



A Role for Nurse Practitioners in the ICU: Advocating for Change

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Why?

- Many regions of Canada, and many areas in the hospital already have nurse practitioners as part of their teams; for those areas that do not utilize Nurse Practitioners in the Intensive Care Unit, why now?

- The dynamic state of critical care, along with increased demand for services often leaves the multidisciplinary team struggling to manage their patients while ensuring availability and excellence is provided to all.



Why Nurse Practitioners?

- The aging patient population, limited resources, and increasing complexity and acuity of patients requires that we look at new and imaginative ideas to ensure all patients have access to comprehensive, appropriate, universal care.
- As highly specialized ICU nurses one way we can advocate for our patients, is by advocating for ourselves. Training ICU nurses to be acute care nurse practitioners (ACNPs) is innovative and will challenge the existing boundaries of existing nursing practice and current health care delivery in many areas.

- Nursing has recognized that the needs of acutely ill patients are not being adequately met, and that NPs have a scope of practice that if maximized can meet the needs of the patient, the medical system, and the needs of nurses.

- (Becker, Kaplow, Muenzen, & Hartigan, 2006).

The Role of the ACNP in the ICU

- NPs are “registered nurses with additional educational preparation and experience who possess and demonstrate the competencies to autonomously diagnose, order, and interpret diagnostic tests, prescribe pharmaceuticals, and perform specific procedures within their legislative scope of practice” (CNA, 2009).

NPs in the ICU

- Perform consultations / receive referrals
- Research patient histories
- Perform physical exams
- Order & interpret diagnostic tests
- Prescribe medications
- Coordinate patient care
- Make referrals to & collaborate with other specialists as needed
- Meet with families

NPs in the ICU

- With appropriate training ACNPs can also be trained to perform advanced skills such as:
 - Chest tube insertions
 - Arterial punctures
 - Central venous catheter insertions
 - Intubations
 - Ventilator management
 - Many other advanced skills

The Benefits of ACNPs in the ICU

- There are many different benefits that support the introduction of ACNPs into the ICU.
- The benefits can be divided into two main groups: professional benefits to nursing, and the direct benefits to the patient population.

Professional Empowerment

- ACNPs allow nurses to have a voice and a scope of practice that reflects their knowledge and experience base.
- The role of the ACNP is highly autonomous, maximizing the knowledge and skill set possessed by such individuals to manage acutely ill patients and as a result contribute to the advancement of the profession

Professional Empowerment

- The expanded role provides professional autonomy in clinical practice, clinical leadership, and allows for growth enabling nurses to become expert practitioners and researchers in the area of critical care.

Professional Empowerment

- ICU nurses that have worked with an ACNP have described an increase in their personal knowledge base, an increase in their level of job satisfaction, and also an improved sense of support for clinical decision making.
- Studies have indicated that bedside critical care nurses found sharing their concerns and ideas surrounding patient care easier when dealing with an ACNP.
 - They were also more likely to speak out in the presence of an ACNP rather than a physician in order to better advocate for their patients & families

Patient Care Benefits

- Numerous studies have indicated that the care provided by teams involving ACNPs is equivalent or better than care provided by traditional physician lead models.

Patient Care Benefits

- Critical Care Units that have already implemented ACNPs have seen:
 - Improved health promotion behaviors
 - Decreased readmission rates
 - Decreased length of stay in the ICU and decreased overall length of hospital stay
 - Decreased number of days ventilated
 - Decreased complication rates
 - Decreased or equivalent mortality rates

Patient Care Benefits

- Improvement of patient outcomes, both in decrease length of stay and in decreased complication rates, also provides further support for induction of ACNPs as it is also a cost effective way of providing high quality care in a time of resource shortages thereby ensuring greater access to all.

Patient Care Benefits

- A comparison of 2 patient groups over a one year period, 1 with an ACNP, and 1 without, found that the patients in the group with the ACNP were hospitalized 2306 days fewer than the non-ACNP group.
 - With the average daily cost of a Canadian ICU bed at approximately \$2500 per day, this is a potential savings of almost \$6 million dollars per year.

Patient Benefits

- At Surrey Memorial Hospital in the first quarter of the 2012/2013 reporting period:
 - Number of ICU admissions: 219
 - Number of patient days in the ICU: 1258
 - Average length of stay: 5.74 days
 - Number of ventilated days: 731
 - ICU mortality rate: 26.3%
 - Readmission rate: 11.4%
- Can you imagine all the good an NP in ICU could do?

Patient Care Benefits

- Patients and their families with ACNPs as part of their care team report improved satisfaction with the care they are provided.
 - Part of this is the ability to have an ACNP readily available to answer patient & family questions, provide status updates, provide teaching, and assist with case management.
- In general ACNPs were able to spend more one on one time with patients & their families compared to their physician colleagues.

Patient Care Benefits

- The chronically critically ill patient and their family also reported greater satisfaction with care involving an ACNP as there was improved continuity of care provided to them.
- An ACNPs constant presence in the ICU also improved patient care and continuity, as NPs were less likely to be distracted by off unit responsibilities.

Patient Care Benefits

- Continuity of care is also enhanced by ACNPs being present during off hours and throughout the nights when residents and physicians were less likely to be on the units

- The ACNP role is an opportunity to implement an advanced nursing role, and in theory should never be seen as a solution to physician or resident shortage. However, because this reality does exist, and in order to ensure patients have access to the level of care they need, the shortage of traditional care providers creates the opportunity for nursing to demonstrate the need and benefit of ACNPs to care for critically ill patients.

Challenges

- Role confusion
 - A clear definition of the role, its purpose and scope of practice must be made in order to avoid role conflict / confusion, role overload, and variable acceptance by other multidisciplinary team members
 - Often ACNPs are introduced into a team as a solution to a specific team dilemma (e.g. overnight physician coverage), instead of being introduced with clearly defined nursing practice goals and an understanding of how this person will function.

- The role of the ACNP should be viewed and advocated for as a valuable asset in the desire to provide patients with the best possible care, while also advancing the culture of critical care, not as a staffing solution to the shortage of physicians and residents!

Challenges

- Stake holder buy in
 - Often relates back to a misunderstanding of the ACNPs role
 - This innovative role needs acceptance and support by other members of the multidisciplinary team (physicians, nurses, and other care providers), the public, and hospital administration
 - One of the greatest barriers to overcome is physician resistance as they often see ACNPs as competition rather than collaborating team members.

Challenges

- Cost of implementation of 24 hours, 7 days a week ACNP service
 - Initial cost of creating an ICU NP service will be expensive, but the overall cost when compared to a physician only model is minor
 - There are also the cost saving potential associated with improved length of stay, decreased complication rates, and decreased readmission rates

Conclusion

- Despite challenges, the overwhelming positive effects of the addition of an ACNP to the multidisciplinary team are clear. ACNPs can provide good quality patient care in the specialized area of critical care. In a time of limited resources, increasing acuity and demand for services, critically care trained ACNPs will offer a new way of caring for critically ill patients.

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- Questions or comments?
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