

TAP TO GO BACK TO KIOSK MENU

# Scheduling for safety

## Introduction/Problem

Nurses caring for Hematology/Oncology patients in the outpatient setting can be expected to care for several patients at the same time with varied levels of complexity and acuity and for varied durations of time. My experience in Oncology has shown me that having more than 3 patients in the room at one time pulls the RN in too many directions and can result in errors.

Scheduling systems currently in use fall short in limiting the volume of patients assigned to a nurse at one time. Individual nurse schedules allowed a patient to be booked every 30 minutes, allowing one nurse to have 5 patients in the room by 11:30am. In addition to overloading the RN, there is not enough physical space to allow each RN to see 5-6 morning patients. There are 11 infusion bays that need to be shared equally among the 4 RN's each day.

An added challenge is that patients may need to be shifted to a different nurse to meet the acuity of a patient. Here are 2 examples.

- 1) A patient who is scheduled for a blood count check the week after starting chemotherapy is booked for 30 minutes. When the patient arrived needing to be transfused with blood, the visit is now a 4 hour visit. The RN may give up a different patient to a colleague in order to continue to care for her.
- 2) A patient has an infusion reaction to the chemotherapy agent that is infusing. So that the RN caring for that patient can remain at the bedside with the patient, her RN colleagues take care of her next 2 patients for her.

In both of these examples, the shift in workflow requires the scheduling staff to move the patient appointment to the RN who actually cared for the patient so she can bill for care. Moving the appointment requires the scheduling staff also moved the referral attached to the visit so there is reimbursement.

## Aim/Goal

- Limit the nurse/patient ratio at one time
- Reduce re-work by scheduling staff each time a nurse cares for a colleagues patient
- Reduce errors in managed care when appointments are move and the referral is not re-attached
- Reduce errors in scheduling from the added shuffling of patient appointments

## The Team

- Irene Jordan, Application Specialist Ambulatory Systems
- BID Cancer Center Infusion Nursing staff
- BID Cancer Center Infusion Scheduling staff
- Anna Marinilli, Practice Manager BID Cancer Center Needham
- Holly Dowling, RN, BSN, OCN Clinical Advisor BID Cancer Center Needham

## The Interventions

Create a process of scheduling to a bay rather than a clinician. This is done in other infusion areas of the medical center, where primary nursing is not followed, and allows any RN to care for the patient, document and bill for care under the "bay". The challenge was to create this and still maintain the primary nursing model.

- A pilot began on 1/1/18 in HemOnc infusion scheduling that allowed booking to infusion bays rather than an RN schedule.
- RN's view the patients via OMS dashboard or through scheduling display for clinic.
- In order to maintain primary nursing, the chairs will be templated with the RN's name for each day she works. Her Primary patients will be booked to her bays when possible.
- Same day changes in the schedule as a result of RN sick calls, patient reactions or patient acuity do not prompt a move on the schedule. The patients stay under the bay they are booked to regardless of who cares for them. This new system allows any RN to bill under any bay. No move in CCC scheduling is required for billing purposes.

## Results/Progress to Date

- ✓ On day 1 of the roll-out it became clear that "renaming the bays each day of the week allowed the "2 bay day" to rotate among the staff but logistically, the bays were constantly having comments added to identify the RN assigned that bay. The team worked with Ambulatory education staff to create 15 "virtual bays". Each RN has 3 virtual bays assigned to her. On her 2 bay day, the CCC scheduling template closes 1 bay for the day. This eliminated the need to constantly re-name the comments on the bay.
- ✓ Where there are 11 bays in reality and 4 nurses each day, one nurse is assigned only 2 chairs to book patient to. This makes for a lighter day for this RN and has allowed development of the "resource " role. The resource RN is able to partner with the MA to triage issues and is the point of contact with a same-day add is requested.
- ✓ When an RN is out sick or her shift is covered by a per diem RN, there is no added scheduling re-work or moving patients on the display. Instead staff identify during morning huddle who is taking which patient.

Time	BAY 1-NCC (KANE)	BAY 2-NCC (KANE)	BAY 3-NCC (KANE)	BAY 4-NCC (FORBUSH)	BAY 5-NCC (FORBUSH)	BAY 6-NCC (FORBUSH)	BAY 7-NCC (KENT)	BAY 8-NCC (KENT)	BAY 9-NCC (FOLEY)	BAY 10-NCC (FOLEY)	BAY 11-NCC (FOLEY)	BAY 12-NCC (FOLEY)	BAY 13-NCC (FOLEY)	BAY 14-NCC (FOLEY)	BAY 15-NCC (FOLEY)
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