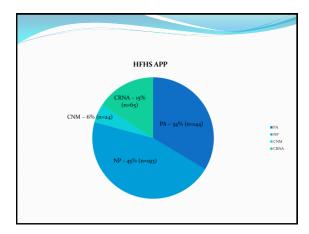
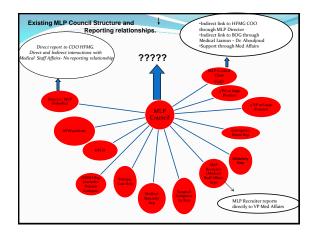
Advanced Practice Providers  (group formerly known as MLPs)  @
Henry Ford Health System
September 9, 2011 Folusho Ogunfiditimi DM, MPH, PA-C Manager, Advanced Practice Providers.



# Who is the APP Council? Humble Beginnings

- 1997: began as a working group following acquisition of MMG by HFHS
- Purpose: to establish the professional position of APN and PA as Health Care Providers within the system
- Over the next 7 years the Council continued on a simple mission of finding a professional voice and position



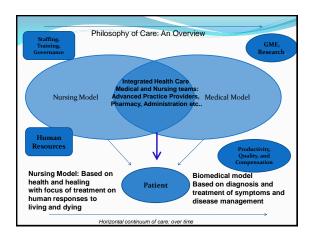
# Evolution of the Council: Today

- 17 member council representing the APNs and PAs
- Elections are based on specialty area, practice setting, and location
- Address issues of education, professionalism, recruitment and retention, credentialing

## Evolution of the Council: Vision

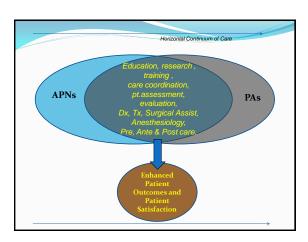
 To provide a platform for defining and enhancing the role of PA's and APN's through practice, research and education. Success will result from our ability to work together toward achieving system goals

So...how did we go from a working group to the professionally focused resource that we are today?



## **Council Purpose**

- The APPC will strive to promote the education, utilization, advocacy and professional practice of APPs within the HFHS
- Represent APPs within HFHS, and Hospital Leadership as requested
- Communicate with all APPs on ongoing and related system wide issues and concerns



#### 2011 Goal:

#### APP Professionalism

- Complete and define APP scope of practice within specific specialties and departments
- Quality and Assurance: Identify 1-2 quality Projects for 2011
- Address MLP "re-naming" strategy
- APP Policy Review: Ongoing review and approval
- APP Organizational structure Leadership Development/Self - Governance
- State and National Organizational membership and participation

#### 2011 Goal:

#### **APP Utilization**

- Define best practices of MLP utilization
  - Within the HFHS (e.g MLPs at WBH, CVICU, CTS)
  - Nationally as guided by Health Care Reform
- Describe effective practice models that maximizes professional capabilities of APPs
- Define and Describe Productivity measures and tools for APPs
- Complete SVU Project
- C+NG Orientation and Implementation

#### 2011Goal:

#### **APP Advocacy**

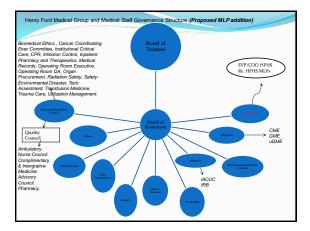
- Establish MLP Council Mandate
- Empower and create jurisdiction for the APP council
- Ongoing review and assessment of APP compensation and benefits
- APP collaboration and sharing of best practices
- Self Governance/Peer to peer reporting
- APP rewards and recognition


# 2011Goal: APP Education

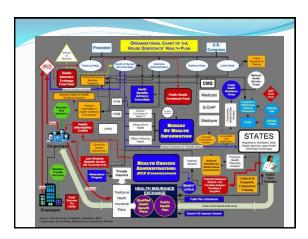
- Continue educational offerings
  - Retreat, fall general meeting, programs
- Research / publish / Monitor APP presentations and publications
  - · Individual and group accomplishments
- University recognition for preceptors: Adjunct Faculty status
- APP HFHS Cultural Diversity Scholarship Program
- APP Training on C+NG

### 2011 Goal: APP Representation

- Leadership Academy
- Shadow of a Leader
- Board appointments
- MD content course
- HFHS hospital committees
  - participation reports
  - Informatics representation







### Timeline of Advances (2002-2008) • MLP Council • MLP Budget (2008) Development (2002) • PDA – Debit Cards

- Onsite Parking- (2004)
- MLP's move to Medical Blackberry Phones (2008) Staff Affairs (2004)
- MLP Dedicated Recruiter (2007)
- MLP Director Position November-(2007)
- (\$1500.00) (2008)
- MLP Annual Recognition
- MLP Privileges- (2005)
   MLP Leadership forum (2008)
  - MLP Retreats (1st conducted 2008)

# Timeline of Advances (2009-2010) West Bloomfield MLP Leadership

- Model (2009)
- Leadership Benefits (2009)
- Equalize Pay Grades for NP/PA's- (2009)
- MLP's on Various HFH Committee's (2009) • MLP Permanent Seat on

BOG 2009

- Academy/Develop, 2 seats (2009 - 2010)
  - SVU Project (2009)
- Inclusion in third party MLPs on Find a Doc (2009)

  MLPs on Find a Doc (2009)

  MLPs on Find a BCBS 2010)

  MLPs on Various HEH

  BCBS 2010)
  - Advanced Practice Coordinator (2010)
  - Permanent Medical Liaison on MLPC (2009/10)

### Recruitment and Retention

- 422 Hires 2000-2011
- 290 Terms 2000-2010
- 154 Hires 2008-2010
- 22-2008 (4.5% growth)
- 83-2009 (64% growth) 49-2010 (22% growth)
- 89 Terms 2008-2010
- 21-2008 30-2009
- 38-2010
- Time to Fill- 50 days
- 31% retention rates prior to 2008. 43% retention rate since
- 2008
- 15% average annual growth rate since 2008
- 8.2% turnover rate since
- 2008

