

Preoperative Medical Decision Making Among Advanced Practice Providers in a Rural Hospitalist Program: A Call for Increased Autonomy

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Background and Significance

- 44 million surgical interventions are performed per year in the U.S.
- All surgical interventions are associated with risk
- Clinical practice guidelines recommend a preoperative medical evaluation prior to any surgical intervention
- Preoperative medical evaluations identify and minimize risks
- In 2015, the average cost of an inpatient surgical intervention was \$18,000, an increase from \$13,000 in 2000
- Hospitalists are ideally suited to coordinate inpatient preoperative care
- Nurse Practitioners and Physician Assistants are integral members of Hospitalist teams
- Antiquated medical staff bylaws prohibit Nurse Practitioners and Physician Assistants to perform preoperative medical evaluations without physician supervision
- Preoperative medical evaluations are within the scope of practice for both Nurse Practitioners and Physician Assistants in the state of Maryland

Objectives

- Streamline preoperative medical evaluations for surgical candidates by reducing duplication of work
- Enable Advanced Practice Providers (APPs) to practice according to their full scope of practice
- Increase APP knowledge of preoperative medical evaluations

SHM Preoperative Evaluation Recommendations for Hospitalists

- Obtain a thorough history and review of the medical record
- Perform a targeted physical examination, focused on the cardiovascular and pulmonary systems
- Perform a directed and cost-effective diagnostic evaluation
- Utilize evidence-based algorithms and validated tools to assess and risk-stratify patients
- Make evidence-based recommendations to optimize outcomes in the perioperative period

Methodology

Setting:

Large rural multi-specialty healthcare system located on the Eastern Shore of Maryland with a 35 provider Hospitalist service including three Nurse Practitioners, 12 Physician Assistants, and 28 physicians providing 24/7 coverage to an average of 135 patients daily

APP Eligibility to Participate:

- 1 year of internal medicine/hospital medicine experience
- Completion of five Society of Hospital Medicine (SHM) preoperative evaluation modules: The Role of the Medical Consultant, Pulmonary Risk Management in the Perioperative Setting, Perioperative Medication Management, Perioperative Cardiac Risk Assessment, and Perioperative Cardiac Risk Management
- Completion of 10 consecutive preoperative medical evaluations with 100% agreement by an attending Hospitalist physician regarding the preoperative medical evaluation, i.e. if additional diagnostic testing or referrals are indicated
- Recommendation from the Hospitalist Medical Director and Lead APP

Results

January 2017–June 2017

- 12 APPs completed all five SHM preoperative evaluation modules
- 98 preoperative medical evaluations performed by 10 APPs
- 7 APP has been cleared to perform preoperative medical evaluations independently

Facilitators

- Progressive Medical Director supportive of APP practice
- Cohesive team of APPs and physicians
- Need for workflow efficiency
- Utilization of SHM modules and competencies

Current Preoperative Evaluation Process



Proposed Preoperative Evaluation Process



Barriers

- Staffing and Staffing Model—one APP on call for 135 patients from 7PM-7AM
- High Census—focus shifted to admissions, rounding, and discharges

Nursing Implications

- Nurse Practitioners provide safe and effective care across the continuum, including for preoperative medical evaluations
- Nurse Practitioners should practice to the full extent of their training and licensure

Conclusions

- APPs are well-poised to lead interdisciplinary teams to improve preoperative care coordination
- APP preoperative decision making is consistent with that of their physician counterparts
- Preoperative medical evaluations performed by APPs can reduce duplication of work and can increase Hospitalist work efficiency by 50%
- Additional research examining the cost of care, perioperative morbidity and mortality, and length of stay for patients evaluated preoperatively by APPs and physicians would further support APP independent practice

Contact

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