

Designing an Acuity Tool for an Ambulatory Oncology Setting

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Staffing needs in an ambulatory oncology infusion setting can be challenging. The workload of nurses and time required to provide patient care are increasing. With the addition of new targeted therapies and complicated treatment regimens, increased patient acuity should be considered when determining daily staffing. This article describes the development of an acuity tool based on the complexity of patient treatments. The first part of the process focused on development of the tool and data collection during a two-month period to assess the complexity of patient treatments. The second part used the tool to determine daily staffing for infusion rooms. The tool provides a better representation of acuity in infusion rooms by connecting the complexity of patient treatments with staffing on a daily basis. In addition, the tool is easily adaptable to changing oncology treatment regimens because it provides a basis for assessing treatment complexity in the infusion room.

Determining staffing needs can be challenging because the workload of nurses and the time required to provide patient care depend on multiple factors, including patient characteristics such as age, comorbidities, current non-oncology medications and treatment regimen; nurse competency; differing physician practices; and the volume of patients requiring care. Given the variables, providing appropriate staffing patterns is critical for the delivery of optimal patient care.

In 2001, the Oncology Nursing Society (ONS) examined staffing issues by surveying nurses and nurse executives about their practice settings, perceptions on staffing, budgeting, and remedies to cope with staffing in a two-part series (Lamkin, Rosiak, Buerhaus, Mallory, & Williams, 2001, 2002). Differences in staffing outpatient and inpatient settings were observed. Respondents (N = 494) believed that hospital stays were shorter, the amount of paperwork for nurses had increased, and patient acuity had risen. Outpatient nurses reported caring for more patients and having more delegated tasks than inpatient nurses. Differences also were found between nurse executives and nurses regarding actual and perceived staffing and quality of care. Almost all respondents believed that too few nurses are providing care in the United States.

In 2004, ONS completed another survey of its members to determine aspects of care for nurses who were practicing in ambulatory care and office settings (Ireland, DePalma, Arneson, Stark, & Williamson, 2004). Key issues related to practice, such as staffing and safety that needed to be addressed, also were identified. Respondents (N = 325) confirmed that ambulatory or office nurses are faced with increasingly complex clinical care environments and have a broad range of responsibilities. More than 80% of respondents did not use any kind of patient acuity assessment to assist with staffing decisions; instead, they

At a Glance

- ◆ Establishing and using an acuity tool that represents the complexity of patients fosters the equitable distribution of nursing staff and increases nurse satisfaction.
- ◆ Continual evaluation and revision of the tool are important as treatments and the environment change.
- ◆ A well-formulated acuity tool with information continually being collected and maintained can assist with a variety of decisions, including rearranging existing and hiring new staff.

based staffing on patient volume and number of treatments provided.

The purpose of this article is to describe the development of an acuity tool for staffing based on the complexity of patient treatments in an ambulatory oncology setting. The desired outcomes of the implementation of the tool were to improve use of nursing resources and to increase nurse satisfaction and retention.

The ambulatory oncology setting discussed in this article is a large, private oncology practice. At the time of the development of the acuity tool, the practice included 11 clinics across southeastern Wisconsin. Sixteen practicing physicians and approximately 60 nurses, including an internal float pool of 5 nurses who worked throughout the 11 clinics, served patients

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