Advanced Practice Providers in the ICU

A Journey

Objectives

- Introduction/My journey
- Journey to the ICU - where have we been, where are we going
- Care delivery models
- Roles/Responsibilities
- Relationships
- Outcomes
- Rewards/Challenges
- Transition to practice
- Leadership

Graduated in 2000 from Saint Luke's College of Nursing with BSN

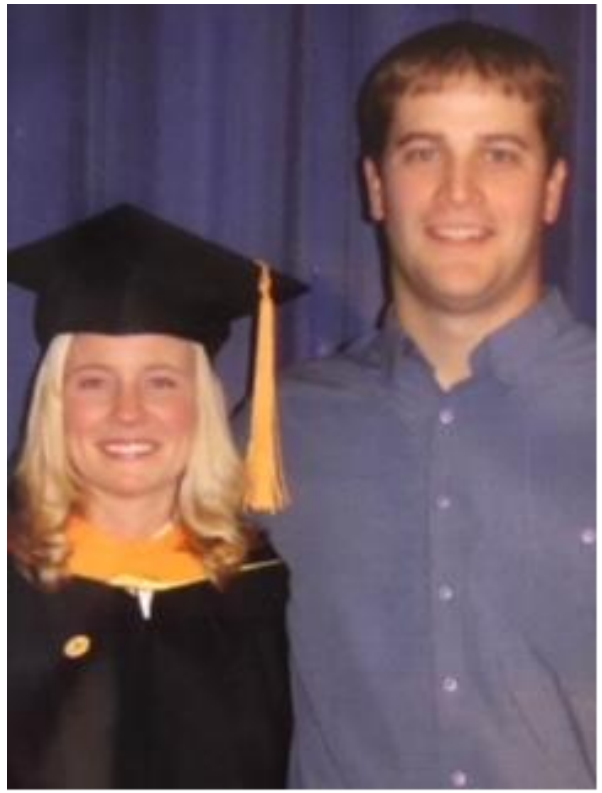
Staff Nurse in the CVICU 2000-2004

Graduated from UMKC with FNP in 2004

Post-Master's Certificate ACGNP 2017

Saint Luke's College - 2000

UMKC - 2004



NP journey

1st job - Cardiothoracic Surgery Group (6 months)

2nd job – Primary Care at Fort Leavenworth (6 months)

3rd job – Take Care Health (1 year)

4th job – Cardiothoracic Surgery group

4 jobs in 24 months

NP journey continued

Cardiothoracic Surgery

- 4 years in this role
- Primarily managed patients on step-down unit
- Consults
- Admissions/discharges

Transition to Management

- Came back to my first love: CVICU
- In this role for two years

Current Role(s) :

Critical Care APP CVICU

Critical Care APP Manager

Director of APP Fellowship Program – Saint Luke's Health System

A History Lesson

- 1950's and 1960's → Specialization in medicine expansion. Increase in specialization results in shortage of primary care physicians.
- Medicare and Medicaid 1960's → more patients to care for.
- Physicians began recruiting RN's with clinical expertise and began collaborating with them to identify and treat primary care needs of children and families.
- 1965, Loretta Ford partnered with Henry Silver, MD to create the 1st training program for Nurse Practitioners at the University of Colorado. Initial focus on family health, disease prevention and promotion of health.

Uphill battle

- In the beginning: health care professionals concerned that NPs not qualified to provide medical care that physicians usually deliver without supervision.
- Public unfamiliarity with role.
- “So you’re almost a Doctor?”

Increasing specialties

- Initially pediatric and primary care NPs in the 1970's. Some utilization in the Hospital setting on the East Coast.
- 1980's → Increased specialization.
- 1990's → Increase in NPs working in PICU and NICU.
- 2003 → Accreditation Council for Graduate Medical Education institutes 80 hour work week for residents.

Barriers to practice

- Physician unfamiliarity with role. What do you do with a Nurse Practitioner?
- State practice/Licensure.
- Payor policies.
- Perceived competition.
- Variations in formal education: FNP, ANP, PNP, ACGNP.

APRN Consensus Model

As defined by the American Nurses Association:
"The APRN Consensus Model defines advance practice registered nurse practice, describes the APRN regulatory model, identifies the titles to be used, defines specialty, describes the emergence of new roles and population foci, and presents strategies for implementation"

Licensure, Accreditation, Certification, Education

Completed in 2008

APRN Consensus Model

"The consensus model was developed to provide clarity of the profession and to ensure that each patient population is under the care of an appropriately trained APRN." (Messing, 2017)

AACN

- Scope and Standards For Acute Care Nurse Practitioner Practice, Copyright 2017.
- Purpose as stated by the AACN: "…to describe the practice of the acute care nurse practitioner (ACNP), whether trained and certified to care for pediatric patients or for the adult-gerontology populations. This purpose is accomplished by delineating the scope of practice, the standards of clinical practice, and the standards of professional performance."

Journey to Critical Care:

- "High intensity ICU staffing with board certified intensivists is associated with improved outcomes and is the standard set forth by the Society of Critical Care Medicine." (Gershengorn, 2011)
- Number of intensivists constant or declining. Estimated by the year 202, there may be a shortage of up to 159,000 physicians. (Joffe, 2018).
- "An increasing number of complex patients transferred into tertiary and quaternary care centers." (Luckianow, 2015).
- Decrease in resident work hours.

Care Delivery Models

- Many different care delivery models are used across the nation.
- In a national sample, 72.4% of ICUs report APPs directly participate in patient care. (Costa, 2014).
- Teaching institutions often utilize a combination of Attending, Fellow, resident and APP resources.
- Saint Luke's Critical Care: Four physician services → Pulmonary Critical Care, Trauma/Surgical Critical Care, Anesthesia Critical Care, Cardiology.
- Pulmonary Critical Care: cross covers medical patients in the MSTICU and CICU on day shift/7 days per week.
- Trauma/Surgical: manages Trauma/Surgical patients in the MSTICU 24/7.
- Anesthesia Critical Care: Covers NSICU/CVICU 24/7 and MSTICU/CICU medical patients night shifts 7 days/week. Helps cover trauma service.
- Cardiology: primary on Cardiology patients in the CICU 24/7.

APP Presence

- APPs began in the CVICU at Saint Luke's Hospital in 2012.
- Initially designed to be a "cog in the wheel" to supplement the resident coverage to provide 24/7 in-house coverage. Two APPs hired to work three/13 hour shifts. Combination of days/nights/weekends/Holidays. "Closed" unit model.
- In March, 2014, Anesthesia Critical Care took its model to the NSICU. 6 APP's hired in attempt to cover unit 24/7 with APPs.
- June, 2015, Anesthesia Critical Care began to cover night shifts in the MSTICU/CICU 7 days/week.

Our Team

24 APPs:
3 PAs
1 CNS
18 NPs
20 full time
2 part time
2 PRN NPs

Roles and Responsibilities

Day Shift

- In partnership with residents and Fellows, makes patient assignments to the team.
- Maintains an "overarching" view of the unit.
- Takes a patient assignment, presents during rounds, completes notes and bill.
- Follows up on plan of care of all patients.
- Manages admissions, transfers and discharges (in conjunction with phyiscians).

Night Shift

- May or may not have an in-house attending.
- Manage admissions, transfers, respond to all in-house rapid responses and code blues.
- "Eyes and ears" of the physicians.
- Manage patient situations within their capabilities.

Professional Roles

- Mentor to nursing staff and new APPs.
- Provide education to nursing staff, new APPs, medical students, residents and APP Fellows.
- Involvement in the house-wide APP council.

Relationships

- Physicians
- Fellow APPs
- Nursing staff
- Residents

Outcomes

Well documented that APPs provide safe models of care delivery.

APPs are reasonable and safe staffing alternatives to physician only models.

NPs provide high quality and cost-effective care.

Numerous resources site decreased LOS in the ICU setting and overall Hospital stay in models utilizing APPs in the critical care setting. (Scherzer, 2017)

- Higher patient/family satisfaction rankings.
- Reduction in hospital costs.
- Decrease in patient complications (infection, mortality and morbidity) rates.
- Decrease in re-admission rates.
- Resources site lower ICU mortality of patients cared for by ACNPs in relation to resident teams. (Fry, 2011)

Satisfiers VS. Areas of Opportunity

- **SATISFIERS**
- Relationships
- Practicing at top of licensure
- Procedures
- Support from Administration
- Being appreciated/valued
- Having adequate staffing

- **AREAS OF OPPORTUNITY**
- Relationships with residents
- Practicing at top of licensure
- Procedures
- Adequate staffing/industry standards for APP to patient ratios
- Onboarding and training

TRANSITION TO PRACTICE

It’s about time……

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APP Fellowship

- Entry level Nurse Practitioners and Physician Assistants have variable backgrounds. (Simone, 2016)
- Enter practice in a variety of specialized ICUs that require a depth of knowledge and skills. (Simone, 2016)
- Vast majority of APPs feel underprepared to immediately begin practice.
- Inadequate preparation to begin practice leads to dissatisfaction in APPs and Physicians.
- Decreased retention rates.
- Purpose of Fellowship: To transition the novice APP into a capable/competent APP ready to handle variable patient situations and transition professionally into the role of a provider.

Fellowship

- Main Components:
- Structured Competencies
- Dedicated education time with lectures from content experts
- Comprehensive rotations

Leadership Structure

- APP CNO – Felicia Menefee
- APPs reporting to APPs

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Costa DK, Wallace DJ et al: Nurse Practitioner/Physician Assistant Staffing and Critical Care Mortality. *CHEST.* 2014; 146 (6) 1566-1573.

Fry, M: Literature review of the impact of nurse practitioners in critical care services. *British Association of Critical Care Nurses.* 2011 16 (2): 58-66.

Gershengorn HB, Wunsch H, et al: Impact of Nonphysician Staffing on Outcomes in a Medical ICU. *CHEST.* 2011; 139 (6): 1347-1353.

Joffe, AM, Pastores, SM, Maerz LL et al: Utilization and impact on fellowship training of non-physician advanced practice providers in intensive units of academic medical centers: a survey of critical care program directors. *Journal of Critical Care.* 2014; 29: 112-115.

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Questions