## ADVANCED PRACTICE NURSING FAQ DOCUMENT

#### **OVERVIEW:**

The intent of this white paper is to answer frequently asked questions regarding the four (4) classifications of advanced practice nurses; nurse practitioners, certified nursemidwives, certified registered nurse anesthetists and clinical nurse specialists. It will clarify each nursing specialty as it relates to N8 of the Wisconsin Administration Code: the Certification of Advanced Practice Nurse Prescribers.

This portion of the white paper will provide details about how Wisconsin Certified Nurse Anesthetists (CRNAs) provide care and the regulatory requirements that govern their practice. Both federal regulations and Wisconsin law will be discussed.

Nurse anesthetists (CRNAs) in Wisconsin are licensed as professional nurses [s.441.001(4)]. Nurse anesthetists who provide *independent* anesthesia care are also required to be certified as an Advanced Practice Nurse Prescribers (APNPs) [s. 441.16]. The Wisconsin Board of Nursing under the Department of Safety and Professional services (DSPS) grants nursing licensure and certification as APNP when specific qualifications are met. The Wisconsin Board of Nursing has adopted administrative rules to interpret the APNP law. These are found in N8 of the Wisconsin Administrative Code.

### DEFINITION: CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA)

CRNA means an individual licensed as a registered nurse who meets the educational and examination standards adopted by the board for CRNAs and is certified/recertified by the National Board on Certification and Recertification of Nurse Anesthetists (NBCRNA). CRNAs are prepared to provide the full spectrum of patients' anesthesia and anesthesia related care for individuals across the lifespan, through all recognized levels of acuity including persons with immediate, severe, or life-threatening illnesses or injuries. This care is provided in diverse settings.

http://www.aana.co./qualifications.aspx

#### **DEFINITION: ADVANCED PRACTICE NURSE**

(FAQ per Judy Warmuth, why is APNP a certification and not a license?)

Advanced Practice Nurse designation is met when a registered nurse satisfies the specific education, training or experience set down by the Wisconsin board of nursing. (N 8.01)

(link to FAQ Category APNP at DSPS web site)

## The CRNA, APNP must:

- have a current license to practice professional nursing in Wisconsin state or

- have a current license to practice professional nursing in another state which has adopted the nurse licensure compact ( link to list of nurse compact states)
- be currently certified by the National Board of Certification and Recertification of Nurse Anesthetists (NBCRNA)
  ( link to NBCRNA initial certification process)

  <a href="http://.nbcrna.com/index.php?option=com\_content&view=article&id=2&Item=18">http://.nbcrna.com/index.php?option=com\_content&view=article&id=2&Item=18</a>
- if nationally certified after July 1, 1998, hold a minimum of a master's degree in nursing or related health field [N 8.02 (c)]

# INITIAL QUALIFICATIONS for CERTIFICATION: ADVANCED PRACTICE NURSE PRESCRIBER

For a CRNA to apply for APNP certification, the candidate must:

- have a current license to practice professional nursing in this state or
- have a current license to practice professional nursing in another state which has adopted the nurse licensure compact
- be currently certified by NBCRNA
- if nationally certified after July 1, 1998, hold a minimum of a master's degree in nursing or related health field
- complete a minimum of 45 contact hours in clinical pharmacology/therapeutics within 3 years preceding the application
- pass a jurisprudence examination for advanced practice nurse prescribers [N 8.03 (1) (5)]

Nurse anesthetists who provide independent anesthesia care in Wisconsin are licensed as a professional nurse, maintain current national certification by the NBCRNA, and have met the qualifications for certification/recertification as an advanced practice nurse prescriber (APNP) to use the title CRNA, APNP.

It is not mandatory for CRNAs to obtain APNP certification, unless their employer requires it. At least 80% of CRNAs in Wisconsin have APNP certification. If a nurse anesthetist is not also an APNP, then the nurse anesthetist must practice under the supervision or direction of a physician or other health care provider whose scope of practice includes anesthesia. Examples of other providers would be dentists or podiatrists. [link to 441.16] [N 8.10 (6)] [N 8.06 (1-5)]

## CONTINUING EDUCATION REQUIREMENTS:

The CRNA, APNP:

- submit to board evidence of completion of an average of at least 8 contact hours per year in clinical

Pharmacology/therapeutics relevant to APNPs area of practice ( N 8.05 (1) )

- submit evidence of completion of continuing education meeting the requirements of sub. (1) consistent with submission of educational requirements of the APNPs national certifying board ( N 8.05 (2) )
- retain for minimum of 4 years, and make available to the board or its agent upon request, certificates of attendance by the program sponsor for all continuing education programs (N 8.05 (3))

Requirements for national recertification of CRNAs:

- shall be recertified on a biennial basis as administered by the National Board of Certification and Recertification of Nurse Anesthetists. (NBCRNA) This board reviews CRNA qualifications regarding (1) current licensure as a registered nurse, (2) continuing education (minimum of 40 CE credits), (3) certification that he/she has been substantially engaged in the practice of anesthesia during the two year period, (4) verification of the absence of mental, physical or other problems that could interfere with the practice of anesthesia.

(link to NBCRNA recertification process)
<a href="http://www.nbcrna.com/index.php?option=com">http://www.nbcrna.com/index.php?option=com</a> content&view=article&id=1&Itemid=29

(Need info on how to find out if the CRNA is certified)

## MALPRACTICE INSURANCE COVERAGE:

Advanced Practice Nurse Prescribers (APNPs) who prescribe shall:

- maintain personal or group liability coverage in amount specified in s.655.23 (4). Stats,
- as an employee of the state or governmental subdivision must certify that he/she will independently prescribe within the limits of the employment policies or shall obtain personal liability coverage to independently prescribe outside the scope of the group liability policy or policies (link to N 8.08 (2))
- comply with s. N 6.03 (2) and (3) with regard to delegated prescribing for APNP who prescribes under the supervision and delegation of physician or CRNA

- annually submit to the board satisfactory evidence that he or she has malpractice insurance in effect as required by sub. (1) (Lou—please interpret—does this mean that the should be prepared to submit this if asked, or does the malpractice certificate sent to the patient and family comp fund fulfill this?)

Furthermore, nurse anesthetists participate in the Injured Patient and Family Compensation Fund (Fund). Since its inception and legislation in 1975, all CRNAs are required to individually participate (just as all physicians are). This requirement holds true whether or not the CRNA has APNP certification.

COLLABORATION WITH OTHER HEALTH CARE PROFESSIONALS: N8 not only encourages, but requires collaboration between the APNP and other health care professionals to provide comprehensive care.

#### Per N8(10) the CRNA, APNP:

- shall facilitate collaboration with other health care professionals, at least 1 of whom shall be a physician through the use of modern communication
- shall facilitate referral patient care records to other health care professions
- shall promote case management
- shall document collaborative relationship with a physician (MD/DO)

(link with WIANA for examples of such a documented collaborative practice agreements)

#### OTHER STATE LAWS THAT GOVERN ANESTHESIA PRACTICE IN WISCONSIN:

- Wisconsin does not have a "captain of the ship" doctrine when health care providers such as nurse anesthetists provide care to patients who are receiving care from a physician. The Wisconsin Supreme Court expressly noted that the doctrine is not recognized in our state. (link) <a href="http://www.wicourts.gov/sc/opinion/DisplayDocument.pdf?content=pdf&seqNO=17467">http://www.wicourts.gov/sc/opinion/DisplayDocument.pdf?content=pdf&seqNO=17467</a> As such, a physician is not automatically responsible for the acts of other health care providers who provide care to a common patient.
- The Wisconsin Department of Health Services addresses anesthesia care in hospitals in the Administrative Code DHS 124. It is commonly referred to as "the Hospital Code". Clinical services such as surgery, anesthesia, maternity and dental care policies and procedures are addressed by DHS 124.20. Furthermore, the anesthesia provisions address supervision and state in part:

"The hospital, on recommendation of the medical staff, shall designate persons qualified to administer anesthetics and shall determine what each person is qualified to do." (s.124.20 (3) (b) 3.)

## OPT OUT OF FEDERAL SUPERVISION REQUIREMENTS:

- In 2001, CMS allowed individual states to opt out of physician supervision under Medicare rule 66 FR 5672-69. The purpose of this was to "allow each state to make the most effective use of nurse anesthetists while ensuring Medicare beneficiaries would continue to receive safe, high-quality anesthesia services." Past Governor Doyle opted Wisconsin out of the federal supervision requirement June 6<sup>th</sup>, 2005, after consulting with nursing and medical boards. The Wisconsin Department of Health Services follows the CMS definition of anesthesia services (FAQ #11):

http://www.dhs.wisconsin.gov/rl DSL/Hospital/frequentAskQs.pdf

The CMS definition of anesthesia services are:

http://www.cms.gov/SurveyCertificationGenInfo/downloads/SCLetter10 09.pdf

#### **CONCLUSION:**

The basis for practice for CRNAs in Wisconsin is licensure as a registered nurse and national certification by NBCRNA. Additionally, a CRNA in Wisconsin can practice independently if they are *also* certified as an APNP, that is, physician direction and supervision is not required. The Wisconsin Board of Nursing encourages collaboration among health care professionals who hold different licenses. Per Statute N8, CRNA APNP practicing independently in Wisconsin are required to collaborate with a physician and this collaborative relationship must be documented.