



A-5 OMCC Infusion Unit Staffing Plan

Group	Process	Approved Date
Patient Care	Cancer Center	8/30/2018

Note: Printed copies are for reference only. Please refer to SharePoint for the latest version.

Policy:

OMCC Infusion Unit is staffed with Registered Nurses to provide high quality care for patients with consideration for age of the patient, the type of treatment or medical procedures and the anticipated census for the day. OMCC Customer Service representatives will provide clerical and scheduling support. The Infusion Nursing Supervisor is responsible for staffing the unit in collaboration with OMCC Nursing Manager and Pharmacy staff.

Staffing Plan:

Assignments: The Infusion Unit will be staffed with at least 2 R.N.'s who are trained in administering chemotherapy in order to provide safe patient care for patient's receiving chemotherapy and other oncology/hematology treatments.

Unit Charge Nurses will assign each scheduled patient an acuity level based on individual assessment of condition, treatment, time, and special needs, the day prior to scheduled appointment. OMCC Infusion Acuity Scale will be used.

The Infusion Unit Supervisor is an Oncology Certified Nurse (OCN). Oncology Certified (OCN) nursing staff will be available to provide clinical support.

Each nurse is assigned a number of patients, according to patient type, medical treatment required and assigned acuity.

Each staff nurse will also be assigned a 30 minute lunch break as well as 2-15 minute breaks each 8 hour shift as required by contract.

Age-specific needs of the patient are also considered when assigning patient care.

It is recognized that unit meetings, educational activities, etc., may require assistance with staffing coverage. Staffing will be adjusted to meet the unit needs on a daily basis.

Scheduling of Nursing Staff: Is the responsibility of the Infusion Nurse Supervisor. Staffing needs are based upon the care needs and acuity levels. Additional staff will be utilized to cover patient care needs according to census or planned/unplanned requests for time off. All requests for time off are submitted to the Infusion Nurse Supervisor in Kronos. Time off requests are granted during summer prime vacation and winter prime vacation times based upon union guidelines. Per diem nurses who have been oriented to the Infusion Center are utilized for planned/unplanned absences.

Infusion Nurse Supervisor:

1. Has the overall responsibility of the department staffing and assessment of patient care staffing needs.
2. Will work together with OMCC Cancer Director, Nursing Manager, Medical Oncology and Pharmacy to coordinate all activities to effectively utilize available resources in the most effective manner.
3. In collaboration with OMCC Cancer Director, Nursing Manager, and Pharmacy, has the authority to temporarily close the Infusion Unit when census is not adequate.

Infusion Nurse Supervisor:

1. Will develop and post the routine staffing schedule following union guidelines. Final schedule will be posted by the 20th of the month for the following month.
2. Will monitor nursing personnel to determine skill, knowledge and competency levels.

Preparation:

Infusion RN staff will be hired by the Supervisor. Selection will be based upon vacancies, education, seniority and experience as well as the interview process.

Orientation:

Note: Printed copies are for reference only. Please refer to SharePoint for the latest version.

- All staff will receive general OMC orientation.
- All newly hired staff will receive orientation for the position which they were hired.
- During the orientation period a preceptor will be assigned. The orientation plan will be individualized to meet the needs of the individual and the position.
- All newly hired staff will be evaluated by the Supervisor and the preceptor at the end of the probation period.

All newly hired staff will be required to satisfactorily complete orientation and will be required to complete the Infusion Nurse skill list and demonstrate chemotherapy competency as specified in OMCC Chemotherapy-Nursing Competency, as well as all other education needed according to hospital policies as determined by the Supervisor or Manager.

Continuing Education

- All staff will participate in ongoing educational in-services held within the department and all mandatory in-services as defined by the hospital.
- All staff will participate in a self-evaluation during the annual evaluation process to help determine and plan for educational needs.

Staffing Committee



- The staffing committee consists of the Infusion Supervisor and at least 2 staff nurses.
- Will meet quarterly to discuss issues related to staffing and review any staffing variance forms and/or SRM reports of staffing issues.

Acuity Scale

Level #, Nursing time required not chair time. % of time required for 1FTE	Non-chemotherapy Examples	Chemotherapy Examples
Level 1 -less than 30 minutes = 0.06%	Nurse assessment, IV access/removal, Port/PICC lab draws or flushes. Peripheral lab draw. EPO, B-12, Aranesp, Neupogen, Neulasta injections.	CADD pump removal.
Level 2 -31 to 59 minutes =0.12%	Hydration without other IV medications, Reclast, Remicade, Venofer (200mg or less), Port/PICC de-clotting, PICC line dressing changes. Octreotide, Lupron, Faslodex, Zoladex.	Single agent infusions-Bendamustine, Gemzar, Etoposide, Herceptin, Perjeta, Opdivo, Avastin, Alimta, Carboplatin, Cytoxan, Taxotere, Topotecan, Vincristine, Vidaza, Velcade, etc.
Level 3 -60 to 89 minutes=0.18%	Therapeutic Phlebotomy, 1-unit PRBC or PLTs.	Two drug therapies such as AC, CMF, 5FU/MTX, Herceptin/Perjeta, Carboplatin/Taxol, etc. Single drug Taxol.
Level 4 -90 to 179 minutes = 0.24	IVIG infusion. Therapeutic Phlebotomy (greater than 300cc) Venofer (greater than 200mg). 2 units PRBCs.	Any first-time chemotherapy, complex/multi-drug treatments such as FOLFOX, FOLFIRI, FOLFIRINOX, ABVD, CHOP (without Rituxan), DTIC,

Note: Printed copies are for reference only. Please refer to SharePoint for the latest version.

		Taxol (3 hour), Taxol/Herceptin/Perjeta, etc. Titratable single -Rituxan.
Level 5 -greater than 180 minutes =0.38 to 0.63	First IVIG, Hydration with multiple IV meds/frequent blood draws. Seriously ill patient-unstable, septic, neutropenic, intractable pain, nausea and vomiting.	First and second dose Rituxan or CHOP with Rituxan. Any patient experiencing a reaction to new therapy or having a history of prior reactions.
	ADD 1 point for any patient that is immobile or severely disabled.	

Approval & Review Tracking:		Next Review: 8/30/2020
Approved By:		
		
Lorraine Wall		(Approver 2)
Reviewed by: (Name/Date)	<i>Kay C Hobbs 6/7/2010; 5/25/12 J. Larson, 6/20/13 J.Larson; M. Limoges 5/15and 8/30/2016, JLarson 7/13/18</i>	
Committees Review	[Committee 1]	[Review 1]
	[Committee 2]	[Review 2]
	[Committee 3]	[Review 3]
	[Committee 4]	[Review 4]