DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO
BUMEDINST 6550.10A
BUMED-M09BNC
11 Jul 2002

BUMED INSTRUCTION 6550.10A

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Medical Department Personnel

Subj: UTILIZATION GUIDELINES FOR NURSE PRACTITIONERS (NPs)

Ref: (a) American Academy of Nurse Practitioners Scope of Practice for NPs
(b) BUMEDINST 6320.66C
(c) BUMEDINST 6010.17A
(d) DOD Directive 6000.14
(e) SECNAVINST 6401.2A
(f) BUMEDINST 1001.2A
(g) Manual of Navy Officer Manpower and Personnel Classifications, NAVPERS 15839I (NOTAL)
(h) Position Classification Standard for Nurse Series, GS-610
(i) BUMEDINST 12430.4
(j) Manual of the Medical Department, Chapter 21
(k) BUMEDINST 6010.13
(l) ASD(HA) policy memo 96-047 of 30 May 96
(m) ASD(HA) policy memo 97-026 of 22 Jan 97
(n) BUMEDINST 6320.80

1. Purpose. To clarify, expand, and reemphasize guidelines for the utilization of military and civilian nurse practitioners within the Navy health care delivery system. References (a) through (n) provide further guidance.

2. Cancellation. BUMEDINST 6550.10.

3. Background. Nurse Practitioners are health care practitioners that function in an expanded and specialized area of nursing and possess the knowledge and clinical skills required to accept and provide services to patients requiring primary care management as described in references (a) and (b). Active and Reserve component Navy primary care nurse practitioner specialties include family, pediatric, and women's health (obstetrical-gynecologic). Each Navy NP specialty is designated by a specific subspecialty code. Other civilian NP roles that meet credentials and privileging requirements as defined in reference (b), may be assigned to, employed by, contracted to, or under partnership agreements with Department of the Navy activities as needed. Per reference (c), the nurse practitioner is a member of the Naval Medical Department medical staff.

4. Definitions

a. Nurse Practitioner. A nurse practitioner (NP) is a registered professional nurse who has successfully completed a graduate educational program approved by the Council on Accreditation of Nurse Educational Programs/Schools and has passed the certification examination of the professional specialty organization or the Boards on Certification of the American Nurses Credentialing Center (ANCC). Nurse practitioners are primary health care providers.

b. Graduate Nurse Practitioner. A graduate nurse practitioner (GNP) has successfully completed an NP graduate education program and all other prerequisites to sit for the certification examination.

c. Primary Care. Primary care is a method of definitive health care delivery, which engages the patient during the initial encounter and assumes ongoing responsibility for the health care needs of the patient across the health continuum. Primary care includes health promotion, health maintenance, patient education and counseling, and management of acute and chronic illnesses. This personal care involves a unique interaction and communication between patient and health care provider. Comprehensive in scope, primary care includes the overall coordination of the patient's biologic, behavioral, and sociologic health care needs. Appropriate use of consultants and community resources is an essential part of effective primary care.

d. Primary Care Manager (PCM). A PCM is a health care practitioner designated to provide primary and preventive care services and to facilitate appropriate referrals for other services, including specialty services, for TRICARE Prime enrollees. Per reference (d), Certified Nurse Practitioners may function as PCMs.

5. Licensure and Certification. The NP shall possess a current, valid, and unrestricted license to practice professional nursing from an official agency of a State, the District of Columbia, a commonwealth, territory, or possession of the United States, per reference (e). Initial certification and subsequent recertification as prescribed by the professional specialty organization or the ANCC is required.

a. The GNP is required to possess specialty certification within 12 months of completion of the approved graduate level advanced practice nursing educational program. The GNP will practice under a command-approved plan of supervision and be monitored by a licensed practitioner (NP or physician) having the same or similar professional privileges per references (b) and (c) until certification is obtained and the privileging process is completed.

b. Military NPs (active component) that meet educational and certification requirements may request a change of subspecialty codes by submitting evidence of graduate education and national professional certification to the Nurse Corps Career Plans Officer, Bureau of Medicine

and Surgery (BUMED), (M09BNCB), 2300 E Street NW, Washington, DC 20372-5300. Reserve component NPs shall submit the same evidence for Navy Officer Billet Classification and subspecialty code assignment per reference (f) to BUMED (M10B) at the above address.

6. Scope of Practice. NPs are authorized to function within the full scope of their granted privileges as delineated in references (b) and (c). Upon obtaining specialty certification, the NP shall request a professional staff appointment to include the broadest scope of core and supplemental privileges commensurate with their level of professional qualification, current competence, and the ability of the facility to support the privileges requested.

7. Utilization. Guidelines for utilization of nurse practitioners have been established.

a. Military (active and Reserve component) NPs are assigned to the commanding officer in a subspecialty-coded billet following reference (e). Civilian NPs are assigned to the medical activity and their position is guided by references (h) and (i). Collateral duties may be assigned by the commanding officer.

b. Many NPs may and do routinely function as PCMs. In this role, the NP uses the broadest scope of their designated privileges, providing primary and preventive care services within their practice scope. Additionally, PCMs facilitate appropriate referrals for other routine and specialty services. NPs functioning as PCMs will have patients empanelled to them within the individual command's enrollment guidelines.

c. NPs work in a collaborative role with other members of the health care team. Physician consultants will be utilized as needed.

d. Direct lines of communication must remain open between the NP and the senior nurse executive to keep abreast of current Nurse Corps issues and for career counseling. Overall responsibility for military fitness reports remains with the cognizant department head in collaboration with the senior nurse executive. Responsibility for civilian performance appraisals is guided by references (h) and (i). The senior NP will mentor junior NPs. The specialty leader will be available for NP community guidance.

e. Clinical management of patients is an expectation. Per reference (c) NPs may assume administrative positions in addition to clinical duties when deemed to be best qualified. NPs are strongly encouraged to participate in prevention (clinical preventive services, health promotion, and wellness) programs for operational forces.

f. NP watches will be performed within the clinical specialty of the NP, with physician consultation available. NP watches may include those in the emergency department or after-hour urgent care setting. NPs shall not be the sole providers in an Emergency Department.

8. Medical Records. Legibility and accuracy of their entries on medical records are the responsibility of the NP. Orders written on patient medical records by NPs do not require a physician co-signature unless the NP is under a plan of supervision per reference (b).

9. Prescribing Medication. Medications must be prescribed as directed in reference (j).

10. Monitoring and Evaluating Activities. The ongoing evaluation of the quality of care, both process and outcome, rendered by NPs must be in compliance with the facility quality assurance instruction and in conformance to guidelines in references (c) and (k). Health record review will focus on the NP's performance within the scope of clinical privileges in order to improve the quality and usefulness of the medical record for making decisions regarding performance and competence of patient care. Whenever possible, peer review will be accomplished by other NPs of the same specialty; if NPs are not available for timely peer review, a physician in a like specialty must review the health record. Input from these activities must be incorporated into the privileging process as directed in reference (b) that prescribes the Performance Appraisal Report for NPs.

11. Board Certified Pay. Active duty Navy NPs are eligible for board certified pay (BCP) as outlined in references (l) and (m). Officers meeting the requirements must submit documentation, via the chain of command to BUMED (M132), including board certification or copy of notification letter of certification, in addition to diploma and transcripts showing completion of masters degree in the same advanced practice specialty as their certification.

a. Board certified pay will be terminated upon expiration of board certification, loss of certification or upon separation from active duty per references (l) and (m).

b. Forward recertification certificates to BUMED (M132) immediately to avoid termination of BCP.

12. Continuing Education. The NP must comply with continuing education requirements necessary to maintain registered professional nurse State licensure and specialty certification.

13. Action. This instruction is effective upon receipt.

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Vice Chief

Available from: http://navymedicine.med.navy.mil/instructions/external/external.htm