SUMMARY:
The Jane R Perlman fellowship is a program for nurse practitioners and physician assistants that focus on interprofessional collaborative training and clinical immersion in emergency medicine with the use of our innovative center for simulation.

SUBMISSION CATEGORY:
- Flow and Efficiency

CATEGORY:
- C: Clinician Initial Evaluation
- D: Disposition Decision/Throughput
- E: Exit From the ED

KEY WORDS:
- Communication
- Continuity of Care
- Crowding
- Discharge Instructions
- Fast Track
- Lean
- Length of Stay
- Patient Satisfaction
- Rapid Intake
- Wait Times

TOOLS PROVIDED:
- Power Point Slide Set – Attached

HOSPITAL: NorthShore University HealthSystems
LOCATION: Evanston, IL
CONTACT: Alison Ruiz MS, PA-C
Jane R. Perlman ER NP/PA Fellowship Program
Director, Physician Assistant, Division of Emergency Medicine, NorthShore University HealthSystem
aruiz2@northshore.org

HOSPITAL METRICS:
- Annual ED Volume: 39,868
- Hospital Beds: 354
- Ownership: Not-For-Profit
- Trauma Level: Level I
- Teaching Status: Yes

CLINICAL AREAS AFFECTED:
- ED
- Fast Track

STAFF INVOLVED:
- ED Staff
- Physicians
- Technicians
Innovation
The Jane R Perlman fellowship is a program for nurse practitioners and physician assistants that focuses on interprofessional collaborative training and clinical immersion in emergency medicine with the use of our innovative center for simulation. The goal is to standardize and document educational competencies including medical knowledge and clinical skills for NPs and PAs working in the ER. This will provide competent clinical providers to fill the gap of physician shortages that exist in the ED today. This program will bring to unique professions together with a common goal of taking care of patients.

With the ongoing changes in healthcare including ER physician shortages, there is a need for utilization of more non-physician providers. One proposed solution is increasing the utilization of NPs and PAs. The medical, NP and PA professions recognize this need and have been creating ways of increased competence and documentation of competence for NPs and PAs in specialty areas. The NPs have developed certification through portfolio, while the PA developed the certification of added qualification. Residency programs have existed for many years to train PAs beyond their formal graduate education. NPs are starting to develop these residency programs as well. With the support of the Perlman family, NorthShore University Health System is embarking upon a unique fellowship which will train both NPs and PAs together in fall 2014. It is a one year fellowship program in the emergency department focusing on educational training, inter-professional collaboration, clinical immersion and standardizing care delivered by NPs and PAs. The first year will consist of two fellows, one NP and one PA.

Although NPs and PAs are often educated in separate academic programs, they often practice side-by-side, using the same standards of practice, and caring for the same patients. In fact, the number of universities with both NPs and PAs graduate programs have more than tripled, increasing from 21 to 66 across the country since 2006 (PAEA, 2014; AANP, 2014; Bednar et al., 2007). At NorthShore, NPs and PAs who staff the emergency departments are functioning in the same role with the same job description every day. Training the two professions together seemed to be a logical conclusion.

In addition, both professions developed set of core competencies as the standard for measurement of educational outcomes. Although the competencies were developed by both professions individually, they are quite similar. Both professions see a need for more educational growth after graduation as the demand and utilization increases for NPs and PAs in specialty areas. The fellowship program is one solution to provide more didactic and clinical training and standardize specialty care for the NP and PA professions. As the professions continue to grow in number, we believe that the two professions will benefit from collaborating with each other.

Bringing these two professions together for a “team-based approach” where teams of healthcare providers value, appreciate and depend on the success of the team is an idea whose time has come. Moving the patient to the center of the care model challenges the team to breakdown the silos of conventional models of care. The key to moving healthcare delivery toward a team based model is to fully utilize the growing NP/PA workforce. The fellowship will provide NPs and PAs with the education, the skills and the capacity to expand the healthcare teams and access to care for the nation.

This innovation facilitates the necessary ER training for NPs and PAs. It increases access to care for patients, will help decrease throughput and will be a valuable, productive member of the ED health care team.

Innovation Implementation
1. Funding received from a generous grant from the Perlman family to the Grainger Center for Simulation. We developed a budget to include all costs related to the program.
2. With the support and input of our affiliates Rosalind Franklin University and Loyola University we developed a didactic curriculum using the Model of Clinical Practice of Emergency Medicine, the white paper and the CAQ as a guide. The fellows will follow a 40 hour per week clinical rotation. This will include 4 hours a week in the simulation lab which will include a didactic lecture, procedure and/or simulation training.

3. Evaluation tools will be used to track progress of the fellows (productivity, self-confidence, MD mentor evaluations). Program evaluation will begin in year two.

4. Our team includes Grainger Center for Simulation, Loyola University, Rosalind Franklin University, program director, medical director, ER NPs/PAs, ER physicians, data collector and research advisor.

5. Advisory board: advisory board consisting of 2 community members (one with a background in marketing and one with a background in research), 1 MD, 1 NP and 1 PA. This has provided us with a non-medical perspective and invaluable insight into the development of the program. Meetings will take place quarterly.

6. We will be applying for accreditation once the program is up and running. Our curriculum is designed to meet the standards of the ARC-PA accreditation process. In order for the program to become accredited, candidates must be enrolled prior to application. The accreditation body requires the program to include Health IT and evidence-based medicine. The program must remain current with clinical practice and must contain both didactic and clinical curriculum.

7. We developed a webpage for advertising the program http://www.northshore.org/academics/academic-programs/fellowship-programs np-pa-emergency-medicine/

Timeline
In spring of 2013 we began to investigate other PA residency programs that exist across the country to understand requirements to implement a program of our own. We proposed the concept to the administration at Evanston Hospital, including a cost/benefit analysis of developing such a program. The Jane R Perlman fellowship program for ED NPs/PAs exists due to the generosity of the Perlman family, in memory of Jane R Perlman. Jane R Perlman practiced in the field of nursing and through discussions with her family, we believe that she would have supported the idea of putting patients "at the center of all we do". This requires inter-professional collaboration, communication and shared learning experiences among all professions in health care. Under the direction of Dr. Ernie Wang, Inter professional learning takes place daily in the Grainger Center for Simulation. In late 2013, both Rosalind Franklin University and Loyola University (our feeder schools for PA and NP students respectively) came on board as our affiliates. Professors from both universities have been working with us in the development of our didactic curriculum, interview and candidate selection.

**March-July 2014:** Consisted of objectives/curriculum development and monthly meetings with Loyola and Rosalind Franklin. We are recruiting in-house speakers, continue to develop a curriculum and clinical schedule

**April-May 2014:** we interviewed our candidates

**June-August 2014:** We are in the process of hiring and credentialing our candidates

**August 18-29 2014:** Boot camp and orientation for NP/PA fellows. This will involve a 2 week simulation lab procedures course involving ER procedures commonly performed by NPs and PAs working in the ED

**September 20014:** the program will officially begin.
Results/Evaluation
Results/research is yet to be developed. However, there is a growing interest in the program already (we have interested candidates for the 2015-2016). We plan to track productivity, pre and post standardized testing, develop core simulation cases (including pre and post assessment) evaluate fellow’s role confidence (self-report) and prospective tracking of the fellow after completion of program-Did they obtain a position and where?

Cost/Benefit Analysis

<table>
<thead>
<tr>
<th></th>
<th>PROPOSED 2 NP/PA FELLOW</th>
<th>CURRENT 2 NP/PA STAFF</th>
</tr>
</thead>
<tbody>
<tr>
<td>SALARY (BASE PAY + BENEFITS)</td>
<td>$126,000</td>
<td>$239,000</td>
</tr>
<tr>
<td>PROGRAM DIRECTOR</td>
<td>absorbed into role</td>
<td>0</td>
</tr>
<tr>
<td>ORIENTATION COST</td>
<td>0</td>
<td>$27,840</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$126,000</strong></td>
<td><strong>$266,840</strong></td>
</tr>
</tbody>
</table>

Advice and Lessons Learned
1. Use a faculty member from a university to assist in the development of curriculum.
2. Include a research advisory in addition to the rest of the faculty because outcomes of the program are as critical as the program itself.
3. We would have left more time to advertise and interview prior to starting the program. We had applicants who wanted to interview but they didn’t hear about the program soon enough to apply. Next year we will have the opportunity to correct this.
4. Meet with the advisory board earlier in the process to get valuable input sooner.

Sustainability
The fellowship will provide outcomes through the research described that we will show the organization the need and value that the fellowship brings to the organization.
Jane R. Perlman NP/PA
Fellowship in Emergency Medicine
Why This and Why Now?

- Overcrowding in the ER/ACO environment
- Document competency/standardize training NPs and PAs
- “Grow our own” and retain providers
- Cost savings
- Simulation/clinical immersion/inter-professional collaboration
- Research opportunities
Overcrowding in EDs

• Continues to be a national epidemic
• ACA may exacerbate this

About ED Crowding

"Hospitals can take steps today to improve patient flow. By using proven, low-cost strategies, they can achieve breakthroughs in quality and safety while creating a better workplace. Urgent Matters is a catalyst for developing and delivering strategies to support America’s hospitals."

- Bruce Siegel, M.D., M.P.H.
  Director, Urgent Matters

A Nationwide Concern
On June 14, 2006, the Institute of Medicine released a series of reports providing evidence that the Nation’s emergency medical system is overburdened, underfunded and highly fragmented. As a result, patients must wait hours or even days for a hospital bed in many areas. One of three reports, "Hospital-Based Emergency Care: At the Breaking Point," investigates the epidemic of overcrowded emergency departments and trauma centers across the nation and the effects on the entire healthcare system. [Read more >>]
Future Projections

There is an insufficient supply of Emergency Medicine trained physicians to meet current demand (*Annals of Emergency Medicine, 2013*) and that need is expected to grow.

Increased use of Nurse Practitioners (NPs) and Physician Assistants (PAs) is one strategy proposed to help fill that need.
In order for organizations to survive in ACO environment…

Three “must do’s”:

- Decrease costs
- Maintain/Improve quality
- Increase productivity
Never losing sight of what a privilege it is to do this work...
# Educational Preparation: Working Toward Standardizing Competency

<table>
<thead>
<tr>
<th>Position</th>
<th>Terminal Degree</th>
<th>National Certification</th>
<th>Post-Graduate Program?</th>
<th>Credentialing: Additional documentation of competency added recently</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Practitioner</td>
<td>Master DNP</td>
<td>Yes</td>
<td>No</td>
<td>Certification through Portfolio/experience+education</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>Masters</td>
<td>Yes</td>
<td>Yes</td>
<td>Certification of added qualification (CAQ)</td>
</tr>
</tbody>
</table>

- 27 Medicine Subspecialty Programs
- 16 Surgical Programs
## Changes in Training

### Current Training

- **DNP**
  - designed more as developing NPs as leaders in healthcare delivery rather than an immersion experience in clinical care

- **PA**
  - Trained as generalist → specialist.

### Training Through Immersion

- **Fellowship program**
  - Training NPs and PAs together
  - More clinical time
  - Immersion in a specialty
  - In line with White paper recommendations and CAQ

- **Bottom line:**
  - *Both would benefit from immersion in a post-masters fellowship in Emergency Medicine.*
NPs and PAs are Working Toward Same Competency Concepts

<table>
<thead>
<tr>
<th>White Paper for NPs</th>
<th>CAQ for PAs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ER specialty certification</strong></td>
<td><strong>ER specialty certification</strong></td>
</tr>
<tr>
<td><strong>4 components</strong></td>
<td><strong>4 core requirements</strong></td>
</tr>
<tr>
<td>- 1. State licensure as a NP or APN</td>
<td>- (1) Category I specialty CME, (2) one to two years of experience, (3) procedures and patient case experience appropriate for the specialty, and (4) a specialty exam.</td>
</tr>
<tr>
<td>- 2. National certification as an FNP.</td>
<td>- 3. Documented 2,000 NP hours in ER.</td>
</tr>
<tr>
<td>- 3. Documented 2,000 NP hours in ER.</td>
<td>- 4. Proficiency in Specialty ENP competency</td>
</tr>
</tbody>
</table>
NP/PA Fellowship: A *Potential Solution*

<table>
<thead>
<tr>
<th>COST COMPARISON</th>
<th>PROPOSED 2 NP/PA Fellow</th>
<th>CURRENT 2 NP/PA staff</th>
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<tbody>
<tr>
<td>Salary (base pay + benefits)</td>
<td>$126,000</td>
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Proposition

A post graduate 12-month Fellowship in Emergency Medicine –

*beginning Fall 2014*

NP/PA post graduate candidate will be:

- Licensed, Credentialed
- Hired as a benefited employee with a one-year contract.
Mission

- **High Quality Education in Emergency care for NPs and PAs.**
- **Will strengthen the Emergency Medicine provider workforce.**
- **Bring together two unique professions that share a common purpose.**
Teaching Method

- Independent reading assignments
- Didactic lectures
- Evaluation and debriefing
- Simulation cases
- MD Resident Conference
- ED Case Reviews/Quality reviews
- 40-hours per week clinical training
<table>
<thead>
<tr>
<th>Orientation</th>
<th>Neurology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boot camp</td>
<td>Toxicology</td>
</tr>
<tr>
<td>Procedures Lab</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>OB/Gyn</td>
</tr>
<tr>
<td>Trauma</td>
<td>Infectious Disease</td>
</tr>
<tr>
<td>HEENT</td>
<td>Endocrine</td>
</tr>
<tr>
<td>Hematology</td>
<td>GI</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>Psych/Ethic</td>
</tr>
<tr>
<td>Cardiology</td>
<td>Research Project Presentation</td>
</tr>
</tbody>
</table>
In-House Educational Support

NorthShore Providers

• Draw from our own pool of in-house experts
• Recruit MD, APN and PA guest lecturers from specialty areas in-house to assist in didactic content
External Support

Rosalind Franklin University & Loyola University

• Curriculum development support
• Guest lectures
Timeline of Events

March–July
- Objectives/Curriculum development
  - Monthly meetings with Loyola and Rosalind Franklin
- Recruit in-house speakers
- Curriculum schedule development
- Clinical schedule development

April
- Interview Candidates

June–August
- Hire and credential candidates

Mid-August
- Orientation and boot camp for NP/PA fellow

September
- Program officially start
<table>
<thead>
<tr>
<th>Program Research Development</th>
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<tbody>
<tr>
<td>Tracking Productivity</td>
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<tr>
<td>Pre and Post Standardized Testing</td>
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<td>Develop Core Simulation Cases</td>
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<tr>
<td>Pre and Post Survey of Fellow’s role confidence</td>
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<tr>
<td>Prospective tracking of the fellow after completion of program</td>
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</table>
Accreditation Standards

Criteria for applying for ARC-PA accreditation

- Must contain both didactic and clinical component
- Utilize evidence-based medicine
Advertisement

NorthShore.org web page


Loyola University

Rosalind Franklin University

ENA

Association of Post Graduate PA Programs (APPAP)
The Jane R. Perlman NP/PA Fellowship in Emergency Medicine

NorthShore University Health System, in conjunction with Loyola University and Rosalind Franklin University of Medicine and Science, is recruiting for a 1-year, post graduate, advanced practice fellowship program for NPs and PAs in emergency medicine. This intensive program offers advanced training in hands-on clinical care, through the use traditional teaching methods, but also the use of our innovative simulation center and cutting edge informatics. Along with emergency medicine the program places an emphasis on multi-disciplinary learning and communication. All fellows will work under the direct mentorship of national leaders in emergency medicine and simulation based education.

Upon completion, advanced practice fellows will have acquired specialized skills and knowledge allowing them to provide the highest caliber of emergency medical care to patients.

There are currently two grant-funded benefited fellowship positions available.

Program Objectives

- Provide fellows with a strong knowledge base in advanced practice emergency clinical care, including assessment, diagnosis and treatment of children and adults
- Provide formative evaluation and assess proficiency of fellows in emergency medicine skills and procedures
- Cultivate effective communication and collaboration with other members of the emergency care team in intense and critical settings
Why work for lower pay?
What is the perceived value?

ABEM, ACEP, SAEM curriculum “The Model of Clinical Practice of Emergency Medicine”

Immersion in Emergency Medicine

Exposure to specialized training
Bottom line

Marketable experience in Emergency Medicine
What makes a NorthShore Program Different?

Mentoring provided by Nationally recognized leaders in Emergency Medicine and Emergency Nursing.

Cutting edge EMR/Informatics/Simulation Center

Training by immersion in a supportive environment

Willing academic partners:

We would be one of 4-programs in the country that train NP/PAs together.
Center for Simulation Technology would set us apart from other NP/PA Fellowships

Simulates an actual patient care setting.

Offers the NP/PA fellow experiential learning, skill acquisition in medical case management.

Emphasis on Interprofessional Collaboration
Summary

12-month fellowship in Emergency Medicine beginning Fall 2014.

Training by Immersion:

• Simulation Training
• Patient-Centered Care
• Inter-professional collaboration and communication
• Use of Cutting-Edge Technology
Thank You for your time and consideration.