

Past Event: 2024 NCSBN APRN Roundtable - The LACE Network: Communication, Collaboration and the APRN Consensus Model Video Transcript

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Event

2024 NCSBN APRN Roundtable

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Presenters

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Welcome back, everyone. We are going to be finishing our day to gather with a live panel discussion on the history, progress, and future of the L.A.C.E. network. I'm joined today by our four wonderful presenters. Nurse Dr. NPR-FIPP from the accredited commission. Dr. Phyllis Whitehead from the clinic in Roanoke, Virginia. Dr. Susan VanBeuge from the University of Nevada Las Vegas, and Dr. Joan Stanley from the American Association of colleges of nursing. Dr. Stanley is going to get us started. Joan, I'm going to pass it to you. Thank you. >> Thank you, Michelle. Thank you to all of the participants. I have been asked to start with the background and the purpose of the Consensus Model and the development and the purpose and functioning of the L.A.C.E. network. I think this is so important that we understand and recognize where these documents and where this work started, and the apartments and where we are today. So I'm going to start back in 1997. That sounds like a long time ago. The American Association of colleges of nursing created the alliance for the APRN credentialing. It is 000000912 and it was comprised of 54 organizations. The purpose was to provide a forum for communication and discussion on common issues regarding credentialing of advanced practice nursing education programs. There was a growing response and concern and dialogue surrounding the lack of uniformity across the country regarding how advanced drastic --

credentialed. In March of 2004, AAC in put forth a proposal to the alliance asking the alliance to convene a national consensus process that would address these and other issues surrounding APRN regulation. So in June of that year, 2,004, an invitation to participate in a national APRN consensus conference was sent to 50 organizations identified as having an interest or some connection to advanced practice nursing. And all 50 organizations chose to participate. Dr. Jean Johnson from G.W. served as the facilitator. Based on the recommendations from this first speech we first APRN consensus conference, a smaller representative workgroup also led by Dr. Johnson hosted the AAC in was charged with the development of a future model for APRN regulation. The alliance for APRN consensus work group which is known as was made up of 23 organization designees. That group met by more than 16 times face to face. Sometimes 1-2 full days between 2004 and 2006 to craft a national consensus statement on APRN regulation. During these 2 years, there were also 2 additional convening's of the larger national APRN group or conference. These meetings where intended to bring all APRN stakeholders to gather to hear and provide input into the discussions and proposals from the consensus work group. Parallel to the workout I consensus work group, NCSBN was a member of the consensus work group or a parallel to that work of that group, the NCSBN advanced practice nursing advisory panel was also a meeting to develop a draft APRN paper which was completed and disseminated in 2006. Early in 2006, we had our fourth larger group convening of the APRN consensus conference. That group during that time, agreement was reached that future APRN practice would best be served if the parallel work of the APRN workgroup, consensus work group and NCSBN APRN advisory committee would come to gather and add a minimum, produce complementary recommendations that would guide the future APRN regulation. To achieve this goal -- which was seen as somewhat daunting a task at times. We didn't know how this would end up or what to expect. But less APRN joint dialogue group, a subgroup of the APRN workgroup and national Council committee began meeting in January of 2007. After several meetings, joint meetings where we would identify issues that we agreed on, and I can see the papers on the wall. That's how it worked back then of identifying a parking lot issue of the issues that we did not agree on. After several meetings, we realize that they were very few issues still in the parking lot. That group decided that our goal would be to create one joint paper which reflected the work of both groups. Finally in July of 2008 after more than 4 years of intense discussion, final consensus was reached. Although we tried throughout the entire process to reach 100% agreement on every issue, 80% was the agreed to threshold. Almost immediately after its release, 50 national professional nursing organizations endorsed this new document known as the Consensus Model for APRN regulation, licensure, accreditation, certification, and education. This document delineated the underlying implementation requirements for each regulatory component of L.A.C.E. However, the work to implement and sustain these efforts was just starting. The Consensus Model did contain a statement that addressed the importance of developing a communication mechanism to fully implement this new regulatory model. The purpose of the L.A.C.E. network from the very beginning was to provide a formal, ongoing communication network that provides very transparent and online communication among the participating entities. I want to stress those two words. Ongoing and transparent. The work that had occurred for low 4 years prior to this shows how important communication and relationships would be to building trust and to facilitate the successful implementation of this new regulatory model. At that time, the APRN joint dialogue group retained Oregon health and science University to initiate this process. After extensive continued dialogue, and most consensus was reached on the mission, functions, and values in the process for designing and building a communication network. Some of the key components of their recommendations for this network were that it recognize the interrelationship (g t)(us)67(a

environment. Some of the things we have identified include areas such as population, specialties, roles, telehealth, and you focus on all the rules through those rules again CRNA, certified nurse midwife, CNS, NP go and not just have a strong focus on the nurse practitioner only. It was a common theme. Our work is not yet completed. We will continue to work on a deliverable product that we will send

