Development of an Acuity Tool in the Outpatient Oncology Setting

An uneven distribution of workload
The outpatient Hematology/Oncology nurses had uneven distribution of work assignments which can result in unsafe care. Several tools were being utilized when scheduling patients to more evenly distribute volume and the number of minutes of care scheduled. But this did not capture the acuity of the patients. A group of nurses, the acuity tool workgroup, gathered to review the literature and develop a tool to fit the needs of the staff, and enhance the tool already in use.

To define the workload and balance it
The Acuity Tool workgroup reviewed what little published literature there was relevant to the oncology setting and compared the tools being utilized at other facilities across the country. They worked with OMR staff to explain the functionality that was needed in their scheduling system and make improvements in the display. At weekly meetings the group set a timeline, a plan for piloting the tool and an implementation plan.

Other ways to balance the workload were already being employed including morning “huddle” and “the grid”. The grid tool was shared with staff each morning to show a snapshot of the clinic based on # of patients per nurse, per infusion room and total as well as minutes scheduled per nurse, per infusion room and total. This was the basis for moving staff from one area to another because of uneven volume of patients or lack of nurses in an infusion area in the evening hours. “The grid” was adapted to also display the acuity per nurse, infusion room and total.

The Acuity Tool Workgroup
Sharon Parkes, RN, MS  Outpatient Hem/Onc
Susan Tarulli, RN  Practice Nurse Coordinator Outpatient BMT
Jacqueline Felt, RN Outpatient Hem/Onc
Carol M. Lyon, RN, CRNI, CNIV, Triage nurse, Outpatient Hem/Onc
Susan Maclure, RN, BSN Outpatient Hem/BMT
Holly Dowling, RN, OCN, Unit based educator, Outpatient Hem/Onc
Amy B Goldman, Director, Ambulatory Systems & Training
Irene E. Jordan, Application Specialist, Ambulatory Ed & Systems

Development, education and implementation
- Gathered current literature and acuity tools, determined who needed to participate in the work from bedside nurses to IT staff to the “super-users” to support the implementation.
- The group planned the pilot, educational emails and copied the tool onto the back of the scheduling slip so it was easily accessible to all.

WebOMR displays
Acuity is displayed beside each patient and a total at the top of each nurse’s schedule. With a click the acuity can be adjusted by the nurse, if, for instance, the patient is scheduled for an injection but arrives in need of transfusion support.

Adaptation for All
It was a challenge to make a tool that would suit both the solid tumor infusion areas and the outpatient Bone Marrow Transplant (BMT) Areas.

The Future
Further work may include:
- identification of nurse/patient ratio caps for safety
- adoption by other infusion, ambulatory, procedural areas
- Nurse case manager use to identify those who are the sickest at home
- Use of the data can support the expansion of the program and need for resources as more care transitions to the community and the home.

For More Information Contact
Holly Dowling, RN, OCN, Unit based educator
Outpatient Hematology/Oncology
hdowling@bidmc.harvard.edu