

Advanced Practice Providers: *How Do We Improve Their Organizational Engagement?*

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Advanced practice providers (APPs) are integral members of the multidisciplinary health care team, providing access to high quality and cost-effective patient care. Despite the consistent increase in demand for APPs, these practitioners often lack role clarity, frequently resulting in poor job satisfaction and retention. Establishing an advanced practice provider council within organizations is a positive step in providing APPs with a platform for increasing their visibility, peer support, and decision-making power, thereby improving their engagement within the organization.

Advanced practice providers (APPs), including certified registered nurse anesthetists (CRNAs), nurse practitioners (NPs), certified nurse midwives (CNMs), and physician assistants (PAs), are integral members of the multidisciplinary health care team that provide access to high quality, cost-effective patient care. APPs comprise 36% of the providers within Hospital Sisters Health System (HSHS)–Eastern Wisconsin Division (EWD), which includes, HSHS St. Vincent and St. Mary’s hospitals in Green Bay; HSHS St. Nicholas Hospital in Sheboygan; and HSHS St. Clare Memorial Hospital in Oconto Falls. The demand for APPs continues to increase as the need for fiscal responsibility of health care costs becomes more prominent within the organization.

Beginning in 2019, the Center for Medicare & Medicaid Services will no longer reimburse providers based on volume. Instead, providers will be reimbursed based on value.¹ These health care reform measures require transforming health care delivery to promote interprofessional collaboration, with APPs practicing to the full extent of their education and training.²

Despite the consistent rise in the number of APPs, these practitioners often lack visibility, peer support, and decision-making power related to their practice. The lack of structural empowerment and ability to practice to the full extent of their education, skills, and experience often leads to poor engagement with the organization, resulting in poor job satisfaction and retention of APPs. Establishing an advanced practice provider council (APPC) within HSHS-EWD is the first step in providing the APPs with a platform for increasing their visibility, peer support, and decision-making power within the organization.

The purpose of this article is to present an emerging structure that is engaging APPs by creating role clarity within a health care organization as well as collaboration with physician providers.

LACK OF APP ROLE CLARITY WITHIN THE ORGANIZATION

Leaders in health care organizations know the importance of role clarity and clear expectations to create a healthy practice environment. In HSHS -EWD, we identified the lack of clarity for our advanced practice providers. There was no clear role delineation for APPs as members of the medical staff or as members under the allied health professionals’ umbrella. The organization lacked a formal leadership mechanism for APPs.

APPs are integral members of the interdisciplinary team that provide high quality, cost-effective care

KEY POINTS

- **Despite the consistent increase in advanced practice providers (APPs), these practitioners often lack role clarity within organizations.**
- **Lack of role clarity often leads to poor job satisfaction and retention of APPs.**
- **Establishing an advanced practice provider council within an organization provides APPs with a platform for increasing their organizational engagement by providing role clarity, increasing their visibility, improving peer support, and enhancing job satisfaction and retention.**

within HSHS-EWD; however, they do not fit directly into the categories of nursing or medicine. This lack of role clarity can lead to inconsistent credentialing, privileging, and a lack of practice standards and shared governance. This has been found to result in poor job satisfaction and retention among APPs.

Initially, APPs were few in number and placed under the medical staff structure to follow credentialing requirements. APPs now comprise a substantial component of providers, yet, inconsistent credentialing practices and no clear delineation of roles, continues to be evident throughout HSHS-EWD.

DRIVER FOR ORGANIZATIONAL CHANGE

APPs offer access to high quality, cost-effective care, not only for individual patients, but entire communities, and comprise 36% of the credentialed providers within HSHS-EWD. Despite the rapid increase in demand and growth of APPs within the organization, institutional and cultural barriers still exist in the current health care delivery model due to health care providers practicing in silos, creating professional boundaries between the medical staff and APPs. This model defeats the purpose of team-based, interprofessional collaboration, and frequently leads to a lack of communication and coordination of care, ultimately causing fragmentation of services and excess cost.³

The chief nursing executive (CNE) of HSHS-EWD, along with an APP within the organization working on an organizational leadership-focused Doctor of Nursing Practice Scholarly Project, set out to develop a means to improve APP visibility, peer support, and decision-making power, and improve overall engagement within the organization. The project was to establish an APPC, where the council Chair has full voting rights on the Medical Executive Committee (MEC) at HSHS St. Mary's and St. Vincent Hospital.

PROJECT GOALS

As the demand for APPs continues to grow and expand, along with the organization's desire to reduce health care costs, the development of an APPC within HSHS-EWD was proposed in order to enhance job satisfaction and retention among APPs, leading to improved organizational engagement and a reduction of health care cost. A 2010 study by Rhodes et al.⁴ noted, "the development of an advanced practitioner leadership council contributes to staff satisfaction, facilitates professional growth, and provides improved quality and fiscal outcomes."

Establishing an APPC in HSHS-EWD with direct reporting to the chief physician executive (CPE) in collaboration with the CNE provides APPs with a venue for structural and psychological empowerment, along with an improved peer support system. This creates a healthy practice environment with increased

job satisfaction among APPs, resulting in an enhanced patient experience and improved patient outcomes.

PROJECT PLAN AND IMPLEMENTATION

Developing an APPC within HSHS-EWD fits with the vision and core values of the organization. Specifically, the vision of being a "high-quality health system providing exceptional care, centered on the whole person,"⁵ and the core value of competence, by ensuring our work is performed with the highest level of skill and ability. Our key to success in implementing this council included the passion of key stakeholders. We collaborated with the CPE, who was a proponent of the shared governance model and well respected within the organization. Additionally, we had the support of a progressive-minded medical staff.

The first step was meeting with the CNE and CPE to discuss the vision of the APPC and provide information on the current numbers of APPs and where they currently fit into the organization. A literature review was completed before the meeting to present current evidence-based practice related to APPs. APPCs are a relatively new concept within health care systems, so there is a lack of literature in this area. The CPE recommended bringing current data related to APPs in the organization. It was also suggested that a rationale be provided as to why the APPC was needed, and how having an APP as a full voting member of the MEC would benefit the organization.

Following this informational session, the members of the MEC asked that a formal proposal of establishing an APPC, along with the proposed amendments to the current medical staff bylaws, be presented at the next MEC meeting. Prior to the presentation, we met with various APPs that are part of APPCs in their organizations to learn about potential barriers and lessons learned from their experiences. A council charter was then developed, aligning with medical staff bylaws that outlined the purpose, objectives, and roles and responsibilities of the members and presented to the MEC. The presentation also included the proposed number of APPs on the council, with representation in all medical staff departments. Every month, each APP on the council would attend their respective department meeting and then provide a report to the APPC during the monthly meetings. Following the formal proposal to the MEC, the establishment of an APPC with the proposed amendments to the current medical staff bylaws, allowing the council chair membership on the MEC with full voting rights, was sent out as a vote to all of the medical staff. The proposal passed unanimously. After receiving the great news, an application for becoming a member of the APPC was developed and sent to all of the APPs that had hospital privileges at HSHS-EWD St. Vincent and St. Mary's.

THE FIRST YEAR OF THE APPC

The APPC consists of 11 APPs representing the following departments: surgery, emergency, general surgery, cardiology, medicine, oncology, anesthesiology, obstetrics/gynecology, critical care, orthopedics, and the cardiovascular stress lab. The first meeting was held on October 24, 2017, with monthly meetings after that. During the first meeting, introductions took place, followed by a discussion about how the members envisioned the function of the council. Following this discussion, goals were set for the first year. Our first goal was to place an APPC member on every hospital committee. Other goals included working with the marketing department to increase APP visibility within the organization, and improving recruitment and retention among APPs. Rounding out the agenda of the first meeting was voting for the chair and co-chair of the council, setting council ground rules, and discussing the best mode of communication among council members.

Reflecting upon the many accomplishments of the APPC during the first year, it is an honor to be a part of this amazing group of APPs who are driven by their passion for their profession, advocacy for their patients, and belief in the future of the organization. The number 1 goal of placing a designated APP on every hospital committee was achieved by December 2017. Another accomplishment was creating a recruitment/retentions subcommittee to work on the discovery, development, and policy creation of a formal APP orientation and mentorship program to improve APP recruitment and retention. The subcommittee is utilizing 2 doctor of nursing practice students for this project. Other subcommittees that have been formed are research and quality improvement, education, and APP legislation. The education subcommittee organized and offered an APP-led CME event, Opioid Crisis and Alternative Treatment Options, which was very well attended by APPs and physicians. The visibility subcommittee has showcased the APPC with articles in the nursing and medical newsletters.

NEXT STEPS—YEAR 2 AND BEYOND

The APPC surpassed all expectations and goals set for the first year, and this momentum has carried into the second year, with long-term goals planned beyond the second year as well. The goals for the second year of the APPC include highlighting an APP each month in the nursing and medical newsletters. The council is also collaborating with the APPs employed by the affiliated physician group in forming an APPC with shared membership on the HSHS-EWD APPC, with shared subcommittee work and collaboration between the APPCs.

The credentialing subcommittee and the medical staff are in active dialogue with administration working toward changing the credentialing, privileges, and

bylaws to allow APPs to complete hospital consultations without the requiring the physician to also see the patient. Lastly, the APPC is planning for expansion of the APPC to include HSHS–St. Clare and St. Nicholas, which would make the APPC division-wide.

The 2019 goals for the APPC currently include, completion of the APP onboarding and mentorship policy and provide each department with recommendations, continue collaborative work with the affiliated physician group APPs and move toward expanding the APPC to include the Eastern Division of HSHS. The APPC is also planning another CME event in spring 2019, and possibly fall 2019, as well. The APPC intends to continue working with the marketing department to increase APP visibility and recognition in the organization and community.

LESSONS LEARNED

The key to our success on this project was developing a strong relationship and support of the CPE and medical staff services leadership, to garner support prior to bringing our proposal to the MEC. Reviewing the medical staff bylaws, rules, and regulations before making a formal presentation to the medical staff was also important to develop an understanding of the process and proposed amendments. It was also very helpful to have the ability to observe the dynamics of how the MEC functions, in order to gain a full understanding of the committee and processes prior to presenting our recommendations.

SUMMARY

In many health care organizations, there is a lack of APP role clarity, and institutional barriers that often lead to inconsistent credentialing, privileging, and a lack of practice standards. These barriers result in fragmentation of healthcare services and increased cost to the organization. A lack of role clarity, visibility, and decision-making power among APPs can result in poor job satisfaction, turnover, and disengagement. The development of an APPC at HSHS-EWD has brought APPs together with a unified voice, becoming active participants in the shared governance model with full voting representation on the MEC. Establishing an APPC has also provided APPs with decision-making power within their practice, thereby, improving patient care and overall engagement within the organization.

REFERENCES

1. Center for Medicare & Medicaid Services. Quality Payment Program. Available at: <https://qpp.cms.gov/>. Accessed October 31, 2018.
2. Robert Wood Johnson Foundation. Improving patient access to high-quality care: How to fully utilize the skills, knowledge, and experience of advanced practice registered nurses. 2013. Available at: https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf405378. Accessed February 28, 2017.

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3. Moran KJ, Burson R, Conrad D. *The Doctor of Nursing Practice Scholarly Project: A Framework for Success*. Burlington, MA: Jones & Bartlett Learning; 2014.
 4. Rhodes C, Fusilero J, Williams CM. Development of the role of director of advanced practice nursing. *Nurs Econ*. 2010;28(1):58-62.
 5. Hospital Sisters Health System. Our mission, vision, and core values. Available at: <http://www.hshs.org/About-HSHS/Our-Mission-Vision-Values.aspx>. Accessed October 31, 2018.

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