Advanced Practice Partners
Transforming Healthcare Delivery in Critical Care with a Nurse Practitioner Fellowship Program: Inspiration to Implementation

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A costly area, critical care needs to look at new ways to provide high quality care

Although new to BC, there is strong evidence to support improved patient care and reduction of costs in critical care with the addition of an NP to the interdisciplinary team

A case was made to the senior leadership team; followed by an advanced practice nursing (APN) partnership to bring the idea of NPs in ICU from inspiration to implementation

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A partnership between the Critical Care Clinical Nurse Specialist (CNS) and the Nurse Practitioner (NP) Lead for Fraser Health was formed.

Each APN brought unique perspectives to the project.

After identifying the vision for the program, the PEPPA framework was used to create a 1 year fellowship program to support & guide implementation of NPs into ICU.

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Incorporate NP expertise into an interdisciplinary Critical Care team within Fraser Health; starting at Abbotsford Regional Hospital

Create a sustainable NP fellowship program to support integration of NPs into Critical Care

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1. Define population & current state
2. Identify stakeholders & participants
3. Determine the need for a new model of care
4. Identify priorities & goals
5. Define the new model of care & the NP role
6. Plan implementation strategies
7. Initiate
8. Evaluate
9. Long term monitoring

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Current State

- Critical care patients are cared for by physician led interdisciplinary teams that include nurses, respiratory therapists, and other allied health professionals

- Some sites have residents who also rotate through

- Admission to critical care and patient care is determined by the ICU physician

- Physicians rotate through the ICU leading to multiple
To improve patient access, consistency of care, and address a service gap, key stakeholders were engaged early in the planning.

Stakeholders:
- Critical Care Leadership including Executive Directors, Directors, Managers, CNS, and NP Lead
- Physicians
- NPs
- Critical Care Nurses
- Health Authority Professional Practice
- Patients and families

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Need for New Model of Care

- Critical care is a costly area facing resource and provider shortages
- Across Canada & in other countries Critical Care NPs are part of the care teams
- Evidence supports improved care, reduced costs, and decreased complication rates with the integration of an NP into critical care
  - Including: Reduction in UTIs, VAP, skin breakdown; and improved compliance with care bundles / guidelines

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Addition of an NP to the Critical Care interdisciplinary team will enable:

- Early diagnosis and establishment of treatment plan based on best practice standards
- Create capacity / access to critical care
- Demonstrate improved patient care and cost – effectiveness
- Develop an innovative and desirable new role for NPs in B.C.

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Incorporate 2 NPs into the ARH ICU team to enhance and provide consistent coverage.

 Majority of NPs in B.C. are primary health / family practice trained; to support integration a 1 year fellowship program was created with the appointment of a physician mentor and protected education time.

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● Partnership with CNS & NP Lead to create an educational program to ensure support and proper integration of the new NPs

● Fellowship was created using CNA, CRNBC, CACCN and AACN critical care guidelines as a framework

● Collaboration with other specialty NPs and Harborview Critical Care NP Leader to ensure content was comprehensive and appropriate

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Components of the Fellowship Program

Included:
- Overall goals
- Principles
- Evaluation
- Mentors and mentees roles and expectations
- Technical Skills Development & Competency
- Systems Overview: Basic knowledge and skills required of Critical Care NP

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Once the fellowship program was completed, advertisement and hiring of 2 NPs occurred.

During the hiring process re-engagement of the health authority and the specific hospital site was done, including:

- Communication campaigns; including physician communication
- ICU staff engagement through unit huddles, staff meetings and a survey

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Gradual implementation plan allowing time for integration and knowledge assimilation

First 6 months of the fellowship program provide protected time for structured learning with physician mentor

Last 6 months of the fellowship program provide time for consolidation and focused training as required

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NP self assessment & identification of learning needs

BC ICU Database to monitor pre and post implementation length of stay, complication rates, compliance with care standards, etc...

Staff satisfaction surveys

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Fellowship program has been operating for 6 months
Positive feedback from staff & NPs
Continue to monitor ICU statistics for evaluation and opportunities for improvement
Advocating to utilize fellowship program to incorporate NPs into other sites within Fraser Health

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References


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Questions

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