

# BUILDING A 24/7 ICU INTENSIVIST NURSE PRACTITIONER PROGRAM

## "THE VANDERBILT EXPERIENCE"

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VANDERBILT  
UNIVERSITY  
MEDICAL  
CENTER

### KEY DRIVERS

- ACGME Limits
- Increase in ICU Beds
- Leverage MDs to OR/Clinic
- Reduce LOS
- Improve Continuity
- Quality Imperatives



### DEVELOPMENT

Staffing models based on: NP:Patient Ratio 1:8,  
Total ICU beds, House staff coverage, Patient complexity

#### PLANNING & DUAL OVERSIGHT

##### School of Medicine Department

- ICU Medical Director as supervising MD
- Physician champions
- Faculty appointments
- Clinical oversight
- Faculty meetings, M&Ms, Grand Rounds
- Faculty expectations in:
  - Education
  - Research
  - Patient Care

##### Nursing Administration

- Staffing models
- Funding/financial support
- Tracking billing and non billing productivity
- Professional practice evaluation program
- Recruitment and orientation
- Credentialing and privileging
- Leadership advancement
- Committee involvement
- Continuing education
- National, state and institutional regulation
- Tools for efficiency



##### Center for Advanced Practice Nursing and Allied Health

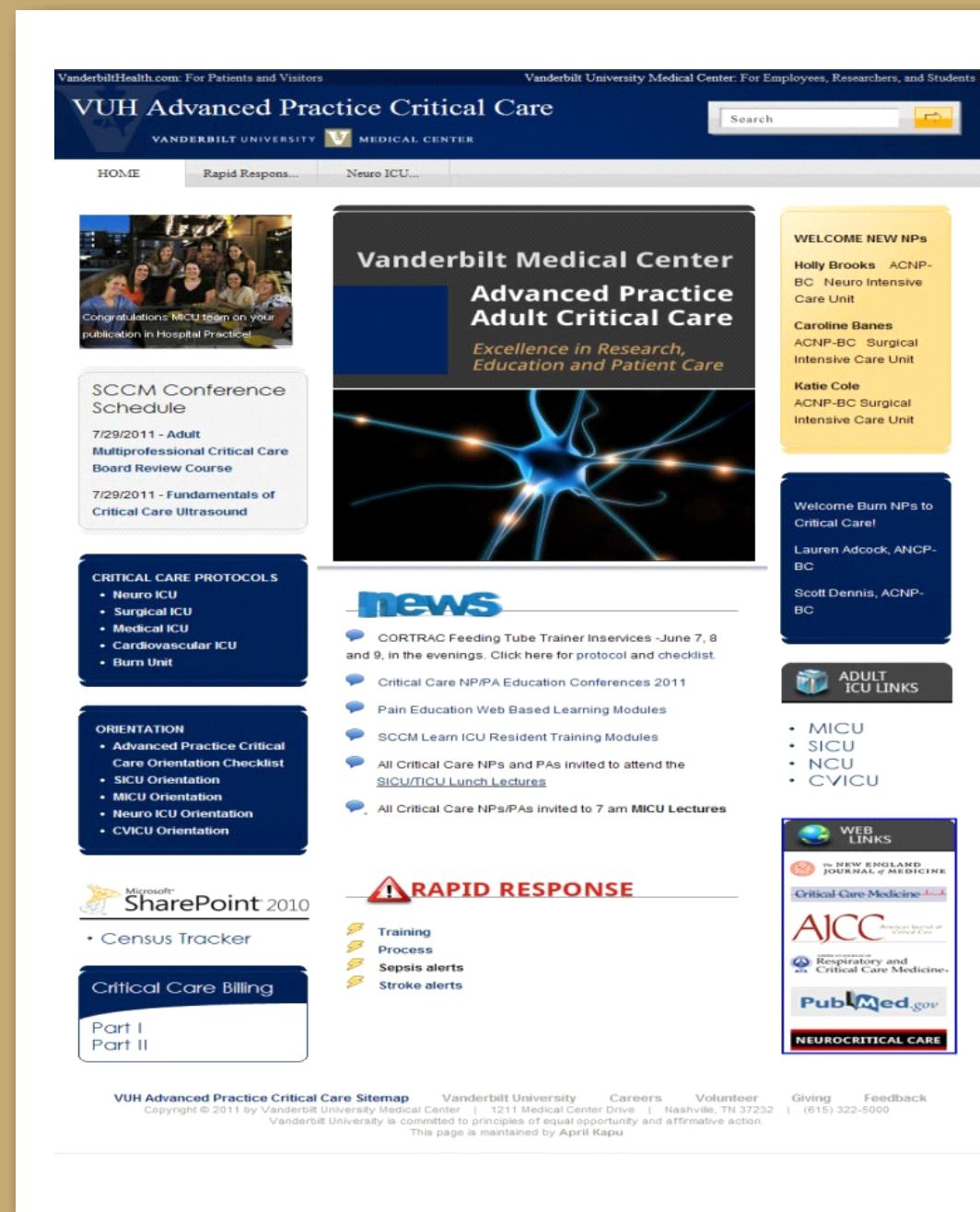
- Strategic planning
- Advanced practice resources
- Institutional coordination

#### COMPREHENSIVE ONBOARDING

- Hospital, advanced practice, broad critical care and unit specific orientation checklist
- Didactic classroom, self-paced and simulation training modules
- Mid and end orientation evaluation



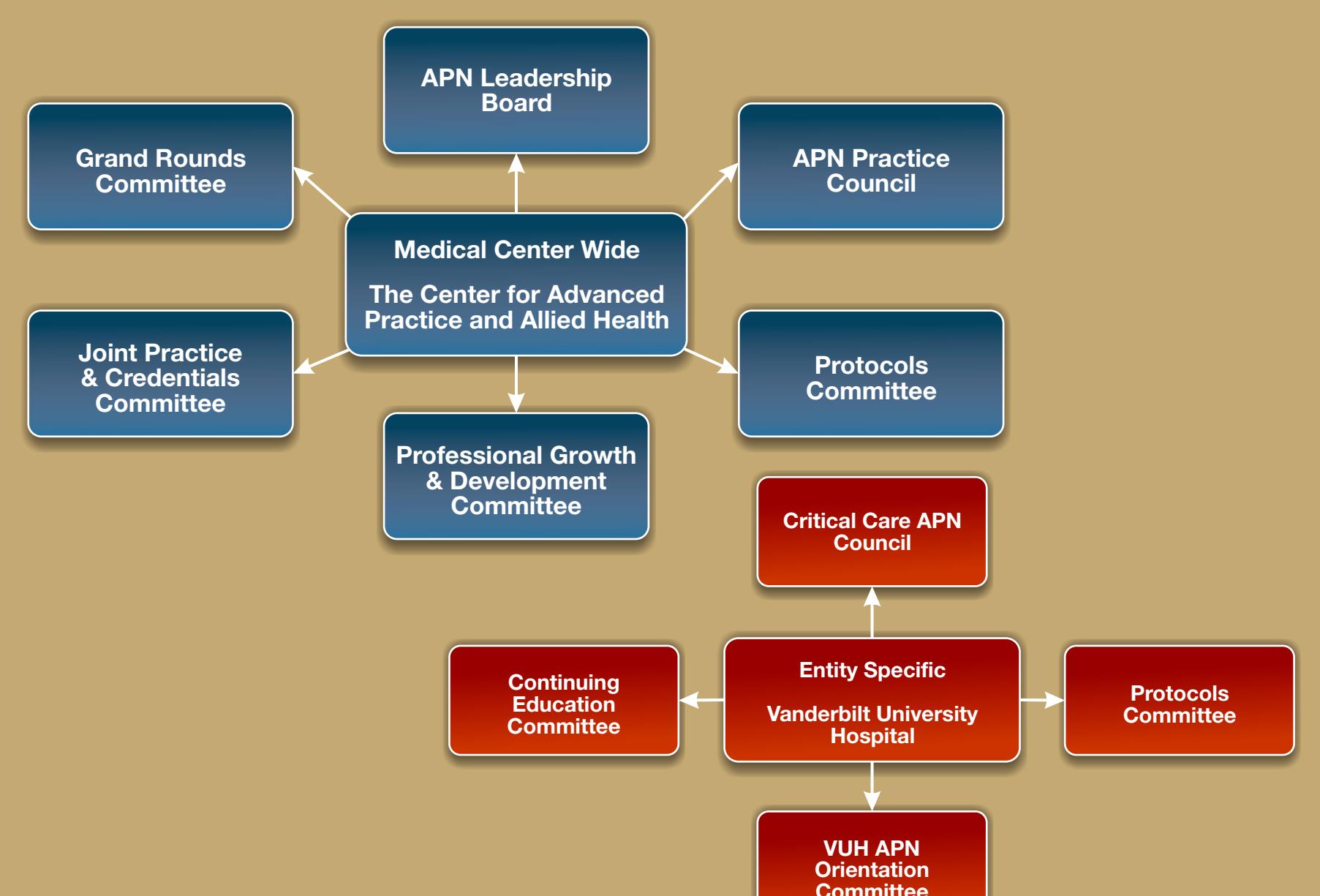
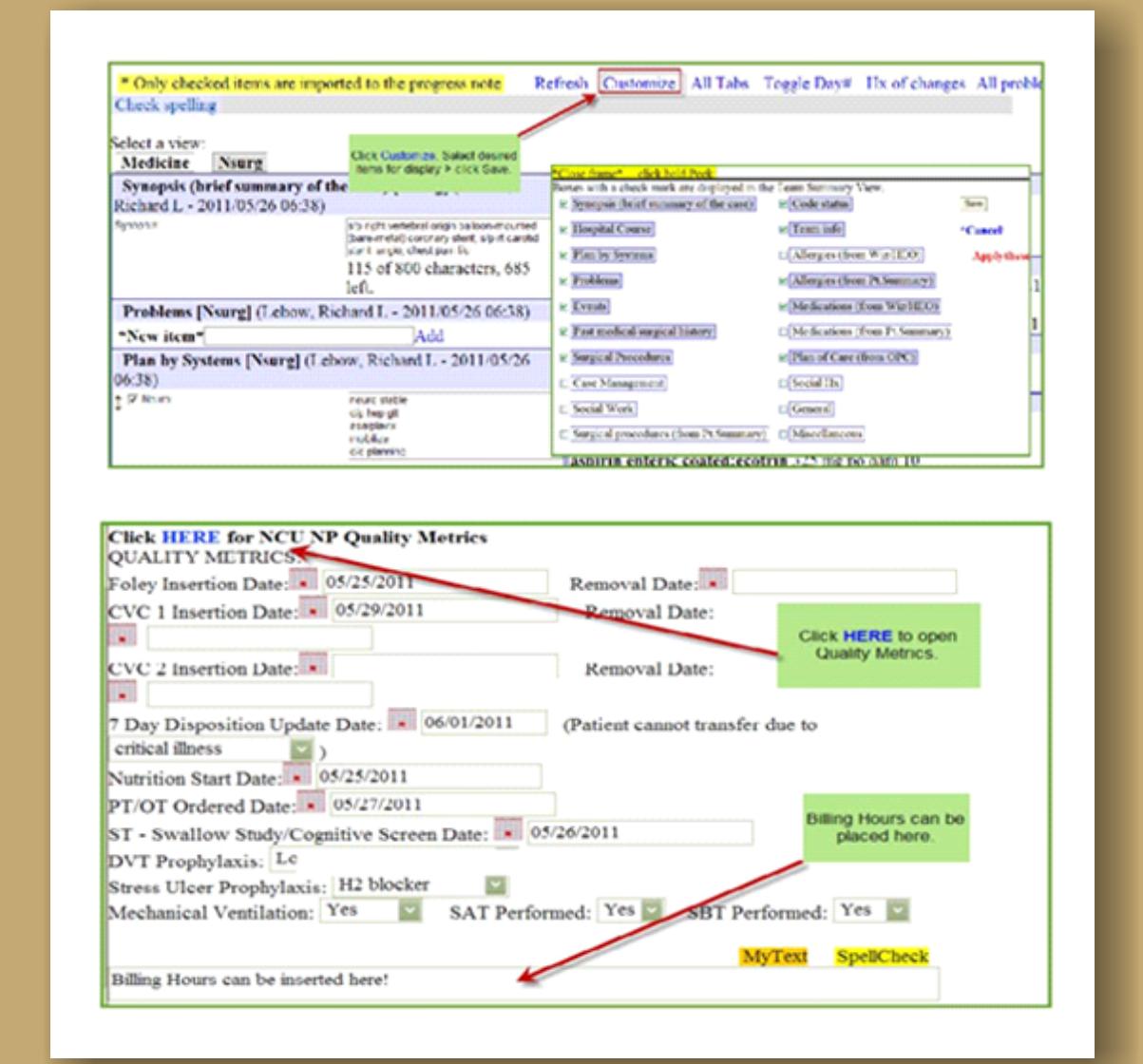
### IMPLEMENTATION



#### ALL INCLUSIVE WEBSITE

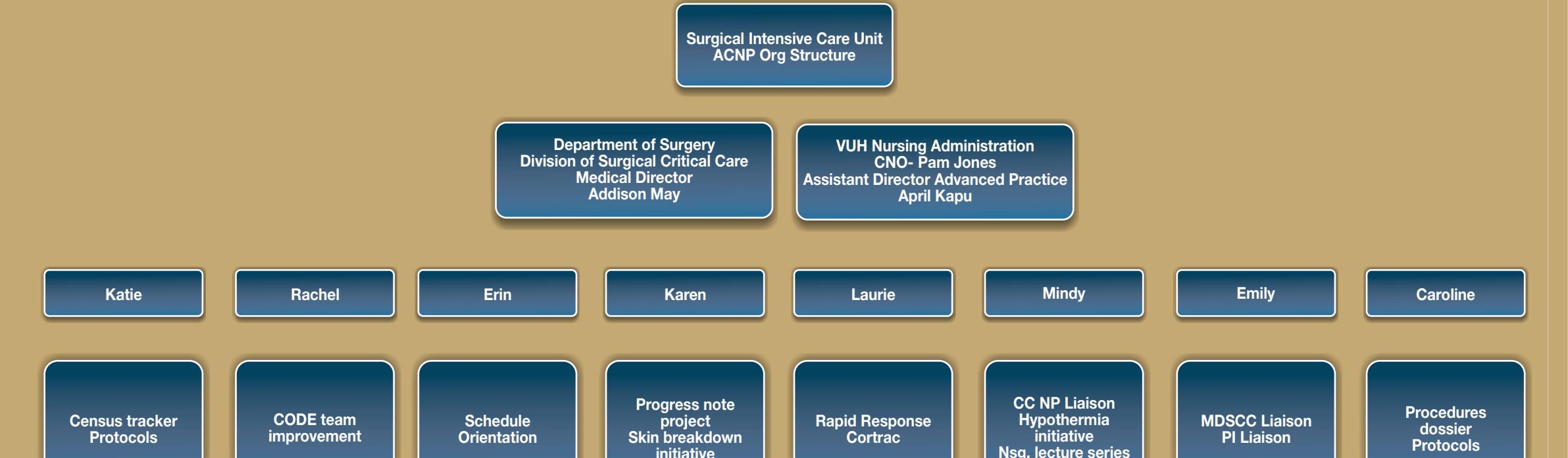
- Educational offerings
- Training classes
- Service updates
- Orientation checklists
- Protocols
- Upcoming conferences
- Links to journals
- Productivity tracking

#### TRACKING NP ASSOCIATED QUALITY DATA, UTILIZING ELECTRONIC PROGRESS NOTE



#### ADULT CRITICAL CARE NPS FORMED SUBSET OF MEDICAL CENTER WIDE ADVANCED PRACTICE SHARED GOVERNANCE MODEL.

#### EACH ICU TEAM SHARES IN NON-CLINICAL RESPONSIBILITIES



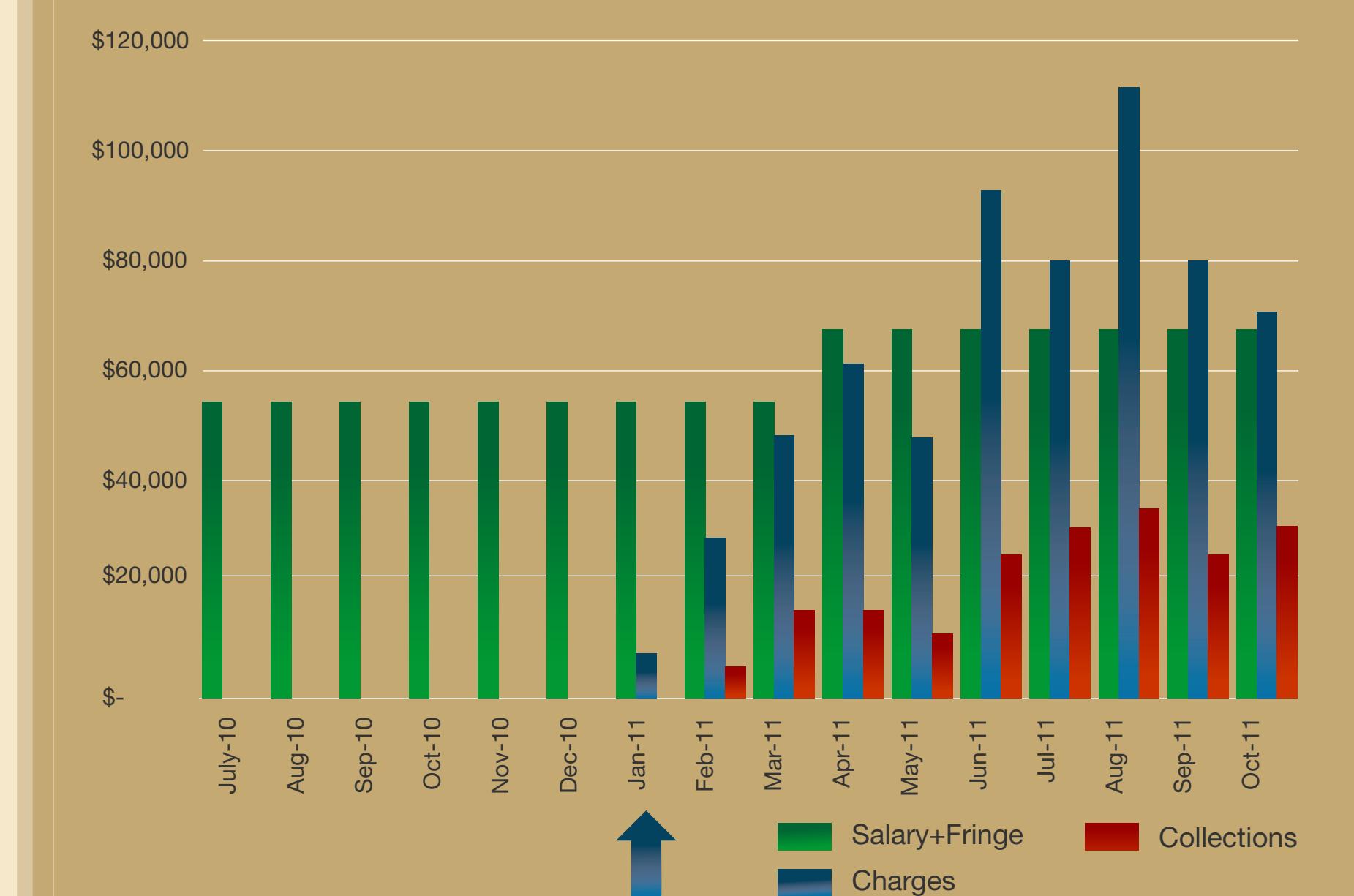
2011	Total All census	Admissions/Consults	Stroke alerts	RRTs	ICU Acute events	Total Non census	Transfers	Discharges	Deaths
1	10	1	0	0	19	1	1	0	0
2	12	2	0	0	1	2	0	0	0
3	20	6	0	1	17	1	0	0	0
4	15	0	0	0	15	6	0	0	0
5	9	2	1	0	0	12	1	0	0
6	10	1	1	0	13	2	1	0	0
7	13	3	0	0	16	3	0	0	0
8	13	2	0	1	1	17	3	0	0
9	10	0	0	0	16	3	4	0	0
10	12	2	0	0	0	14	2	0	2
11	12	2	0	0	0	11	3	0	0
12	11	2	1	1	1	11	2	0	0
13	12	2	1	0	1	14	2	0	1

#### NON BILLING PRODUCTIVITY CENSUS TRACKING EXAMPLE OF ICU WORK TRACKER

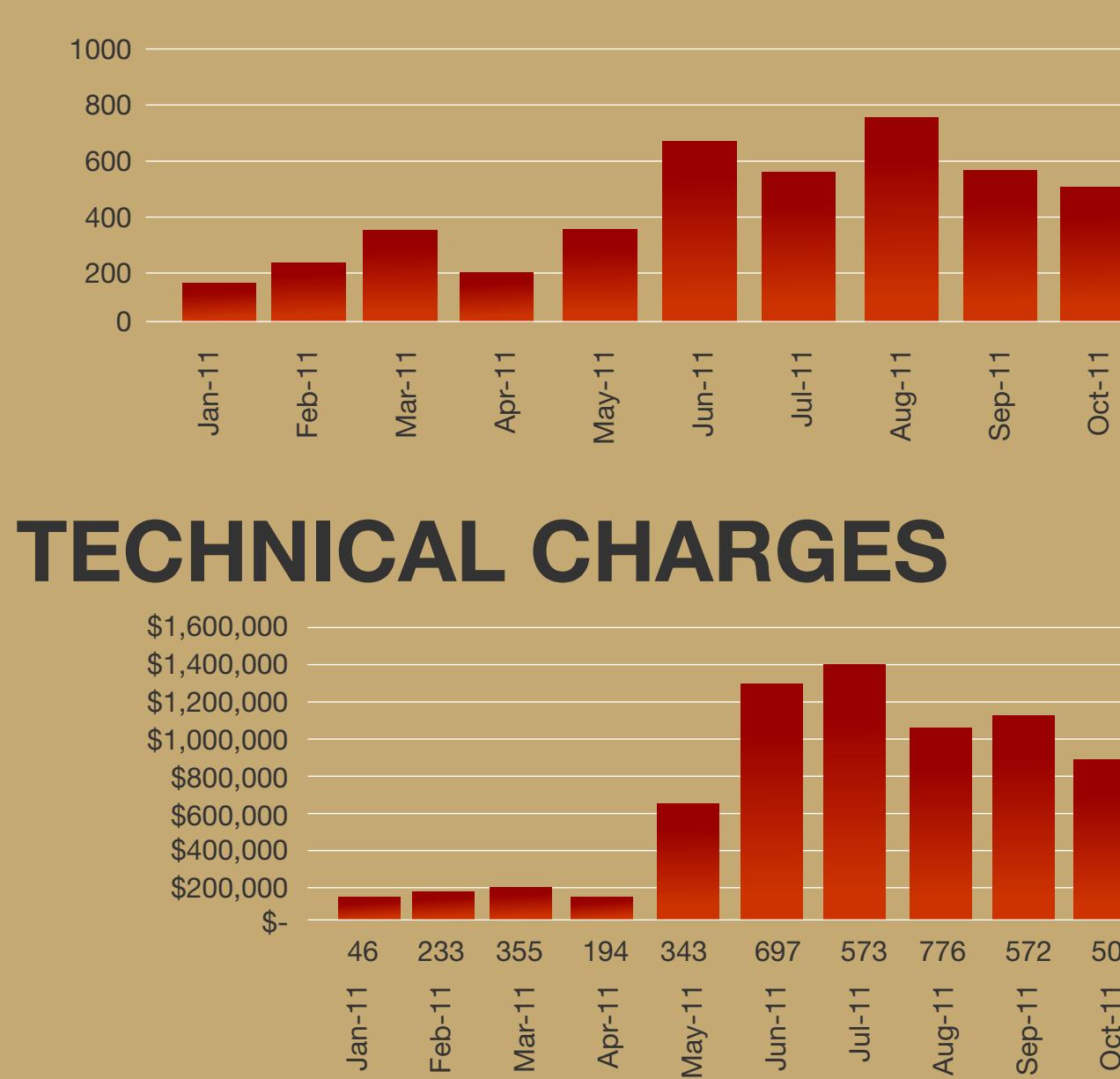
Month	Census tracker Protocols	Rachel	Erin	Karen	Laurie	Mindy	Emily	Caroline
1	10	1	0	0	1	0	0	0
2	12	2	0	0	1	0	0	0
3	20	6	0	1	17	1	0	0
4	15	0	0	0	15	6	0	0
5	9	2	1	0	0	12	1	0
6	10	1	1	0	13	2	1	0
7	13	3	0	0	16	3	0	0
8	13	2	0	1	1	17	3	0
9	10	0	0	0	16	3	4	0
10	12	2	0	0	0	14	2	0
11	12	2	0	0	0	11	3	0
12	11	2	1	1	1	11	2	0
13	12	2	1	0	1	14	2	0

### EVALUATION

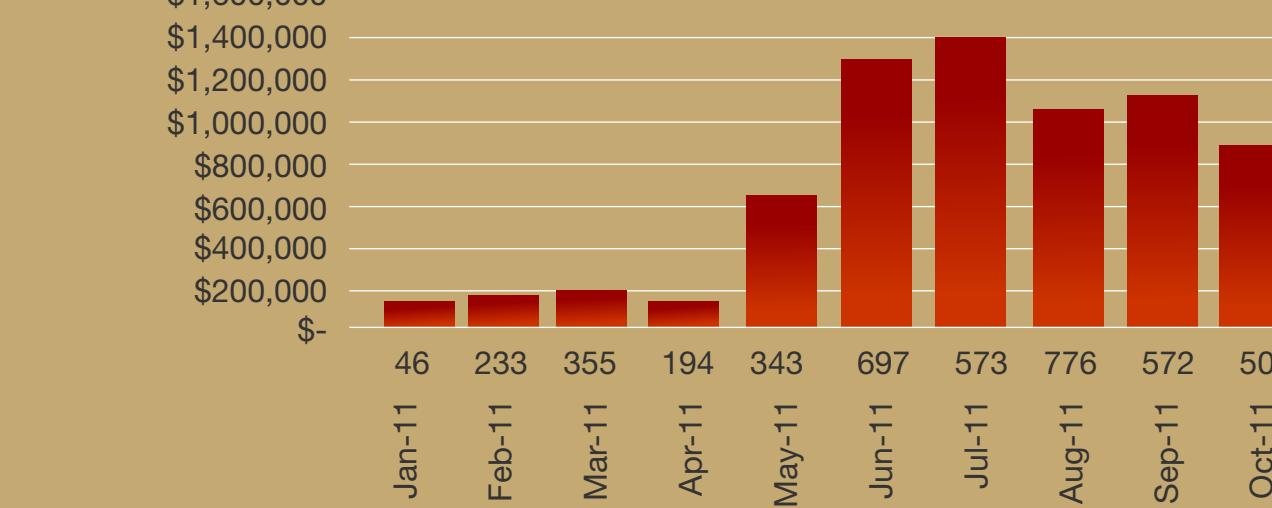
#### BILLING PRODUCTIVITY



#### RVUs



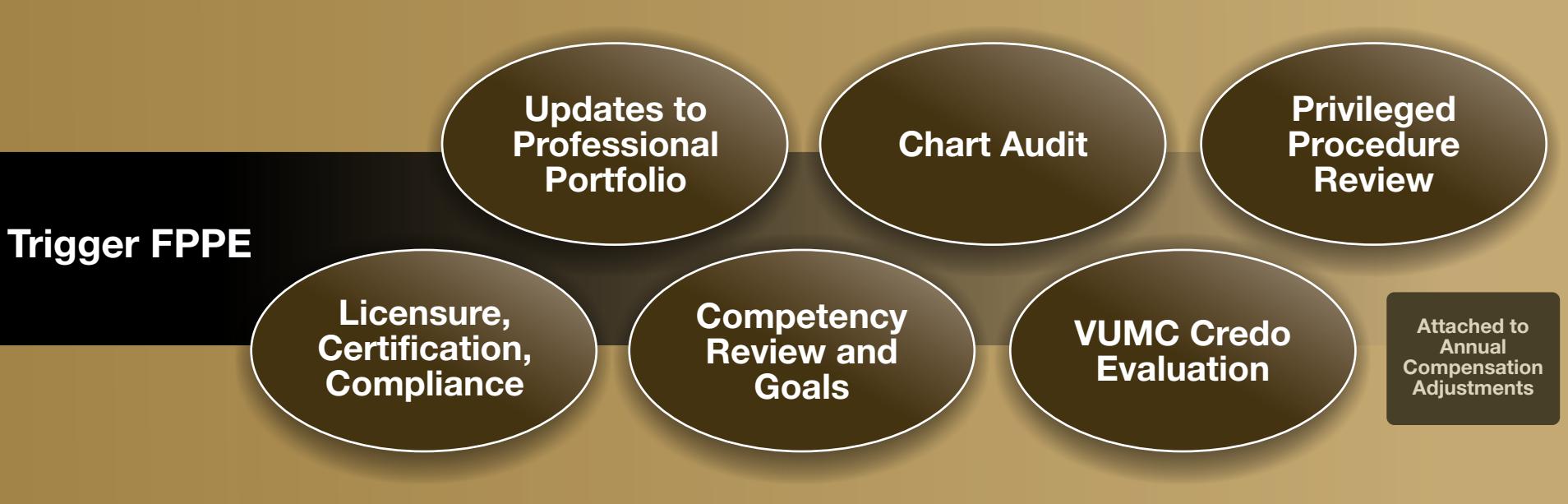
#### TECHNICAL CHARGES



#### ADVANCED PRACTICE PROVIDER PROFESSIONAL PRACTICE EVALUATION

##### Focused Professional Practice Evaluation

###### Ongoing Professional Practice Evaluation - OPPE February - April



###### Ongoing Professional Practice Evaluation - Mid year OPPE August - October



**FPPE must be time-limited, have proctor assigned and outline plan for improvement**

### CONCLUSIONS

Key Drivers were addressed. NPs provided quality and coverage desired through:

- Strategic planning and oversight through both School of Medicine and Advanced Practice Nursing Administration
- Streamlined recruitment and hiring process
- Support through credentialing and privileging process
- Comprehensive onboarding program
- Building useful and efficient tools
- Tracking billing and non-billing productivity
- Opportunities for research and education
- Effective professional practice evaluation program