



# Formalizing an inpatient APP governance structure

Two profiles of effective governance

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# Advisors to Our Work

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The Physician Executive Council is grateful to all of the individuals and organizations that shared their insights and time with us. We would especially like to recognize the following individuals for being particularly generous with their time and expertise in creating these case profiles.

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*Nashville, TN*

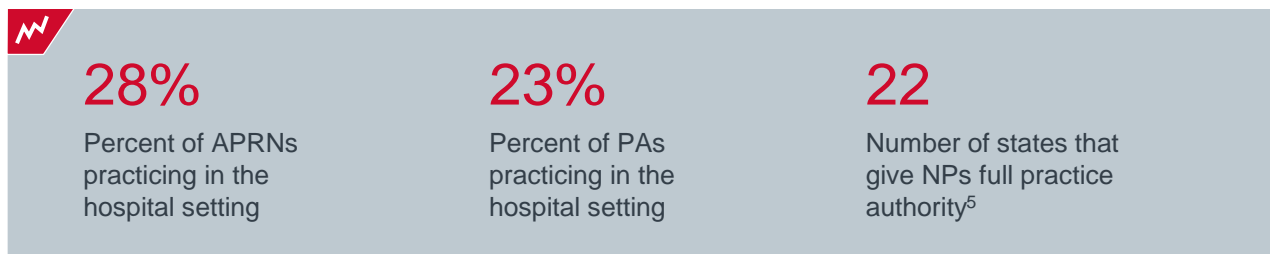
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# The importance of inpatient APP governance

Over the past decade, advanced practice providers (APPs) have become an integral part of the inpatient care team, both in terms of the size of the APP workforce and the scope of APP practice.<sup>1</sup>

The APP workforce is growing and is expected to outpace that of physicians and RNs. The Bureau of Labor Statistics projects that the PA<sup>2</sup> workforce will grow by 37 percent, and the APRN<sup>3</sup> workforce by 31 percent, by 2026. During that same period, the physician and RN<sup>4</sup> workforces are expected to grow by 13 and 15 percent, respectively. Given these numbers, many hospitals are looking to APPs to help address physician shortages, while keeping labor costs manageable.

About a quarter of all APPs already work in the hospital setting, where their scope of practice has drastically expanded. For example, hospitals have historically deployed APPs to assist with admissions and discharge. Today, hospitals are increasingly experimenting with models that allow APPs to share a panel of patients with physicians or to autonomously care for patients themselves.



## Three components of effective APP governance

As the size and scope of the APP workforce continues to grow, hospitals are increasingly looking for ways to give APPs a voice in organizational strategy. One of the foundational investments hospitals are making is to build out formal APP governance. The most effective governance structures accomplish three things.



**Formalize APP leadership roles.** Protected administrative time for APP leaders allows them to appropriately balance leadership responsibilities, APP management, and clinical practice. Additionally, creating an APP reporting structure ensures critical information is communicated between senior leaders and frontline APPs.



**Create a mechanism for APP self-governance.** Self-governance provides a forum for APPs to discuss their unique issue sets, such as the shifting legal landscape for APP scope of practice, APP-specific professional development opportunities, and advocacy for expanded care team roles.



**Guarantee APPs a seat in physician and nursing governance.** While self-governance provides a forum for APP-specific topics, representation within physician and nursing governance is equally important to guard against siloed thinking and to break down barriers in care delivery.

1) "Advanced Practice Provider" includes physicians assistants, nurse practitioners, certified registered nurse anesthetists, certified nurse midwives, and clinical nurse specialists.

2) Physicians assistant.

3) "Advanced Practice Registered Nurses" includes nurse anesthetists, nurse midwives, and nurse practitioners.

4) Registered nurse.

5) As of July 2019, state practice and licensure laws permit NPs to evaluate patients; diagnose, order and interpret diagnostic tests; and initiate and manage treatments, including prescribing medications and controlled substances, under the exclusive licensure authority of the state board of nursing. Washington, DC also gives NPs full practice authority.

Source: "Occupational Outlook Handbook," Bureau of Labor Statistics; Bean, Mackenzie, "APPs in leadership roles: Key opportunities and considerations for hospitals," *Becker's Hospital Review*, April 2018; "State Practice Environment," *American Association of Nurse Practitioners*, December 2018; Physician Executive Council Interviews and Analysis.



# An overview of APP governance structures

The Physician Executive Council spoke with multiple organizations that have invested in formalizing APP governance. Two organizations' APP governance structures stood out as particularly comprehensive: UNC REX Healthcare and Vanderbilt University Medical Center. This publication highlights the key components of each organization's APP governance.

## UNC REX Healthcare

## Vanderbilt University Medical Center



### Formalize APP leadership roles

- Director APP FTE oversees all APP programs (employed and Community Providers); reports equally to the CMO and CNO
- Each department has a lead APP or representative appointed by service line leader that oversees patient care and administrative needs

- 1 senior APP FTE supports APP directors; reports directly to the system CNO (with dotted line reporting to the system CMO and executive leadership)
- Each major service line has an APP director
- Each team has a lead APP, who reports to the APP director



### Create a mechanism for APP self-governance

- three-level APP self-governance structure

- two-level APP self-governance structure



### Guarantee APPs a seat in physician and nursing governance

- Executive Steering Committee brings together organizational, nursing, and physician leadership at the senior level
- APP leader representation at the Nursing Leadership Council
- Frontline APP representation on several medical staff committees

- APP self-governance structure maintained by nursing bylaws
- APP peer review sub-committee within the Medical Executive Committee (MEC) for credentialing and privileging
- Interdisciplinary committees bring together frontline nurses, physicians, and APPs

# Case Profile



**CASE**  
EXAMPLE

**UNC REX Healthcare**  
660-bed hospital • Raleigh, NC


UNC REX Healthcare, a private not-for-profit health system, has utilized APPs in the inpatient setting since the late 1990s. In 2016, they established the Advanced Practice Provider Program to provide regulatory and legal support for the increasing number of APPs in their system. UNC REX currently employs 190 APPs, with an additional 310 Community Providers credentialed to practice at the hospital.

Below is an overview of how UNC REX’s Advance Practice Provider Program addresses the three components of an effective APP governance structure.

## 1 Formalize APP leadership roles

UNC Rex’s Director of Advanced Practice oversees all APP programs and reports equally to the CMO and CNO.

### Job Description Excerpt for Director of Advanced Practice Providers



**Job Title:** Director, Advanced Practice Provider Program and Heart and Vascular APP Program  
79600-UNCHCS Heart & Vascular

**Job Summary:** Responsible and accountable for the strategic leadership, program development and evaluation of the UNC REX Heart & Vascular APP program at all clinical practice locations to include: UNC REX, UNC Johnston, and UNC Wayne - Inpatient & Outpatient locations; reporting directly to VP Heart & Vascular. Develops, directs and leads the Advanced Practice Provider Program for UNC REX Healthcare through collaborative relationships with Service Line Department Directors; reporting to UNC REX CMO and CNO.

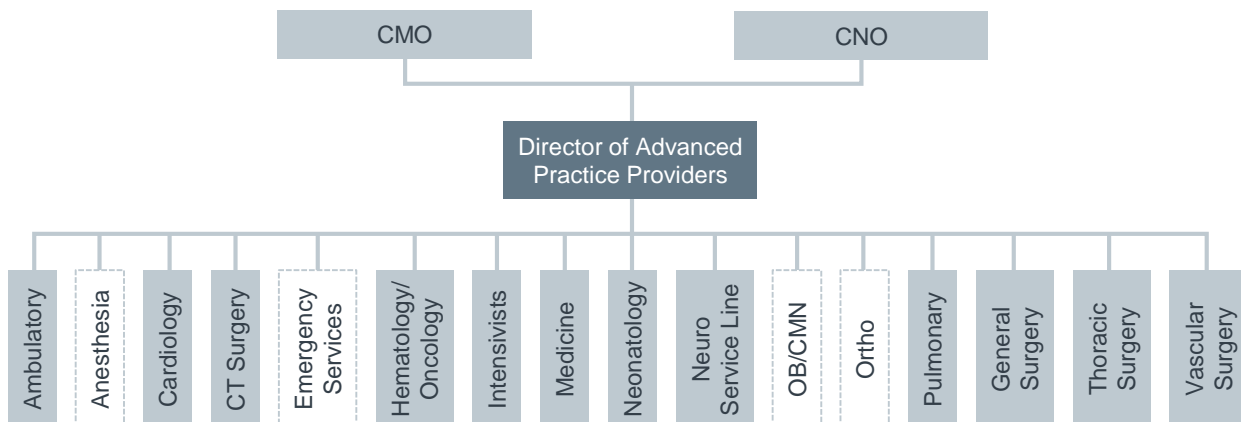
**Job Description:** Director of Heart & Vascular Advanced Practice Provider (APP) Program Duties and Responsibilities Director Department of Advanced Practice (APP) Providers UNC REX Healthcare Duties and Responsibilities



To review the full job descriptions for the Director of the APP Program, APP Manager, and APP Team Leader, visit [advisory.com/pec/APPgovernance](https://www.advisory.com/pec/APPgovernance).

Additionally, some departments have an APP manager or team lead with protected administrative time.

### UNX REX Healthcare’s APP reporting structure<sup>1</sup>



1) White boxes represent community providers that are not employed by UNC REX.

Source: UNC REX Healthcare, Raleigh, NC; Physician Executive Council Interviews and Analysis.

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## 2 Create a mechanism for APP self-governance

To give APPs a voice in organizational decision making, UNC REX developed a three-level APP governance structure. The Director of Advanced Practice attends meetings at all three levels to ensure key messages are communicated between the executive clinical team and frontline APPs through shared governance.

### UNC REX Healthcare's three levels of APP self-governance



#### APP Steering Committee

- Attended by the Director of Advanced Practice, CMO, CNO, two VPs, Director of Nursing, practice managers for key service lines, and representatives from HR, compliance, and medical staff
- Meets three times a year
- Provides supervision and guidance regarding professionalism, competencies, compliance with regulatory standards, quality, outcomes, and customer service



#### APP Advisory Council

- Attended by the Director of Advanced Practice, APP team leads (or appointed representative if no formal lead exists), CMO, and CNO
- Meets quarterly
- Discusses practice or organizational work flow opportunities and other issues that may need elevation to the executive team



#### APP Shared Governance

- Open to all APPs
- Meets quarterly
- Shares information out to APPs across the system

## 3 Guarantee APPs a seat in physician and nursing governance

At the executive level, UNC REX's APP Steering Committee brings together the Director of Advanced Practice, the CMO, and the CNO. This body ensures collaboration among nursing, physician, and APP leadership.

On the nursing side, APPs also have representation at the Nursing Leadership Council and can attend and participate in each department's service line meetings. Additionally, the Director of Advanced Practice attends the Patient Care Services Director Meeting, which is led by the CNO and attended by all directors of patient care services.

On the physician side, the Advanced Practice Provider Program sits under the Medical Staff Office. While APPs are not members of the medical staff, they do have voting representation on several medical staff committees, including: peer review, credentialing, pharmacy and therapeutics, and performance improvement. As the care team continues to evolve, UNC REX is considering having APP leader presence on the Medical Staff Executive Committee.

# Case Profile



**CASE**  
EXAMPLE

## Vanderbilt University Medical Center

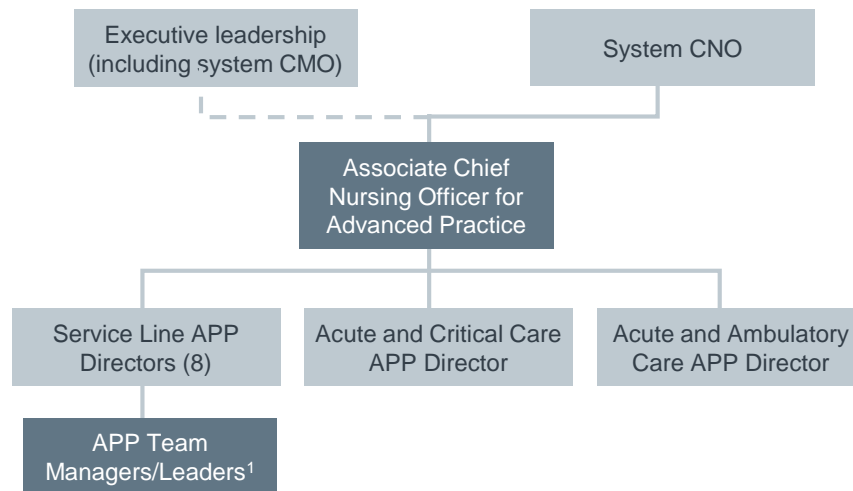
1,019-bed hospital • Nashville, TN

Vanderbilt's Office of Advanced Practice, established in 2004, was one of the first in the country. It serves as the central structure that creates consistency at the system level for professional practice evaluation, performance management, regulation compliance, new hire orientation, and continuing education. They currently have over 1,200 APPs, the majority of which are nurse practitioners. The number of APPs at Vanderbilt continues to grow between 10 and 15 percent each year.

## 1 Formalize APP leadership roles

The Associate Chief Nursing Officer for Advanced Practice directly reports to the system-level CNO, and has a dotted-line reporting relationship to executive leadership, including the system-level CMO. Eight APP team directors oversee the major service lines, working closely with nursing and physician leaders on day-to-day issues, as well as the Office of Advanced Practice on system-level initiatives. Each team then has an APP manager or team leader who is responsible for the administrative, clinical, and HR needs of APPs.

### Vanderbilt's APP reporting structure



#### APP Team Manager

- Leads team of 20 or more APPs
- Has direct reports
- Practices clinically
- Administrative duties include assisting with program development, personnel supervision, management (e.g. performance feedback), quality data, and outcome-based performance initiatives
- Manages daily operations and has fiscal accountability for assigned cost centers



#### APP Team Leader

- Leads team of 20 or fewer APPs
- Has direct reports
- Practices clinically
- Administrative duties include assisting with program development, personnel supervision, management (e.g. performance feedback), quality data, and outcome-based performance initiatives

1) Number of APP team leads varies by size of service line.



## 2 Create a mechanism for APP self-governance

To give APPs a voice in organizational decision making, Vanderbilt developed a two-level APP governance structure. The Advance Practice (AP) Council provides a forum for discussion among all APPs, while the AP Leadership Board functions as a body for strategic oversight and leadership across the system. The AP Leadership Board reports up through the Nursing Executive Board.

### Vanderbilt's two levels of APP self-governance



#### AP Leadership Board

- Attended by APP team leads
- Meets monthly
- Serves as a decision making and recommending body



#### AP Council

- Open to all APPs
- Meet quarterly (with a virtual meeting option and monthly newsletter)
- Serves as a forum for discussion and information sharing body

Frontline APPs can participate in two additional APP-specific committees: the Advanced Practice Standards Committee and the Advanced Practice Professional Development and Grand Rounds Committee.



#### AP Standards Committee

- Maintains protocol warehouse to ensure compliance with state regulations
- Collaborates on protocol and competency development
- Reviews APP care standards and scope of practice



#### AP Professional Development and Grand Rounds Committee

- Guides development of orientation, precepting, and mentoring offerings
- Evaluates ongoing educational needs and develops corresponding educational events

## 3 Guarantee APPs a seat in physician and nursing governance

As reflected by their reporting structure, Vanderbilt's APP self-governance structure is interwoven within nursing shared governance and maintained by nursing bylaws. On the physician side, the Medical Executive Committee (MEC) has an APP peer review sub-committee, called the Joint Practice Committee, which reviews all APP credentials and privileges before they go to the larger credentialing committee. At the frontline level, Vanderbilt's bylaws ensure APP representation on enterprise-wide committees alongside nurses and physicians.

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“Sometimes you'll have one foot in the nursing world and one foot in the physician world. The further apart those get the more difficult it is for an APP to function. The closer you can bring those areas into alignment the more successful your program, the better your patient care, and the happier your teams will be.”

April Kapu, Associate Chief Nursing Officer,  
Advanced Practice  
Vanderbilt University Medical Center

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Source: Vanderbilt University Medical Center, Nashville, TN; Physician Executive Council Interviews and Analysis.



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