

# QUANTITATIVE AND QUALITATIVE APRN ASSOCIATED OUTCOMES: IMPLEMENTATION OF AN APRN PROFESSIONAL PRACTICE EVALUATION PROGRAM WITHIN AN ACADEMIC MEDICAL CENTER



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## ABSTRACT

Professional growth can be optimized with an effective performance evaluation program. The Joint Commission (TJC) has identified elements of Ongoing Professional Practice Evaluation (OPPE), to move from cyclical to continuous evaluation of a practitioner's performance to identify practice trends that impact quality, patient safety and Focused Professional Practice evaluation (FPPE), a focused review of a practitioner's competency when requesting new privileges or to maintain existing privileges.

Professional practice, procedural and clinical competencies were identified for each APRN specialty. Qualitative and quantitative measures were created with the use of surveys and dashboards displaying APRN associated outcomes. The OPPE included a review of clinical privileges and continued competency. OPPE reviews were conducted twice yearly, beginning 2011 and included peer review, self-assessment and proctor evaluation. An FPPE program was developed to identify competency in review, proctor assignment, comprehensive plan for improvement, timeline for evaluation and key quantifiable measures. Both OPPE and FPPE processes were approved through nursing and medical boards and finalized into hospital policy.

APRNs consistently met expectations in all competencies reviewed through OPPE. Dashboards were consistently within target ranges and available for review by care team members. In addition, APRNs indicated heavy involvement in research, education, publication, project development and leadership.

Developing a professional practice evaluation program and identifying outcome measures for APRNs can be challenging. However, this project demonstrated compliance with TJC standards, metrics reflective of APRN practice quality and a consistent program for improvement and advancement.

## CONCEPT

Figure 1: PURPOSE AND DEFINITION OF CRITICAL CARE NP PROFESSIONAL PRACTICE EVALUATION

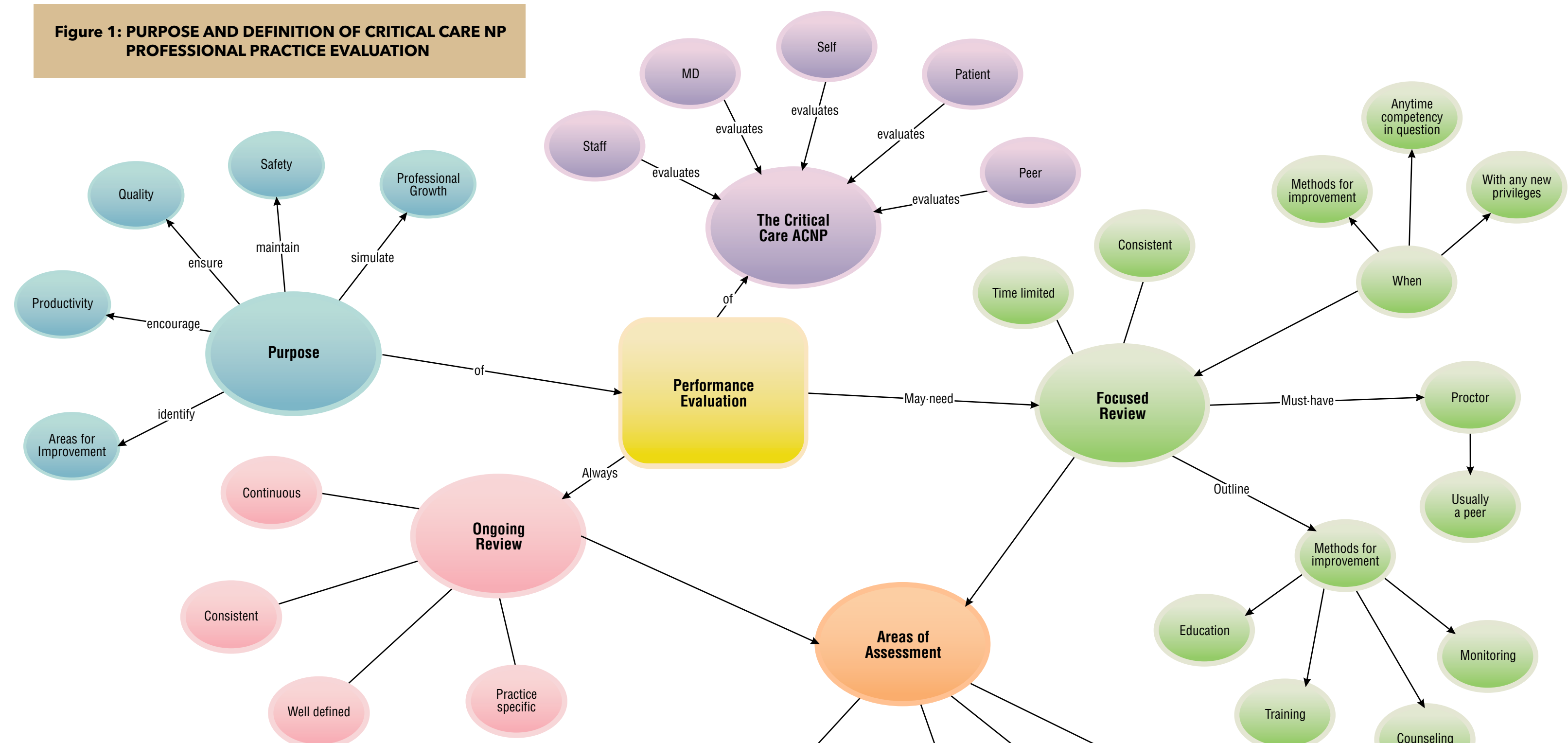
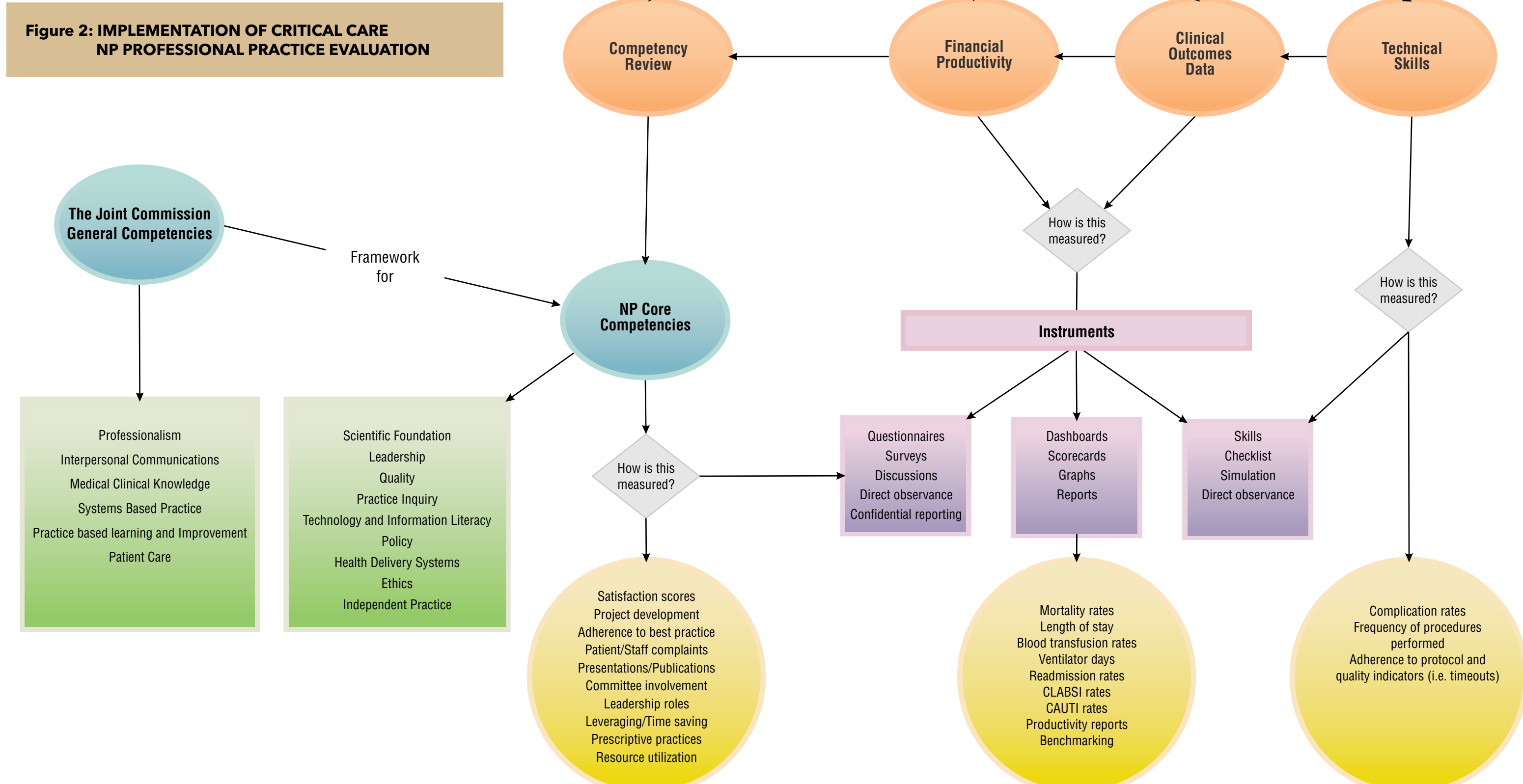
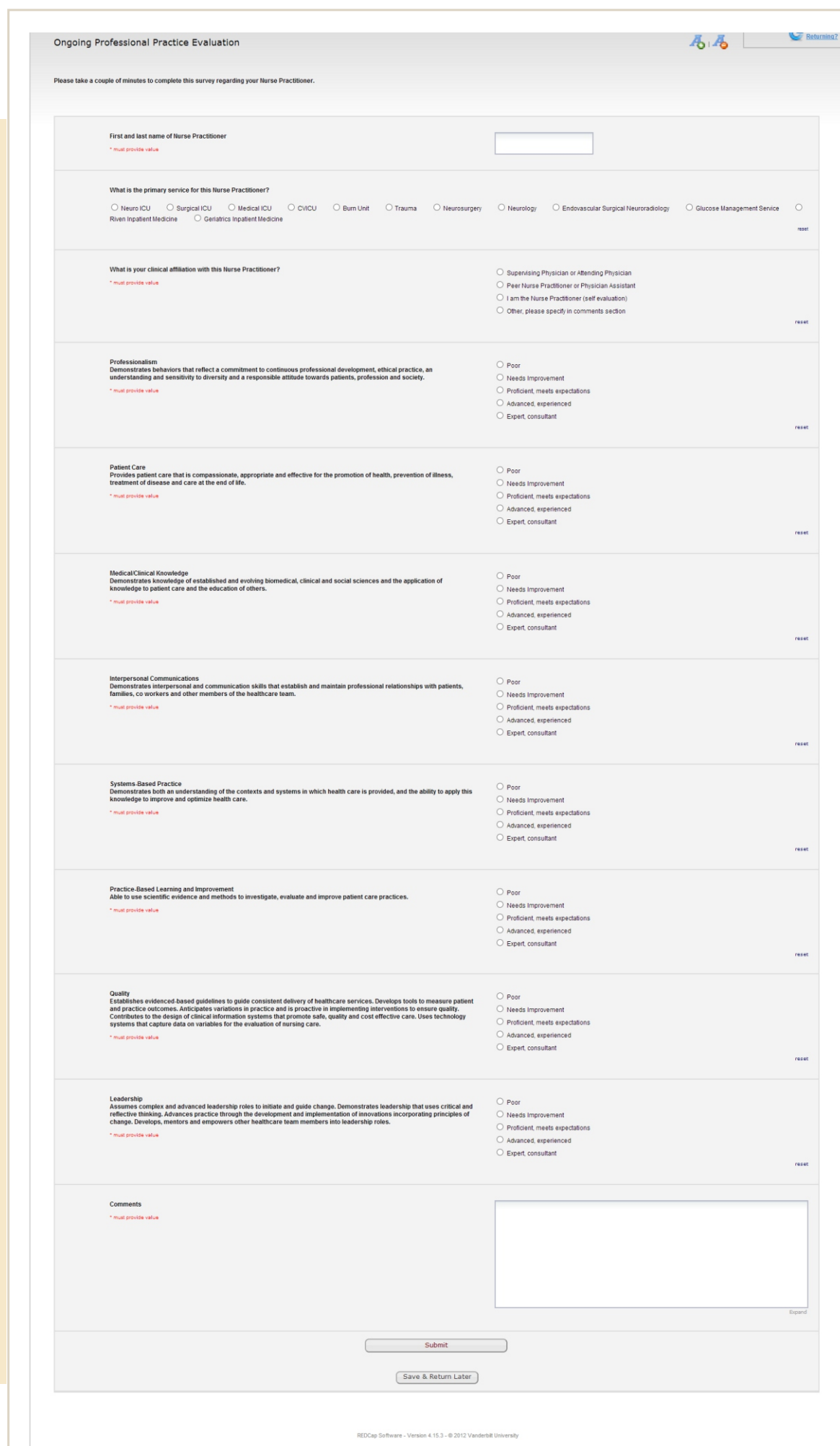
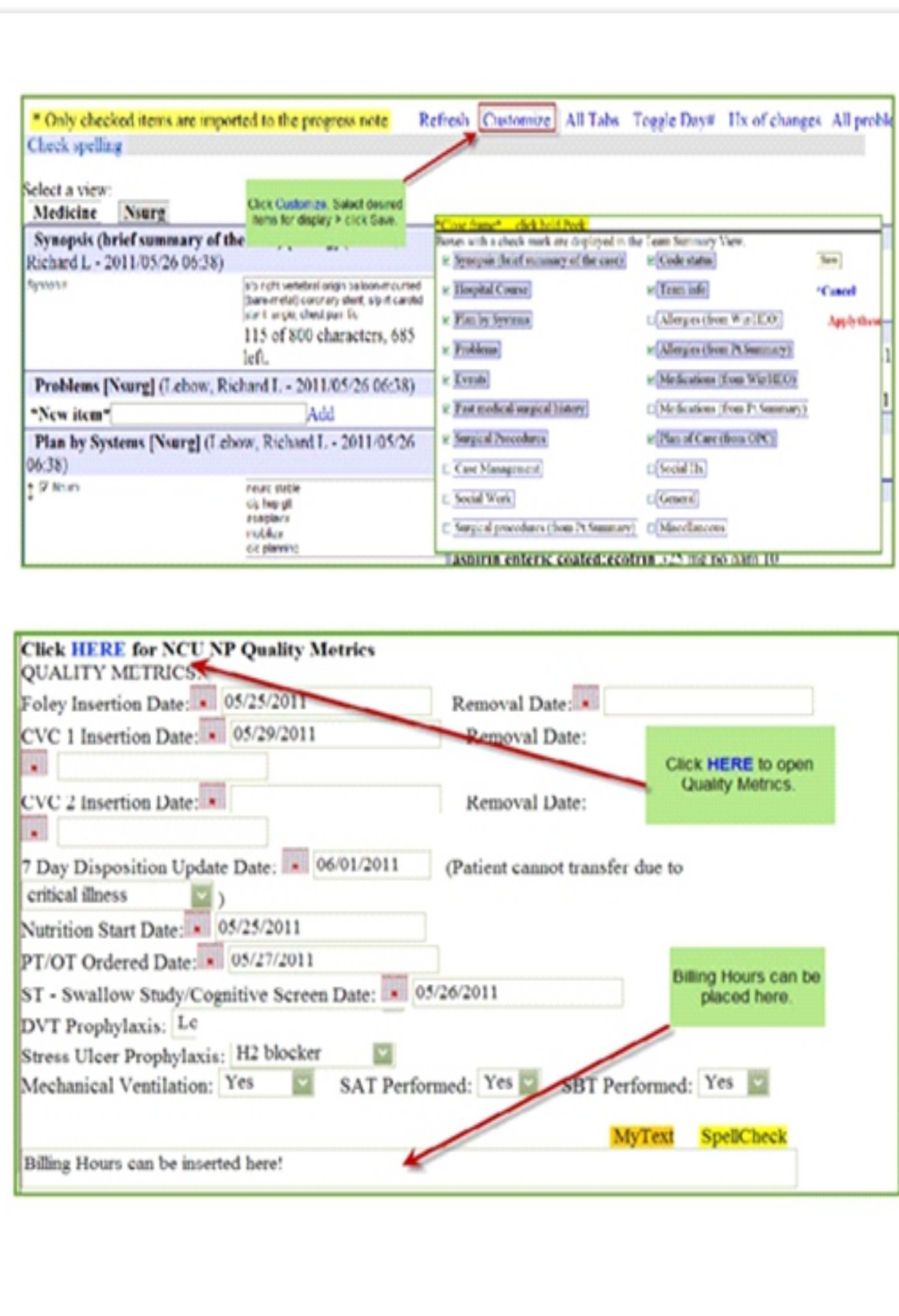


Figure 2: IMPLEMENTATION OF CRITICAL CARE NP PROFESSIONAL PRACTICE EVALUATION



## RESULTS

### APRN, MD, PEER SURVEY COMPLETED EVERY 6-8 MONTHS

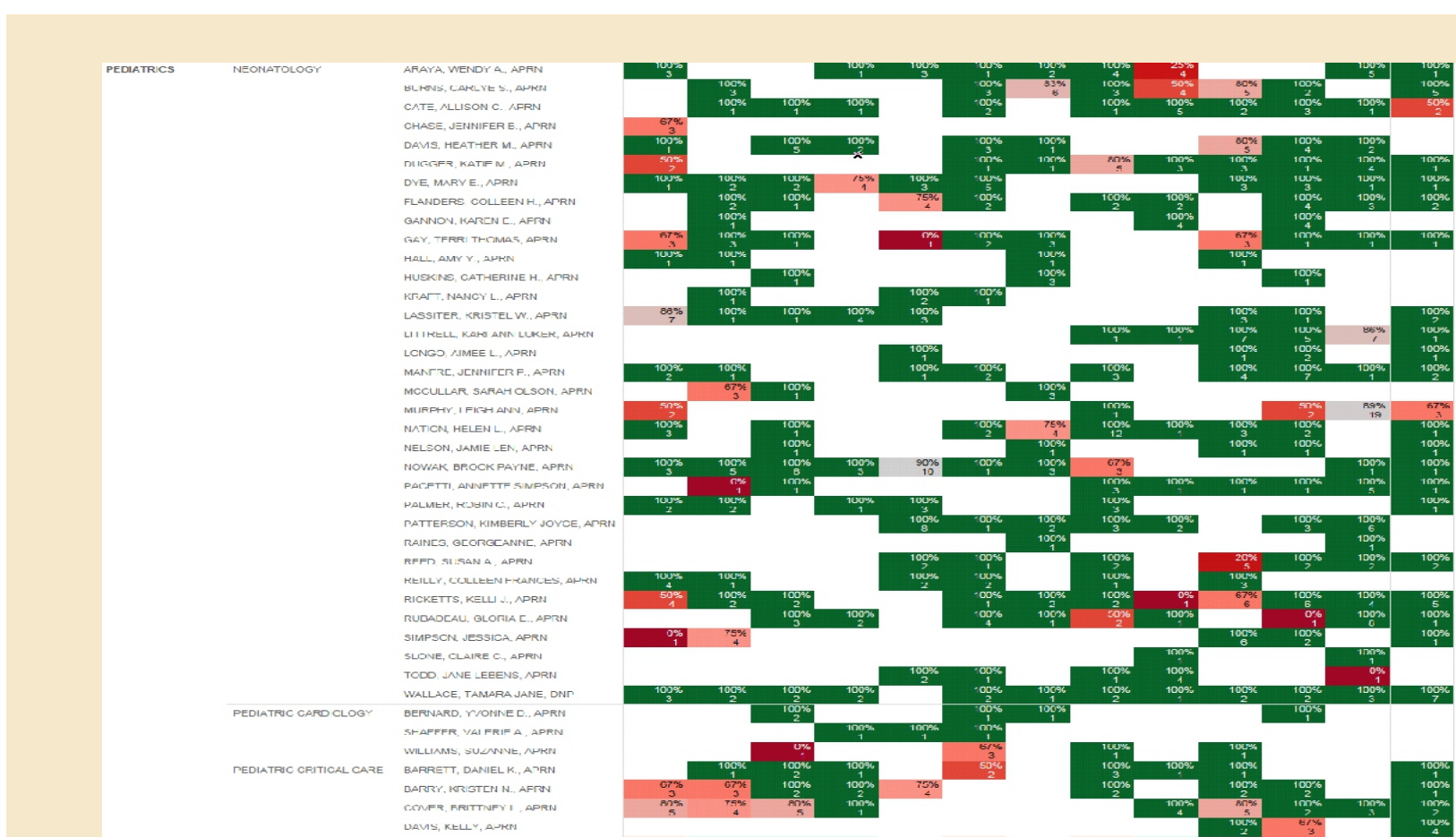


### ADHERENCE TO ESTABLISHED STANDARDS OF CARE



### SAMPLE APRN QUALITY DASHBOARD: PROPHYLAXIS FOR VENTILATED PATIENTS

NP Provider	% Mech Vent Pt with SUP	Mech Vent Cases	% Mech Vent Pts with SUP FYTD	Mech Vent Case FYTD
NP 1	92%	13	90%	41
NP 2	100%	25	98%	51
NP 3	100%	24	100%	54
NP 4	100%	16	98%	41



### SAMPLE APRN QUALITY DASHBOARD: BLOOD TRANSFUSION ORDERS WITHIN PROTOCOL

## RESULTS

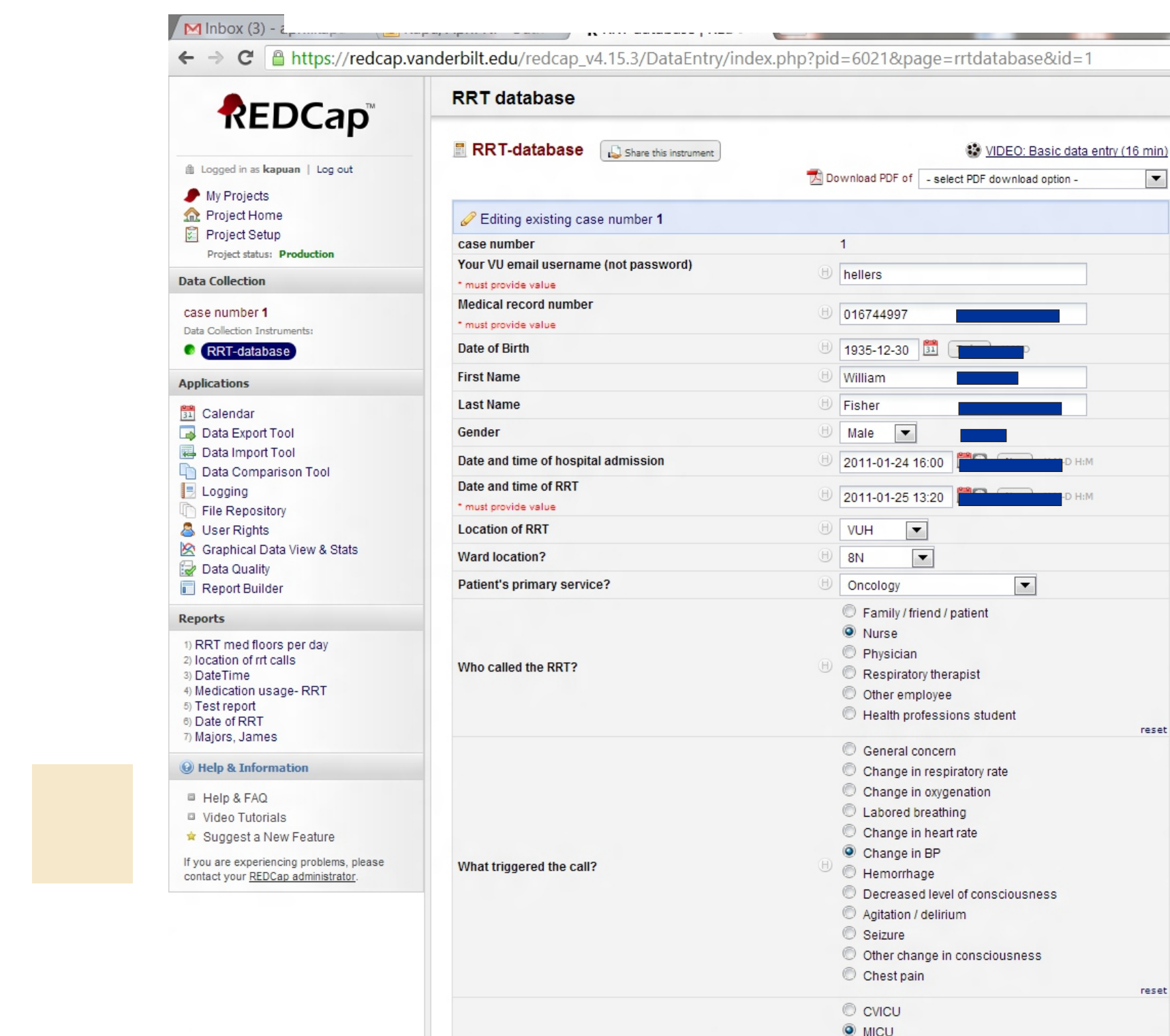
### RETROSPECTIVE DATA COLLECTION

OUTCOMES OF ADDING EXPERIENCED TRAUMA NPS TO VANDERBILT'S T2 SERVICE

Time Period	Cases	T2	T1+T2	T1, T2 & T3	Average charge per case	Average Injury Severity Score
Dec 11 - Nov 12	3053	2.2	3.5	6.4	\$97,306	19.398
Dec 10 - Nov 11	2671	2.5	3.9	7.0	\$106,673	19.071
Dec 09 - Nov 10	2559	2.6	4.1	7.4	\$106,162	19.575

High acuity, high volume Trauma service had a transition area of 17 beds experiencing delayed throughput. We hypothesized that by adding experienced Trauma NPs, we could improve throughput and quality in care. This is one year's results, compared with 2 years prior.

Results: Increased volume of cases by 14.3%, 1.0 reduction in ALOS for entire trauma service, 27.8 million reduction in hospital charges, Increased direct discharges from T2 to home or outside facility by 21%,



### PROSPECTIVE DATA COLLECTION

NPS ON REDCAP DATABASE

- 898 calls Jan-Dec. 2011
- Average time of call 31.8 minutes
- 303 transfers to ICU
- 317 encounters generated critical care billing
- NP unique interventions - 3056
- 341 lab tests
- 454 medications
- 257 x-rays, 257 EKGs
- 26 procedures
- 860 education events

REDUCTION IN PROPORTION OF OUT OF ICU STATS TO OVERALL STATS+ RRTS FROM 35% TO 18%

## CONCLUSIONS

Continuous evaluation of APRN professional practice is mandatory in Joint Commission accredited facilities to demonstrate APRN competency, quality of care and patient safety. Additionally, as outcomes of care are now being used for benchmarking hospital performance as well as to designate reimbursement, integrating APRN specific metrics to highlight the impact of APRN care provides value added data. Business plans for the development of new APRN roles could then be made based on considerations including savings that potentially could be realized through decreased length of stay, decreased readmissions, decreased complications, adherence to best practices and throughput, among other outcomes. As APRNs assume an increasing role in providing care to hospitalized patients, the use of APRN associated metrics holds much potential for further delineating the scope of influence on patient care and quality of care measures.

## ACKNOWLEDGMENTS

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