Member Input

The challenge of staffing in ambulatory infusion settings

Brenda Nevidjon, MSN, RN, FAAN

The Oncology Nursing Society (ONS) has conducted several member surveys that included questions about staffing but has not established nurse–patient ratios, given the number and complexity of variables that must be considered. The 2016 ONS member survey showed that staffing was the most frequently cited challenge in the practice setting. With the implementation of ONS Communities in 2017, members have the opportunity to network and connect about issues. Staffing in chemotherapy infusion centers has been a frequent topic.

AT A GLANCE

- With the transition of treatments to the ambulatory setting, determining staffing has become a critical factor in developing ambulatory infusion and chemotherapy centers.
- Results from the 2016 ONS member survey indicated that appropriate staffing levels are a pressing challenge for ONS members in practice.
- To date, no standard staffing model or nurse–patient ratio exist for ambulatory infusion and chemotherapy centers.

KEYWORDS
nurse staffing models; nurse–patient ratios; chemotherapy staffing

DIGITAL OBJECT IDENTIFIER
10.1188/18.CJON.225-227

Determining inpatient and ambulatory nurse staffing is a complex undertaking for everyone from frontline nurse managers to the senior nurse executive of an organization. Inpatient staffing models have had a greater focus because of labor being the largest line item in a facility's budget and nursing being the largest percentage of that labor budget. The development and implementation of acuity tools has led to most hospitals using a commercial or homegrown tool to capture the intensity of care needed by patients (Welton, 2017). Nurse assignments are determined based on acuity ratings and other factors, such as nurse skills, expertise, and experience. Staffing has been shown to affect patient outcomes, most notably by Aiken (2017).

In the cancer care environment, with the transition of more treatments to the ambulatory setting, determining staffing has become a critical factor in developing cancer programs, particularly infusion and chemotherapy centers. The Oncology Nursing Society (ONS) increasingly has had questions sent to the clinical inquiry inbox about staffing for inpatient units and ambulatory settings, particularly chemotherapy treatment sites. The Association of Community Cancer Centers regularly has discussions in its member forum about nurse staffing in the ambulatory setting (C. Downs, personal communication, June 2016). Optimal staffing levels and benchmarks are the consistent question, but the answers are elusive because of the variable factors that must be considered. ONS does not provide staffing recommendations because of the diversity of ambulatory settings in which chemotherapy is administered. This article summarizes information that ONS has from surveys and forum discussions.

Survey Results

ONS has conducted member surveys about inpatient and ambulatory staffing. In the early 1990s, the focus was on salary, staffing, and professional practice in infusion centers, physician offices, and ambulatory clinics (ONS, 1990a, 1990b, 1992). A decade later, ONS again conducted a survey on the nursing workforce environment and staffing in inpatient and outpatient settings. Lamkin, Rosiak, Buerhaus, Mallory, and Williams (2001, 2002) reported that the nurses and executives who completed the surveys perceived that patient acuity and paperwork were increasing, and hospital lengths of stay were shorter. Following this report, ONS conducted an ambulatory office nurse survey, which was further narrowed to focus on chemotherapy treatment (Ireland, DePalma, Arneson, Stark, & Williamson, 2004). The majority of the respondents reported that the nurse–patient ratio was reasonable, no staffing tool was used, and patient volume and types of treatments were used for staffing decisions. Of note, 40% of respondents reported that they mixed the chemotherapy. One of the many recommendations from these survey responses was to develop a tool or to test existing tools that help with staffing plans.

Challenges

Results from the 2016 ONS member survey indicated the most pressing challenges members face in their practice.