MICHIGAN STATE UNIVERSITY COLLEGE OF NURSING
Graduate Program

NUR 801

ROLE OF THE ADVANCED PRACTICE NURSE IN PRIMARY CARE

COURSE SYLLABUS

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COURSE DESCRIPTION
This graduate seminar will provide the opportunity to explore the role of the advanced practice nurse and the concepts of primary care within a contemporary health care system. The content will include issues related to the role of the APN, regulation affecting practice, accountability and outcomes relevant to the APN practice.

This graduate seminar will provide the opportunity to explore the concepts and theories for role, role definitions, for the Advanced Practice Nurse (APN). We will examine the role characteristics of the APN. In order to apply this framework, areas of study will be on the major theme of the MSU APN Program, that is, the Advanced Practice Nurse role and the role of primary care within the health care delivery system.

Seminars on the primary health care system will be used to analyze concepts, characteristics and the goal of primary care. With the advent of changing social demands, cost containment will be the managed care approach to primary care that is discussed. There has been an increased focus on use of interdisciplinary collaborative function as a process of health care delivery. To provide primary care such that is accessible “comprehensive, continuous, and coordinated”, a collaborative professional team effort is needed. Accountability for patient outcomes based on evidence will be discussed. Focus on practice guidelines, quality of care, outcomes of care and regulatory limitations of the current, changing system will also be discussed.

Throughout the course students are expected to develop and analyze strategies that could be used to implement the Advanced Nursing Role within a primary health care system in which accountable collaborative practice occurs.

INSTRUCTIONAL METHODS
A seminar format will be the method of instruction along with extensive use of the World Wide Web. Required readings and the use of the Web will provide the focus for class discussion and class preparation. Preparation for class is expected so that discussion can be rich!

Use of the Web chat opportunities is an expectation of all students and documentation of use will occur.

In addition, the written assignments and exams allow the student to integrate and synthesize content from Required Reading, Web activities and class discussions.

COURSE REQUIREMENTS
- Comfort with use of computer and Internet.
- Access to a computer:
  - 16M RAM, 14.4K modem, Microsoft Explore or Netscape 4.0 (or higher), Windows 4.1 (or NT, 95) Java Script 4.0
  - Macintosh compatible System 7, 14,4K modem
  - Pilot Account Set Up
  - Word processing skills
  - Class participation on the Web--searching, discussions, group work, sign on, respond to questions.
- Knowledge of APA format* (see expectations)

EVALUATION
Evaluation is based on scholarly papers and web activity and a final exam. A passing grade on all components is necessary to pass the course. A passing grade is 80%.
- Web Search Paper -- 20%
- Role of APN in Primary Care Analysis Paper -- 40%
- Final Exam -- 40%
- Total -- 100%

Web participation of all students is required and will be recorded.
WEB DISCUSSION
The faculty are aware that there is not sufficient time for discussion of the many issues that arise during class. For this reason, a webtalk chat area has been developed. The address for the course homepage is http://clcgi.cl.msu.edu/~ppeek/nur801
When you arrive at the homepage, you should click onto Webtalk and you will be able to get into the chatroom. You will notice that there are many topics (ie., announcements, classroom) and various conversations under each topic. In order for the chatroom to work effectively, a few “rules” have been developed.

--try to keep your discussion in the “right room”. In other words, it helps everyone if the discussion fits the conversation. For example, it is best to keep discussion of paper requirements or exams in the course requirement conversation rather than in the discussion of the APN role.
--if you find you want a new conversation added, please let me know. This is best done via a message in the chatroom.
--check the chatroom frequently (ie., probably more than once a week) since we will use it to make announcements about readings, new web sites, changes in schedule etc.
--remember that the chatroom is OPEN to everyone in the course so your more private conversations with either faculty or other students may be best done via email.

If you find some new websites or articles that you think others would like to see, please post them in the chatroom. If you want to post a website, simply type in the entire URL (address) starting with the http:// The computer server will magically turn the address into a link! You might want to “test” your message by clicking on “preview message” before you actually post it. This allows you to check your web link to see if it works before you show it to others.
FINALEXAM
The final exam will be worth 40% of the grade and will be a short answer essay examining the extent to which student understands course objectives. This will be given during finals week. Application of major concepts of the course will be the focus of the exam. The final exam will be on December 13, 2001, during scheduled class time.

WEB ASSIGNMENT*
The Web assignment paper will focus on a role of the nurse in Advanced Nursing Practice.

This assignment will be due September 20th (can turn in during class).

Introduction of the concepts - review and find information using the Web that relates to roles of advanced practice nurses in primary health care. Use information from health care plans, federal or state legislation, disease specific groups, voluntary organizations, or from nursing specialty groups. Find 5 sources that relate to one role characteristic of the APN role. Name the role characteristic. (10 points)

Describe the role characteristic - define it, discuss the definition and characteristic (1-2 pages)

List 5 specific sources you used to define it -- 3 must be from the Web.

Implications for APN roles. How does the content review reflect advanced practice vs. basic BSN practice?

-- this is to be your ideas supported by what you have read. (10 points) Discuss from the novice to expert perspective. Relate all to the role you select.

*APA FORMAT MUST BE FOLLOWED. NOTE APA GUIDELINES FOR WEB USE.
GRADE SHEET
WEB GRADE ASSIGNMENT

Role Characteristics
(1-2 pages - 5 references)

Definition (5 points)
Discussion (5 points)

Analysis of role and discussion from "Advanced Practice Perspective"
(2-3 pages 2-3 references)

Total Points
(20 points possible)
PRIMARY CARE ISSUE ANALYSIS PAPER

The purpose of this paper is to examine the role of primary care within a managed care environment and to examine the Advanced Practice Nurse role within that context.

Select from the concepts of collaboration, interdisciplinary, access, continuity, comprehensive, or accountable. Use the grade sheet for guidelines as criteria for preparing the paper.

The paper should be approximately 20 pages excluding references and should be in keeping with APA format (4th Edition). May have up to 10 points off or be asked to resubmit with penalty if APA guidelines are not followed. It is expected that proper grammar and editing will be used as this is a graduate level paper.

Papers will be evaluated using the following criteria.

Clear definition and description of the primary care characteristic selected. (see above)

Documented literature must be included. It should be clear what this characteristic means and what it does not mean. Your literature must be primary care not acute care. Research articles must be included as part of the reference list. (35 points)

Discuss how managed care enables or interferes with the ability to deliver this component of primary care. Be specific to your characteristic or primary care. Please use Web sites and resources to support your description. What are the barriers to implementing the advanced practice nursing role to the delivery of primary care within a managed care environment? (25 points)

What does the APN bring to the primary care environment to enable the ideal primary care to be delivered within a managed care environment. (Discuss at least 15 evidence based strengths or resources that nurses bring to primary care) (40 points)

Please use research based articles, including Nursing Research and Research in Nursing and Health, to support your discussion.

***ATTENTION***

- Please provide E-mail addresses, home addresses on cover sheet of paper.
- Please provide self addressed large envelope with final paper and drafts (no stamps necessary).
- Make back-up copies of the paper.
- Please retain one copy of all drafts and final for own records in case of loss in the mail or on the computer.

ALL STUDENTS MUST TURN IN AN OUTLINE TO RECEIVE A FINAL GRADE ON THE PAPER.

An outline must be turned in. An outline or draft of the paper must be turned in with the final paper.
Grade Sheet  
Primary Care Issue Analysis Paper

I. Evidenced based description of a selected primary care characteristic  a) definition, b) discussion, c) research literature

35 points

Define with Citation ______(15 points)
Discuss with Citation______(20 points)

II. Managed care evidenced based barriers* that interfere with primary care delivery and implementing APN Role (Specific to Advanced Practice) a) managed care facilitators or detractors, b) behaviors, c) web source

25 points

Barriers that interfere with patient care ______(10 points)
Barriers that interfere with APN______(15 points)

III. Contributions of APN to the primary care characteristics – must be at the advanced practice level with full discussion. Must be specific to the characteristic identified. Will need at least 15 with full discussion.

40 points

15 credits for each item discussed ________(30 points)
Demonstration of advanced level _________(10 points)

Subtotal (100 points) __________
Format or APA Problem** —

Total Points __________
*Must include data based research articles where the evidence based requirements exists.

**Papers will be returned ungraded if APA format is not followed or if the paper is not scholarly.

***To be graded, drafts and outlines must be included.
At The End Of NUR 801, The Student Will Be Able To:

1. Compare and contrast the role characteristics of the APN with other primary care providers.

2. Examine the impact of the role of primary care within the health care system and the role of the APN within primary care.

3. Analyze the value of collaborative care as a way to deliver primary care.

4. Analyze the impact of the organizational and financial system resources on resource allocation in the delivery of primary care using managed care as an example using managed care as an example.

5. Analyze the APN role as related to accountability, responsibility and scope of nursing practice.

Exit Behaviors

Upon exiting the class, the student will be able to:

Exit Behavior 1: Compare and contrast the role characteristics of the APN in relationship to other primary care providers.

a. Analyze dimensions of role characteristics and domains of practice needed to carry out the APN role.

b. Analyze the process of professional socialization and resolution of role conflict necessary to implement the APN role.

c. Analyze dimensions of role characteristics utilizing domains of practice needed to carry out the advanced nursing practice role within primary care.

d. Analyze in detail selected roles and behavior to be realigned and expanded to implement the advanced nursing practice role in the delivery of primary health care.

Exit Behavior 2: Analyze the role primary health care system and current approaches to delivery of primary care.

a. Define role characteristics and goals of primary health care (include access cost containment, managed care, continuum of care outcomes, quality assurance) within the overall health care delivery system.

b. Analyze potential areas for role stress (strain, conflict) in nurse-physician relationships in the delivery of primary care.

c. Identify changes in professional nursing behavior and organizational structure and delivery pattern needed for delivery of effective primary care. Examine the role of practice guidelines and care process within the delivery of primary care.

d. Identify strategies to facilitate the implementation of the advanced nursing practice role in primary care.

Exit Behavior 3: Analyze the role of primary care within the health care system using managed care as a delivery approach.

a. Define characteristics and goals of managed care as a delivery model within the overall care delivery system.

b. Describe the continuum of managed care models.

c. What are factors within managed care that enable or interfere with the implementation of the APN role.

Exit Behavior 4: Analyze the concepts and strategies necessary for effective collaborative interdisciplinary (collaborative) functioning within primary care.

a. Analyze the processes necessary for working together using a model as a theoretical base. Compare and contrast how collaborative team functioning differs from an individual's professional functioning (both process and outcome).

b. Determine barriers and benefits of collaborative functioning on individual member (personal and professional), to team (group), and to client care. (Cost-benefit).
c. Analyze the concepts of conflict, trust, to develop strategies needed to function effectively within the collaborative model (overlapping responsibilities).

d. Identify strategies to facilitate the effectiveness of the Advanced Practice Role within a primary care collaborative model.

e. Define the advanced nursing practice role of the ANP from a legal perspective (scope of practice, authority, autonomy and accountability).

Exit Behavior 5: Analyze evidenced outcomes and performance indicators of primary care for which nurses in ANP should be responsible and accountable.

a. Analyze how practice guidelines (evidenced based) relate to performance indicators evaluation and patient outcome.

b. Analyze the distinction between practice guidelines and protocols.

c. Analyze appropriateness for use of practice guidelines within primary care.

d. Examine the components and process needed to evaluate effectiveness of APN in primary care (value-added).
OBJECTIVES FOR CLASSES

Class I: APN - Scope of Practice Roles
- Compare and contrast advanced practice and traditional roles (ANP/practitioner and other practitioner roles).
- Discuss supplies differences between the NP and CNS role.
- Discuss the APN role relevant to current health care delivery.

Class II, III: Role Characteristics and Domains
- Define the dimensions and major role domains of ANP role. What are required competencies for this role.
- Analyze role characteristics and domains needed to carry out the advanced nursing practice role.
- Define the role of the APN in relationships to other health care professionals in the primary care system.
- Analyze in detail selected roles and behavior to be realigned and expanded to implement an ANP role in the delivery of primary health care.

Class IV, V: Primary Care
- Define characteristics and goals of primary health care (from wellness and screening and early detection through treatment and LTC).
- Identify role and breadth of primary care services in an integrated health care delivery system.
- Identify outcomes that need to be achieved in the delivery of primary care.
- Discuss the content of primary care. (The most common problem, diagnostic and treatment approaches).
- Analyze the effect of policies and regulations on implementing the primary care goals.

Class VI: Role - Role Conflict in Primary Care - The APN Role
- 1) Examine theoretical perspectives of role implementation to understand own behavior that will evolve as one adapts to the advanced practice nursing role.
- Examine the role for the APN in primary care. What role characteristics are relevant?
- Analyze potential areas for role stress (ambiguity, strain, and conflict) in between primary care providers.
- Analyze the process resolution of role conflict necessary to implement the advanced practice nursing role.
- Analyze how the role of APN and role characteristics differs in primary vs. acute care.

Class VII - VIII: Managed Care
- Describe key philosophy, the definitions, and concepts used in managed care, and the distinct characteristics that separate managed care from fee-for-service (FFS) within primary care.
- Describe the continuum of managed health care models (staff, group, network) and the key differences for each, including elements of control, primary strengths, and advantages/disadvantages of each type of plan for the consumer and the provider.
- Examine the social and economic factors influencing primary care in a managed care health care delivery system, and describe the social forces that led to the formation of managed care.
- Examine the relevance (how the APN roles help to reach the goals/objectives of managed care organization) of the APN in primary care in the managed care environment.
- Analyze which roles of the APN will conflict with primary care in Managed Care environment and strategies the nurse can use to realign the roles.

Class IX: Disease and Demand Management
- Define disease and demand management
- Analyze when each are appropriate for primary care
- Discuss why they were developed and when appropriate

Class X, Collaborative Team
- Define collaborative interdisciplinary practice.
• Analyze benefits of the barriers to interdisciplinary team practice for primary care. (In the scheme of HCR, what are benefits and barriers?)
• Analyze concepts such as conflict, trust, power, and competition needed to function collaboratively. (Where will the major conflicts and competitions exist?)
• Identify role of ANP within interdisciplinary practice.
• Discuss scope of practice, autonomy, accountability and responsibility

**Class XI, XII: Analyze quality outcomes and performance indicators appropriate to AP Role in Primary Care**

• Explore how quality of primary is related to cost and reimbursement and what other outcomes should be examined.
• Analyze some of the barriers to APN which impact evaluation and for nursing practice accountability - especially nurse sensitive patient outcomes. What is the importance of outcome management?
• Describe nurse sensitive outcomes and nursing classification for intervention
• Analyze how nurse sensitive outcomes are related to managed care performance indicators such as HEDIS.
• Delineate the sources of data to be used to evaluate the effectiveness of ANP in primary care.

**Class XIV: Practice Guidelines**

• Discuss the differences between practice guidelines and protocols (benefits and limitations).
• Define evidence based guidelines and the role of the APN in development of guidelines.
• Discuss ways to use and access guidelines for PC that exist and how to use in daily practice and relevance to quality of care and outcomes.
• Examine specific guidelines and discuss how they were developed and when appropriate.
• Discuss how nationally established guidelines are used and modified at the local level and how they are used for reimbursement (HEDIS etc.)
• Discuss evaluation of guidelines and how to determine usefulness to APN practice.

**Class XV: Impact of the ANP on care**

• Discuss current literature on the impact of the advanced practice role.
• Discuss ways to increase the public’s knowledge of the impact of the ANP
CLASS CALENDAR (SEE ATTACHMENT)

Click here for calendar.
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<td>3. Hamric (2000) Chapter 1</td>
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| Week 2 | **Optional Reading*** |

| Week 2 | **Required Reading*** |
1. Benner, P. From novice to expert. Chapters 1, 2, 3, 4.
6. Role Characteristics – See Appendix B.
7. Robinson (2001) Chapters 18,19,24 (also for week 3)
8. Hamric (2000) Chapters 2,3,4,5  (also for week 3)

**Week 2**

**Optional Reading**

1. American Academy of Nurse Practitioners Web page 1) Scope of practice 2) Standards of practice (visit Web page) 3) Position statement on advanced practice role, prescriptive authority and “The NP in MCO.”

http://www.aanp.org

**Week 3**

**Required Reading***

1. Benner, P. From novice to expert. Chapter V-VIII.


**Week 4**

**Required Reading***

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1. Hamric (2000) Chapter 4,5 (also for week 5)
2. Robinson (2001) Chapter 4,5 (also for week 5)

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<tr>
<td>4. Roberts, S (1997) Epigenesis of the nurse practitioner role revisited Journal of Nursing Education 36(2)</td>
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### Week 8 Required Reading

2. Robinson (2001) Chapter 14

### Week 9 Required Reading


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2. Healthwise Communities Website http://www.healthwise.org/hc.htm
5. Lorig, K. (1999) Evidence suggesting that a chronic disease self-management program can improve health status while reducing hospitalization. Medical Care 37(1)

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**Week 10 Required Reading***

1. Robinson (2001) chapter 9
Week 11
2. Robinson (2001) chapter 7, 25

Week 12
**Required Reading**
- same as week 11

Week 13
**Required Reading**
5. EXPLORE the National Guideline Clearinghouse
   http://www.guideline.gov/index.asp

Week 14
**Required Reading**

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You will be expected to bring in one evidenced based article on how APN’s impact patient care outcomes.
*REQUIRED READINGS*
It is expected that all students will read the articles suggested

**WEB SITES**
A list of websites will be provided in the first week of class. You will also be given suggestions as to what websites you may wish to subscribe to (for FREE)!

The following nursing journals are available through the Michigan State University Library webpage (you will have received information on access to these resources at the orientation session in August)

| Abstracts in Social Gerontology | Advanced Registered Nurse Practitioner Care |
| Age and Ageing | Aging |
| Blood Online | Clinical Nursing Research |
| Community Nursing Research | Geriatrics |
| The Gerontologist | Hazardous Substances and Public Health |
| International Journal of Health Care Quality Assurance | The Internet Journal of Advanced Nursing Practice |
| Issues in Comprehensive Pediatric Nursing | Journal of Aging and Health |
| Journal of Applied Gerontology | Journal of Child and Adolescent Psychiatric Nursing |
| Journal of Community Health | Journal of Family Nursing |
| Journal of Rehabilitation Research and Development | Journals of Gerontology Series and Series B |
| The Lancet | Leadership in Health Services |
| Medical Letter on Drugs and Therapeutics | Nursing |
| Nursing Homes | Nursing Management |
| On-Line Journal of Nursing Informatics | Online Journal of Issues in Nursing |
| Pediatric Nursing | Pediatrics |
| Physical Therapy | Research in Nursing and Health |
| Research on Aging | Western Journal of Nursing Research |

The following is a portion of medical journals available though the Michigan State University Library.

| American Health for Women | American Journal of Clinical Nutrition |
| American Journal of Psychiatry | Annual Review of Medicine |
| Annual Review of Nutrition | CA-A Cancer Journal for Clinicians |
| Cancer | Health Policy and Planning |
| The Journal of the American Medical Association | Journal of Community Psychology |
| The New England Journal of Medicine | Psychopharmacology |
APPENDIX A: THE ADVANCED PRACTICE ROLE IN PRIMARY CARE
APPENDIX A: THE ADVANCED PRACTICE ROLE IN PRIMARY CARE

Overview of Primary Care
Primary care is distinguishable from secondary and tertiary care, which are based on referral rather than initial contact.
Primary care is that care the patient receives when he first approaches the health care system or formally participates in the "process of medical care." The second dimension of this primary care definition is the responsibility for the continuum of care—that is, the promotion and maintenance of health, evaluation, management of symptoms and appropriate referrals. Implied in this definition is that services by the health care professional include decision-making and accountability for promoting wellness, preventing illness, and maintaining and restoring health. There are four major tasks to be accomplished by primary care. Primary care must:
1. Serve as the point of entry, screening and referral point for the rest of the personal health care system.
2. Provide a full range of basic services necessary to preserve health, prevent disease and care for common illnesses and disabilities of client populations and provide services necessary to ensure utilization of these services.
3. Provide the stabilizing human support needed by patients and their families in times of health-related crises.
4. Assume responsibility for the continuing management and coordination of personal health care services throughout the entire health care process (whether patient is ambulatory or bedridden, home or in community setting, whether receiving care at secondary or tertiary level). Although these tasks may be accomplished at secondary and tertiary levels, it is at the primary level needs ultimate responsibility and accountability must.
Longitudinal responsibility for the client, now deemed continually regardless of the presence or absence of disease, is as an essential element in primary care. They point out that primary care is oriented to outreach and follow-up as well as toward helping the client define those conditions by which involvement with professional services and continuation of care are appropriate. At the primary level, care may be relinquished in part at times, but not terminated. Care at this level is not limited to the course of a single episode of illness but implies an ongoing, longitudinal responsibility and accountability. When other health resources are involved, the primary care health care providers the coordinating and integrating role.

FAMILY AND/OR GERONTOLOGICAL APN ROLE IN PRIMARY CARE
The nature and scope of nursing practice as it relates to primary care needs is based upon a holistic approach to Man. As such, it is devoted to understanding human beings and the way in which individuals respond to health care problems. The delivery of primary nursing care has a foundation in the psychosocial and spiritual services as well as the medical, physical, and biological sciences. Nursing practice needs to develop as much excitement about the study of the normal conditions and situations as that which exists for the abnormal and illness health status. Primary care includes helping people at all points along the health-illness continuum. Inherent in the normal health status is health maintenance, health promotion, education, anticipatory guidance, and preventive care. Nursing requires sufficient evidence to justify what
actually promotes or contributes to improve health status. A creative approach to maximize the health status of clients should serve as a challenge to the Advanced Practice Nurse. Nurses prepared for primary health care roles are able to function as family health care generalists. The Advanced Practice Nurse delivering primary care places emphasis on wellness, or promoting the client's and families' abilities to cope with illness, to adjust and adapt to disability and incapacitating illness, and support and enhance the client's own strengths and assets.

The Advanced Practice Nurse prepared for primary health care roles is able to provide prenatal, post-natal, and well-child care; family planning; guidance regarding nutrition and preventing infectious disease; assistance in coping with illness, and adapting to disability and the normal effects on aging; and supervision of therapy and physical and psychosocial comfort throughout the entire developmental cycle. The Advanced Practice Nurse can provide support to assist and guide clients and families to manage their own care to cope with crisis. The Advanced Practice Nurse is also concerned with educational services, how information is transmitted, how the client internalized this information to promote health maintenance at an optimal level to promote client capabilities to assume responsibilities for self-care. In the final analysis, the Advanced Practice Nurse should reach out to clients from a variety of social, economic, ethnic, racial and environmental backgrounds. These clients may have different expectations of health care; they may not recognize the existence of health problems; they may fail to participate actively in the health care system, and may consequently not seek care. Primary care is practiced whenever patients are assisted in preventing physical and emotional illness, in acquiring those behaviors which lead to productive parenting, in coping with illness and disability in ways that promote growth, in problem-solving, in identifying and considering alternatives and actions related to health, and finally, in mobilizing their resources in order to live and die in harmony with self and others.

The scope of the Advanced Practice Nurse practice is differentiated by the area of expertise (family health Gerontologist or gerontology) by the complexity of the development and situational crises of the clients for whom the service is provided. These crises might involve health maintenance for families or individual clients with several chronic diseases or might include therapeutic regime of individuals for whom physical illness is complicated by major psychological involvement or the normal effects of aging. Research is used to improve care and to develop the body of knowledge related to primary care by investigating problems and questions.

The Advanced Practice Nurse role includes the ability to recognize problems and ascertain who is the best resource to meet patient needs when the client needs to be referred. The Advanced Practice Nurse assists the client to determine his own health care goals, and to achieve continuity of care.

The nature of nursing in primary care includes direct care and management as well as the coordination of care. The coordination of care for client's with health problems of multiple and complex causation strongly suggests functioning interdependently with others. This role...
includes the ability to work collaboratively and in a consultative capacity with professionals of many disciplines and with agencies of many types.

As an end result, the Advanced Practice Nurse assists clients in understanding the need for the process of seeking health care and the services that are available. The Advanced Practice Nurse should assist individuals who are not in the health care delivery system to enter and to help them define the situations under which entry would be acceptable and appropriate.

The Advanced Practice Nurse prepared to function in primary care should participate in assessing community needs and in surveillance of health problems. Advanced Practice Nurses should be involved in planning, organizing, administering and monitoring pertinent health services for the community. These must seek out individuals and groups in need, work with them to improve health status, and work with the community at large to bring about change in the delivery of health care. Ultimately, they are concerned with improving the quality of care of a population.

The uniqueness of the Advanced Practice Nurse lies in the eclecticism and the comprehensiveness with which she/he must synthesize and utilize theory and practice. This is nursing's greatest strength and greatest vulnerability since nursing practice is often seen to overlap with that of every other health care professional, especially in this expanded role. However, it is just this broad nature that is most needed in primary care.

The caring relationship established with the client is the central core of nursing and cannot be practiced without continuity. The basic pattern of caring in nursing is that of helping another to grow toward more complete health and self-care abilities and development. In providing primary care, nursing offers an aspect largely absent from care provided by other professionals—that is, client-centered or family-focused care. If one accepts the notion that a client's environment is an extremely important aspect of maintenance of health and recovery of adjustment to illness, primary care must be client-focused.

The Advanced Practice Nurse can deliver primary care, regardless of which setting or specific health status. It is the assumption of primary responsibility and continuing management of longitudinal care that defines primary health care services. The Advanced Practice Nurse can determine the scope to her/his own practice, accept the responsibility for primary health care and is accountable for decisions and actions to both the client and to society for her/his practice. The care nursing described includes accountability, first, to the patient. Accountability and responsibility are shared with physician colleagues as well as other health care professionals.

Depending upon the state in which the Advanced Practice Nurse practices, the nature and scope of nursing in primary care may or may not include making a differential diagnosis, prescribing therapeutic regimens based on the diagnosis or solving of complex patient problems. The process used by the Clinical Nurse Specialist does include recognizing deviations from the normal, labeling the deviation, and differentiating the clinical findings that require referral or the expertise of other disciplines.
The scope of the Advanced Practice Nurse in primary care should be viewed as fluid and evolutionary, and it is defined by the knowledge and skills needed to meet primary care needs. The scope of practice for the master's level clinician includes more sophistication and comprehensive approach in the management of client care. The Advanced Practice Nurse are capable of investigating and evaluating nursing interventions of others as well as providing direct care for patients and their families.

This clinician prepared at the master's level must also be role model in primary care: maintaining and refining knowledge and skills, integrating the various components of primary care into specialty practice, and manipulating the organization of health care providers, utilizing the skills and expertise of each member.

The role of the Advanced Practice Nurse is entirely compatible with the specialists’ role in family-focused primary care as well as care of the elderly. The latter enriches the former, as it is more fully integrating nursing knowledge and behaviors that emanate from the knowledge. The Advanced Practice Nurse must always consider the client, however, without losing sight of her/his role in leadership, teaching and research. The master's prepared Advanced Practice Nurse must be involved in developing and testing models of primary health practice along with the continuing evaluation of the quality of primary care practice.
APPENDIX B: ROLE
CHARACTERISTICS OF THE APN
APPENDIX B: ROLE CHARACTERISTICS OF THE APN

**Advocate** -- One who works to promote a transfer of responsibility to the client by creating a climate of mutuality in which the nurse assists the client in exercising his/her rights and in improving self-care abilities.

**Case manager (Care Coordinator)** -- One who facilitates the identification of health needs and development and implementation of a therapeutic plan of care for patient within the context of an interdisciplinary team. One who assures continuity and advocacy for the patient.

**Clinician/Practitioner** -- One who systematically collects subjective and objective data, interprets the data using advanced clinical judgment and formulates diagnosis based on sound theory. One who continuously updates, validates and revises plan of care based on patient needs. Provides direct primary care in a variety of health care settings.

**Collaborator** -- One who exchanges information and participates in client care or problem management with other members of the health care team to achieve joint responsibility and accountability for planning for decisions made regarding client, community and or system needs and outcomes.

**Consultant** -- One who utilizes the problem-solving process and provides advice or information related to his/her area of expertise to broaden the scope of health care planning for other health professionals and provides information regarding health care to lay groups.

**Counselor** -- One who provides stabilizing human support based on objective analysis of the situation and knowledge of problem-solving skills, facilitates individual to accept coping behaviors, improve self-care abilities based on clients capacity to accept counsel and express concerns.

**Educator** -- One who applies learning theories and selected learning methods to teach and assist clients or other appropriate groups in identifying and meeting primary health care needs. One who serves as an example/role model for others in the nursing profession.

**Evaluator** -- One who uses standards/guidelines/clinical pathways to appraise the quantity and quality of effectiveness of own care and others and one who develops and implements standards to guide practice and foster accountability for the quality of performance. Outcomes measures and used for assessing achievement.

**Leader** -- One who directs, facilitates, negotiates and supervises individuals or groups to meet common goals, one who systematically works to bring about positive changes in an individual
or system. One who assumes responsibility for helping to direct the profession and impact policy. One who markets and facilitates the role of the APN.

**Researcher** -- One who pursues the systematic and scientific investigation of clinical problems and tests nursing theories. One who fosters a spirit of inquiry within the profession to advance nursing knowledge.

**Change Agent** -- One who utilizes a systematic and deliberative approach to collaborate and coordinate activities to bring about positive alterations in individual's health behaviors and/or in the health care system itself.
APPENDIX C: Family Advanced Practice Nurse Job Description / Gerontological Advanced Practice Nurse Job Description
APPENDIX C: Family Advanced Practice Nurse Job Description / Gerontological Advanced Practice Nurse Job Description

THE FNAP IS RESPONSIBLE FOR:

1. Entering an individual or family of any age group into the health care system.

2. Establishment of a caseload of clients/families with selected health care problems and management programs within the scope of the FNAP's role.

3. Initial and ongoing total assessment of the client's health status. This assessment includes: a) a systematic health history with data obtained in the physiological, social, psychological, and spiritual spheres, b) a physical examination, and c) diagnostic testing.

4. Initiating and monitoring the treatment of patients with single acute and/or stabilized chronic illnesses or health problems that lie within the clinical nurse specialist's scope of practice. Such treatment(s) are based on accepted medical and/or nursing standards and protocols.

5. Collaboration with nursing, medical, or other staff for comprehensive interdisciplinary management of care or referral. Such collaboration includes initiating health care team conferences.

6. Assuming leadership and patient advocacy roles for coordinating and communicating patient problems and/or needs to appropriate health care team members.

7. Assessing individual's, families' and or community groups' learning needs for specific knowledge and skills required to maintain health and prevent illness.

8. Applying learning theories to teach individuals, families and/or groups health maintenance/illness prevention strategies.

9. Counseling individuals in relation to their health needs in the physiological, psychological, social, and spiritual spheres that fall within the clinical nurse specialist's scope of practice.

10. Providing continuity of care of residents/client/families through the care coordination, follow-up and communication with referring professional/agencies.

11. Intervening in crisis situations, including taking action within the clinical nurse specialist's scope of competence or referring the client/family to the appropriate health care provider/agency.
12. Documenting nursing practice.
13. Providing the highest quality nursing care through the utilization and/or conduction of research in nursing practice, standard setting, peer review, evaluation of care, and continuing professional education.

14. Coordinating and/or supervising other personnel as deemed necessary through clinic/agency/professional policy, clinical nurse specialist education and credentials, and legality issues.

15. Facilitating the process of care through understanding how the delivery system is organized and being able to use it effectively.
THE GERONTOLOGICAL NURSE IN ADVANCED PRACTICE IS RESPONSIBLE FOR:

1. Entering an individual in the older adult years into the health care system.

2. Establishment of a caseload of older adult clients covering a range of specified care and services appropriate to the needs of the Gerontological client in primary care and within the scope of the GCNS.

3. Initial and ongoing total assessment of the gerontological client's health status. This assessment includes: a) a systematic health history with data obtained in the physiological, social, psychological, and spiritual spheres, b) a physical examination, and c) diagnostic testing.

4. Making decisions for planning, writing orders, evaluating and managing (Gerontological) clients with single acute and/or stabilized chronic illnesses or health problems that lie within the clinical nurse specialist's scope of practice. Such management is based on accepted medical and/or nursing standards and protocols.

5. Collaboration with nursing, medical, or other staff for comprehensive interdisciplinary management of care or referral. Such collaboration includes initiating health care team conferences and other appropriate services.

6. Assuming leadership and patient advocacy roles for coordinating and communicating patient problems and/or needs to appropriate health care team members.

7. Assessing individual's, families' and/or community groups' learning needs for specific knowledge about the Gerontological client and skills required to maintain health and prevent illness in the older population.

8. Applying learning theories appropriate to the older client to teach individuals, families and/or groups health maintenance/illness prevention strategies.

9. Counseling individuals in relation to their health needs in the physiological, psychological, social, and spiritual spheres that fall within the gerontological nurse specialist's scope of practice.

10. Providing continuity of care of residents/clients/families through the care coordination, follow-up and communication with referring professionals/agencies.

11. Intervening in crisis situations, including taking action within the clinical nurse specialist's scope of competence or referring the client/family to the appropriate health care provider/agency.
12. Documenting nursing practice.

13. Providing the highest quality nursing care through the utilization and/or conduction of research in nursing practice, standard setting, peer review, evaluation of care, and continuing professional education.

14. Education of family members in the needs of the older adults health care with provision of a wide range of supportive services as appropriate.

15. Coordinating and/or supervising other personnel as deemed necessary through clinic/agency/professional policy, clinical nurse specialist education and credentials, legality issues.

16. Facilitating the process of care through understanding how the delivery system is organized and being able to use it effectively.
### APPENDIX D:
PEW REPORT SUMMARY

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<tr>
<th><strong>Table 1 -- CHARACTERISTICS OF THE EMERGING HEALTH CARE SYSTEM</strong></th>
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<td><strong>Orientation Toward Health</strong> - greater emphasis on prevention and wellness, and greater expectation for individual responsibility for healthy behaviors.</td>
</tr>
<tr>
<td><strong>Population Perspective</strong> - new attention to risk factors affecting substantial segments of the community, including issues of access and the physical and social environment.</td>
</tr>
<tr>
<td><strong>Intensive Use of Information</strong> - reliance on information systems to provide complete, easily assimilated patient information, as well as ready access to relevant information on current practice.</td>
</tr>
<tr>
<td><strong>Focus on the Consumer</strong> - expectation and encouragement of patient partnerships in decisions related to treatment, facilitated by the availability of complete information on outcomes, and evaluated in part by patient satisfaction.</td>
</tr>
<tr>
<td><strong>Knowledge of Treatment Outcomes</strong> - emphasis on the determination of the most effective treatment under different conditions and the dissemination of this information to those involved in treatment decisions.</td>
</tr>
<tr>
<td><strong>Constrained Resources</strong> - a pervasive concern over increasing costs, coupled with expanded use of mechanisms to control or limit available expenditures.</td>
</tr>
<tr>
<td><strong>Coordination of Services</strong> - increased integration of providers, with a concomitant emphasis on teams to improve efficiency and effectiveness across all settings.</td>
</tr>
<tr>
<td><strong>Reconsideration of Human Values</strong> - careful assessment of the balance between the expanding capability of technology and the need for humane treatment.</td>
</tr>
<tr>
<td><strong>Expectations of Accountability</strong> - growing scrutiny by a larger variety of payers, consumers, and regulators, coupled with more formally defined performance expectations.</td>
</tr>
<tr>
<td><strong>Growing Interdependence</strong> - further integration of domestic issues of health, education, and public safety, combined with a growing awareness of the importance of U.S. health care in a global context.</td>
</tr>
</tbody>
</table>

Reprinted with permission of the Pew Health Professions Commission
<table>
<thead>
<tr>
<th>Table 2 -- SUMMARY OF COMPETENCIES FOR 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Care for the Community's Health</strong> - Understand the determinants of health and work with others in the community to integrate a range of activities that promote, protect, and improve the health of the community. Appreciate the growing diversity of the population, and understand health status and health care needs in the context of different cultural values.</td>
</tr>
<tr>
<td><strong>Provide Contemporary Clinical Care</strong> - Acquire and retain up-to-date clinical skills and apply them to meet the public's health care needs.</td>
</tr>
<tr>
<td><strong>Participate in the Emerging System and Accommodate Expanded Accountability</strong> - Function in new health care settings and interdisciplinary team arrangements designed to meet the primary health care needs of the public, and emphasize high-quality, cost-effective, integrated services. Respond to increasing levels of public, governmental, and third-party participation in, and scrutiny of, the shape and direction of the health care system.</td>
</tr>
<tr>
<td><strong>Ensure Cost-Effective Care and Use Technology Appropriately</strong> - Establish cost and quality objectives for the health care process and understand and apply increasingly complex and often costly technology appropriately.</td>
</tr>
<tr>
<td><strong>Practice Prevention and Promote Healthy Lifestyles</strong> - Emphasize primary and secondary preventive strategies for all people and help individuals, families, and communities maintain and promote healthy behaviors.</td>
</tr>
<tr>
<td><strong>Involve Patients and Families in the Decision-Making Process</strong> - Expect patients and their families to participate actively, both in decisions regarding their personal health care, and in evaluating its quality and acceptability.</td>
</tr>
<tr>
<td><strong>Manage Information and Continue to Learn</strong> - Manage and continuously use scientific, technological, and patient information to maintain professional competence and relevance throughout practice life.</td>
</tr>
</tbody>
</table>

**Pew Competencies Needed for Health Professionals in 2005 and Role Characteristics**

**Ability to care for community health:**
- assessor consultant leader
- collaborator educator researcher
- planner

**Practice primary care/prevention:**
- assessor coordinator clinician-practitioner.
- advocate counselor

**Promote healthy life styles:**
- assessor change agent role model
- educator counselor

**Involve clients and families in decision-making:**
- assessor consultant advocate
- educator collaborator planner
- counselor case manager

**Accommodate expanded accountability:**
- collaborator role model evaluator
- planner change agent
APPENDIX E -- ELECTRONIC SOURCES: APA STYLE OF CITATION
APPENDIX E -- ELECTRONIC SOURCES: APA STYLE OF CITATION


**Individual Works**

**Basic forms, commercial supplier, and using an Internet protocol:**

Author/editor. (Year). Title (edition), [Type of medium]. Producer (optional). Available: Supplier/Database identifier or number [Access date].

Author/editor. (Year). Title (edition), [Type of medium]. Producer (optional). Available Protocol (if applicable): Site/Path/File [Access date].

**Examples:**
  * Write "No date" when the electronic publication date is not available.
  * When citing information retrieved on the World Wide Web, it is not necessary to repeat the protocol (HTTP) after "Available" since that is stated in the URL.

**Parts of Works**

**Basic forms, commercial supplier, and using an Internet protocol:**

Author/editor. (Year). Title. In Source (edition), [Type of medium]. Producer (optional). Available: Supplier/Database identifier or number [Access date].


**Examples:**
  * This is an article from an encyclopedia with no author given.
When citing information retrieved on the World Wide Web, it is not necessary to repeat the protocol (HTTP) after "Available" since that is stated in the URL.

**Journal Articles**

Basic forms, commercial supplier, and using an Internet protocol:

Author. (Year). Title. *Journal Title* [Type of medium], *volume* (issue), paging or indicator of length. Available: Supplier/Database name (Database identifier or number, if available)/Item or accession number [Access date].

Author. (Year). Title. *Journal Title* [Type of medium], *volume* (issue), paging or indicator of length. Available Protocol (if applicable): Site/Path/File [Access date].

Examples:


  * This is a reference for a book review; brackets indicate title is supplied.

  * When citing information retrieved on the World Wide Web, it is not necessary to repeat the protocol (Gopher) after "Available" since that is stated in the URL.


  * When citing information retrieved on the World Wide Web, it is not necessary to repeat the protocol (HTTP) after "Available" since that is stated in the URL.

**Magazine Articles**

Basic forms, commercial supplier, and using an Internet protocol:

Author. (Year, month day). Title. *Magazine Title* [Type of medium], *volume* (if given), paging or indicator of length. Available: Supplier/Database name (Database identifier or number, if available)/Item or accession number [Access date].
Author. (Year, month day). Title. Magazine Title [Type of medium], volume (if given), paging or indicator of length. Available Protocol (if applicable): Site/Path/File [Access date].

**Examples:**


* When citing information retrieved on the World Wide Web, it is not necessary to repeat the protocol (HTTP) after "Available" since that is stated in the URL.

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**Newspaper Articles**

**Basic forms, commercial supplier, and using an Internet protocol:**

Author. (Year, month day). Title. Newspaper Title [Type of medium], paging or indicator of length. Available: Supplier/Database name (Database identifier or number, if available)/Item or accession number [Access date].

Author. (Year, month day). Title. Newspaper Title [Type of medium], paging or indicator of length. Available Protocol (if applicable): Site/Path/File [Access date].

**Examples:**


* This reference gives beginning page and the number of paragraphs; this information is useful if one wishes to refer to material in text references.

* When citing information retrieved on the World Wide Web, it is not necessary to repeat the protocol (HTTP) after "Available" since that is stated in the URL.
Discussion List Messages

Basic forms:

Author. (Year, Month day). Subject of message. Discussion List [Type of medium]. Available E-mail: DISCUSSION LIST@e-mail address [Access date].

Examples:

• RRECOME. (1995, April 1). Top ten rules of film criticism. Discussions on All Forms of Cinema [Online]. Available E-mail: CINEMA-L@american.edu [1995, April 1].

* Author's login name, in uppercase, is given as the first element.

• <LIRRECOME. Discussions on All Forms of Cinema [Online]. Available E-mail: LISTSERV@american.edu/Get cinema-l log9504A [1995, August 1].

* Reference is obtained by searching the list's archive.

Personal Electronic Communications (E-mail)

Basic forms:

Sender (Sender's E-mail address). (Year, Month day). Subject of Message. E-mail to recipient (Recipient's E-mail address)

Examples:

• Day, Martha (MDAY@sage.uvm.edu). (1995, July 30). Review of film -- Bad Lieutenant. E-mail to Xia Li (XLI@moose.uvm.edu).

Reference Citations in Text

The approach to documentation recommended by the American Psychological Association is called the author-date system. Citations in the text refer the reader to the "Reference List" at the end of the book, chapter, article or paper. Below are a few examples where the reader is guided to a specific paragraph in the electronic document.

• Native peoples have little to lose by adopting these practices (Johnson, 1994, paragraph 10).

• Viviano sees advantages in this line of defense (1995, paragraph 3).
Buddhist organizations have taken a somewhat different approach ... (Inada, 1995, paragraph 2).

Send E-mail to Error! Bookmark not defined. (ncrane@zoo.uvm.edu) for comments and suggestions.
University of Vermont.

How to Critically Analyze Information Sources Error! Bookmark not defined.
APPENDIX F -- Nurse Practitioner Collaborative Agreements and Prescription Protocol
APPENDIX F -- Nurse Practitioner Collaborative Agreements and Prescription Protocol
(Example)

COLLABORATIVE AGREEMENT
The undersigned nurse practitioner and physician agree to the following collaborative agreement for provision of health care services to clients.
The health care services provided by the nurse practitioner will include: Health maintenance, management of acute episodic illness and stable chronic illness, within the scope of advanced nursing practice.
And agree that education, experience, standards, protocols (oral and/or written), books and other references will be used to define the scope of advanced nursing practice, consultation and/or referral criteria.
Both parties mutually agree to this document per our signatures.
As collaborating physician, agrees to:
A. Be available for consultation on-site or by telephone during office hours, and when the nurse practitioner is covering for phone calls.
B. Delegate prescriptive privileges via mutually developed protocols.
C. Review records and co-sign when appropriate (i.e., when a prescription is written by the nurse practitioner).
As collaborating practitioner, agrees to:
A. Follow mutually agreed upon protocols.
B. Prescribe, as delegated, using the protocols agreed to, and consult when needed, for those medications not covered by protocols.
C. Document consultations and referrals in the progress notes.
Both parties agree to ongoing development of this relationship and mutually review goals and objectives, protocols, and practice concerns formally and/or informally at least annually.
Each party is responsible and accountable for performing to a full and appropriate extent his/her role and function in accord with the collaborative practice agreement, the individual's professional level of knowledge and expertise, and within their separate and distinct scope of practice as defined by the Michigan Public Health Code.
Agreed to on this date By And .

PRESCRIPTION PROTOCOL
The nurse practitioner may prescribe medications in accordance with the laws of the State of Michigan. The prescribing is under the supervision and delegation of the authorizing physician.
The nurse practitioner may prescribe by signing her name and credentials to the prescription. The authorizing physician's name must also appear on the prescription. Verbal prescriptions, when telephoned to a pharmacy, include the same information.
Medications within the categories on the attached list may be prescribed by the nurse practitioner without physician consultation.
For controlled substances (schedule 2,3,4, and 5 drugs) the authorizing physician must be consulted and the prescription authorized and co-signed. The physician may specify other medications that also require physician consultation.
Medications for chronic problems may be renewed by the nurse practitioner after the physician has stabilized the patient.
The physician retains responsibility for and must review and co-sign records when the nurse practitioner writes a prescription. It is the responsibility of the nurse practitioner to have the physician review the chart, if appropriate.

EFFECTIVE DATE OF PROTOCOL: ________________________________

SIGNATURE OF PHYSICIAN: ________________________________

SIGNATURE OF NURSE PRACTITIONER: ________________________________
APPENDIX G -- NURSING OUTCOMES CLASSIFICATION
## APPENDIX G -- NURSING OUTCOMES CLASSIFICATION

<table>
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<th>Code</th>
<th>Outcome</th>
<th>Code</th>
<th>Outcome</th>
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<td>2306</td>
<td>Abuse Cessation</td>
<td>0900</td>
<td>Cognitive Ability</td>
</tr>
<tr>
<td>2300</td>
<td>Abuse Protection</td>
<td>0901</td>
<td>Cognitive Orientation</td>
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<tr>
<td>2301</td>
<td>Abuse Recovery: Emotional</td>
<td>2100</td>
<td>Cognitive Level</td>
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<td>2302</td>
<td>Abuse Recovery: Financial</td>
<td>0902</td>
<td>Communication Ability</td>
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<tr>
<td>2303</td>
<td>Abuse Recovery: Physical</td>
<td>0903</td>
<td>Communication: Expressive Ability</td>
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<tr>
<td>2304</td>
<td>Abuse Recovery: Sexual</td>
<td>0904</td>
<td>Communication: Receptive Ability</td>
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<tr>
<td>1400</td>
<td>Abusive Behavior Self-Control</td>
<td>1601</td>
<td>Compliance Behavior</td>
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<td>1300</td>
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<td>0905</td>
<td>Concentration</td>
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<td>1600</td>
<td>Adherence Behavior</td>
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<td>Aggression Control</td>
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<td>Dignified Dying</td>
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<td>1402</td>
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<td>Electrolyte &amp; Acid/Base Balance</td>
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<tr>
<td>0202</td>
<td>Balance</td>
<td>0001</td>
<td>Endurance</td>
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<tr>
<td>0700</td>
<td>Blood Transfusion Reaction Control</td>
<td>0002</td>
<td>Energy Conservation</td>
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<td>1200</td>
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<td>1404</td>
<td>Fear Control</td>
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<td>Fluid Balance</td>
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<td>1104</td>
<td>Bone Healing</td>
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<td>Grief Resolution</td>
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<tr>
<td>0500</td>
<td>Bowel Continence</td>
<td>0110</td>
<td>Growth</td>
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<td>0501</td>
<td>Bowel Elimination</td>
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<td>1000</td>
<td>Breastfeeding Establishment: Infant</td>
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<td>Health Beliefs: Perceived Resources</td>
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<td>Breastfeeding Weaning</td>
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<td>Health Beliefs: Perceived Threats</td>
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<td>Cardiac Pump Effectiveness</td>
<td>1705</td>
<td>Health Orientation</td>
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<td>Caregiver Adaptation to Patient Institution</td>
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<td>Health Seeking Behavior</td>
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<td>2201</td>
<td>Caregiver Emotional Health</td>
<td>0602</td>
<td>Hydration</td>
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<td>2202</td>
<td>Caregiver Home Care Readiness</td>
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<td>0100</td>
<td>Child Development: 2 months</td>
<td>0207</td>
<td>Joint Movement: Passive</td>
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<tr>
<td>0101</td>
<td>Child Development: 4 months</td>
<td>1800</td>
<td>Knowledge: Breastfeeding</td>
</tr>
<tr>
<td>0102</td>
<td>Child Development: 6 months</td>
<td>1801</td>
<td>Knowledge: Child Safety</td>
</tr>
<tr>
<td>0103</td>
<td>Child Development: 12 months</td>
<td>1802</td>
<td>Knowledge: Diet</td>
</tr>
<tr>
<td>0104</td>
<td>Child Development: 2 years</td>
<td>1803</td>
<td>Knowledge: Disease Process</td>
</tr>
<tr>
<td>0105</td>
<td>Child Development: 3 years</td>
<td>1804</td>
<td>Knowledge: Energy Conservation</td>
</tr>
<tr>
<td>0106</td>
<td>Child Development: 4 years</td>
<td>1805</td>
<td>Knowledge Health Resources</td>
</tr>
<tr>
<td>0107</td>
<td>Child Development: 5 years</td>
<td>1806</td>
<td>Knowledge: Health Resources</td>
</tr>
<tr>
<td>0108</td>
<td>Child Development: Middle Childhood (6-11 years)</td>
<td>1807</td>
<td>Knowledge: Infection Control</td>
</tr>
</tbody>
</table>
Child Development: Adolescence (12-17 years)  
Knowledge: Medication  
Knowledge: Personal Safety  
Knowledge: Prescribed Activity  
Knowledge: Substance Use Control  
Safety Status: Physical Injury  
Self-Care: Activities of Daily Living (ADL)  
Self-Care: Bathing  
Self-Care: Hygiene  
Self-Care: Toileting  
Self-Care: Instrumental Activities of Daily Living (IADL)  
Self-Care: Non-Parenteral Medication  
Self-Care: Oral Hygiene  
Self-Care: Parenteral Medication  
Self-Care: Toileting  
Self-Esteem  
Self-Mutilation Restraint  
Sleep  
Social Interaction Skills  
Social Involvement  
Social Support  
Spiritual Well-Being  
Substance Addiction Consequences  
Suffering Level  
Suicide Self-Restraint  
Symptom Control Behavior  
Symptom Severity  
Thermoregulation  
Thermoregulation  
Tissue Integrity: Skin & Mucous Membranes  
Tissue Perfusion: Abdominal Organs  
Tissue Perfusion: Cardiac  
Tissue Perfusion: Cerebral  
Tissue Perfusion: Peripheral  
Tissue Perfusion: Pulmonary  
Transfer Performance  
Treatment Behavior: Illness or Injury  
Urinary Continen ce  
Urinary Elimination  
Vital Signs Status  
Well-Being  
Will to Live  
Wound Healing: Primary Infection  
Wound Healing: Secondary Intention  
C:\DOCUMENTS AND SETTINGS\SLAUGH32\MY DOCUMENTS\DOWNLOADS\801syllabus.doc
APPENDIX H -- HEDIS® 1999 Reporting
Set Measures by Domain

1904  Risk Control: Drug Use
1905  Risk Control: Sexually Transmitted Diseases
1906  Risk Control: Tobacco Use
1907  Risk Control: Unintended Pregnancy
1908  Risk Detection
1501  Role Performance
1909  Safety Behavior: Fall Prevention
1910  Safety Behavior: Home Physical Environment
1911  Safety Behavior: Personal
1912  Safety Status: Falls Occurrence
APPENDIX H -- HEDIS® 1999 Reporting Set Measures by Domain

<table>
<thead>
<tr>
<th>Domain</th>
<th>Description of changes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EFFECTIVENESS OF CARE</strong></td>
<td></td>
</tr>
<tr>
<td>Childhood Immunization Status*</td>
<td>Minor modifications</td>
</tr>
<tr>
<td>Adolescent Immunization Status*</td>
<td>Minor modifications</td>
</tr>
<tr>
<td>Advising Smokers to Quit *</td>
<td>Minor modifications</td>
</tr>
<tr>
<td>Flu Shots for Older Adults*</td>
<td>Minor modifications</td>
</tr>
<tr>
<td>Breast Cancer Screening*</td>
<td>No changes</td>
</tr>
<tr>
<td>Cervical Cancer Screening*</td>
<td>Minor modifications</td>
</tr>
<tr>
<td>Prenatal Care in the First Trimester*</td>
<td>Minor modifications</td>
</tr>
<tr>
<td>Low Birth-Weight Babies</td>
<td>No changes (not required)</td>
</tr>
<tr>
<td>Check-Ups After Delivery*</td>
<td>Minor modifications</td>
</tr>
<tr>
<td>Beta Blocker Treatment After a Heart Attack*</td>
<td>Minor modifications</td>
</tr>
<tr>
<td>Cholesterol Management After Acute Cardiovascular Events</td>
<td>New measure</td>
</tr>
<tr>
<td>Eye Exams for People with Diabetes*</td>
<td>Minor modifications</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care</td>
<td>New measure (voluntary)</td>
</tr>
<tr>
<td>Follow-Up After Hospitalization for Mental Illness*</td>
<td>Minor modifications</td>
</tr>
<tr>
<td>Antidepressant Medication Management</td>
<td>New measure</td>
</tr>
<tr>
<td>The Health of Seniors</td>
<td>Specifications in HEDIS '99, Vol. 6</td>
</tr>
<tr>
<td><strong>ACCESS/AVAILABILITY OF CARE</strong></td>
<td></td>
</tr>
<tr>
<td>Adults’ Access to Preventive/Ambulatory Health Services</td>
<td>Minor modifications</td>
</tr>
<tr>
<td>Children’s Access to Primary Care Practitioners</td>
<td>Minor modifications</td>
</tr>
<tr>
<td>Availability of Primary Care Providers</td>
<td>Measure retired</td>
</tr>
<tr>
<td>Availability of Behavioral Health Care Providers</td>
<td>Measure retired</td>
</tr>
<tr>
<td>Availability of Obstetrical and Prenatal Care Providers</td>
<td>Measure retired</td>
</tr>
<tr>
<td>Initiation of Prenatal Care</td>
<td>Minor modifications</td>
</tr>
<tr>
<td>Low Birth-Weight Deliveries at Facilities for High-Risk Deliveries &amp; Neonates</td>
<td>No changes (not required)</td>
</tr>
<tr>
<td>Annual Dental Visit</td>
<td>No changes</td>
</tr>
<tr>
<td>Availability of Dentists</td>
<td>Measure retired</td>
</tr>
<tr>
<td>Availability of Language Interpretation Services</td>
<td>No changes</td>
</tr>
<tr>
<td><strong>SATISFACTION WITH THE EXPERIENCE OF CARE</strong></td>
<td></td>
</tr>
<tr>
<td>HEDIS/CAHPS 2.0H* Survey(Adult Medicaid, Commercial)</td>
<td>New survey instrument</td>
</tr>
<tr>
<td>HEDIS/CAHPS 2.0H, Child (Medicaid, Commercial)</td>
<td>New survey instrument</td>
</tr>
<tr>
<td>HEDIS/CAHPS 2.0, Medicare</td>
<td>New survey instrument</td>
</tr>
<tr>
<td><strong>HEALTH PLAN STABILITY</strong></td>
<td></td>
</tr>
<tr>
<td>Disenrollment</td>
<td>No changes</td>
</tr>
<tr>
<td>Practitioner Turnover</td>
<td>No changes</td>
</tr>
<tr>
<td>Years in Business/Total Membership</td>
<td>No changes</td>
</tr>
<tr>
<td>Indicators of Financial Stability</td>
<td>Minor modifications</td>
</tr>
<tr>
<td><strong>USE OF SERVICES</strong></td>
<td></td>
</tr>
<tr>
<td>Frequency of Ongoing Prenatal Care</td>
<td>Language clarified</td>
</tr>
<tr>
<td>Well-Child Visits in the First 15 Months of Life</td>
<td>Minor modifications</td>
</tr>
<tr>
<td>Well-Child Visits in the Third, Fourth, Fifth and Sixth Year of Life</td>
<td>Minor modifications</td>
</tr>
<tr>
<td>Measure</td>
<td>Change Details</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Adolescent Well-Care Visits</td>
<td>Minor modifications</td>
</tr>
<tr>
<td>Frequency of Selected Procedures</td>
<td>Minor modifications</td>
</tr>
<tr>
<td>Inpatient Utilization--General Hospital/Acute Care</td>
<td>Minor modifications</td>
</tr>
<tr>
<td>Ambulatory Care</td>
<td>Minor modifications</td>
</tr>
<tr>
<td>Inpatient Utilization--Non-Acute Care</td>
<td>No changes</td>
</tr>
<tr>
<td>Discharge and Average Length of Stay-Maternity Care</td>
<td>No changes</td>
</tr>
<tr>
<td>Cesarean Section Rate</td>
<td>No changes</td>
</tr>
<tr>
<td>Vaginal Birth After Cesarean Rate (VBAC-Rate)</td>
<td>Language clarified</td>
</tr>
<tr>
<td>Births and Average Length of Stay, Newborns</td>
<td>Minor modifications</td>
</tr>
<tr>
<td>Mental Health Utilization--Inpatient Discharges and Average Length of Stay</td>
<td>No changes</td>
</tr>
<tr>
<td>Mental Health Utilization--Percentage of Members Receiving Inpatient, Day/Night Care and Ambulatory Services</td>
<td>Minor modifications</td>
</tr>
<tr>
<td>Readmission For Specified Mental Health Disorders</td>
<td>Measure retired</td>
</tr>
<tr>
<td>Chemical Dependency Utilization--Inpatient Discharges and Average Length of Stay</td>
<td>No changes</td>
</tr>
<tr>
<td>Chemical Dependency Utilization--Percentage of Members Receiving Inpatient, Day/Night Care and Ambulatory Services</td>
<td>Minor modifications</td>
</tr>
<tr>
<td>Readmission for Chemical Dependency</td>
<td>Measure retired</td>
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<tr>
<td>Outpatient Drug Utilization</td>
<td>No changes</td>
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</table>

**COST OF CARE**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Change Details</th>
</tr>
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<tbody>
<tr>
<td>Rate Trends</td>
<td>No changes</td>
</tr>
<tr>
<td>High-Occurrence/High-Cost DRGs</td>
<td>Language clarified</td>
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</table>

**HEALTH PLAN DESCRIPTIVE INFORMATION**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Change Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board Certification/Residency Completion</td>
<td>Minor modifications</td>
</tr>
<tr>
<td>Practitioner Compensation</td>
<td>Minor modifications</td>
</tr>
<tr>
<td>Arrangements with Public Health, Educational and Social Service Organizations</td>
<td>No changes</td>
</tr>
<tr>
<td>Total Enrollment</td>
<td>No changes</td>
</tr>
<tr>
<td>Enrollment by Payer (Member Years/Months)</td>
<td>No changes</td>
</tr>
<tr>
<td>Unduplicated Count of Medicaid Members</td>
<td>No changes</td>
</tr>
<tr>
<td>Cultural Diversity of Medicaid Membership</td>
<td>No changes</td>
</tr>
<tr>
<td>Weeks of Pregnancy at Time of Enrollment in the Health Plan</td>
<td>No changes</td>
</tr>
</tbody>
</table>

* These measures and survey instruments are required for reporting in Accreditation '99. Where measures are not relevant for a given population, plans are not required to report that measure.
APPENDIX I - Definitions of Primary Care
Appendix I: Definitions Of Primary Care

Note: The definitions of primary care listed here are taken from the 1996 American Academy of Family Physicians Policy Manual. For the complete Policy Manual, refer to the Error! Bookmark not defined.

Preamble

In defining primary care, it is necessary to describe the nature of services provided to patients, as well as to identify who are the primary care providers. The domain of primary care includes the primary care physician, * other physicians who include some primary care services in their practices, and some non-physician providers. However, central to the concept of primary care is the patient. Therefore, such definitions are incomplete without including a description of the primary care practice.

The following four definitions relating to primary care should be taken together. They describe the care provided to the patient, the system of providing such care, the types of physicians whose role in the system is to provide primary care, and the role of other physicians, and non-physicians, in providing such care. Taken together they form a framework within which patients will have access to efficient and effective primary care services of the highest quality.

Definition #1 -- Primary Care
Primary care is that care provided by physicians specifically trained for and skilled in comprehensive first contact and continuing care for persons with any undiagnosed sign, symptom, or health concern (the “undiifferentiated” patient) not limited by problem origin (biological, behavioral, or social), organ system, gender, or diagnosis. Primary care includes health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses in a variety of health care settings (e.g., office, inpatient, critical care, long-term care, home care, day care, etc.). Primary care is performed and managed by a personal physician, utilizing other health professionals, consultation and/or referral as appropriate.

Primary care provides patient advocacy in the health care system to accomplish cost-effective care by coordination of health care services. Primary care promotes effective doctor-patient communication and encourages the role of the patient as a partner in health care.

Definition #2 -- Primary Care Practice

A primary care practice serves as the patient's first point of entry into the health care system and as the continuing focal point for all needed health care services. Primary care practices provide patients with ready access to their own personal physician, or to an established back-up physician when the primary physician is not available. Primary care practices provide health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses in a variety of health care settings (e.g., office, inpatient, critical care, long-term care, home care, day care, etc.).

Primary care practices are organized to meet the needs of patients with undifferentiated problems, with the vast majority of patient concerns and needs being cared for in the primary care practice itself. Primary care practices are generally located in the community of the patients, thereby facilitating access to health care while maintaining a wide variety of specialty and institutional consultative and referral relationships for specific care needs. The structure of the primary care practice may include a team of physicians and non-physician health professionals.

Definition #3 -- Primary Care Physician

A primary care physician is a generalist physician who provides definitive care to the undifferentiated patient at the point of first contact and takes continuing responsibility for providing the patient's care. Such a physician must be specifically trained to provide primary care services.

Primary care physicians devote the majority of their practice to providing primary care services to a defined population of patients. The style of primary care practice is such that the personal primary care physician serves as the entry point for substantially all of the patient's medical and health care needs - not limited by problem origin, organ system, gender or diagnosis. Primary care physicians are advocates for the patient in coordinating the use of the entire health care system to benefit the patient.

Definition #4 -- Limited Primary Care Providers

Individuals who are not trained in the primary care specialties of family medicine, general internal medicine, or general pediatrics will sometimes provide limited patient care services within the domain of primary care. These limited primary care providers may be physicians from non-primary care specialties. Such providers may also include nurse practitioners, physician assistants, or other health care providers. Limited primary care providers may focus on specific patient care needs related to prevention, health maintenance, acute care, chronic care or rehabilitation.

The contributions of limited primary care providers may be important to specific patient needs. However, the absence of a full scope of training in primary care requires that these individuals work in close consultation with fully-trained, primary care physicians. An effective system of primary care may use limited primary care providers as members of the health care team with a primary care physician maintaining responsibility for the function of the health care team and the comprehensive health care of each patient. (1975) (1994)

*In this document, the term physician refers only to doctors of medicine (M.D.) and osteopathy (D.O).
(Definitions adopted by the American Academy of Family Physicians' Congress of Delegates, September 1994)

This Web page was last modified on November 10, 1997.
American Academy of Family Physicians