

Recommendations for Optimal Work Models for Advanced Practice Professionals Working in Hematopoietic Cell Transplantation

These recommendations are based upon 2010 and 2011 surveys of Nurse Practitioners and Physician Assistants working in Hematopoietic Cell Transplant Centers (HCT) throughout the United States.

Work Hours and Schedules

- Schedules should try to optimize continuity between providers and patients. Weekend and night coverage by regular HCT providers will enhance continuity of care.
- Flexible and creative work schedules that meet the needs of the institution as well as the practitioner may enhance the recruitment and retention of APPs. Some examples that have been successful in other HCT units are listed below.
 - Seven days working alternating with 7 days off
 - Four ten hour days or 5 eight hour days
 - Weekend only options for APPs as part of regular schedule
 - Weekend moonlighting opportunities for regular APP staff
 - Twelve hour shifts overlapping so that 2 new providers do not come on service at the same time
- APP schedules should have protected office time built in so that APPs can complete non-clinical work directly related to patient care (dictations, letters, follow-up, call backs etc).

Multidisciplinary Support Staff

- A multidisciplinary team approach will support appropriate utilization of resources and cost effective care. APPs will be better able to perform functions for which they are trained, see an increased number of patients and it will allow them to delegate functions that would be better provided by other team members.
- HCT programs should have quality improvement initiatives that focus on processes that reduce waste, streamline tasks, and utilize resources efficiently. This will allow APPs to reduce administrative work and to concentrate on fulfilling the APP role to its fullest extent.
- The inclusion of a multidisciplinary approach will help to ensure that patients' needs are met by appropriately trained individuals and members of the team can best perform their role functions as intended.

In addition to dedicated HCT physicians and APPs, the following team members are examples of positions and job delineation to consider as part of your team.

Description	Common names
RN who coordinates pre-transplant patient and donor related functions such as apheresis procedures, donor searches, HLA typing, pre-transplant evaluation testing/education and follow-up testing post transplant	HCT RN Coordinator
RN who receives patient phone calls to help facilitate same day care such as routine refills, urgent/sick visit triage, lab results etc	Triage or Practice RN
Someone trained to answer phones, schedule appointments (clinic visits and testing), draft templates and fax to appropriate end user, complete prior authorizations	Clinical administrative/secretary
Someone trained to assist patients with understanding insurance benefits, prescription co-pays etc, as well as help with the approval process from the insurance company and is familiar with the contracts your facility has with different insurance companies.	HCT Financial Coordinator
Someone trained to assist in procedures such as bone marrow biopsies.	HCT Technician, Assistant
Person who ensures adequate training of HCT staff RNs	HCT RN education/Clinical Nurse Specialist
RN who coordinates services needed for HCT patients who are being discharged from the hospital. Fax prescriptions, complete prior authorizations, arrange for home health, referral to facilities such as rehab or hospice, collaborate with social worker, financial coordinator, insurance company etc.	Care Coordinator Case manager HCT RN discharge planner
Pharmacist who provides daily oversight of medications, assists team with conditioning regimens and supportive care medications, acts as a resource to team members and patients, provides patient education both inpatient and outpatient	HCT Pharmacist
Nutritionist who provides recommendations regarding patients' nutritional needs specific to HCT. Provides patient and family education regarding nutritional needs	HCT Nutritionist
Assists patients with hospital and community resources that pertain to health status and offers emotional support throughout the HCT experience	HCT Social Worker
Provides in-depth psychosocial support to HCT patients	HCT Psychologist
Someone who supervises and coordinates programmatic services, accreditations and contractual relationships with outside services and third party payors.	HCT Program Manager
Someone who generates accurate reporting to HCT Program, research and outside agencies as needed	HCT Data Manager
Provides support for research related activities and oversees protocol adherence	HCT Research Staff

- Some examples of responsibilities that the APP could delegate to other team members include the following: writing letters to insurance companies, medication prior authorization, coordination of home care

services, extensive medication teaching, contacting schools or employers regarding patient absenteeism, scheduling appointments, providing education of staff nurses.

Patient Care Model

There is a wide variation in practice patterns between MD and APPs. While beyond the scope of this document the APP Working Group recommends that each institution look at practice patterns between APP and MDs in order to maximize productivity, quality of care and provider satisfaction.

- Establish general practice pattern principles:
 - Patients with high acuity (acute and chronic) problems → consider alternating visits between APP and MD
 - Consider independent schedules for APPs to see non acute and long term follow-up patients
 - APPs to see majority of appropriate patients independently. In other words, MD does not need to see same day (unless active issue requiring assistance)
 - Consider rotating urgent care coverage models in the ambulatory setting
 - Establish coverage models when MDs and APPs are not at work
- Establish APP:patient ratios in the inpatient and outpatient settings:
 - Acuity of the patient population should be considered when establishing ratios. For example, centers that provide care to mostly autologous patients may have higher ratios than centers with large allogeneic and cord transplant programs. Centers that provide critical care services to the HCT patient may need to adjust ratios to reflect acuity.
 - Level of support staff as defined in the Multidisciplinary Support Staff section of this document should be factored in to APP:Patient ratios both in the inpatient and outpatient setting. Programs with support staff allowing APPs to increase productivity will fall at higher APP:Patient ratios than programs that have limited support.
 - Suggested patient:APP ratios for centers with mostly allogeneic patients with high acuity would be the following:
 - 5-8 inpatients:1 APP
 - 8-10 outpatients:1 APP

Salary/Compensation

- Salary for APPs should be commensurate with other high acuity APP settings (i.e. Intensive Care Unit, ER, Surgical Specialties). Acuity of patients should be included in the pay scale range.
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- HCT programs should consider developing and offering ways to recognize longevity and/or clinical excellence. Clinical ladder programs to recognize outstanding performance have been utilized. Incentives such as bonuses or additional time off could also be considered. These measures could positively affect recruitment and retention.
- Coverage for licensure, DEA fees, and malpractice should be included in benefits.
- Professional membership to organizations that are relevant to work setting should be covered by the department or institution. Membership should include ASHCT and the national organization supporting the APP (eg. ONS, AAPA, AANP, APAO).
- HCT APPs should attend at least one fully funded national conference per year. This conference should pertain to providers' professional development and/or current HCT position.

Professional Development and Non-Clinical APP Support

- Establish formal education program for new hires (establishing FACT competencies) and ongoing competency maintenance.
 - Support networking and collaboration with APPs at other centers and through ASHCT to share resources and enhance education and practice patterns
 - Build and support strong collaborative relationships with MDs and share in education opportunities used to train fellows
 - The development of APP regional networking groups or HCT chat room to foster networking
 - Support development of and participation in a national HCT APP SIG through ASHCT
 - Each APP should have a defined amount of time or process that allows them to engage in activities such as research, protocol development, committee work, or education.
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