ORIGINAL ARTICLE

Redesigning Care in the PACU With an Adult-Gerontology Acute Care Nurse Practitioner (A-GACNP)

Erin Joyce, MSN, A-GACNP-BC, Lisa Johnson, DrNP, ACNP-BC

The adult-gerontology acute care nurse practitioner (A-GACNP) engages in all levels of care within the acute care setting. The postanesthesia care unit (PACU), a specialized entity within the acute care environment, encounters patients at their most vulnerable through various stages of awakening. The evolving state in the health care system today creates opportunity for innovations in the hospital setting that have yet to see the advantages of the nurse practitioner. The A-GACNP possesses the education, training, and skill necessary to treat patients in the critical stages of recovery from anesthesia. This article provides the rationale for incorporating the A-GACNP into the PACU. A systematic review of the literature will examine the benefits of the nurse practitioner in the acute care setting, the A-GACNP competencies, and propose a transformation of care in the PACU where the A-GACNP has an exclusive role.

Keywords: adult-gerontology acute care nurse practitioner, perianesthesia nursing, perioperative nursing, postanesthesia care unit. © 2017 by American Society of PeriAnesthesia Nurses

THE POSTANESTHESIA CARE UNIT (PACU) serves patients through all levels of care from critically ill to being ready for discharge. The present day health care system requires transformational changes. Currently, the attending anesthesiologist, who serves multiple functions throughout the perioperative environment, oversees PACU care. Inconsistencies in the anesthesiologists' presence could lead to lapses in care for patients throughout the perioperative environment. Employment of an

adult-gerontology acute care nurse practitioner (A-GACNP) in the PACU could provide consistent accessibility exclusively for PACU patients, thus benefiting the entire perioperative setting. The trained A-GACNP could significantly impact postanesthesia care by reducing cost, increasing quality and efficiency, positively impacting patient safety, providing educational opportunities for the perioperative team, and improving communication within the health care team. ¹⁻³ Development of an A-GACNP role that manages and discharges patients in the PACU, as the research suggests, would create positive outcomes for improvement within the health care experience of postanesthesia patients.

Erin Joyce, MSN, A-GACNP-BC, Rapid Response Department, St. Luke's University Health Network, Allentown, PA; and Lisa Johnson, DrNP, ACNP-BC, School of Nursing and Health Sciences, La Salle University, Philadelphia, PA.

Conflict of interest: None to report.

Address correspondence to Lisa Johnson, School of Nursing and Health Sciences, La Salle University, 1900 West Olney Avenue, Philadelphia, PA 19141-1199; e-mail address: johnsonl@lasalle.edu.

© 2017 by American Society of PeriAnesthesia Nurses 1089-9472/\$36.00

http://dx.doi.org/10.1016/j.jopan.2017.03.002

Identifying the Need for an NP in the PACU

The bold changes in the health care system originated by the Affordable Care Act (ACA) in 2010 require that acute care hospitals deliver more affordable quality care. These comprehensive

2 JOYCE AND JOHNSON

health insurance reforms have already provided coverage for more than 10 million uninsured people and will continue to reach a growing population of need. Challenges related to the quality and costs of health care are evident and will persist unless markedly dynamic changes occur within the health care system.⁴

One major challenge, the value-based purchasing program established under the ACA, is a Centers of Medicare and Medicaid Services initiative that provides incentive payments to acute care hospitals dependent on the quality of care delivered. The value-based purchasing program provides incentive payments to hospitals nationwide based on quality of clinical practice, improved performance, and enhanced patient experience. Hospitals can no longer rely on quantity for reimbursement. The challenge is to demonstrate evidence of quality care in the context of reimbursement.

In addition to a growing population of newly insured people, the US aging population is growing. According to the 2012 National Projections, based on the 2010 census, the US population is projected to grow older over the next several decades. The population aged 65 and older is expected to almost double its estimated population of 43.1 million in 2012 to 83.7 million in 2050. Expected changes in race and ethnicity will also play a role, creating a diversely aged population and thus increasing the complexity of delivered care.⁶ The rate of chronic diseases is also increasing.⁷ Complex chronic health conditions, a growing population of adults aged 65 and older, and a growing population of newly insured patients in need of care will play a significant role in the future. One could surmise the patients who need surgery, and subsequently, PACU care will likely expand over time.

Health care delivery requires changes that will enable hospitals to keep up with the trends of health care reform and population needs. The evidence apparent to the health care industry should motivate a transformation for more affordable coordinated care that reaches these growing population demands.

The landmark 2010 Institute of Medicine Report, "The Future of Nursing: Leading Change, Advancing Health" suggested that the nursing profession make changes that enable nurses to

become partners in the transformation. Empowered by the evolving health care system, nurse practitioners (NPs) already in practice are in the unique position to transform health care.

Challenged to embrace the need for affordable, safe, and patient-centered care, the NP with a background in bedside nursing, already a vital member of the health care team, with advanced degree preparation could close the necessary gaps that lead to lapses in patient care. Ultimately, NPs partnering with other vital members of the health care team in the acute care setting will enable the necessary changes to occur.

The Positive Impact of the NP in the Acute Care Environment

Worldwide, the benefits of including NPs as members of the health care team are recognized. A British ethnographic study exploring the NP role characterized NPs as vital to an organization. NPs provided quality holistic care while facilitating nursing and medical practice, improving communication and acting as role models. Their indepth knowledge and expertise of health care were noted as highly essential. A case study that evaluated the impact of NP roles on patients, staff, and organizational outcomes in an acute care hospital found improvements in patient experiences, outcomes, and safety. Nursing staff were impacted by the sharing of knowledge, responsiveness, and approachability of the NPs. NPs were recognized to bridge the gap in team communications and improve organizational priorities with the development of policies.² A descriptive multiple case study in Canada found similar findings, acute care NPs were found to improve team effectiveness by improving decision making, communication, cohesion, care coordination, problem solving, and focus on patients and families.³

Defining the Role of the A-GACNP

The 1990s realized the necessity of the A-GACNP role. Since the origination of this role and the expansion of the NP workforce, the National Organization of Nurse Practitioner Faculties in collaboration with the American Association of Colleges of Nursing has published multiple documents outlining the standards for population-focused practice based on licensure, accreditation, certification, and

Download English Version:

https://daneshyari.com/en/article/8574520

Download Persian Version:

https://daneshyari.com/article/8574520

<u>Daneshyari.com</u>