Tracking Nurse Practitioner Outcomes: A Quality Improvement Project

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Problem

- Standardized delivery of care is essential for positive outcomes
- Deviation from the standard results in poor quality of care
- Quality improvement initiatives are necessary to ensure quality care
- Nurse practitioners impact quality of care

Environment for project

- Catawba Valley Medical Center, Hickory, NC
- Magnet Facility
- Hospitalist nurse practitioners
  - 2 Acute Care Nurse Practitioners
  - 1 Family Nurse Practitioner

Literature review

- Chelluri (2008) Quality and performance improvement in critical care.
- Price and Kinsman (2005) Quality improvement: the divergent views of managers and clinicians.
- Kleinpell (2003) Measuring advanced practice nursing outcomes: strategies and resources.
- Kleinpell (2007) APNs Invisible champions?
- Sidani and Irvine (1998) A conceptual framework for evaluating the nurse practitioner role in acute care settings
- McMullen, Alexander, Bourgeois, and Goodman (2001) Evaluating a nurse practitioner service.

Literature review

- Pinkerton and Bush (2000) Nurse practitioners and physicians: patients' perceived health and satisfaction with care.
- Laurant, Reeves, Hermens, Braspenning, Grol, and Sibbald (2009) Substitution of doctors by nurses in primary care
- Jensen and Scherr (2004) Impact of the nurse practitioner role in cariothoracic surgery
- Cowan, Shapiro, Hays, Afifi, Vazirani, Ward, and Ettner (2006) The effect of a multidisciplinary hospitalist/ physician and advance practice nurse collaboration on hospital costs

Project Goals

- Design Microsoft Access database to track nurse practitioner outcomes
  - Overall length of hospital stay
  - Length of stay in critical care
  - Time to transition from IV to PO meds
- Track outcomes monthly and compare to identify areas needing improvement

Project Design

- Track outcomes for nurse practitioners over 8 week period
- Compare outcomes with national standards
- Identify areas of need for improvement
- Reevaluate database to identify additional outcomes to be measured

Cost and Efficacy

- Microsoft Access is readily available at CVMC
- Time
- Efficacy depends upon buy-in and multidisciplinary collaboration
  - Hospitalist nurse practitioners
  - Information systems
  - Pharmacy

Implementation Plan

- Spring 2010
- 8 weeks of data entry
- Every 4 weeks query database to generate reports detailing QI areas
- Report quarterly

Barriers and Solutions

- Data retrieval and entry
  - Collaboration with IS
  - Collaboration with pharmacy
- Perceived impact upon hospitalist physicians
  - Communication
  - Education

Evaluation Strategies

- Examine data entry completeness
- Examine quality of data and deviations from national standards
- Examine ease of use of database
- Examine impact on quality improvement between the four-week periods

Expected outcomes

- Implement outcomes tracking utilizing database
- Compare outcomes from month to month
- Evaluate areas of improvement from month to month