

**Developing an APRN Council from the Ground Up**

Session Number: C603  
 2017 ANCC National Magnet Conference®  
 Friday, October 13, 2017: 8:00 AM - 9:00 AM  
 Miranda Meunier, GNP-BC  
 Erin Oley, DNP, FNP-BC  
 Billings Clinic  
 Billings, Montana

*Health Care, Education and Research*

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Disclosure:

THE PRESENTERS FOR THIS PRESENTATION  
 HAVE DISCLOSED NO CONFLICT OF INTEREST  
 RELATED TO THIS TOPIC.

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**Objectives**

- Describe the role of APRNs
- Discuss national trends for expanding the APRN role and leadership capacity
- Understand the barriers that exist with APRN practice
- Learn how to make the leap towards developing and setting up an APRN council
- Explain how to establish goals for your APRN council

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 **Billings Clinic**

**Billings Clinic**



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 **Billings Clinic**

**Billings Clinic: Mission, Vision, Values**

- **Mission:**
  - Health Care, Education, Research
- **Vision:**
  - Billings Clinic will be a national leader in providing the best clinical quality, patient safety, service and value
- **Values:**
  - *Quality*
  - *Service*
  - *People*
  - *Teamwork*
  - *Integrity*

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 **Billings Clinic**

**Billings Clinic Stats**

- Billings Clinic is a not-for-profit organization structured as a medical foundation that serves Montana, northern Wyoming, & western Dakotas
- The Clinic operates a 285-licensed bed acute care hospital located in Billings, MT

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## Slide 6

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**MM2** Can we add a map of the service radius?  
Meunier, Miranda, 7/17/2016

 **Billings Clinic**

**Billings Clinic**

- Branch clinics:
  - Miles City & Bozeman, MT, Cody, WY;
  - Long-term care facility in Billings, MT;
  - 11 Critical Access Hospitals & clinics in Montana & Wyoming

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 **Billings Clinic**

**Billings Clinic**

**Affiliate, Branch and Outreach Locations**



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 **Billings Clinic**

**Billings Clinic**

- Integrated health care organization
- More than 400 physicians and advanced practitioners offering more than 50 specialties
- In 2013, Billings Clinic became a member of the Mayo Clinic Care Network
- New Internal Medicine Residency Program

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## Slide 9

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**MM3** Add IM residency program?  
Meunier, Miranda, 7/17/2016



### Quality & Patient Safety Recognition

- *US News and World Report* Best Regional Hospitals - #1 in Montana for Diabetes & Endocrinology, Gastroenterology & GI Surgery, Geriatrics, Gynecology, Nephrology, Neurology & Neurosurgery, & Pulmonology, 2014-2015
- 100 Great Hospitals in America by *Becker's Hospital Review*, 2013, 2014
- Health Grades – Distinguished Hospital Award for Clinical Excellence, Patient Safety Excellence Award and Outstanding Patient Experience Award, 2014

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### Quality & Patient Safety Recognition

- Magnet® Designation by the American Nurse Credentialing Center, 2006-2010, re-designated, 2011-2015, 2016-2020
- Named one of the nation's 100 Top Hospitals® by Truven Health Analytics, 2013, 2015
- Accredited as a Chest Pain Center with PCI by the Society of Cardiovascular Patient Care – the only facility accredited in this region
- Women's Choice Award – America's Best Hospitals for Patient Experience, 2011-2013
- Hospital Safety Superstar recognition by *AARP the Magazine*, 2013
- "A" Rating for Hospital Safety by the Leapfrog Group, 2011-2014

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### Our Patients Deserve Excellence

A collage of various accreditation and award logos. At the top right is the **MAKO CareNetwork** logo. Below it, the text reads **#1 in Nation for Patient Safety** - Consumer Reports (August 2012). The collage includes logos for **100 TOP HOSPITALS**, **MAGNET**, **Hospital Review**, **AARP**, **BEACON**, **WOMEN'S CHOICE**, **QCP**, **CONSUMER CHOICE**, **ASGE**, **Blue Cross**, **Leapfrog**, **Health Grades**, **Best Regional Hospitals**, **High Value Healthcare**, and **Quality Health Foundation**.

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 **Advanced Practice Registered Nurse (APRN)**

- 4 recognized entities:
  - Nurse Practitioner
  - Clinical Nurse Specialist
  - Certified Nurse Midwife
  - Certified Nurse Anesthetist

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MM4  **Advanced Practitioners**

- Nurses with advanced clinical education
- Provide acute, chronic, and preventative healthcare
- Licensed in all states to diagnose, treat, prescribe, and deliver primary and specialty healthcare to populations across the lifespan



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 **Nurse Practitioners: 50 years of practice**



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## Slide 14

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**MM4** Reformatted to fit image better  
Meunier, Miranda, 7/17/2016



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## Nurse Practitioners

Over 270,000 Advanced Practice Registered Nurses practicing in the United States

- CNP 106,348
- CNM 16,492
- CRNA 34,321
- CNS 99,242

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**Billings Clinic**

## NURSE PRACTITIONERS

APNs are the cornerstone of change for millions of Americans. APNs provide primary, preventive and specialty care and bring a comprehensive, patient-centered approach to the table.

With a track record of quality for health care and strong patient satisfaction, APNs are a growing need for health care providers, especially in primary care settings.

Nurse Practitioners join a clear solution to patient access, comprehensive healthcare.

80% of patients with chronic conditions are managed by primary care providers.

70% of patients with chronic conditions are managed by primary care providers.

3 out of 4 patients with chronic conditions are managed by primary care providers.

4 decades of primary care preparation

900 million people in 50 states

6+ years of training and clinical preparation

INCREASING IN NUMBER

244,000

PRESCRIPTION FOR THE FUTURE

APN BY THE NUMBERS

- 84% of APNs are female
- 82% of APNs are white
- 72% of APNs are aged 30-49
- 71% of APNs are married

March 2016 \*Source: Statista.com May 2015 AANP American Association of Nurse Practitioners

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**Billings Clinic**

## Billings Clinic APRNs

52 NP's in 20 departments

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### Background info

- Institute of Medicine published a report on using nurses to fullest potential
- 2008, the Robert Wood Johnson Foundation (RWJF) & the Institute of Medicine (IOM) launched an initiative to address the need to assess the nursing profession and advance health care




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### *The Future of Nursing: Leading Change, Advancing Health (IOM)*

- The committee argued that APRNs are not just physician extenders
- APRNs promote healthy lifestyles, disease prevention, education, diagnose, and prevent or limit disabilities, all while incorporating a comprehensive approach to care
- Inconsistent state regulations restrict APRNs across the nation

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### *The Future of Nursing: Leading Change, Advancing Health (IOM)*

- Evidence shows that nurses provide quality care to patients, help prevent medication errors, reduce infections, and ease patient transitions between care facilities and home
- Inconsistency across states regarding practice regulations and education requirements.

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### Addressing Barriers

- Call for Integrative patient centered care allowing for collaborative care between physicians and NPs
- Advance Practice Education
  - Core Competencies
- Educating other health professionals about the role of APRNs

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### Addressing Barriers

- Filling needs of primary care in Montana
  - MT currently ranks 41<sup>st</sup> out of the 50 states for primary care providers per capita
- Studies have shown APRNs provide high-quality, comprehensive care with similar and sometime improved outcomes when compared to physicians

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### APRN Council Development

- Challenges facing APRNs
  - Loneliness
  - Identity crisis
  - Lack of leadership role for APRNs in the organization
  - Variability in how APRNs are used throughout the organization, making standardization difficult
  - Job satisfaction




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### APRN Council Development

- Lack of a NP voice in the organization
- Promote the use of the top of our scope of practice



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### APRN Council Development

- State licensure vs. organization regulation



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### APRN Council Development

- How do we connect as a profession?
- How do we foster APRN leaders in clinical practice?
- How can we be role models in the organization?

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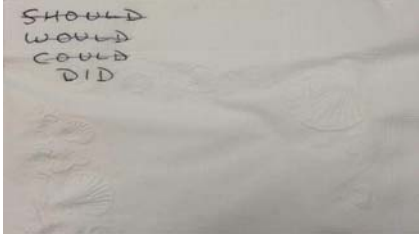
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 **APRN Council Development**



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 **APRN Council Development**

- First conversations about developing a council started with a dinner napkin discussion at the Magnet® Conference in Orlando in 2013 MMS
- Timing needed to be right in our organization
- A couple pre-meetings occurred before the first meeting to organize the initiation of the council
  - \* 1<sup>st</sup> meeting – February 2015

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 **Current Structure**

- Shared Governance
- Part of Coordinating Council
- Charter

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## Slide 32

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**MM5** Font size changed to 28  
Meunier, Miranda, 7/17/2016



### 1<sup>st</sup> Meeting Thoughts

- APRNs wanted to be engaged more and to elevate NPs
- Have more "control" in their own practice
- Educate physicians about APRNs
- Create APRN bylaws
- Culture – what we have and what we would like to see happen
- APRNs to collaborate with RN staff – education/model/evidence-based practice
- APRN collaboration, sharing of resources among each other
- Gain respect and independence by all staff, in particular – physicians
- Verbage: NPP vs FNP vs APRN vs Midlevel
- Seat on leadership committees

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### Billings Clinic Nursing Professional Practice Model

- The foundation of the Professional Practice Model (PPM) is a commitment to patient/family centered care
- It is provided through evidence-based nursing practice
- The Nursing Strategic Plan addresses the cornerstones that lead this work:
  - Transformational Leadership
  - Exemplary Professional Practice
  - Service Excellence
  - Patient/Family Centered Care
  - Professional Development/Empowerment

A **Coordinating Council** then provides an increase in communication between councils within the shared governance model

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### Shared Governance




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### Council Structure

- Co-chairs
- Discussing subcommittees and other formal roles
- Nursing Administration liaison

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### Council Structure

- To PA or not to PA
- Thoughts?
- What do you do at your organization?

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### Council Structure - Charter

- The main purpose for the APRN council is to:
  - Identify opportunities to improve and standardize practice
  - Support APRN professional growth
  - Enhance communication and collaboration between APRN practices and other provider groups
  - Additionally, APRN council will support decisions being made at the level closest to the work that is being discussed/evaluated.

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MM7

New slide

Meunier, Miranda, 7/17/2016



### APRN Charter

- Identifies purpose of the Council
- Describes objectives
- Defines reporting structure
- Discusses meeting and membership logistics
- Outlines member roles and responsibilities

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### Goals and Objectives for 2016

- **1. Improve patient satisfaction by increasing appropriate access to care**

- OBJECTIVE 1: Identify opportunities to standardize NP practice in primary care and specialty services.
- OBJECTIVE 2: Explore enhancement of NP representation at medical staff meetings to allow NPs to be involved in decision-making processes that affect NP practice.

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### Goals and Objectives for 2016

- **2. Improve NP time management**

- OBJECTIVE 1: Identify opportunities for time management improvement by working through appropriate management structures to increase NP efficiency and job satisfaction.

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## Slide 41

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**MM10** Changed order of slides  
Meunier, Miranda, 7/17/2016

 **Goals and Objectives for 2016**

- **3. Increase NP awareness throughout the organization**
  - OBJECTIVE 1: Complete presentation at physician grand rounds
  - OBJECTIVE 2: Strategize with management to begin changing the culture of the organization i.e. stop use of term "midlevel" and make website less physician oriented

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 **Goals and Objectives for 2016**

- **4. Standardize NP preceptorship**
  - OBJECTIVE 1: Work in conjunction with Dr. Mohl and Kristina McComas to coordinate efforts
  - OBJECTIVE 2: Investigate standards of NP clinical learning

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 **Facility wide Education**

- **GNP FNP ACNP PNP .....LMNOP!**

**Deciphering the Scope, Practice, & Roles of a Nurse Practitioner**  
 by: Lynn Gordy, APRN, ACNP-BC  
 & Angela Wong, APRN, FNP-BC

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## Surveys

Two surveys have been conducted

- 1. Learning Assessment Survey
- 2. Council Satisfaction Survey

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## Surveys – Learning assessment

22 respondents

Most respondents interested in improving skills in delivering direct patient care and specialty procedures

Most interested in serving as mentor and educating/advocating about APRN role

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**Billings Clinic**


## Surveys - Satisfaction

Most feel the APRN Council is very important to the organization

Most "very satisfied" with ability to network with other APRNs through the Council

Most "somewhat satisfied" with the Council meeting 2016 goals

Most "very satisfied" with ability to network with other APRNs through the Council



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Slide 47

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MM8

New slide

Meunier, Miranda, 7/17/2016



### Opportunities

- APRNs should have a place on leadership councils throughout the organization
- APRNs should be used to the fullest extent of their licensure to assist with access issues




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### Opportunities

- APRN Council should be used to its fullest potential to help drive APRN practice in the organization
  - Any practice change involving APRNs should be discussed first before the APRN Council, much like other nursing councils
  - APRN Council to develop a mentorship program for new graduates
  - APRN Council to develop a skills day for experienced APRNs

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### Future Growth of APRN Council

- Contract development for APRNs
- Improve recruitment/retention of APRNs
- Education all staff
- Modeling
- Mentoring
- Peer review
- Credentialing

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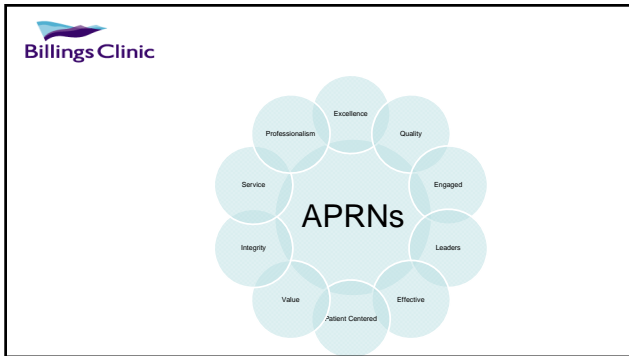
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## Slide 51

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**MM11** Slide restructured  
Meunier, Miranda, 7/17/2016



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**Billings Clinic**

**Closing**

- Any questions?
- Contact:
  - Miranda Meunier, GNP-BC  
mmeunier@billingsclinic.org
  - Erin Oley, DNP, FNP-BC  
eoley@beartoothbillingsclinic.org

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