Bridging the Gap Between Education and Practice: NPs in Critical Access Hospitals

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Gratitude… for attending this session!

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Objectives

1. Discuss rural health disparities and workforce trends
2. Appreciate NP transition-to-practice needs
3. Identify options for successful NP onboarding
4. Identify outcome metrics to evaluate transition-to-practice initiatives

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A Perfect Storm is Brewing

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Rural Health Disparities

- 19% U.S. population live on 80% of land.
- Only 10% physicians work in rural communities.
- Increased poverty, poorer health, chronic conditions, mental health & premature death.
- 24% rural residents can reach Level I trauma center within 1-2 hours (85% urban).
- Disparities associated with poor patient outcomes

Sources:

- Choi, J. (2012). A portrait of rural health in America. *Journal of Rural Social Sciences*, 27(3), 1-16.
- National Conference of State Legislatures (2013). Improving rural health: State policy options. Retrieved from http://www.ncsl.org/documents/health?RuralHealth_PolicyOptions_113.pdf

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Workforce Considerations

- Physicians migrating to specialty practice
- Shortage of primary care providers
  - Most take jobs where they train
  - Rural providers more likely to practice rural
- Rural providers must be "***Expert Generalists***"
- Rural practice: Work more – Get paid less
- Rural providers (baby boomers) retiring

Sources:

- Bushy, A. (2006). Nursing in rural and frontier areas: Issues, challenges and opportunities. *Harvard Health Policy Review*, 7(1), 17-27
- Pohl et al. (2013). The latest data on primary care nurse practitioners and physicians: Can we afford to waste our workforce? *Health Affairs*. Retrieved from http://healthaffairs.org/blog.

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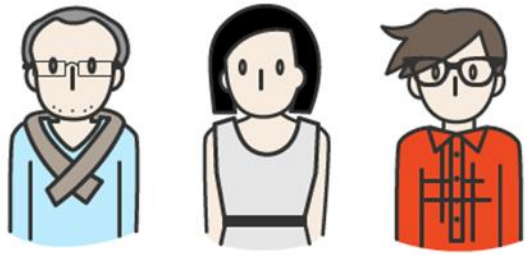

GENERATIONS AT WORK

- Baby boomers are workers
- Gen-X seek work/life balance
- Millennials want rewarding opportunities w/o paying dues

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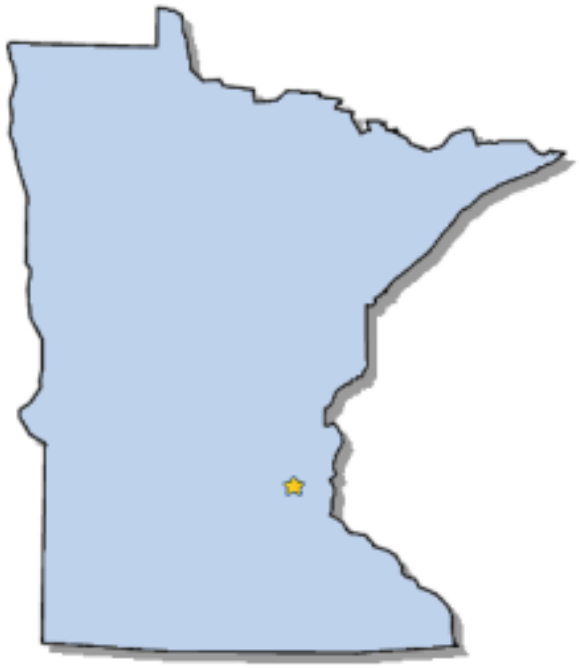
Location, Location, Location……

There is urban…

there's rural…

…and there's ***really rural***



The ***"really rural"*** have the most staffing challenges

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CAH Flexible Staffing Options

- Physician,
- Advanced Practice Nurse (NP or CNS)
- Physician Assistant

June 7, 2013 CMS released a memorandum stating that under CAH CoPs, an MD or DO is *not* required to be available *in addition* to a non-physician practitioner.

Source: CMS (2013). Critical Access Hospital (CAH) Emergency Services and Telemedicine: Implications for Emergency Services Condition of Participation (CoPs) and Emergency Medical Treatment and Labor Act (EMTALA) On-Call Compliance. Retrieved from http://www.texlatrc.org/resources/docs/SC13-38-CAH-ED.pdf

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Who Will Staff Our CAHs?

Staff, Contract or Locum Physicians

--short supply

-- expensive

NP and PAs

--increased supply

--cost effective

Both??

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NPs Improve Access to Care

- 15.2% ED visits result in hospital admission
- 2.8% of pts die in hospital- 0.2% die in ED
- Actual volume of severe trauma & emergencies in a rural hospital is low, allowing for staffing pattern geared toward primary care.
- NPs can competently manage the majority of conditions commonly managed in the rural ED
- Physician required < 5% of time in CAH -ED

Sources:

- Barnason, S., Morris, K. (2011). Health care in rural hospitals: A role for nurse practitioners. Advanced Emergency Nursing Journal, 33(2), 145-154)
- Marsh, L., Diers, D., & Jenkins, A. (2012). A modest proposal: Nurse practitioners to improve clinical quality and financial viability in critical access hospital. Policy, Politics, & Nursing Practice, 13(4), 184-194.

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Research consistently documents positive impact of NP care in the ED

- Quality of care
- Patient satisfaction
- Reduced wait times
- Improved financial performance

Sources:

- Jennings, N., Clifford, S., Fox, a., O'Connell, J., Gardner, G. (2015). The impact of nurse practitioner services on cost, quality of care, satisfaction and wait times in the emergency department: A systematic review. *International Journal of Nursing Studies*, 52(2015), 421-435.
- Wilson, K., Cameron, P., Jennings, N. (2009). Emergency nurse practitioners: An underestimated addition to the emergency care team. Emerg. Med. Aust. 20,453-455.
- Marsh, L., Diers, D., Jenkins, A. (2012). A modest proposal: Nurse practitioners to improve clinical quality and financial viability in critical access hospitals. *Policy, Politics, & Nursing Practice*, 13(4), 184-194.

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Advanced Practice Nurses in ED

- 43% Family NPs
- 13% Acute Care NPs
- 12% Adult NPs
- 7% Pediatric NPs

Very few educated as Emergency NPs

Source: O'Connell, J., Gardner, G., Coyer, F. (2014). Profiling emergency nurse practitioner service: An interpretive study. *Advanced Emergency Nursing Journal*, 36(3), 270-290.

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NP perceived adequacy of preparation to care in rural settings

Adequacy of Preparation as NP	CAHs	Community Hospitals
Clinical Management of hospitalized inpatients	42.9%	80%
Trauma	78%	40%
Diagnostic testing & radiology interpretation	78.6%	80%
Diagnosis & management of common emergency presentations	64%	20%

Source: Barnason & Morris (2011). Health care in rural hospitals: A role for nurse practitioners. Advanced Emergency Nursing Journal, 33(2), 145-154.

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The Problem……

- Working in a CAH requires a blend of acute care and primary care skills
- NP and PA programs prepare entry-level generalists
  - Healthcare becoming increasingly specialized
  - Lack education in trauma, emergency, & in-patient care
- Provider education required to work ED in CAH
  - ACLS, CALS or ATLS
- Most skills acquired through OJT training or past work experience

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Additional Education to "Bridge ***the Gap***"?

- ER Boot camp Conferences
- University-based Emergency NP programs
- Level I trauma center sponsored NP/PA residency programs

….time, volume & repeat experiences needed to increase competence and confidence.

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Nurse Residency Programs

- Institute of Medicine's (2010) Future of Nursing: Leading Change, Advancing Health recommends nurses complete a transition-to-practice program (nurse residency) after completing ….an advanced practice program or when transitioning into a new clinical practice area.

Source: Institute of Medicine (2010). Future of nursing: Leading change, advancing health. Retrieved from http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx

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Post-Graduate education

Emergency NP programs

- subspecialty to FNP or ACNP programs
- 8 programs in the U.S.
- Located at ***urban*** sites in the south & east coast

Emergency PA residencies

- 28 programs
- Many accept PAs or NPs
- 12 to 18 months long
- Located at ***urban*** Level I Trauma Centers

Note: 85% graduates take jobs in ***urban*** facilities (Hooker et al., 2010)

Source: Hooker, R., Klocko, D., Larkin, G. (2010). Physician assistants in emergency medicine: The impact of their role. Society for Academic Emergency Medicine. Doi: 10.1111/j.1554-27.2010.00953

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How do we recruit, support, retain NPs to be competent in

low volume,

resource-limited

CAHs??

There are 1,332 CAHs in the US
(79 in Minnesota)

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My Doctoral Work Focused on:

Finding a solution to
cyclic turnover
of NPs & PAs working
in CAHs

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Considerations

- Experienced RN becomes a new NP upon graduation.
- Responsibilities and expectations change
- Many rural sites require clinic practice during day and ER/Hospital at night.
- New graduates often hired

Working in a resource limited CAH is challenging

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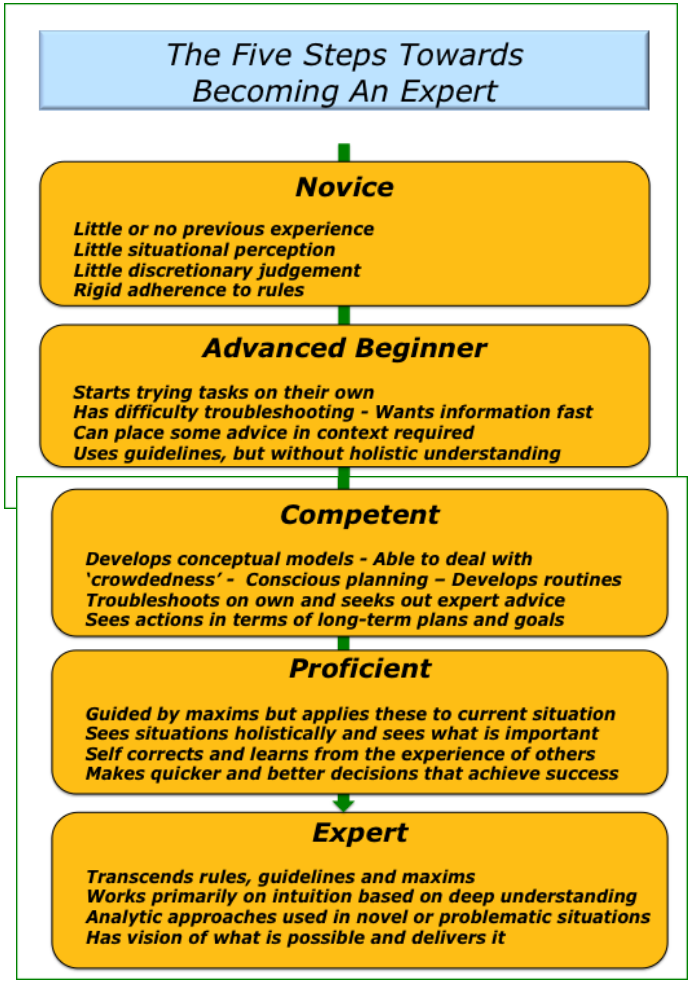
Theoretical Framework

Benner's Novice to Expert Model

Takes a few years to progress through the stages



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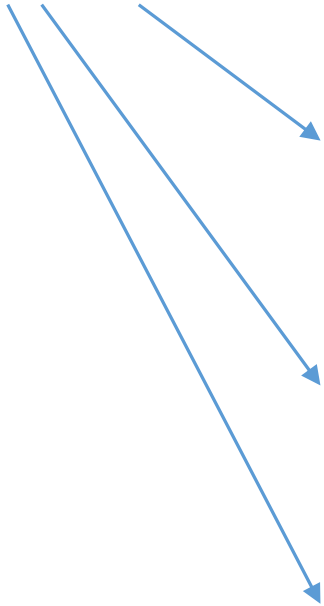
From Limbo to Legitimacy Model

PROCESS	CATEGORIES	SUB-CATEGORIES
Limbo to Legitimacy →	Laying the Foundation	Recuperation from school Negotiating the bureaucracy Looking for a job Worry
	Launching	Feeling like an imposter Confronting anxiety Getting through the day Battling time
	Meeting the Challenge	Increasing competence Gaining confidence Acknowledging system Problems
	Broadening the Perspective	Developing system saavy Affirming oneself Upping the ante



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We are setting up our new providers for failure by neglecting the skill acquisition process?

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A Transition-to-Practice Residency to Support the NP in the CAH

- Residency Program
- Model Curriculum
- Implementation Plan
- Evaluation Plan

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Residency Program Goals

- To educate motivated NPs with knowledge and procedural skill to provide high quality, evidence-based emergency health care.
- To prepare FNPs for the additional responsibilities of emergency health care in a rural community
- To provide NPs with further education and clinical experience to quality for Emergency NP certification.
- To recruit & retain well-trained NPs in CAHs sites within the health system.

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Program Overview

- 12-month post graduate residency
- Didactic instruction beyond entry-level
- Clinical experiences
- Direct mentorship by experienced NP or Physician
- Preceptor training
- Ideal candidates- recent NP graduates or experienced NPs new to the ED setting.

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Residency Structure

- Emergency Care Boot camp at onboarding
- Didactic education (Hybrid- online)
- Journal Club
- Weekly case presentations
- CAH clinical experiences (resource limited)
- Specialty rotations in high volume settings
- ACLS, PALS, CALS or ATLS, NRP, BLSO, & SANE

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18 Curriculum Modules

- 1- Introduction to Emergency Care
- 2- Professional Role & Legalities
- 3- Pain & Anesthesia
- 4- Interprofessional Teamwork & Telehealth
- 5- Radiology & Lab Interpretation
- 6- Infectious Disease & Shock
- 7- Dermatology Problems
- 8- Ears, Nose, Throat Problems
- 9- Respiratory Problems

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- 10- Cardiac Problems
- 11- Gastrointestinal Problems
- 12- Endocrine Problems
- 13- Orthopedic Problems
- 14- Neurologic Problems
- 15- OB-GYN & Urology Problems
- 16- Pediatric Problems
- 17- Mental Health & Toxicology
- 18- Critical Care & Trauma

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Clinical Experiences

- Work on-call with local CAH providers
- Checklist of 78 skills
- Specialty rotations arranged
- Simulation Lab experiences
- Ultrasound course

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Implementation Plan

1st Year-

- Curriculum development on digital format
- Emergency Boot camp onboarding

2nd Year-

- Pilot at 3 sites w/ on-site simulation lab

3rd Year-

- Network Expansion

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Emergency NP Certification

- New certification in 2014
- Collaboration between Emergency Nurses Association & American Nurses Credentialing Center.
- Portfolio Review
- Cost $470-$525
- Renewed every 4 years

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ENP Certification Eligibility

- Current RN or APRN licensure plus NP national certification in family, acute care, adult, adult-gero or pediatric (acute or primary care)
- Master's or doctoral degree NP
- 2 years full time practice as NP in past 3 years
- Minimum 2,000 hrs NP in emergency care setting in past 3 yrs.
- Completed 30 hrs emergency care education in past 3 yrs.
- Plus 2 additional professional development categories: academic credit, presentations, publication or research, preceptor or professional service

Source: ENA/ANCC Emergency Nurse Practitioner Requirements. http://www.nursecredentialing.oirg/EmergencyNP

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Outcome Evaluation

- Essential to secure funding
- Essential for accreditation
- Must follow SMART criteria
  - Specific
  - Measurable
  - Achievable
  - Realistic
  - Time Specific

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Goals & Outcome Evaluation

1. Improved Patient Care & Patient Safety
   - Reportable state & federal metrics
   - Facility dashboard
2. Job Satisfaction
   - Misener NP Job Satisfaction Scale
3. Workforce Stabilization
   - Recruitment incentive (applicants)
   - Reduced turnover rates (resignations)

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Additional Outcome Metrics

- Resident completion rates
- Emergency NP certification
- Satisfaction Rates (Resident, Preceptor, CEO)
- CAH financial performance
- Specific NP metrics

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Program Accreditation

- ANCC's Practice Transition Accreditation Program
- Alternative accreditation organizations
- Application after 1st cohort
- Necessary for funding

- Source: ANCC (2014). Practice Transition Accreditation Program. Retrieved from http://www.nursecredentialing.org/Accreditation/PracticeTransition

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In Conclusion…..

- Consider expanded use of NPs in the CAH
- Reconsider onboarding process of NPs in CAHs
- Recognize fewer providers have “expert generalist” skill level in era of specialization
- Consider an Emergency NP residency as an option to increase competence, confidence, patient safety, quality care, improve recruitment and retention.

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Thank- You
Questions???

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