Integration of advanced practice providers (APPs) in the medical care team has been shown to be safe and effective at trauma centers. At Grant Medical Center, a verified Level 1 Trauma Center in Columbus, Ohio, there are over 6000 trauma evaluations performed each year. In order to better utilize APP and surgeon time, as well as improve patient and staff satisfaction, a new care model was developed to promote more autonomous delivery of care by APPs to lower acuity trauma patients in dedicated trauma and observation units. We hypothesized that autonomous APP care would improve patient discharge times, improve staff satisfaction, and have no effect on quality or safety of care.

**Introduction**

Integration of advanced practice providers (APPs) in the medical care team has been shown to be safe and effective at trauma centers. At Grant Medical Center, a verified Level 1 Trauma Center in Columbus, Ohio, there are over 6000 trauma evaluations performed each year. In order to better utilize APP and surgeon time, as well as improve patient and staff satisfaction, a new care model was developed to promote more autonomous delivery of care by APPs to lower acuity trauma patients in dedicated trauma and observation units. We hypothesized that autonomous APP care would improve patient discharge times, improve staff satisfaction, and have no effect on quality or safety of care.

**Process**

Three distinct areas were targeted:

1. How are APPs assigned to the patients they will see for the day?
   - We pre-assigned patients to each APP based on geographic location in the hospital, eliminating 45 minutes of non-productive time every morning.

2. Which provider (surgeon or APP) needs to see the patients?
   - We determined that low-acuity patients housed in the medical/surgical or observation units could be seen by only the APP, while patients in the Stepdown ICU would continue to be seen by the trauma surgeon and APP in a shared billing approach. A trauma surgeon remained available to discuss and/or evaluate all patients being primarily cared for by APPs.

3. How is information communicated to the multidisciplinary team?
   - We integrated a daily multidisciplinary teleconference via WebEx to communicate daily APP assignments, as well as important patient information to aid in discharge planning.

**Findings**

**Increased APP Productivity**

The project was implemented on October 22, 2018. The collective APP-generated RVUs for fiscal year 2018 was 5188; in fiscal year 2019 (at time of this report), collective RVUs was 13279, demonstrating and increase of 155%.

**Time to Discharge Order**

In the first 6 months after implementation, the time to discharge order entry improved from 1:33p.m. to 12:42p.m., demonstrating a decrease in time to discharge order by 51 minutes.

**Effectiveness**

We aimed to improve patient discharge and transfer times, as well as patient and staff satisfaction. Chart review reveals time to discharge order was improved by 51 minutes, and average time of transfer improved by over an hour. Advanced practice staff reported increased satisfaction with the new process as it saved time and increased productivity. Patient satisfaction scores did not change significantly. We also found there was no ill effect on patient care as there were no patient care or safety issues identified during our peer review process and rate of readmission did not increase.

**Conclusions**

We found that APPs deliver the same high standard of care to trauma patients admitted to medical/surgical and observation units when they are providing the majority of care autonomously compared to care dictated by the trauma surgeon. This also allows the trauma surgeons to focus on more acutely ill patients and their myriad other duties. This process also increased APP-generated RVUs by 155%, decreased time to discharge order by 51 minutes and had no adverse effect on patient care or outcomes.

**Team Members**

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