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# Hematopoietic Stem Cell Transplantation System Capacity Initiative:

# An advanced practice professional workforce assessment



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# SIGNIFICANCE AND BACKGROUND

Annually, more than 20,000 hematopoietic stem cell transplantations (HSCT) are performed in the US and this number is expected to increase. System challenges to the future growth of HSCT include workforce shortages and lack of adequate infrastructure. To address these challenges, the System Capacity Initiative (SCI) convened a working group comprised of thought leaders representing HSCT advanced practice professionals (APP).

# **SURVEY OBJECTIVES**

- To characterize the current capacity and work model of the APP workforce among HSCT programs in the US
- To identify pathways through which APP became aware of and entered the HSCT specialty
- To assess satisfaction with the HSCT specialty among APP

#### **METHODOLOGY**

This study utilized a 43-item cross-sectional survey design. Primary data was collected via internet survey from July 16 – August 5, 2010. The survey was sent to APP treating patients in the US and who are members of American Society for Blood and Marrow Transplantation (ASBMT). Descriptive analysis was performed using SPSS.

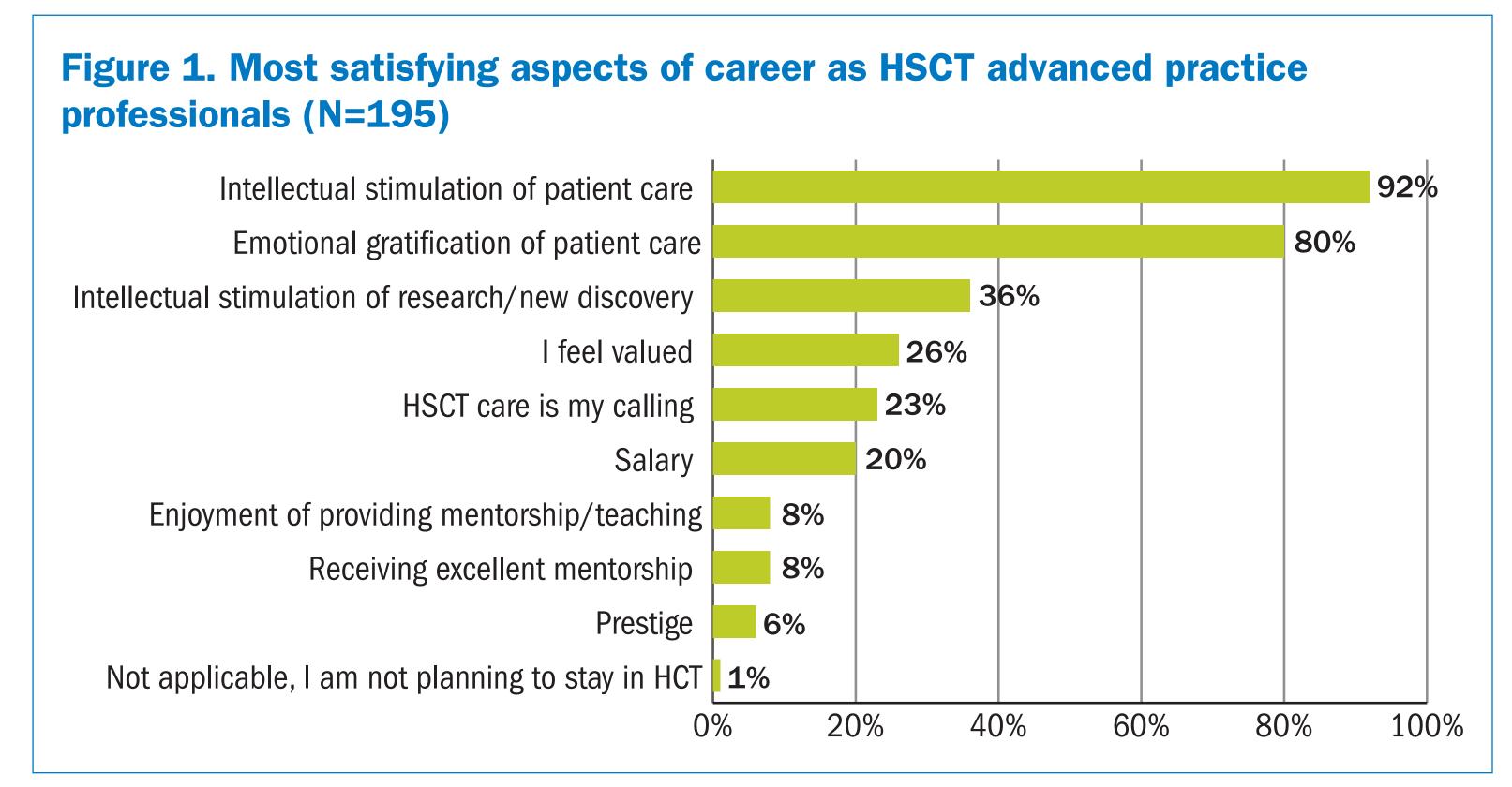
### **FINDINGS**

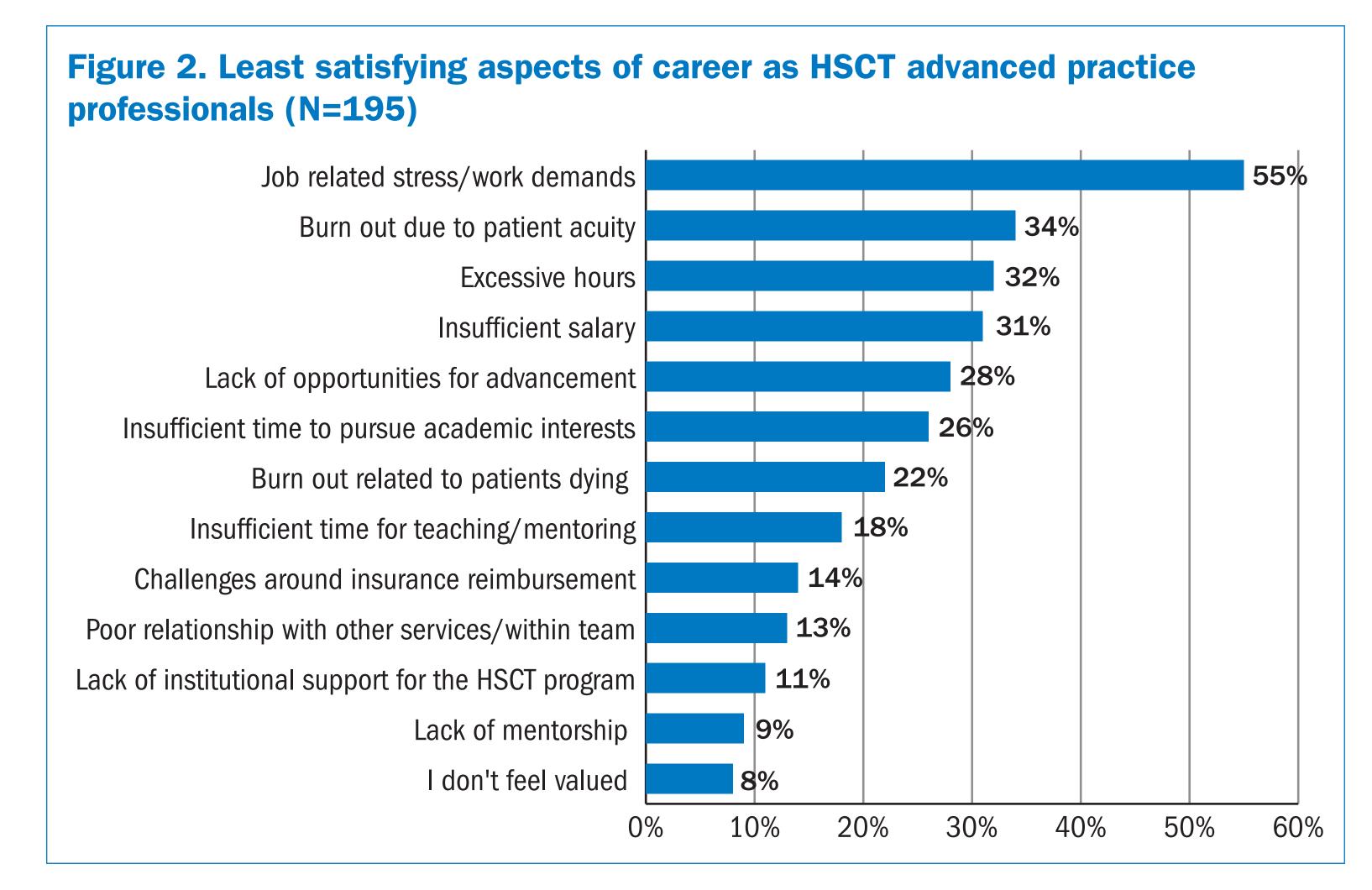
The survey invitation was emailed to >480 APP with an estimated response rate of 42% (N=200; Table 1).

- The majority of survey respondents rotate through both inpatient and outpatient care intermittently and are allotted less than 10% of time for non-clinical care (care which is not considered direct patient care)
- 28% of APP are scheduled to work more than 40 hours/week and 80% actually work more than 40 hours/week
- 21% of respondents provide on-call service for inpatient care and 18% for outpatient care

Respondents identified the pathway through which they entered the HSCT specialty:

- More than 65% of APP did not take hematology/oncology specific courses
- 47% did not have clinical placement in hematology/oncology during their schooling
- 48% decided on a career in HSCT after starting in a non-HSCT position





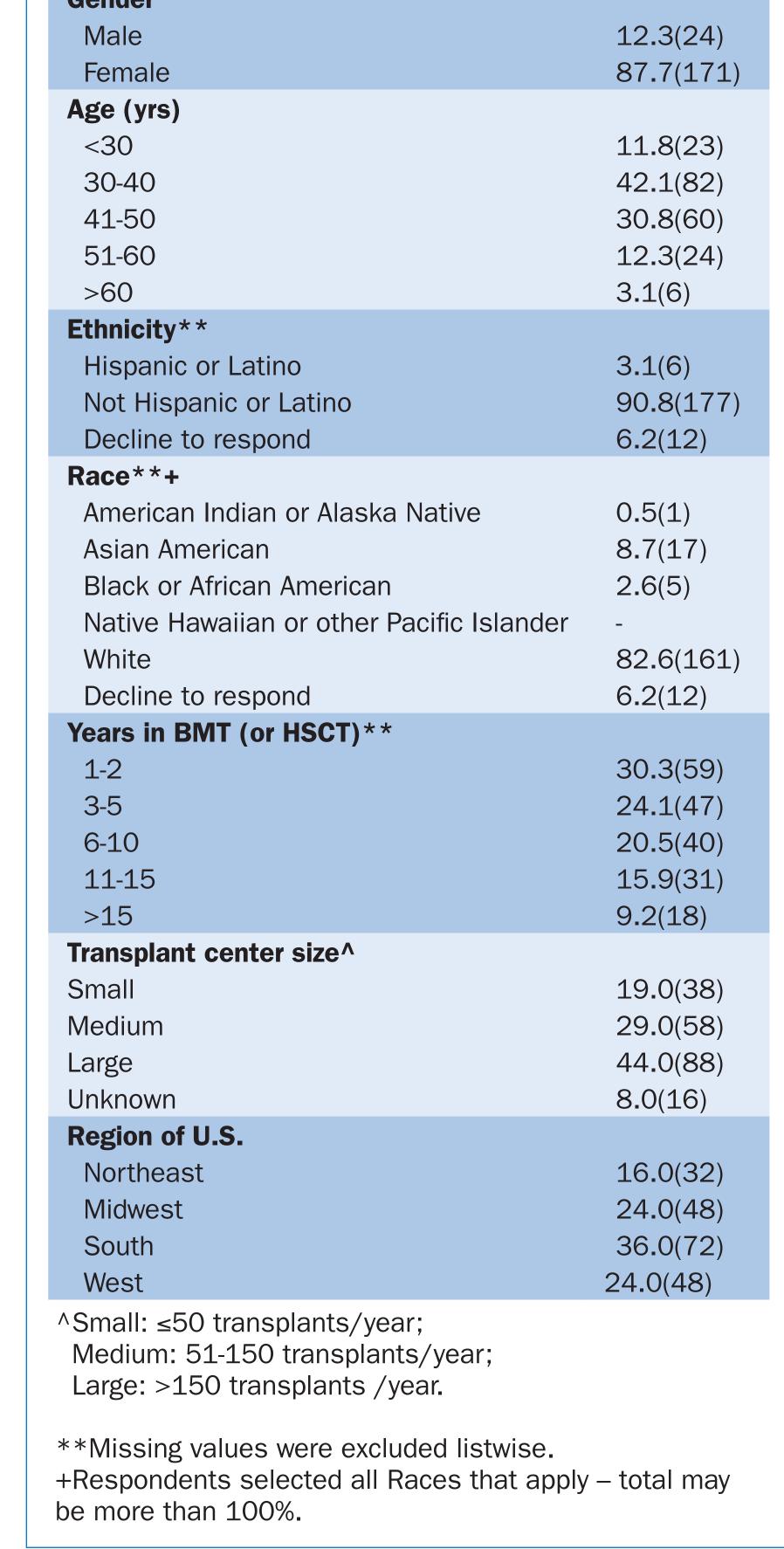
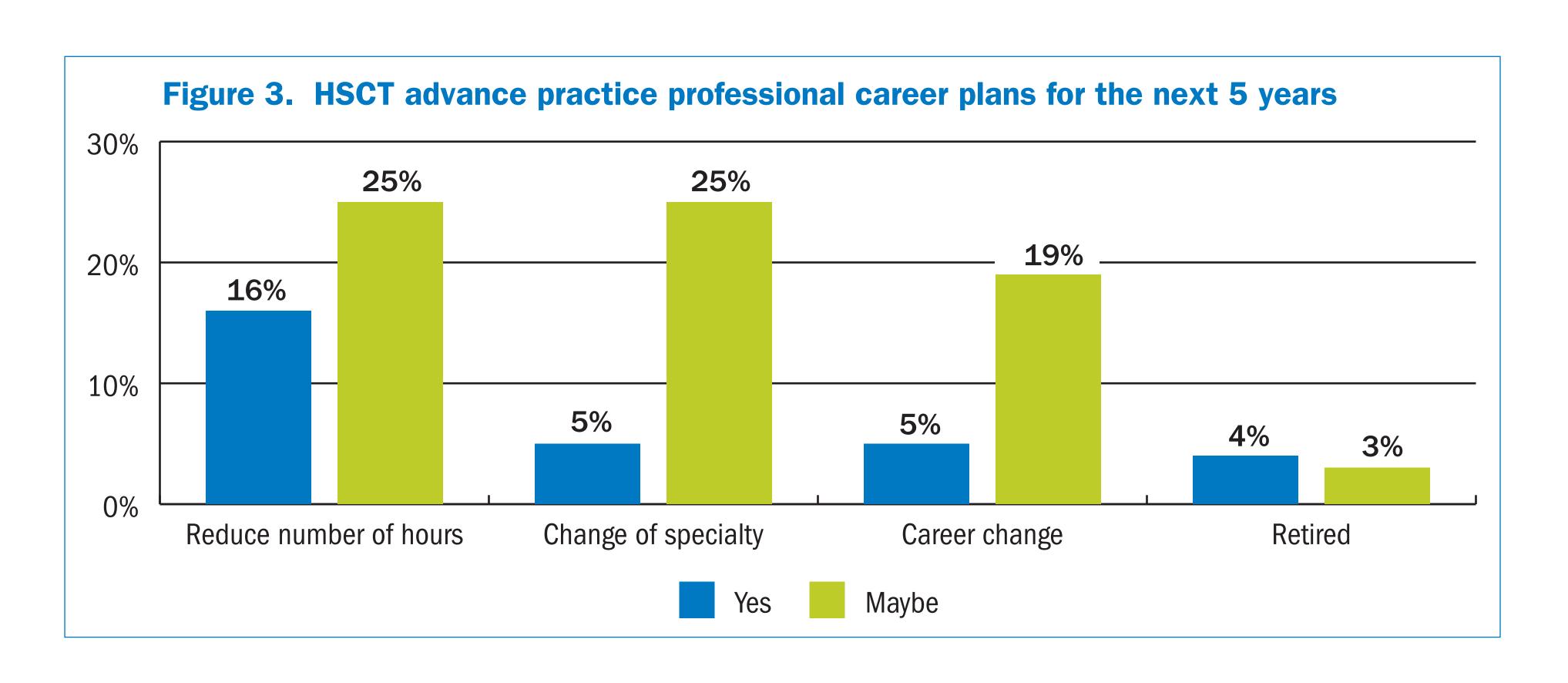


Table 1. Demographic characteristics of SCI

**APP** workforce survey respondents: (N=200)



## FINDINGS CONTINUED

• 38% feel that there is inadequate student rotation/mentoring in place for HSCT APP students

Overall, 76% of respondents are very satisfied or satisfied with their current position and responsibilities. The most satisfying and least satisfying aspects of APP's current position are shown in Figures 1 and 2. APP plans for the next 5 years are characterized in Figure 3.

# CONCLUSIONS AND WORKING GROUP RECOMMENDATIONS

Transplant center working models vary in their utilization of APP on the medical team. The working group recommends exploring successful models used in transplant centers to:

- Define the role of the APP in HSCT
- Develop recommendations for compensation and benefits packages and how to create an optimal work model

The current shortage of APP is expected to increase over the next 5 years. Recommendations include partnering with ASBMT and APP programs to:

- Increase exposure to HSCT
  - Increase the number of clinical rotation sites around the US
  - Integrate a HSCT lecture/course into APP programs within the first year of schooling
  - Create a HSCT brochure for APP students, APP interested in working in HSCT and transplant center staff
- Create a national special interest group for APP
  - Establish a nationally recognized, Web-based resource for APP and institutions
  - Increase APP membership to ASBMT to help with recruitment and retention

#### **ACKNOWLEDGEMENTS**

#### **Advanced Practice Professionals Working Group:**

Chair: Deborah S. Yolin Raley, PA-C; Vice Chair: Erin Medoff, APRN

**Members:** Gilbert Ciocci, NSN, FNP-BC; Theresa Donahue, PA; Amy Joyce, MSN, ANP, AOCN; William Levy, PA-C; Eneida Nemecek, MD; Stephany Rodriquez, RN, MS, NP; Nancy Shreve, NP; Susan Slater, MN, FNP-BC; Kristin Sterling, SPRN-BC; Mary Thoma, PA; Cindy Trevino, ANP-BC, AOCN; Michael Wilson, PA-C

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#### FOR MORE INFORMATION OR FEEDBACK

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