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The Utility of Advanced Practice Providers (APPs) on the Acute Care Surgery Service

The CAGS Division Chiefs committee prepared the following to address the importance of balancing resident education with efficient patient care, the challenges of recruiting and retaining staff, and the potential for leveraging hospital metrics to advocate for funding. This document has been endorsed by the CAGS Board of Directors.

1. Supporting the Teaching Mandate in Hospitals with Learners

- **Case Management:** Their involvement in managing acute surgical cases allows junior learners to observe and understand acute care workflows. It allows residents to participate in more operative exposure as ward and follow up ER issues can be managed by Advanced Practice Providers.
- **Mentorship:** Advanced Practice Providers provide direct mentorship to medical students, residents, and other learners, enhancing their practical training.
- **Educational Support:** They assist in bedside teaching, clinical skills demonstration, and helping learners interpret diagnostic tests.
- **Consistent Oversight:** Advanced Practice Providers offer a continuous clinical presence and supervision for learners, ensuring consistent learning opportunities when attending surgeons are occupied with other commitments.
- **Bridging Theory and Practice:** Advanced Practice Providers act as a link between theoretical knowledge and practical application, guiding learners in day-to-day patient care.

2. Minimizing Patient Delays

- **Expedited Care:** APPs conduct initial assessments, place orders, and manage discharge planning, reducing wait times for attending surgeons. This minimizes delays for patients in multiple sites such as the Emergency department, ICU, the wards and the operating room.
- **Streamlined Workflow:** By handling post-op care, routine follow-ups, and non-critical patient issues, APPs ensure patient care continues smoothly, even during busy periods.
- **Emergency Coverage:** APPs rapidly respond to emergent cases or consults, ensuring timely interventions when surgeons are occupied in the OR.
- **Surgical Coordination:** They assist with preoperative planning, operating room schedules, and patient preparation, reducing bottlenecks in the surgical workflow.

3. Increasing Staff Communication with Allied Health

- **Interdisciplinary Liaison:** APPs serve as a communication bridge between surgery, nursing, physiotherapy, dietitians, and other allied health professionals, ensuring cohesive patient care. This has been shown to improve hospital staff satisfaction with the ACS model, as well as decrease patient and family dissatisfaction. This is attributed to more timely communication and reinforcement of the care plan.



- **Collaborative Rounds:** They participate in multidisciplinary rounds, sharing critical updates and coordinating care across different teams. This enables better care coordination and discharge planning.
- **Handoff Management:** APPs support handoffs between shifts and departments, ensuring continuity of care and clear communication across all teams.

4. Improving Communication with Patients and Families

- **Accessible Resource:** APPs are readily available to answer patient and family questions, acting as a consistent point of contact throughout the hospital stay.
- **Patient Education:** They help explain diagnoses, surgical procedures, and post-op care, ensuring patient and family understanding while reducing anxiety.
- **Discharge Planning:** APPs play a key role in discharge planning, ensuring patients and families receive thorough instructions and have their concerns addressed before leaving the hospital.
- **Follow-Up:** APPs manage outpatient follow-ups, providing continuity of care and addressing post-discharge concerns promptly.

5. Enhancing Overall Surgical Team Efficiency

- **Preoperative & Postoperative Care:** APPs manage routine tasks like wound care, follow-ups, and medication management, allowing surgeons to focus on complex cases.
- **Reducing Administrative Burden:** APPs handle documentation, discharge summaries, and coordination with other services, reducing the administrative workload for surgeons and improving team efficiency.
- **Clinical Efficiency:** By managing non-critical and routine surgical cases, APPs increase patient throughput in acute care settings.

6. Addressing Decreasing Resident Numbers Due to CBD

- **Functioning as Advanced Practice Providers:** With decreasing resident numbers due to Competency-Based Medical Education (CBD) and fewer off-service residents rotating through General Surgery, APPs are increasingly stepping in to fill these gaps.
- **Maintaining Continuity of Care:** APPs help maintain the continuity of patient care in the absence of off-service residents, ensuring the surgical service operates efficiently.
- **Reducing Pressure on Residents:** By functioning as Advanced Practice Providers, APPs reduce the clinical and administrative burden on residents, allowing them to focus on their core educational objectives and direct patient care.
- **Improving Team Dynamics:** APPs help balance the workload, ensuring timely and effective patient care, while also supporting residents and learners in their roles.

Division Chiefs recommendations for APPs support for ACS service

- **Hospitals to support ACS services with APPs to support hospital metrics:** APPs primarily support hospital metrics of decreased ER wait times, improved patient flow, minimizing bottle necks in critical patient areas, improved patient and family satisfaction. Importantly, they also support learners, allowing them to undertake more operative exposure.
- **For every 10 patients on an ACS service there should be one physician extender.** There needs to be some redundancy in the system to allow for sick leave, holidays, conference leave etc. The peak levels of an ACS census should be used to determine the appropriate level of staffing, as surges routinely occur. These surges require adequate staffing to prevent medical errors of omission and compromises in quality of care.
- **They do not support surgeon's elective practice and thus they should not be paid by surgeons.** If they do support a component of the surgeon's elective practice, then that proportion of the



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- workload should be paid by the surgeon.
- Ensuring that there is a balance for APPs that their jobs are valued and they are a part of the ACS team, and they don't get viewed as "less than", or purely administrative.