

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

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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.

Background

The CTS Service Line is one of the many service lines at the 1,011 bed acute care magnet hospital that use APPs to provide and manage inpatient care.

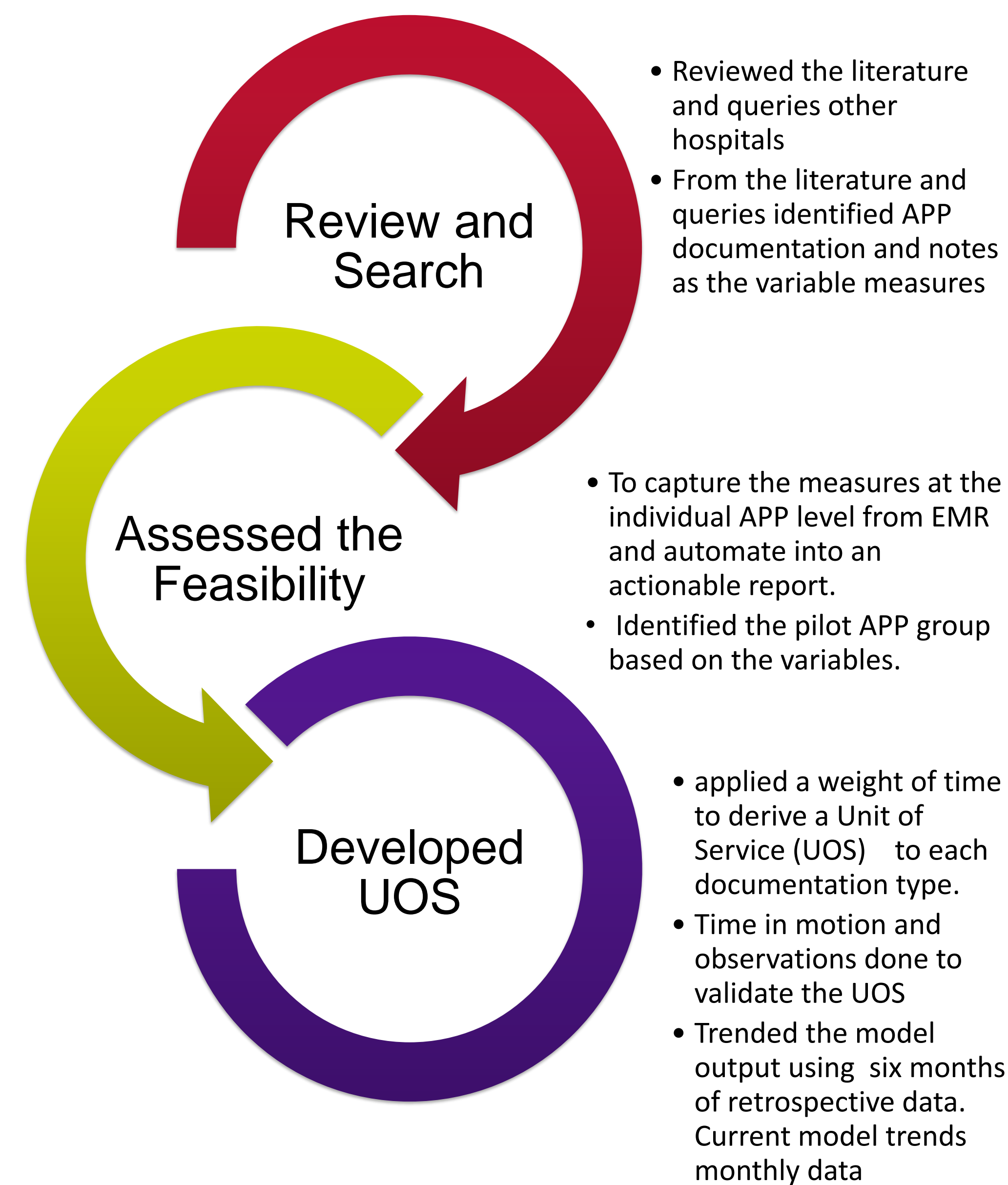
The CTS Service Line consists of:

- Three Surgeons, no fellows or residents
- Total APP FTE's 11.8 (1-3 FTE vacant)
- 15 APP's includes 4 Pool or Per Diem APP's
- Patient care coverage by the APP team includes: Intensive Care Unit and the Cardiac/Telemetry Floor.

Inpatient services that use APPs are void of a productivity tool or have the ability to quantify workload. An important gap and need exist at the hospital to mitigate the inability to measure and equate value in determining the contributions of the APPs and their quantifiable role in meeting patient care needs.

- This includes but not limited to overall hospital savings, charges, patient volumes, resource requirements that are reflective of APP workloads and to establish standardization in practice and documentation.
- A tangible tool can also be beneficial for professional growth and development and annual evaluations with objectivity for the APPs.

Method



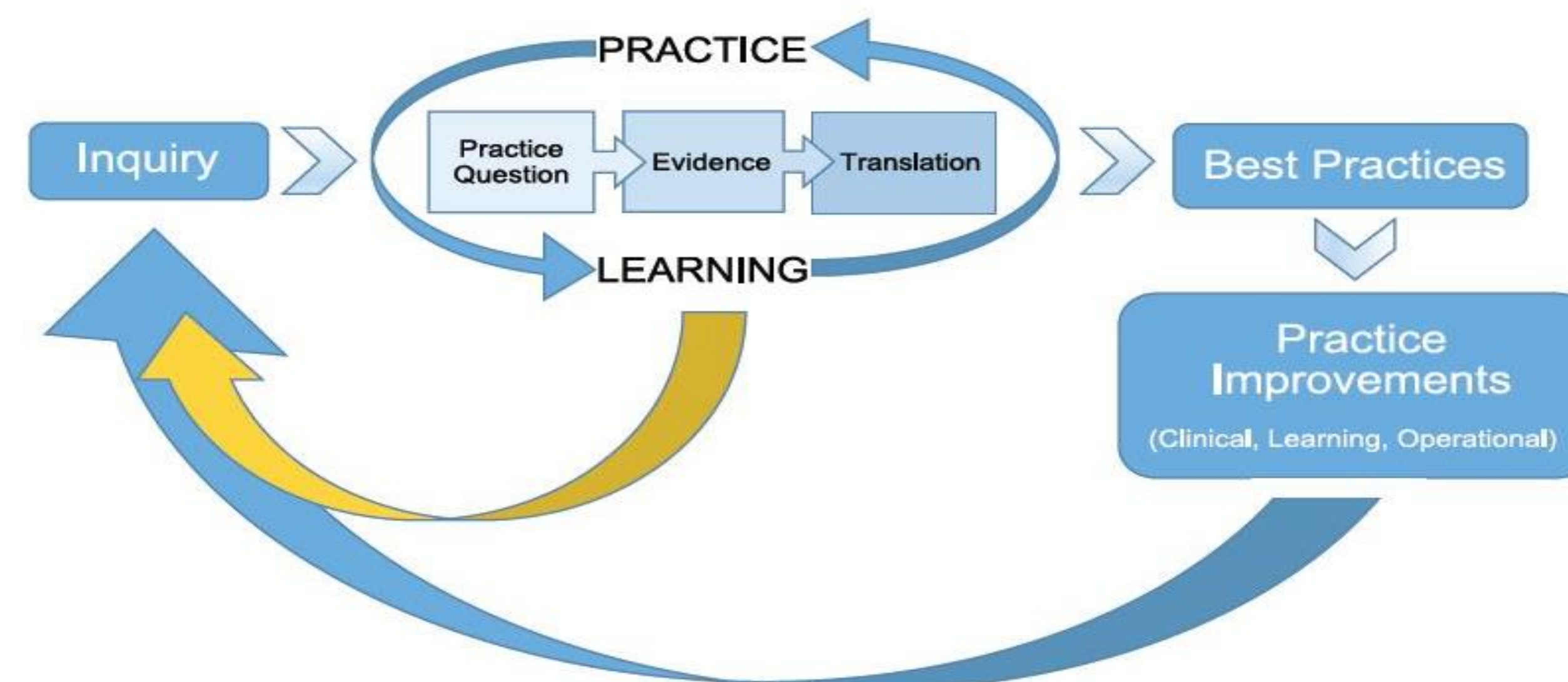
Discussions/Results

- 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.

Final Productivity Tool (4th version) A snap shot of the detailed data which includes APP work note types performed daily.

Row Labels	Oct-17		Nov-17		Total Count	Total Sum of UOS
	Count	Sum of UOS	Count	Sum of UOS		
APP Provider 1	2206	61.75	1911	63	8906	270.75
NOTES	119	61.75	122	63	529	270.75
Consults	3	2.25			3	2.25
H&P	3	3	4	4	11	11
Procedures					6	3
Progress Notes	113	56.5	118	59	509	254.5
ORDERS	2087	0	1789	0	8377	0
Canceled	1056	0	542	0	3594	0
Pended	138	0	386	0	1087	0
PendingSigned	49	0	171	0	255	0
Signed	844	0	690	0	3441	0

Conceptual Framework



Note Type	Unit of Service
Consults	0.75
Discharge Summaries	1.5
H&P (admission)	1.0
Daily Progress	0.5
Procedure	0.5

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.
- 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 reaffirmed.
- 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.

Acknowledgement

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