



# Integrating the Role of Nurse Practitioner into the Acute Rehabilitation Setting: Enhancing Onboarding and Orientation

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As nurse practitioners expand their roles in acute care settings, organizations are challenged to integrate these advanced practice providers into existing structures and processes while optimizing and maximizing their value. The Association of Rehabilitation Nurses (ARN) has developed a position statement that supports advanced practice nurses (APNs) working within the rehabilitation field while recognizing the varied roles and unique contributions of these nurses. Interdisciplinary and multidisciplinary approaches are key in the world of rehabilitation services and a nurse practitioner may be an ideal addition to your team.

## The Alphabet Soup of Advanced Practice Providers

**Advanced Practice Registered Nurse (APRN):** A registered nurse with advanced graduate-level training and national certification, most often a master's or doctorate degree. State laws govern the amount of physician involvement.

**Types of APRNs:**  
Nurse Practitioner (NP)\*  
Certified Registered Nurse Anesthetist (CRNA)  
Certified Nurse-Midwife (CNM)  
Clinical Nurse Specialist\* (CNS)

APRNs diagnose & treat health problems, prescribe medications, perform procedures, order & interpret lab tests, counsel patients and provide information on health promotion & prevention, coordinate care, refer patients to physicians & other health care providers, & advocate for patients (www.mnaprnc.org).

**Physician Assistant (PA, PA-C):** A nationally certified and state-licensed medical professional that practices medicine on healthcare teams with physicians and other providers (www.aapa.org). They most often hold a bachelor's or master's degree and are trained in the medical model. PAs have a supervising physician in all states.

APRNs and PAs have different scopes of practices, regulating bodies, and prescribing requirements. These professions are different, though very complementary.

**APRNs are proud to be nurses.** We are trained in the nursing model and value this approach to patient care.

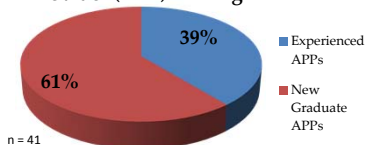
**APPs are not physicians.** We are expert clinicians who collaborate with, but do not replace, physicians on the health care team.

**What we are not:** Mid-levels, mid-level providers, non-physician providers, physician extenders. These are outdated terms used to identify advanced practice providers. Most health systems are getting away from these references to APPs. Some providers see these as confusing to patients, outdated and even derogatory or demeaning.

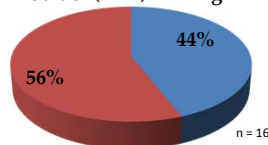
\*NP certification includes acute care, adult, family, gerontological, neonatal, oncology, psych/mental health, women's health  
\* CNS specialize in a clinical area, which may include: population, setting, disease or medical subspecialty, type of care, or type of problem.

APRN

## Health System Advanced Practice Provider (APP)\* Hiring



## Hospital Advanced Practice Provider (APP)\* Hiring



September 1, 2013 – August 31, 2014  
\*Identified APPs include NP, CNS, CNM, PA; CRNAs are not included

## Things to Consider When Utilizing an NP in an Inpatient Rehab Setting

**First and foremost:** Identify the needs of your facility, physicians, and staff.

**Recognize that an NP does not replace a physician.** The value added by an NP will likely not equal an increase in patients or higher volumes. An NP can provide additional hours to accept admissions and discharge patients, increase provider visits, improve patient outcomes, improve patient satisfaction, ease physician time and documentation burdens, and, in appropriate cases, increase revenue with shared billing.

### Questions to ask:

- Do the physicians / existing providers support the hiring of an NP? If not, how can you bring them on board?
- What do you plan to accomplish / enhance / improve by adding an NP to your rehabilitation facility?
- Does your organization have previous experience with an NP?
- What are your state laws regarding APRNs?
- Are you in an independent practice state?
- What are your organization's by-laws regarding APPs?

• What qualifications are important to you when hiring an NP?

Consider experience, education, rehab background, leadership skills.

• Where will the NP be working?

Inpatient, outpatient, or a combination may be appropriate.

• How will the NP be compensated?  
When hourly or salaried, does not compete with production of the physician; consider compensation for call.

• How will call schedules be affected?

• How will you orientate and train the new NP?  
Consider general and specific orientation to the organization, work setting, billing & coding practices, medical staff, compliance staff, unit staff, leadership, and key stakeholders in your facility.

• How will the NP be utilized?

When following the appropriate physician documentation requirements, CMS (n.d.) says that NPs in an inpatient rehabilitation setting can assist with consultations and preadmission screenings, admission orders, H&Ps and IOPOCs. When an NP assists with required documentation, completes supplemental daily visits and follow ups, and discharge summaries, physician time is now available for required weekly visits, documentation, clinic time, procedures, administrative time, and additional responsibilities.

NPs are able to assist with new patient consults, patient, family & staff education, compliance monitoring and education, and collaboration with key stakeholders. Outpatient clinic visits, hospital follow ups, order clarification, DME orders and documentation, and provider to provider communication can be done by an NP. Research, committee involvement, administrative tasks and responsibilities are additional considerations for NP responsibilities and may also be key to satisfaction and retention (Szanton, Mihaly, Alhusen & Becker, 2010).



## Opportunities & Lessons Learned

• Orientation should include time with physicians, review of expectations of the position, opportunity to learn from all providers the NP will be working with, time with leadership, and identification of a mentor and/or physician champion.

• An orientation checklist is important to follow to identify necessary aspects of the position to address (Yeager, 2010).

• Help the rehab staff understand what an NP does, what the NP's scope of practice, and what is appropriate to bring to the NP. Often, the questions that interrupt the physician throughout the day can be brought to the NP, who can address or collaborate with the physician if needed. This will avoid unnecessary interruptions, improve staff and physician satisfaction, and enhance patient care.

• Recognition of the transition for a new nurse practitioner from expert nurse to novice advanced practice registered nurse is important. Active participation and support during the initial year is key

to role satisfaction and retention of the new nurse practitioner (Yeager, 2010).

• **In conclusion:** Appropriate orientation, support of entry into practice, clear expectations of the NP role, physician collaboration and mentorship, leadership support, meaningful utilization of the providers, fair compensation and benefits, and recognition of the value an NP brings to the team are key to the onboarding and retention of a new nurse practitioner (Bahouth, Ackerman, Ellis, Fuchs, McComiskey, Stewart & Thomson-Smith, 2013)

## References

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