

Infrastructure to Optimize APRN Practice

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Because advanced practice registered nurses (APRNs) play a significant and escalating role on healthcare provider teams in both ambulatory and acute care settings, the rapid growth in hiring has surfaced a host of challenges and some confusion about the key systems and

processes healthcare organizations need for their successful integration, optimization and engagement. A key challenge is that in order to support successful APRN integration, highly effective and reliable organizations must have the infrastructure, processes, and people in place.

The good news is that healthcare organizations are eager to incorporate advanced practitioners into their care teams; APRNs are poised to play an integral role in controlling costs, improving quality, promoting innovation, expanding care – and helping healthcare stay competitive.

"As a former chief nursing executive and now chief operating officer, I know that providing access to care for the growing patient population will depend on the successful integration of APRNs and PAs [physician assistants] into the delivery teams," said Barbara Weber, MSN, MBA, MHRM, RN, FACHE, Advocate Lutheran General Hospital chief operating officer (personal communication, May 2014).

But how does a healthcare organization know if it has the infrastructure in place, and if not, what steps do you need to take to create a path for the future success of APRNs as members of your provider team?

At the University of Chicago Medicine (UCM), almost 200 APRNs deliver care in every specialty department, from cardiology and gastroenterology to orthopedic surgery. The Medical Center operates an entire patient care unit run exclusively by a nurse practitioner team and referring consulting physicians. The 16-bed "integrated care unit" is an adult medical and surgical patient floor staffed 24/7 by APRNs who diagnose and treat short-term patients from all adult services.

This trailblazing, team-focused care initiative speaks volumes about the new era of utilizing APRNs to coordinate care and optimize patient outcomes.

Significant and successful, UCM hospital leadership will be the first to admit, this APRN integration was forged as the result of key organizational systems and policies that were put into place to allow APRNs to practice to the full extent of their education and training.

"We faced a critical shortage in the number of medical residents to cover services due to the mandated 40-hour work week" said Michele Rubin, APN, CNS, CGRN, clinical nurse specialist and UCM APN chair (personal communication, July 2014). "We felt the answer would be to utilize our APRNs to the best of their abilities."

That involved rallying top leadership—physicians, advanced practice nurses, and executives—to open up dialogue and educate all about how this could work. "I can't tell you how many people said: 'I don't understand what APRNs do.' This process was complicated and took a long time," said Rubin.

Today, UCM's APRN integration is deemed successful; plans are underway to expand into the intensive care unit in the future, Rubin added.

BUILDING THE INTERNAL ENVIRONMENT TO SUPPORT APRN INTEGRATION

As a fast-growing number of healthcare systems look to follow these pioneering APRN integration models, their leaders are asking the same collective questions and voicing similar concerns:

- Does our organization have the infrastructure to support APRNs?

- How can we bring leadership to the table and inspire collaborative relationships among physicians, nursing staff and other key stakeholders throughout the organization?

Enter the Center for Advancing Provider Practices (CAP2), developed as a strategic resource and partner to help healthcare leaders navigate these critical issues. CAP2 was launched by reaching out and asking healthcare systems what they were doing and how it was working, and where the gaps were. Using this research, CAP2 developed benchmarking reports and toolkits based upon the guidance gleaned from pioneering providers such as UCM.

CAP2 data and findings represent more than 21,000 advanced practice nurses and physician assistants at 200 organizations in 27 states from 50 different clinical specialties. CAP2 is positioned as the first comprehensive national database designed to help providers nationwide optimize the use of advanced practice registered nurses and PAs. CAP2 was launched in 2012 by the Metropolitan Chicago Healthcare Council and the University HealthSystem Consortium to meet this growing demand.

Cited as a leading practice by The Joint Commission and the advisory board, CAP2 features the management tools necessary to help hospitals and health systems benchmark against industry leaders, and build the infrastructure necessary to successfully integrate, optimize, and engage all members of the provider team to better serve patients.

"By defining the capabilities and privileges of APRNs and PAs, CAP2 helps physicians and advanced practice registered nurses work as a cohesive unit, resulting in reduced lengths of stay, improved patient safety, and an overall increase of value-driven care," says Weber (personal communication, May 2014).

SIX STRATEGIC FOCUS AREAS

CAP2's work with over 200 healthcare organizations across the country has demonstrated that highly effective organizations have focused on 6 strategic areas to ensure the successful integration, optimization and engagement of APRNs during this time of rapidly evolving models of care. They include:

1. Leadership
2. Human resources
3. Credentialing and privileging
4. Competency assessment
5. Billing and reimbursement
6. Measurement/impact

We'll discuss CAP2's insights in each of these important areas.

LEADERSHIP

The importance of leadership in supporting the introduction and integration of advanced practice nursing roles in organizations is paramount, with the chief nursing officer and chief medical officer playing a vital role as executive champions. A collaborative leadership team should include: the chief medical officer, chief nursing officer, physicians and nursing leaders, and leaders from quality, human resources and medical staff services.

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