Evaluating the Role of the Hospitalist Nurse Practitioner in Facilitating Early Discharge of Observation Patients

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Introduction

- The use of Nurse Practitioners (NP) as a hospitalist is a growing trend.
- NPs trained in specialized program can adapt well to the hospitalist role.
- The utilization of a hospitalist NP can improve efficiency and patient flow.
- The advent of Affordable Care Act of 2010 increase the demands for primary care services.

Significance

- The Centers for Medicare and Medicaid Services (CMS) has strict admission criteria for sick vs. not sick patients.
- Observation care is defined by CMS as an outpatient service which includes short term treatment, assessment, and reassessment.
- Patients placed under observation criteria must comply with the 2-nighttime rule.
- Failure of the organization to determine the appropriate level of care may result in payment denials.

Objectives

- Improve the patient flow of the observation telemetry patients from the time of arrival to discharge.
- Explore the effectiveness of the role of the hospitalist NP in the assessment, evaluation and coordination of patient care.
- Improve the overall organizational throughput and reduction in the board of admitted patients in the emergency department.

Theoretical Framework

- Setting and Study Design

  - 40 bed Telemetry unit of a nonprofit 361 bed acute care hospital in Northern New Jersey.
  - Patient population were those placed on observation telemetry status admitted under the hospitalist group.
  - Retrospective review of 40 random charts, 3 months pre- and post-intervention that meets the inclusion criteria.

  Outcomes Measured

  - Pre-intervention, 20 random charts from October 1, 2017 to December 31, 2017.
  - Implementation of Hospitalist NP, October 2018.
  - Post-intervention, 20 random charts from January 1, 2019 to April 30, 2019.
  - Admission time and discharge time were compared between Hospitalist physician and Hospitalist NP.
  - Time to order of consultation, time to imaging, and time to stress and interpretation of results were measured.
  - Age and reported comorbidities and its association with LOS were measured.

Analysis

- SPSS statistical software, version 24 was used to analyze descriptive and correlational data.
- An Independent sample t-test was used to compare means between Hospitalist NP and Physician.
- The confidence interval of 95% was examined for t-test results.

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Results

<table>
<thead>
<tr>
<th>Participant Demographics</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>16</td>
</tr>
<tr>
<td>Male</td>
<td>24</td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
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<td>18-30</td>
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<tr>
<td>Other Race</td>
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<td>White</td>
<td>17</td>
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<tr>
<td>Comorbidities and LOS by Provider</td>
<td></td>
</tr>
</tbody>
</table>

Discussion

- Sample comprised of 40 observation telemetry patients, 20 admitted by the Physician and 20 by Hospitalist NP.
- The mean age was 69.02 (sd=15.3). White (n=17) was the largest group in race. In terms of gender Male (n=24), female (n=16).
- Age was moderately correlated to patient LOS (r=.32; p=.04).
- The total number of comorbidities that the patient had was weakly and not statistically correlated to LOS (r=.17; p=.28).

Limitations/Gaps

- Sample size was small.
- The Hospitalist NP role started with only 2 FTE staff working on the overnight shift.
- There were limited resources on the overnight shift.
- Post implementation data was during the months of influenza season.

References


