

# 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

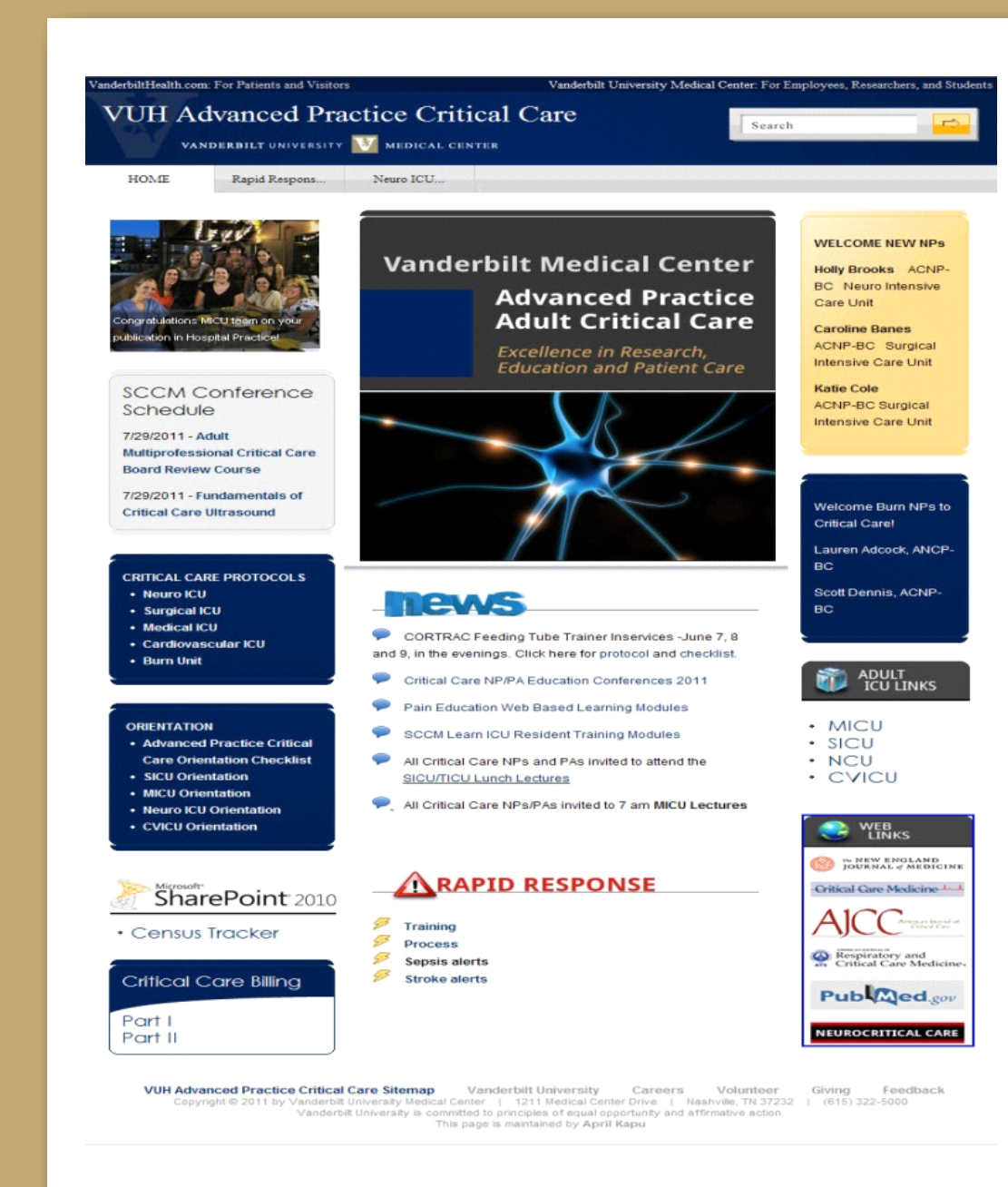
- Strategic planning
- Advanced practice resources
- Institutional coordination



### 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

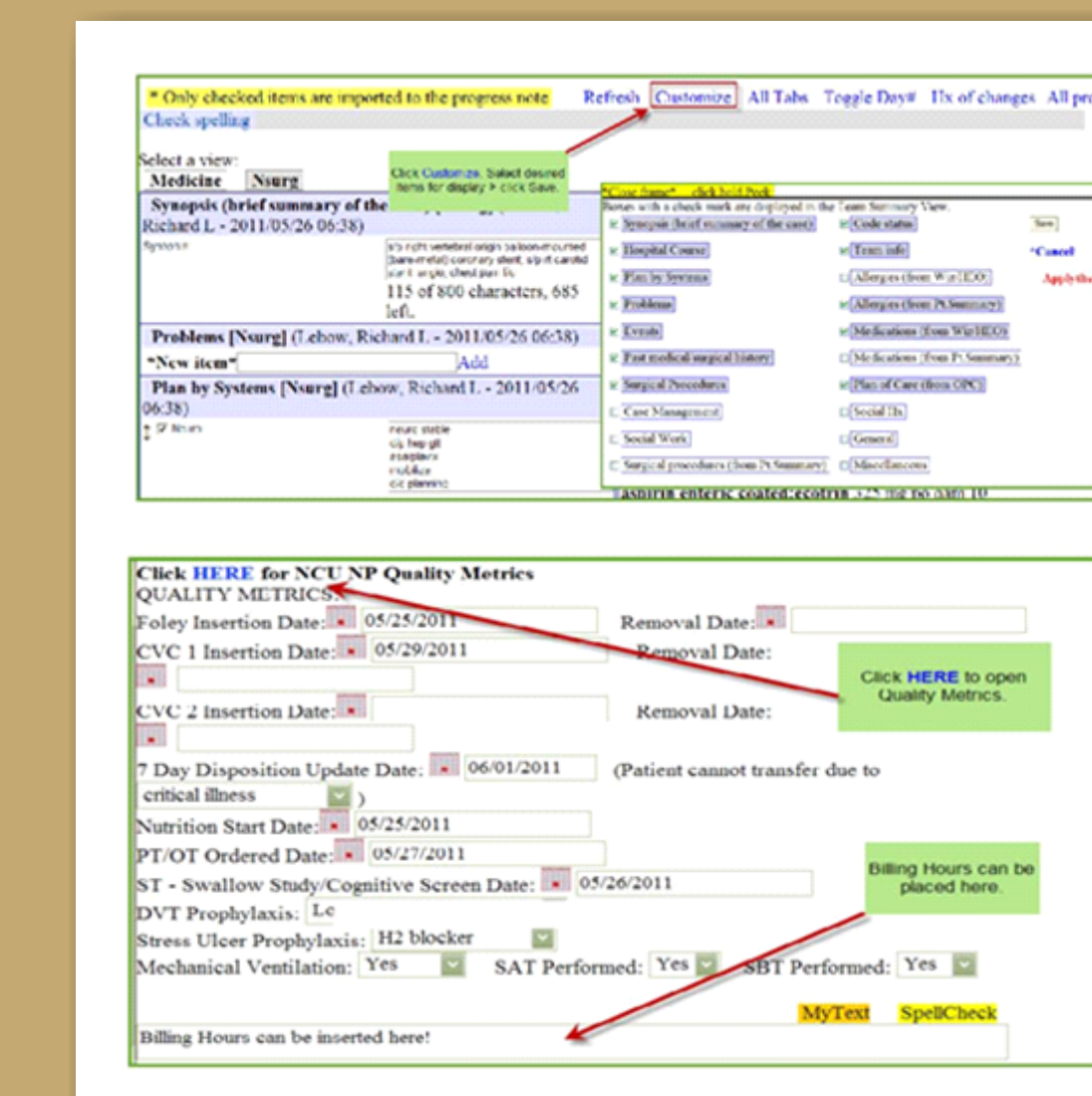
## IMPLEMENTATION



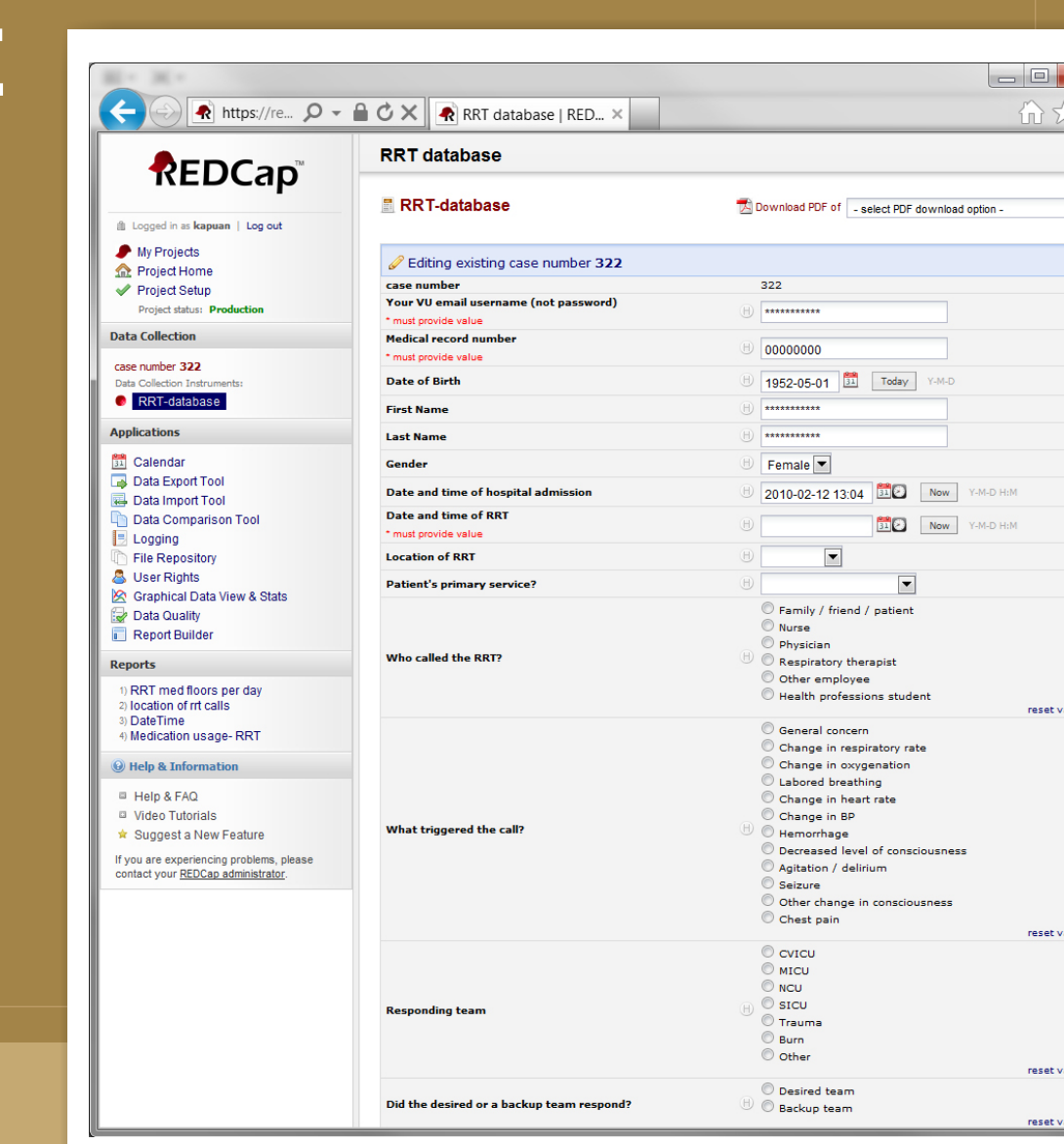
- Educational offerings
- Training classes
- Service updates
- Orientation checklists
- Protocols
- Upcoming conferences
- Links to journals
- Productivity tracking

### ALL INCLUSIVE WEBSITE

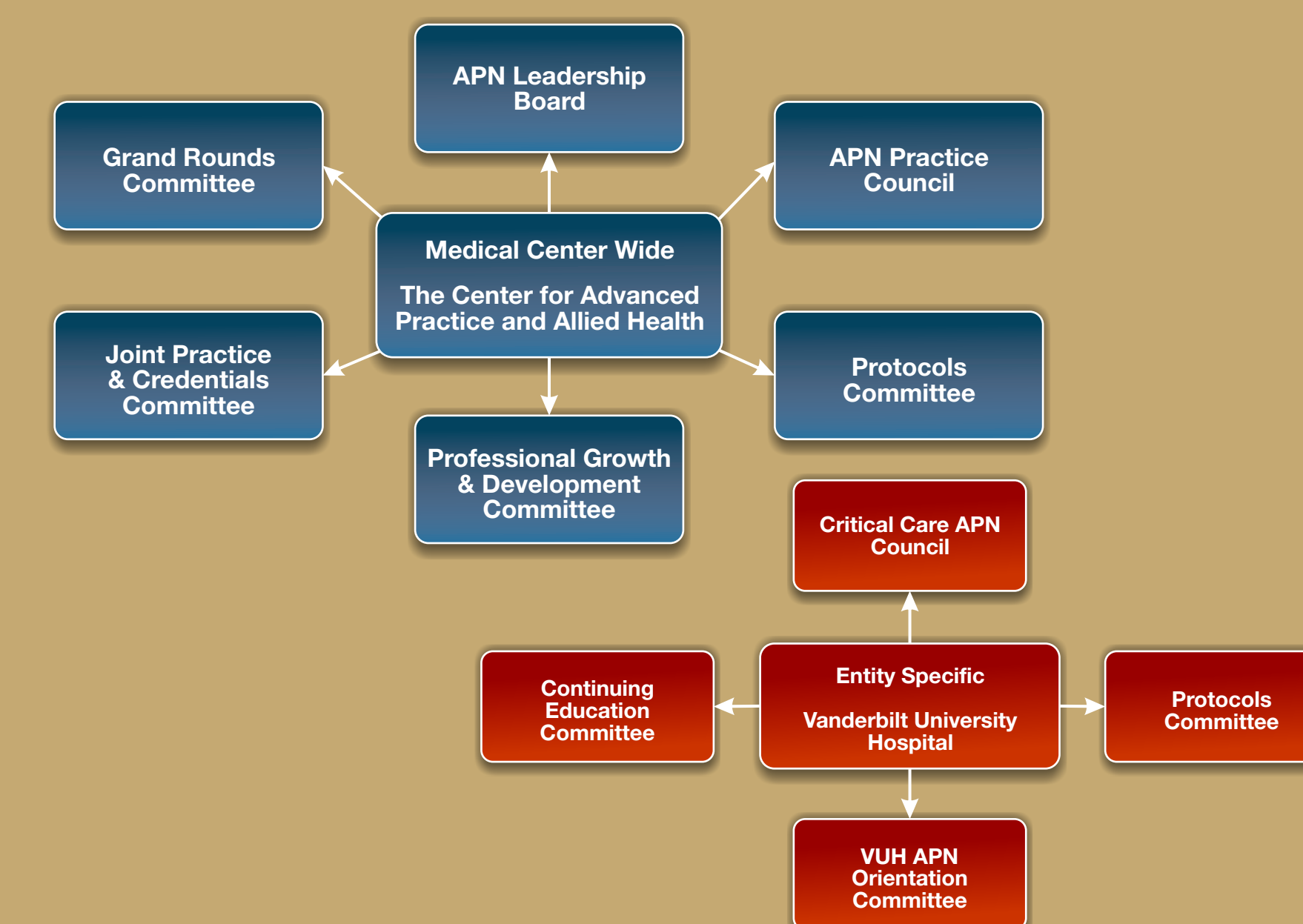
### TRACKING NP ASSOCIATED QUALITY DATA, UTILIZING ELECTRONIC PROGRESS NOTE



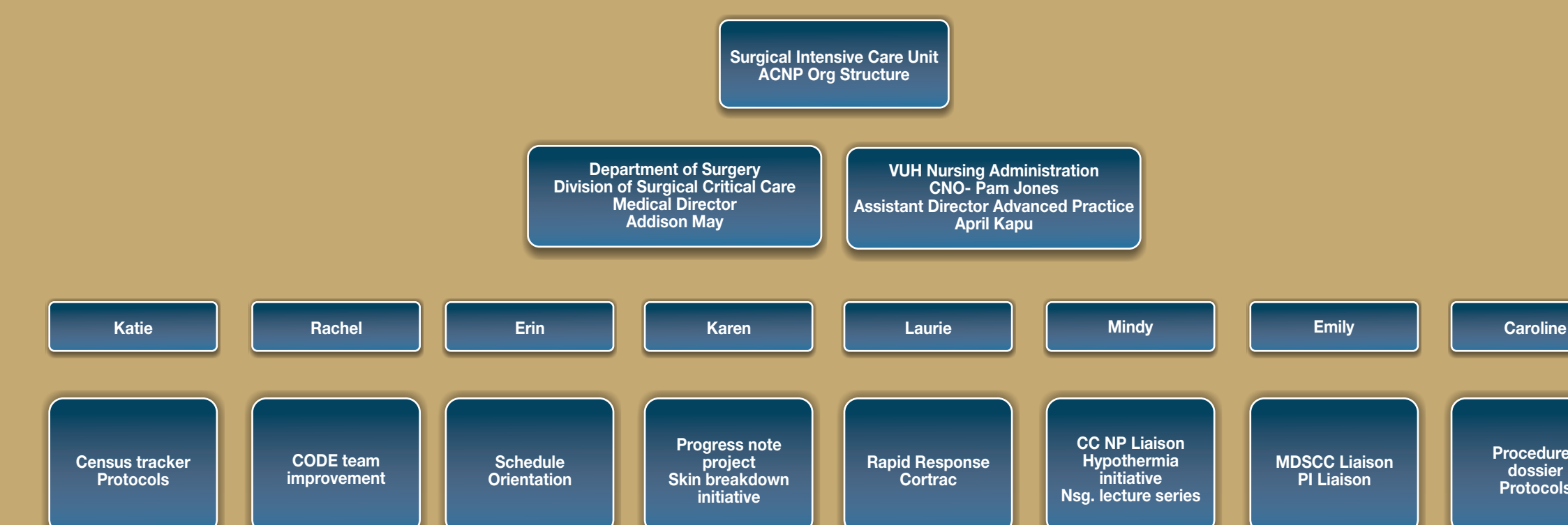
### NPS ADDED TO RAPID RESPONSE TEAMS, COLLECTED DATA USING SECURE REDCAP DATABASE



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



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

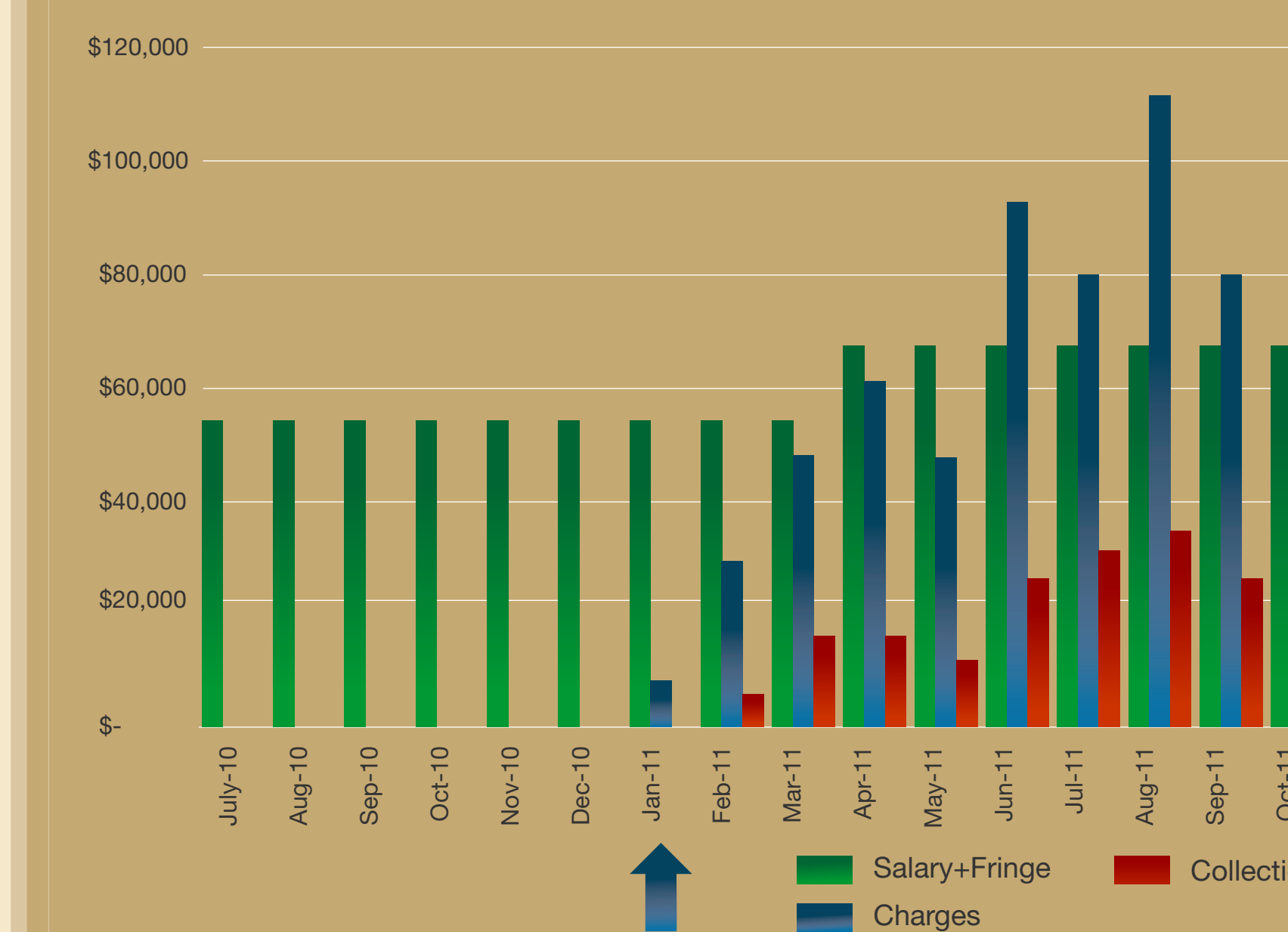


2011	Total APN census	Admissions/Consults	State alerts	BIRTS	ICU Acute events	Total ICU census	Transfers	Discharges	Deaths
March 1	10	8	1	0	0	19	1	1	0
2	16	2	1	0	0	19	8	0	0
3	20	6	0	0	1	17	2	0	0
4	15	0	0	0	0	15	4	0	0
5	19	1	1	0	0	15	1	0	0
6	12	2	0	0	0	12	1	0	0
7	13	1	0	0	0	15	3	0	0
8	12	2	0	1	1	17	0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

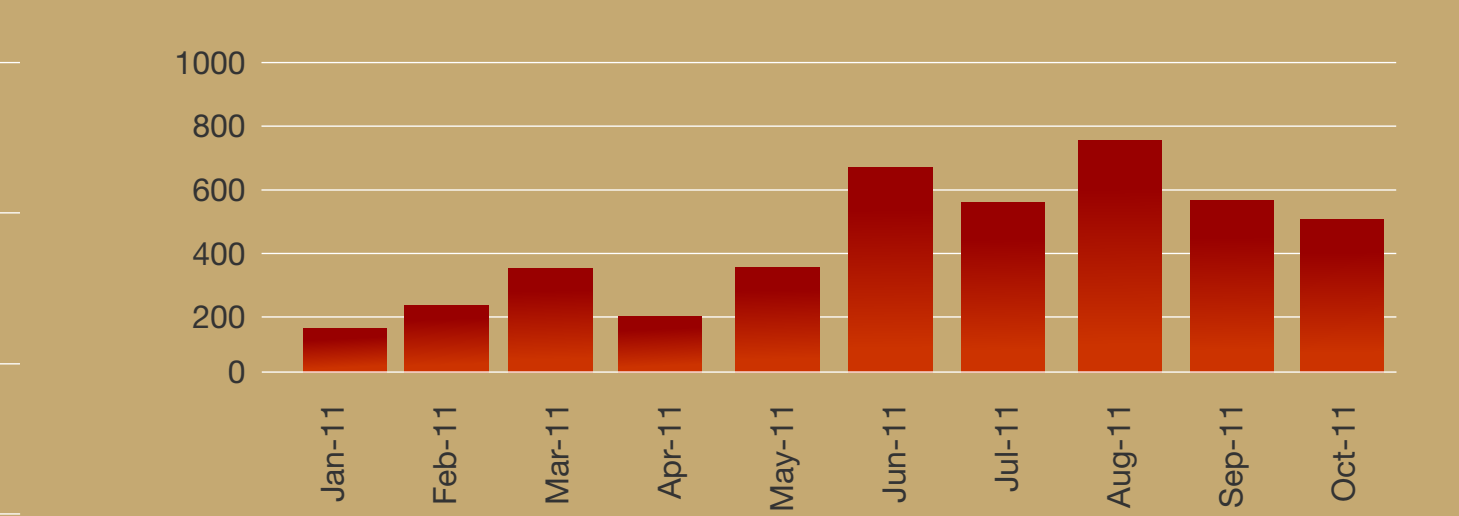
### NON BILLING PRODUCTIVITY CENSUS TRACKING EXAMPLE OF ICU WORK TRACKER

## EVALUATION

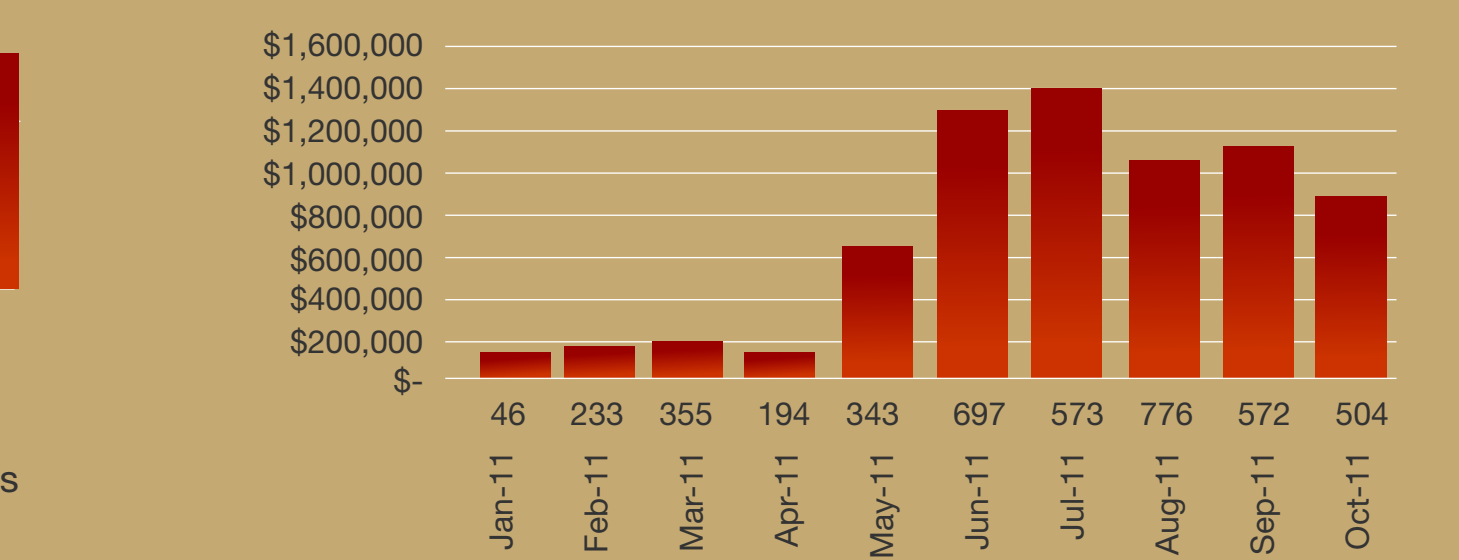
### BILLING PRODUCTIVITY



### RVUs



### TECHNICAL CHARGES



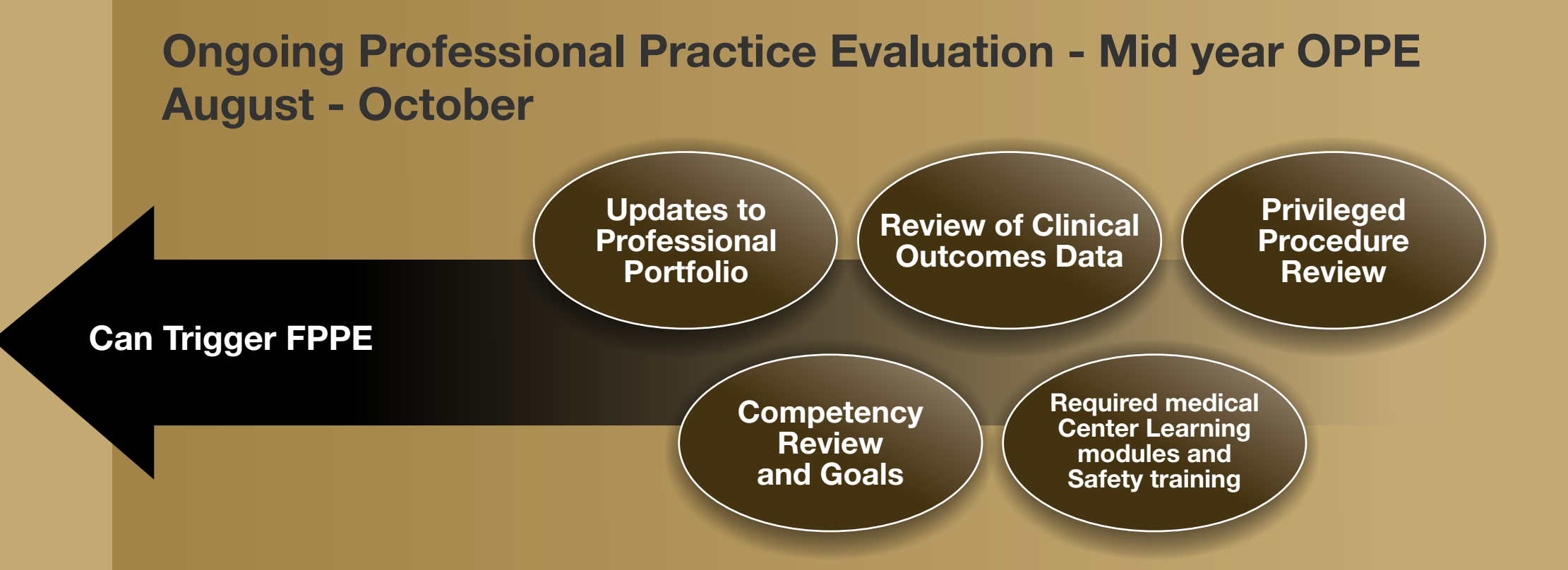
## ADVANCED PRACTICE PROVIDER PROFESSIONAL PRACTICE EVALUATION

### Focused Professional Practice Evaluation FPPE

- New hire 6 month evaluation of core competencies
- Focused review for new privileges
- Focused review required as a result of OPPE
- Other need for focused review



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