

Session C719 Outcomes of a Study Addressing Challenges in APRN Practice and Strategies for Success

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Vanderbilt University Medical Center

- Not-for-profit Academic Medical Center with 139 year history in Nashville (Middle Tennessee)
 - Vanderbilt University Hospital
 - Monroe Carell Jr. Children's Hospital at Vanderbilt
 - Vanderbilt Psychiatric Hospital
 - The Vanderbilt Clinics
- Middle Tennessee's only Magnet designated organization
 - Second designation received April 2012

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About us: Vanderbilt Medical Center



- 1000 beds in combined hospitals
- 19,600 employees, 6000 nurses
- Largest private employer in Middle Tennessee and second largest in the state
- Vanderbilt is unique in the region with the only:
 - Level 1 Trauma Center in the area
 - Level 4 Neonatal ICU in the area
 - Dedicated Burn Center in the region
 - Comprehensive Cancer Center for adults and children
 - Largest and most comprehensive heart transplant program in the region

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About us: Vanderbilt Medical Center



- Provides 770 million a year in uncompensated and charity care (FY 2014)
- Economic impact on community of over \$6.5 billion annually (FY 2012)
- Most comprehensive children's hospital in the multi-state area (serves as a regional referral center)

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National Imperative

- With a national imperative for cost effective, quality healthcare, APRNs are considered a provider of choice.
- As billing providers, APRNs generate revenue; however, far greater value is gleaned through clinical coverage and quality outcomes.

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Healthcare Challenges: Opportunities for Nursing

- To Err is Human: Building a Safer Health System
- Crossing the Quality Chasm
- Health Profession Education: A Bridge to Quality
- The Future of Nursing: Leading Change, Advancing Health

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Advanced Practice Nursing

- Advanced Practice Registered Nursing
 - Certified Nurse Midwives
 - Certified Registered Nurse Anesthetists
 - Certified Nurse Practitioners
 - Clinical Nurse Specialists
- 267,000 APRNs across the United States
- 9,500 APRNs in Tennessee
- 750 APRNs within Vanderbilt University Health System

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APRN Workflow Analysis: Project Overview

This initiative focused on identifying opportunities to optimize professional work at top of license, create capacity and support revenue growth

- To identify best practices within our organization and leverage that knowledge to support our APRNs and their teams in maximizing time spent working at the top of their license.
- To focus on optimization of quality and value creation for patients and professionals.

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Questions Related to APRN Practice

- Billing capacity
- Quality contributions
- Coverage solutions
- Barriers to optimization of efficiency and effectiveness

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Process

- To understand how APRNs currently spend their time
 - Produce Missions, Activities, End Products for each group
 - Step 1: Create set of missions with associated activities, based on the work that APRNs perform
 - Step 2: Map each APRN to those activities
- To analyze productivity of APRNs practices where applicable.
- To support decisions for future planning
 - Create work plan that ensures the APRNs and physician partners are both working at the top of their license
 - Create work plan the enables teams to achieve value targets

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Methodology

- Multispecialty, interdisciplinary teams, including physician and nursing leaders
- APRN focus groups
 - Discussion and categorization of mission focused work activities
- Survey to identify barriers to optimal mission achievement
- APRN and practice financial models and productivity
- APRN associated outcomes

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Perspective 1: Mission Alignment

- All APRNs contributed to the development of key missions, activities and products or services associated with each activity
- Each group mapped their work to mission related activities
- APRN feedback indicated the need to have APRN's define "other" activities, non-mission related or non-value added work added to activities

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Perspective 1: APRN Mission Alignment

- Mission 1** To function as a provider to provide evidence based care
- Mission 2** To document encounter of care
- Mission 3** To coordinate multidisciplinary patient care across continuum
- Mission 4** To continuously improve quality and safety processes
- Mission 5** To provide education and training based on evidence
- Mission 6** To administratively support advanced practice nurses

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Identifying "Other" work

- APRN focus groups discussed "other" types of work
- Developed two surveys
 - To capture barriers to optimal efficiency and effectiveness within each mission
 - To capture scope of work and identify work within scope of license
- Synthesized information into a common set of statements & questions to survey APRN's.
 - To identify activities, processes or other situations perceived by the APRN as barriers to optimal achievement in each mission
 - To categorize barrier activities as systematic vs practice specific (or both)

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Perspective 2: Relative Comparison



Current thinking on categorizing APRN value
Value = **Work RVU** + Quality + Coverage

- Work RVU & Visit data is available in our financial systems
- Analysis looked at APRN practices

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Perspective 2: Relative Comparison



Current thinking on categorizing APRN value
Value = Work RVU + **Quality** + Coverage

- Were there quality targets or specific quality improvement measures related to the APRN role?

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Perspective 3: Benchmark Comparison

- How do we benchmark with organizations external to VUMC?
 - Academic centers
 - Role and specialty
 - Billing status

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APRN Workflow Analysis: Results

- Perspective 1** Mission Alignment
- Perspective 2** Relative Comparison
- Perspective 3** Benchmark Comparison

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Perspective 1: APRN Mission Alignment

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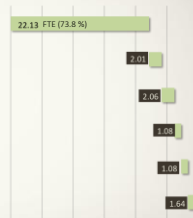
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Sample Outpatient APRN Service Results

Missions

- Mission 1:** To function as a provider to provide evidence based care
- Mission 2:** To document encounter of care
- Mission 3:** To coordinate multidisciplinary patient care across continuum
- Mission 4:** To continuously improve quality and safety processes
- Mission 5:** To provide education and training based on evidence
- Mission 6:** To administratively support nurse practitioners and physician assistants

FTE Distribution by Mission



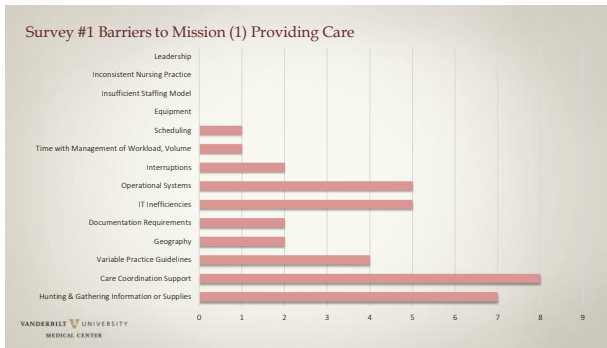
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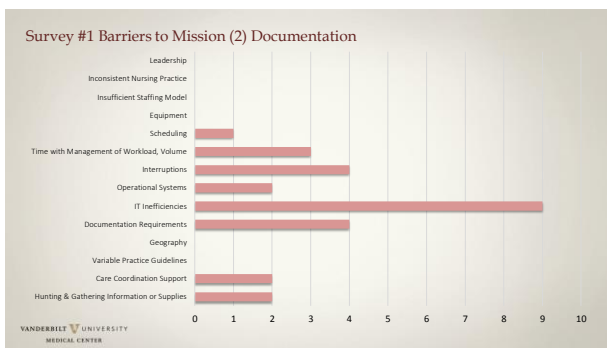
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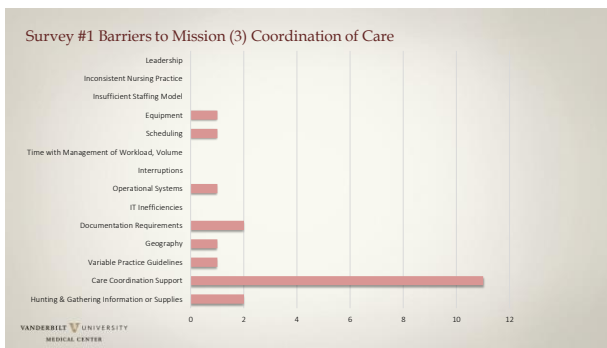
Identifying "Other" work

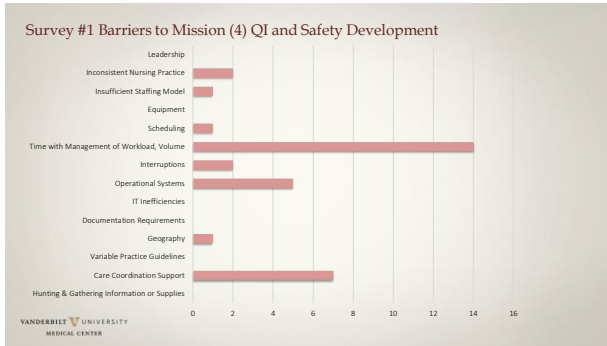
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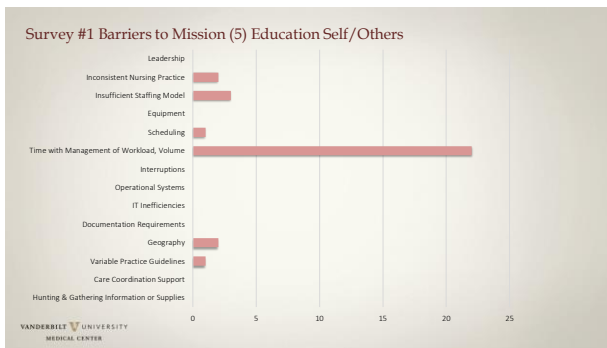
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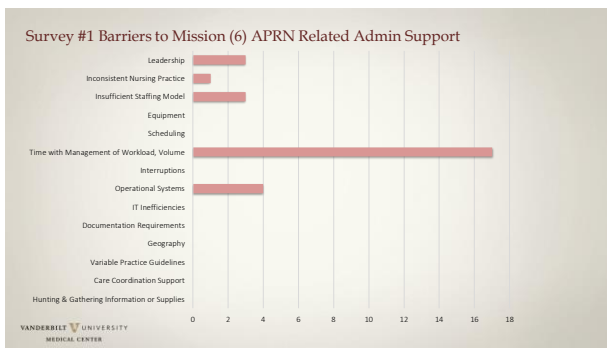


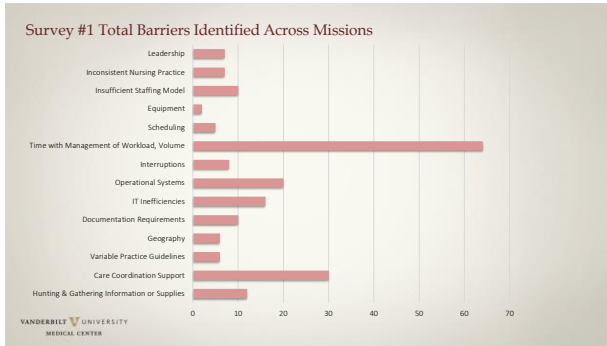


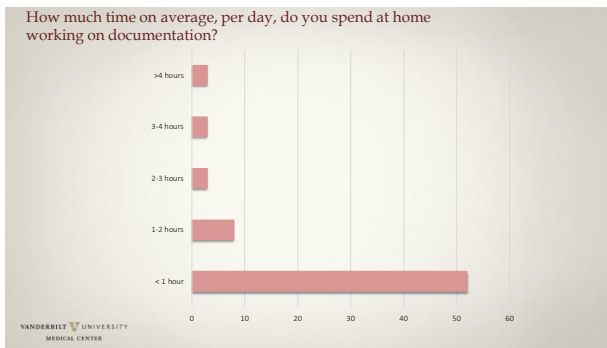


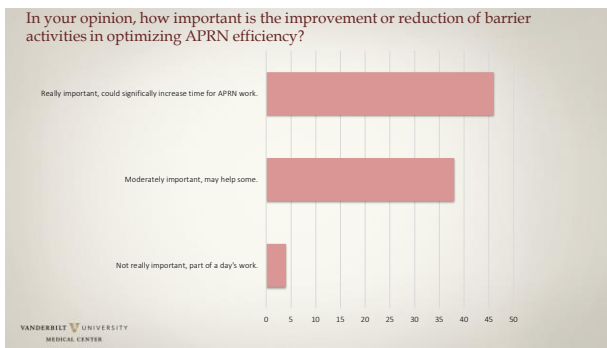


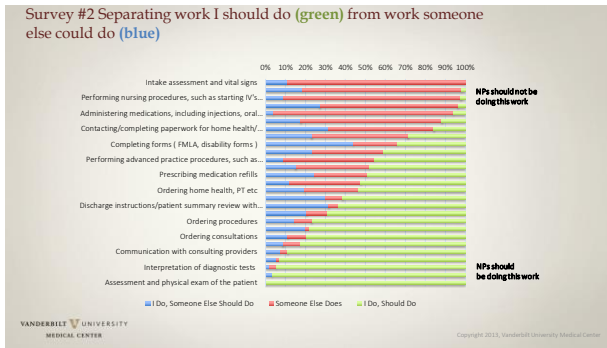













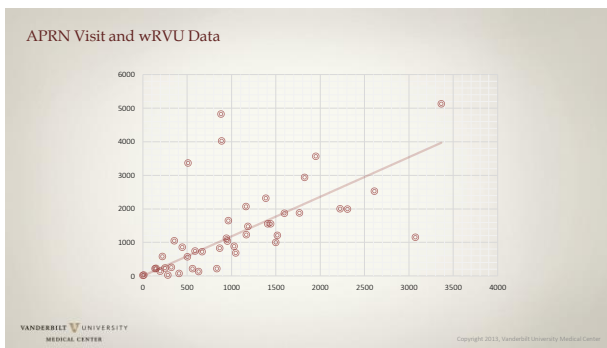
Perspective 2: Relative Comparison



Current thinking on categorizing APRN value
Value = **Work RVU** + Quality + Coverage

- Work RVU & Visit data is available in our financial systems
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Perspective 2: Relative Comparison



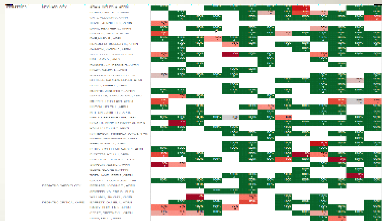
Current thinking on categorizing APRN value
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- Does your Department target specific quality improvement measures with the APRN role?

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Practice-Specific Quality Indicators

- NP RBC Utilization
- NP Service Q/E LOS
- NP Unit Q/E LOS
- NP Discharges by noon
- NP Readmissions
- CLABSI
- CAUTI
- Hand hygiene
- Practice specific metrics for clinical practice standards and processes



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Outcomes

- Optimal length of stay
- Unexpected readmissions
- Wait times, no show rates
- Resource utilization including drug costs
- Hospital acquired complications
- Impact to Value Based Purchasing (CMS)
- Coordinated care across the continuum

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Perspective 2: Relative Comparison



Current thinking on categorizing APRN value
Value = Work RVU + Quality + **Coverage**

- Does your Department target specific coverage requirements with the APRN role?

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Perspective 3: Benchmark Comparison

- How do we benchmark with organizations external to VUMC?
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Adult and Pediatric Inpatient

Strengths

- Coordinated, consistent :
 - compensation, benefits, budgets for hospital funded NPs
 - quality metrics, OPPE/FPPE
 - credentialing & privileging
 - staffing models based on housestaff, volume and acuity
 - hospital funded areas with consistent business case and manpower process
- National presence (presentations, publications, consultations)
- Nursing support of APRN professional practice.
- Physician champions of APRN practice.
- Faculty appointments
- Transitioned most inpatient adult areas to billing status

Opportunities

- Evaluation of nonbilling APRNs for billing potential and associated impact to practice
- Organizing advanced practice nursing leadership within new patient care center structure
- Consistent business case or manpower structure for department funded practices
- Consideration of whether faculty appointment needs to be only route to bill
- Opportunities for APRN academic and clinical advancement
- Computerized scheduling for efficiency

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Where Do We Go From Here?

- The 2008 Magnet model states that ***“Solid structures and processes developed by influential leadership provide an innovative environment where strong professional practice flourishes and where the mission, vision and values come to life to achieve the outcomes believed to be important for the organization”*** (American Nurses Credentialing Center (ANCC), 2008, p. 5).

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Structural Empowerment

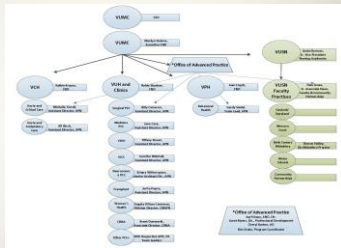
- Nursing Strategic Plan
 - Structural empowerment
 - Transformational leadership
- Partnership with School of Nursing
 - Faculty practice
 - Tuition assistance
 - Preceptorships
 - Coordinated clinical training rotations
 - DNP fellowships
- Partnership with School of Medicine
 - Education and clinical training
 - Faculty practice

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Structural Empowerment Office of Advanced Practice

- Advanced Practice Leadership Structure
- Professional Practice Evaluation and Advancement
- Continuing Education and Professional Development Support
- Structured Resources for Staffing Models and Business Case Development
- Strategic Partnership for Recruitment, Compensation and Benefits
- Licensure, Certification and Regulatory Guidance
- Support and Development of Quality Metrics for APRN Practice
- Shared Governance Model for APRN Decision Making
- Networking Opportunities through APRN Councils and Committees
- Support for Interprofessional Initiatives

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Thank you