

Nine ways to improve efficiency in an ambulatory infusion center

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Improving efficiency must start with how your center works, how it processes orders, and how you schedule patients. In this way, practices discover the importance of planning, preparation, and the value of standard documentation and teaching. The result should be planned and safe therapy for patients, happier staff, and a better profit margin for the practice.

Ambulatory infusion centers need to operate efficiently, profitably, and effectively. To make that happen, practices need to adopt these nine steps to increase patient satisfaction, staff dedication, and staff retention:

1 Standardize the treatment plans. When treatments are standardized, orders are preprinted, and drug regimens and antiemetics are administered the same way each time, you can accomplish several important goals:

- The practice gains reliable information to cost out the treatment and reimbursement potential;
- The scheduler can book treatment chairs more efficiently since the amount of time needed for chemotherapy administration can be predicted;
- Staff can control drug inventory and costs.

2 Designate a specific nurse to preview all orders (ideally, at least two days ahead of treatment dates). By previewing orders, you minimize delays on the date of service—delays that frustrate both patients and nurses and result in overtime. This designated nurse becomes an expert at reviewing orders, laboratory criteria, regimens, and drug dosages for potential problems. In addition, the pharmacy staff can ensure enough medication is available and yet keep inventory at a minimum. The preview process should include:

- Checking orders for clarity and completeness (right person, right drug, right route);
- Ensuring that treatment is scheduled appropriately for the patient (right time);
- Keeping with practice guidelines (right place) so the treatment is safe to administer in an ambulatory center.

3 Institute a precertification process in which a nurse works with an insurance coordinator and initiates the precertification process.

The precertification process ensures that the cost of the treatment is practical for the clinic to administer and is covered by the patient's payor. Select someone from the billing department to be the dedicated insurance coordinator who becomes an expert in talking with payers about treatment costs. This person can build a good rapport with the insurance companies. He or she should also work closely with the nursing staff to share treatment and billing issues and prevent reimbursement denials or poor payment.

The precertification process should include contacting the patient's insurance company for authorization and documenting this information.

A precertification process can:

- Keep a practice informed of potential reimbursement dilemmas;
- Help identify where the patient should be treated to maximize his or her insurance benefits;
- Advocate on behalf of patients for needed services.

4 Be prepared for each patient by having a copy of his or her record and all pertinent information on hand at the time of treatment. Chemotherapy nurses are often the link between the patient and the physician. They must assess the patient since the last treatment and help determine whether a patient's side effects are related to their disease process or toxicity from a chemotherapy medication. If possible, invest in an electronic medical records (EMR) system. EMRs save time, put patient information at your fingertips, and can help reap reimbursement dollars.

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Whether you have electronic or paper charts, a current progress note, allergy history, and current medication list should be available to the nurse at the treatment chair prior to the patient's arrival.

5 Set up a treatment schedule that everyone can agree on.

Scheduling rules should be decided by the practice and supported by the physicians. These techniques have worked in our practice:

- By scheduling ahead we set up a treatment calendar that includes staff vacations and meeting dates. This allows us to see when additional staff are needed.
- Schedule all treatments within a cycle and the first treatment of the next cycle with a date, chair, and time. This will help to build your calendar and keep you aware of extra busy days.
- Factor in extra treatment time for teaching new patients. Teaching self-care is vital for good outcome.

We find we can schedule more patients per day if the patients are not treated on the same day of their physician visit. Although it is not always convenient for the patient, safety issues outweigh convenience when it comes to administering chemotherapy. This next-day treatment schedule does keep patients from spending the entire day at the clinic or waiting for a treatment chair.

Scheduling treatment chairs is a difficult task to master, but it is easier when only one or two people are designated schedulers for the infusion center. They become experts at juggling the patients and chairs, learn the treatment rules, do's and don'ts, and patient needs, and can free up the nurses to care for patients.

6 Set up nurse and physician teams so that patients are seen and treated by the same team members. Patients are more comfortable seeing the same physician and receiving chemotherapy from the same nurse each time.

- Nurses are able to treat a patient

more quickly if they have treated them before and already know the patient's history and concerns. If the same nurse treats the same patient, he or she can also detect toxicities and physical changes more quickly.

- Additionally, in our experience, the infusion nurses who build a "client base" are usually more responsible and dedicated to their patients and tend to use fewer sick days.

- Stagger long and difficult therapies with short and easier treatments so the nurse is not overwhelmed and can still provide emergency interventions if needed.

7 Schedule a weekly staff meeting to improve teamwork.

This gives the staff an opportunity to learn about new drugs or medical products. It also gives the director a chance to discuss problems and make changes quickly.

- Choose a 1-hour slot at the start of the day on the same day each week and do not schedule patients during this first hour so that all nurses and pharmacy staff can attend this meeting.

- Plan monthly department head meetings at which practice issues can be discussed and processes reviewed.

- Set up quarterly employee meetings when all staff members can get together for motivation and information sharing.

8 Set up documentation guidelines for charting and monitor compliance. This process keeps data

organized and easy to locate within a chart. Guidelines can also help prevent missing data. Good documentation is vital for reimbursement.

- Designate specific places for each type of data such as progress notes, medication lists, treatment data, allergies, insurance information, etc.

- Determine what assessment descriptive tools to adopt and use them for measurement and comparison. Ideally, select well-known performance scales such as Eastern Cooperative Oncology Group or Karnofsky scales to document patient status and the National Cancer Institute Common Toxicity Criteria to report treatment-related side effects. Consistent and precise documentation will enhance reimbursement and statistical data for your practice and give your practice valuable data to evaluate, measure, and prove quality oncology care.

9 Prepare a format for patient education so that all patients get the same information appropriate to their treatment plan.

Education helps empower patients, encourages better adherence to treatment, and reduces phone calls to the physician and practice.

- Develop a teaching guide for nurses to follow when discussing chemotherapy concerns with patients during the first treatment or at a session prior to the first treatment.

- When patients request, include friends and family members in these discussions. Include the support team as much as possible so that everyone gets the same information at the same time. This helps avoid redundant questions.

- Use videos, electronic tablets, and pictures, especially for patients with learning disabilities.

Step by Step

Standardize treatment plans

- Preview orders
- Pre-certify treatments
- Develop a scheduling process

Improve tools

- Documentation guidelines
- Patient teaching guide
- Treatment care plans
- Administration guidelines
- Anti-emetic regimens

Improve outcome

- Plan staff meetings
- Develop physician/nurse teams
- Designate staff to specific tasks

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