Expansion of the Advanced Practice Registered Nurses’ (APRN) role in an adult ambulatory oncology setting

PURPOSE
The purpose of this scholarly project was to show the impact that the expanded Advanced Practice Registered Nurses’ (APRN) role will have on patient satisfaction and revenue generated in an adult ambulatory oncology practice.

BACKGROUND
The project was implemented in a multi-specialty adult satellite clinic of a comprehensive cancer center—University of Texas MD Anderson Cancer Center.

METHODOLOGY
An assessment of Press Ganey and Consumer Assessment of Healthcare and Systems (CAHPS) patient satisfaction metrics was conducted to identify opportunities for improvement related to patient access and scheduling. The initial assessment identified that 55% of respondents communicated not being able to get an appointment for care right away. A collaborative effort, with the clinic assigned APRN and physician, was initiated to identify appropriate visit types for the APRN to see independently in order to address access needs for established patients. Clinical practice guidelines were employed according to the Plan-Do-Study-Act improvement method. The APRN was introduced as a licensed independent provider with capability to bill for patient care services rendered.

RESULTS
There was a marginally significant difference in pre, during, and post intervention findings for the CAHPS question “ability to get an appointment for care right away”. There was no noted statistically significant difference between pre and post intervention Press Ganey scores for the question related to the patient's ability to “get an appointment with the desired provider.” The APRN-managed clinic yielded a positive trend in billable patient encounters scheduled on the APRN’s independent scheduling template. This trend has the potential to generate revenue once billed services are reimbursed and improves the APRN’s financial contribution to the clinic.

IMPLICATIONS
Empowerment of the APRN to practice independently is a vital component to the development of more APRN-led interdisciplinary teams and potential faculty appointments of nurse providers. Clinical programs, where the APRN is the primary provider, can be developed in the areas of survivorship, surveillance, community outreach, and cancer prevention.