

Creating an Advanced Practice Service

Joe Don Cavender, MSN, RN, CPNP-PC
Director, Advanced Practice Services
Children's Medical Center of Dallas
November 5, 2007



What is an Advanced Practice Service?



Scope of Problem at CMC in 2003

- ❑ Disconnected group
- ❑ Disparity (Pay, Travel/Ed support)
- ❑ Lack of APN/PA practice understanding by nursing managers
- ❑ Increased complexity of practice (scope of practice as well as BON rules & regs)
- ❑ Growing numbers of APNs/PAs
 - Increasing cost without associated revenue generation

Where did it begin?

- In 2003 a group of APNs at CMC began meeting monthly
 - 'APN Council' – 12 APNs from various service lines interested in furthering Advanced Practice at CMC
 - Initial steps:
 - Survey (zoomerang) to determine the needs of the APN/PA group at large.
 - Initial goal: To get to know each other – and to create as sense of community.

Where did it begin?

- In 2005, our group met with the new CNO to discuss the results of our survey
 - We suggested creating a Director of APS that could serve as a consultative liaison between APNs/PAs and the nursing leadership team
- However, She suggested we create a service line for all employed APNs and PAs – with each reporting directly to the Director of APS who would report to a Senior Director – then the CNO
 - Now APS Director reports directly to CNO

Plan

- Create a 'service line' for all APNs and PAs
- Director, APN Managers
 - Director, Managers are all practicing APNs/PAs
- Budgeting all within a single cost center
- Standardization of support/compensation
- Creation of a "Sense of Community"
- Quantification of productivity
- Begin to explore opportunities for reimbursement

Planning and Development

- Continued with Advanced Practice Council
 - changed to the Advanced Practice Advisory Group (APAG)
 - APAG utilized initially to help with the creation and development of APS
 - APAG still utilized to discuss current issues
 - APAG helps APS Management to plan for the future

Advanced Practice Advisory Group

- ❑ A consulting body that advises on the direction of the Advanced Practice Service activities and goals
- ❑ APAG is a group of APNs/PAs representing various practice areas
- ❑ Created in 2003 as the Advanced Practice Council
- ❑ Efforts eventually led to creation of the Advanced Practice Service
- ❑ Group meets monthly on the 4th Tuesday at 07:30

Advanced Practice Advisory Group

- Sub-Committees:
 - Practice
 - Education and Research
 - Quality
 - Credentialing/Mentoring
 - Billing/Financial Resources

Advanced Practice Advisory Group

□ Practice

- Focus on practice issues related to advanced practice.
 - Such as our Acute vs Primary Care issues
- Creation of institutional standards related to advanced practice
- Establish proficiency standards for specialty specific procedures and development/refine documentation process.

Advanced Practice Advisory Group

- Education and Research
 - Address educational needs of the APN and PA group, with the possibility of providing intermittent, ongoing educational opportunities for APNs and PAs.
 - One member to represent APNs on the Education Council
 - Consultation and Research
 - Conference/CEU organization
 - Development of a formal orientation program

Advanced Practice Advisory Group

□ Credentialing

- Serve as a resource for the Medical Staff Office regarding credentialing of APNs and PAs.
- Review completed Collaborative Agreement forms for proper utilization of the document.
- Address the PEAC (Performance Eval.) process for APNs and PAs in the APS.
- Mentoring of APNs/PAs new to the organization

Advanced Practice Advisory Group

□ Quality

- Address the need for ongoing measurement of quality among members of the APS.
- Develop and implement a quality monitoring program for APNs and PAs.
 - APS database
 - QUIT committee – Quality Department

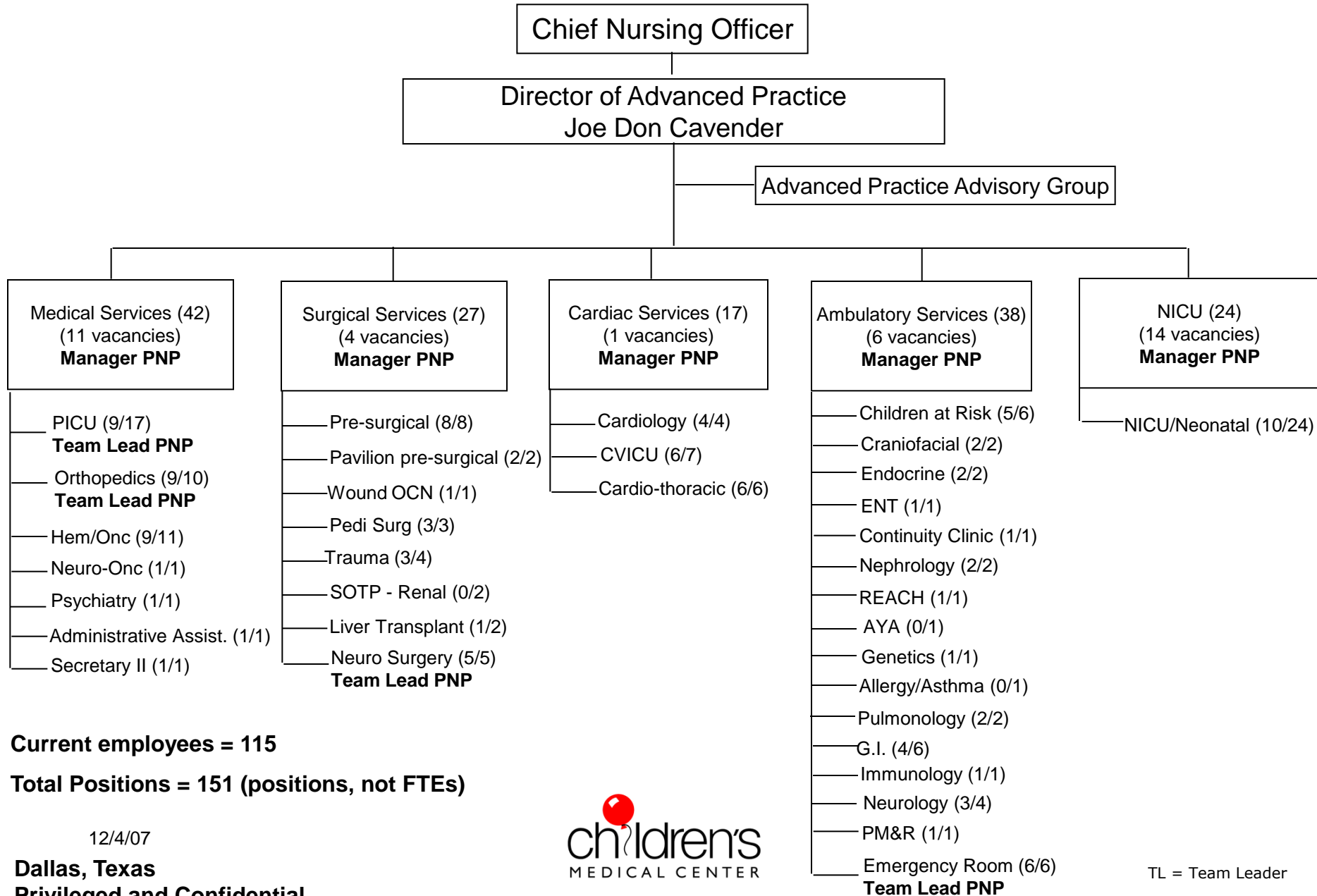
Advanced Practice Advisory Group

- Billing/financial Resources
 - Address the utility of APNs and PAs billing for their services.
 - Measurement of value added to the organization by APNs/PAs

Advanced Practice Service

- Goal:
 - To have all APNs/PAs under the umbrella of one service
 - Accomplished by developing the structure required for supporting the more than 100 APNs/PAs at CMC
- APNs/PAs organized in Medical, Surgical, Ambulatory, and Critical Care services
 - Breaks groups into manageable numbers (~25/group)
 - Most in each group perform similar roles/functions

Advanced Practice Services Organizational Chart



Current employees = 115

Total Positions = 151 (positions, not FTEs)

12/4/07

**Dallas, Texas
Privileged and Confidential**



TL = Team Leader

Advanced Practice Service

□ Important Outcomes

- A commitment to ensure that the specialty areas within which APNs/PAs practice are fully engaged
 - To maintain seamless provision of service by each APN/PA within their respective specialty service
 - To not decrease the oversight of the delegated and collaborative responsibility of the APNs as it relates to their Medical Services
- Comprehensive coordination of APN/PA practice

Advanced Practice Service

□ What we do:

- Annual Performance Evaluations
- Practice related issue consultation and resolution
- Consultation regarding proper utilization of APN and PA services
- Resolution of disciplinary issues
- Recruitment and candidate selection for open positions
- Coordination of hiring and orientation of APNs & PAs
- Determination and management of productivity issues
- Budgeting for Service line costs
- Salary structure administration

Advanced Practice Service Efforts

□ Compensation:

- Recently completed salary re-structuring that:
 - Beats the local, state, and national markets
 - Provides compensation for nights, evenings, weekends, holidays, call, etc.

□ Certification:

- We are progressing gradually to requiring Acute Care education and certification in complex care areas
 - We are providing support to achieve this via provision of review course, tuition support, education time...

□ Education:

- We currently provide funding for travel and education as well as 40 paid Education hours/year (not vacation/PTO)

Advanced Practice Service Efforts

- Liability Insurance:
 - Paid personal liability policy
- Administrative Time:
 - We advocate 4 hours per week (8 hours per pay period of protected time for research/education)
- 24/7/365 Coverage:
 - In areas where required, it is an even rotation – no requirement for new APNs to do all nights, evenings or holidays
 - 160 hours/4 weeks for flexible scheduling

Group Meetings

- Monthly Group Wide Meetings
 - 1 ½ hours – various days and times of day each month
 - Provide refreshments
 - Significant Achievements recognition
 - Service Awards
 - Practice Spotlight
 - Updates on Joint Commission, new policies, organizational changes, etc.
 - Meetings followed by e-mail with slides and minutes

Group Meetings

□ Quarterly Focus Groups

- 3 meetings, one hour in length each quarter at various times of day and days of week
- OPEN AGENDA
- Very informative to me as Director
- Much appreciated by APNs/PAs

THE LEADERSHIP CHALLENGE

THE MOST TRUSTED SOURCE FOR BECOMING A BETTER LEADER

- ***The Leadership Challenge has its origins in a research project Jim Kouzes and Barry Posner began in 1983.***
 - ***They wanted to know what people did when they were at their "personal best" in leading others.***
- ***The Leadership Challenge*** is about how leaders mobilize others to want to get extraordinary things done.
 - It's about the practices leaders use to transform values into actions, visions into realities, obstacles into innovations, separateness into solidarity, and risks into rewards.
 - It's about a climate in which people turn challenging opportunities into remarkable successes.

Evaluation Results

Statement	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	Mean
The workshop fulfilled my goals and expectations.	0%	0%	0%	26%	74%	4.74
The participant workbook effectively supported my learning.	0%	0%	19%	37%	44%	4.26
I can be a more effective leader as a result of this program.	0%	0%	0%	33%	67%	4.67
I will recommend this program to others.	0%	0%	0%	18%	82%	4.81

Scale	Percentage
Exceptional. One of the two or three best workshops I've attended.	77%
Superior. Better than most of the workshops I've attended.	19%
Average. Lived up to my expectations.	4%
Ho-hum. Some value but did not live up to my expectations.	0%
Inferior. A waste of time	0%

Evaluation Comments:

□ **Things Liked Most**

- "Group interaction. I love participation, not just sitting and looking at slides."
- "While leadership is not a new topic, the ideas and concepts were innovative and generally very concrete. I especially liked the method in which they were presented in a positive and honest/open fashion."
- "Was in a group of true peers that could relate to my hopes/desires/challenges. Trusting environment."
- "Opportunity to develop pertinence to my life as a leader. Opportunity to recognize the power of informal leaders."
- "The ability to express my feelings and offer feedback in an open, safe forum. Challenged my thinking. Caused me to think outside the box."

□ **Things Liked Least**

- "Wish we could have spent more time – 2 days went by so fast"
- "I felt the time was utilized appropriately. I did not find anything to be of less value than another. It was all very good."
- "Getting up in front of the group."

□ **Comments about Program Leader(s)**

- "Excellent facilitator – passion, expertise, humor, intelligent is the recipe for a successful program."
- "Really enjoyed Craig so much for the 2 days – he proved to be honest and genuine and this made me much more open to the content of the program. I especially valued the humor!"

LPI (Leadership Practices Inventory)

APS Results

- This is the first group at CMC with such a huge differentiation between self and observers.
- It confirms that this group (and the individual APN/PA) is much more influential in a positive way than they give themselves credit.
- This an example of how the people that influence us in the most positive way in our lives/careers usually don't have a clue they are doing that? Their observers just told them this...wow.....
- [K:\APN graph LPI-10-07.PPT](#)

Challenges

- Maintenance of sense of connection to service line physician while developing a sense of responsibility to APS and the Organization as a whole
- The magnitude of 100 employees in 30 different specialities/practice areas
 - Logistics are difficult
 - Rely upon “Electronic Community”
 - Email communication is foundational

Challenges

□ Team Leaders

- Created in the Summer of 2007
- Few APNs are willing to 'Manage' though many will take on leadership roles within their practice groups
- Utilized in groups with 5 or more APNs/PAs
- Has been VERY effective:
 - Improved Communication – both ways
 - Grooming additional APS Leaders
 - Better end product with APS Leaders and APNs/PAs both having a congruent goal/desired outcome

Current Evaluation

- Accomplishments:
 - Compensation
 - Support for:
 - Education and Travel – both time and dollars
 - Administrative time
 - Sense of community
 - Connectedness with our colleagues
- Still in Progress:
 - Revenue generation
 - Estimation/quantification of productivity

Summary

- The use of APNs in Pediatric Hospitals is Growing Rapidly!!
- The APN role is unique, but currently ill defined:
 - Somewhere between Nursing and Medicine, but is neither
 - Should be defined separately from both!!!
- Efforts to quantify and demonstrate value added are crucial to managing this growth.
- Acute Care PNPs are in demand, but short in supply – particularly in critical care.

