Critical Care NP/PA Program
at NYP-Columbia

Paul D. Boerem, RRT, RN, ACNP-BC

Chief NP, Pulmonary Critical Care
Medical Intensive Care Unit, NYP Columbia
Center for Acute Respiratory Failure, Medical ECMO Program

Clinical Centers

- Price Family Center for Comprehensive Chest Care
  - Chest Disease & Respiratory Failure
  - Cystic Fibrosis
  - Lung Transplantation
  - Interstitial Lung Disease
  - Lung Cancer Screening
  - Interventional Bronchoscopy
  - Asthma
  - Pulmonary Diagnostics
  - Pulmonary Rehabilitation
- General Pulmonary Medicine
- Acute Respiratory Failure
- Critical Care Medicine
  - Medical Intensive Care Units
  - Critical Care NP/PA Program
  - Critical Care in the Hospital
  - Faculty and Staff
- Sleep & Ventilatory Disorders

Critical Care NP/PA Program

Medical intensive care unit (MICU) B is a 12-bed, closed medical intensive care unit, staffed 24 hours a day by Acute Care nurse practitioners (NPs) and physician assistants (PAs), working alongside pulmonary/critical care fellows and board-certified pulmonary/critical care attendings to provide cutting-edge medical care. The MICU at NewYork-Presbyterian Hospital/Columbia Campus is a major tertiary and quaternary referral center, providing medical critical care to a clinically diverse patient population with a broad range of critical illness. The MICU B team is directly responsible for the evaluation and management of over 600 patients annually. MICU B is also the home of the medical ECMO (Extracorporeal Membrane Oxygenation) program, and the MICU B staff serve as the rapid response team for NewYork-Presbyterian/Columbia.

Critical Care NP/PA Program

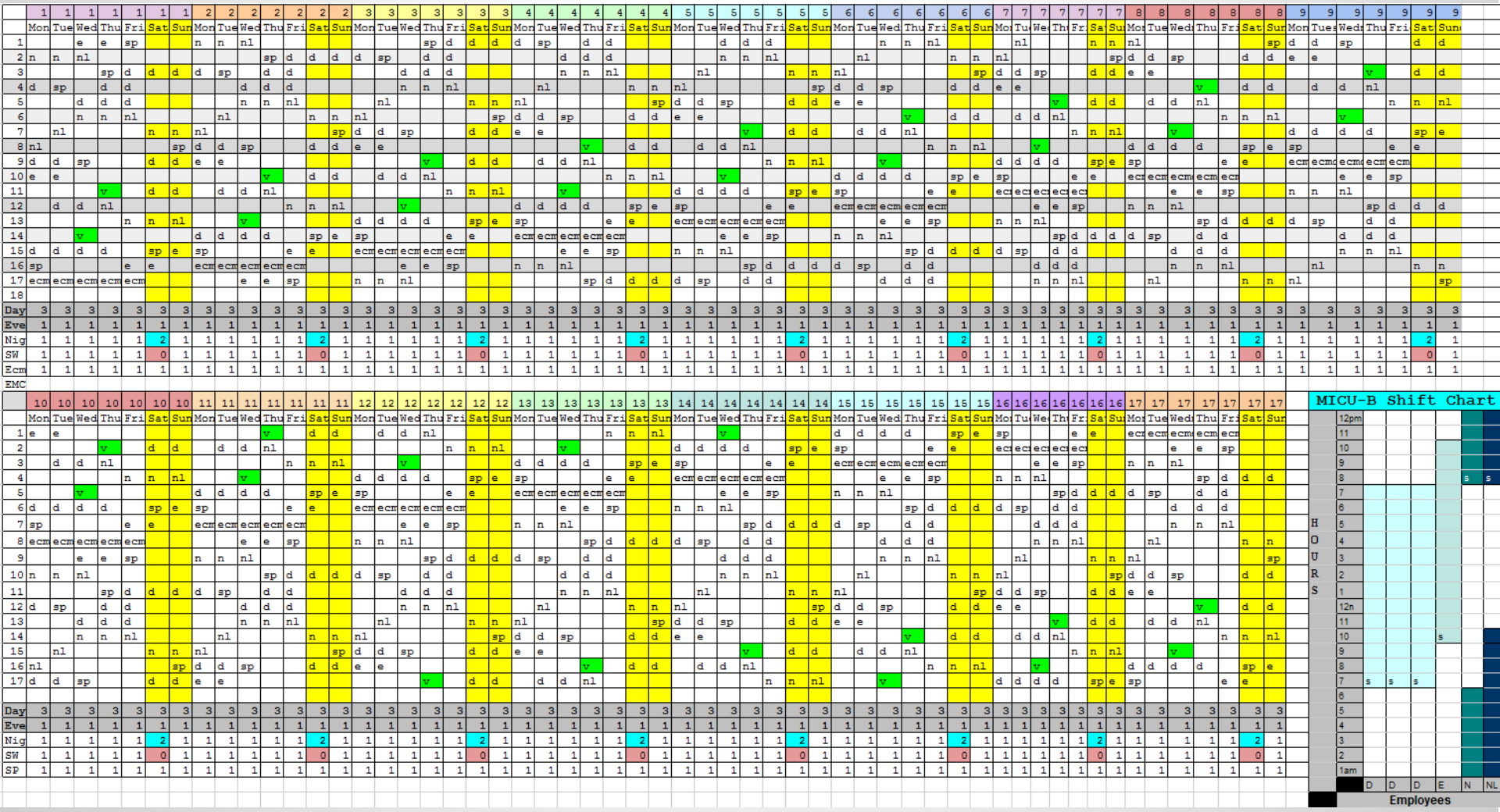
Chief Nurse Practitioner:
Paul Boerem, ACNP

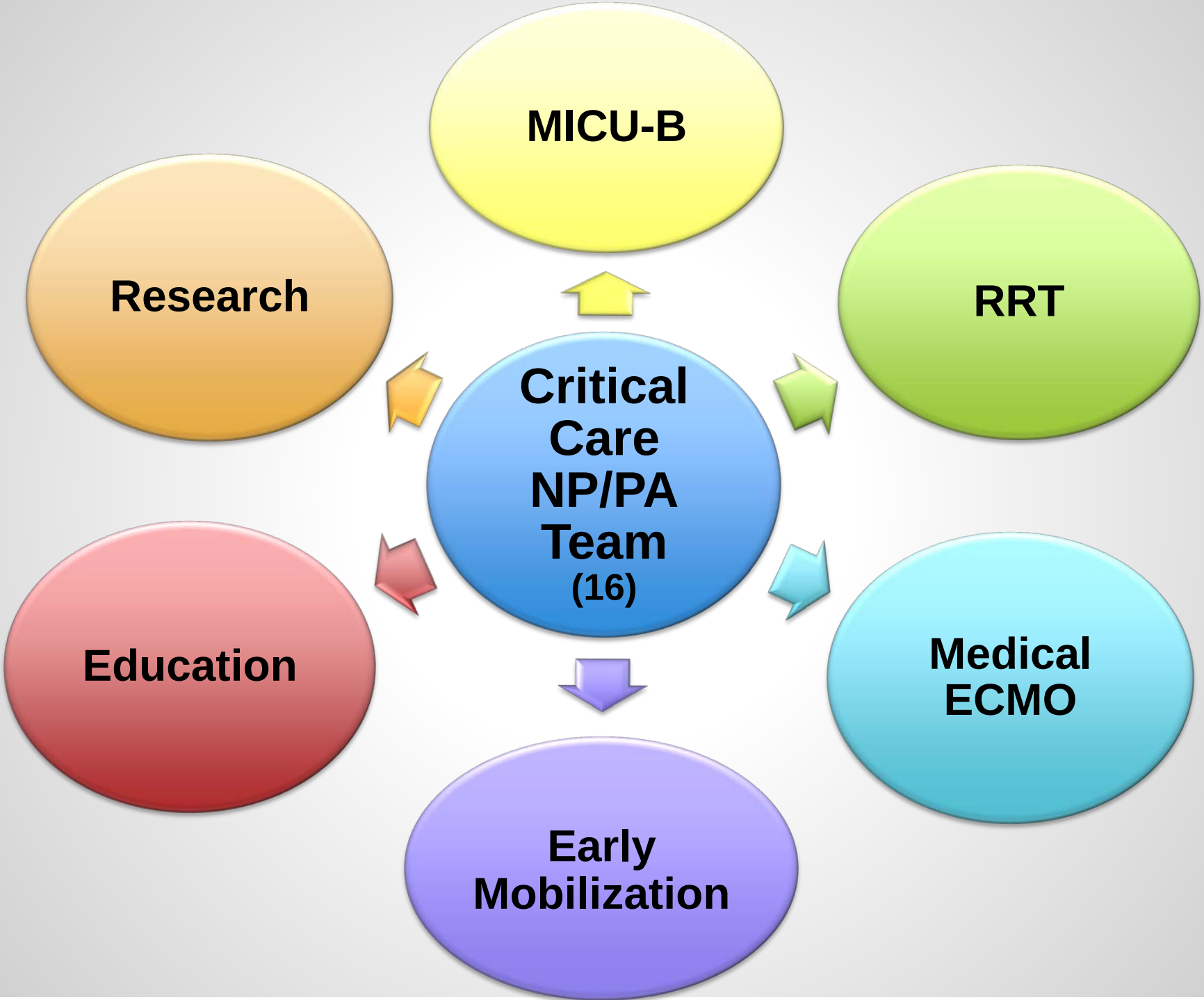
Attending Coordinator:
Jennifer Cunningham, MD

Training Program

Our mission is to provide state-of-the-art care for medically critically ill patients and to train current NPs and PAs as well as our Pulmonary/Critical Care fellows in the comprehensive care of medically complex patients. Clinical independence is crafted in an atmosphere filled with personal and professional multidisciplinary support provided by nursing, nutrition, respiratory therapy, social work, palliative care, patient services, a critical care PharmD and a dedicated MICU rehab staff consisting of physical, occupational and speech therapists, as well as critical care fellows and attending staff. Progressive responsibility is the goal of our training program with attending level support always available. Clinical skills will be developed and refined to create complete differentials and treatment plans, learning how to apply evidence-based medicine in the diagnosis and treatment of various medical conditions in the intensive care environment.

Master Schedule




MICU-B
Research
RRT
Critical Care NP/PA Team (16)
Education
Medical ECMO
Early Mobilization

Medical Intensive Care Unit - B

MICU-B Stats

Management Dashboard

MICB - Milstein 4 Medical ICU B

Current Status (9/18/2012)

Midnight Census (09/18/2012)	Occupancy Rate (09/18/2012)	Patient Days YTD (09/18/2012)
11 Cert. Beds: 12	91.67 % 11 of 12 Beds	2,762

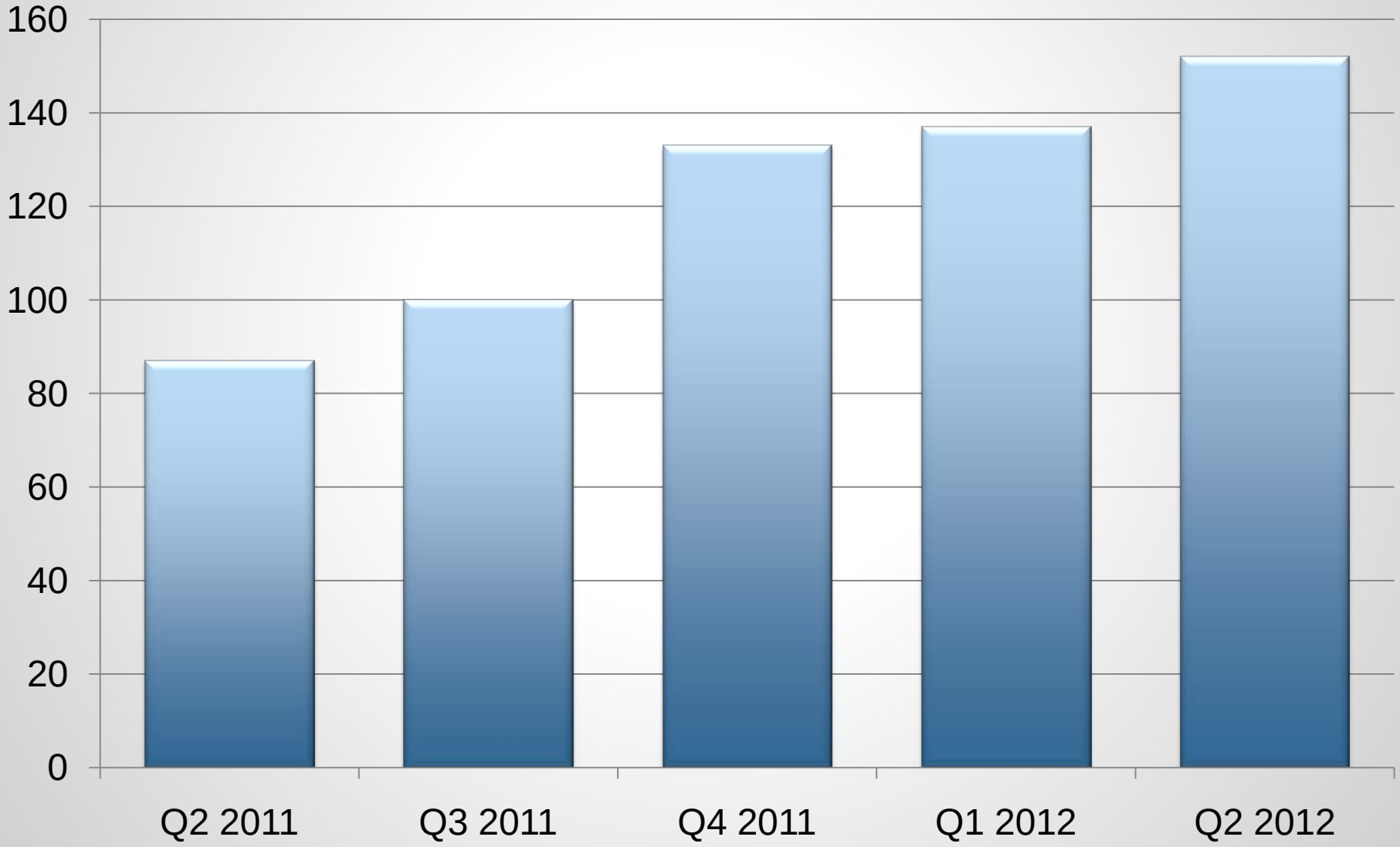
As of Date

Hand Hygiene (Aug-2012)	Admissions YTD Includes readmit (9/14/2012)	CLABSI (9/18/2012)	Patient Satisfaction (3/5/2012)
100%	498	0 Inf. Free Days: 335	100.00% Press Ganey

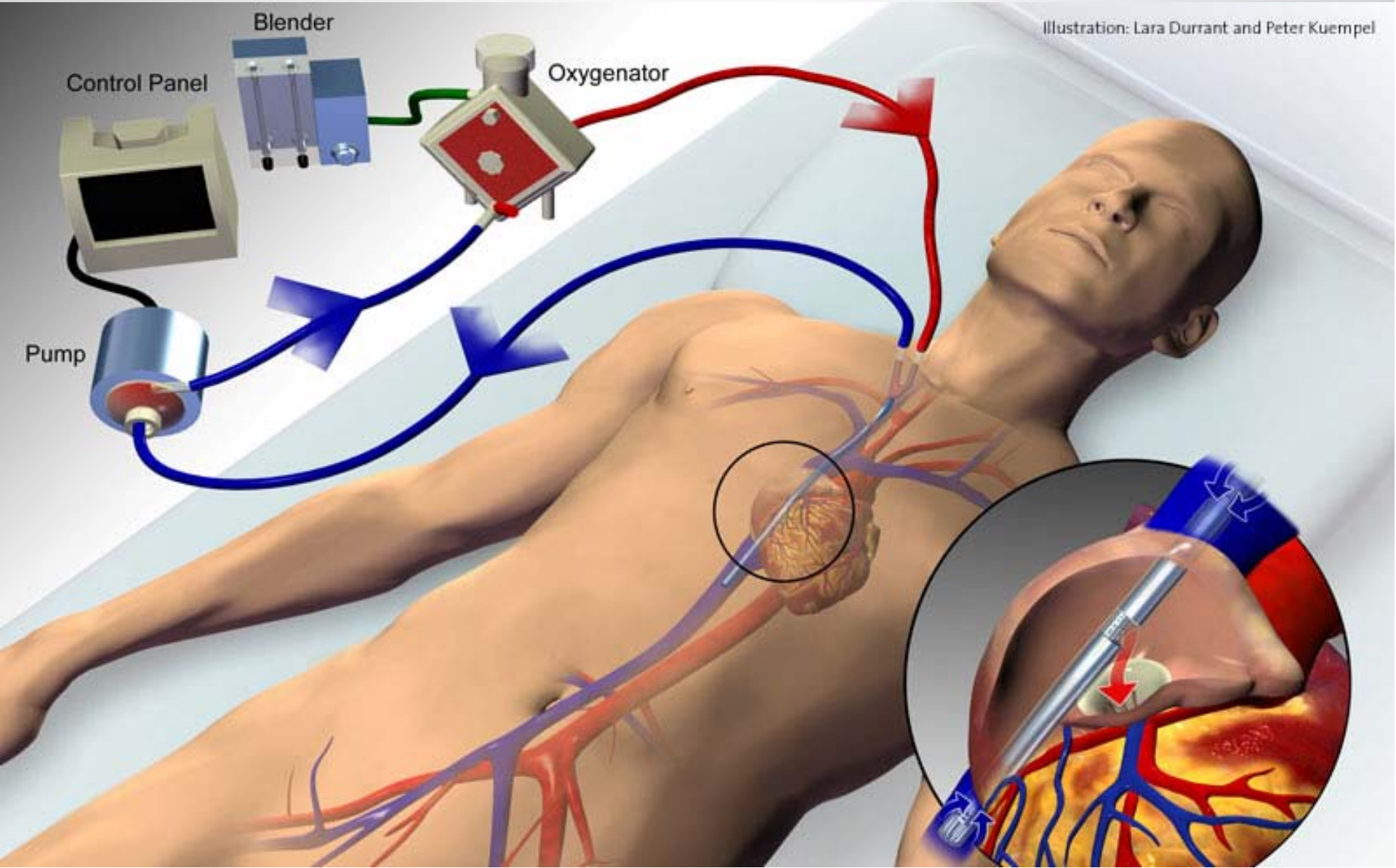
YTD

Pharmacy (Per Patient Day) (8/31/2012)	Blood Bank (Per Patient Day) (8/31/2012)	Chest X-Ray (Per Patient Day) (8/31/2012)	ALOS (On unit) (9/14/2012)	Mortality (Not risk adjusted) (9/7/2012)	24HR Readmit (9/14/2012)
$718	3.32 units $228	0.87 x-rays $357	5.28 days	115 (23.23%) On Unit: 85 (17.17%) Off Unit: 30 (6.06%)	24 4.82%

Rapid Response Team



Medical ECMO

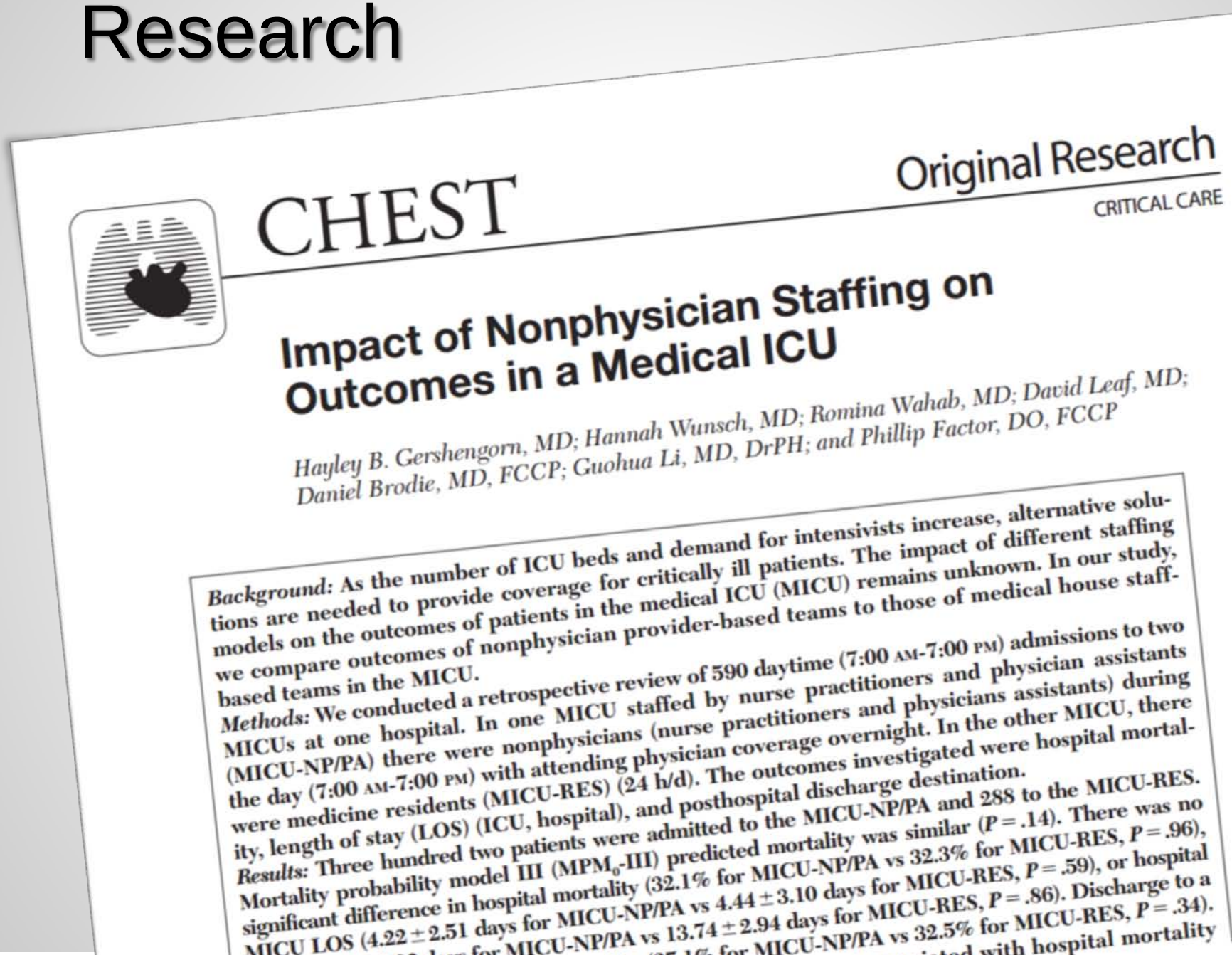


Early Mobilization

Early Mobilization

Education

Research



CHEST

Original Research

CRITICAL CARE

Impact of Nonphysician Staffing on Outcomes in a Medical ICU

Hayley B. Gershengorn, MD; Hannah Wunsch, MD; Romina Wahab, MD; David Leaf, MD; Daniel Brodie, MD, FCCP; Guohua Li, MD, DrPH; and Phillip Factor, DO, FCCP

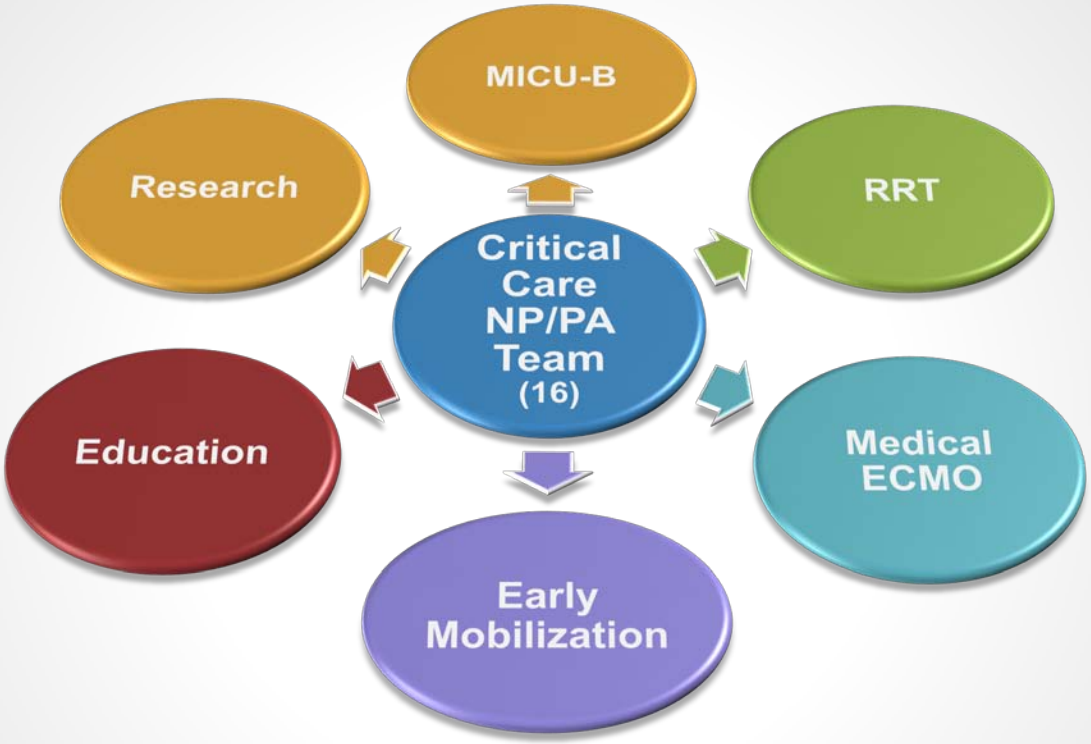
Background: **As the number of ICU beds and demand for intensivists increase, alternative solutions are needed to provide coverage for critically ill patients. The impact of different staffing models on the outcomes of patients in the medical ICU (MICU) remains unknown. In our study, we compare outcomes of nonphysician provider-based teams to those of medical house staff-based teams in the MICU.**

Methods: **We conducted a retrospective review of 590 daytime (7:00 AM-7:00 PM) admissions to two MICUs at one hospital. In one MICU staffed by nurse practitioners and physician assistants (MICU-NP/PA) there were nonphysicians (nurse practitioners and physicians assistants) during the day (7:00 AM-7:00 PM) with attending physician coverage overnight. In the other MICU, there were medicine residents (MICU-RES) (24 h/d). The outcomes investigated were hospital mortality, length of stay (LOS) (ICU, hospital), and posthospital discharge destination.**

Results: **Three hundred two patients were admitted to the MICU-NP/PA and 288 to the MICU-RES. Mortality probability model III (MPM_0-III) predicted mortality was similar ($P = .14$). There was no significant difference in hospital mortality (32.1% for MICU-NP/PA vs 32.3% for MICU-RES, $P = .96$), MICU LOS (4.22 ± 2.51 days for MICU-NP/PA vs 4.44 ± 3.10 days for MICU-RES, $P = .59$), or hospital for MICU-NP/PA vs 13.74 ± 2.94 days for MICU-RES, $P = .86$). Discharge to a for MICU-NP/PA vs 32.5% for MICU-RES, $P = .34$). with hospital mortality**

QPStar Award

Questions?



Website:
http://www.cumc.columbia.edu/pulmonary/clinical-centers/critical-care-np-pa-program