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Unit Staffing Collaborative: Cancer Services, Radiation Oncology

February 15, 2021

Revised: March 8, 2021

Note: One slide deck per HCS USC, calling out differences between clinics as appropriate

VERMONT FEDERATION OF NURSES & HEALTH PROFESSIONALS

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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: 2/15/2021).** 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 **(3/31/2021)**. 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

- Radiation Oncology is a referral-based practice and is located in the Ambulatory Care Center on level 2. Radiation Oncology provides services to inpatients and outpatients Monday through Friday, 7 am to 5 pm. Weekend services are provided on an emergent/urgent basis.
- There are a handful of invasive procedures that are performed within the department which include fiducial marker placement, flexible nasopharyngoscopy/laryngoscopy, stereotactic head ring placement and brachytherapy. Diagnostic x-ray, computed tomography and ultrasound are performed as well.
- On average there are an estimated 16,000 visits, this is a cumulative total of radiation therapy treatments (~12,000) and E&M visits (~4,000).
- Services are provided to all ages; however the majority of the patients are over the age of 18.
- The Radiation Oncology department is accredited by the American College of Radiology. Current expiration in January 2022.

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
- 12/17 - Infusion
- 12/18 - Gyn/Onc
- **12/18 - Rad/Onc**
- **1/8- Rad/Onc**
- **1/15 – Rad/Onc**
- **1/22- Rad/Onc**
- **1/29- Rad/Onc**

- **Bold = Dates reflective of this subgroup**

Minimum Staffing Levels

- Core RN staffing level is 4 nurses a day.
- Minimum number of nurses needed is 3
- There are 2 per diems that are utilized on a regular basis. The staffing level is driven by the on-treatment census, procedures and CT simulations.

Time Spent on Nursing vs Non-Nursing Duties

- What is the *approximate* time per week spent on non-nursing functions?
  - There are very minimal functions consistently assigned to RNs that would not fall within the scope of the RNs
- Is there a recommendation on who could do the work?
  - Medical Assistants or schedulers could help support some of the clerical work, but there it is a gray area as it can be heavily clinical in nature
- 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)
  - N/A, this is very minimal as stated above
- Discuss what is needed to have RNs working to top of license
  - N/A, our RadOnc RNs feel that the work assigned is appropriate

Recommendation for Acuity Process

- Patient acuity is rising requiring more RN visits, assessments and interventions. The RNs are spending increased time coordinating care as the patients have more and more social, emotional and financial concerns. Medical and surgical oncology treatments must be coordinated with radiation therapy by the RN. There are often many nuanced factors that need to be considered which requires this coordination to remain in the hands of the RN.
- What are the “work triggers” which cause a change in practice?
- The number of procedures that are performed each year in Radiation Oncology is increasing. It takes time to set-up, assist the physician, then break down the room and process the equipment. This is time that the RNs don't have as the acuity of our patients is also rising. An RN license is not required to perform these tasks. We ask for additional MA staffing to assist the RNs with procedures.

Analysis for Nurse Circulator

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

Staffing Data including Unit Budget

- FY 21 budgeted RN FTE's: 4.10

AMS Benchmark Staffing Grid

Staffing Summary Radiation Oncology 14,073 External Beam Treatments				
Skill	Actual Paid FTEs	Current Pattern FTEs	Target Pattern FTEs	Variance Current - Target Pattern
Manager	0.81	0.81	1.00	(0.19)
Coordinator	1.00	1.00	1.00	0.00
Rad Therapists	9.94	9.94	9.94	0.00
RNs	4.36	4.36	4.62	(0.26)
Dosimetrists	4.94	4.94	4.94	0.00
Medical Asst	0.77	0.77	1.15	(0.38)
Clerical	4.53	4.53	4.53	0.00
Grand Total	**26.36**	**26.36**	**27.18**	(0.82)

Note well: Manager is split between 2 cost centers so there is no variance as indicated above.

Current Staffing Pattern/Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday			Monday	Tuesday	Wednesday	Thursday	Friday
1.0 FTE	7a-5p	7a-5p	7a-5p		7a-5p		1.0 FTE	7a-5p	7a-5p	7a-5p		7a-5p
.9 FTE	7:30a-3:30p		7:30a-3:30p	7a-3p	7:30a-3:30p		.9 FTE	7:30a-3:30p	7:30a-3:30p	7:30a-3:30p	7a-3p	7:30a-3:30p
.9 FTE	8:30a-4:30p	8:30a-4:30p	8:30a-4:30p	8:30a-4:30p			.9 FTE	8:30a-4:30p	8:30a-4:30p	8:30a-4:30p	8:30a-4:30p	8:30a-4:30p
.9 FTE	8a-4p	8a-4p	8a-4p	8a-4p	8a-4p		.9 FTE	8a-4p	8a-4p	8a-4p	8a-4p	
PD		7:30-3:30					PD					
PD				9a - 5p			PD				9a - 5p	
PD					8:30a – 4:30p		PD					8a - 4p
Total FTE	4.0	4.0	4.0	4.0	4.0		Total FTE	4.0	4.0	4.0	4.0	4.0

- YTD (Jan – September) actual staffing by job code:
  - RN II: 1.3 FTE
  - RN III: 1.7 FTE
  - RN IV: 1.04 FTE
  - Total FTE: 4.04
- Variance to FY20 budget favorable 0.16. During March/April of 2020, volumes dropped considerably and staffing was flexed accordingly.
- Variance to AMS staffing model is favorable by 0.58. Low volumes mid pandemic, created less of a need for full staffing.
- Scheduled/unscheduled and unproductive time is covered by per diems

Proposed Staffing Pattern/Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday		Monday	Tuesday	Wednesday	Thursday	Friday
1.0 FTE	7a-5p	7a-5p	7a-5p		7a-5p	1.0 FTE	7a-5p	7a-5p	7a-5p		7a-5p
.5 FTE	7:30a-3:30p	7:30a-3:30p	7:30a-3:30p			.5 FTE	7:30a-3:30p	7:30a-3:30p			
.5 FTE				7a-3p	7:30a-3:30p	.5 FTE			7:30a-3:30p	7a-3p	7:30a-3:30p
.9 FTE	8:30a-4:30p	8:30a-4:30p	8:30a-4:30p	8:30a-4:30p		.9 FTE	8:30a-4:30p	8:30a-4:30p	8:30a-4:30p	8:30a-4:30p	8:30a-4:30p
.9 FTE	8a-4p	8a-4p	8a-4p	8a-4p	8a-4p	.9 FTE	8a-4p	8a-4p	8a-4p	8a-4p	
PD						PD					
PD				9a - 5p		PD				9a - 5p	
PD					8:30a – 4:30p	PD					8a - 4p
Total FTE	4.0	4.0	4.0	4.0	4.0	Total FTE	4.0	4.0	4.0	4.0	4.0

- RN is reducing hours to part time (0.5 FTE), hiring for a 0.5. Staffing will remain at 4.0 FTE with use of per diems as needed.
- 0.5 FTE variance from AMS staffing benchmark remains. There are days when 5 RN's are needed due to the department patient census, there is no need for a permanent extra 0.5 FTE.
- However, there is a need for an additional MA to assist with procedures, would like to hire 0.5 FTE, which in total, would still be 0.15 under the AMS target benchmark.

Financial Impact of the Proposal

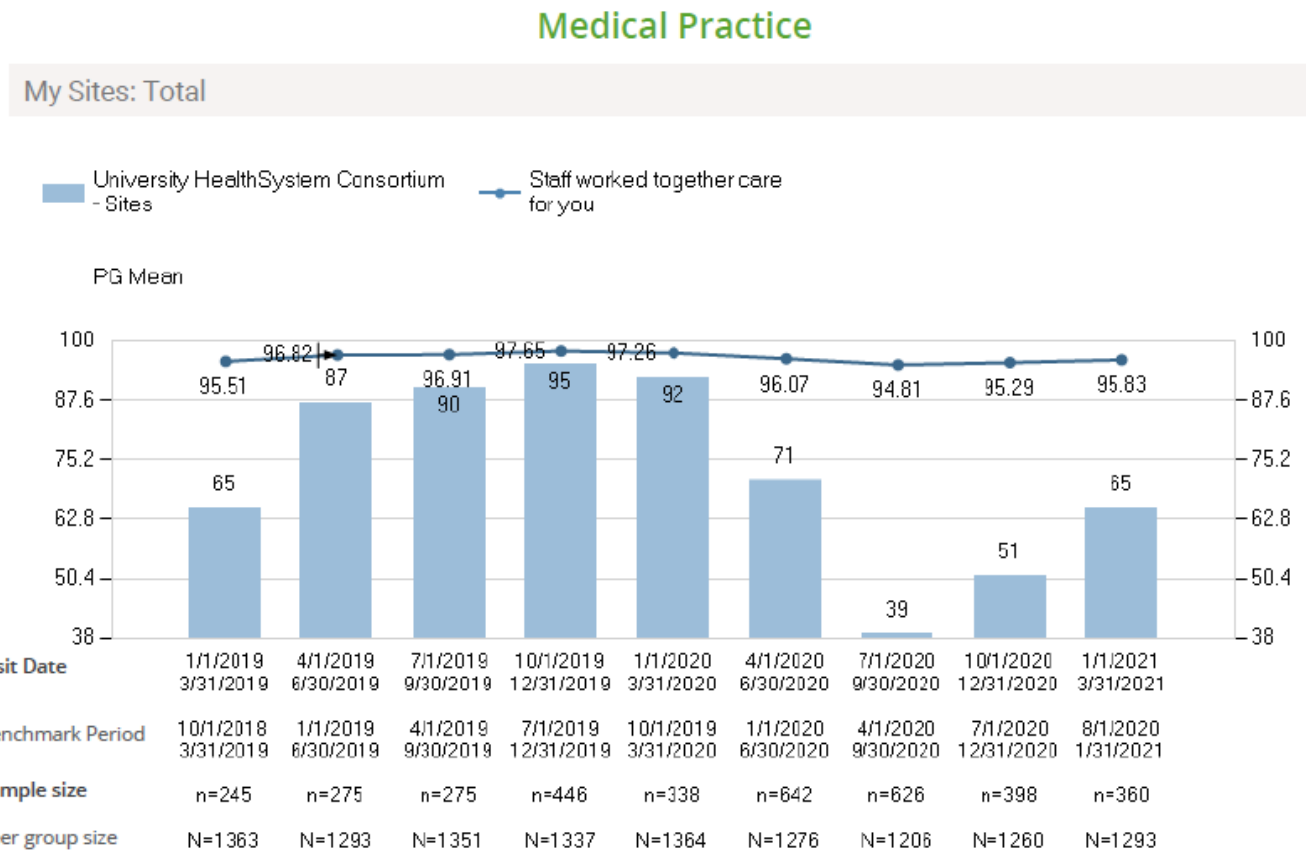
- No financial impact on the nursing side. There would be a $22,433 financial impact for the 0.5 MA FTE.

Metrics to Measure the Effectiveness of the USC Project Plan

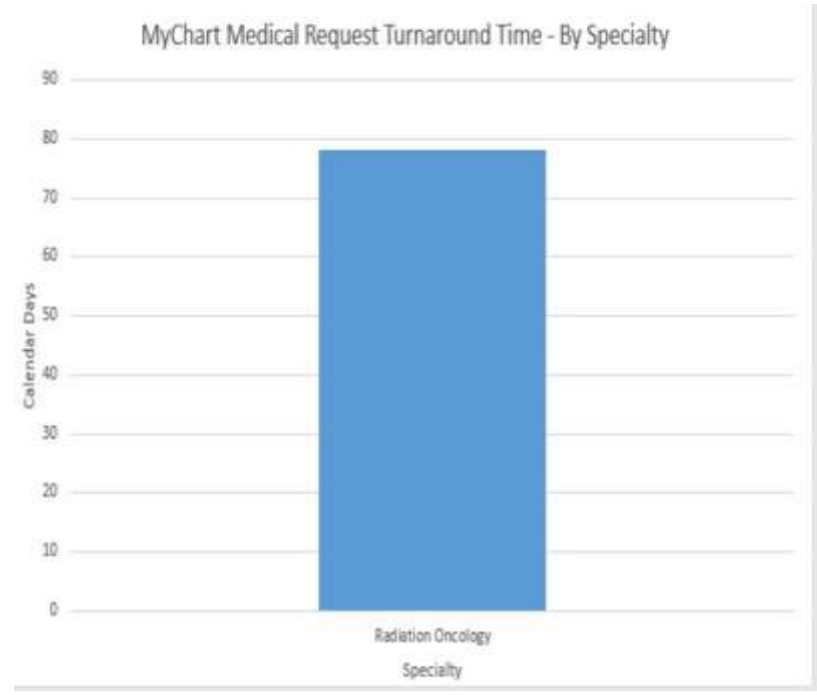
- How will you know staffing levels are effective?
  - All RNs will be able to attend a CEU class/training/lecture/conference
- Suggestions to consider monitoring:
  - Press Ganey metric specific to nursing
  - NDNQI metric
    - RN satisfaction scores are generally high, will ensure this is maintained
  - Utilization of premium pay/OT
    - Additional MA support should limit future needs for OT. Will compare OT utilization between current and future state.
  - Utilization of per diems
    - Utilization of per diems on high census days should go down.
- Have the items you identified in the USC (i.e. non-nursing functions) been addressed?
  - Yes
- 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

- We would like to improve our RN staffing through the addition of a part time Medical Assistant. This additional FTE will support all aspects of procedures. We feel that utilizing an MA to support procedures is acceptable as it does not require an RN license and is more fiscally responsible than requesting additional RN hours.

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

- Please see the following slides regarding our financial data and metrics to measure success.

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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