

## SWSC 2020 Annual Meeting

On-Demand Content October 19 - December 31, 2020

#### **SWSC 2020 On-Demand Meeting Abstracts**

# 16. SURGICAL FACULTY PERCEPTION OF SERVICE-BASED ADVANCED PRACTICE PROVIDERS: A SOUTHWESTERN SURGICAL CONGRESS MULTI-CENTER SURVEY

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**Background**: The ACGME work-hour restrictions led to increased utilization of service-based Advance Practice Providers (APPs) in an effort to offset reduced general surgery resident work-hours. The contributions of APPs within the acute care setting have been well documented; however, information regarding attending surgeon perceptions of APP impact is limited. A previous single-center survey of trauma and general surgery faculty demonstrated perceived positive impact of service-based APPs with respect to workload, length of stay (LOS), safety, best practice, level of function, and clinical judgement. The aim of this multi-center survey was to further explore and validate these findings.

**Methods**: An electronic survey was distributed to attending surgeons on surgical teams that employ service-based APPs at 8 academic centers at the completion of academic year 2019. Using a Likert scale, surgical attending perceptions were queried regarding APP competency and the impact of APPs within 4 categories: patient care, quality and safety, patient satisfaction and resident education.

**Results**: Seventy-six attending surgeons responded. Surgical specialties included: Trauma/EGS – 39% (n=29), General/Colorectal – 24% (n=18), Pediatric – 18% (n=14), and other surgical specialty 17% (n=13). Exposure to APPs in residency or fellowship was acknowledged by 78% of respondents and 75% reported daily APP interaction. Respondents agreed that service-based APPs always or usually decrease their workload (88%), decrease LOS (72%), contribute to continuity of care (92%), facilitate complex care coordination (87%), and enhance patient satisfaction (88%). They also agreed that APPs contribute to best practice/safe patient care (83%), but fewer agreed that APPs contribute to resident education (50%) and Quality Improvement (QI)/research (36%). Although 93% acknowledged variability in APP level of function, 91% reported trusting their clinical judgment.

**Conclusion**: This multi-center study supports the perception that APPs have a positive impact on patient care and quality indicators. However, the survey also highlights several opportunities for potential improvement and suggests that APPs might be underutilized in their potential contribution to resident education and as a resource to promote research/QI initiatives.



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Table: Summary of Survey Responses						
Service-based APPs:	Always/Usually		Sometimes		Rarely/Never	
	n	%	n	%	n	%
Decrease my workload	67	88	6	8	3	4
Contribute to continuity of care	69	92	5	7	1	1
Contribute to best-practice/safe patient care	63	83	12	16	1	1
Improve length of stay	55	72	19	25	2	3
Facilitate complex care coordination	66	87	8	11	2	3
Enhance patient satisfaction	67	88	9	12	0	0
Decrease near misses	52	68	21	28	3	4
Decrease readmission rates	46	60	18	24	12	16
Contribute to research/QI	27	36	12	16	36	48
Contribute to resident education	36	50	28	38	9	12