

Advanced practice providers (APPs) are increasingly being used in a variety of healthcare settings to provide care, treatment, and services to patients with cancer. They are also being deployed to acute oncologic settings to enhance patient care delivery and address the ever-evolving needs of patients in academic medicine. In response, the University of Texas MD Anderson Cancer Center developed a series of innovative clinical programs staffed by acute care APPs. These provide an opportunity to rapidly adapt to the acute care needs of patients with cancer while fostering the professional development of APPs within the full scope of their oncologic clinical practice.

AT A GLANCE

- Innovation in patient care delivery can be most effective when collaboration exists between teams.
- APPs can play a key role in improving the delivery and continuity of patient care in acute care settings.
- The ability to quickly adapt to the changing needs of patients within an evolving healthcare system is critical to success.

KEYWORDS

acute care; advanced practice nurse; physician assistant; oncology

DIGITAL OBJECT IDENTIFIER

10.1188/17.CJON.423-427

Delivery of Clinical Services

Mobilizing advanced practice providers to enhance patient care

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The rapidly evolving pace of the healthcare landscape requires healthcare institutions to do even more to keep up with the increasing demand for safer, more efficient patient care and transparent reporting of quality outcomes. As one of the nation's original three comprehensive cancer centers, the University of Texas MD Anderson Cancer Center has used a multidisciplinary approach to provide cancer care and cancer prevention services since its designation in 1971. This large academic cancer center provided care to about 135,000 patients (of these, more than 41,000 were new to the institution) in fiscal year 2016 and responded to patients' unique challenges and needs by rapidly implementing several creative clinical programs. The purpose of this article is to describe the implementation of three programs staffed primarily by advanced practice providers (APPs) under the auspices of the Division of Acute Care Services (ACS), as well as resulting improvements in clinical care. This article will provide additional insight into how organizations that think resiliently can effectively implement new programs and processes to adapt to the changing needs of patients, as well as to an ever-evolving healthcare system.

Acute Care Services

ACS was created in 2011 to enhance patient care by providing clinical support across the continuum of patient care delivery, including treatment, hospitaliza-

tion, and emergency care. More specifically, the ACS programs are intended to fill the gaps by fostering collaborative intervention in the direct treatment and management of critically ill patients. The three ACS programs (the Nocturnal Program, Acute Care Procedure Team, and Clinical Decision Unit) are clinical structures with administrative and physician supervision to support the independent clinical practice and professional development of the APP staff.

Nocturnal Program

The Nocturnal Program was the first program developed within ACS. It was conceived in response to a critical assessment of the after-hours inpatient medical needs of patients and the perceived imbalance between the inpatient census and acuity of some services and the allocation of appropriate in-house resources. Prior to the Nocturnal Program, one fellow provided in-house, after-hours coverage for about 180 patients with hematologic malignancies, and one resident provided inpatient support to about 110 patients with solid tumor malignancies. Conversely, the patients in surgical oncology (about 50) were covered by an in-house fellow and resident, whereas patients in other surgical subspecialty services (about 90 patients) relied on on-call fellows taking calls from home. Broad consensus existed across multiple disciplines to reevaluate the after-hours support structure to better align inpatient care with the mission to