

Acute Care Nurse Practitioner as Hospitalist: Role Description

Laura D. Rosenthal, MSN, ACNP, CFRN
Jeannette Guerrasio, MD

There has been an explosive growth in the practice roles of acute care nurse practitioners (ACNPs) since the administration of the first certification examination in December 1995.¹ The expansion of these roles is largely due to changes in medical residency requirements, pressures from managed health care organizations to reduce inpatient length of stay, increases in patient acuity, and the overall need for cost containment.²⁻⁵ Because of these changes, nurse practitioners (NPs) are now employed in emergency departments, tertiary care settings, intensive care units (ICUs), trauma centers, and specialty medicine areas, including oncology, interventional radiology, and neurology. NPs are performing more clinical skills such as

central line catheter placement, ventilator management, and interpretation of radiographs. In addition, increasing numbers of NPs are taking responsibility for teaching roles, quality improvement, formulation of standards of care, and participation in research within the aforementioned settings.

A literature review of articles from 1995 to the present places ACNPs in teaching, community, rural, and military hospitals. Kleinpell⁶ surveyed ACNPs over a period of 5 years, revealing over 50 practice settings. A small sampling of practice settings within the hospital include adult and pediatric cardiac surgery, neonatal ICUs, oncology, general surgery, and neurosurgery.⁷⁻¹¹ In 2006, Becker et al¹² published results from a single survey of 77 ACNPs in which 34 primary practice units were identified. In these 2 articles, the largest reported practice areas were cardiovascular ICUs, surgical ICUs, and step-down

CE Continuing Education

This article has been designated for CE credit. A closed-book, multiple-choice examination follows this article, which tests your knowledge of the following objectives:

1. Describe the role of the acute care nurse practitioner
2. Describe the role of the hospitalist
3. Compare the acute care nurse practitioner role with the role of the hospitalist in the care of inpatients

Laura D. Rosenthal is Director of Nurse Practitioners, University of Colorado Health Sciences Center, Hospital Medicine Service, F-782, 12401 E 17th Ave, Room 944, PO Box 6510, Aurora, CO 80045 (Laura.Rosenthal@UCHSC.edu).

Jeannette Guerrasio is Assistant Professor, University of Colorado Health Sciences Center, Aurora.

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telemetry and cardiology units.^{11,12} Of the articles reviewed (n = 30) regarding ACNP role definition, practice settings, and education, only 4 articles discussed the role of the ACNP as “hospitalist.”

What Is a Hospitalist?

Hospitalists are physicians who specialize in inpatient medicine and treating acute, episodic, and critical disease states. They are responsible for managing patient care within the hospital, just as primary care physicians manage patient care outside the hospital.¹³ The hospitalist’s role, like that of the ACNP, was created out of developing needs within the changing health care system of the United States. Cost containment, increased patient acuity, and reimbursement based on quality of care represent just some of these needs. Within the last 11 years, the hospitalist movement has expanded to more than 12 000 hospitalists nationwide.¹⁴ Each hospitalist group throughout the United States has varying requirements and schedules for employment. Some require ICU coverage, whereas many do not. Most groups are composed of specialists in internal medicine or family medicine, yet new groups are forming that include geriatric hospitalists, surgeon hospitalists, and cardiac hospitalists. Although there are differences in the logistics of practice, the basic underlying concept remains the same. The primary principles of hospitalist practice reinforce the emphasis on quality improvement, resource management, outcomes

research, and the development of practice guidelines.^{13,15}

Through these principles, hospitalists are improving efficiency within the hospital and, most importantly, the quality of patient care. Educational strategies to enhance these skills are being met through specialized hospitalist training tracks within internal medicine residency programs. The advent of these programs is still burgeoning throughout the United States, with new programs forming each year. The core curriculums within existing tracks emphasize clinical practice, systems issues, communication, ethics, and continuum of care.^{16,17} These principles are taught through experiential learning as well as through didactics, journal clubs, quality improvement research projects, and faculty mentoring.¹⁸

The literature on hospitalist medicine discusses characteristics of hospitalists that are similar, if not identical, to those of the ACNP. Wachter and colleagues¹⁸ state that hospitalists “learn to recognize outliers and anticipate problems, become familiar with the key players in the hospital (such as medical and surgical consultants, discharge planners, nurses, and clergy), and become sufficiently invested in the hospital system to be accountable for its cost and quality and to lead its quality improvement efforts.”^{19(p340)} The Acute Care Nurse Practitioner Competencies²⁰ states that the ACNP “diagnoses acute and chronic conditions that may result in rapid physiologic deterioration or life-threatening instability ... works collaboratively with a variety of health professionals ...

Table 1 Curriculum comparisons between hospitalist and ACNP roles^a

Hospitalist curriculum	ACNP curriculum
Clinical practice	Clinical practice
Perioperative care	Health promotion
Consultative medicine	Clinical decision making
Geriatrics	Diagnostic reasoning
Neurology	Physical assessment
Evidence-based medicine	Evidence-based medicine
Procedures	Procedures
Professional role and policy	Professional role and policy
Exposure to managed care	Scope of practice
Health economics	Health care public policy
Patient safety	Risk reduction
Quality improvement	Quality improvement
Ethics	Ethics
Advanced directives	Patient advocacy
Informed consent	Cultural competence
Palliative care	Palliative care
Transitions	Transitions
Community services	Access to care
Coordination of care between settings	Coordination of care
Communication	Communication
Teamwork	Teamwork
Hospice care	

^a From Williams,¹⁶ Plauth et al,¹⁷ National Panel for Acute Care Nurse Practitioner Competencies,²⁰ and Acute Care Nurse Practitioner Board Certification Exam Content Outline.²¹

[and] promotes efficient use of resources and provision of quality care to achieve optimal cost-effective outcomes."^{20(pp15,18)} In addition to similar characteristics, hospitalists and ACNPs also share much of the same core curriculum (Table 1).^{20,21} These overlapping philosophies allow the ACNP to function well in the role of hospitalist.

Exemplar of ACNP Implementation in the Role

The University of Colorado Hospital is a 400-bed teaching hospital located in Aurora, Colorado. University of Colorado Hospital is the region's leading tertiary care and referral center. The hospital system is composed of the Anschutz Medical Campus, including the Anschutz Inpatient Pavilion, a family-focused community hospital. The hospitalist group within the Anschutz Inpatient Pavilion consists of 16 physicians and 2 ACNPs. The role of the ACNPs within the group is providing services on the nonteaching team. This team was created specifically by the hospitalist group for their ACNPs. The primary focus is 3-fold: to provide quality patient care while containing cost, to participate in research through quality improvement initiatives and creating new practice protocols, and to reinforce the importance of education, which includes mentoring students and nursing staff and supporting continuing medical education.

Patient Population

The patient population on the nonteaching/observation service is diverse. The most common diagnoses include low-risk chest pain, syncope, community-acquired pneumonia, asthma exacerbation, and cellulitis. The team also admits all renal biopsy and endoscopic retrograde cholangiopancreatography patients for observation and postprocedure medical management. Many, if not all, of these patients are under the sole care of an ACNP without the direct supervision of a physician. Colorado law states that all practicing advanced practice nurses (APNs) with prescriptive authority must have a documented collaborative physician licensed in Colorado on record with the board of nursing. This written collaborative agreement between the APN and the physician includes the duties and responsibilities of each party and a mechanism for the APN that ensures proper prescriptive practice.²² Because the team is staffed 24 hours by a physician, the team has a readily available consultant and can therefore manage higher-acuity patients. Abdominal pain and anemia in women with antiphospholipid antibody syndrome and idiopathic thrombocytopenia purpura, new diagnosis of aortic coarctation in men with hypertension and chest pain, and acute drug intoxication combined with alcohol abuse are examples of more complex cases managed by the nonteaching team.

Role Expectations

Role components of quality patient care include completion of all history and physical examinations, ordering pertinent laboratory tests and consultations, developing care plans, attending rounds with social work and case management personnel, participating in discussions with patients and family, and initiating transitions of care upon discharge. The ACNPs are encouraged to participate in research and quality initiatives. The hospitalist group holds a monthly research-in-progress meeting to review research projects in evolution, provide mentorship and direction, and review topics within research, such as "How to Write an Abstract." Funding is available for yearly quality improvement projects.

Education is a large influence within the hospitalist group because the hospital is a teaching facility. Attendance is encouraged at weekly grand rounds, daily morning conference, and monthly journal clubs. The ACNPs have compiled a literature set for the nonteaching/observation service, including pertinent knowledge on common diagnoses. In addition, the ACNPs created lectures regarding gastrointestinal prophylaxis in the inpatient setting and new protocols for low-risk chest pain management. Education of nursing staff takes place on a daily basis through interaction with staff and availability for more formal in-service education.

Role Evaluation

Evaluation of the APN is a popular topic in the literature. As noted by Ingersoll,⁸ the lines defining responsibilities of APNs and other providers, including physicians, continue to blur, making evaluation of their contributions more difficult. In addition, practice roles between APNs differ with each place of employment, again making evaluation difficult to standardize. One must also acknowledge that perhaps the full potential of ACNPs has not been actualized nationally as they bring a different perspective and level of experience to the job and must not be viewed simply as a resident replacement. The department of medicine is responsible for the hiring of hospitalist ACNPs, although direct oversight is accomplished within the hospitalist group itself. Because the ACNPs are hired as faculty within the School of Medicine, credentialing and privileging must occur before clinical practice may begin. The hospitalist group at the Anschutz Inpatient Pavilion currently evaluates its ACNPs by monitoring the length of stay and relative value units. Both of these statistics are used in physician evaluation as well.

Conclusion

The role of ACNP as hospitalist is emerging within the health care system, much like that of the hospitalist itself. Similar philosophies assist in making this practice a positive experience for both groups of providers. Past and current curriculum prepares ACNPs for practice in the inpatient setting. The addition of ACNPs to hospitalist groups throughout the country can assist in moving patients throughout

the hospital efficiently, maximizing resource utilization, and meeting national guidelines while improving the quality of patient care.

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CE Test Test ID CG02103: Acute Care Nurse Practitioner as Hospitalist: Role Description

Learning objectives: 1. Describe the role of the acute care nurse practitioner 2. Describe the role of the hospitalist 3. Compare the acute care nurse practitioner role with the role of the hospitalist in the care of inpatients

1. Which of the following is a reason the role of the acute care nurse practitioner (ACNP) role has expanded?

- a. Pressures to increase the length of stay
- b. Increased patient acuity
- c. Changes in regulatory measures
- d. Decreased patient acuity

2. How many articles did the authors find that referred to the role of the ACNP as “hospitalist”?

- a. 13
- b. 6
- c. 4
- d. 21

3. Which of the following statements best describes the role of the hospitalist?

- a. A physician who specializes in the care of geriatric patients
- b. A physician who specializes in inpatient medicine and treating acute, episodic, and critical disease states
- c. A physician who specializes in outpatient procedures
- d. A physician who specializes in the care of patients with chronic pulmonary disorders

4. How many articles did the authors find that compared the ACNP role and the hospitalist role?

- a. 5
- b. 4
- c. 9
- d. 1

5. Which of the following statements describes one of the primary principles of hospitalist practice?

- a. Set physician-to-patient ratios
- b. Assist intensivist to care for critically ill patients
- c. Outcomes research
- d. Development of research guidelines

6. Which of the following statements describes a characteristic of both hospitalists and ACNPs?

- a. Recognize discrepancies in regulatory compliance
- b. Monitor activity of the key players in the hospital
- c. Concerned with about cost effective quality care
- d. Manage patient care after discharge from the hospital

7. Which of the following is a primary focus of the ACNPs in the hospitalist group described in the article?

- a. Assign patients to each hospitalist based on diagnosis
- b. Provide quality care while increasing cost
- c. Participate in hospital committees to free up the hospitalists to see patients
- d. Reinforce the importance of education for students and nursing staff

8. Which of the following is a common patient diagnosis seen by the hospitalist group described in the article?

- a. Liver failure
- b. Breast cancer
- c. Pancreatitis
- d. Chronic headaches

9. Which of the following is a difference in the core competencies of the hospitalist and ACNP roles?

- a. Trained in hospice care
- b. Focus on quality improvement
- c. Coordination of care
- d. Performing procedures

10. Which of the following statements is an expectation of the ACNP role?

- a. Monitoring patient flow through the hospital, ordering pertinent laboratory tests, and developing care plans
- b. Attending rounds with social worker, initiating transitions of care upon discharge, and monitoring patient flow through the hospital
- c. Monitoring patient flow through the hospital, completing medical history and physical examination, and ordering pertinent laboratory tests
- d. Ordering pertinent laboratory tests, developing care plans, and attending rounds with social worker

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