledington, MSN, NNP-BC

Pamela G. Lusk, DNP, RN, PMHNP-BC, FAANP

Shaun Mendel, MS, CRNA

Leila Micklos, MS, FNP-BC

Choi Myunghan, PhD, MPH, ANP-BC

Amber Porter, MSN, FNP-BC

Emily Seiden-Hinchman, MSN, ANP-BC

Pat Shannon, PhD, PNP-BC, CNE

Shelly Van Snepson-Barnett, MSN, ACNP

Tuesday K. Werner, DNP, FNP-C

Note

Each member may serve a maximum of two 2-year terms consecutively. The Board will consider exceptions.

Advisory Committee Policies & Responsibilities

Purpose:

Policy:

- I. **Policies:** The policy of the Board is to establish a committee structure to utilize the expertise of nurses and the public in developing advisory opinions regarding the functions of nursing or to make recommendations to the Board on matters related to nursing education. The committees will be utilized in identifying evolving standards of practice or education recommendations grounded in evidence based regulation.
 - A. Board committees will be structured to provide an organized mechanism for nurses and other members of the public to jointly identify recommendations, which represent a variety of perspectives for the Board Members consideration or action. The central focus of all recommendations will be protection of the public. All committees are advisory in nature and their recommendations will represent the committee's majority opinion regarding a recommendation. Committee members are not to confuse their roles as also being Board Members.
 - B. The Board Members will make appointments to committees. Notification of committee vacancies will be made through the AzBN Regulatory Journal or web site. Volunteers will complete the application process, provide a resume and participate in an informal interview process to discuss their availability/understanding/commitment to the committee's charges.

Each member may serve two, 2-year terms consecutively. The Board will consider exceptions.
 - C. Committees will be chaired by one or more Board Members who will act as liaisons to the Board. The Executive Director will assign staff to provide the administrative support to the committee, coordinate the calendaring of meetings and distribution of materials. If more than one Board Staff member is assigned to a committee, the Executive Director will assign a Lead Staff person to be held accountable for the overall coordination of the committee's work.

Each committee will comply with the open meeting laws, prepare and maintain minutes of meetings. Draft minutes will be sent to Board Members at the next Board Meeting to ensure the discussion points or recommendations are communicated timely.
 - D. The Board established the following three committees and will review/approve charges annually based on the Strategic Plan and emerging state/national regulatory trends.
 1. Advanced Practice Advisory Committee
 2. Education Advisory Committee

5. Scope of RN/LPN Practice Advisory Committee

E. Committees Chairs/members will work in collaboration with other committees/staff when final recommendations to the Board require multiple viewpoints to be considered. In the event one committee recommends an advisory opinion not endorsed by another committee, the Chairs of the committees will meet to determine how to address the differences; i.e. schedule a joint meeting of the two committees or request the issue be placed on the Board Agenda for Board Member recommendations.

II. Responsibilities

- A. All applicants will be presented to the Board for consideration and selection. AzBN Board Members will retain responsibility for the final approval of committee members. In making appointment, the Board Members will take into account the following: current expertise of members, expertise needed in relation to the committee charges, equity in geographic and work setting distribution.
- B. The Board may accept, reject, modify or return recommendations back to the committee for further work.
- C. Board staff will act on behalf of the Board to carry out the work required. The Lead Staff for the committee will work with the Chair to develop the committee agenda a minimum of two weeks before the agenda is distributed.
- D. Committee members are responsible for regular attendance, active participation in the committee's deliberations/work and promoting awareness within their agencies of the final decisions adopted. If the committee member is unable to participate in the majority of the meetings or is unable to complete the work on a consistent basis, the Chair will address to resolve the issues. If unsuccessful, the Board retains full discretion to determine whether or not to remove committee members.

All committees will conduct a self-evaluation every two years which will be utilized by the Board in determining the continuation of the committee and assigned charges (The Advance Practice Committee evaluation form can be found under Appendix A.)

Committee Advance Reading Packets

Advance reading material is distributed to committee members provide background information on agenda items that would enable committee members to make informed decisions. The material is sent via electronic mail approximately two weeks prior to the committee meeting. The advance-reading packet is in PDF format and enabled to allow the reader to use commenting tools and save.

Open Meeting Law

Arizona State Legislature



Title 38 - Public Officers and Employees
Chapter 3 - Conduct of Office
Article 3.1 - Public Meetings and Proceedings

38-431. Definitions

In this article, unless the context otherwise requires:

1. "Advisory committee" or "subcommittee" means any entity, however designated, that is officially established, on motion and order of a public body or by the presiding officer of the public body, and whose members have been appointed for the specific purpose of making a recommendation concerning a decision to be made or considered or a course of conduct to be taken or considered by the public body.
2. "Executive session" means a gathering of a quorum of members of a public body from which the public is excluded for one or more of the reasons prescribed in section 38-431.03. In addition to the members of the public body, officers, appointees and employees as provided in section 38-431.03 and the auditor general as provided in section 41-1279.04, only individuals whose presence is reasonably necessary in order for the public body to carry out its executive session responsibilities may attend the executive session.
3. "Legal action" means a collective decision, commitment or promise made by a public body pursuant to the constitution, the public body's charter, bylaws or specified scope of appointment and the laws of this state.
4. "Meeting" means the gathering, in person or through technological devices, of a quorum of members of a public body at which they discuss, propose or take legal action, including any deliberations by a quorum with respect to such action.
5. "Political subdivision" means all political subdivisions of this state, including without limitation all counties, cities and towns, school districts and special districts.

6. "Public body" means the legislature, all boards and commissions of this state or political subdivisions, all multimember governing bodies of departments, agencies, institutions and instrumentalities of this state or political subdivisions, including without limitation all corporations and other instrumentalities whose boards of directors are appointed or elected by this state or political subdivision. Public body includes all quasi-judicial bodies and all standing, special or advisory committees or subcommittees of, or appointed by, the public body. Public body includes all commissions and other public entities established by the Arizona Constitution or by way of ballot initiative, including the independent redistricting commission, and this article applies except and only to the extent that specific constitutional provisions supersede this article.

7. "Quasi-judicial body" means a public body, other than a court of law, possessing the power to hold hearings on disputed matters between a private person and a public agency and to make decisions in the general manner of a court regarding such disputed claims.

38-431.01. Meetings shall be open to the public

- A. All meetings of any public body shall be public meetings and all persons so desiring shall be permitted to attend and listen to the deliberations and proceedings. All legal action of public bodies shall occur during a public meeting.
- B. All public bodies shall provide for the taking of written minutes or a recording of all their meetings, including executive sessions. For meetings other than executive sessions, such minutes or recording shall include, but not be limited to:
 - 1. The date, time and place of the meeting.
 - 2. The members of the public body recorded as either present or absent.
 - 3. A general description of the matters considered.
 - 4. An accurate description of all legal actions proposed, discussed or taken, and the names of members who propose each motion. The minutes shall also include the names of the persons, as given, making statements or presenting material to the public body and a reference to the legal action about which they made statements or presented material.
- C. Minutes of executive sessions shall include items set forth in subsection B, paragraphs 1, 2 and 3 of this section, an accurate description of all instructions given pursuant to section 38-431.03, subsection A, paragraphs 4, 5 and 7 and such other matters as may be deemed appropriate by the public body.
- D. The minutes or a recording of a meeting shall be available for public inspection three working days after the meeting except as otherwise specifically provided by this article.
- E. A public body of a city or town with a population of more than two thousand five hundred persons shall:
 - 1. Within three working days after a meeting, except for subcommittees and advisory committees, post on its website, if applicable, either:
 - (a) A statement describing the legal actions taken by the public body of the city or town during the meeting.
 - (b) Any recording of the meeting.

2. Within two working days following approval of the minutes, post approved minutes of city or town council meetings on its website, if applicable, except as otherwise specifically provided by this article.
 3. Within ten working days after a subcommittee or advisory committee meeting, post on its website, if applicable, either:
 - (a) A statement describing legal action, if any.
 - (b) A recording of the meeting.
- F. All or any part of a public meeting of a public body may be recorded by any person in attendance by means of a tape recorder or camera or any other means of sonic reproduction, provided that there is no active interference with the conduct of the meeting.
- G. The secretary of state for state public bodies, the city or town clerk for municipal public bodies and the county clerk for all other local public bodies shall conspicuously post open meeting law materials prepared and approved by the attorney general on their website. A person elected or appointed to a public body shall review the open meeting law materials at least one day before the day that person takes office.
- H. A public body may make an open call to the public during a public meeting, subject to reasonable time, place and manner restrictions, to allow individuals to address the public body on any issue within the jurisdiction of the public body. At the conclusion of an open call to the public, individual members of the public body may respond to criticism made by those who have addressed the public body, may ask staff to review a matter or may ask that a matter be put on a future agenda. However, members of the public body shall not discuss or take legal action on matters raised during an open call to the public unless the matters are properly noticed for discussion and legal action.
- I. A member of a public body shall not knowingly direct any staff member to communicate in violation of this article.
- J. Any posting required by subsection E of this section must remain on the applicable website for at least one year after the date of the posting.

38-431.02. Notice of meetings

- A. Public notice of all meetings of public bodies shall be given as follows:
1. The public bodies of this state, including governing bodies of charter schools, shall:
 - (a) Conspicuously post a statement on their website stating where all public notices of their meetings will be posted, including the physical and electronic locations, and shall give additional public notice as is reasonable and practicable as to all meetings.
 - (b) Post all public meeting notices on their website and give additional public notice as is reasonable and practicable as to all meetings. A technological problem or failure that either prevents the posting of public notices on a website or that temporarily or permanently prevents the use of all or part of the website does not preclude the holding of the meeting for which the notice was posted if the public body complies with all other public notice requirements required by this section.
 2. The public bodies of the counties and school districts shall:
 - (a) Conspicuously post a statement on their website stating where all public notices of their meetings will be posted, including the physical and electronic locations, and shall give additional public notice as is reasonable and practicable as to all meetings.
 - (b) Post all public meeting notices on their website and give additional public notice as is reasonable and practicable as to all meetings. A technological problem or failure that either prevents the posting of public notices on a website or that temporarily or permanently prevents the use of all or part of the website does not preclude the holding of the meeting

for which the notice was posted if the public body complies with all other public notice requirements required by this section.

3. Special districts that are formed pursuant to title 48:

(a) May conspicuously post a statement on their website stating where all public notices of their meetings will be posted, including the physical and electronic locations, and shall give additional public notice as is reasonable and practicable as to all meetings.

(b) May post all public meeting notices on their website and shall give additional public notice as is reasonable and practicable as to all meetings. A technological problem or failure that either prevents the posting of public notices on a website or that temporarily or permanently prevents the use of all or part of the website does not preclude the holding of the meeting for which the notice was posted if the public body complies with all other public notice requirements required by this section.

(c) If a statement or notice is not posted pursuant to subdivision (a) or (b) of this paragraph, shall file a statement with the clerk of the board of supervisors stating where all public notices of their meetings will be posted and shall give additional public notice as is reasonable and practicable as to all meetings.

4. The public bodies of the cities and towns shall:

(a) Conspicuously post a statement on their website or on a website of an association of cities and towns stating where all public notices of their meetings will be posted, including the physical and electronic locations, and shall give additional public notice as is reasonable and practicable as to all meetings.

(b) Post all public meeting notices on their website or on a website of an association of cities and towns and give additional public notice as is reasonable and practicable as to all meetings. A technological problem or failure that either prevents the posting of public notices on a website or that temporarily or permanently prevents the use of all or part of the website does not preclude the holding of the meeting for which the notice was posted if the public body complies with all other public notice requirements required by this section.

B. If an executive session is scheduled, a notice of the executive session shall state the provision of law authorizing the executive session, and the notice shall be provided to the:

1. Members of the public body.
2. General public.

C. Except as provided in subsections D and E of this section, meetings shall not be held without at least twenty-four hours' notice to the members of the public body and to the general public. The twenty-four hour period includes Saturdays if the public has access to the physical posted location in addition to any website posting, but excludes Sundays and other holidays prescribed in section 1-301.

D. In case of an actual emergency, a meeting, including an executive session, may be held on such notice as is appropriate to the circumstances. If this subsection is utilized for conduct of an emergency session or the consideration of an emergency measure at a previously scheduled meeting the public body must post a public notice within twenty-four hours declaring that an emergency session has been held and setting forth the information required in subsections H and I of this section.

E. A meeting may be recessed and resumed with less than twenty-four hours' notice if public notice of the initial session of the meeting is given as required in subsection A of this section, and if, before recessing, notice is publicly given as to the time and place of the resumption of the meeting or the method by which notice shall be publicly given.

F. A public body that intends to meet for a specified calendar period, on a regular day, date or event during the calendar period, and at a regular place and time, may post public notice of the meetings at the beginning of the period. The notice shall specify the period for which notice is applicable.

G. Notice required under this section shall include an agenda of the matters to be discussed or decided at the meeting or information on how the public may obtain a copy of such an agenda. The agenda must be available to the public at least twenty-four hours before the meeting, except in the case of an actual emergency under subsection D of this section. The twenty-four hour period includes Saturdays if the public has access to the physical posted location in addition to any website posting, but excludes Sundays and other holidays prescribed in section 1-301.

H. Agendas required under this section shall list the specific matters to be discussed, considered or decided at the meeting. The public body may discuss, consider or make decisions only on matters listed on the agenda and other matters related thereto.

I. Notwithstanding the other provisions of this section, notice of executive sessions shall be required to include only a general description of the matters to be considered. The agenda shall provide more than just a recital of the statutory provisions authorizing the executive session, but need not contain information that would defeat the purpose of the executive session, compromise the legitimate privacy interests of a public officer, appointee or employee or compromise the attorney-client privilege.

J. Notwithstanding subsections H and I of this section, in the case of an actual emergency a matter may be discussed and considered and, at public meetings, decided, if the matter was not listed on the agenda and a statement setting forth the reasons necessitating the discussion, consideration or decision is placed in the minutes of the meeting and is publicly announced at the public meeting. In the case of an executive session, the reason for consideration of the emergency measure shall be announced publicly immediately before the executive session.

K. Notwithstanding subsection H of this section, the chief administrator, presiding officer or a member of a public body may present a brief summary of current events without listing in the agenda the specific matters to be summarized, if:

1. The summary is listed on the agenda.
2. The public body does not propose, discuss, deliberate or take legal action at that meeting on any matter in the summary unless the specific matter is properly noticed for legal action.

38-431.07. Violations; enforcement; removal from office; in camera review

- A. Any person affected by an alleged violation of this article, the attorney general or the county attorney for the county in which an alleged violation of this article occurred may commence a suit in the superior court in the county in which the public body ordinarily meets, for the purpose of requiring compliance with, or the prevention of violations of, this article, by members of the public body, or to determine the applicability of this article to matters or legal actions of the public body. For each violation the court may impose a civil penalty not to exceed five hundred dollars against a person who violates this article or who knowingly aids, agrees to aid or attempts to aid another person in violating this article and order such equitable relief as it deems appropriate in the circumstances. The civil penalties awarded pursuant to this section shall be deposited into the general fund of the public body concerned. The court may also order payment to a successful plaintiff in a suit brought under this section of the plaintiff's reasonable attorney fees, by the defendant state, the political subdivision of the state or the incorporated city or town of which the public body is a part or to which it reports.

If the court determines that a public officer with intent to deprive the public of information violated any provision of this article the court may remove the public officer from office and shall assess the public officer or a person who knowingly aided, agreed to aid or attempted to aid the public officer in violating this article, or both, with all of the costs and attorney fees awarded to the plaintiff pursuant to this section.

- B. A public body shall not expend public monies to employ or retain legal counsel to provide legal services or representation to the public body or any of its officers in any legal action commenced pursuant to any provisions of this article, unless the public body has authority to make such expenditure pursuant to other provisions of law and takes a legal action at a properly noticed open meeting approving such expenditure prior to incurring any such obligation or indebtedness.
- C. In any action brought pursuant to this section challenging the validity of an executive session, the court may review in camera the minutes of the executive session, and if the court in its discretion determines that the minutes are relevant and that justice so demands, the court may disclose to the parties or admit in evidence part or all of the minutes.

Position Papers and Advisory Opinions

White Paper - RNP Practice in Acute Care Setting

In response to the Nurse Practitioner community's need for clarity in ascertaining appropriate roles consistent with the education and population of care, the Board crafted the following paper which was reviewed in draft form at statewide meetings of Nurse Practitioners prior to adoption by the Board. The paper was approved by the Advanced Practice Committee and the Arizona State Board of Nursing.

REGISTERED NURSE PRACTITIONER (RNP) PRACTICING IN AN ACUTE CARE SETTING

October 2009

Adopted by the Board 11/19/09

Position Paper
Registered Nurse
Practitioner
(RNP)
Practicing in an
Acute Care
Setting

Background

Registered nurse practitioner (RNP) education has progressed beyond the apprentice model of “see one, do one, teach one.” (Swenson, 2006). It is no longer acceptable to substitute registered nursing experience and physician oversight for a formal nurse practitioner program consisting of didactic and clinical study informed by national standards. Authority to practice does not flow from a physician's license (Swenson, 2006) but from a rigorous credentialing process that includes verification of appropriate educational preparation including supervised clinical practice and competency testing at the advanced practice level. Similar to other professions, the **scope of registered nurse practitioner practice is based upon the didactic and clinical education obtained in a basic RNP program (Klein, 2008).**

RNP Education

Registered nurse practitioner education has evolved into a system consisting of advanced core and focused specialty courses. This educational model prepares graduates for advanced nursing practice as direct care providers **within a focused population of care** (also known as specialty area). RNP education does not follow the medical model therefore RNPs do not readily fit into the process used by facilities to credential physicians and medical residents. Care must be taken in credentialing the RNP to ensure full utilization of scope of practice based on the RNP's training, practice setting and education (Kleinpell, Hrvanek and Hinch, 2008). Administrators are challenged with ensuring that appropriate mechanisms exist to credential and privilege RNPs within the institution appropriate to

their scope of practice (Kleinpell, Hravnak and Hinch, 2008). The primary component of the RNP ability to practice is their licensure and recognition through national certification in an established population area of practice (Klein 2008). In Arizona prior to July 1, 2004, not all nurse practitioners were required to hold national certification, but all have been through a review of their education for consistency with their assigned specialty population as part of the qualification for state board certification; state board certification is required for practice in Arizona. Population is not only defined by diagnosis, gender, and age, but also by acuity and type of care needed.

There are 2 broad categories of RNP preparation: **primary care** with didactic and clinical education focused on health promotion, disease prevention and treatment of patients primarily in ambulatory and community settings; and **acute care** with didactic and clinical education focused on the management of patients with complex acute, critical and chronic health conditions primarily in acute care (hospital) settings (NONPF 2002, 2004). Within primary care, RNP practice is further specialized to a population of care (Pediatric, Adult, Gerontology, Family, Women’s Health, etc). Acute care RNP specialties are currently limited to neonatal, pediatric and adult.

Additional nurse practitioner specialty areas of preparation include Adult or Family Psychiatric and Mental Health Nurse Practitioner and Certified Nurse Midwife. The educational preparation and practice in these populations of care include management of clients in both primary and acute care settings.

Additional Competencies and Overlapping Scopes of Practice

An individual RNP may enhance their competencies by learning additional skills/procedures **within their scope of practice** through additional didactic education and supervised clinical practice as specified in A.A.C. R4-19-208 (C). For example, since primary care of infants is within their scope of practice, a pediatric or family nurse practitioner could perform a circumcision after obtaining and demonstrating this competency through completion of a formal didactic and clinical instruction course. In contrast, an adult RNP, even after completion of the same course, could not perform circumcisions because care of infants is outside the scope of adult nurse practitioner practice. While the Board recognizes that there is some overlap in scopes of practice between specialties, an individual may not expand scope to a different specialty without completing a basic NP program in that specialty. For example a pediatric nurse practitioner may be qualified to follow some patients into young adulthood before transitioning their care to an adult or family practitioner, overlapping with Adult/FNP scope; and a family nurse practitioner may be qualified to treat common, self-limited depression or anxiety, overlapping with psychiatric nurse practitioner scope; but neither is qualified to practice within the full scope of the others’ specialty area.

RNP’s in Acute Care Settings

Due to recent limits regarding the use of physician residents, acute care facilities have sought to hire nurse practitioners to fill “hospitalist” roles with scant attention as to whether the educational preparation of the NP is consistent with the role. For example, an FNP with some pediatric ICU experience as an RN was believed to be qualified to take an acute care pediatric NP position in the pediatric intensive care unit.

While the Board does not limit the employment setting of the NP, the role within that setting must be consistent with the formal education and scope of the NP’s education, certification and specialty.

“An RNP shall only provide health care services within the nurse practitioner's scope of practice for which the RNP is educationally prepared and for which competency has been established and maintained” (A.A.C. R4-19-508 C) . According the National Organization of Nurse Practitioner Faculties (2004), the acute care RNP “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” (pg. 13). Acute care nurse practitioners receive “highly focused education that includes psychomotor skill assessment and evaluation in many complex procedures. They are prepared to manage complex unstable patients similar to those managed by hospitalists” (Klein, 2008, pg 277). Therefore it is the position of the Board that **an RNP who provides acute care services cannot exceed the limits of the advanced practice specialty area.** Sole and independent management of the care of complex unstable patients in an acute care setting, including but not limited to an intensive care unit, is in the exclusive domain of the nurse practitioner who has completed an approved acute care nurse practitioner program. A primary care nurse practitioner may have a role in assisting or directing management of the acute care patient as long as the aspect of care is within the limits of their specialty and role of nurse practitioner certification.

Role of Primary Care RNPs in Acute Care Settings

There is a role for the primary care NP in an acute care facility if the role is consistent with the educational preparation and certification of the NP. The primary care NP may admit his/her own patients and manage referrals to appropriate specialties, as it is within scope for a primary care NP to facilitate transitions between health care settings and to provide continuity of care for individuals and family members.

Patients admitted to an acute care facility will benefit from the inclusion of a primary care RNP on the health care team to assist in the management of some aspects of care consistent with the primary care RNPs scope of practice. Primary care RNP preparation focuses on management of health promotion, disease prevention, and ongoing care of individuals and families (Klein, 2008). The National Organization of Nurse Practitioner Faculties (2002) describe the primary nurse practitioner role in managing and negotiating health care delivery systems as one of “overseeing and directing the delivery of clinical services within an integrated system of health care” (pg. 20, 24 28, 33, 38). A hospital-based primary care RNP could coordinate care between specialty physicians; plan the patient’s discharge; order and review results of diagnostic tests; initiate referrals; advocate for the patient; and monitor the patient’s progress through the system. An acute exacerbation of a chronic illness could be managed by a primary care NP if the nature of the person’s exacerbation is manageable in an ambulatory setting. If an exacerbation of a chronic illness is such that the person is unstable or critically ill, then that person’s care team should include someone with acute care credentials, at least until the situation is under control and stable.

Summary

In summary the RNP is expected to utilize appropriate judgment to determine if a specific role or procedure within a patient care situation is within the scope of practice that he or she is educationally prepared to provide. “Recognizing the limits of the nurse's knowledge and experience, planning for situations beyond the nurse's knowledge and expertise and consulting with or referring clients to other health care providers when appropriate,” (ARS § 32-1606 (17) (d)(vi)) are part of the legal scope and responsibilities of all registered nurse practitioners. Experience as an RN, on-the-job training, having a physician sign off orders, and the personal comfort of the RNP are not a sound basis for accepting an assignment or role beyond the RNP’s scope of practice.

Questions and Answers

1. Can a primary care nurse practitioner treat hospital patients as long as they are not in the ICU?

The primary care RNP's role in any setting must be within their scope of practice consistent with their educational preparation. An oft-quoted caveat is that the RNP can treat any condition in an acute care setting that they could treat in an office setting. While this may have some practical applicability, it will not cover the RNP for practicing outside his/her scope. The condition that led to the patient's hospital admission may influence the treatment of even the simplest condition. For example, an RNP may be very competent at treating urinary tract infections (UTI) in an office setting. However, when a patient is admitted to the hospital with a diagnosis of dehydration, diarrhea and acute renal failure and subsequently develops a UTI, that patient needs a different treatment approach than an ambulatory client with an episodic illness. The primary care RNP's educational preparation and supervised clinical practice did not include this content. Therefore, absent additional formal training, independent management of this particular patient's UTI would be considered outside the scope of primary care nurse practitioner practice.

2. How does my experience as an RN expand my RNP scope of practice?

Your experience as an RN may give you some familiarity with a particular patient population but **does not determine your scope of practice** as a nurse practitioner. Your RNP scope is based on the didactic education and clinical practice obtained in your RNP program.

3. Can a primary care RNP write hospital orders?

The Nurse Practice Act allows for primary care RNPs to write orders for hospitalized patients within their scope and limits of the specialty area. Employers may choose to be more restrictive than the nurse practice act, they cannot be less restrictive. RNPs who choose to practice in those more restrictive environments must discuss any concerns they have about practice policies that are more restrictive than the NPA with the facility administration.

4. Can a primary care RNP perform invasive procedures?

The Board does not maintain a list of approved procedures. In general, primary care RNPs may only perform primary care procedures within the limits of their scope and the demonstrated and evaluated competency of the RNP. First and foremost, the patient and procedure must be appropriate to the RNP scope of practice. The condition necessitating the procedure must be one that the RNP is educationally and experientially prepared to manage. The RNP must have demonstrated and evaluated competency in the procedure. Consistent with A.A.C. R4-19-508 (C), education should consist of formal didactic learning and supervised documented clinical practice as prescribed by an accrediting body, accredited university, or professional association. Finally the RNP must be able to recognize and manage complications including emergencies that would result from the procedure. If the patient's acuity level requires an invasive procedure and management in an acute care setting this suggests that the sole management of the patient is beyond the scope of practice of the FNP.

5. If a procedure is illegal in AZ, but legal in other states, is it within the scope of practice for an RNP to perform the procedure in AZ?

No, the Board's authority to regulate nursing practice comes from legislatively enacted statutes. The broad scope of RNP practice is contained in the statutory definition of registered nurse practitioner

(see ARS § 32-1606 (15) below). If the legislature subsequently prohibits an RNP from performing an activity, for whatever reason, that activity is clearly outside the legal scope of practice.

6. Does scope of practice change based on the scarcity of acute care RNP programs and graduates in AZ?

No. Scope of practice is based on formal education and supervised clinical practice within the basic RNP program. The scarcity of appropriate programs for training acute care nurse practitioners does not allow others without that training to assume the role.

7. Can a primary care RNP who successfully completes life-support education (ACLS, PALS or NRP) run a code in a hospital?

An RN (including NP) may provide care consistent with the recognized guidelines of the organization offering the life-support course. The provider with the highest level of training and proficiency in resuscitative procedures should direct the code.

8. I completed an acute care nurse practitioner program before there was a recognized specialty or exam so was certified as an adult NP. What is my scope of practice?

The Board recognizes that with emerging specialty populations, there is often confusion and occasionally inconsistent certification due to lack of a certification exam or approval of the specialty. RNP scope of practice is based on the didactic and clinical education obtained in the basic RNP program. Prior to the emergence of the acute care specialty, some Pediatric NP programs may have contained both a primary and acute care focus, and some Adult NP programs may have included either a primary or acute care track. Graduates of programs that included an acute care focus or track may qualify for acute care certification, and their educational preparation would support acute care practice. For consistency the Board would advise that graduates pass the acute care national certifying exam (if qualified) and seek additional Board certification. The Board recognizes that not all graduates of these programs will qualify for the exam, especially if the program was not part of a graduate degree program.

Applicable Regulations

[ARS § 32-1601 \(19\) \(a\)\(b\)\(c\)\(d\) Definitions](#)

[ARS § 32-1606 B \(12\) Powers and duties of board](#)

[R4-19-508. Standards Related to Registered Nurse Practitioner Scope of Practice](#)

References

Klein, T. (2008) Credentialing the nurse practitioner in your workplace: Evaluating scope for safe practice. *Nursing Administration Quarterly*. 52 (4) 273-278.

Kleinpell, R., Hravnak, M., & Hinch, B. (2008) Developing an advanced practice nursing credentialing model for acute care facilities. *Nursing Administration Quarterly*. 52 (4) 279-287.

Swenson, D. (2006) Advanced registered nurse practitioners: Standards of care and the law. *Journal of legal nurse consulting*. 17 (4) 3-6.

The National Organization of Nurse Practitioner Faculties (2002). Nurse Practitioner Primary Care Competencies in Specialty Areas; Adult, Family, Gerontological, Pediatric, and Women's Health. Available at www.nonpf.org. Accessed July 2, 2009.

The National Organization of Nurse Practitioner Faculties (2004). Acute Care Nurse Competencies. Available at www.nonpf.org. Accessed July 7, 2009.

POLICY TEMPLATE

ADVISORY OPINION – An advisory opinion adopted by the Board is a written interpretation of the current function of nursing. An advisory opinion is not a regulation of the board; it does not have the force and effect of law. Rather an opinion is issued as an interpretation of the current functions on nursing to promote safe practice. This interpretation includes parameters which define the education and/or training necessary to perform a specific function. An advisory opinion can also endorse a position statement.

TITLE – Nursing function or area of focus (avoid reference to a specific product or manufacturer).

SCOPE OF PRACTICE – Defines nursing functions considered safe within the educational parameters of the registered nurse or licensed practical nurse that protects the public/patient. Examples include but are not limited to: *It is within the scope of practice for a registered nurse to administer, assess, provide, perform, insert, remove, function, or assist.* On occasion, definitions are included to delineate the parameters of the advisory opinion.

GENERAL REQUIREMENTS – Outlines the required policies, education, and documentation of competence required for safe practice by the registered nurse and licensed practical nurse. Points of consideration may include the different settings – acute care versus skilled care versus ambulatory; defined independent practice or need for provider support or supervision. Examples include but not limited to: written policy and procedures maintained by the employer or agency; some type of orientation or instructional program; documentation of completion on file with the employer; and if an annual renewal is necessary.

COURSE OF INSTRUCTION – Identify any education/certification that may be required. Outlines the basic training requirements needed for the registered nurse and licensed practical nurse to safely practice in the area of the advisory focus. Examples to include but not limited to: anatomy and physiology; equipment (if needed); general indications and contraindications; management of any complications; and nursing care responsibilities.

RATIONALE – Describes the purpose of the advisory opinion as it relates nursing practice, performance objectives, and/or to the community standard of care.

REFERENCES – May include advisory opinions from other state boards of nursing, books, professional journals, position statements from pertinent associations, recommendation of subject matter expert, ARS 32-1606AZ, etc.

12/04/03



Doug Ducey
Governor

Joey Ridenour
Executive Director

Arizona State Board of Nursing

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TEMPLATE FOR ADVISORY OPINIONS

An advisory opinion adopted by AZBN is an interpretation of what the law requires. While an advisory opinion is not law, it is more than a recommendation. In other words, an advisory opinion is an official opinion of AZBN regarding the practice of nursing as it relates to the functions of nursing. Facility policies may restrict practice further in their setting and/or require additional expectations related to competency, validation, training, and supervision to assure the safety of their patient population and or decrease risk.

OPINION:
APPROVED: **NOT APPROVED:**
DATE: xx/xx
REVISED DATE: xx/xx
ORIGINATING COMMITTEE:
SCOPE OF PRACTICE COMMITTEE

Within the Scope of Practice of ___ RN ___ LPN

ADVISORY OPINION

TITLE

STATEMENT OF SCOPE (this should include a statement such as the following)

It is within the Scope of Practice of a Registered Nurse (RN or LPN) to _____
_____ if the following requirements are met:

OR

It is not within the Scope of Practice of a Registered Nurse (RN or LPN) to _____

I. GENERAL REQUIREMENTS (ideas for this can include these)

- A. Written policy and procedures
- B. Satisfactorily completed instructional programs and have had supervised clinical practice
- C. Documentation of satisfactory completion of the instructional program
- D.

II. COURSE OF INSTRUCTION (which provides a list of didactic and classroom instruction that is required) (followed by supervised clinical practice that is required)...includes but it not limited to:

III. RATIONALE (state why the opinion is being written i.e.: guiding principle at request of an organization, etc.)

IV. REFERENCES (we have found it helpful to have references listed to refer to) Also, need to include all the other state boards of nursing that have information relating to the subject that we have reviewed. References need to be in APA format.

Advisory Opinions

An advisory opinion adopted by AZBN is an interpretation of what the law requires. While an advisory opinion is not law, it is more than a recommendation. In other words, an advisory opinion is an official opinion of AZBN regarding the practice of nursing as it relates to the functions of nursing. Facility policies may restrict practice further in their setting and/or require additional expectations related to competency, validation, training, and supervision to assure the safety of their patient population and or decrease risk.

ADVISORY OPINION - NURSE PRACTITIONER DESCRIPTION OF ROLES AND FUNCTIONS

Advisory Opinion

Nurse Practitioner Description of Roles and Functions

- Nurse Practitioners are registered nurses who have acquired the formal education, extended knowledge base and clinical skills beyond the registered nurse level to practice in an advanced role as direct health care providers.
- Nurse Practitioners are authorized to practice by the Board in a specialty area via their registered nurse licensure and advanced practice certification in a specialty area.
- Nurse Practitioners may perform additional skills within their specialty area for which they have been prepared through post-graduate education and training in accordance with R4-19-508 C.
- Nurse Practitioners provide health care services within their specialty area to individuals, families and groups including but not limited to admission, management of care, discharge and follow up, in ambulatory, acute, long term and other health care settings.
- Nurse Practitioners utilize critical judgment in the performance of comprehensive health assessments, differential medical diagnosis including ordering, conducting, and interpreting diagnostic and laboratory tests, and the prescribing of pharmacologic and non-pharmacologic treatments in the direct management of acute and chronic illness and disease.
- Nurse Practitioners serve in multiple roles, including but not limited to, direct providers of care, health care researchers, consultants, and educators.
- Nurse Practitioners may work in independent practice.
- Nurse Practitioners work collaboratively with other health care professionals when appropriate.

RATIONALE: Per A.R.S. § 32-1601(15), a nurse practitioner is a professional nurse (RN) who is certified by the board and has an expanded scope of practice within a specialty area (e.g., family, pediatric, acute care, adult, etc.) that includes:

- Assessing clients, synthesizing and analyzing data and understanding and applying principles of health care at an advanced level;
- Managing the physical and psychosocial health status of clients;
- Analyzing multiple sources of data, identifying alternative possibilities as to the nature of a health care problem and selecting, implementing and evaluating appropriate treatment;
- Making independent decisions in solving complex client care problems;

- Diagnosing, performing diagnostic and therapeutic procedures, prescribing, administering and dispensing therapeutic measures, including legend drugs, medical devices and controlled substances within the scope of registered nurse practitioner practice on meeting the requirements established by the board;
- Recognizing the limits of the nurse's knowledge and experience, planning for situations beyond the nurse's knowledge, educational preparation and expertise and consulting with or referring clients to other health care providers when appropriate;
- Delegating to a medical assistant pursuant to section 32-1456;
- Performing additional acts that require education and training as prescribed by the board and that are recognized by the nursing profession as proper to be performed by a nurse practitioner.

Per A.A.C. R4-19-508, in addition to the scope of practice permitted a registered nurse, a registered nurse practitioner, under A.R.S. §§ 32-1601(19) and 32-1606(B)(12), may perform the following acts within the limits of the specialty area of certification:

- Examine a patient and establish a medical diagnosis by client history, physical examination, and other criteria;
- For a patient who requires the services of a health care facility:
 - Admit the patient to the facility,
 - Manage the care the patient receives in the facility, and
 - Discharge the patient from the facility;
- Order and interpret laboratory, radiographic, and other diagnostic tests, and perform those tests that the RNP is qualified to perform;
- Identify, develop, implement, and evaluate a plan of care for a patient to promote, maintain, and restore health;
- Perform therapeutic procedures that the RNP is qualified to perform;
- Prescribe treatments;
- If authorized under R4-19-511, prescribe and dispense drugs and devices; and
- Perform additional acts that the RNP is qualified to perform.

A nurse practitioner shall only provide health care services within the nurse practitioner's scope of practice for which the RNP is educationally prepared and for which competency has been established and maintained. Educational preparation means academic coursework or continuing education activities that include both theory and supervised clinical practice.

A nurse practitioner shall refer a patient to a physician or another health care provider if the referral will protect the health and welfare of the patient and consult with a physician and other health care providers if a situation or condition occurs in a patient that is beyond the RNP's knowledge and experience.

Per A.A.C. R4-19-101, "Collaborate" is defined as to establish a relationship for consultation or referral with one or more licensed physicians on an as-needed basis. Supervision of the activities of a registered nurse practitioner by the collaborating physician is not required.

GENERAL REQUIREMENTS

A nurse practitioner is certified by the board as a nurse practitioner; has completed a nurse practitioner education program approved or recognized by the board; if applying for certification on or after January 1, 2001, has a master of science degree with a major in nursing or a master's degree in a health-related area; and if applying for certification after July 1, 2004, holds national certification from a national certifying body recognized by the board or provides proof of competence if a certifying examination is not available. (A.R.S. § 32-1601(19); R4-19-505 (B))

REFERENCES

Scope and Standards of Advanced Practice Registered Nursing, American Nurses Association, 1996.

Scope of Practice for Nurse Practitioners, American Academy of Nurse Practitioners, 1998.

Statutes

[A.R.S. § 32-1601\(19\)](#)

Rules of the AZBN

[A.A.C. R4-19-101 Definitions](#)

[A.A.C. R4-19-505 Requirements for Initial APRN Certification](#)

[A.A.C. R4-19-508 Standards Related to Registered Nurse Practitioner Scope of Practice](#)

ADVISORY OPINION LINKS

[Acupuncture Procedures Performed by APRNs](#)

[Epidural Analgesia By Nurse Anesthetist](#)

[The Use of Controlled Substances for the Treatment of Chronic Pain](#)

[Scope of Practice Decision Tree](#)

[Off Label Prescribing Drugs, Devices, and Therapeutics](#)

[Treating and Prescribing of Medications to Self and/or Family](#)



AP Committee Evaluation Form

Advanced Practice Committee Committee Evaluation Form

I. COMMITTEE GOALS:

Please rate the extent to which the Committee met their goals/accomplished or facilitated meeting statewide goals related to their purpose over the past year according to the following scale. Please rate by circling.

Please rate the services provided by Board staff with 5 being **highly effective** and 1 being **ineffective**. Please rate by circling.

GOALS		RATING
1	Clarify and articulate regulatory sufficiency of the four Advanced Practice roles and recommend changes to the Nurse Practice Act and rules.	5 4 3 2 1
2	Develop recommendations for Advisory Opinions related to Advanced Practice Nurse functions.	5 4 3 2 1
3	Review national trends in the regulation of Advanced Practice and make recommendations to the Board.	5 4 3 2 1
4	Evaluate the APRN Model Compact and make recommendations to the Board regarding potential introduction of legislation.	5 4 3 2 1
5	Collaborate with other Board committees on matters of mutual interest.	5 4 3 2 1

II. BOARD STAFF

Please rate the services provided by Board staff with 5 being **extremely satisfactory** and 1 being **extremely unsatisfactory**. Please rate by circling.

BOARD STAFF	RATING
Committee Packet	5 4 3 2 1
Ability of consultant to answer questions and provide information.	5 4 3 2 1
Minutes	5 4 3 2 1
Follow-up of items.	5 4 3 2 1
Guidance and support of Board staff to committee members.	5 4 3 2 1
Questions and requests are addressed by Board staff in a timely manner.	5 4 3 2 1

III. CHAIR (S)

Please rate the performance of the committee chair with 5 being **extremely satisfactory** and 1 being **extremely unsatisfactory**. Please rate by circling.

CHAIR	RATING				
Managing the meeting agenda.	5	4	3	2	1
Ensuring participation of all members.	5	4	3	2	1
Providing leadership on issues.	5	4	3	2	1
Treating members and guests with respect.	5	4	3	2	1
Knowledge of the Nurse Practice Act/Open Meeting Law	5	4	3	2	1
Adherence to accepted rules of order for conducting the meeting.	5	4	3	2	1

IV. MEMBERSHIP

Please rate the performance of the committee members with 5 being **extremely satisfactory** and 1 being **extremely unsatisfactory**. Please rate by circling.

MEMBERSHIP	RATING				
Understanding of the purpose of the Advanced Practice Committee and its relationship with the board of Nursing.	5	4	3	2	1
Understanding the role and expectations of Committee members.	5	4	3	2	1
Provide expertise and enhance the quality of Committee decision making.	5	4	3	2	1
All members contribute to the work of the Committee.	5	4	3	2	1
My input made a difference on this Committee.	5	4	3	2	1

V. INDIVIDUAL PERFORMANCE

1. I could better contribute to the meeting if: _____

2. My greatest contribution to the committee in the past 2 years was: _____

3. Please provide comments/suggestions for improvement for any negative rating(s). _____

4. If you could change anything about the committee's charge/work, what would you change? _____

5. What do you most enjoy about the Advanced Practice Committee? _____

If you would like to be contacted about your evaluation form, please provide your name in the space below:



Nurse Practice Act

[Arizona Revised Statutes of the Arizona State Board of Nursing](#)

[Rules of the Arizona State Board of Nursing](#)

Other Forms

Updated Advanced Practice Advisory Committee PowerPoint will be presented at September 23, 2015 Meeting

Proposed Rules

[Rulemaking Basics](#)