

An Innovative Nurse Practitioner Model for Hospitalist Care

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PURPOSE STATEMENT:

The purpose of this poster presentation is to describe a hospitalist model of care developed and implemented by a collaborative care management team.

ABSTRACT:

The hospitalist is the fastest growing health care specialty in the United States (Wachter, 2008). Hospitalists provide general primary care and address issues related to chronic diseases in a holistic way while patients are hospitalized. Traditionally viewed as a role for physicians, adult nurse practitioners are now practicing as hospitalist, meeting the ever growing general health care needs of hospitalized patients and improving quality care, as well as the financial bottom line of hospitals (Gregory, Baigelman, & Wilson, 2003). Adult nurse practitioners are well-positioned for the hospitalist role. Studies have shown that nurse practitioner productivity and outcomes of care are comparable to that of primary care medical physicians (Cowan et al., 2006; Piro et al., 2001).

Most nurse practitioners in hospitalist roles are employed by health care organizations and are usually a member of a collaborative team comprised of nurse practitioners and physicians. The nurse practitioner is usually responsible for the direct care of a group of inpatients - performing pertinent physical examinations and clinical evaluations, managing clinical care, performing procedures, ordering and reviewing diagnostic studies, ordering and monitoring medications, participating in short-term and long-term planning of patient care with members of the inter-professional team, and coordinating the transition to outpatient care. This allows physicians to manage more patients and provide supervision to physicians in training. At academic medical centers, the limiting of resident hours has made it necessary to create non-teaching services. These services are often managed by nurse practitioners in collaboration with/under the direction of an attending physician.

WHAT IS A HOSPITALIST?

A hospitalist is a physician, nurse practitioner, or physician's assistant who's education is in general medicine/internal medicine or family practice who cares for patients on the acute medical floors in the hospital and who has no or limited outpatient responsibilities. When the patient leaves the hospital, care is returned to the outpatient primary care provider.



ONE INNOVATIVE MODEL OF CARE DELIVERY

The hospitalist model at Thomas Jefferson University Hospital includes two nurse practitioners (NPs) who staff the service during the week from 7:00AM to 6:00PM. Over night, there is a physician who covers the service. The NP's are responsible for direct care of a group of patients on the non-teaching service.

Direct care responsibilities include:

- performing pertinent physical examinations and clinical evaluations,
- managing clinical care,
- performing procedures,
- ordering and reviewing diagnostic studies,
- ordering and monitoring medications,
- participating in short-term and long-term planning of patient care with members of the inter-professional team, and
- coordinating the transition to outpatient care.

The maximum census is 15 patients with two NP's and 10 patients when one NP is covering the service. There is always an attending physician who makes daily rounds and who is available for consultation as needed.

The patient population of the hospitalist service includes:

- inpatients who are stable, but waiting for nursing home placement,
- uncomplicated sickle cell crisis patients,
- patients who have had complicated hospital stays and need some "fine tuning" of their chronic conditions before they leave the hospital,
- patients with uncomplicated cellulitis,
- uncomplicated DVT's (meaning they have no pulmonary embolism and only one or two chronic diseases), and
- patients who have no insurance who need a multidisciplinary team to help manage their medical and social issues.

Patients are admitted to the hospitalist service from a variety of entry points:

- direct admits
- admits from the emergency room, and
- transferred to the service from the teaching services when patients are stable.

NEXT STEPS

Multiple studies demonstrate that nurse practitioner-physician collaboration can offer improved continuity of care for inpatients, enhanced multi-disciplinary team planning, decreased length of stay, as well as readmissions, and reduced hospital costs. As this role expands for nurse practitioners, more research is needed with different patient populations, different hospitalist models, and different kinds of acute care settings in order to systematically assess and evaluate best practices for nurse practitioner hospitalist care.

BEHAVIORAL OBJECTIVES:

By the end of this presentation, the participants will be able to:

1. Describe the role of adult nurse practitioners in developing and implementing a hospitalist model of care delivery.
2. Discuss management and evaluation of primary care issues and chronic disease in a hospitalist model.
3. Give an example of a hospitalist practice model of care delivery.

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