

## **The implications of establishing this standard for infusion nursing has allowed us to duplicate the methodology across the health system and achieve a level of staffing that matches well with patient care needs” Rodgers (2016).**

### Abstract:

**BACKGROUND:** Nursing roles and responsibilities within ambulatory oncology infusion suites across our health system are not clearly defined and it is not understood what the appropriate staffing ratio should be per site. It is not clear if employees are working to the highest level of their licensure or skill, and if the appropriate activities are performed by the correct department. A standard staffing model to provide efficiency of clinical services and patient safety does not exist, and nursing roles are variable between the sites. Similar patient populations are being treated at each site and the variability of the roles introduces unnecessary costs to the system as a whole. The purpose of this project was to define roles of the infusion nurse to insure performance to the highest level of licensure, create efficiencies within the clinical setting, potentially reduce RN staffing requirements, achieve a cost savings, and develop a target nurse to patient ratio while maintaining quality care.

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**METHODS:** Daily patient volume and hours of operation were compiled for each outpatient site and three methodologies were used to determine nurse to patient ratio. We utilized an acuity based ratio tool, hours per unit (HPU) method using billed charges for technical procedures and finally a simple 1:6 ratio based upon patient volume. Each methodology showed similar results and a final target ratio of 1:6 was chosen.

**RESULTS:** A staffing template was created to predict the number of RN's necessary for treatment and an analysis of infusion sites was also completed to observe workflows and determine potential staffing adjustments. Our pilot site was initially staffed with 14 RN FTE's and analysis showed many non-clinical, non-nursing duties were being performed by RN's. Through process improvement we have created clear role delineation and the site

currently functions with 5 RN FTE's. We have maximized the efficiency of the nursing team, reduced costs, and there has been no decline or compromise in quality or patient safety.

**CONCLUSIONS:** The implications of establishing this standard for infusion nursing has allowed us to duplicate the methodology across the health system and achieve a level of staffing that matches well with patient care needs.

Reference:

Rodgers, G.T. (2016) Development of an infusion nurse staffing model for outpatient chemotherapy centers. *Journal of Clinical Oncology*. 34(7\_suppl), p.103.

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