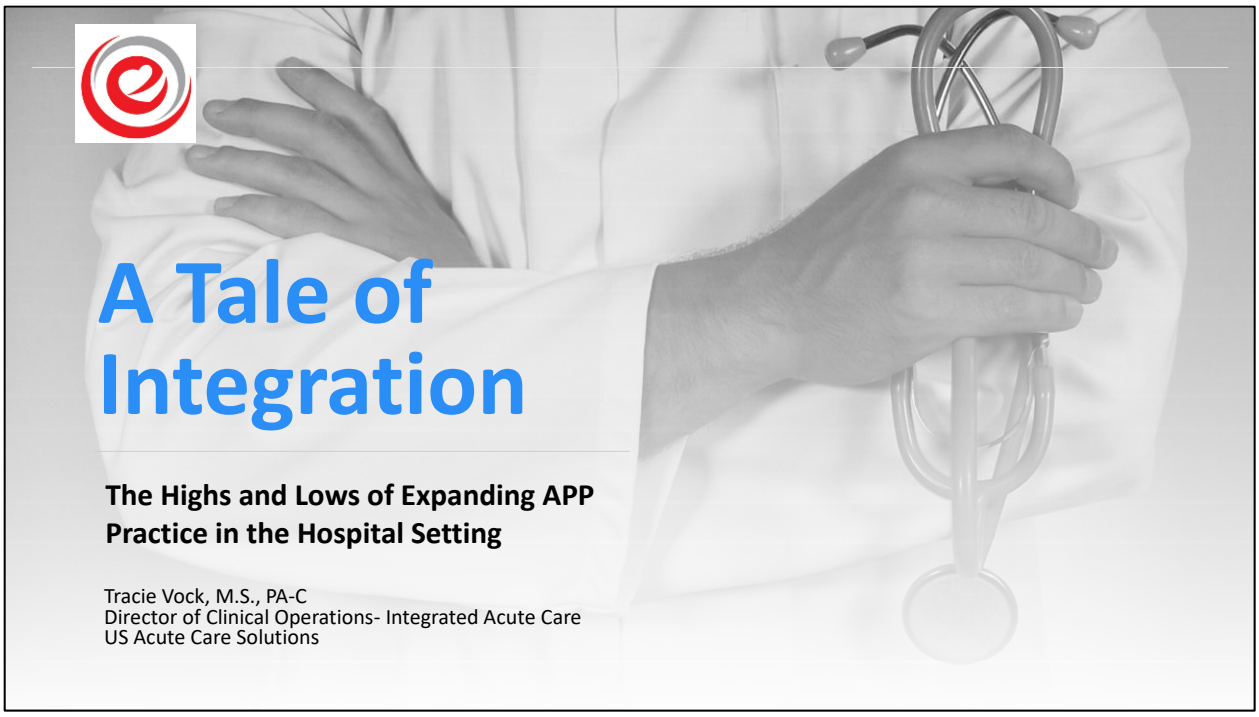

A Tale of Integration

The Highs and Lows of Expanding APP Practice in the Hospital Setting

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US Acute Care Solutions

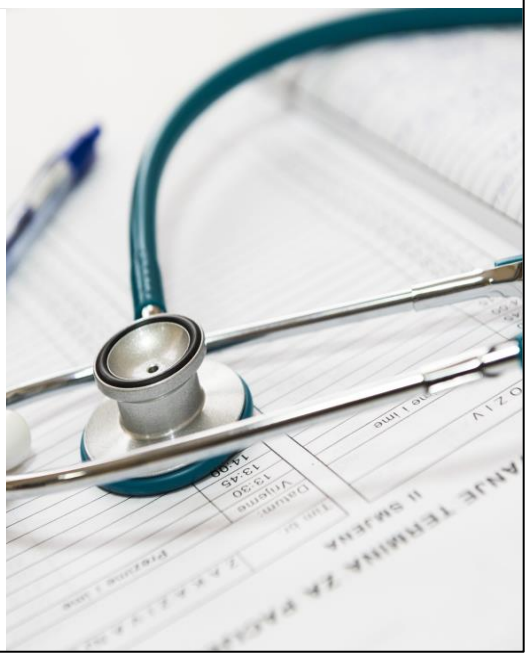
Disclosures

No Relevant commercial relationships to disclose

Objectives

At the conclusion of this session, participants should be able to:

1. Describe how to expand APP use across multiple service lines in a hospital setting
2. Recognize the financial and productivity impacts of staffing model changes
3. Appreciate challenges likely to be faced when integrating APPs into service lines
4. Develop a plan to leverage APPs across multiple service lines and create flexible staffing



Adventist Shady Grove

- Non-Profit Community Based Acute Care Facility
- 360 Staffed Beds
- Associated Free Standing Emergency Department
- Behavioral Health Unit

Service Lines

EM

Main + FSED

70,000 visit

HM

60,000 pt/yr

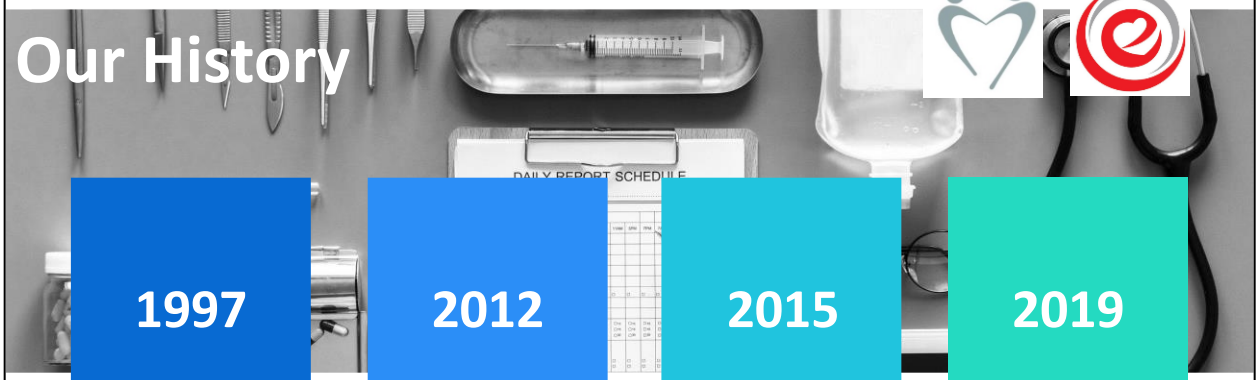
145 enc/day

ICU

8,000 pt/yr

26-bed

Our History

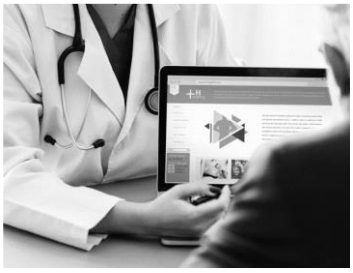


1997	2012	2015	2019
EM MEP flagship	**OBS** 18 bed unit <20 hr LOS	**USACS Transition** MEP to USACS New Services	**IAC** HM CC BHU/Palliative

Advanced Practice Providers

Integration from 2012-2021

Phase I: 2012 APP Integration



Emergency Medicine

0.6 to 1:1 APP/Doc Ratio

Observation Services

24/7 Autonomous APP Practice

On-call support

Phase I: Success!

- Low Hospital Cost
  - Decreased loss/Revenue
    - LOS 20hr
  - C-suite support
- Out-patient practice
  - EM DOPs
- Dedicated physician support
  - No EM Burden

Phase II: 2019 APP Integration

ED & Observation

ED: 1:1 APP/Doc Ratio

Obs: Autonomous APP Practice

BHU/Palliative

BHU: Autonomous APP Practice

Palliative: Doc/APP team

Hospital Medicine & Critical Care

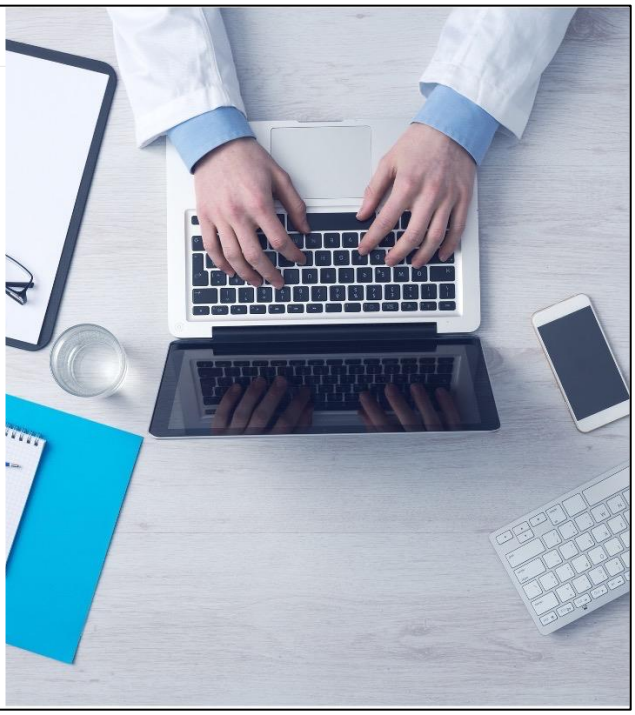
HM: Doc only

CC: Doc only

Approach to Model Changes

What makes sense?

- Bylaws
  - 24-hr admission follow-up
  - 48-hr inpatient follow-up
- Current Staff
  - Culture
  - Experience with APPs
- Where is the need?
  - Increasing encounters
  - Extra night help



Productivity

Definition: encounters/corrected hours

Cost Per Encounter

Definition: cost of staffing/encounter volume

Inherent HM Model

7- 12 hr Physician Rounders
1- 12 hr Physician Admitter
1- 12 hr Physician Admitter/Swing
2- 12 hr Nocturnists

132 doc hours
Productivity = 145/ 132= 1.10

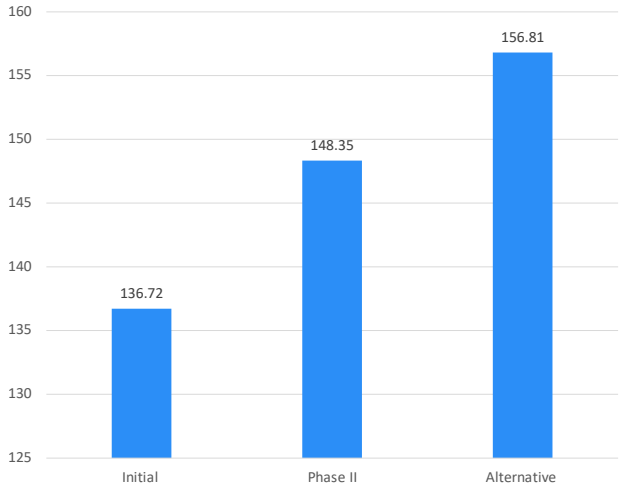
Phase II: HM Model

8- 12 hr Physician Rounders
1- 12 hr APP Admitter
1- 12 hr Physician Admitter/Swing
2- 12 hr Nocturnists
1- 12 hr Night APP Cross Cover

132 doc hours/24 APP hours
Productivity = 145/ (132 + 12) = 1.01

Cost Per Encounter

- **Direct Cost**
  - **Compensation**
  - **Benefits**
  - **Malpractice**
  - **Other**
- **Encounter Volume 145/day**



Phase II: Success!

- Cross coverage immediate success
- Admissions delayed success
  - Relationship building

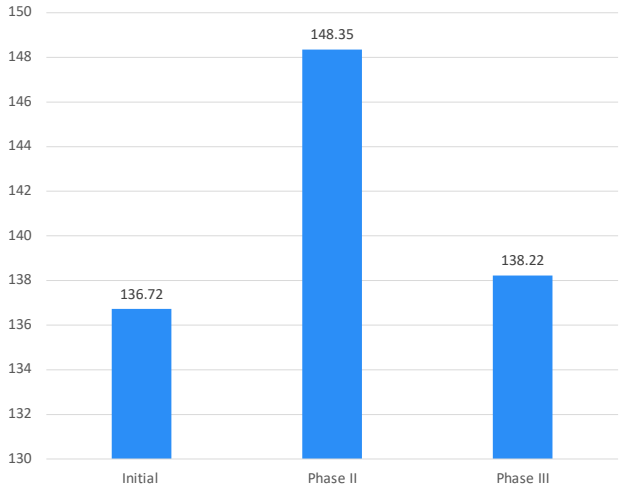
Phase III: HM Model

7- 12 hr Physician Rounders
1- 12hr APP Rounder (obs)
1- 12 hr APP Admitter
1- 12 hr Physician Admitter/Swing
1- 12 hr Physician Nocturnists
2- 12 hr Night APP Admit/ Cross Cover

108 doc hours/48 APP hours
Productivity = 145/ (108 + 24) = 1.10

Cost Per Encounter

- Direct Cost
  - Compensation
  - Benefits
  - Malpractice
  - Other
- Encounter Volume 145/day

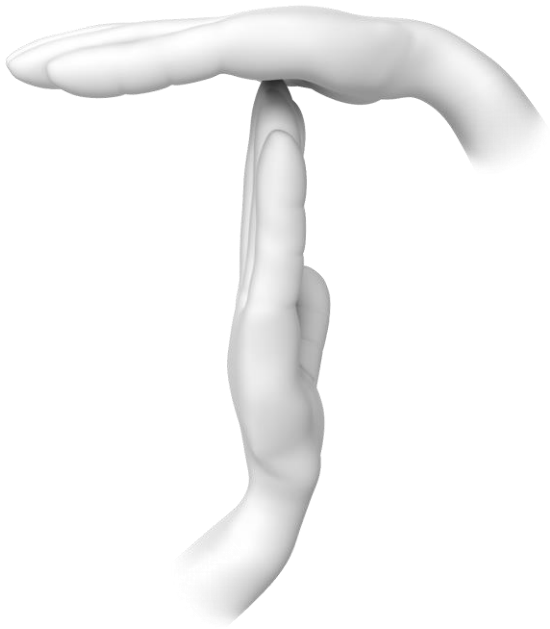


Phase III: Mixed Results

- **Nights**
  - **Physician workflow changes**
  - **Increased communication**
- **APP Rounder**
  - **Physician workflow changes**

Hidden Pitfalls

1. **Liability**
2. **Quality Program**
3. **Supervisory Roles**
4. **New Grad APPs**
5. **Compensation**



Advanced Practice Providers

Adventist Shady Grove 2021-beyond

Future Model Changes

- ICU Staffing
  - Current: 30 Doc hours
  - Future: potential APP?
- HM Staffing
  - Rounding APPs
    - Doc/APP teams

Cross Training Staff

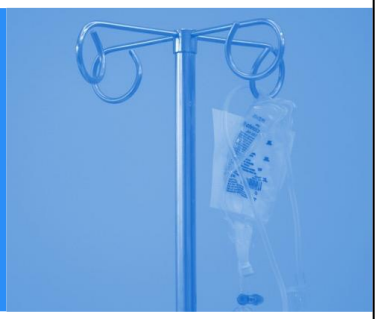
- **COVID-19**
- **Maximize your “pool”**
- **Increase skill sets**

Successful Cross Training

EM to Obs
Shift Expansion
AM hours

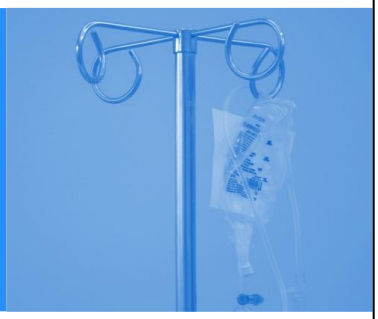
Obs & HM
Interchangeable
Role Dependent

EM to HM
Cross cover
Admissions



- Set number of training shifts
- Decreased need for procedural skill

Unsuccessful Cross Training



HM/Obs to EM
Sporadic shifts
Site/Role Dependent
Composition of APP pool

- **Lack of consistency**
- **Procedure heavy**

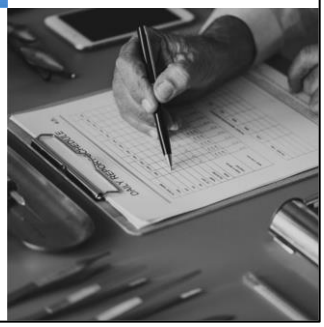
Creating an Integrated Staff

Compliance
Self Referral
Billing

Training
Clinical
Didactic
Oversight

Compensation
Differentials
RVUs
Schedule

Job Satisfaction
Hiring practice
Messaging
Selection



Take Home Points

What you should remember:

1. **Slow and steady wins the race**
2. **Understand the value**
3. **Communicate your strategy**
4. **Leverage your workforce**

Questions?
More Information??

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US Acute Care Solutions