North Division

Advanced Practice Provider Initiative

Leadership Conference
November 2014
Todays Presenters!

Tanveer Gaibi MD, FACEP
Regional Medical Director

Richele Wright  MSN, FNP, BC
Divisional Director of Clinical Services
Advanced Practice Provider Training & Development

Amy Meredith ENP-C, FNP-C
Lead APP Southern Ocean Medical Center

Leila Reed M.S., PA-C
Lead APP Community South Indianapolis IN
Objectives

- Demonstrate the larger role APP’s are playing in health care delivery
- Difference between different APP training and ACEP position in their role
- Strategic EmCare initiatives to better integrate them into our organization
Advanced Practice Providers

The phrase Advanced Practiced Providers “APPs” refers to Advanced Practice Registered Nurses and Physician Assistants

Previously known as Midlevel Providers or “MLPs”
Nationwide, there were 80,000 PAs and 250,000 APRNs in 2008.

In 2008, 38% of NPs and 23% of PAs worked in hospital settings.

75% of OPD visits were seen by a physician, the remaining 25% were seen by an APP; 65% were by an APRN, 35% were by a PA.

Hospital outpatient department visits attended only by physician assistants (PAs) or advanced practice nurses (APNs) increased by 50% from 2000-2001 through 2008-2009.

The findings in this report suggest that PAs or APNs continue to provide a critical health care function.
The percentage of hospital ED visits during which a patient was seen by a PA or NP increased from 7% in 2000 to 17% in 2010.
APRNs
Advanced Practice Registered Nurses

- Within Emergency Medicine: Primarily Family Nurse Practitioner (FNPs) or Adult Nurse Practitioners (ANPs)

- Masters, Post-Master’s or Doctoral Level Prepared with ongoing continuing education

- The American Association of Colleges of Nurses envisions all APN master’s-level programs will evolve to a Doctorate of Nursing Practice (DNP) by 2015
AAENP
American Academy of Emergency Nurse Practitioners

- Newly established organization
- Post MSN, Emergency/Trauma focus with research, clinical, theory, didactics, academics, pharmacology
- Establishing partnership with ACEP
- October 2014, @ 30 successful APRNs credentialed

www.aaenp-natl.org
Physician Assistants

- Physician Assistant education is modeled after physician education and, most often, results in a Master’s degree
- All PA students must pass a national certifying exam to obtain a license
- Majority of PAs receive on-the-job instruction in medical care
- Post-graduate training programs specific to emergency medicine are becoming increasingly available
Physician Assistants

In 2011, the National Commission on Certification of Physician Assistants unveiled an additional level of competency evaluation in emergency medicine called the Certificate of Additional Qualifications (CAQ) in Emergency Medicine.

The PA candidate must possess a state license, successfully pass the national certifying education exam, document 3000 hours of practice in emergency medicine, document 150 hours of continuing education specific to emergency medicine, complete ACLS, PALS, ATLS, and an airway course, provide an emergency physicians attestation indicating the PA’s procedural expertise, and finally, complete a mastery level examination in emergency medicine.
The Society of Emergency Medicine Physician Assistants (SEMPA) is the exclusive professional organization representing Physician Assistants in emergency medicine.

SEMPA works to continually support the professional, clinical and personal development of emergency medicine Physician Assistants. The organization also works to educate the public about the role, importance and value of Physician Assistants in the emergency department.
The American College of Emergency Physicians

Emergency Medicine continues to experience a significant workforce shortage in the face of increasing demand of emergency care.
APRNs and PAs are increasingly being utilized to help strengthen the emergency practitioner workforce to meeting the ever-increasing demand.

PAs and APRNs help provide a valuable service, but do not undergo the same degree and intensity of training as physicians...
PAs and APRNs workings in EDs should acquire specific experience or specialty training in emergency care, and should receive continuing education in providing emergency care.
Due to variations in state laws and regulations, it is imperative that emergency physicians, PAs and APRNs are aware of their scope of practice supervision responsibilities and requirements.
The scope of practice for APRNs and their relationship to emergency physician is continuously evolving is ultimately based on state licensure, regulatory requirements, and institutional bylaws, rules and regulations.

While some states allow practice independent of physicians, other require supervision and/or collaborative agreements.

Individual institutions may specify more restrictive supervision/collaborative requirements, as may individual EDs. PAs may not practice independently.
Significant variation exists among the APRN and PA educational programs and their graduates. Successful completion of training and certification as a PA or APRN does not guarantee competency in emergency care.

The prudent medical director or designee should adequate orientation and training of newly hired APRNs and PAs, in addition to ongoing supervision and education.
ACEP’s Initiative: Emergency Medicine Academy

Phase 1: Essentials: A Crash Course in Medicine Essentials

Phase 2: Procedures, Skills & Simulations

Phase 3: Critical Care and Advanced Decision Making
EmCare APP Initiative
EmCare APP Initiative

A strategic plan was created to address to emerging trends and practice needs of our Advanced Practice Providers.
EmCare APP Initiative

All the Medical Directors in the North Division were surveyed to assess what the organizational needs were.

Did they have a Lead APP? What exactly did they do? What would you like them to do? How much are you paying them?

Do you have any superstars on your team that would be great to be part of our APP Divisional Steering Committee?

What procedures are you letting your APPs doing? What procedures do your APPs need training with? What areas do your APPs need further education in?

Do you have any passion for teaching or interest in presenting for Journal Club or hosting a Skill Lab?
APP Steering Committee Formed

Dr. Rebecca Parker Executive Vice President, EmCare North Division
Co-Chairs: Tanveer Gaabi Regional Medical Director
Richele Wright MSN,FNP,BC DDCS

Andrea Lowe PA
Amy Meredith NP
Leila Reed PA
Jim Zedaker PA
(2 PAs have since resigned)

Dr. Jason Kole
Dr. Bobbi Stoev

Emily Ore Administrative Assistant
Vince Marcinek DCA
EmCare APP Initiative Goals:

1. Organize and enhance the quality of care by APP within EmCare North Division.

2. Enhance APP value, engagement and retention within EmCare North Division.

3. Address the future needs of the APPs within the EmCare North Division.
Goal 1: Organize & Enhance APP Quality of Care

Objective A: Establish Superior APP Resources

- APP EmCare website enhancement with extensive educational and informative resources
- Standardized collaborative agreements
- Preceptor skill checklists
- Lead APP employment descriptions guidelines
- APP submissions in the EmCare newsletters
- Case Studies
- Grand Rounds and Lecture Series
Goal 1: Organize & Enhance APP Quality of Care

Recruiting to APPs

- PEARLs to recruiting
- Recruiting updates
- Conferences, Universities, Educational events
- Preceptorships/Training Academies

Marketing

- Business Development
Goal 1: Organize & Enhance APP Quality of Care

Objective B: Enhancing the Role of the Lead APP

- Redefine and promote best practices for the role and job description for the Lead APP.
- Initially 13 Lead APPs, now 30.
- Exceptional APP organizational is represented, other divisions are asking to join our calls.
- Invites to Studer, EmCare and various leadership events.
- Lead APP calls bi-monthly.
  - This is a forum for discussing Lead APP issues providing EmCare updates, leadership support, development and NP/PA organizational updates.
Goal 1: Organize & Enhance APP Quality of Care

Objective B: Enhancing the Role of the Lead APP

- In 2015, the Lead APPs will be invited to the Doc Champ practice improvement calls.
- Case studies and educational resources provided.
- Patient satisfaction and through-put education resources provided.
- All Resources provided for them to educate their APP team.
Goal 1: Organize & Enhance APP Quality of Care

Objective B: Enhancing the Role of the Lead APP

The Lead APPs are encouraged to partner with the Medical Directors and ED Nursing Directors to understand every dynamic of providing excellent medical care to each of our patients in highly efficient care and in enhancing the patient experience however possible.
Goal 1: Organize & Enhance APP Quality of Care

Objective C: Standardize and Improve the Quality of Care by Staffed APPS

- New Hire On-Boarding Process
  - Orientation Checklist reviewed by Lead APP and Medical Director with each new hire

- EmCare APP Training Academy
  - Indiana: Complete success!
Goal 1: Organize & Enhance APP Quality of Care

Objective C: Standardize and Improve the Quality of Care by Staffed APPS

Dr. Bukata

Emergency Medicine Boot Camp

Currently available at little or no cost
Extensive review of Emergency Medicine
26 CMEs
**Procedure Skill Lab Events**

**University of Maryland**

**Cook County Hospital/Rush University**

**Didactic Resources & High Fidelity Simulation Cadaver Labs**

**Curriculum includes:**
- Lumbar puncture
- Intermediate and advanced suturing
- Incision & Drainage
- Systemic approach to x-ray interpretation
- Peripheral and deep nerve blocks
- Epistaxis management
- Advanced orthopedic injuries
- Peripheral, IO, central vascular access
- Reduction of fractures and dislocations
- Advanced airways
- Ultrasound focused care in trauma, OB, AAA, ED procedures
Goal 1: Organize & Enhance APP Quality of Care

Objective C: Standardize & Improve the Quality of Care by Staffed APPS

Journal Club
Educational Lecture Series

Thus far, we have had 11 phenomenal presentations, now available on the EmCare website!
EmCare Journal Club

Journal Club Lecture Series 2014:

Hypertensive Non Emergencies: Dr. Michael Pallaci
The Low’s of Legal Highs: Dr. Howard Mel
Choosing Wisely Campaign ACEP: Dr. Rebecca Parker
Ultrasound in Emergency & Hospital Medicine: Dr. Mike Welsh
Killer Headaches The Don’t Miss Diagnoses in the ED: Dr. Bobbi Stoev
Emergency Medicine: Risk & Malpractice: Dr. David Mendelson
Radiology 101 Dr. Mike Welsh
Pediatric Dermatology in the Emergency Department: Dr. Annie Soriano
Surviving Sepsis: Dr. Adam Brown
TIA: Dr. Tanveer Gabi
Basic Laceration Care: Dr. Joel Parker
Goal 2: Enhance APP Value, Engagement and Retention within EmCare North Division

Address APP Needs:
- New grads have different needs vs. a seasoned practitioner
- Continue to reevaluate APP practice needs

Address APP Engagement:
- Provide opportunities for leadership and mentorship developments
- Celebrate PA and NP Week
- Identify and involve members from PA and NP organizations
Goal 3: Address Future Needs of APPs within EmCare North Division

2015 Priorities:

- Standardization and accountability across APP practices
- Enhancement of the role of the Lead APP
- Accountability of the Role of the Lead APP
- Major initiatives will be to develop APP practice dynamics in hospital medicine
- Assess role of the APP within InPatient Medicine
- You tell us....
“Having the right mix of physicians, nurses, MLPs and support staff in the Emergency Department can help ensure Emergency Department efficiency, patient satisfaction, cost-effective care, and medical-legal safety.

The quality of the MLP is the biggest predicator of success.”
Kirk Jensen M.D., MBA

Well said Dr. Jensen!
Thank you!

Contact Information:

tgaibi@yahoo.com
Richele.Wright@emcare.com