

Maximizing Scope and **Measuring Success** of the Critical Care Nurse Practitioner

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Objectives

- Understand the purpose and requirements for FPPE and OPPE
- Identify a basic framework for FPPE and OPPE assessment
- Explore effective methods and tools used to measure performance



2010 Institute of Medicine Report

- Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- Nurses should be full partners with physicians and others in redesigning U.S. health care.
- Effective workforce planning and policy-making require better data collection and an information infrastructure.
- Nurses should practice to the full extent of their education and training.
- ***Transform nursing field to prepare nurses to lead change and advance health for all Americans.***



IOM -- Six Aims of Quality Healthcare

- Safe
- Effective
- Patient-centered
- Timely
- Efficient
- Equitable





Professional Practice Evaluation

- Joint Commission Standards
MS.08.01.01 and MS.08.01.03

Focused Professional Practice Evaluation



What is FPPE?

- A period of focused review (JC standard MS.08.01.01).
- Clearly defined performance monitoring process
- Time or volume limited
- Consistently implemented
- Assigned proctor, usually a peer
- Outlined plan for improvement



FPPE – a period of focused review

- When a practitioner has the credentials to suggest competence, but additional information or a period of evaluation is needed to confirm competence in the organization's setting.
- If questions arise (clearly defined triggers) regarding a practitioner's professional practice.



When do we do an FPPE?

Implemented for all newly requested privileges

- Practitioners new to the organization
- Existing practitioners applying for new privileges

When practice issues are identified that affect the provision of safe, high-quality patient care

- Triggered from an ongoing evaluation or clinical practice trends
- Triggered by a single incident or sentinel event



FPPE Could Include

- Chart review
- Monitoring clinical practice patterns
- Simulation
- Peer Review (Internal and/or External)
- Discussions with other individuals involved in patient care
- Direct Observation



Focused Professional Practice Evaluation of Competency

Professionalism

Patient Care

Interpersonal
communications

Medical/Clinical
knowledge

Systems based
practice

Practice based
learning and
improvement

Scientific Foundation

Leadership

Quality

Practice Inquiry

Technology and
Information Literacy

Policy

Health Delivery
Systems

Ethics

Independent Practice

Neurocritical care

Trauma

Glucose management
service

Surgical ICU

Cardiology arrhythmia
service

Inpatient medicine

Cardiothoracic ICU

Medical ICU

Hematology

Licensed independent
provider – NP Core – Specialty/Age





Patient Care

Provides patient care that is compassionate, appropriate and effective for the promotion of health, prevention of illness, treatment of disease and care at the end of life.



Medical/Clinical Knowledge

Demonstrates knowledge of established and evolving biomedical, clinical and social sciences and the application of knowledge to patient care and the education of others.



Practice Based Learning and Improvement

Able to use scientific evidence and methods to investigate, evaluate and improve patient care practices.



Interpersonal and Communication Skills

Demonstrates interpersonal and communication skills that establish and maintain professional relationships with patients, families, co workers and other members of the healthcare team.



Professionalism

Demonstrates behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity* and a responsible attitude toward patients, profession and society.

* The Joint Commission considers diversity to include race, culture, gender, religion, ethnic background, sexual preference, language, mental capacity and physical disability.



Systems Based Practice

Demonstrates both an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize health care.



Ongoing Professional Practice Evaluation

Why OPPE?

- To move away from the procedural, cyclical process in which practitioners are evaluated when privileges are initially granted and every 2 years thereafter.
- To continuously evaluate a practitioner's performance
- To identify professional practice trends that impact on quality of care and patient safety.
- To decide whether a practitioner is competent to maintain existing privileges or needs referral for FPPE



What is OPPE?

- Clearly defined quality review process to evaluate each practitioner's practice.
- Type of data collected may be general but also must include data that is determined by *individual departments and be individual practice specific*
- Can include both subjective and objective data
- Must occur more than once a year, usually every 6-8 months





Categories of OPPE Assessment

Subjective competency

Technical skills

Financial productivity

Clinical outcomes -- DATA

OPPE – Qualitative Assessment

- Use of protocols
- Adherence to clinical practice guidelines
- Patient/Staff satisfaction
- Resource utilization
- Prescriptive practices
- Documentation
- Patient/Staff complaints



OPPE – Competency Assessment

- Professional behavior
- Presentations/Publications
- Leadership roles
- Committee involvement

Tools – Questionnaires, Surveys, Evaluation forms, Tests, Discussions, Direct observance, Confidential reporting methods, Chart audits



OPPE – Technical Skills

- Complication rates
- Frequency of procedures performed
- Adherence to protocol and quality indicators (i.e. timeouts)

Tools -- Skills Checklist, Simulation, Direct Observance

OPPE – Financial Productivity

- Charges
- Collections
- Relative value units (RVUs)
- CPT codes
- Documentation

Tools – Graphs, Reports

OPPE – Outcomes Data

- Mortality rates
- Length of stay
- Blood transfusion rates
- Ventilator days
- Readmission rates
- CLABSI rates
- CAUTI rates
- Adherence to clinical practice guidelines

Tools –
Dashboards, Scorecards, Graphs, Reports

OPPE – Evidence Based Practice

- **Adding NPs to cardiovascular surgery resulted in decreased LOS by 1.9 days and decrease in costs of care by >\$5K per patient.** Meyer, S. and Miers, L. (2005). Effect of cardiovascular surgeon and acute care nurse practitioner collaboration on postoperative outcomes. AACN Clinical Issues, 16, 149-158.
- **Surgical patient outcomes managed by NPs resulted in decreased LOS, earlier mobility, lower rates of UTI, foley days and skin breakdown.** Gracias, E, Sicoutris, C., Meridith, D, Haut, E, et al. (2003). Critical care nurse practitioners improve compliance with clinical practice guidelines in the surgical intensive care unit. Critical Care Medicine, 31(22), A93.
- **NP influence on compliance with DVT/PE, SUP and anemia practice guidelines revealed a significantly higher rate of compliance for the NP team.** Hylka, S. and Beschle, J. (1995). Nurse practitioners, cost savings, and improved patient care in the department of surgery. Nursing Economics. 13, 349-354.



OPPE – Dashboards and Scorecards

Must set targets with negative variances that are statistically significant. Consistent out of bounds would result in an FPPE.

OPPE – Getting started....

- ✓ What are outcomes valued by your practice?
- ✓ What are outcomes valued by your institution?
- ✓ Are any of your outcomes clinical and if so, are they evidence-based?
- ✓ Are any of these outcomes (clinical and other) directly affected by NPs?
- ✓ How do the outcomes chosen measure your NP core competencies?

This will establish the basis of OPPE for your NPs.



OPPE – Getting started....

- ✓ Define your outcome and goal.
- ✓ How will the outcome be measured?
- ✓ Is there data already being collected on this metric? If so, how can the data be mined and presented in a meaningful reader format?
- ✓ Can informatics be created to automatically collect the data? If not, how can the NP collect the data?
- ✓ If the NP is collected the data, can the collection process be integrated in to the current workflow?
- ✓ What is your target value? Reach value? Unacceptable value?
- ✓ How will you address unacceptable values consistently?
- ✓ How will the NPs and others in your practice be able to monitor this data?



Nelson, et. al, 2008



“...performance...of clinical microsystems is often hidden from view because of a lack of metrics, data or benchmarking information to reveal whether or not everything is done every time in the right way at the right time in the best way for the best possible results...Continuous nurturing of an (NP practice) to be information rich is essential....



Thank you



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