Improving Efficiency of the Acute Oncology (AO) Team

-Reduce nursing admin time and improve date capture

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Background

The Acute Oncology service (AOS) at Basingstoke deals with cancer patients attending with complications of cancer and cancer treatments. It also provides specialist advice on management of cancer patients when they are admitted. The number of these patients seen in the Basing unit has increased from 120 patients/yr in 2016 to 750 patients/yr in 2018. However, staffing levels remained the same necessitating a drive to improve staffing and efficiency. To quantify the workload, demonstrate reduced of length of stay and meet gold standard parameters, the service had been reliant on handwritten data. These data then had to be copied onto excel sheets by the cancer nurse specialists which was time consuming and error prone.

Aim/Objectives

The aim of the project was identify areas of improvement, create a real time electronic data capture and handover process. The objectives at the end of the project should be able to
- Demonstrate reduced amount of nursing time spent on data input and
- Demonstrate ability to produce report of AOS activity every month
- Electronic handover of day to day AOS attendance to minimise errors

Methodology

We used nominal technique to get gain consensus on the areas to improved. Need to increase staffing, reducing non-clinical work spent by the CNS team and ability produce automated data for Acute Oncology outcome data were identified as key issues. We collected baseline data using a survey amongst the CNS to measure average amount of time spent on non-clinical work and their satisfaction in patient care. We were also able to measure the number of telephone calls taken and patients seen. Using our baseline data, we were able to get stakeholders on board to create an electronic template on EPR, virtual handover tool and business integration tool. We were also able to demonstrate the need for an extra CNS using the same.
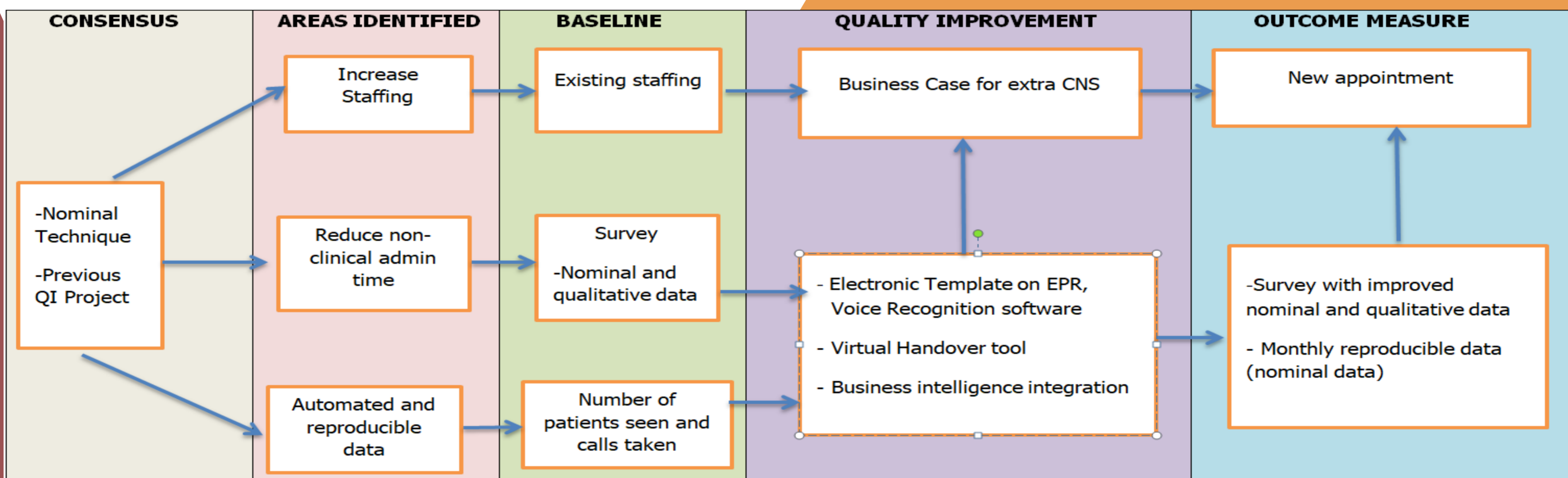
Outcomes

We are able to demonstrate that by creating an electronic template with voice recognition, virtual handover and business intelligence integration tool the **nursing satisfaction improved by 30%, admin time was reduced by 2hrs/shift**. This efficiency improvement has been reflected in our ability see more patients. We were also able to use data to increase our staff numbers. This improved efficiency was reflected by our increased activity in spite of the COVID pandemic. **Our AO review was increased by 15% and our telephone triage increased by 45%**
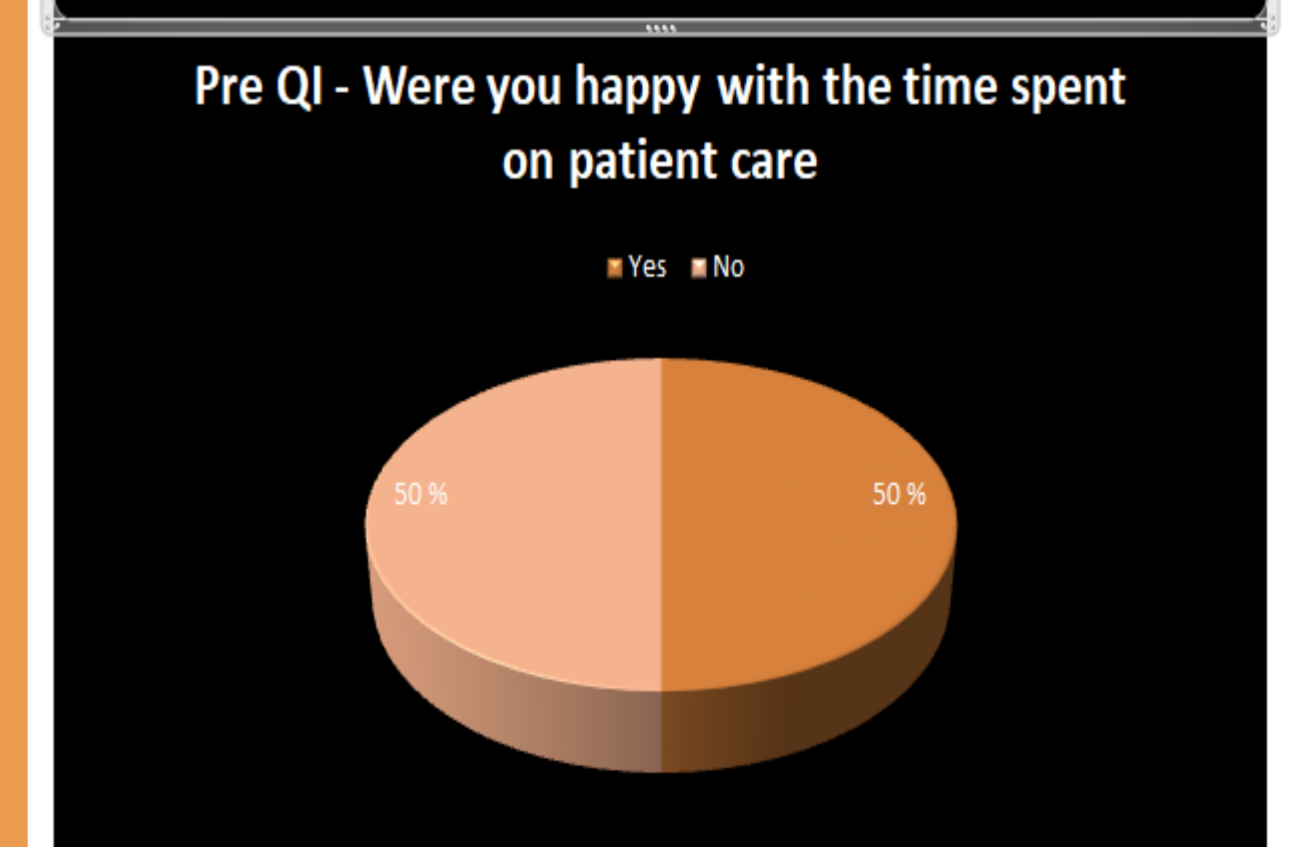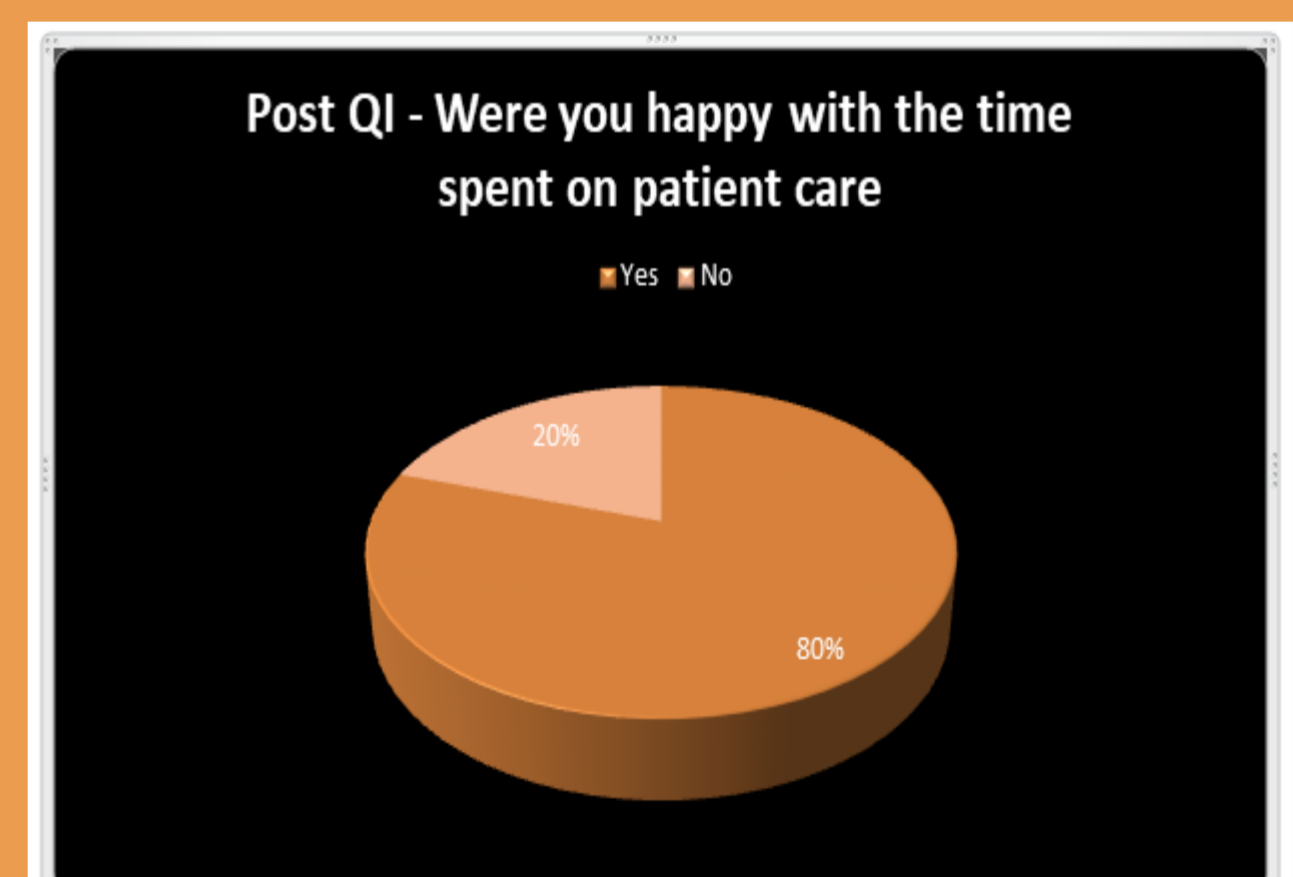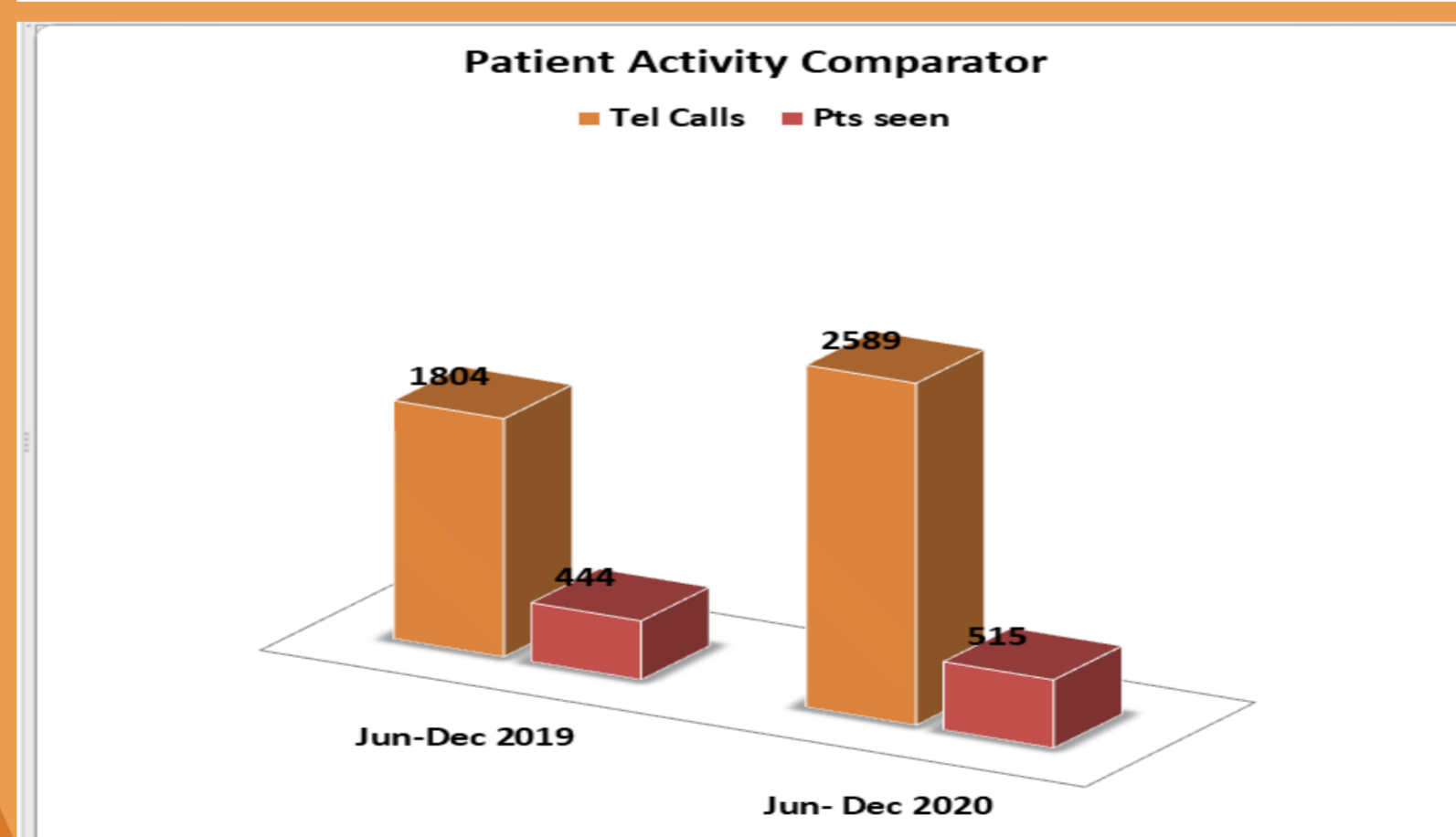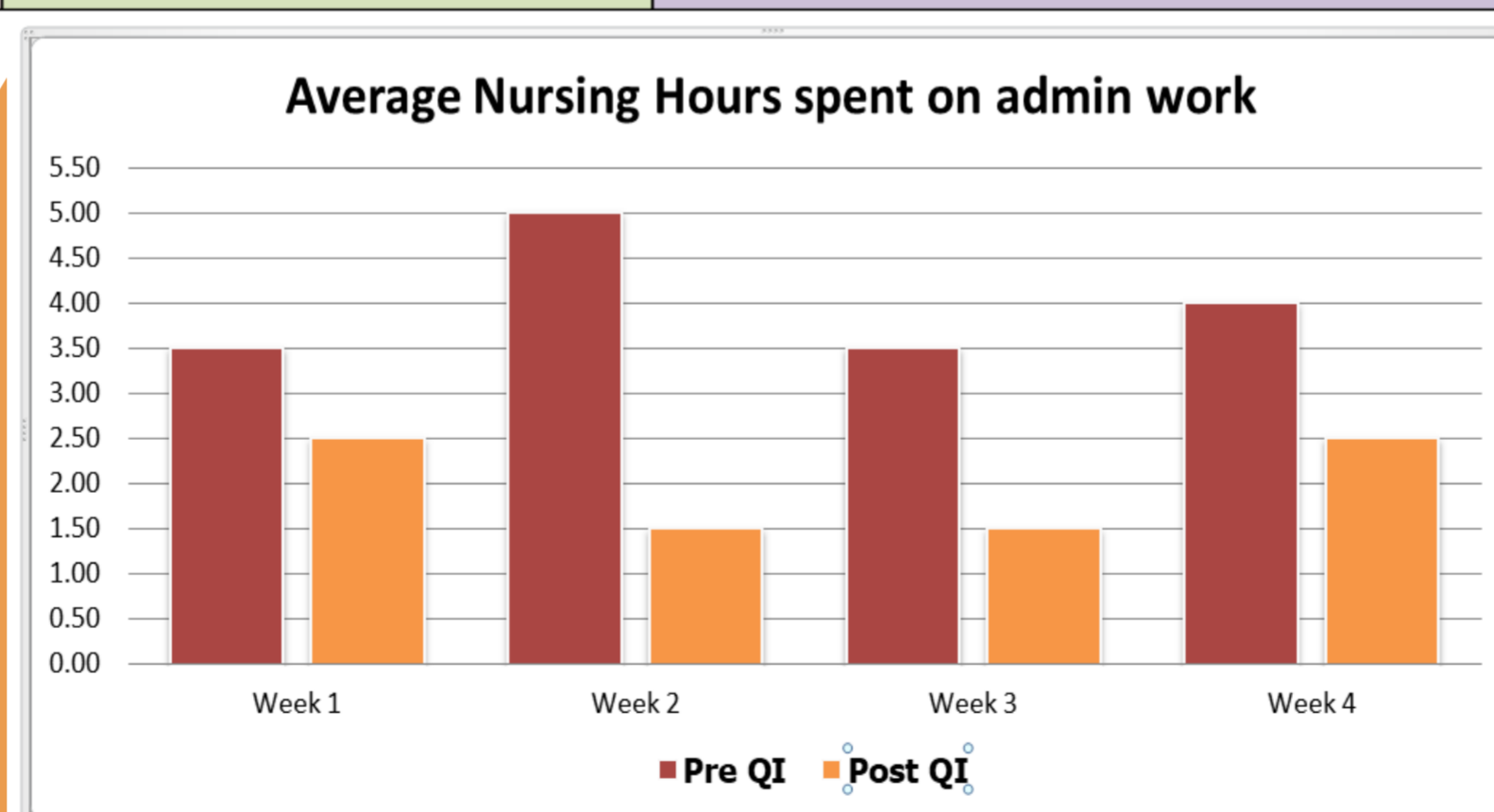
Challenges

- We have not been able to produce monthly minimum data sets for the AO service due to the COVID and relocation of services
- Reluctance in embracing new technology

Conclusion

We were able to improve the efficiency of the team by identifying innovative ways to reduce admin time. This has led to more job satisfaction and capacity to treat more patients. We would like to continue innovating to see if automated monthly data sets for neutropenic sepsis, metastatic cord compression could be generated.