Evaluating the Feasibility of Developing a Productivity Tool for the Advance Practice Providers on a Cardiac Thoracic Service Line

Wendi Goodson-Celerin DNP, APRN, NE-BC

Purpose

- To determine the feasibility to produce a tangible productivity tool that could quantify key measures of inpatient care activities of the Advance Practice Providers (APP) on a Cardiac Thoracic Surgery (CTS) Service Line, the pilot group at Tampa General Hospital.

Method

- Reviewed the literature and queries other hospitals.
- From the literature and queries identified APP documentation and notes as the variable measures.
- To capture the measures at the individual APP level from EMR and automate into an actionable report.
- Identified the pilot APP group based on the variables.
- Applied a weight of time to derive a Unit of Service (UOS) to each documentation type.
- Time in motion studies and observations were conducted on 40% of the service line providers to validate units of service times assigned per note type.

- Concluded it is feasible to establish a quantifiable, standardized and APP workload driven productivity tool and model for the Cardiac Thoracic Service Line.
- The productivity measures of the Unit of Service (UOS) assigned weights were validated. Time in motion studies and observations were conducted on 40% of the service line providers to validate units of service times assigned per note type.
- The development of this tool will allow the organization to move to the next phase to begin to analyze the financial significance and impact the APP contributes to the organization's financial bottom line, service line, APP value and patient care outcomes.
- The productivity tool will need to be tested on other service line in order to be utilized hospital wide.
- The ultimate and long term improvement goal for this project's evidence-based translation is to become the blueprint to establish a standard and meaningful productivity tool for inpatient APP's within the organization.

Discussions/Results

- In determining feasibility, it was noted there's a lack of standardization in best practices in the documentation of patient care across the service line.
- In completing time in motion studies the service line census was down (38 pts vs. 50 pts) and it may warrant a revisit to ensure estimations of the assigned times on consult note is reconfirmed.
- There's a lack of standardized patient ratios per APP or patient care units to be covered per APP. The APP's had patients in 14 different geographical areas of the hospital.
- The team maintained 1-3 vacancies during this period and had 1-2 APPs in orientation at various times in this 6 month timeframe.

Limitations

- In determining feasibility, it was noted there's a lack of standardization in best practices in the documentation of patient care across the service line.
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Conceptual Framework

- Inquiry
- Practice Innovation
- Learning
- Practice Improvement
- Best Practices


University of South Florida College of Nursing

Tampa, Florida