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Unit Staffing Collaborative Cancer Services, Primary Nursing & Clin. Coordinators

February 15, 2021

Revised: April 5, 2021

VERMONT FEDERATION OF NURSES & HEALTH PROFESSIONALS

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Unit/ Clinic USC Members

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- **Bold= Active member of this subgroup**

Components of USC Project Plan Per Article 20B

- Unit profile
- Minimum staffing levels
- Analysis of time spent by nurses on nursing and non-nursing activities
- Analysis and recommendation of acuity process and/or tool
- Analysis and determination for Circulating RN(s) to enable Circulating RN(s) to facilitate meal/break coverage and assist in transfers/discharges in all critical, procedural and acute care units
- Staffing effectiveness data (see Article 20), including unit specific quality data and NDNQI RN satisfaction and Practice Environment results
- Unit-specific quality data, including unit-based improvement initiatives
- Staffing plan (grid) that includes patient care staffing of RNs and ancillary staff where appropriate
- Staffing data, including the unit budget
- Financial impact of the proposal
- Metrics to be used to measure the effectiveness of the USC Project

Timeline

- The USC Project plan must be completed and submitted to the Chief Nursing Officer of the Hospital and President the VFNHP within three (3) months of completion of project **(Inpatient: 11/20/2020; Ambulatory: 2/15/21).** The manager will make reasonable time available for the committee to work on the written plan. Staffing plans developed under this Article 20B shall require approval by both the Chief Nursing Officer of the Hospital and President of the VFNHP. A decision on the memorandum of agreement shall be made within three (3) months of the submission of the final report **(3/31/21)**. A failure to reject the plan or provide specific reasons for the rejection by either party within three (3) months of submission shall be considered acceptance. Where a final USC Project plan is rejected in good faith by either party, the USC committee shall reconvene and submit a new final report within three (3) months. Either party may initiate mediation following the rejection of a report.

Unit Profile

- Hematology/Oncology is a referral-based practice and is located in the Ambulatory Care Center on level 2.
- The clinic provides services to outpatients Monday through Friday, 7:40 am to 5 pm. Weekend services are provided on an emergent/urgent basis via the inpatient consult service.
- The ambulatory clinic component of Hem/Onc works in collaboration with the conjoined infusion center where chemotherapy and some additional supportive therapies are administered. Additionally, blood draws are performed onsite as well as some non-invasive procedures like EKGs.
- On average there are an estimated 20,000 – 22,000 visits outpatient clinic visits per fiscal year.
- Services are provided to all ages 18 and up.
- The Hem/Onc clinic is FACT and Commission on Cancer accredited.

Meeting Dates

- 9/1- Kick off meeting
- **9/10- Primary/Nurse Navigator** and Infusion
- 9/18- Rad/Onc
- **9/24- Primary/Nurse Navigator** and Infusion
- 9/25- Gyn/Onc
- 10/2- Rad/Onc
- **10/8- Primary/Nurse Navigator** and Infusion
- 10/9- Gyn/Onc

Meeting Dates

- 10/16 - Rad/Onc
- **10/22 - Primary/Navigator** and Infusion
- **12/17 - Primary/Navigator** and Infusion
- 12/17 - Infusion
- 12/18 - Gyn/Onc
- 12/18 - Rad/Onc
- **12/31- Primary/Navigator**
- **1/7/21- Primary/Navigator**
- **1/14/21**
- **1/21/21**
- **1/28/21**
- **2/11/21**
- **Bold= Dates reflective of this subgroup**

Minimum Staffing Levels

- What are your core RN staffing levels?
  - Current staffing levels of 13.2 RNs (About 0.75/1.0 RN to MD FTE). This is predicated on changes in the scope of work being done, i.e., if we right size the work per the action plan, staffing could adjust down
- Speak to what the minimum number of RNs needed, address LPNs if applicable 3 & 3? What about program coordinators (stem, hemophilia, THP)
  - To maintain a safe standard of care, 6 total RNs (3 heme, 3 solid) would be necessary. This doesn't account for the subspecialized level of expertise found in our 3 program coordinators, which is variable. This also assumes a sacrifice in patient centered care.
- Address tactics to flex staffing up and down (i.e. sister sites, floating, per diems, resource pool)
  - Volume of triage and acuity is difficult to predict, so staffing up is not feasible. We have recently built in a "float" position to support acute needs and holes. We are also hoping to build in additional per diem support. There is skepticism that a clinic with such a degree of specialization will be able to leverage a resource pool unless it is a dedicated to oncology.

Time Spent on Nursing vs Non-Nursing Duties

- What is the *approximate* time per week spent on non-nursing functions?
  - Scheduling (Coordination, Reconciliation) – 4 hours/RN/week
  - Orders – 2 hours/RN/week
  - Prior Auth – 2 hours/RN/week
  - Chart Prep/Lab Entry – 1 hour/RN/week
  - Navigating limited expectations/standards in provider communication – 2 hours/RN/week
    - This is a total of approximately 11 hours of clerical work per RN, per week.
- Is there a recommendation on who could do the work? (goal is to identify options, not solve/implement)
  - PSS (Scheduling and Coordination)
  - APP (Triage, Order entry/signing)
  - Scribe (Order entry, documentation for providers)
  - Pre-cert (Prior Auth)
  - Medical Assistants (Chart Prep)
- What activities do not require RNs or prevent RNs from doing core RN work (i.e. RNs can perform rooming function, but does it keep RNs from staffing triage calls)
  - Chemo Teach
  - Non-Chemo Coordination (Shep 4 Infusions, Imaging, etc.)
- Discuss what is needed to have RNs working to top of license
  - System Education for Providers
  - Adherence to Order Entry Policy
  - Clerical Support For Records, Imaging, Lab Entry
  - Scheduling Standards and Expectations
  - Prior Auth support and systems optimization
  - Network Optimization

Recommendation for Acuity Process

- This is a narrative
  - What non-phone work drives more acute staffing needs?
    - How does volume of nursing procedures affect acuity?
      - Volume of chemo, acuity of chemo, complexity of disease type, care coordination across network, insurance needs and generics, blood transfusions
  - Does in basket volume drive more acute staffing needs?
    - Requires a lot of touches
      - Case Management/Social Work
    - High resource utilizers
    - Volume/aging messages
      - Aging messages increase acuity.
      - Lack of communication in Epic from providers increases wait time and therefore acuity
  - Document acuity process, what is considered/discussed
- What are the “work triggers” which cause a change in practice?
  - Clinical practice changes
    - Covid navigation (more questions, triage, external coordination, etc.)
    - APPOD model and protocols have helped in providing resources for nurses
  - What requires more nursing support
    - Increase in providers and visits from 2018 to 2020. 2 additional providers on the horizon.
    - Increase in complexity, acuity, and volume of infusions.
    - New drugs and regimens that require additional education.
    - Continued lack of adherence to the order entry policy.

Analysis for Nurse Circulator

- For critical, procedural, acute care units – N/A for ambulatory

Staffing Data including Unit Budget

- Total Budgeted RNs in 1465: 24.8
  - Plus 1.0 RN to support Stem Cell (CC 2406): 25.8
  - Plus 0.8 RN to support Hemophilia (CC 1467): 26.6
- Total Budgeted RNs supporting Primary Nursing: 13.4
  - The remaining 13.2 FTEs are budgeted for Infusion

AMS Benchmark Staffing Grid

University of Vermont Medical Center
Cost Center# 12011465
Hematology & Oncology – Clinic
Workload Standard Development Summary Table

Volume Indicator: Completed Provider Visits
Annualized Volume: 20,946

AMS Benchmark Paid Hours Per Visit Range: 0.75 – 1.00
AMS Benchmark Worked Hours Per Visit Range: 0.65 – 0.87
AMS Benchmark Required Paid FTEs: 7.55 – 10.07

Hours/Visit			Paid FTEs		
Current Pattern Paid	FY'21 Target Paid	Paid/ Productive Ratio	Current Pattern	FY'21 Target Pattern	Variance Cur to Tar
1.37	1.37	1.151	13.8	13.8	0.0

AMS Benchmark Staffing Grid

University of Vermont Medical Center
Oc 12011465b Hematology & Oncology (Clinic)
Labor Benchmark Analysis

Major Work Category	Benchmark Indicator	Actual Volume FY 2019	Benchmark Paid Hours per Indicator Low		Benchmark Paid Hours per Indicator High	Benchmark Required FTEs Low		Benchmark Required FTEs High	Comment
Clinical Services - Component Benchmarks									
RN Assessment	Completed Provider Visits	20,946							Doubled range due to complexity of
RN Only Visits	RN Only Visits	0							
Patient Education	Completed Provider Visits	20,946							
Subtotal RN/LPN/MA									
Clinical Triage Component									
Triage Phone calls & Questions	Completed Provider Visits	20,946							Doubled range due to complexity of
EMR Management"Virtual" Patient Workload	Completed Provider Visits	20,946							inquiries handled through the
Subtotal Triage									
Clinical Services Subtotal	Completed Provider Visits	20,946							
Additional Clinic Staff Charged to Cost Center		-							
Care Coordinator	Completed Provider Visits	20,946							
Additional Clinic Staff Subtotal	Completed Provider Visits	20,946							
Variable Subtotal	Completed Provider Visits	20,946							
Additional Fixed Workload Functions		-							
Clinic Management	Completed Provider Visits	20,946	0.09	-	0.13	0.91	-	1.21	RN indicates how much mgmt is needed for
Fixed Subtotal	Completed Provider Visits	20,946	0.09	-	0.13	0.91	-	1.21	
Total Paid Hour Benchmark	*Completed Provider Visits*	*20,946*	*0.75*	-	*1.00*	*7.55*	-	*10.07*	
Total Worked Hour Benchmark	*Completed Provider Visits*	*20,946*	*0.65*	-	*0.87*	*6.57*	-	*8.76*	

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AMS Benchmark Staffing Grid

Staffing Summary Hematology Oncology Infusion Room & Clinic Visits				
Skill	Actual Paid FTEs	Current Pattern FTEs	Target Pattern FTEs	Variance Current – Target Pattern
RN-Infusion Room		12.9	12.9	0.0
RN-Hem-Onc Clinic		13.8	13.8	0.0
Grand Total	**22.37**	**26.76**	**26.76**	**0.0**

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Current & Example of a Target Staffing Pattern

Hematology & Oncology

Cost Center: 12011405

Clinic & Infusion Visits 38,609

Average per Day 146

Skill	Description	Shift Length (hours)	Number of Staff: Mon	Tue	Wed	Thur	Fri	Sat	Sun	Total Weekly Shifts	Total Weekly Reg. Hrs w/o reg	Reg. FTEs w/o replace	Shift Replace Ratio	Total Paid Hours	Total Paid FTEs	Hours per Indicator: Worked	Paid
		A								B	C=A×B		D	E=C×D	F=E/40		
RN																	
RN	Infusion Room	9.0	10.0	10.0	10.0	10.0	10.0			50.0	450.0	11.3	1.151	518	12.9	0.8409	0.7377
RN	Clinic	8.0	12.0	12.0	12.0	12.0	12.0			60.0	480.0	12.0	1.151	552	13.8	0.8937	0.7869
					Pattern Total					110.0	930.0	23.3	1.151	1,070	26.76	1.735	1.525

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Current Staffing Pattern/Schedule

- Currently staffing primary RN support with 13.4 FTEs (identical to budget).
- Year to date actual at job code level
  - YTD actual for Primary nursing is 11.2 (9.4 primary nursing, 0.8 hemophilia, 1.0 stem cell)
  - How is this different from budget and if different, why?
    - 2.2 favorable variance is due to inability to post for additional FTE, maternity leaves, and lack of per diem depth to backfill.
  - How is this different from AMS benchmark staffing grid and if different, why?
    - This is higher than the high end of the AMS benchmark by 1.1 FTEs. We believe this to be a combination of:
      - Inclusion of 3 care coordinators in accounting of primary RNs (hemophilia, Thrombosis & Hemostasis Program, Stem Cell). While these patients are included in our volumes, they require a substantial amount of coordination and work.
      - Abundance of clerical work and coordination that is not top of scope
      - Significant amount of coordination and ordering issues due to geographic barriers, barriers in privileges, and lack of services across the region
      - Inordinate amount of support for providers that includes a great deal of order entry and navigating communication issues.
- How do you staff M-F (weekends if applicable)?
  - All 1.0 nurses are staffed 5 days a week, 8 hours shifts. Our part time nurses share an assignment and split the week with minimal overlap.
- What is your current staffing pattern? 10, 1.0 nurses, one 0.6 part time RN, 0.8 Hemophilia RN, and 1.0 Stem Cell FTEs spread as stated above.
- How will scheduled and unscheduled CTO and unproductive time will be covered?
  - This time is generally covered by per diem staff or through cross coverage of current primary RNs. Support from the resource pool has yet to be explored.

Summary of Staffing

- Slide 8 is reflective of the total primary RN FTEs supporting Hematology and Oncology (13.2). In other words, the expected FTEs based on positions that have been filled. We consider this to be our “Core Staffing Level”.
- Slide 12 is reflective of the budgeted primary RN hours, 13.4
  - This includes RNs from:
    - Cost center 1465 (11.6 budgeted Primary, 13.2 budgeted Infusion)
    - Cost center 1467, Hemophilia (0.8)
    - Cost center 2306, Stem Cell (1.0)

Proposed Staffing Pattern/Schedule

- Please add proposed RN staffing and staffing pattern (LPNs if applicable)
  - No change to current RN staffing. We believe that our current staffing is appropriate with the removal of non-nursing tasks and out of scope work.
- Address differences from current staffing pattern/schedule and AMS benchmark (if applicable)
  - Please see previous slide. We believe that discrepancies between our current staffing and the benchmark are rooted not in our volumes but in the way we have structured the nursing role and the support of our RN collaborators (clerical staff and providers).

Financial Impact of the Proposal

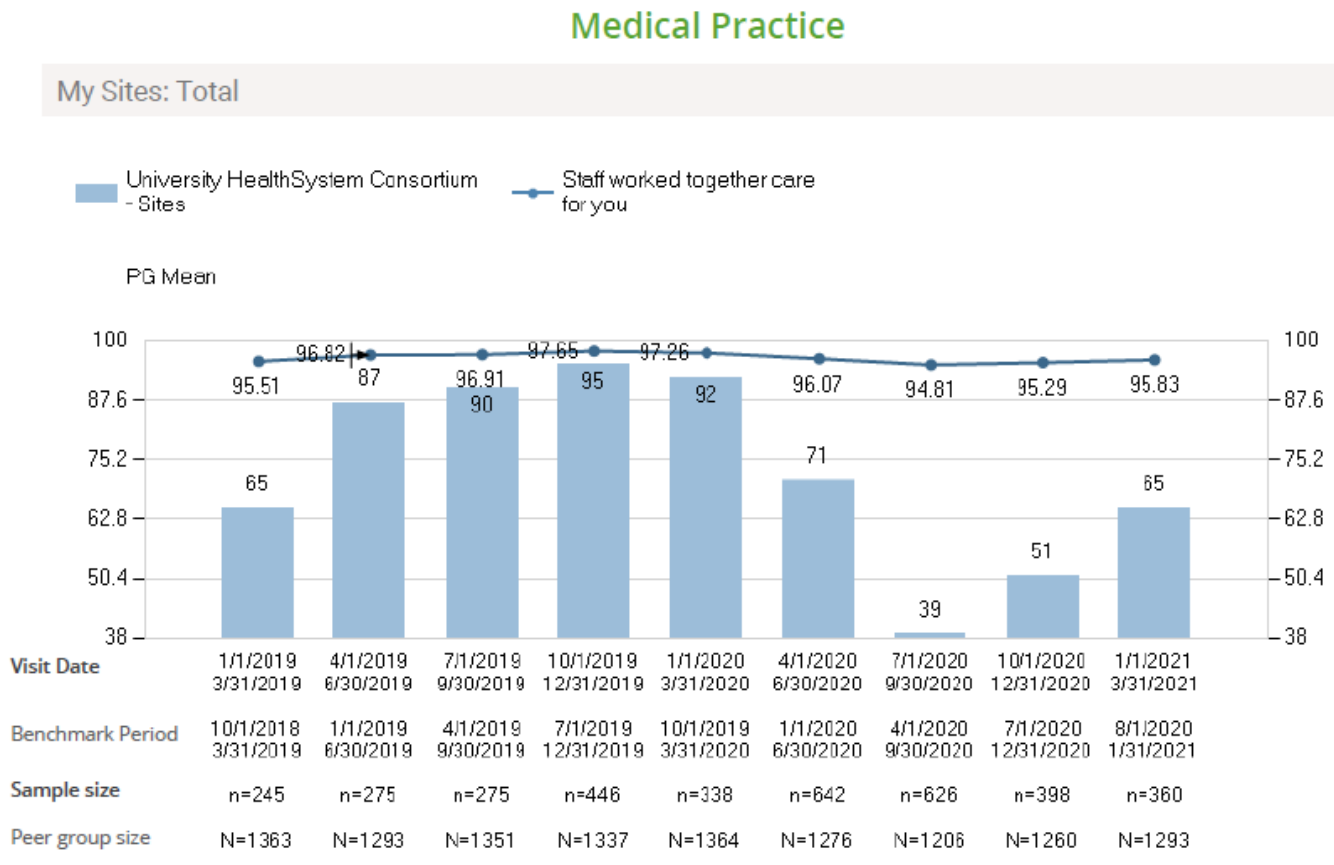
- Cost of additional RN/LPN (if applicable)
  - No additional cost in RN staffing. Potential additional costs in Epic education for nurses and providers, and additional pre-cert/clerical staff to offload non-nursing tasks.
  - $45,304 salary & fringe for additional PSS
  - Benefits of additional clerical support summarized on slide 20

Metrics to Measure the Effectiveness of the USC Project Plan

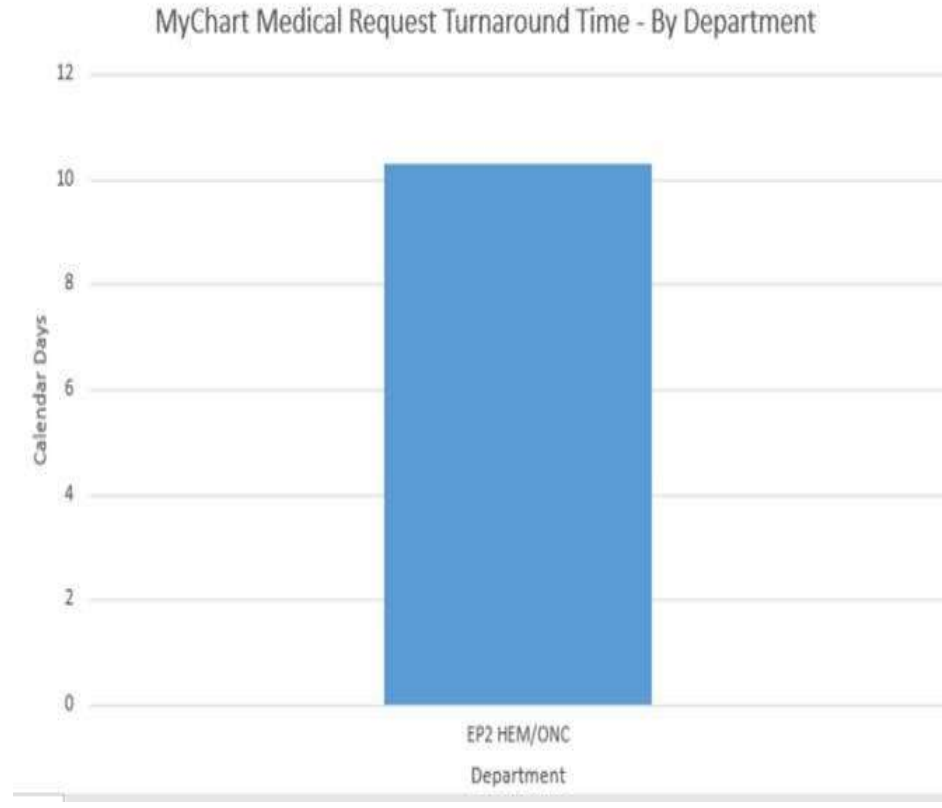
- How will you know staffing levels are effective?
  - OT levels
  - Nurse satisfaction
- How will you know changes are effective?
  - (See above)
  - Tracking of CTO requests that can't be accommodated due to staffing
- Suggestions to consider monitoring:
  - Press Ganey metric specific to nursing
  - NDNQI metric
  - Manual tracking of clerical work
    - Will obtain baseline data
  - Utilization of premium pay/OT
  - Utilization of per diems
  - Utilization of resource pool
- Have the items you identified in the USC (i.e. non-nursing functions) been addressed
  - We will be measuring the increase in MD orders as a ratio to total patients. This will help identify progress in the order entry policy. Additional clerical items to be measured manually.
  - Much of these identified needs will be a work in progress.
- This assessment will be ongoing beyond initial recommendations

Baseline Data

Press Ganey



MyChart Response Time



NDNQI

Unit - Survey DESC	Measure Short Desc	Year	Srvy Unit Mean	RNSrvy_PGUnitMean
Cancer Health Care Service	Adq staff to get work done	2020	2.22	2.63

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Highlighted Changes

- Summarize changes and recommendations
  - MD adherence to standards and order entry policy
    - We are requesting provider commitment to the order entry policy and that RNs will consistently work within their scope
    - To do this we need:
      - Protocols around orders to be pended
      - Education for providers on Epic
        - » Epic Sprint in September (already scheduled)
        - » Operational commitment from MDs and Leadership to order entry (labs, treatment, imaging)
        - » Committee based approach to identify ways to adhere to order entry and protocols to be developed
      - Efficient operations to create time in the day
      - Potential for clerical support for MDs to place orders
  - Request for additional 1.0 clerical FTE
    - PSS or Department Assistant (same pay grade). Potentially MA.
      - This will better support nurses to do top of scope work and offload clerical tasks such as coordination of care, prior auth, and record retrieval. Centralized pre-cert may help in this regard, but it is currently difficult to gauge the impact on nursing without seeing the workflow.
      - Can be measured in NDNQI and Press Ganey results
      - Can also be measured with reduced response time to MyChart and phone messages
      - Manual tracking of time spent on clerical duties

Time line and Deliverables

- Check in/progress update - schedule call with P. Gagne and D. Snell by **October 15, 2020**

- Final plans submission deadline:
  - **INPATIENT UNITS: November 20, 2020**
    - **AMBULATORY CLINICS: February 15, 2021**

- Submit to: CNO and President VFNHP
  - Scan as 1 document and email to Peg.Gagne@uvmhealth.org and debs@vfnhp.org

Follow Up Questions Submitted on 3/8/21

- Non-nursing work
  - Total hours of non-nursing work performed is around 11 hours per nurse/wk. Details can be found in slide 9.
- Primary and Infusion areas perform distinctly different roles, and though there is collaboration and some cross training, are approached as separate entities. However, the FTEs come from the same cost center (1465). We've included data and financials to reflect both the approach of independent divisions and as one unit.
- The financial impact specific to primary nursing is significantly different from the AMS benchmark due to the great deal of non-nursing work performed (both provider work and clerical work), the abundance of coordination, as well as the presence of care coordinators for stem cell, hemophilia, and THP.
  - With increased clerical support and provider engagement, there is potential for this to impact RN FTEs needed both currently and in the future.
- There is opportunity to collaborate across our cancer areas in how our nurses utilize clerical support. Shared FTEs have been considered.
- Our timeline for implementation would be October 2021.

Project Plan Approval

May 3, 2021

Dear Cancer Services USC Teams (Nurse Navigation, Primary Nursing, Infusion Nursing):

Thank you very much for your engagement and efforts in the Unit Staffing Collaborative (USC) project. We are pleased to let you know that your project plans with the following FTEs have been approved for FY 22. For the Nurse Navigation USC, the addition of 0.5 Primary Nursing and shared 1.0 support staff with the Primary Nursing group is approved which should impact overall nurse navigator workload – the additional 1.0 FTE Nurse Navigator is not approved. If there is an urgent need for FTE additions prior to FY 22 (10/1/2021), please follow the position review/ approval process with your leadership team:

Service	Staffing Addition	FTE
Surg Onc/ Navigation	RN, Primary Nursing	0.5
Radiarion Oncology	MA	0.5
Infusions	RN	2.4
Primary/ Navigation	Support Staff (PSS or Intake Coordinator)	1.0

If you have any questions about the USC project approvals, please let us know.

Going forward, your USC team is responsible for the implementation and ongoing monitoring of the effectiveness and progress of your staffing plan, review of any Concern Forms and submission of proposed changes/ reports to the Staffing Committee (see Article 20B).

Regards,
Peg and Deb

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