Demonstrating Organizational Benefit of Pediatric APRN Practice in an Academic Medical Center

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Objectives

- Discuss creative ideas for demonstrating organizational benefit of APRN utilization.

- Describe outcome measures for APRN role activities.

Presenter has no COI to disclose

Vanderbilt Team Recognition

- Jill Kinch, MSN, APRN, CPNP- PC/AC

  APN Manager, Peri-operative Services

- Michelle Terrell, MSN, APRN, CPNP- PC/AC

  APN Manager, Pediatric Critical Care & Cardiology

- Claire Slone, MSN, APRN, NNP-BC

  APN Manager, Neonatal Services

Purpose

- Innovative approach to demonstrating organizational benefit of non-revenue generating pediatric APRN practice in an academic medical center

  - Determine APRN "provider-specific" quality and productivity metrics and develop a means for tracking these metrics systematically.

Significance

- Academic medical centers have become more dependent on APRN services to assure patient outcomes and close gaps left by ACGME resident work hour reductions.

    – But with this dependence, cost has risen without a means of documenting benefit and outcomes (return on investment).
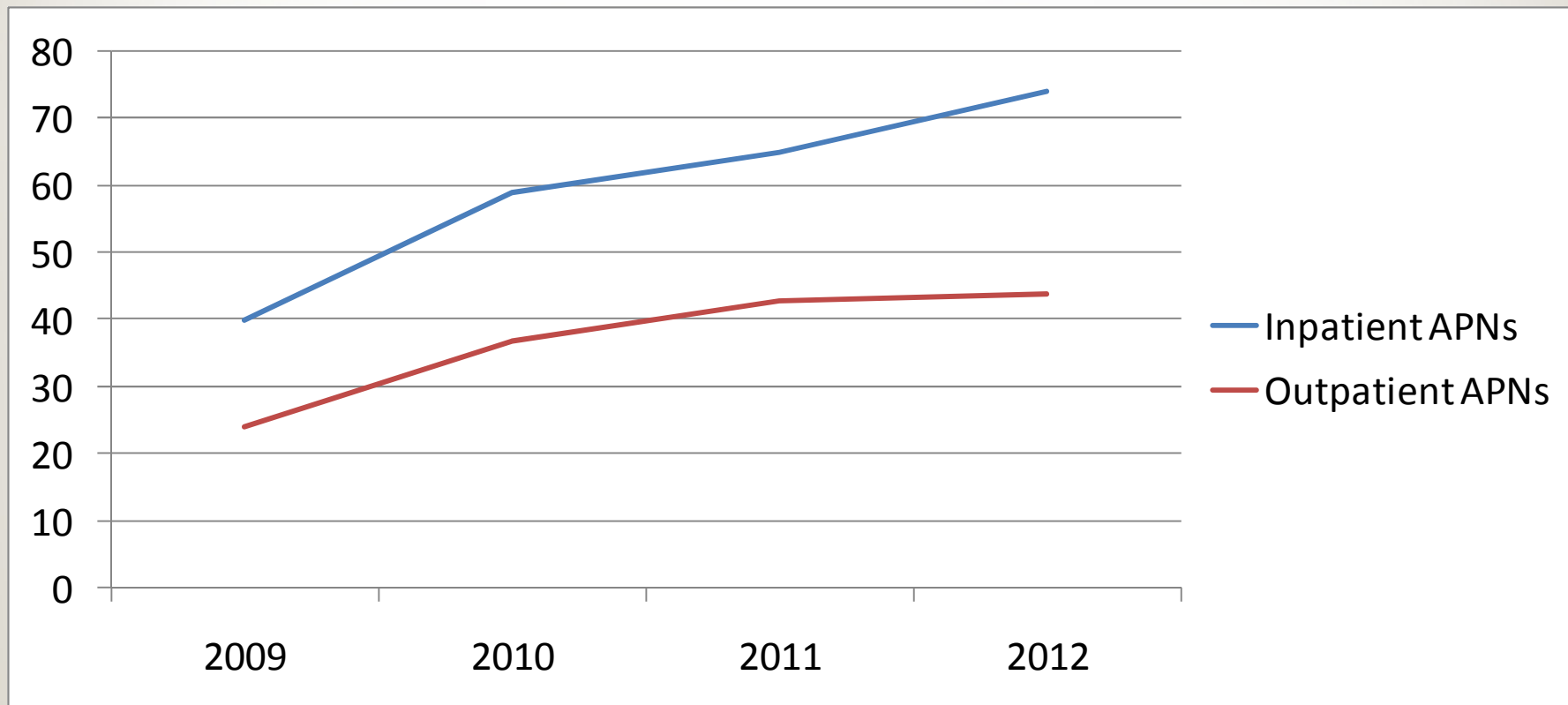
Strategy and Implementation
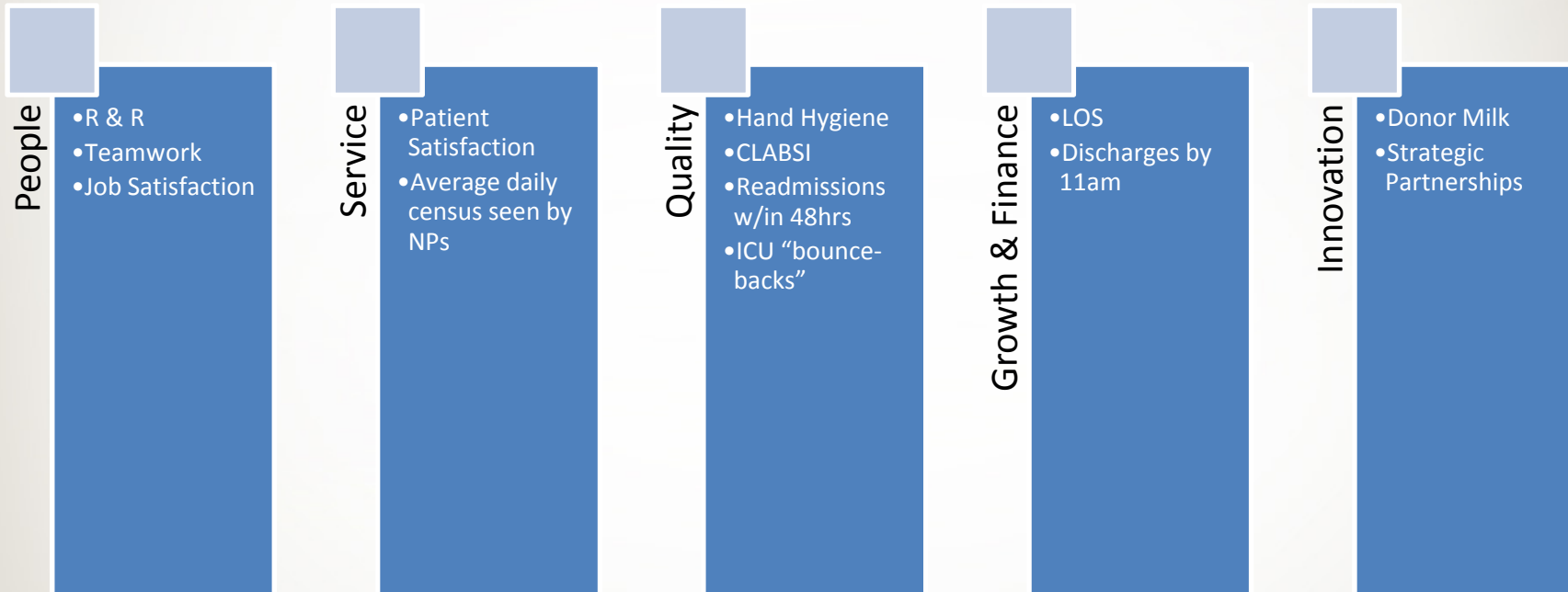
- Based on previous work by Griffin, et al, the Children's leadership team began to distinguish aspects of APRN practice that are driven by APRN "providers" within the hospital

Griffin, E, Staebler, SL, Murey, K, McCorstin, P and Harrington, L. (2007). Dashboards: A tool to demonstrate the impact of the advanced practice nurse in the hospital setting. Oncology Nursing Forum, 34(2), 572-73.

Strategy and Implementation

VANDERBILT UNIVERSITY
MEDICAL CENTER

People
- R & R
- Teamwork
- Job Satisfaction

Service
- Patient Satisfaction
- Average daily census seen by NPs

Quality
- Hand Hygiene
- CLABSI
- Readmissions w/in 48hrs
- ICU "bounce-backs"

Growth & Finance
- LOS
- Discharges by 11am

Innovation
- Donor Milk
- Strategic Partnerships

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Strategy and Implementation

PEDIATRIC CARDIOLOTY ACUTE CARE APN PILLAR SCORECARD

KEY= ⬆=IMPROVING ⬇=DECLINING *=PENDING DATA REACH TARGET THRESHOLD

PILLAR	GOAL	MEASURES	FREQ	FY 2012 YTD	FY 2012 QTR 1	JUL	AUG	SEPT	TARGET/COMPARATIVE	TRENDING	SOURCE
PEOPLE	Retention & Turnover	NEW HIRE RETENTION AFTER 24 MONTHS	QTRLY								HR
		OVERALL TURNOVER	QTRLY								HR
	Other	% APRNs w/NATIONAL SUBSPECIALITY CERTIFICATION	QTRLY								NDNQI
		JOB SATISFACTION	ANNUAL								COMM.SURVEY
		ENOUGH STAFFING FOR THE WORKLOAD	ANNUAL								COMM.SURVEY
		ADMIN/ MANAGEMENT SUPPORT	Q 2 YRS								SAFETY CLIMATE
		TEAMWORK ACROSS UNITS	Q 2 YRS								SAFETY CLIMATE
		TEAMWORK WITHIN UNITS	Q 2 YRS								SAFETY CLIMATE
		PRACTICE ENVIRONMENT SCALE (PES SCORE)	Q 2 YRS								NDNQI 2008
SERVICE	Patient Satisfaction	OVERALL QUALITY OF MEDICAL CARE	QTRLY								PRC
		OVERALL TEAMWORK BET. DRS, NURSES&STAFF	QTRLY								PRC (key driver #1)
		PATIENT ENGAGEMENT (PROVIDER'S INVOLVING PT IN CARE DECISIONS)	QTRLY								PRC
		QUALITY OF CARE PROVIDED BY NPs	QTRLY								PRC
		APNs COMMUNICATION W/CHILD	QTRLY								PRC
		APNs COMMUNICATION W/FAMILY	QTRLY								PRC
		MANAGEMENT OF PATIENT PAIN	QTRLY								PRC
QUALITY	Healthcare Associated Infections	CLABSI Rate-SIR (PCCU)	MONTHLY								Sci Health (NDNQI)
		HAND HYGIENE COMPLIANCE RATE	MONTHLY								Sci Health (NDNQI)
		SSI CARDIAC- SIR	MONTHLY								Sci Health
		VAP-SIR (PCCU)	MONTHLY								Sci Health (NDNQI)
		CAUTI-SIR (PCCU)	MONTHLY								Sci Health (NDNQI)
	Adverse Events	MEDICATION ERRORS (RELATED TO ORDER ENTRY)	MONTHLY								VERITAS
			QTRLY								
			QTRLY								
	APRN Sensitive Indicators	READMISSION TO HOSPITAL WITHIN 48H	QTRLY								Medipac
		RRT CALLS TO PCCU	QTRLY								RESUSCITATION
		CODES ON 6C	QTRLY								RESUSCITATION
		FIRST CALLS	QTRLY								RESUSCITATION
GROWTH/FINANCE	Results of Operation & Cost per Discharge	LENGTH OF STAY	QTRLY								Medipac ADT tables
		COST PER UNIT OF SERVICE (VARIANCE)	QTRLY								TSI
		OVERTIME (HOURS)	MONTHLY								FINANCE
		VOLUME (PT. DAYS)	MONTHLY								FINANCE
		AVERAGE DAILY CENSUS SEEN BY NP GROUP	MONTHLY								NP DATA COLLECTION?
		NP HRS PER PATIENT DAY	MONTHLY								FINANCE
		% of NP PATIENT ADMITS PER TOTAL PCCU ADMITS	MONTHLY								EDW FROM STARFORMS
	Volumes	NUMBER OF PATIENT DISCHARGES	MONTHLY								EDW FROM Medipac
		DISCHARGES BY 11am (discharge orders written by…)	MONTHLY								Medipac/Wiz
		Discharge Summary within 48 hours	QTRLY								Medical Records
		AVERAGE NP TIME SPENT ON DISCHARGE/TRANSFER	MONTHLY								?
INNOVATION	Personalized Medicine, Systems of Care, VBC		QTRLY								DEPT TRACK USAGE
			QTRLY								DEPT TRACK USAGE
			QTRLY								DEPT TRACK USAGE

Strategy and Implementation

PILLAR	GOAL	MEASURES
PEOPLE	Retention & Turnover	NEW HIRE RETENTION AFTER 24 MONTHS
		OVERALL TURNOVER
	Other	% APRNs w/NATIONAL SUBSPECIALITY CERTIFICATION
		JOB SATISFACTION
		ENOUGH STAFFING FOR THE WORKLOAD
		ADMIN/ MANAGEMENT SUPPORT
		TEAMWORK ACROSS UNITS
		TEAMWORK WITHIN UNITS
		PRACTICE ENVIRONMENT SCALE (PES SCORE)
SERVICE	Patient Satisfaction	OVERALL QUALITY OF MEDICAL CARE
		OVERALL TEAMWORK BET. DRS, NURSES&STAFF
		PATIENT ENGAGEMENT (PROVIDER'S INVOLVING PT IN CARE DECISIONS)
		QUALITY OF CARE PROVIDED BY NPs
		APNs COMMUNICATION W/CHILD
		APNs COMMUNICATION W/FAMILY
		MANAGEMENT OF PATIENT PAIN

On-going Performance Evaluation

Each metric has established threshold, target and reach goals. Those metrics which have retrospective data will be compared to performance going forward via the scorecard. Strategies are developed for performance improvement for metrics below performance standards (quarterly basis)

Strategy and Implementation

Pillar	Goal	Measure	Threshold	Target	Reach
People	Retention and Turnover	New Hire Retention after 24 months			
People	Retention and Turnover	Overall Turnover			
People	Other	% APRNs w/National Subspecialty Certification			
People	Other	Job Satisfaction			
People	Other	Enough Staffing for the Workload			
People	Other	Admin/Management Support			
People	Other	Teamwork Across Units			
People	Other	Teamwork Within Units			
People	Other	Practice Environment Scale (PES Score)	2.97	3.02	3.08
Service	Patient Satisfaction	Overall Quality of Medical Care			
Service	Patient Satisfaction	Overall Teamwork Between Doctors/Nurses/ & Staff			
Service	Patient Satisfaction	Patient Engagement (Provider's Involving Pt in Care Decision)			
Service	Patient Satisfaction	Quality of Care Provided by NP's	3%	4%	5%
Service	Patient Satisfaction	APNs Communication with Child			
Service	Patient Satisfaction	APNs Communication with Family			
Service	Patient Satisfaction	Management of Patient's Pain			
Quality	Healthcare Associated Infections	CLABSI Rate- SIR (6C)	0.99	0.87	0.75
Quality	Healthcare Associated Infections	Hand Hygiene Compliance Rate (NPs 6C)	88%	92%	95%
Quality	Healthcare Associated Infections	SSI Peds Cardiac-SIR	0.89	0.84	0.74

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Pillar	Goal	Measure	FY_11 Results	FY 2012						
				Q1			Q2			Q3
				July	August	September	October	November	December	January
Growth/Finance	Results of Operations & Cost per Discharge	Cost per Unit of Service (Variance)	Null							
		Length of Stay (Avg.)	Null							
		NP Hours Per Patient Day	Null							
		Overtime (Hours)	Null	0	0	0	0	0	0	
	Volumes	% of NP Patient Admits per Total PCCU Admits	Null							
		Average Daily Census Seen by NP Group	Null				5.4	5	3.6	
		Discharge Summary within 48 Hours	Null							
		Discharges by 11am (orders entered/written)	Null							
		Number of Patient Discharges	Null							
		Volume (Patient Days)	Null							
Quality	APRN Sensitive Indicators	Codes on 6C	Null	0	0	0				
		FIRST Calls on 6C	Null	0	0	0				
		Readmission to Hospital Within 48 Hours	Null							
		RRT Calls TO 6C	Null	13	3	2				
	Healthcare Associated Infections	CLABSI Rate- SIR (6C)	Null	0	0	4.09	0	0	0	
		Hand Hygiene Compliance Rate (NPs 6C)	Null	100	100	100	100	100		
		SSI Peds Cardiac-SIR	Null	0	3.2	0	0	0		
Service	Patient Satisfaction	Management of Patient's Pain	71.1	62.5	40	77.8	62.5	88.9		
		Overall Quality of Medical Care	80	87.5	80	77.8	87.5	90		
		Overall Teamwork Between Doctors/Nurses/ & Staff	76.2	87.5	60	88.9	87.5	80		
		Patient Engagement (Provider's Involving Pt in Care Decision)	80	75	80	75	62.5	80		
		Quality of Care Provided by NP's	68.5	87.5	66.7	88.9	75	100		

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1) Pick A Pillar
Service

Pick a Goal
All

Pick A Measure
All

Patient Satisfaction

| Management of Patient's Pain | Overall Quality of Medical Care | Overall Teamwork Between Doctors/Nurses/ & Staff | Patient Engagement (Provider's Involving Pt in Care Decisi... | Quality of Care Provided by NP's |
| FY 2012 | FY 2012 | FY 2012 | FY 2012 | FY 2012 |

Score Card

Pillar	Goal	Measure	FY_11 Results	July	August	September	October	November	December	January
				Q1			Q2			Q3
Service	Patient Satisfaction	Management of Patient's Pain	71.1	62.5	40	77.8	62.5	88.9		
		Overall Quality of Medical Care	80	87.5	80	77.8	87.5	90		
		Overall Teamwork Between Doctors/Nurses/ & Staff	76.2	87.5	80	88.9	87.5	80		
		Patient Engagement (Provider's Involving Pt in Care Decision)	80	25	80	75	62.5	80		
		Quality of Care Provided by NP's	68.5	87.5	66.7	88.9	75	100		

Target_Colour

- 🟥 RED
- 🟩 GREEN
- 🟦 BLUE(Cannot Compare)

Targets

Patient Satisfaction		Threshold	Target	Reach
	Management of Patient's Pain	72.1	73.1	74.1
	Overall Quality of Medical Care	81	82	83
	Overall Teamwork Between Doctors/Nurses/ & Staff	77.2	78.2	79.2
	Patient Engagement (Provider's Involving Pt in Care Decision)	81	82	83
	Quality of Care Provided by NP's	71.5	72.5	73.5

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Implications

As APRN specific metrics are monitored, each team has the data to determine aspects of practice requiring review, evaluation and process improvement – allowing objective administrative decision-making for resource and manpower deployment for maximal impact on patient outcomes and process indicators.

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