

Recommendations for Optimal Work Models for Physician Assistants and Nurse Practitioners 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 (HSCT) throughout the United States. They were recently updated to include feedback from the NP/PAs who attended the 2013 Tandem meeting. We are grateful for the opportunity to represent our NP/PA colleagues.

Work Hours and Schedules

- Schedules should optimize continuity between providers and patients. Weekend and night coverage by regular HSCT providers will enhance continuity of care.
- NP/PAs should have independent schedules. This may be used in a system where NP/PAs alternate seeing patients with the HSCT physician. This not only ensures optimal patient throughput and volume, it also promotes the MD:NP/PA team approach without duplication of work. This model should be clearly explained to patients on first few visits at HSCT center.
- Flexible and creative work schedules that meet the needs of the institution as well as the practitioner may enhance the recruitment and retention of PAs/NPs. Some examples that have been successful in other HSCT 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 PAs/NPs as part of regular schedule
 - Weekend moonlighting opportunities for regular PA/NP staff
 - Twelve hour shifts overlapping so that 2 new providers do not come on service at the same time
 - Maximum of a 48 hour work week with a goal of 40 – 45 hrs/ week
 - Rotate NP/PAs between inpatient and outpatient responsibilities
- PA/NP schedules should have protected office time built in so that PAs/NPs can complete non-clinical work directly related to patient care (dictations, letters, follow-up, call backs, etc).
- Identify a NP/PA “lead” or “chief” to manage schedules, assist in resolving clinical and nonclinical concerns and provide leadership, education and support on behalf of the HSCT NP/PAs

Multidisciplinary Support Staff

- A Multidisciplinary team approach will support appropriate utilization of resources and cost effective care. By practicing within a Multidisciplinary team, PAs/NPs will be better able to perform functions for which they are trained, see an increased number of patients and delegate functions that would be better provided by other team members.
- HSCT programs should have quality improvement initiatives that focus on processes that reduce waste, streamline tasks, and utilize resources efficiently. This will allow PAs/NPs to reduce administrative work and concentrate on fulfilling the PA/NP 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 HSCT physicians and PAs/NPs, 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	HSCT 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.	HSCT Financial Coordinator
Someone trained to assist in procedures such as bone marrow biopsies.	HSCT Technician, Assistant
RN who ensures adequate training of HSCT staff RNs	HSCT RN Educator/Clinical Nurse Specialist
RN who coordinates services needed for HSCT 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 HSCT 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	HSCT Pharmacist

and outpatient	
Nutritionist who provides recommendations regarding patients' nutritional needs specific to HSCT. Provides patient and family education regarding nutritional needs	HSCT Nutritionist
Assists patients with hospital and community resources that pertain to health status and offers emotional support throughout the HSCT experience	HSCT Social Worker
Provides in-depth psychosocial support to HSCT patients	HSCT Psychologist
Someone who supervises and coordinates programmatic services, accreditations and contractual relationships with outside services and third party payors.	HSCT Program Manager
Someone who generates accurate reporting to HSCT Program, research and outside agencies as needed	HSCT Data Manager
Provides support for research related activities and oversees protocol adherence	HSCT Research Staff
NP/PA who provides triage (urgent care/walk in coverage). This role works closely with the triage RN outlined above	Triage NP/PA

- Some examples of responsibilities that the PA/NP 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 MDs and PAs/NPs. While beyond the scope of this document, the PA/NP Working Group recommends that each institution look at practice patterns between PAs/NPs 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 PA/NP and MD
 - Consider independent schedules for PAs/NPs to see non acute and long term follow-up patients
 - PAs/NPs 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 PAs/NPs are not at work
- Establish PA/NP: 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 HSCT 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 into PA/NP:patient ratios both in the inpatient and outpatient setting. Programs with support staff allowing PAs/NPs to increase productivity will fall at higher PA/NP:patient ratios than programs that have limited support.
- Suggested patient: PA/NP ratios for centers with mostly allogeneic patients with high acuity would be the following:
 - 5-8 inpatients:1 PA/NP
 - 8-10 outpatients: 1 PA/NP

Salary/Compensation

- Salary for PAs/NPs should be commensurate with other high acuity PA/NP settings (i.e. Intensive Care Unit, ER, Surgical Specialties). Acuity of patients should be included in the pay scale range.
- HSCT 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 ASBMT and the national organization supporting the PA/NP (eg. ONS, AAPA, AANP, APAO).
- HSCT PAs/NPs should attend at least one fully funded national conference per year. This conference should pertain to provider's professional development and/or current HSCT position.

Professional Development and Non-Clinical Physician Assistant/Nurse Practitioner Support

- Establish formal education program for new hires (establishing FACT competencies) and ongoing competency maintenance.
 - Support networking and collaboration with PA'/NPs at other centers and through ASBMT 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 PA/NP regional networking groups or HSCT chat room to foster networking
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- Support development of and participation in a national HSCT PA/NP SIG through ASBMT
- Each PA/NP 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.

