Co-Scheduling: When Nurses Cross the Divide

The Problem

- There is a non-standard process for scheduling new patients among different nurses in each treatment area.
- The treatment areas are parallel but divided by a wall which discourages communication between the staff in each area.
- There is uneven distribution of new patients requiring long treatments, resulting in "bottlenecking" of treatment chairs and inefficient use of resources.

Aim/Goal

- Provide a bulleted list of specific actions taken by the team as they work toward their goal.
- Standardize the process or assigning a new treatment patient with consideration to volume, acuity and staff ability.
- More evenly distribute the longest treatment patients to Improve the efficiency flow of both treatment areas
- Improve communication between the treatment area staff.

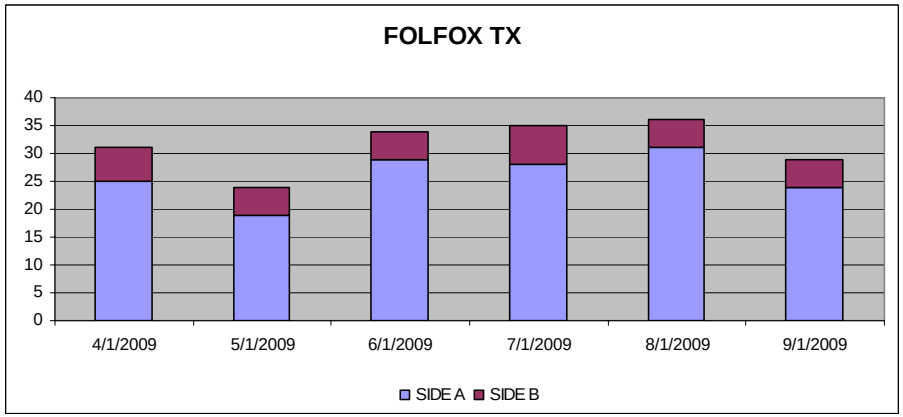
The Team

Hematology/Oncology Clinical Nursing staff on Shapiro 9
Maureen Defeudis, Lead Practice Assistant
Cathy Slocum, Scheduler
Carol Lyon, Hematology/Oncology Triage Nurse
Holly Dowling, Hematology/Oncology Nurse Educator

The Interventions

- We collected information about our present scheduling practices and merged the best practices.
- A combined electronic mailbox was created titled "Hem/Onc Nursing AB" so that all new patient referrals were sent to both A & B side treatment area staff.
- We organized the best scheduling practices into a standard process considering the number of patients, number of staff available, and treatment length/acuity.
- This information was distributed to staff in staff meetings, by email, and on paper as a scheduling guidelines resource.

The Results/Progress to Date



What is FOLFOX?

A complex chemotherapy regimen requiring multiple medications and nursing interventions/time. It was used to measure the dispersal of complex, lengthy treatments among both treatment areas.

Subjectively the staff has verbalized independently how the patients are more evenly distributed now. However, it is not apparent in the data yet.

Lessons Learned

It is possible that while co-scheduling, the staff more familiar with FOLFOX may be keeping these complex patients, but dispersing other shorter therapies to their colleagues.

Next Steps/What Should Happen Next

- Improved communication among staff will need continued commitment from all
- Change in human practice takes time, and I hope that in 3-6 more months the data will show dispersal.

Beth Israel Deaconess Medical Center | A teaching hospital of Harvard Medical School | The Silverman Institute For Healthcare Quality and Safety

For More Information Contact
Holly Dowling, RN, BSN, OCN, Unit based educator,
hdowling@caregroup.harvard.edu