

Faculty Practice Traditional model

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Aerial View of RU





The proposal

- RWJ wished to introduce the concept of ACNP in the ICU during the day shift; had in place night time intensivists (assisted residents with admissions and procedures; DID NOT have their own patient load)
- Literature supported the role
- Business Plan hoped to demonstrate + results in LOS, time on mechanical ventilation, infection rates, adherence to core measures
- Other institutions in the area had implemented a similar model

Driving the opportunity

Resident restriction
6 months ICU over 3 years
80 hour work week
Cap on the number or patients on a team
LOS and complications
Teaching vs non-teaching value
Stakeholder buy-in

The Challenges

- ACGME Rules & Regulations
 - Minimal participation in the care of patients not assigned onto the teaching service
 - "Screening of patient" & Admissions
- Intensivist change in practice



Putting together the pieces: Scholarship



RU Advantage

- Practicing NP teaching in the program
- Clinical placement in a Critical Care area for students
- Aide to recruitment

RWJ Advantage: Experience

- Able to do procedures; help with the resident patients
- Communication
 - Attending Physician
 - Consultants
 - Family
 - Nursing Staff
 - Other member of the health care team
- Coordination of Care with the ability to change the plan of care based on patient needs



Key Outcomes

- LOS
- Infection Rate
- Satisfaction
 - Patient
 - Family
 - Staff

The Contract

- RWJ: 50% buy out from RU – Salary, benefits, insurance
- Release time from teaching

The plan

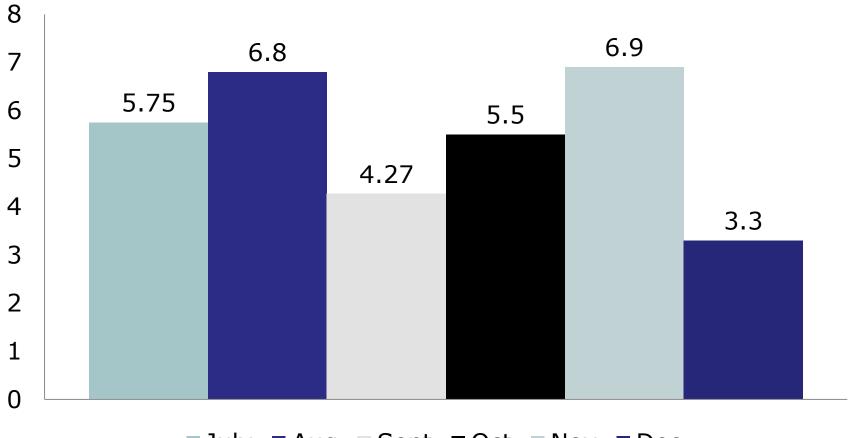
- First 6 months
 - Development of the program
 - Hiring of staff
 - Training of staff
 - Patient load
 - Procedures
 - Credentialing



Second 6 months

- Independent team from the residents
- 24 hours coverage by licensed practitioners

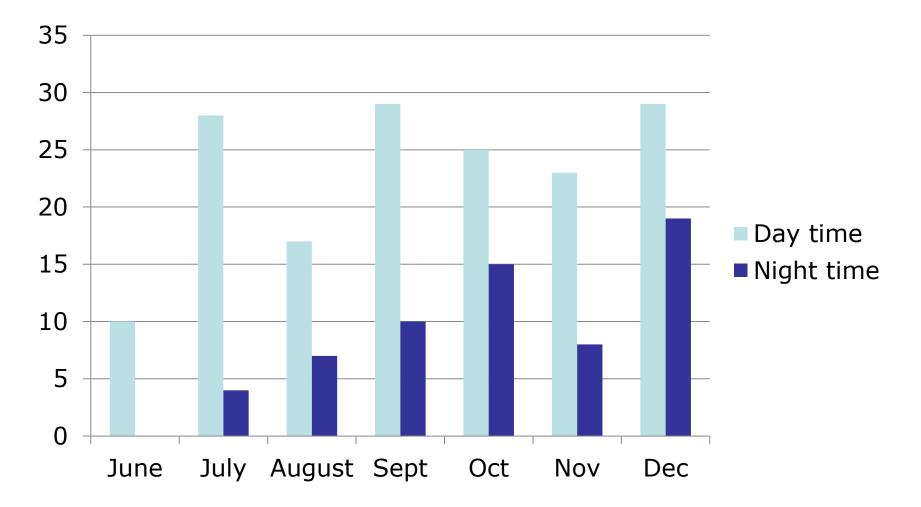
LOS



■ July ■ Aug ■ Sept ■ Oct ■ Nov ■ Dec



Admissions



Infection Rates

- No incidence of VAE or CLBSI
- 2 incidences of CAUTI
 - Occurred after 5 days of catheter use
 - Both catheters were inserted prior to admission
 - Both patients needed the catheters

Satisfaction

- Not directly measured
- No complaints
 - Attending's frequently ask why there patient are not on Team C
 - Nurses are very happy
- Core measurements
 - Restraints are at a minimum
 - Orders are entered on time

Next Steps

- Addition of APN to the CCU team
- Proposal submitted for a residency program for new ACNP's