

THE ADVANCED PRACTICE PROVIDER (APP): OUR STROKE CARE ALLY

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DISCLOSURES



- Nothing to disclose

OBJECTIVES



- Define the qualifications/education of the Advanced Practice Registered Nurse (APRN) and the Physician Assistant (PA) as an Advanced Practice Provider (APP)
- Describe the role of the APP in stroke care
- Describe how the APP is utilized at a Comprehensive Stroke Center
- Review use of the APP at other levels of certification

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Which of the following statements is true regarding APPs?

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WHO ARE APRNS?



- The American Associations of Nurse Practitioners defines nurse practitioners (NP) as “clinicians that blend clinical expertise in diagnosing and treating health conditions with an added emphasis on disease prevention and health management, NPs bring a comprehensive perspective and personal touch to health care.”

KENTUCKY APRN PRACTICE REQUIREMENTS



- No minimum hours of nursing practice required before applying to a graduate program
- Regulatory agency: Kentucky Board of Nursing
- Certification (adult population):
 - American Nurses Credentialing Center (ANCC) (most common)
 - American Academy of Nurse Practitioners Certification Board (AANPCB)
 - Family Nurse Practitioner Certification (FNP)
 - Adult-Gerontology Primary Care Nurse Practitioner Certification (A-GNP)
 - American Association of Critical-Care Nurses (AACN)
 - Acute Care Nurse Practitioner Certification Adult-Gerontology (ACNPC-AG)
- Licensure:
 - Minimum of Masters degree (unless grandfathered in)
 - Unencumbered state registered nurse (RN) license
 - National Certification

KENTUCKY APRN PRACTICE REQUIREMENTS



- Annual renewal of RN and APRN licensure with 14 contact hours/CEs
 - Five must be pharmacologic CEs
 - If hold DEA, 1.5h must include KASPER qualified education
- Renewal of board certification via credentialing body
 - ANCC (every 5 years) – 75 CE (25 of which must be pharmacologic) AND complete at least one of the eight certification renewal categories in its entirety
- Kentucky is a reduced practice state

APRN PRACTICE TRACKS IN STROKE



- Outpatient:
 - Family Nurse Practitioner (FNP-BC)
 - Adult-Gerontology Primary Care Nurse Practitioner (AGPCNP-BC)
- Inpatient:
 - Adult Gerontology Acute Care Nurse Practitioner (AGACNP-BC)
 - Formerly Acute Care Nurse Practitioner (ACNP)

WHO ARE PAS?



- The American Academy of Physician Associates defines a PA as “PAs (physician associates/physician assistants) are licensed clinicians who practice medicine in every specialty and setting.”

KENTUCKY PA PRACTICE REQUIREMENTS



- Most PA programs require an undergraduate degree and prior healthcare experience
 - Hands-on
 - Number of hours varies by program, average is three years
 - Medical assistant
 - Certified nursing assistant
 - Phlebotomist
 - Paramedic
- Attend an accredited PA program
 - Most are 27 months/three years (didactic and clinical)
 - 2000 clinical hours with a focus on primary care
 - Graduate with a master's degree

KENTUCKY PA PRACTICE REQUIREMENTS



- Become certified by taking the Physician Assistant National Certifying Exam (PANCE) administered by the National Commission on Certification of Physician Assistants (NCCPA)
- Obtain a state license
 - Graduate from an accredited PA program
 - Pass the PANCE
- Maintain national certification
 - 100 hours of CME every two years OR
 - Take a recertification exam every 10 years

PA TRACKS IN STROKE



- PAs have one licensure for all patient populations
 - Various residency and fellowship programs exist
 - No additional certification



WHO ARE STROKE APPS

ROLES FULFILLED

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Who utilizes APPs in their current practice?

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VALUE OF APPS IN STROKE CARE



- Woo et al (2017) noted the implementation of the advanced practice nurse (APN) improves patient outcomes
 - Effective utilization of providers with advanced training
 - Aid with rising demands for healthcare services

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How do you utilize APPs?

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APP UTILIZATION IN STROKE CARE



- APPs roles can include:
 - Outpatient
 - APRN/PA providing direct patient care
 - In person or via Telehealth clinic visits
 - In home appointments (more common in rural areas)
 - Phone consultations/education
 - Inpatient
 - Clinical Nurse Specialist (CNS)
 - Stroke Coordinator
 - APRN/PA providing direct patient care
 - Stroke team
 - Intensivist

OUTPATIENT



- Clinic/Telehealth visits:
 - Often see follow-up patients, less commonly initial consults
 - Can be seen independently or in conjunction with a physician
 - Often focus on tertiary prevention
 - Provide education on patient specific risk factor reduction
 - Provide education on stroke recognition (BEFAST)
 - Complete documentation
 - Provide follow-up phone calls
 - Complete prior authorizations
 - Provide training to APP students

INPATIENT



- Clinical Nurse Specialist (CNS)
 - Can be RN or APRN
 - Depending on education, can sit for national certification
- Clinical role
 - Frequent data collection at the unit, service line, and hospital level for process improvements and retroactive review of patient outcomes/processes
 - Implementation and education of new processes/tools
 - Vast participation in the multidisciplinary team
 - Provide frequent nursing education
 - If certified and credentialed as an APRN, can assess, diagnose, treat, and manage patients in the provider role

INPATIENT



- Stroke Coordinator

- Role varies with the needs of the institution
- Comprehensive role that includes frequent data collection and updates to facilitate improvements to the coordination and execution of patient care in collaboration of the multidisciplinary team
- Point on contact for patients bridging from inpatient to outpatient
- May be the contact for closely affiliated service lines (EP Cardiology, critical care medicine, etc.)
- May also provide direct patient care in addition to fulfilling stroke coordinator role

INPATIENT



- APP providing direct patient care
 - Function as a member of the team working autonomously or under the supervision of the stroke physician
 - Neurology or neurocritical care team
 - Fulfill any role from admission to discharge
 - Respond to stroke alerts
 - Activate thrombectomy
 - Be the provider on a mobile stroke unit
 - Manage comorbidities during the hospitalization
 - Document discharge and arrange outpatient care



APP UTILIZATION

COMPREHENSIVE STROKE CENTER:
UNIVERSITY OF KENTUCKY

OUTPATIENT



- Transitions of Care Clinic

- APP run clinic by two APPs that see patients being discharged home from the hospital within 14 calendar days of hospital discharge

- Goals

- Gives patient a contact in the outpatient setting
 - Reduce readmissions
 - Timely follow-up of medication monitoring
 - Quick turnaround for discussion of unresulted labs on hospital discharge
 - Facilitation of transfer to hospital outpatient specialties (Cardiology, Neurosurgery, Vascular, Hematology, etc.)
 - Follow-up of imaging prior to restarting anticoagulation
 - Covering provider for UK's anticoagulation clinic
 - Education of expected and unexpected outcomes of stroke
 - BEFAST and patient specific education

OUTPATIENT



- Standard stroke clinic follow-up
 - Typically follows up hospital discharge patients 8-12 weeks after discharge (unless timelier evaluation is needed)
 - Assess, interpret labs/imaging, diagnose, treat, and document encounter
 - Review 30 day loop monitors for ESUS patients. If atrial fibrillation is detected, initiate anticoagulation (if not C/I)
 - Complete FMLA, prior authorizations, etc.
 - Educate, educate, educate

INPATIENT – STROKE TEAM



- APP functions within the progressive care team
- Typically takes patients that have completed the initial stroke work-up and are neurologically stable (learning patients typically stay on the resident service)
- Autonomously manages the stable neurologic components plus medical comorbidities and new medical issues that arise while inpatient
- Independently documents and bills for encounters
- Completes daily multidisciplinary rounds
- Facilitates outpatient transition
- Daily communication with patients and families in addition to consulting services
- Vascular neurologist available for staffing and direct rounding

INPATIENT – NEUROCRITICAL CARE



- Critically care trained APPs that may be hired directly into the APP role or hired after completing a one year critical care APP fellowship
- Performs procedures including intubation, deep and arterial line placement, bronchoscopy, in addition to other needed procedures
- Works in consultation with neurology for management of the holistic patient
- Transfers patients out of the ICU when medically appropriate
- Consults with non-ICU providers when patients experience declines outside of the ICU. Facilitate care and transfer back to the ICU when appropriate
- Participates in daily multidisciplinary rounds of each patient
- Critical care attending available for consultation and aid with management



UTILIZATION OF THE APP AT OTHER LEVELS OF CERTIFICATION

WHAT OTHER ROLES CAN THE APP FULFILL?

ADDITIONAL UTILIZATION OF AN APP



- APPs often function in more global roles
 - Academia
 - Professor and mentor to students at all levels of education
 - Counsel to individuals interested in healthcare careers
 - Certifying bodies
 - Joint Commission stroke surveyors (APRNs only)
 - Community education
 - Stroke screenings
 - Stroke education/presentations
 - Youth
 - Adults/elderly
 - Procedures
 - Botox clinic – spastic hemiparesis
 - In house or Botox approved training and certification
 - Consider policy for EMG or non-EMG guided

REFERENCES



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