

## Academic Practice Partnership: Collaborating to Improve Quality in Acute Health Care Services

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### Purpose

Describe

- History and implementation of a successful academic/practice partnership
- Outcomes of an academic/practice partnership
  1. improved access to quality health care services
  2. cost effective care to critically ill patients
  3. improved clinical outcomes through increased collaboration and advanced nursing practice leadership

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### Clinical Outcomes, Collaboration and APN Leadership

- DNP History - *AACN Position Statement – 2004*
- Core Content & Competencies
  - advanced clinical practice, including both patient and practice management
  - organizations and systems, and leadership skills
  - research methods, including accrual and use of evidence to improve practice
  - basic scientific underpinnings for practice, including emerging areas of science, such as genetics and psychoneuroimmunology
  - informatics, use of technology and information

AACN, 2004: <http://www.aacn.nche.edu/dnp/dnpstatement.htm>

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**Clinical Outcomes , Collaboration and APN Leadership**

- **NONPF Competencies – 2011**
  - Expected Outcome
  - **Improved health outcomes, policy, and healthcare delivery**
  - **independent and interprofessional practice**
  - **analytic skills for evaluating patient care**
  - **providing evidence-based, patient centered care**

(NONPF, 2011 accessed at : <http://www.nonpf.com/associations/10789/files/IntegratedNPCoreCompsFINALApril2011.pdf>)

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**Clinical Outcomes , Collaboration and APN Leadership**

- **Requirements for Achieving NONPF Competencies – 2011**
  - Knowledge base
    - scientific foundations in practice for quality care
  - Required Skills
    - technology and information literacy, and engagement

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**Background and Precepts of Academic Practice Partnership**

- Driving forces for collaborative partnerships between academia and practice:
  1. Financial/economic constraints
  2. Workforce constraints
  3. Mandates to improve delivery and access to safe, effective, and timely health care services
  4. Evidence-based practice

IOM, 2001; 2003a; 2010

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### Academic Practice Partnership Enhances Evidence-Based Practice and Quality

- Structures to support practice innovations at CBH
  - Shared governance
  - Organizational support
  - Culture supporting EBP and innovation
  - Resources supporting education and EBP ie. Workforce development; unit based and population educators; role expectation for nursing leaders

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### Development of a culture supporting EBP

- Identified an organizational definition of EBP in 2004  
Adopted the Sigma Theta Tau definition  
"Evidence-based practice integrates the best evidence available, clinical expertise, and the values and preferences of the individuals, families, and communities we serve."  
Sigma Theta Tau Definition of EBP  
[http://www.nursingsociety.org/aboutus/PositionPapers/Pages/EBN\\_positionpaper.aspx](http://www.nursingsociety.org/aboutus/PositionPapers/Pages/EBN_positionpaper.aspx) [Accessed August 27, 2010].
- Adopted Iowa Model for EBP in 2005 with permission
- Adopted the Forsythe Nurse Scale© in **2010** to guide leveling of evidence

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### A culture supporting EBP

- Contracting between UK College of Nursing and CBH in 2007 for 0.5 Nurse Researcher/EBP Consultant
- Development of APRN service business case to support night shift (7p-7a) coverage in critical care
  - Clinical support for staff to assess changes in condition
  - Ensure compliance with clinical guidelines/core measures
  - Supplement development of physician intensivist model
  - Goal of CBH to support the best care possible for the patient

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### Proposed Outcomes of the Partnership

- Improved patient and organizational outcomes
- Increased scholarship and evidence-based practice

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### Advanced Practice Nurses Managing Patient Care in Critical Care Settings



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### What is an Intensivist?

- Specialist in the management of critically ill patients
- Masters or Doctoral level education
- National certification in advanced nursing practice
- Works collaboratively with intensivist physicians
- History and physical exam
- Ordering and interpretation of diagnostic studies
- Perform invasive procedures
- Diagnosis and treatment planning

Rust & Magdic, 2000; Kleinpell, 2005; Bruce & Steinke, 2006

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### The Nurse Practitioner as Intensivist: Role Implementation

- Role implementation
- 1. In 2008, CNO initiated APRN intensivist role
- 2. Meetings were held prior to inception of project to identify mechanisms for patient hand-off, MD communication expectations, and development of competency based orientation including education about outcome measures and existing protocols

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### APRN Intensivist as Member of the Intensive Care Team

- Improve patient outcomes by:
- Enhancing interdisciplinary collaboration
  - Facilitating change necessary for evidence-based practice
  - Providing leadership at the bedside and point of care
  - Increasing emphasis on prevention and comprehensive patient care management
  - Increasing “face” time with patients and their significant others for improved communication, education , and outcomes

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### Outcome Indicators of Role

- Physician and Nursing satisfaction
- ICU length of stay
- Ventilator days
- Device Associated Infection rate (VAP, CVC, CAUTI)
- Compliance with venothromboembolism (VTE), and pneumonia/influenza vaccine protocols
- Compliance with ventilator and CVC insertion bundles
- Time to extubation in post op CABG patients
- Restraint utilization

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ICU Ventilator Days and LOS

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Use of Restraints has Decreased

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Device Days per Year

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## Device Associated Infections

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## Annual VAP Infection Rates

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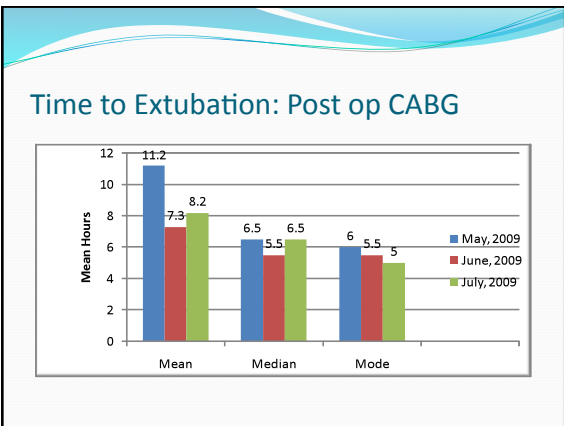
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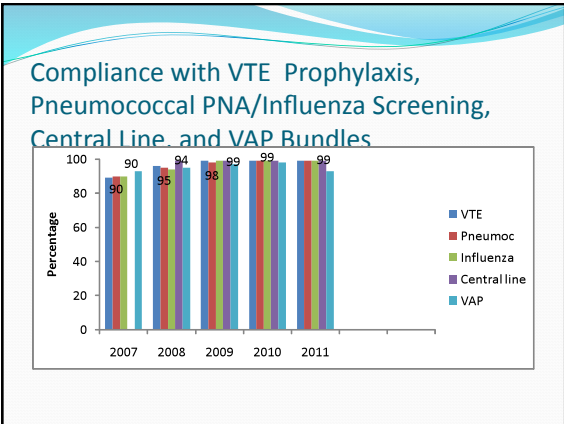
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### Physician Satisfaction

- Survey is currently ongoing
- Anecdotal data is very positive

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### Physician Satisfaction

“We have found their services to be invaluable”

“Unstable patients are being identified and triaged more appropriately and in a more timely fashion”

“Nursing frustration with physician lack of responsiveness appears to be less common”

“Overall the physicians of Pulmonary Associates, PSC have found the Central Baptist Hospital Critical Care ARNP “Nocturnalist” Intensivist program to be effective at improving the care of critically ill patients in the ICU’s and on the floors”

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## Nursing Satisfaction

- Surveyed nursing staff




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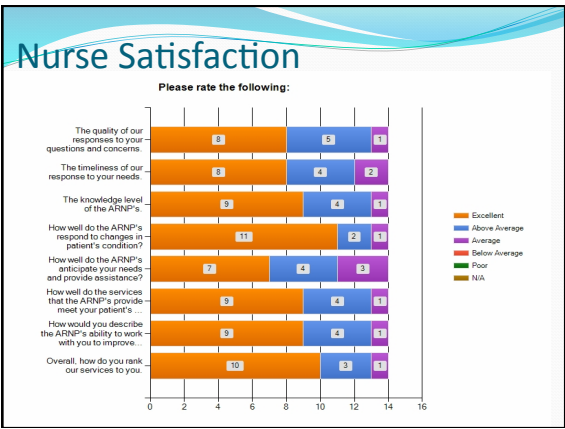
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## Nurse Satisfaction

- **What should we improve on?**  
 “Being willing to take the time to teach new RN's so that they feel more comfortable asking questions and addressing concerns”
- **What do we do well?**  
 “Help exceptionally well during crisis situations”  
 “Always available to answer questions about patients and their conditions”  
 “Knowledgeable and helpful. They round on each patient to try to achieve a better outcome”

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### Nurse Satisfaction

- **How can the ARNP's help meet the most important challenges facing your organization this year?**  
Facilitate collaboration with physicians  
Place central lines for physicians
- **How can we help you do your job better?**  
Continue to be approachable and available  
Help us to learn and anticipate problems  
Mentor and coach as you care for our patients

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### Implications of the Partnership

Academic practice partnership benefits the patients foremost; the hospital; and the academic institution

- **Patients** – improved outcomes and enhanced culture which supports EBP and scientific inquiry
- **Hospital** – provides resources to support EBP, quality improvement, and nursing practice
- **Academic institution** – facilitates expert clinician educator practice; provides clinical education opportunities for students

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### Implications for Practice

- Evaluation data suggests:
  1. APRN Intensivist service is associated with measurable improvement in quality patient outcomes
  2. Physician and nursing satisfaction
  3. Implementation of the Nurse Researcher/EBP Consultant contributes to EBP, clinical scholarship and quality

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### Implications for Practice

- “The transition to a high performing “learning” organization supporting EBP and research has been developmental”.
- Since addition of the nurse researcher through the academic/practice partnership :
  1. Seven peer reviewed publications
  2. Five national presentations
  3. Three funded grants led by staff nurses
  4. Magnet status re-designation

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