Building a Business Case for the Advanced Practice Registered Nurse

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Significant social, political, and economic forces have brought about various changes in the health care delivery system in the past 40 years. Health care has developed into more of a business model, marked by the frequent elimination of advanced practice registered nurses (APRNs) (eg, clinical nurse specialists) during redesign and re-engineering efforts. APRNs have often been perceived as an unnecessary expense given their indirect patient care roles. In this cost-effective, outcomes-driven market, it is imperative for the APRN to understand how to build a business case illustrating the influence that the APRN has on improving clinical, financial, operational, and institutional outcomes. For the purpose of this article, the outcome indicators of the Surgical Care Improvement Project (SCIP) are used to demonstrate how the APRN can use a value compass to validate the cost-effectiveness of their influence on the patient outcome of surgical-site infection (SSI).

Perioperative advanced practice registered nurse

The Association of periOperative Registered Nurses (AORN), in the broadest sense, defines perioperative APRN competency as anchoring “nursing practice to evidence-based science to achieve patient-sensitive outcomes. Multidisciplinary collaboration to effect positive changes in surgical patient care is a hallmark of this specialized role” [1]. The APRN role in evaluating (eg, patient) outcomes is in designing quality improvement initiatives and using indicators to monitor quality and effectiveness of nursing practice [2]. The APRN possesses several humanistic, technical and empiric competencies that lead to health care quality, such as leadership, holistic patient-centered care, interdisciplinary collaboration, knowledge of evidence-based practice, quality improvement, and informatics. Therefore, building a business case for the perioperative APRN is essential to demonstrating the APRN’s contributions in achieving clinical, financial, operational, and institutional outcomes.

Perioperative Patient-Focused Model

AORN’s Perioperative Patient-Focused Model (Fig. 1) is the circle of influence of the perioperative APRN and represents the universe of perioperative patient care. The Perioperative Patient-Focused Model is an integrative model that is fully operational by the Perioperative Nursing Data Set (PNDS). The PNDS is a standardized nomenclature of data elements (eg, nursing diagnoses, intervention and activities, outcomes) that supports perioperative nurses to provide evidence-based care and to comanage costs and quality.

The opinions or assertions contained in this article are the private views of the authors and are not to be construed as official or reflecting the views of the Department of Veterans Affairs.

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Perioperative Nursing Data Set

The PNDS is the standardized language of perioperative nursing and was recognized by the ANA Committee on Nursing Practice Information Infrastructure in 1999 as a “data set useful to the practice of nursing. The PNDS is clinically relevant and empirically validated” [3]. The PNDS data elements (ie, nursing diagnoses, interventions, and outcomes) provide a vocabulary that identifies perioperative nurse-sensitive patient outcomes, is clearly defined, is common to all operative and invasive procedures, and is stable across time. The ability to identify perioperative nursing data elements allows the description and evaluation of nursing interventions and outcomes. Clinical applications of the PNDS make it possible to link perioperative APRN competencies to interventions and outcomes, thereby identifying quantifiable quality indicators [4]. The PNDS elements enable comparative analysis and benchmarking in evaluation of outcomes. Clark and Lang [5] best described the relevance of using a standardized language to define and measure nurse-sensitive outcomes indicators: “If we cannot name it, we cannot control it, finance it, teach it, research it or put it into public policy.”

Quality indices

Perioperative nursing-sensitive quality indicators are needed to support data-driven decision making and to facilitate improved performance. Battie and Dopp [6] encouraged the use of the PNDS in developing a balanced dashboard or what they call a “value compass” as a means of measuring and displaying outcomes indicators in four major areas: clinical, operational, financial, and institutional (Fig. 2). Using PNDS for quality-indicator data management can be structured through the use of a value compass.

Outcome identification and evaluation: building a business case

Accrediting agencies, national quality collaboratives, and insurers require increasing amounts
of information about the quality of services provided. Transparency and public reporting of outcomes are increasing exponentially. Today's health care consumers are also demanding to know the fiscal and clinical outcomes of the services that health care organizations provide. Using the Internet, patients shop around for cost-effective, quality care [7].

APRNs can ensure continuity of care, manage resource use, coordinate patient services, and influence cost savings in patient-care delivery by using independent judgment coupled with advanced knowledge and expert clinical skills. Although these advanced skills and judgment are critical, outcome identification and the evaluation of the care influenced by the APRN in the perioperative setting are key to developing a business case [8]. Girouard [7] identified the necessity of APRN outcome identification and evaluation in documenting the impact of the APRN in the care of the patient.

The SCIP [9] is a national partnership of organizations interested in improving surgical care by significantly reducing surgical complications. The underpinning of this national partnership is the belief that a meaningful reduction in surgical complications can be achieved through collaborative practice. As mentioned earlier, this is an excellent example of outcome indicators under the influence of the APRN and a rich source of data for which APRNs could build a business plan to demonstrate their influence on outcomes indicators. For example, PNDS outcome O10 states, “The patient will be free from signs and symptoms of infection” [10]. Within the SCIP indicator of infection (SSI), there are numerous measures of, or data elements supporting, the prevention of an SSI [9]. These data elements or quality indicators are:

- Colorectal surgery patients with immediate postoperative normothermia
- Cardiac surgery 6 AM glucose control
- Perioperative prophylactic antibiotics
  - Appropriate to type of surgery, endogenous flora, anatomy
  - Infused within 60 minutes of incision
  - Discontinued 24 hours after skin closure
- Eliminate the use of razors for hair removal

Surgical-site infection

SSI can be high volume, high risk, and high cost in terms of undesirable clinical, operational, institutional, and financial outcomes. Currently,
Fig. 3. SSI-APRN value compass; adapted from the Battie-Dopp Model using the outcome indicators of the SCIP. LOS, length of stay. (Courtesy of Renee Battie, RN, MN, CNOR, and Annette Dopp, © Battie & Dopp 2003.)

In no way does this information imply that the perioperative APRN is solely in control of or independently influences SSI. Herein lies the opportunity and the challenge, for SSIs are multivariate and multidisciplinary. What the PNDS data elements and the value compass approach do is to provide the perioperative APRN with data that can be evaluated and quantified in relation to existing evidence. The quality indicators and data points of the value compass allows the APRN to develop quality indicators using data points that fit in each of the value compass domains (eg, clinical, organizational, financial, institutional) (Fig. 3), evaluating the practice environment and quality of care in relation to the value compass in relation to existing data elements, and identifying opportunities for quality improvement and research.

Summary

Significant financial and human cost savings can be realized through perioperative patient warming, tighter glucose control regimens, the removal of razors, and protocols for perioperative prophylactic antibiotic administration. The
perioperative APRN can provide leadership and make a significant impact on these signification performance measures by leading initiatives, developing protocols, and supporting improvements in surgical care through the use of evidence-based practice and collaboration. The key to building a business case for the APRN is to include the projected cost savings related to achieving desirable outcomes. National initiatives such as SCIP are well-developed evidenced-based programs that the perioperative APRN can use to demonstrate the application of the PNDS within a value compass model (see Fig. 3).

References


