History of the NNP Role

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The speaker has signed a disclosure form and indicated she has no significant financial interest or relationship with the companies or the manufacturer(s) of any commercial product and/or service that will be discussed as part of this presentation.

Session Summary

This presentation will provide a review of the evolution of the NNP role from the 1970s to present. Where did we come from, why and how and where are we prepared to go?

Session Objectives

Upon completion of this presentation, the participant will be able to:

- identify social and professional stimuli leading to development of the neonatal advance practice nurse role;
- recognize barriers to neonatal advance practice nursing over the past four decades;
- list the patient care benefits of NNP practice introduction into neonatal care;
- identify the issues impacting NNP future.

References


**Session Outline**

See presentation handout on the following pages.
Ground Breaking Changes
Open the Door for NNP

- 1920s: Hospitals developed facilities for care of premature newborns
  - Nursing regarded as primary caretaker for children
- 1940s: Mortality rate of premature recognized as major public health issue
- 1950s: Improved survival of preterm infants with technical advancements including incubator
- 1960s: Feminist movement took off with nurses identifying with the feminist cause

Ground Breaking Changes
Open the Door for NNP

- 1960s: Decade of social awareness
  - Baby boomers enter child bearing age
  - Medicare and Medicaid enacted for vulnerable
  - 1962 NICHD created to address disparities in health outcomes and health care of mothers and children
    - Maternal mortality 83 to 37/100,000 LB
    - Infant mortality 30/1000 LB and neonatal 25/1000 LB
    - 68% preterm with ND handicaps as LBW rising

Ground Breaking Changes
Open the Door for NNP

- 1961: Critical nursing shortage
- 1964: Nurse Training Act provided millions of $ for loans, grants and fund advanced training of nurses
- 1965: End of Vietnam War brought skilled medics home
  - Start of PA program in Durham, NC
- 1965: Birth of NP movement
  - PNP program in CO
- 1964 Amendment to Hill Burton Act of 1946, funded construction and upgrade facilities

Ground Breaking Changes
Open the Door for NNP

- 1974: Pediatric residency changed from 1 + 2 yr to 3 full years in Pediatrics
  - Included 9 months in NICU to 3 yrs PEDIATRICS
  - Pediatric Residency Review Board recommended reduction of time in inpatient specialty services and promoted increased time in general Pediatrics & OP
  - Result was reduction in work force for patient management in NICU
- 1975: American Board of Pediatrics developed the Sub-Specialty of NPM and 375 were boarded
Ground Breaking Changes
Open the Door for NNP

- 1971-73: Blue Ribbon Commission proposes ANP
- 1973: Johnson pilots the NNP/NNC role in UT
- 1974: Slovis and Commerci report use of NNP
- 1974: Several 4-9 month CE NNP programs commence
  - CO CE program 1974
  - AZ CE program 1974
- 1975: Guidelines for Education NC in Neonatal published
- 1976: Johnson implements NNP team in St. Paul, MN
- Late 1970s more NNP programs commence
- 1982: NNCPs established to search for organizational home for neonatal APNs

Ground Breaking Changes
Open the Door for NNP

- 2001: IOM Crossing the Quality Chasm
- 2008: Consensus Document (LACE)
- 2010: Accountability Care Act (ACA)
- 2011: IOM Future of Nursing’
- 2013: Governors Report
- 2014: AAP Endorsement of NNP Scope

Early Barriers to NNP Role Implementation

- Inter-professional isolation
- Variable educational preparation
  - Mix of medicine, nursing content
  - Hospital based, university based
- Problems with identity, authority & autonomy
- Underutilization
  - Educator roles
  - Follow up clinic
  - Transport nurses
  - Procedure nurses
  - Limited to Level 1 and or Level 2 patients
- Title ambiguity
- Lack of organized nursing and medicine support
- Distrust of non-medical provider alternatives

Neonatal APN Titles

- Neonatal Nurse Practitioner (NNP)
- Neonatal Nurse Clinician (NNC)
- Neonatal Critical Care Nurse Practitioner (NCCNP)
- Maternal Child Nurse Practitioner (MCNP)
- Pediatric Nurse Practitioner (PNP)
- Pediatric Nurse Associate (PNA)
- Advanced Practice Registered Nurse (APRN)
- Clinical Nurse Specialist (CNS)
- Doctor in Nursing Practice (DNP or DrNP)

Early NNP Education

- 4-9 month CE program usually hospital based
- Applicants with NICU experience
- Most programs provided hospital based “internship”
- Moved to University based CE by 1980s
- Received university credits (non-matriculated) by 1990
- Transitioned to Masters programs mid 1990

NNP Role Definition

- 1989: NANN accepted the title of NNP
- 1992: Reaffirmed position on NNP
- Role Defined: Manages a caseload of neonatal patients with consultation, collaboration, and general supervision from a physician. Utilizing the extensive knowledge of pathophysiology, pharmacology, and physiology, the NNP exercises independent judgment in the assessment, diagnosis and initiation of certain delegated medical processes and procedures. Additionally involved in education, consultation and research at various levels.
- Role definition adopted by the AAP CFN 1991-1992
**Certification**

- 1983: First NAACOG Certification test for NNP
- 1991: NAACOG Certification Corp became NCC
  - Required minimum education: 24 months (2000hr) of NICU nursing practice or NCC NICU certification, completion of educational program (minimum 1 yr) with standard NNP curriculum per NCC leading to certificate or graduate nursing degree. Program 1/3 didactic and 2/3 clinical

_Farah, Bieda, Shiao, 1996_

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**Acceptance Improved by Late 1990s**

- During 1996-1999, the American Academy of Pediatrics carried out a study of pediatric subspecialty education and practice called the "Future of Pediatric Education II." Some of the findings for neonatology are summarized below:

  - Over one-third of neonatologists practice in a medical school setting, while over one fourth are in a specialty group practice. Nearly two thirds of neonatologists agree that the _most efficient model for providing clinical care is a neonatologist providing hands-on clinical care side-by-side with NNPs_ (neonatal nurse practitioners).  

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**NNP at Turn of 21st Century**

- Overcame history of variable regard
- NNPs were found in most Level III and many Level II nurseries
- Considered essential for adequate coverage
  - Vacancies increased annually
  - Salaries began to increase
  - Supply and demand prevailed
  - More educational programs
  - More educational support from hospitals
  - ? Indentured servitude?

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**Progression to DNP**

- 2004 AACN recommend DNP
- Programs lack uniformity & standardization
  - Admission qualifications
  - Clinical requirements
  - Limit mobility
  - Lack of qualified faculty
- NCC provides certification of minimum knowledge
- Hospitals translate NCC certification as competence

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**What is the NNP Profession Facing**

- Aging workforce
- Stagnate growth
- Smallest sub group of APRN
- Residual CE graduates
- Many MS graduates
- DNP graduates
  - MS to DNP benefit from additional content
  - BSN to DNP have limited clinical preparation
  - NCC certified but challenges with privileging

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**Current Regard for NNPs**

- Professional midlevel alternative providers
- Integral to neonatal healthcare team at all levels of care
- Interstate variability in scope of practice
- Demonstrated credibility and continuity
- DNP may confound multidisciplinary acceptance
- Major resistance from AMA and State Legislatures
NNP Successes

• Important force in transforming EBP in NICU
• Model for acute care APN
• Leaders in transforming the culture in NICU
  – Evidenced-based practice
  – Family centered care
  – Nurturing and compassionate approach to total care for ELBW and critical newborns
  – Parenteral care experts
• Desired service element at all levels

Current Measures of Success

• NNP left alone without Neonatologist
• NNP allowed to admit without Neonatologist
• NNP allowed to bill for services

Elena Bosque
Seattle, Washington

• Need to maintain and demonstrate: Patient centered, timely, efficient, effective, essential and safe

IOM, 2001

Future of NNP

• Expectations of Pediatrician alternative failed
• Movement to physician group vs. hospital employment
• Need for universal competence measure (value metrics)
• Need for ongoing research to validate credibility and continuity contribution