

Creating Value for the Nurse Practitioner Role in the Academic Medical Center

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2nd National DNP Conference, 9/30-10/2/09, Miami, FL

Session Objectives

- * Demonstrate the application of advanced practice skills an Administrative DNP student used to analyze organizational structure, problems and systems issues relative to the NP role in the Academic Medical Center.
- * Outline the Business Analysis process
 - * Organizational approach to the "Review of Systems and Differential Diagnoses"
- * Identify how this process contributed to an understanding of organizational structure and culture, thereby establishing a foundation for Capstone Development

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Business Planning Practicum

- * Program/Service Description
- * Mission, Vision and Values
- * Internal and External Environment - SWOT
- * Regulatory and Government
- * Project Rationale
- * Market Assessment
- * Evaluation of Alternatives
- * Proposed Strategies
- * Financial Proforma

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Goal Statement

- * Defining the Value of the Nurse Practitioner in an Academic Medical Center (AMC)

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Context: Influencing Issues

- * ACGME 80-Hour Work Week
 - * Resident Role Changes
- * Nurse Labor Relations
 - * Contract Negotiations and Informational Picket – November 2006
- * Mitchell, C. C., Ashley, S. W., Zinner, M. J., & Moore, F. D. (2007). Predicting Future Staffing Needs at Teaching Hospitals. *Archives of Surgery*, 142, 329-334.
- * MD preference for non-contract personnel

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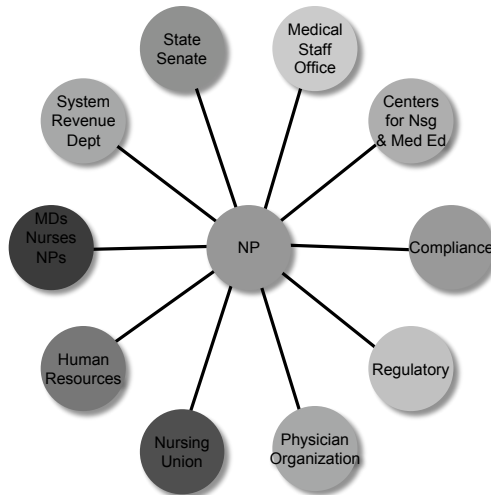
Business Analysis Scope

- * What does the NP bring to practice that other providers may not?
- * What does the organization expect of the NP?
- * How are NP contributions measured?
- * How does the NP create value for the role, and how is this organizationally quantified?



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Business Sources



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MD Deficit vs. NP Solution

- * Trends in MD Availability
 - * National Trends
 - * Decreased Interest in the Generalist
Predicted shortage by 2020: 200,000
Hospitalist Movement
 - * ACGME Decreased Resident Availability
 - * State Trends
 - * Mass - Universal Healthcare Coverage
600,000 Residents Without Healthcare
350,000 Migrated In Needing Care
NP Driven Retail Solutions
- * Friedlaender, G. (2006). The 80-hour duty week: Rationale, early attitudes, and future questions. *Clinical orthopaedics and related research*, 449, 138-142.
- * New York Times. (2008). In Massachusetts, universal coverage strains care. Retrieved April 9, 2008, from New York Times Web site:
<http://www.nytimes.com/2008/04/05/us/05doctors.html?pagewanted=2&sq=universal%20health%20coverage%20massachusetts&st=nyt&scp=4>

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Weaknesses

- * NPs Perceived Lack of Value of the NP Role
- * Nurses Without Formal Connection to Dept. Of Nursing
 - * Joint Commission, BORN – Mandate Nursing Leadership
 - * No Centralized Reporting or Nurse Leader to Address NP Workforce Concerns
 - * Professional Services Agreement
- * Inter-departmental Communication Challenges
 - * HR, Credentialing and AMC Affiliates
- * Job Descriptions
 - * Multiple Versions
 - * National Standards
 - * Scope Developed After NP Employed
- * No Clear Outcome Measurements
 - * Standards of Productivity not Consistent
 - * Press Ganey
- * Reduced Organizational Visibility for NPs

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NP Demographic Inventory

Years of Nursing Experience	27.5 years
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Years at AMC	19 years
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NP Experience	11 years
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% Multi-certified (eg: adult & acute)	38%
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N= 45 of 99

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AMC Human Resources

- * 83 MS NP – Contract/Step

- * Step 1 – 9 = 20 NPs
- * Step 10 – 15 = 38 NPs
- * Step 16 = 3 NPs
- * Step 17 = 22 NPs

- * 5 BS NP

- * Majority hired in the 70s and 80s

- * AMC Survey Nurse Practitioner

- * New
- * Established Employee

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Ambulatory NP Fiscal Data

- * 61 Nurse Practitioners
- * Salary: ~\$8.4 million
- * Benefits: \$2.9 million (35%)
- * Total: \$11.3 million

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Threats

- * Increasing Labor Costs in the Setting of Decreased Reimbursement
- * Loss of Qualified NP Staff
 - * Uncertainty re: Job Security
 - * Aging Workforce
- * MD Preference for Non-Contracted Personnel
- * PA Role Preference
 - * Procedurally Trained and Linked to MD License
- * Hospitalists

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NP Opportunities

- * Healthcare Transparency Legislation
 - * Passed the State Senate
- * ACGME Work Restrictions
 - * Multi-Disciplinary Teams - In-Patient Setting
- * Ambulatory Revenue Increases in FY 07
 - * Baby Boomer Population
 - * Chronic Disease Management
- * AMC Mission for Teaching
 - * Establish a Feeder System of NPs
 - * Opportunity to Shape Education to Meet the AMC needs by Partnering with Institutions of Higher Learning

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General Medicine Opportunity Multi-Disciplinary Team

- * Evaluated the Effects of Collaboration on Hospital Costs
- * Comparative, Quasi-Experimental
 - * N 1207
- * Minimal Staff Cross Over
 - * Control Group – Usual Care
 - * Experimental – Hospitalist, NP, Daily Rounds
- * LOS – Reduced While Quality Maintained

- * Cowan, M. J., Shapiro, M., Hays, R. D., Affi, A., Vazirani, S., Rodgers, C., et al. (2006). The effect of a multidisciplinary hospitalist/physician and advanced practice nurse collaboration on hospital costs. *Journal of Nursing Administration*, 36(2), 79 - 85.

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Financial Impact of Reduced LOS

- * Back-fill a Bed
 - * \$1707 US
- * Loss of Prospective Payment
 - * \$116 US
- * Net Back-fill Gain
 - * \$1591 US
- * Assumptions
 - * Capacity
 - * Net Revenues
 - * Revenue Generation > Days 1 – 4

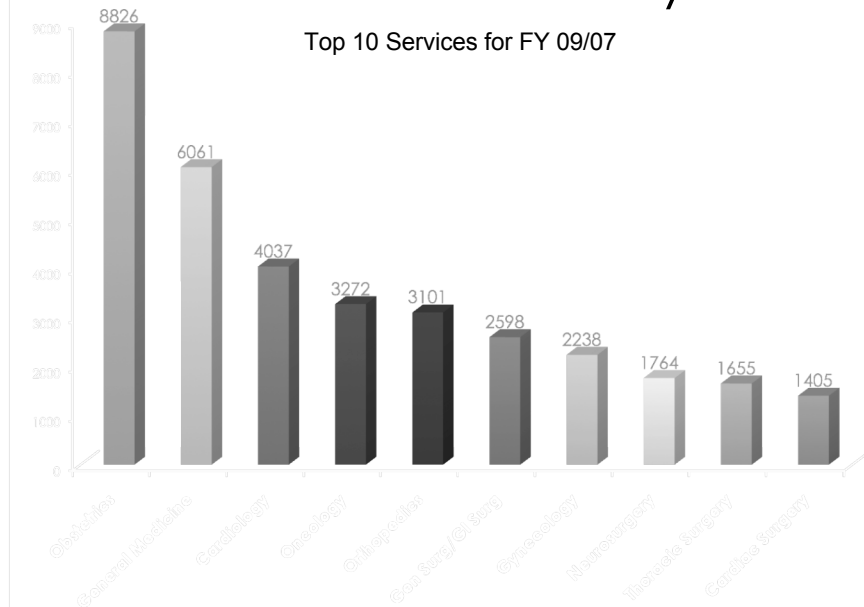


* Cowan, M. J., Shapiro, M., Hays, R. D., Afifi, A., Vazirani, S., Rodgers, C., et al. (2006). The effect of a multidisciplinary inpatient unit on patient length of stay and costs. *Journal of Nursing Administration*, 36(2), 79 - 85

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In-Patient Admissions by Service

Top 10 Services for FY 09/07

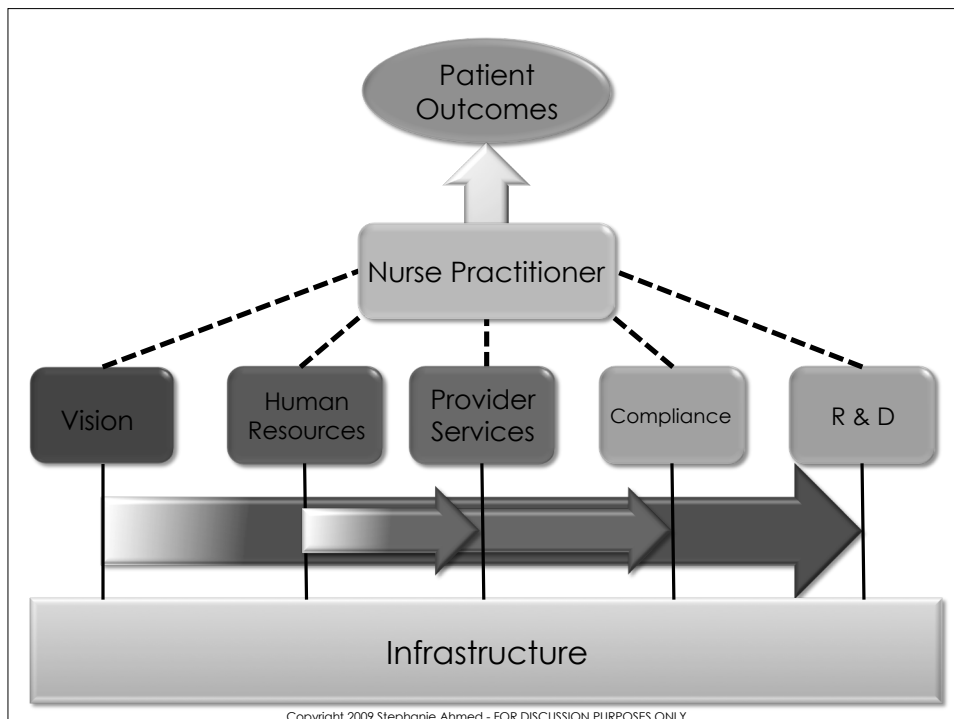


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Proposed Strategy

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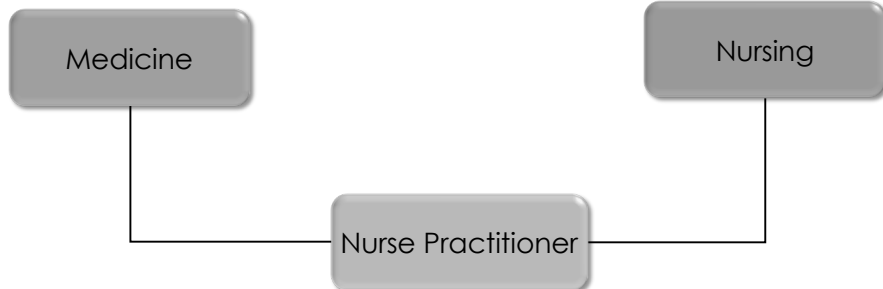


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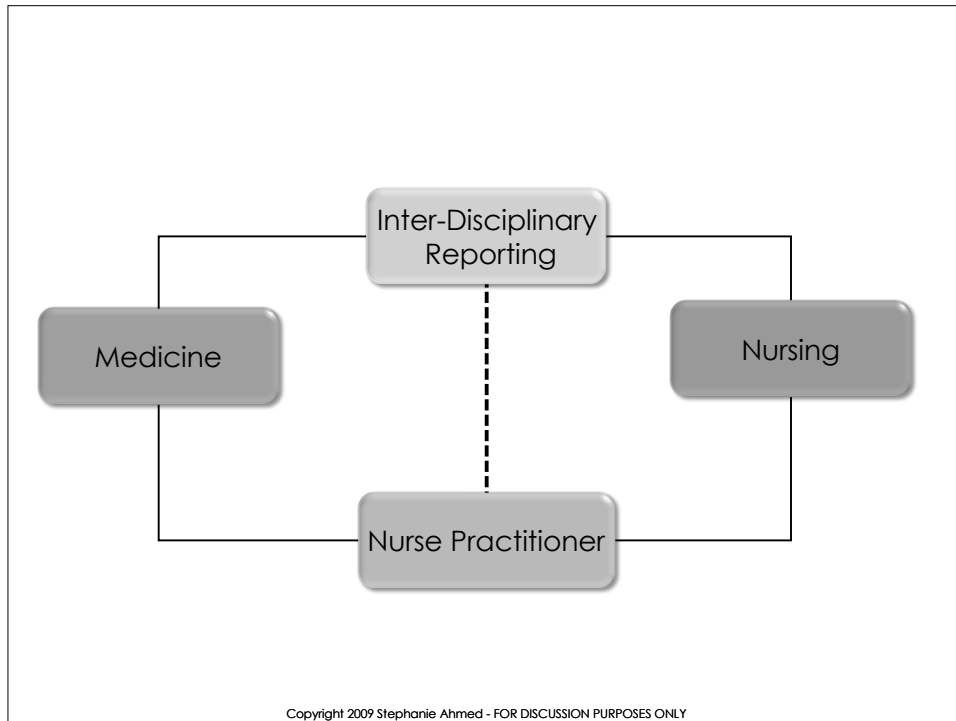
Proposed Model

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CAPSTONE

Defining the Organizational Structure to Support Nurse Practitioner Practice in an Academic Medical Center

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Purpose

Dear Colleague:
As the Chief Nursing Officer of your organization, you have been selected to complete a survey relative to the organizational structure supporting Nurse Practitioner practice in the Academic Medical Center. Your insight as a nurse leader will provide valuable data as we seek to identify best practice trends across the nation as a means of optimizing Nurse Practitioner outcomes.

Data will be used aggregately and anonymity will be maintained unless you elect to share your contact information to receive a copy of the study results. Please be assured that confidentiality will be maintained and contact information will be separated from your submitted survey responses.

Your completion of this survey indicates consent for participation. Completion should require no more than 20 minutes of your time.

Thank you for your time and efforts.

Sincerely,
Stephanie Ahmed, MSN, FNP-BC
DNP Student, MGH Institute of Health Professions

*** 1. The item below that best describes my organization is:**

My organization is a member of the American Council of Teaching Hospitals.

My organization is not a member of the American Council of Teaching Hospitals.

Don't Know

*** 2. My organization has achieved Magnet Hospital Recognition through the American Nurses Credentialing Center.**

Yes


No

*** 3. Nurse Practitioners who practice in my state:**

Are required to have a Supervising MD.

Are not required to have a Supervising MD.

I am uncertain about state requirements.



Practitioner as a Primary Care Provider.

be selected as Primary Care providers.

Offered in my

No

IP role in my

question who are in the

in is (please specify):

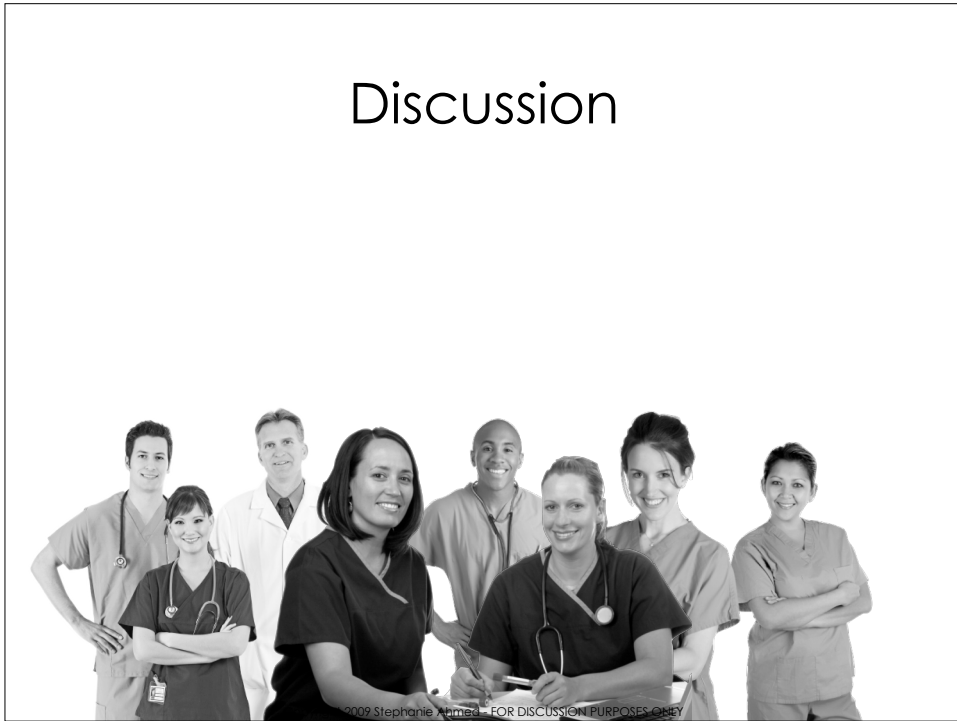
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Discussion



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