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### Nurse practitioners in healthcare Benchmark

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Nurse Practitioner in Health care Benchmark Study

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## **Executive Summary**

With the shortage of physicians and rise of healthcare costs, it is imperative that healthcare start looking at the best alternative to take care of patients. With average life expectancy increasing and baby boomers entering Medicare, there will be more in need for providers. There are many uncertainties and questions concerning nurse practitioners practicing independently, compared to physicians, about overall care and patient satisfaction. There have been many evidence-based researches that shows nurse practitioners can provide just as efficient and safe care as compared to physicians.

There are still many confusions on what nurse practitioners do and what they can do, including clinics and doctors. Clinics, physicians, and even nurse practitioner themselves needs to have a clear understanding of what they are allowed to do so they won't be underutilized in their field.

### **1. Rationale for the project**

According to Association of American Medical colleges, there will have 46,900 to 121,900 physician shortage by year 2032 (AAMC, 2019). Every year there is a shortage of physicians to take care of patients. Patients are having to drive or fly to get to the nearest city to receive the care that they need. Some cities do not have specialty physicians, so the patient may need to go to the next town to be seen, which can be hundreds of miles delaying their care and costing them more money and time that they may not have. To support the shortage of physicians, nurse practitioners can step in and aid in chronic and general healthcare. In order for nurse practitioners to be better utilized in clinics and hospitals, there needs to be more of specific guidance on scope of practice per specialty healthcare.

### **1.1 Project Goals**

The goal of this Benchmark Study was to bring awareness of the utilization of nurse practitioners in health care and that nurse practitioners can provide safe and cost-efficient care to the patients. In order for nurse practitioners to be better utilized in healthcare, there needs to be a specific scope of practice per each specialty at clinics following APRN Board of Nursing scope of practice.

## **2. Literature Discussion to Support Project**

Reviewing evidence-based literature, majority of the articles showed the efficiency and safe outcome of those patients who were treated by nurse practitioners with higher patient satisfactions. Kuethe et al. (2013) evaluated effectiveness and safety of nurse-led care compared to physicians-led care. The study followed up patients from six months to two years and number of asthma exacerbations and asthma severity after being treated did not have any significance difference.

Laurant et al. (2018) discusses the impact of nurses working as substitutes for physicians. The studies looked at safety of the care, patient satisfaction, and effectiveness of the care. Results showed similar or better health outcome by nurses. Patients satisfaction were higher and there was similar effectiveness in care provided by the nurses. There were little or no difference to the number of deaths of patient compared to the physicians.

Martínez-González et al. (2014) examined the evidence of clinical evidence and care cost of nurse substituting for physicians in primary care. 24 randomized controlled trials showed overall higher score on patient satisfaction with nurse-led care. There was also less overall risk of admission to the hospital.

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Peeters et al. (2014) focuses on treatment goal for chronic kidney disease. Study compares the nurse practitioner and physician care compared to physician care alone. Overall of the result showed positive results with nurse practitioner supporting physician care than physician care. In conclusion, support by the nurse practitioner have greatly improved kidney function in patients with chronic kidney disease.

Perloff et al. (2016) provides the cost of utilizing nurse practitioners compared to physicians for Medicare patients. Results shows patients treated by nurse practitioners were 207 dollars or 29% less than primary care physicians.

Richardson et al. (2014) explores type 2 diabetes treatment in support of nurse practitioner management. Adding nurse practitioner into primary care with physicians have shown improvement in treating type 2 diabetes.

### **3. Project Stakeholders**

Project stakeholders for this benchmark study include patients, Medicare, baby boomers, and the clinics. Physicians, and nurse practitioners will be also the stakeholders for this benchmark. By utilizing nurse practitioners more, there will be better access to health care for those baby boomers. Also, Medicare will be able to benefit from utilizing more nurse practitioners due to cost efficiency. Physicians and nurse practitioners will have better understanding of nurse practitioner's specific scope of practice in return will be better utilization of the NPs.

### **4. Implementation**

In order for the successful implementation, there needs to be good communication among the key players in the plan and stakeholder's engagement. A clear guidance and plan for implementing the change. There also needs to be a good monitoring of the progress and results of the change.

The following are the steps for the project

- Gather patients who sees nurse practitioners as primary care or physicians as primary care.
- Get a consent from patients who are willing to participate in the study
- Go over participants and choose who are qualified candidates.
- Create a protocol on making a clear guideline for nurse practitioners to use.  
Guideline needs to be specific boundaries within scope of practice of Board of Nursing of Texas and physicians and nurse practitioner needs to agree.
- Provide a detailed information about the project and the purpose
- Set up an automated post survey to be sent to their phone after each visit.
- Follow up with patients at every 3 weeks to see if what they came in for has been resolved or if it worsened and had to re-visit to a hospital or another clinic
- Follow up with providers to see the benefit of the guideline.
- Gather data after 10 weeks for a final comparison.

Most of the steps will be implemented by the front desk and medical assistance.

They will be the one who will be following up with patients and collecting data.

### **5. Project Timetable/Flowchart**

The initial step of the gathering data and finding evidence-based literature have already started in the previous semester. Finding clinics who are willing to participate the project also has been identified in previous semesters. Implementing the project during this course is not possible due to Covid-19 restrictions. The project will hopefully be presented by sometimes in 2021.

**Step 1. Research**

Gather evidence-based literature on the topic and evaluate them to support EBP change.



**Step 2 Plan**

Get approval from clinic providers and create consents forms for the patients for implementing the project. Identify and evaluate which patients will be adequate participants. Create a guideline on specific interventions nurse practitioners can do within the limits of Board of Nursing in Texas with the clinic and physicians. Educate the key role players on the project and assign roles. Create a timeline when to follow up with the patients. Create a pre and post survey for providers.



**Step 3 Implement**

Make an online survey with a quick link that can be easily sent via cell phone text messages after each visit. Educate patients on how to access the survey. Gather information and plan to follow up every 3 weeks. Share detailed scope of practice guideline within the physicians and nurse practitioners.



**Step 4 Evaluation**

Gather all the information from the patients and put them into a graph for an easier read. Evaluate the post survey of the new practice guideline. Identify pros and cons, where adjustment is needed. Refine the guideline of the scope of practice and share

**6. Data Collection Method & Planned Evaluation**

Data collection for the benchmark study was through evidence-based literature that supported the change project. Data collection and evaluation of the specific scope of practice for nurse

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practitioners will be accomplished from pre and post survey done by the nurse practitioners and physicians.

### **7. Discussion of Evaluation**

There is not an official evaluation for the benchmark study, but nurse practitioners and physicians agree that there needs to be clear guidance on what nurse practitioners can do and cannot do. Nurse practitioners concurred it would really benefit them to have more specific guidance on their scope of practice.

### **8. Cost/Benefits**

Cost for the project involves basic office supplies, computer and a printer. The benefits of the project can save money and time. Nurse practitioners will know exactly what they can do and what they can't do. And also, physicians can confidently delegate certain patients to nurse practitioners because they will have a clear understanding of their limitations. There will be better utilization of nurse practitioners, which will save money and time.

### **Conclusions/Recommendations**

With increasing shortage of physicians, the medical world needs to find an alternative to compensate for increasing baby boomer patients with longer life expectancy. The contingency plan for dealing with the shortage of physicians as stated by the American of Association of Medical college implies that by improving the populations overall health will only reduce demand for 1 % by 2032. It is projected that nurse practitioners will be oversaturating the market in the near future, it is imperative to employ nurse practitioners more in health care to fight the shortage of physicians. As literature shows, there were no significant difference in the care provided by the nurse practitioners compared to physicians. With clear specific scope of

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practice, nurse practitioners can be better utilized, and physicians can confidently delegate patients and tasks.

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Appendix A  
**Evaluation Tool**

Was the guideline clear enough to understand?

Yes  
Not at all  
Somewhat

Was the guideline had too much information

Yes  
Not at all  
Somewhat

Was the guideline too vague?

Yes  
Not at all  
Somewhat

Did you think guideline was useful?

Yes  
Not at all  
Somewhat

Would you modify the guideline?

Yes  
Not at all  
Somewhat

Would you recommend the guideline to your peers?

Yes  
Not at all  
Somewhat

