



# The Evolution of a Malignant Hematology Nurse Practitioner Service

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Nurse practitioners (NPs) have been suggested as one possible solution to the predicted oncologist shortage. Although NPs are in a unique position to positively affect the care of patients with hematologic malignancies who are hospitalized, little information exists regarding the inpatient role of the NP in hematology and oncology. The purpose of this article is to describe the successful implementation and evolution of a highly functioning inpatient malignant hematology NP service.

## At a Glance

- Inpatient nurse practitioner (NP) specialty teams may help to alleviate the anticipated oncologist shortage.
- Formal and on-the-job training for hematologic malignancies allow NPs to deliver safe, high-quality care to patients with complex medical and psychosocial needs.
- NPs are in an ideal position to affect the management of side effects and complications related to cancer and its treatment.

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According to a report from the Association of American Medical Colleges (AAMC) Center for Workforce Studies (2007), a shortage of 2,500–4,000 oncologists is predicted by 2020. More recent data demonstrate that the number of oncologists aged 64 years or older is increasing more quickly than the overall number of oncologists (Kirkwood, Kosty, Bajorin, Bruinooge, & Goldstein, 2013). Increased use of advanced practice providers (APPs) has been suggested as one possible way to increase efficiency and productivity in oncology practices (AAMC Center for Workforce Studies, 2007; Kirkwood et al., 2013). Nurse practitioners (NPs) and physician assistants (PAs) are often grouped together as APPs because of

overlapping responsibilities and similarity of roles (McCorkle et al., 2012). Towle et al. (2011) found that patients were extremely satisfied with the care delivered by an APP. In addition, physicians and APPs have stated that they have had high levels of satisfaction and positive professional experiences with collaborative practice models (Towle et al., 2011). Oncology NPs may play a major role in alleviating the predicted oncologist shortfall, and they should practice to the fullest extent of their education and scope of practice within their individual states (Bishop, 2009).

Inpatient NP roles in hematology and oncology have been only briefly described in the literature. The purpose of this article is to detail the successful

expansion and advanced training of a highly functioning inpatient malignant hematology nurse practitioner (HNP) service at a large, academic-based medical center, the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (The James) at Ohio State University in Columbus.

## Background

The HNP service at The James opened in January 2007 to provide safe and high-quality care to patients without complex needs who had been admitted for scheduled chemotherapy. The role and scope of this service has evolved during the past eight years to include caring for patients with complex medical and psychosocial needs. Specialty teams of APPs are an important trend for the future.

The HNP service began with two advanced NPs, including one with previous hematology and oncology experience, who staffed the service. The HNP service provided continuity of care with familiar faces to patients admitted for successive treatments. This stood in contrast to the more traditional teaching service, which had attending physicians who rotated every two weeks, and house staff (i.e., students, interns, and residents) who switched every month. Collaborating physician coverage consisted of an attending hematologist, shared with the teaching service, with after-hours coverage provided by a rotating cross-cover physician.

New hematology NPs received education about hematology and oncology, including a general nursing orientation, as well as courses in chemotherapy, the basics of oncology nursing, and more advanced oncology care, all of which