

A blue stethoscope is positioned in the upper left corner, with its chest piece and tubing visible. To its right, a white medical mask is shown in profile, partially obscured by a large, light blue circular graphic element that dominates the right side of the frame. The background is a gradient of light blue, and a dark blue curved shape is visible in the bottom right corner.

Nurse Practitioner Hospitalists: Coming to a Hospital Near You

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Hospitalist Nurse Practitioners



Keywords:

1. Hospitalist
2. Nurse Practitioner/Advanced Practice Registered Nurse
3. Role
4. Credentialing

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**In the mid 1990's
“hospitalists” began to
emerge in large
teaching hospitals in
response to changing
healthcare.**



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Hospitalists:

“Health care providers whose only practice location is in the hospital”

Watcher, RM & Goldman, L, 1996

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What's the need?

1. Improving outcomes
2. Decreasing length of stay
3. Providing quality patient care
4. Maintaining cost-effective care



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What's the Solution?

Acuity of hospitalized patients is increasing, necessitating the need for more hospitalists.

The current number of MD's may not be sufficient to fill this need.

As a result APRNs are being called upon to function on the hospitalists teams.

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Why is that a Problem?



There have been no clear role definitions or specific credentialing guidelines for the APRN hospitalist.

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What are the Goals?

- 1. To define the role of Hospitalist APRNs**
- 2. To identify facilitators to practice of APRN Hospitalists**
- 3. To identify barriers to practice of APRN Hospitalists**
- 4. To identify guidelines for use in credentialing APRN Hospitalists**

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Timeline



- **Phase 1: July – September 2009**
 - Finalizing plan, theoretical framework, literature search
- **Phase 2: September 2009 – January 2010**
 - Synthesizing and validating findings
- **Phase 3: January – Early May 2010**
 - Editing project findings, producing a final project, presenting findings
- **Phase 4: June 2010 until**
 - Dissemination

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A blue stethoscope is positioned in the top right corner of the slide, partially overlapping the dark blue header bar. The stethoscope is shown from a slightly elevated angle, with its chest piece and earpieces visible.

Hospitalist Nurse Practitioner:

**“A nationally certified nurse practitioner/
APRN whose primary practice site is the
hospital and one who has no outside
primary or tertiary practice site”**

**Linda Sullivan, Director, Advanced Practice
Mississippi Board of Nursing, 2008**

Hospitalist APRNs



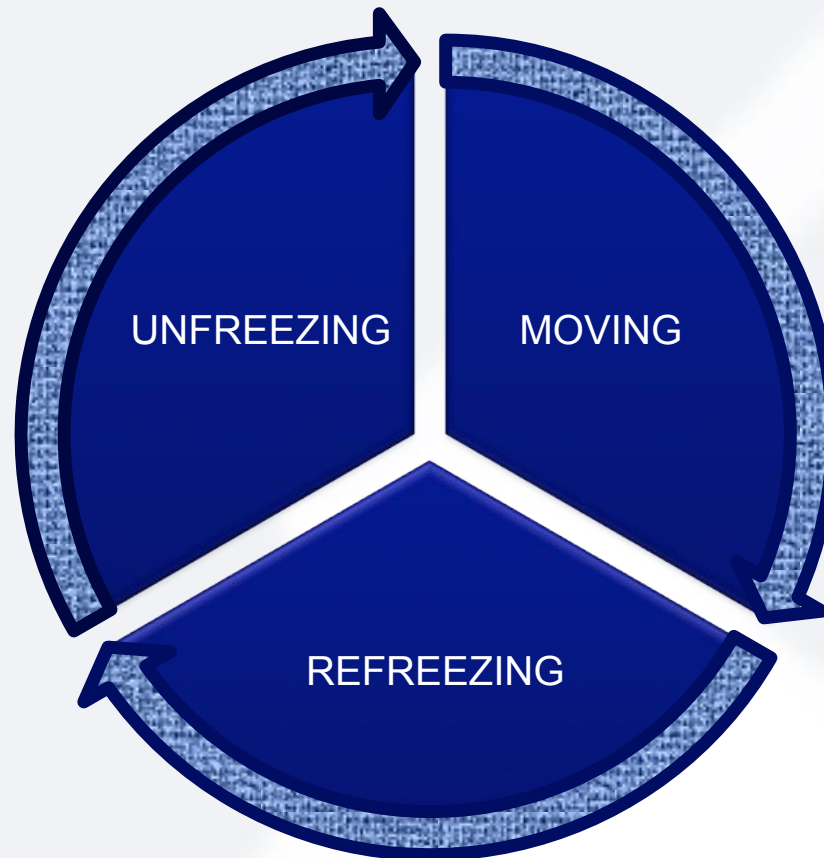
Theoretical Framework



**Lewin's Change Theory:
Human beings belong to
one group and as a
part of a group are
never without change.**

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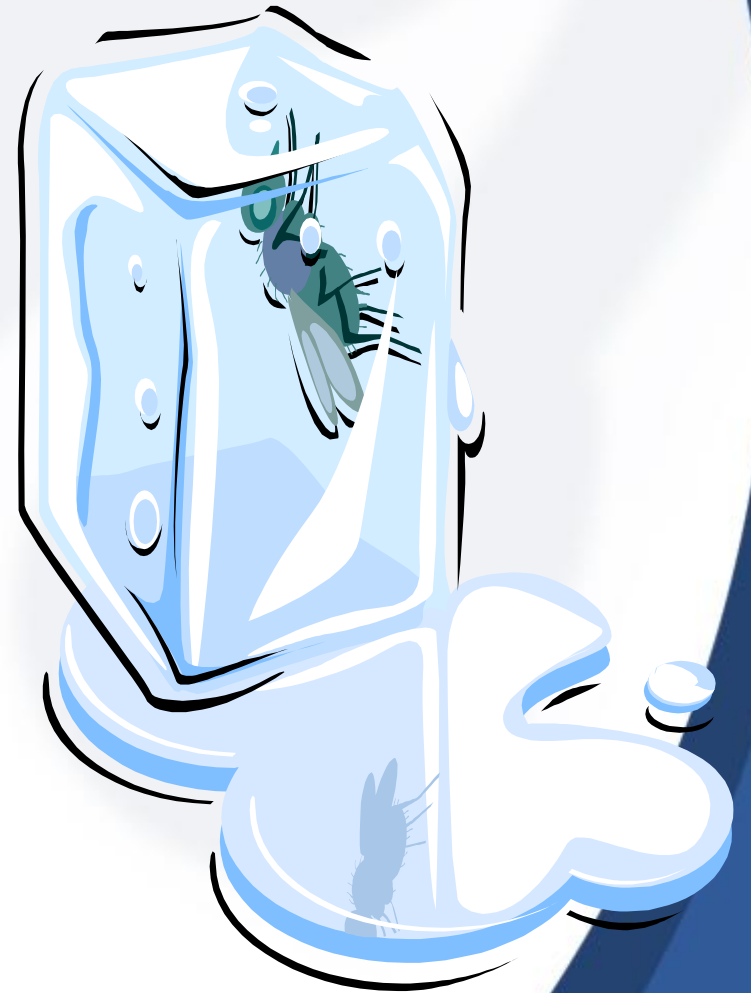
Theoretical Framework: Lewin's Change Theory



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Lewin's Change Theory: **Unfreezing**

- **Proposal to medical staff and administration**
- **Administrative approval for pilot program**



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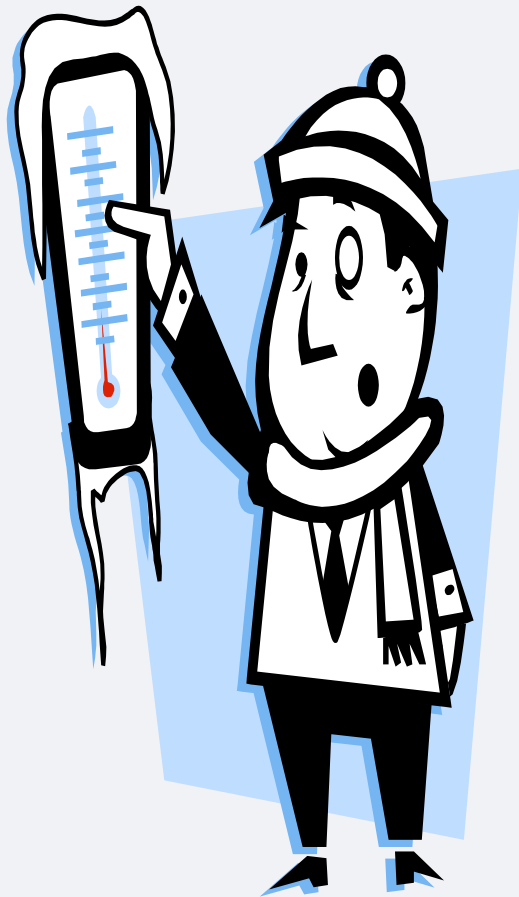
Lewin's Change Theory:

Moving

- **Pilot underway and showing success**
- **Pilot becomes full time position**



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Lewin's Change Theory:

Refreezing

- **Position continues full time**
- **Medical Staff acceptance**
- **Hospital Staff acceptance**
- **Patient acceptance**

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Definition of Terms:

1. Scope:

Definition of the rules, regulations, and boundaries within which a fully qualified practitioner with substantial and appropriate training, knowledge, and experience may practice (National Council of State Boards, 2009)

2. Role:

A set of functions or tasks that is expected of an individual or group and is typically prescribed by status in a particular environment (Merriam-Webster's Medical Dictionary, 2009)

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Definition of Terms (cont):

3. Advanced Practice Registered Nurses:

Licensed RN's with appropriate educational preparation (master's prepared) for practice including 9-24 months of supervised clinical experience in the diagnosis and treatment of illness (Thomas, 2009)

4. Hospitalist:

A health care provider whose practice emphasizes addressing the medical needs of hospitalized patients (Klienpell, Hanson, Buchner, et al., 2008)

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Assumptions:

- 1. Facilitators to practice of APRN Hospitalists exist and can be empirically identified**
- 2. Barriers to practice of APRN Hospitalists exist and can be empirically identified**
- 3. APRNs are prepared to function as vital members of the hospitalist team**

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Assumptions (cont):

- 4. Positive and negative perceptions of APRNs regarding role performance and/or role expectations will occur in the hospital setting**
- 5. APRNs will have some measure of support in the role of Hospitalist by administration, medical staff, and hospital staff**
- 6. Change is a difficult process**

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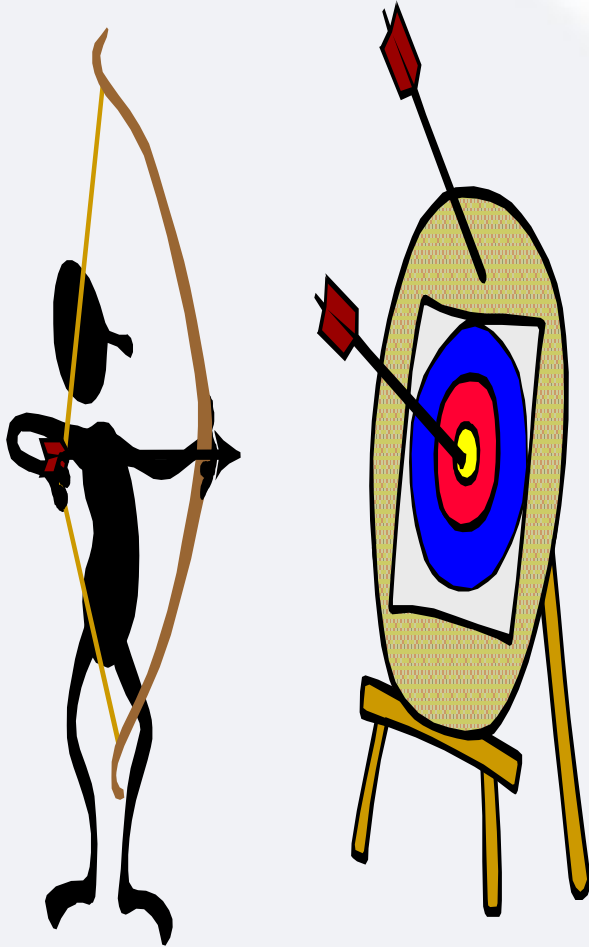
Authors	Date	Target	Outcomes
Cowan et al.	2006	Multidisciplinary team approach	↓ LOS, ↓ costs, ↓ mortality, and ≈ readmission rates
Ettner et al.	2006	MDs, NPs, & residents	Cost ↓ in intervention group
Howie & Erickson	2002	ACNPs, MDs, and hospital staff	ACNPs provide high quality, cost effective care
Klienpell	2008	NPs & PAs/Residents	↓ LOS, ↓ costs, improved outcomes
Mitchell et al.	1991	Neonatal NPs and pediatric residents	No differences in care between two groups
Mitchell-DiCenso, et al.	1996	NP in pediatrics and NICU & residents	Equal in mortality, # of complications, LOS, quality, satisfaction, costs
Reynolds & Bricker	2007	PAs, NPs, & MDs in NICU	PAs & NPs provide quality care and can be trained to fill position
Vazirani, Hayes, Shapiro & Cowan	2005	NP aided team vs. MD team	Improved collaboration in teams with NPs

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Setting:

- **Conducted over a six month period in Mississippi**
- **Convenience sample from Mississippi Hospital Association's 115 hospitals**
- **APRN hospitalist were identified through Mississippi Nurse Practitioner Network**



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Nurse Practitioner Inclusion Criteria:



- **Certification as nurse practitioner in Mississippi**
- **Full or part-time employment as hospitalist**

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Data Collection:

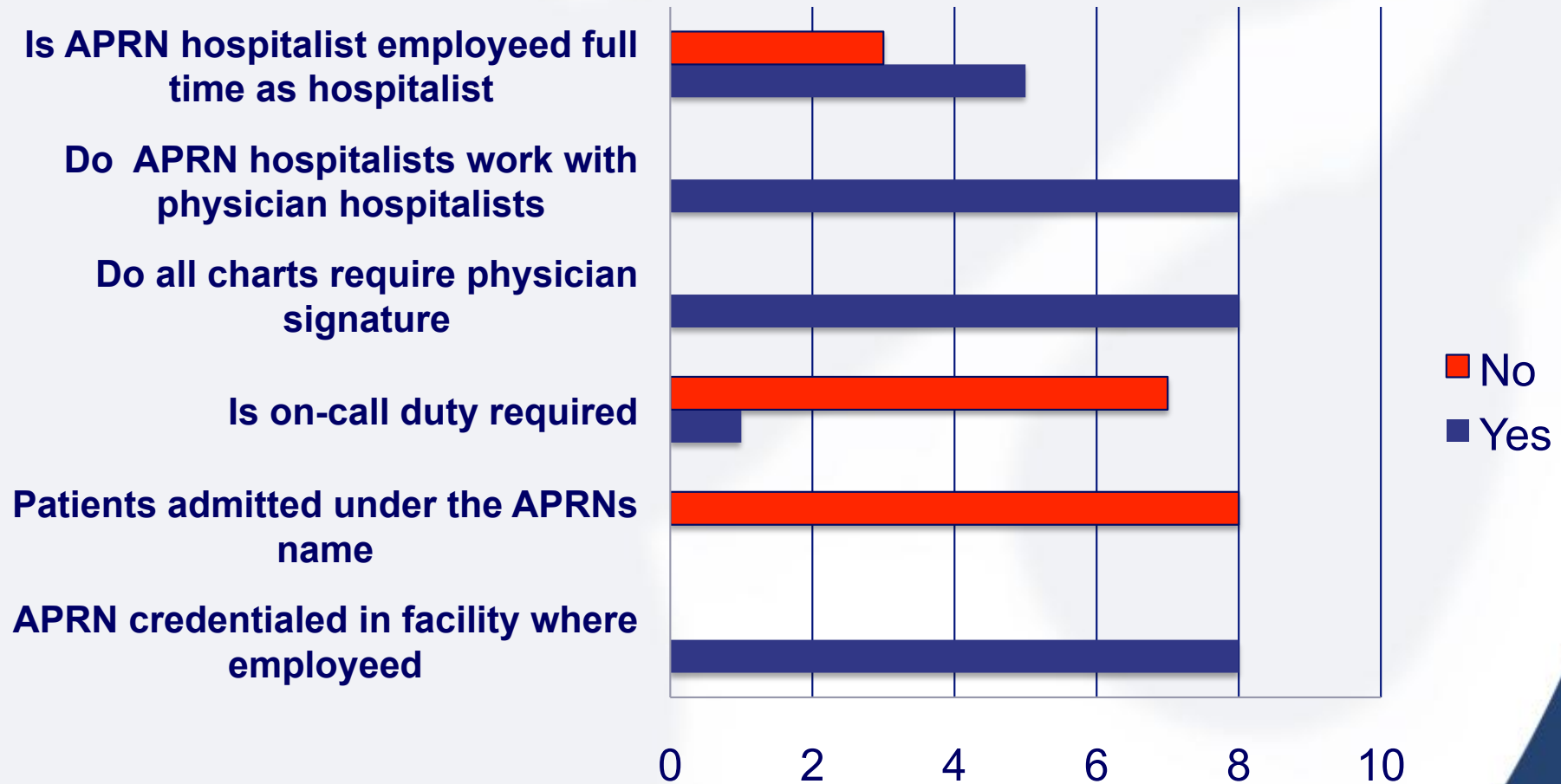
1. Completed over 3 months
2. 8 completed surveys
3. 5 employed full time as hospitalist
4. 6 identified facility as 100-250 beds



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Demographic Data



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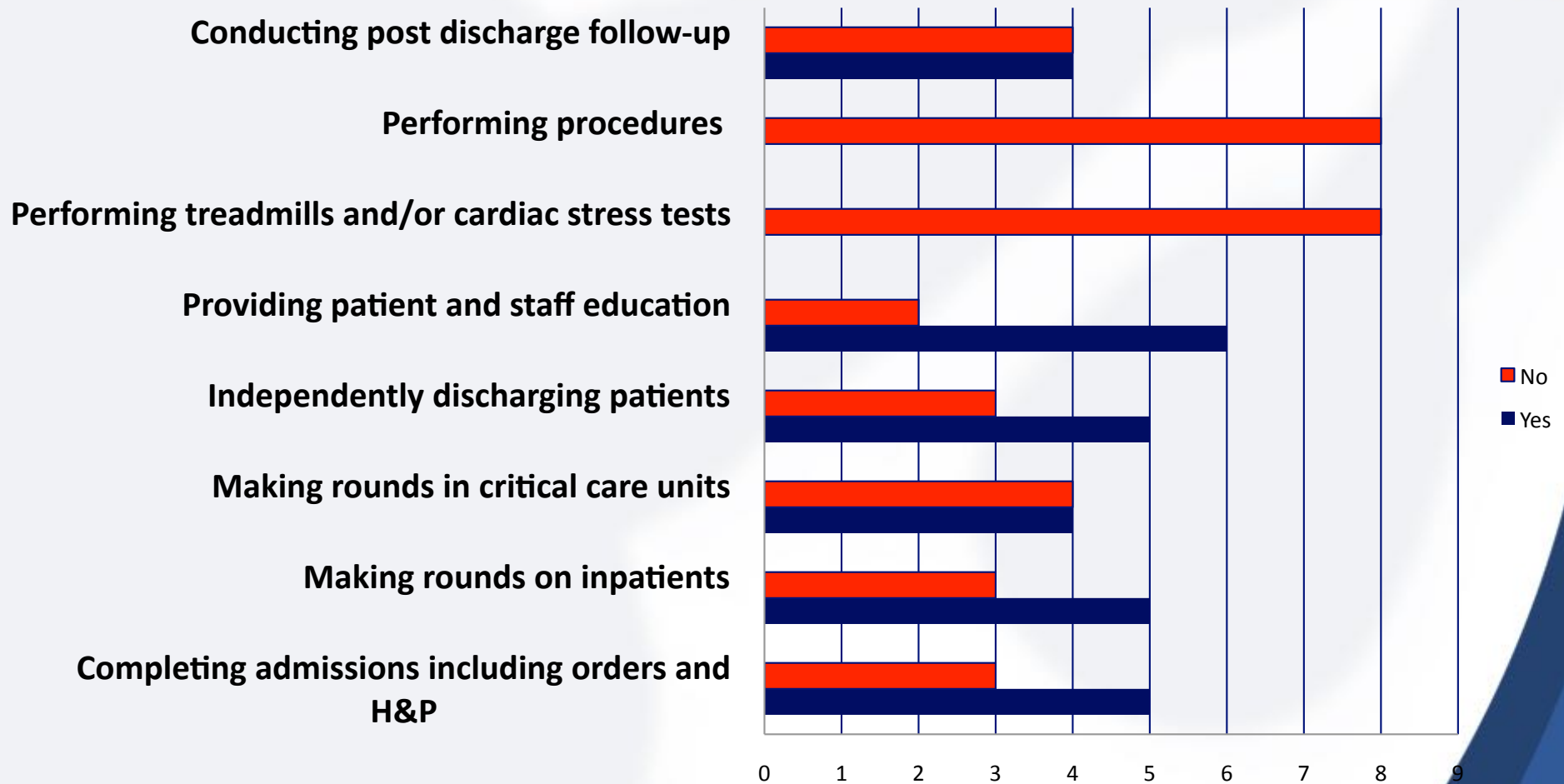
APRN/MD Comparison by the Numbers

	APRN	MD
Hospitalists per facility	1 - 2	1 - 3
Patients per day	8 - 20	8 - 30
Admissions daily	1 - 10	2 - 6

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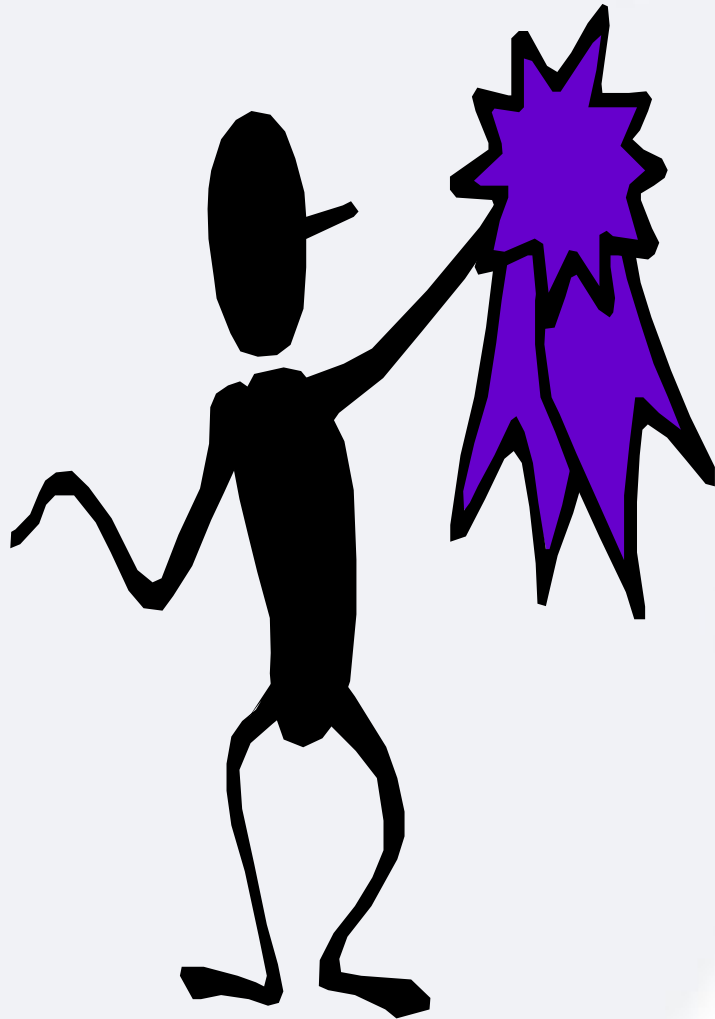
APRN Hospitalist Job Duties



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Facilitators to Practice

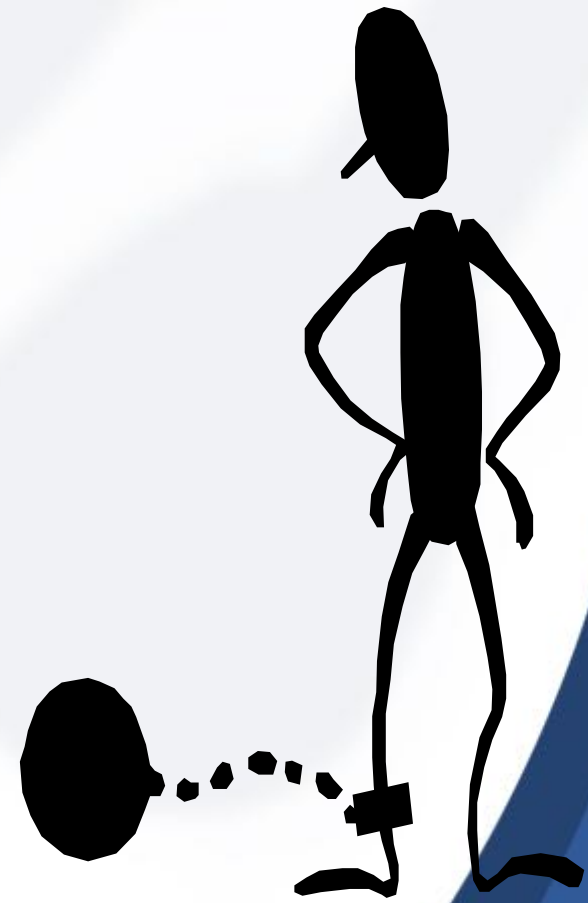


1. Improving understanding of the role
2. Support from medical staff
3. Support from administration
4. Support from nursing staff
5. Patient satisfaction
6. Growing popularity of the role
7. Improving core measures
8. Decreasing lengths of stay

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Barriers to Practice

1. Lack of insurance coverage/billing issues
2. Lack of physician understanding of the role
3. Lack of patient understanding of the role
4. Lack of hospital administration understanding of role
5. Inexperienced APRNs taking on the role
6. Lack of privileges for procedures



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Functions may include:



1. Admissions including H&P
2. Daily rounds
3. Writing orders
 1. Meds, diagnostics, etc.
4. Discharges
 1. Discharge summary, scripts, f/u
5. Patient & family education
6. Staff education
7. Diagnosing & treating

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Other Functions May Include:

1. Rapid response teams
2. Transfer of pts. to ↑ level of care
3. Hospital committees
4. Specialty consults
5. Performing procedures
6. Coordinating patient care
(MDs, nursing, RT, PT, pharmacy, SS,
Case/Resource Mgt, and others)



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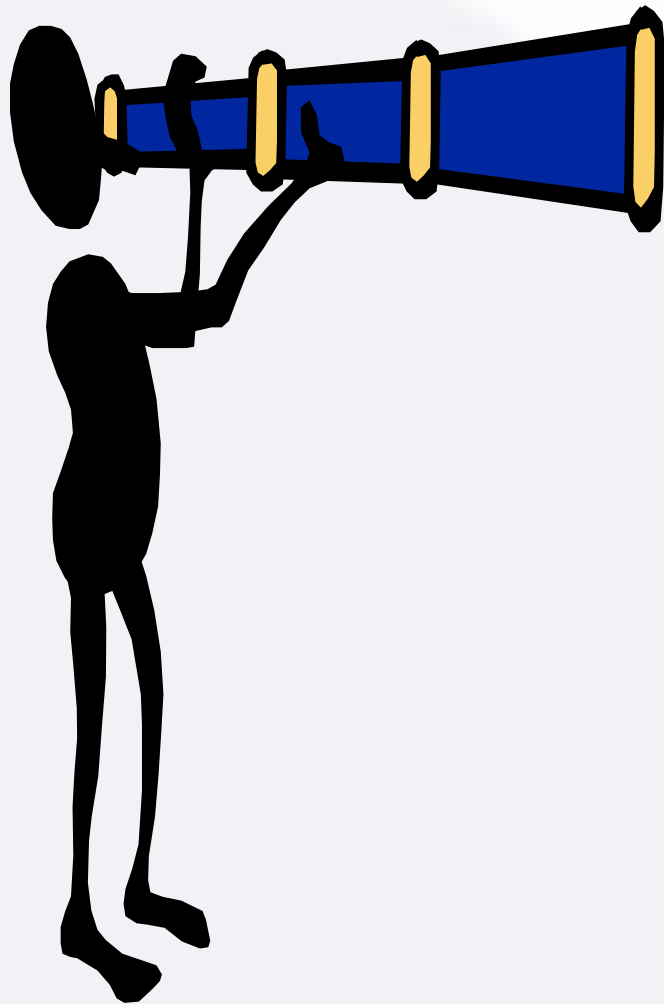


Dissemination



- **Samford doctoral students**
- **Mississippi BON**
- **MNA**
- **MNA SIG meetings**
- **Graduate nursing programs**
- **Hospitals statewide**
- **Advanced practice meetings**

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One year later... Is it working?

- **105 bed hospital in NE Mississippi**
- **38 physicians on staff**
- **2 full time physician Hospitalists**
- **2 full time APRN Hospitalists**
- **1 full time office assistant**

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One year later... Is it working?

	7/08 – 6/09	7/09 – 6/10
Medical-surgical admissions	71%	82.7%
OB/Gyn/Pediatric	29%	17.3%
Average LOS for all patients	4.35 days	4.00 days
Average LOS for Hospitalists patients	4.2 days	3.84 days
Average hospitalist admissions daily	6	9
Average daily census	45	46

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Summary

Hospitalist role is touted as being cost cutting and efficacious and can be filled by MD's and Mid Level Providers.

This study sought to facilitate the development of the scope of practice, role definition, and identification of barriers and facilitators for the APRN in the role of Hospitalist.

Findings from this study can be further utilized in the compilation of practice protocols as this role is further defined.

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**Any
Questions?**

Thank You

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Hospitalists APRNs



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