

The Development of a NP/PA Leadership Model in the Hospital Setting

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ADVANCED PRACTICE NURSING



Making the Case for APP Leadership

- ❑ Fragmented reporting structures
- ❑ Lack of standardized process for hiring, credentialing and orientation
- ❑ Multiple entry points into practice within the campus
- ❑ Variable scope of practice among NPs and between teams
- ❑ Inefficiencies in addressing NP professional issues
- ❑ Difficulty with recruitment and retention
- ❑ Lack of centralized budgeting and resource utilization creating duplication and waste
- ❑ Lack of a Professional ladder
- ❑ Role confusion

Frequent Employee Dissatisfiers

- ❑ Ineffective communication between NP/PAs and both nursing and medical leadership
- ❑ Lack of clarity about the NP/PA role
- ❑ Ineffective utilization of the provider
- ❑ Lack of accountability for a standardized APN scope
- ❑ No institutional awareness regarding role development or scope of practice alignment
- ❑ Lack of integration of the NP/PA into the academic model
- ❑ Poor or NO Onboarding and Orientation
- ❑ Poor understanding of the managing the novice vs. expert expectations and trajectory

Evolution of the Leadership Model

- 2004- Established an APN council
- 2004-07 Engaging stakeholders and collecting the data
 - Surveys r/t NP/PA/MD/Administrator Satisfaction and concern
 - **Successes in similar organizations***
- 2008- Established Director of NP role
- 2009- Revenue responsibility of NP/PA budget for NPs/PAs
- EXPANSION of Clinical Program Manager Role (12 Leads and 2 Senior NPs)
- 2009- Director Membership at the Medical Executive Committee (Department Chairs, CMO, Division Chiefs, the CNO, the CEO)
- 2010- sign off on the APP credentials
- 2012- Changing the culture of how APP resource allocations occur, influencing system-ness, cost vs. value and effectiveness

Role of the Director

- Recruitment and Retention
- Professional support
- Mentoring Novice
- Enhanced visibility of NPP role
- Communication and planning for NP/PA resources
- Managing Performance/Expectations

Differentiating the Roles

APN Director	Lead NP
Strategic Planning	Team Planning and Unit/Team operational support
Organizational Representation of APN Providers	Represents a team of NPs who are responsible for a patient focused population
Manager responsibility for hiring Lead NPs, contributing to model development, Lead NP mentoring	Manager responsibility for hiring, orientation, annual appraisal, corrective action, mentoring
Fiscal direction and accountability for Salary, market analysis, salary equity, professional advancement, credentialing process, medical staff office and risk, quality and safety reporting	Local team responsibility for managing moonlighting and allocation of manpower within the teams
Utilization of the NP Provider Role across departments and overall support of Lead action	Utilization of the NP Provider Role within teams

Leadership Outcomes

- Standardized Onboarding and Orientation
- Internal Equity and Market Differentials
- Professional Advancement Model*
- Standardizing NP/PA Credentialing Process
- NP Post-Graduate Critical Care Residency*
- Civility Training
- FPPE/OPPE/Peer Evaluation
- Communication Forums
- Mentoring Novice Support Group

Leadership Outcomes

- Improved recruitment and retention
- APN Grand Rounds
- Evidence Based Practice Learning Modules
- UM Nursing Partnership: the role of bridging the practicing clinician and the academic model
- Improved NP exposure/influence on interdisciplinary work teams: IT, HIM, PET, Nursing and Medicine

The IOM Recommendations also Apply to NPs

1. **Nurses/NPs should practice to the full extent of their education and training.**
2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
3. **Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the US.**
4. Effective work force planning and policy making require better data collection and improved IT.

Ongoing Challenges:

NP/PA satisfaction

- ❑ Conflict between the service and teaching missions in academic medical center when implementing NP roles
- ❑ Utilize the NP to the full scope of practice
- ❑ Frustration with the complexity of multiple decision makers in the care decision making- NP in the middle
- ❑ ACGME work hour restrictions- The NP/PA bandaid
- ❑ Developing HR competency of the NP/PA Leadership team
- ❑ Value and Productivity in Healthcare Reform- measuring our effectiveness- assuring our place

Leading Our Workforce



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