Best Practice Advance Practice Providers Model: Moving From a Service-Based to a Division-Based Care Delivery

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Introduction

• Adopting an Advance Practice Providers division-based care delivery model in a level one trauma center, can positively impact retention rate, increase financial revenue and maximize APP utilization and recruitment.

• This model can impact patient safety through continuity care, through-put process, as well as decreasing length of stay and reduce miss injuries in trauma patients.

Objectives

• Division-based APP care delivery model staffed by APP's provides more value, by improving patient safety, retention, and increase financial revenues.

• Services-based APP care delivery model hinders APPs ability to follow their patient population across units thereby not allowing for continuity across the patient care continuum

• Limits availability of provider resources when other services are experiencing shortage
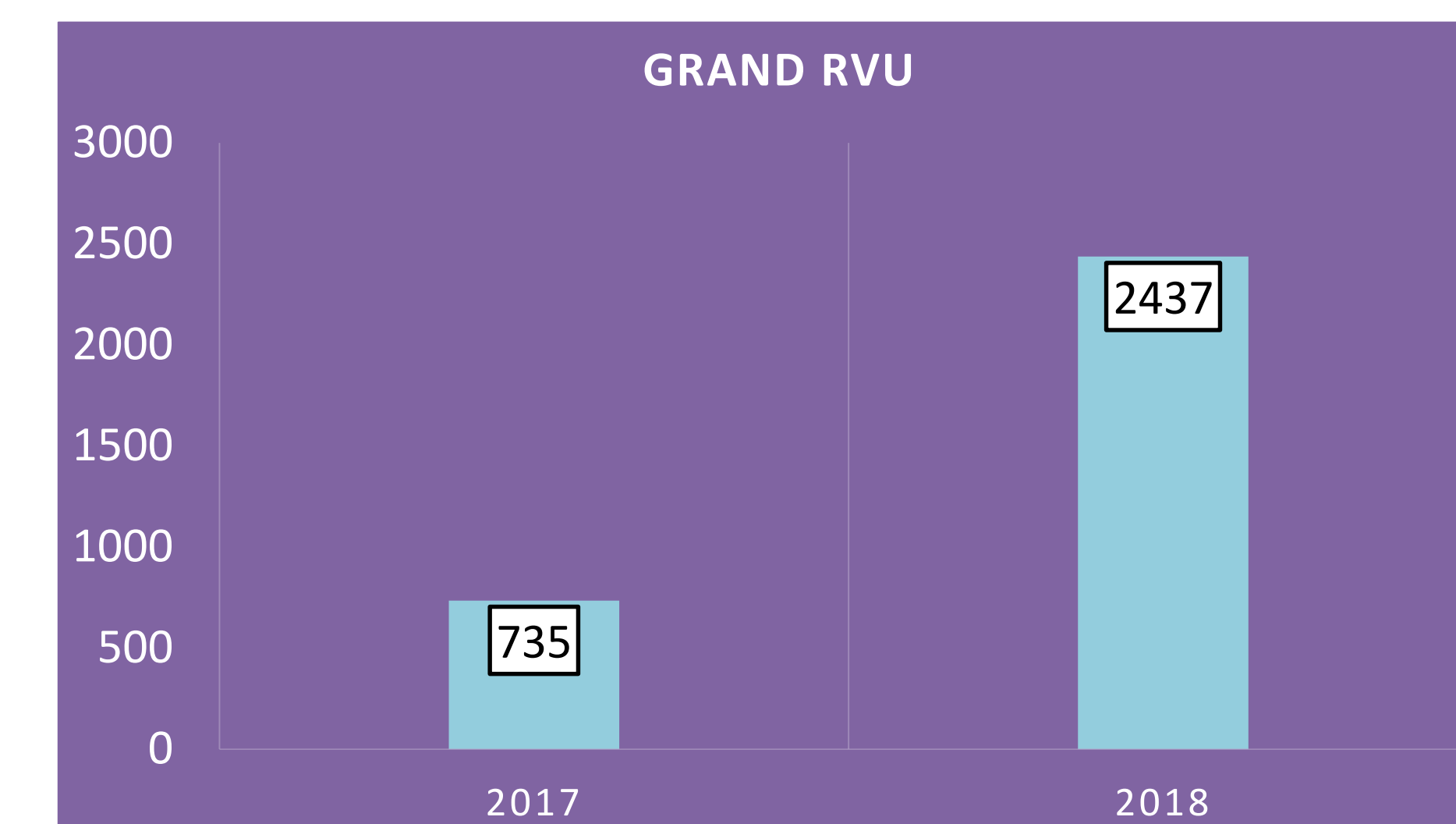
Project Design

• A service-based practice model was redefined to a division-based model for six APPs: surgical trauma intensive care unit, emergency general surgery (EGS), acute trauma service in a comprehensive level 1 trauma academic medical center

• APP's were cross-trained beginning June 2016 for all new hires.

• Training included didactic lectures in addition to Advance Trauma Life Support (ATLS) and mock trauma activation training and procedure workshops such as chest tube placement, suturing and central venous catheter placement.

• Each practitioner was trained to provide care for patients at all the level of care.

Results

• Retention rate of APP's above 70% for all newly hired APPs from 2016.

• Two additional service: an APP led Trauma Outpatient service and APP Telemedicine Trauma Clinic

• Increase professional growth by maximizing the scope of practice.

GRAND RVU — 2017: 735; 2018: 2437

Conclusion

AACN standard of practice consensus model on ACNP supports a structure that will facilitate the patient's transition within healthcare settings and across all levels.

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