Improving Outcomes Through the Proper Implementation of Acute Care Nurse Practitioners

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The Value-Based Purchasing Program is forcing hospitals to improve outcomes and decrease costs. This has led to recognition of new care models to improve outcomes and reimbursement. One model is the application of an acute care nurse practitioner (ACNP) into the hospital setting. Model success is dependent on proper implementation to create a synergistic relationship with the organization, ACNP, and patient to improve the quality of care and decrease costs for the hospital.

Lowering costs and improving quality of care have become primary concerns of hospitals and the healthcare industry. With the launch of the Value-Based Purchasing Program (VBP) in 2011, hospitals have been forced to improve outcomes to maximize reimbursement for Medicare patients. Private insurance companies are also starting to base reimbursement and contracts around similar ideals. This is forcing many hospitals to look at new care models to improve outcomes and reimbursement. One model being examined is the introduction of an acute care nurse practitioner (ACNP) into the hospital setting.

An ACNP is a master’s-prepared advance practice nurse (APN) who provides care to patients with complex healthcare conditions in acute care and hospital-based settings. The ACNP role was developed in the early 1990s when it was recognized that the needs of patients in the hospital setting were not being met by current providers. Advanced education allows the ACNP to diagnose, treat, and manage acute and chronic diseases. The primary responsibility of the ACNP is to direct the management and coordination of patient care through history taking, performing advance physical examinations, ordering laboratory and diagnostic testing, and performing procedures.

On the basis of education and training, an ACNP can provide care similar to that of a physician; however, the ACNP’s patient-centered education improves patient care coordination and health through sensitivity to the impact of social and cultural factors, such as environment and family situation. Patient-centered education allows for the implementation of quality initiatives, standardization of care, and acute transition management. This in turn results in decreasing length of stay, which can lead to compliance with VBP initiatives and reduction in complications and readmissions. Several studies have shown that the utilization of ACNPs can help decrease costs and improve revenue for the hospital. Kapu and Jones showed that after the addition of ACNPs to hospitalist and intensive care unit teams for 3 months, the facility reported savings of $4,656 per case through a reduction in length of stay (LOS). Another study, by Meyer and Miers, found that ACNP-surgeon teams for a cardiac surgery program had a statistically significant (P = .039) lower mean LOS compared with a group of surgeons working alone. After accounting for the salaries of the 4 ACNPs, the estimated savings to the healthcare system was $3,388,015.20 per year. These studies...
illustrate how the ACNP is well positioned to decrease costs and improve revenue for the hospital as well as benefit the patient.

Despite these outcomes, several barriers remain to the advancement and adoption of the role. One barrier is the improper implementation of the role by hospital administrators. One of the most common reasons that the role does not succeed is the lack of understanding of the ACNP and the nurse practitioner (NP) roles in the hospital. As the ACNP role in hospitals expands, administrators must understand the ACNP role functions, competencies, capabilities, and scope of practice to avoid role confusion. According to the American Association of Critical Care Nurses (AACN) Scope and Standards for Acute Care Nurse Practitioner Practice, the ACNP role is designed to stabilize and promote the health and wellness of patients in the acute care setting. Expanding job descriptions to include the AACN Scope and Standards criteria can help minimize confusion about the role expectations and allow ACNPs to practice to the extent of their scope.

To help guide the actual implementation of the role, administrators should use a systematic and evidenced-based approach for role development that incorporates the ACNP standards and scope of practice. To help with the successful implementation of an NP, such as an ACNP, Bryant-Lukosius and DiCenso developed the PEPPA (participatory, evidence-based, patient-focused process for guiding the development, implementation, and evaluation of advance practice nursing) framework, a 9-step process for the implementation and maintenance of the APN role (Table 1).

### Table 1. Steps of the PEPPA Framework

| Step 1 | Define the population and describe the current model of care. Patient population is identified for central focus of process and quality improvement. At the same time, a study of the current model of care for this patient population is done. |
| Step 2 | Identify stakeholders and recruit participants. During this step, key stakeholders who will be impacted by the new care model, such as administrators, physicians, nurses, ancillary hospital staff, patients, and families, are identified. |
| Step 3 | Determine the need for a new model of care. This step involves conducting a needs assessment to collect and/or generate information about the unmet patient needs and healthcare services required to meet these needs. |
| Step 4 | Identify priority problems and goals to improve the model of care. During this step, unmet health needs are identified and prioritized to determine outcome-based goals for the new care model. |
| Step 5 | Define the new model of care and APN role. Strategies and solutions for achieving established goals such as the implementation of the ACNP role are identified. The pros and cons for introducing an ACNP role compared with other nursing or health provider roles are considered. This step concludes with the development of a specific position description for the role within the new care model. |
| Step 6 | Plan implementation strategies. Planning for the implementation of the role begins with the identification of potential barriers and needs that could influence the implementation of the ACNP role. Key factors to address are stakeholder education on ACNP role, marketing, recruitment, hiring, role reporting structures, funding, policy development, timeline for role implementation and developing an evaluation plan for achievement of outcome-based goals by the ACNP. |
| Step 7 | Initiate APN role implementation plan. This step involves initiation of the role implementation plan developed in step 6 and hiring of an ACNP for the position. Full development and implementation of the ACNP role may take 3-5 years. During this time, changes are made to the role as well as the policies and procedures of the hospital to support the ACNP role development. |
| Step 8 | Evaluate the APN role and new model of care. Formative evaluations that systematically evaluate role structure, processes and outcomes are recommended to promote ongoing ACNP role development. |
| Step 9 | Long-term monitoring of the APN role and model of care. Long-term monitoring of established ACNP role allows for improved care based on new research and/or changes in the healthcare environment, patient needs, treatment practices, and maintenance of role during hard economic times. |

Source: Bryant-Lukosius and DiCenso.
The PEPPA framework provides an organized process to properly implement and to evaluate the implementation of the ACNP role. Starting with the initial step through step 5, administrators are led to analyze their current model of care and desired quality outcomes. For example, to achieve the best results with VBP, an examination of hospital composite quality and process scores from the Center for Medicare and Medicaid Services and patient demographics will illustrate which patient population the ACNP can have the largest impact for improving outcomes. With this information, administrators can develop the ACNP role to meet the needs of the organization, hospital, and patients.

Steps 6 and 7 are focused on planning and initiation of a plan for the implementation of the role. It is here that administrators must look at eliminating barriers to achieving the desired outcomes of the role. Acceptance of the role by the medical staff, administration, and the multidisciplinary teams in the acute care setting is crucial. Without this preparation, there will be a lack of synergy between the ACNP, patient, and organization, which can negatively impact the quality of patient care. Depending on the state, the ACNP may also require physician supervision and/or collaboration to practice. Therefore, having a physician to both support and promote the role is vital to the success of the ACNP.

The last 2 steps are evaluation and long-term monitoring of the role. These steps are often forgotten but are important in our current hospital environments. APNs and ACNPs are often the 1st to be considered when reductions are made during hard financial times. Through the tracking of outcomes such as LOS, compliance with clinical practice guidelines, readmission rates, mortality, and morbidity, ACNPs can demonstrate their positive impact on patient care and costs and thereby validate the importance of their positions. Furthermore long-term outcome monitoring allows for the role to evolve to meet the changing governmental regulations and needs of the population served.12,16,19

Conclusion

The ACNP role has the potential to be a resource to help hospitals improve quality and decrease costs on both an organizational and a patient care level. Proper implementation of the role is crucial to achieve improved outcomes for the hospital. To effectively implement this role, nursing leaders and nonclinical administrators need to understand the scope and standards of the ACNP role. A systematic and evidenced-based approach, such as the PEPPA Framework, should be used to help with the implementation of the role. With appropriate implementation of the ACNP role, a synergistic relationship can be created with the organization, the ACNP, other providers, and the patients. This synergistic relationship can be vital in improving outcomes to support VBP and decrease the overall healthcare costs in the hospital and across the country.

References


