



Strength in Numbers

Integrated Leadership Structure for NPs & PAs

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Rising Demand for
Healthcare



Provider Gaps

Value Based Care



A close-up photograph of a doctor in a white lab coat. The doctor is holding a tablet computer with their left hand and a blue pen with their right hand, appearing to be writing or interacting with the screen. A stethoscope is draped around the doctor's neck. The background is blurred, showing other people in white coats, suggesting a hospital or clinic setting. The entire image has a semi-transparent teal overlay.

Access & Quality



Advanced Practice Providers

- Physician Assistants
 - #1 Best Healthcare Jobs
 - #1 Best Jobs
- Nurse Practitioners
 - #2 Best Healthcare Jobs
 - #3 Best Jobs





Allyship

Elevating the Profession Within Healthcare Organizations



ADVOCACY



OPERATIONAL EFFICIENCY

Value of Allyship

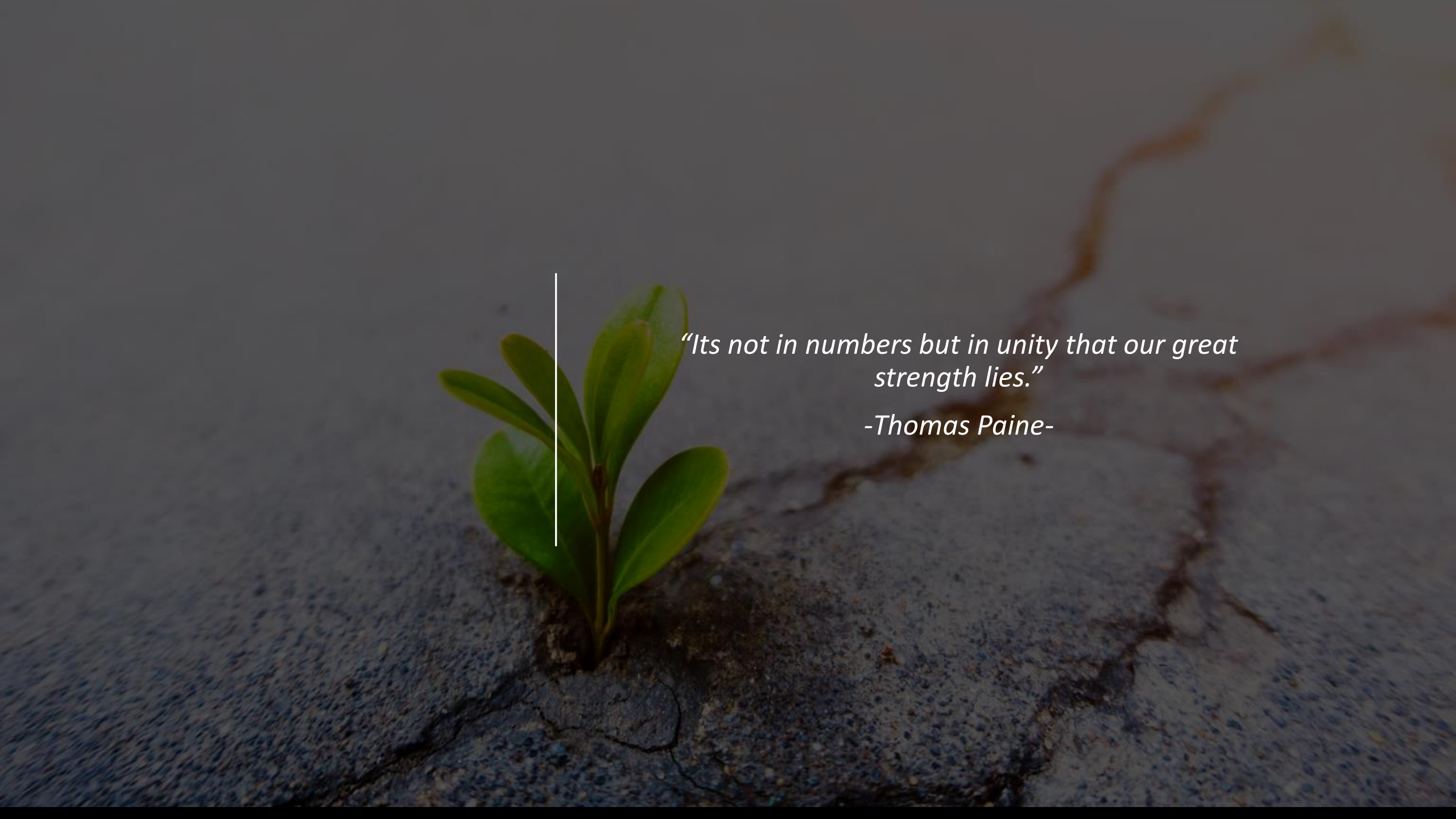


Similar
Opportunities
& Challenges

Role Clarity

Top of Licensure Practice

Scope of Practice



"Its not in numbers but in unity that our great strength lies."

-Thomas Paine-

Key Elements in
Creating an
APP Integrated
Leadership Structure

Role Agnostic Recruitment Standards

Balanced Representation

Leadership

Opportunities to Collaborate

Manage Differences Objectively

Role Agnostic Recruitment Standards

Job Postings

Compensation Practices

Balanced Representation

Committees

Reporting Structure

Leadership

Institutional Thinker

Interprofessional Competency

Creating
Opportunities
to Collaborate

Onboarding

Mentorship Programs

Celebrations & Awards

Manage
Differences
Objectively

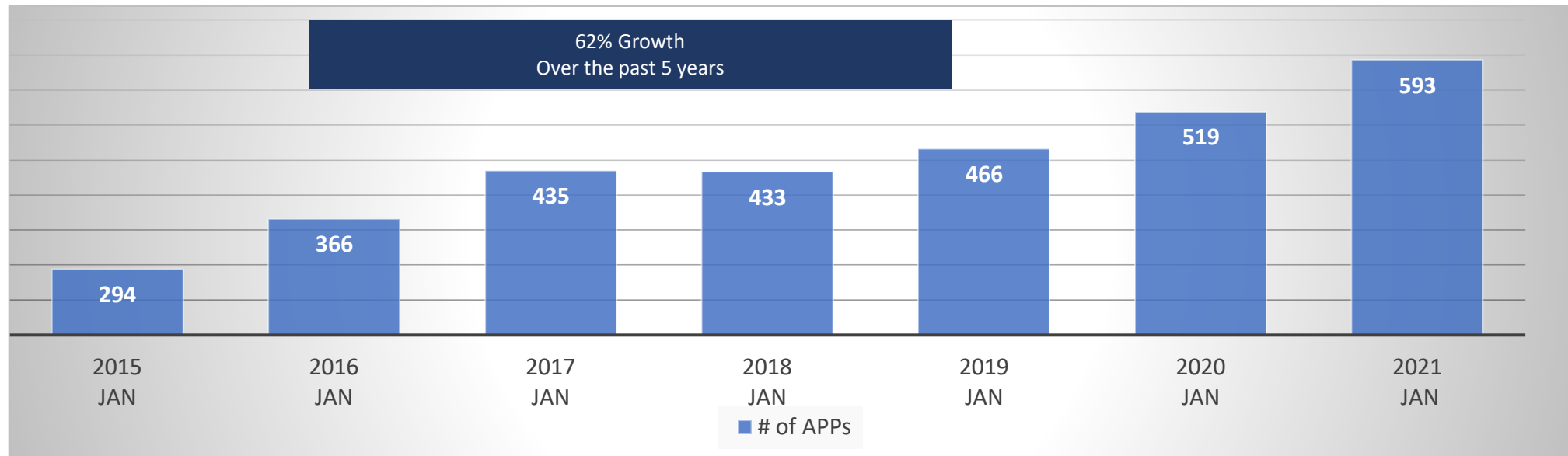
Regulatory

Cultural

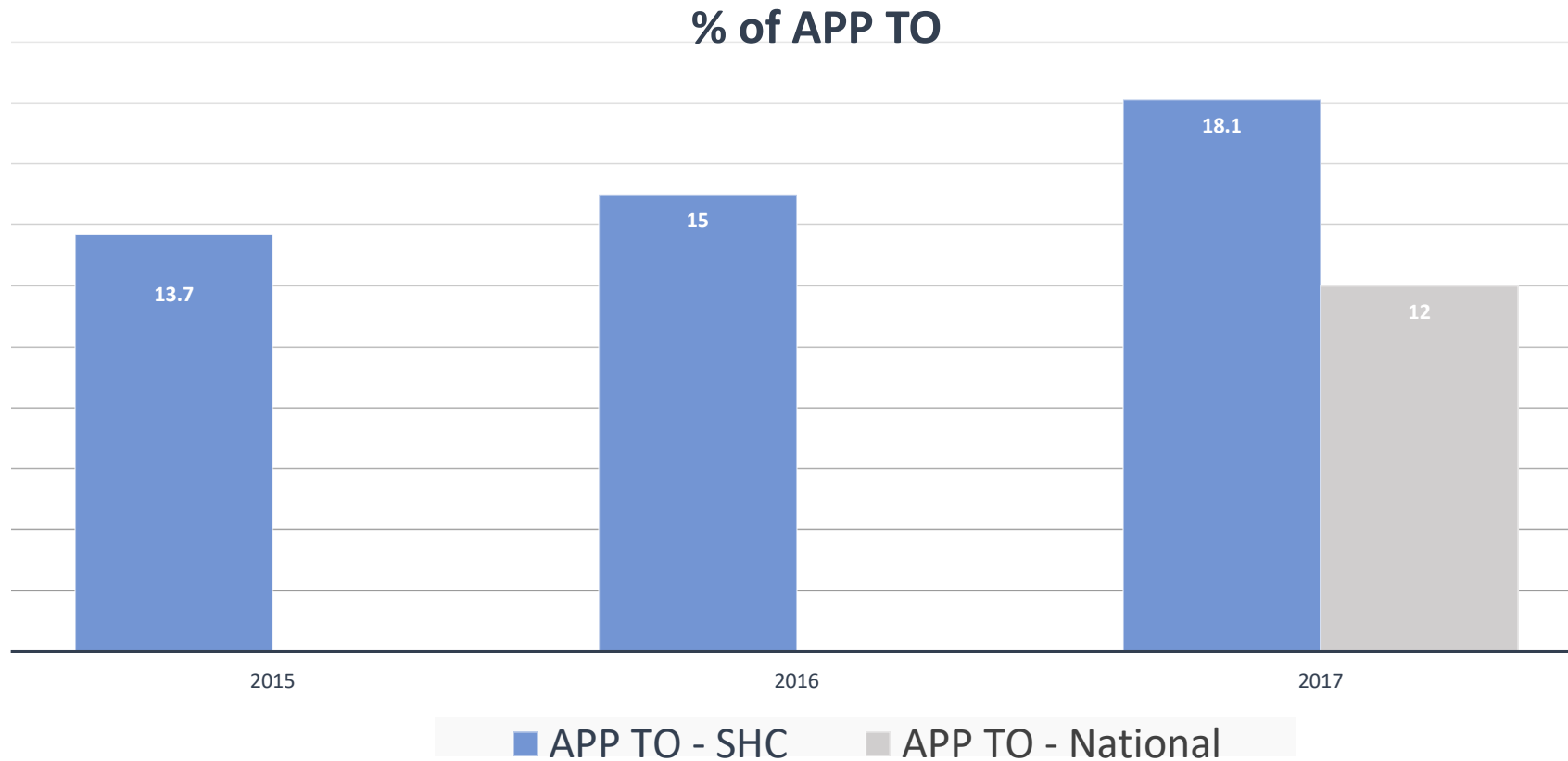
Unionization

Stanford Health Care APP Leadership Strategy

Evolution



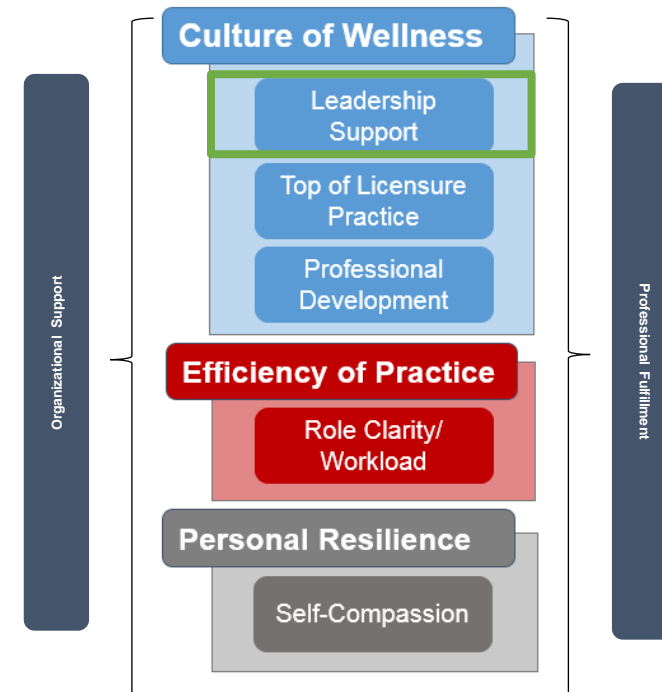
Rising APP Turnover



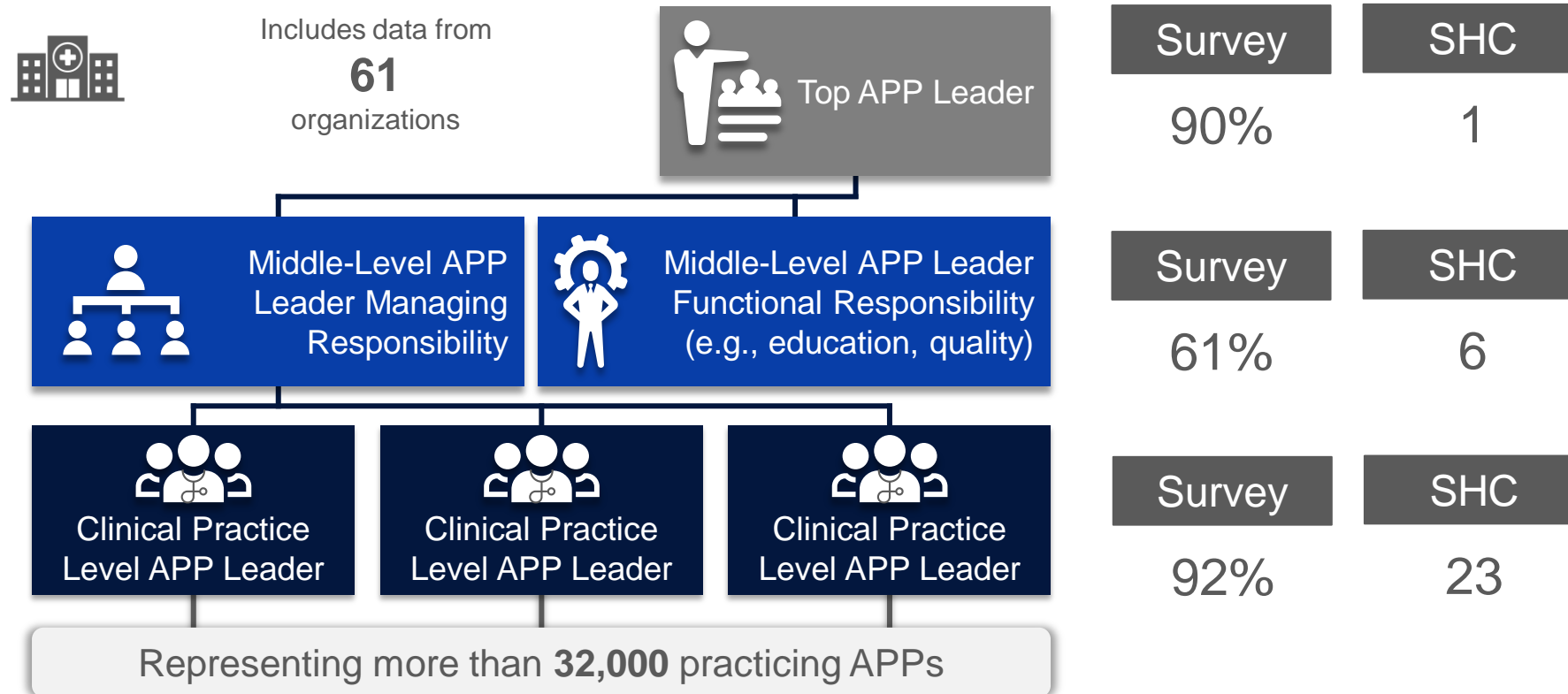
APP Wellness Survey (2017)

Wellness Metric	APPs
Professional Fulfillment	36%
High Professional Fulfillment	12%
Self-Defined Burnout	29%

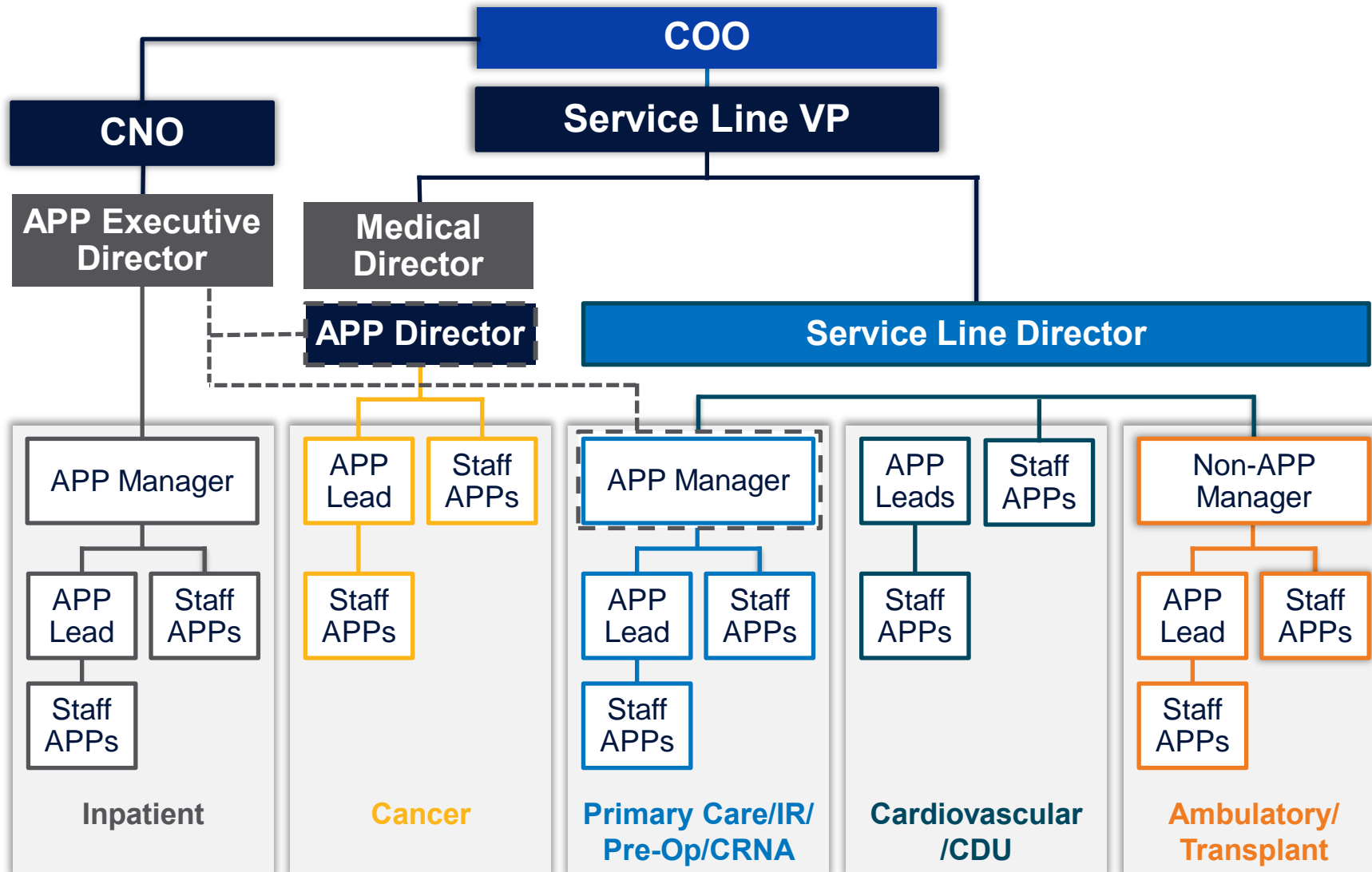
37% of APPs report a moderate or higher likelihood of leaving the institution within two years



Leadership Benchmarks

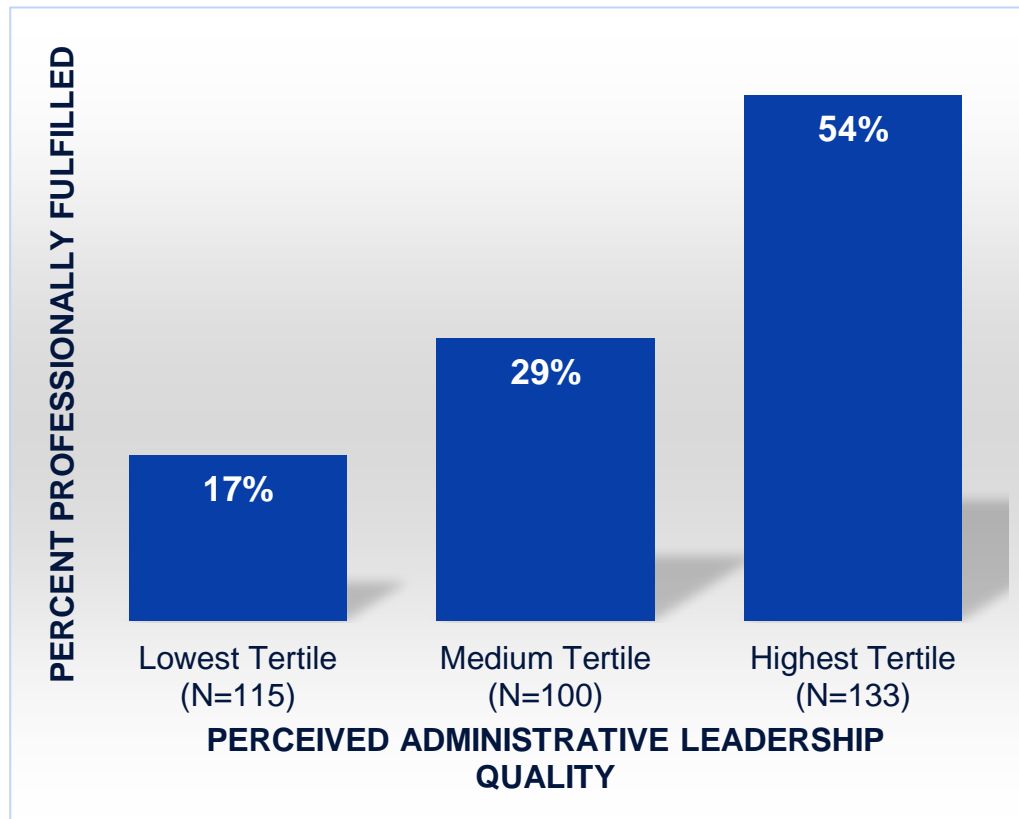


SHC APP Leadership Structure 2017

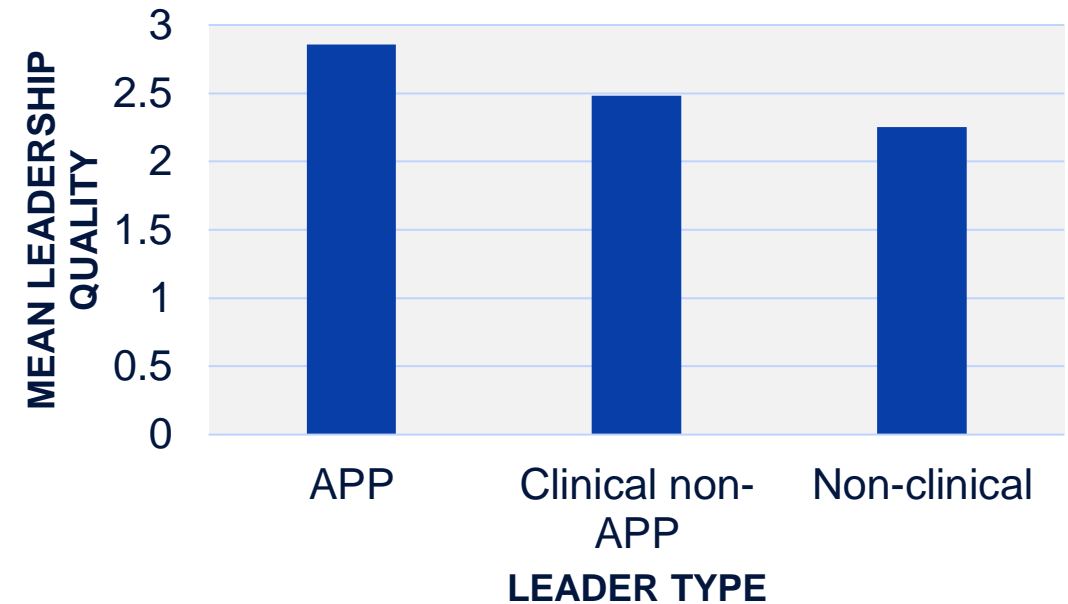


APP Wellness Survey (2017)

Prevalence of Professional Fulfillment by Perceived Administrative Leadership Quality



Add Leadership Quality by Leader Type



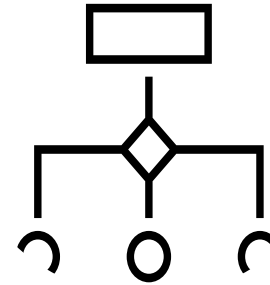
Leadership Strategy

Leadership Strategy



APP Integration

- How is this growing workforce represented in strategic decisions?
- Are we fully leveraging the talent & skills?



Reporting Structure

- Roles & Responsibilities
- Span of control
- Accountability Metrics

APP Integration



Hospital Committees

Strategic Sessions
Workforce Planning
Quality Committees
Funds Flow



Medical Staff Committees

Interdisciplinary Practice
Committee
Credentials Committee
Medical Executive Committee
Care Review
Committees/Professional Practice
Evaluation Committees



Care Team

Introduction to Patients

Proposed State –APP Integration

- ▶ Standardization of APP profiles to include the following information:
 - Area(s) of Specialty
 - Title(s)
 - Location(s)
 - ▶ Address (hyperlinked)
 - ▶ Phone number (clinic)
 - Professional Education and Training
 - Honors, Awards, Publications

Monica Christine Nandwani, NP



Area(s) of Specialty:
Gastroenterology
Center for Advanced Practice

Title(s):
Nurse Practitioner
Manager of Advanced Practice

Location(s):
Stanford Medicine Outpatient Center
420 Broadway Street, Pavilion D, 2nd Floor
Redwood City, CA 94063
Phone: 650-498-6323

Professional Education and Training:
Doctor of Nursing Practice (DNP), Duke University School of Nursing, Durham, NC
Gastroenterology Nurse Practitioner Fellowship, Johns Hopkins Hospital, Baltimore, MD
Master of Science in Nursing (MSN), Johns Hopkins University School of Nursing, Baltimore, MD
Bachelor of Science in Nursing (BSN), Johns Hopkins University School of Nursing, Baltimore, MD

Honors, Awards, Publications:
Nandwani, M. C. & Clarke, J. O. (2019). Incorporating Advanced Practice Providers into Gastroenterology Practice. *Clinical Gastroenterology and Hepatology: The Official Clinical Practice Journal of the American Gastroenterological Association*, 17(5), 361-369. <https://doi.org/10.1016/j.cgh.2018.09.015>

2018 Stanford Friends of Nursing (FON) Grant Recipient for Evidence Based Practice and Quality Improvement

Triadopoulos, G., Zikos, T., Regalia, K., Soma, S., Fernandez Becker, N. Q., Nguyen, L., Nandwani, M.C.R., & Clarke, J. O. (2018). Use of Esophageal pH Monitoring to Minimize Proton Pump Inhibitor Utilization in Patients with Gastroesophageal Reflux Symptoms. *Digestive Diseases and Sciences*, 43(10), 2479-2486. <https://doi.org/10.1007/s12028-018-0181-4>

Zikos, T. A., Clarke, J. O., Triadopoulos, G., Regalia, K. A., Soma, S., Fernandez Becker, N. Q., Nandwani, M. C., & Nguyen, L. A. (2018). A Positive Correlation Between Gastric and Esophageal Dysmotility Suggests Common Causality. *Digestive Diseases and Sciences*, 43(12), 3417-3424. <https://doi.org/10.1007/s12028-018-0174-4>

Chelid, V., Neuman, E., Gandhi, K. K., Dhalla, S., Nandwani, M. C., Soma, S., & Clarke, J. O. (2018). The Effect of Race in Patients with Achalasia Diagnosed With High-Resolution Esophageal Manometry. *The American Journal of the Medical Sciences*, 355(2), 126-131. <https://doi.org/10.1016/j.amjms.2017.11.009>

Osaka, Y. C., Kays, S., Lynch, K. L., Dhalla, S., Nandwani, M., Soma, S., & Clarke, J. O. (2017). What is the clinical significance of esophageal junction reflux obstruction evaluation of 68 patients at a tertiary referral center. *Avances in Gastroenterology and Hepatology: The Official Journal of the European Gastroenterological Society*, 29(5). <https://doi.org/10.1111/ghm.12661>

2017 Duke University School of Nursing Dr. Barbara Turner Scholarship

APP Reporting

- **Guiding Principles**

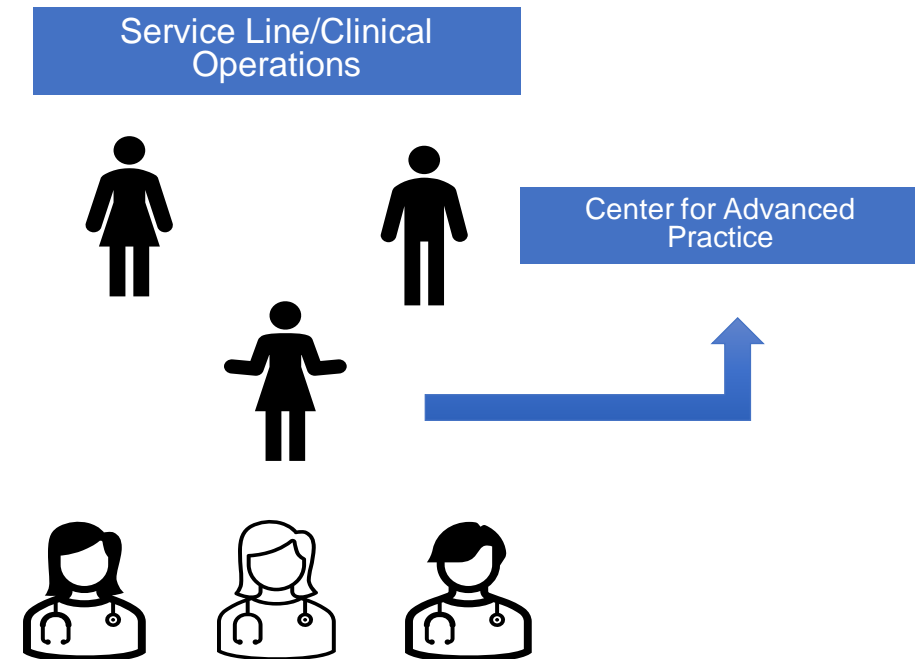
- **Front line clinical APPs to report to an APP leader**

- Recruitment
 - Clinical Onboarding & Orientation
 - Standard Expectations
 - Productivity & Accountability
 - Support, Empower, Retain

- **Maintain service line/physician relationship**

- **Develop Triad Leadership**
 - Clinic Operations, Physician Leader, APP Leader

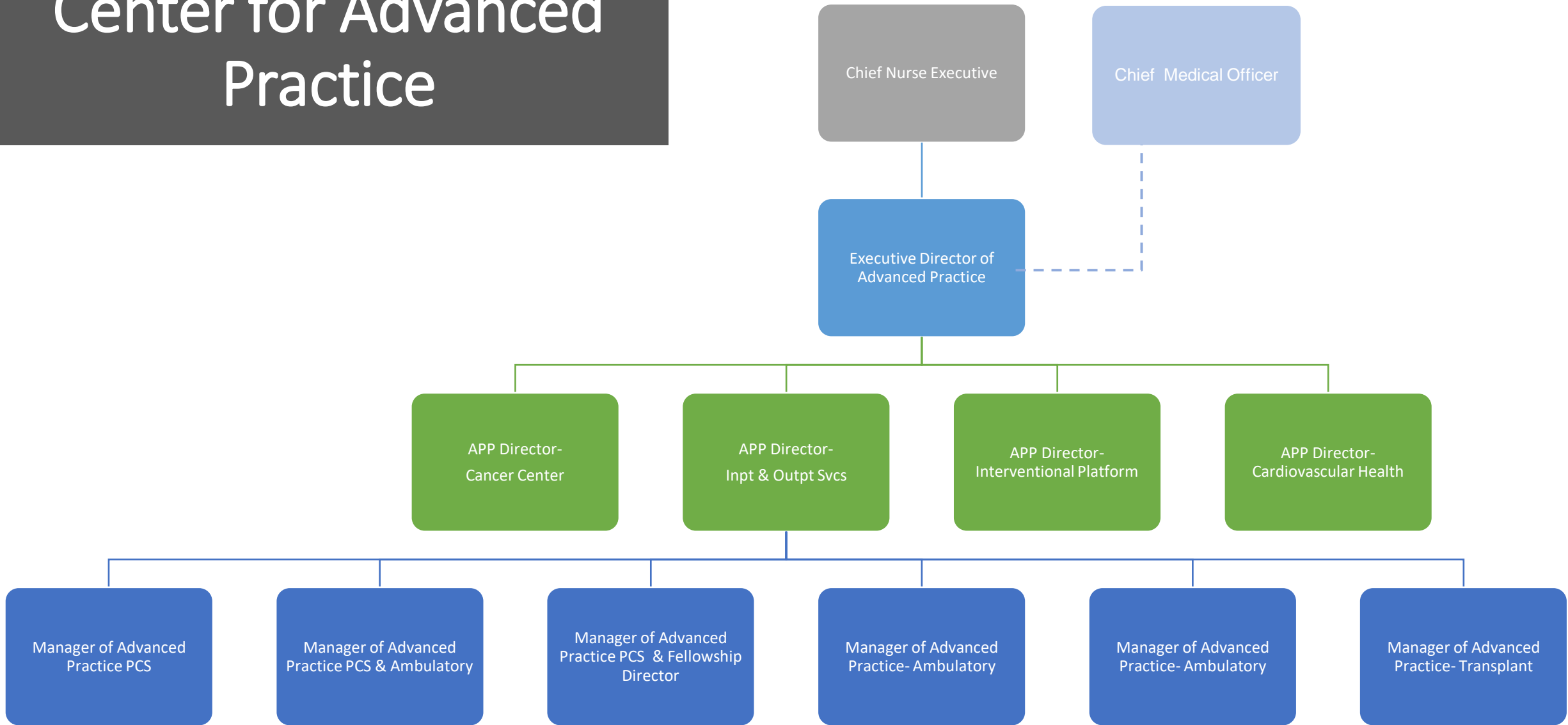
- **All APPs to have a connection to the Center for Advanced Practice**



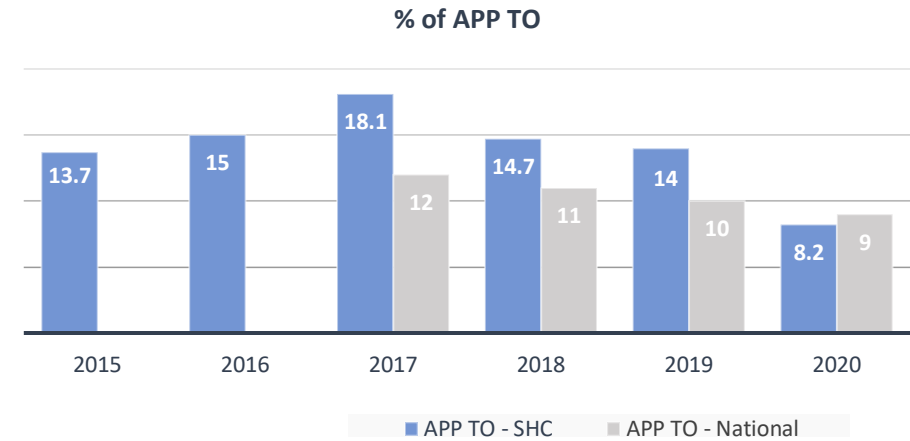
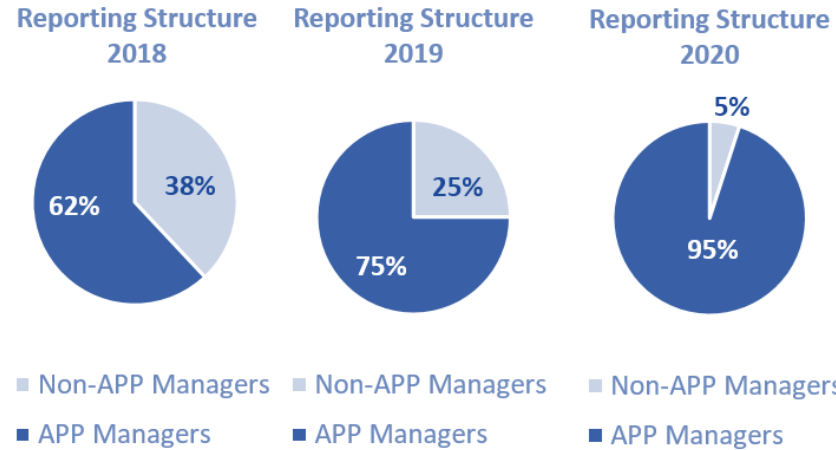
Span of Control Standards

Title	Clinical Time	Admin Time	Span of Control	# of Sub-Specialties
Lead APP	60%	40%	Minimum 8 to 15 ^{1 2} Direct Reports <i>Exceptions to minimum of 8 may include Leads who:</i> 1. Oversee multiple locations or more than 2 sub-specialties ³ 2. Work across >2 procedural areas	1-2
APP Manager	20%	80%	25-45 >25-30 DR (2+ Sub Specialties) >8-30 DR +1 Lead >8-15 DR + 2 Leads >3 Leads	2+
APP Director	5%	95%	15-45 >15-30 DR (3+ Sub Specialties) >8-15 DR +1 Lead	3+
APP Director	5%	95%	60+	5+

Center for Advanced Practice



Key Outcomes 2018-2021

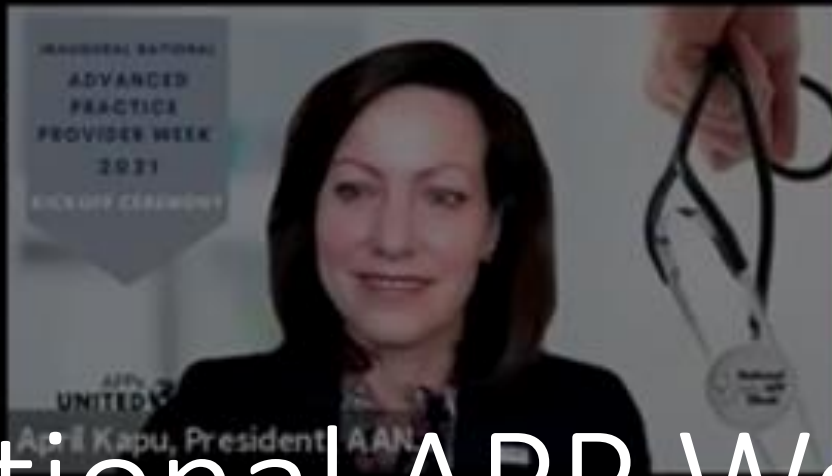


	2017 n=270	2020 n=452	% Change
Response Rate	62%	76%	23% Increase
Professionally Fulfilled	36%	45%	25% Increase
Intent to Leave	37%	33%	11% Decrease
Burnout Present	29%	26%	10% Decrease

Administrative Leadership Quality (Scale: 0-4)	
2017	2020
2.68	3.16

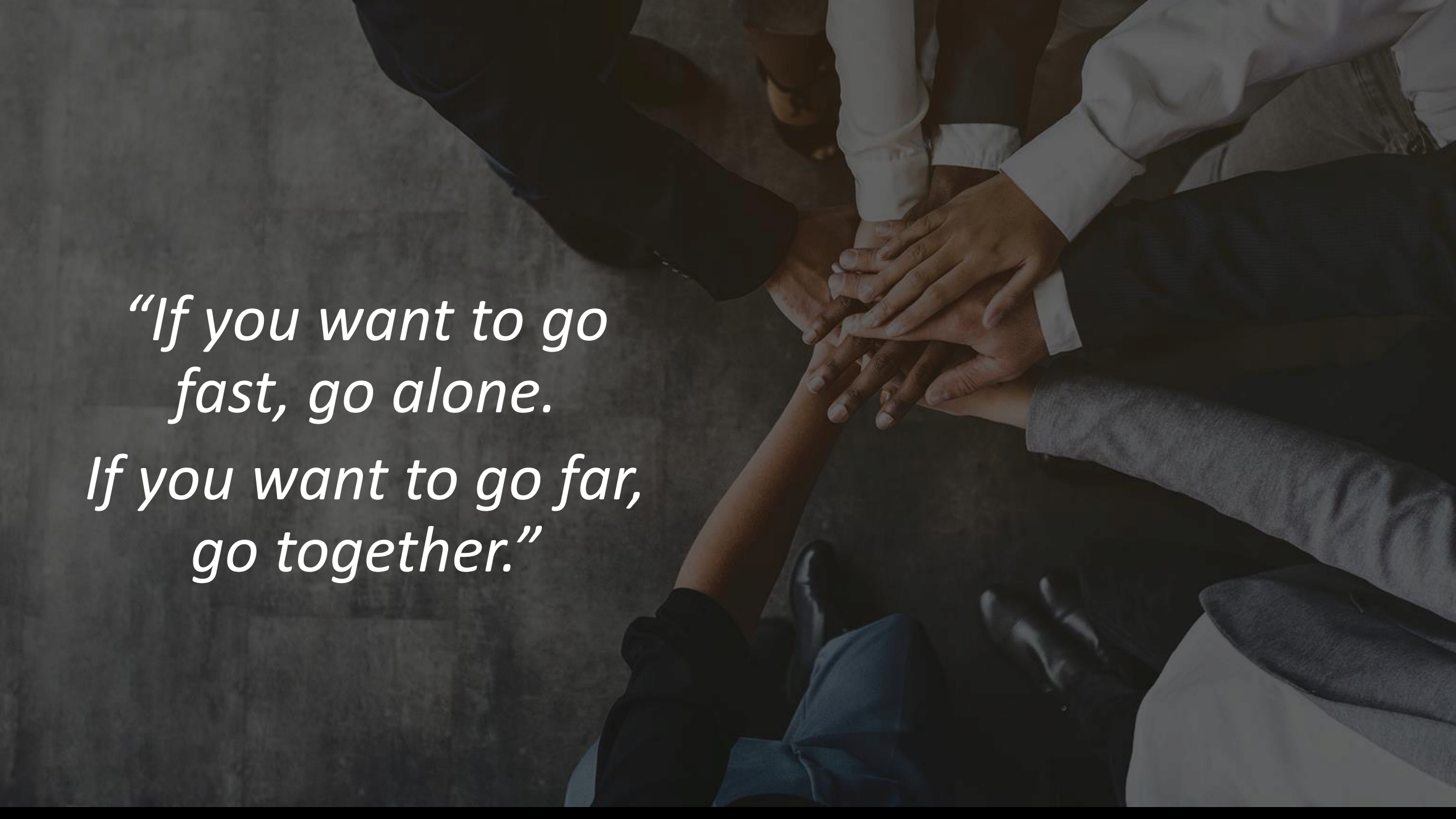
Perceived Appreciation (Scale: 0-4)	
2017	2020
2.47	2.72

National APP Week



National APP Week





*“If you want to go
fast, go alone.
If you want to go far,
go together.”*



Thank You

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