

Attestation Form

December 29, 2022

I, the undersigned with responsibility for Fred Hutchinson Cancer Center, attest that the attached staffing plan and matrix was developed in accordance with RCW 70.41.420 for 2020 and includes all units covered under our hospital license under RCW 70.41. This plan was developed with consideration given to the following elements (please check):

- Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers;
- Level of intensity of all patients and nature of the care to be delivered on each shift;
- Skill mix;
- Level of experience and specialty certification or training of nursing personnel providing care;
- The need for specialized or intensive equipment;
- The architecture and geography of the patient care unit, including but not limited to placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment;
- Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations;
- Availability of other personnel supporting nursing services on the patient care unit; and
- Strategies to enable registered nurses to take meal and rest breaks as required by law or the terms of an applicable collective bargaining agreement, if any, between the hospital and a representative of the nursing staff.

This staffing plan was adopted by the hospital on: 12/9/2022

As approved by Suni Dawn Elgar, MPH, BSN, RN, OCN, Associate Chief Nursing Officer on: 12/29/2022



Fred Hutchinson Cancer Center Unit and Shift-Based Nurse Staffing Plan

Apheresis

Hours of Operation	Volume Indicator: Expected Volume	Required RN Staff
<u>Monday – Friday: 0700 - 1730</u>	Mon-Fri: 8-20 procedures/day	Mon-Fri: 9-11 nurses scheduled
<u>Saturday & Sunday</u>	Sat-Sun: 0 - 3 procedures/day	Sat-Sun: 2 nurses on call
<u>Evenings (1730-2200):</u> Nurse on call for emergent therapeutic procedures, HPC-A collections and bone marrow processing.	Emergent procedures only	1 nurse on call
<u>Holidays (0700-2200):</u> Nurses on call for emergent therapeutic procedures, HPC-A collections and bone marrow processing.	Emergent procedures only	2 nurses on call

(A one-to-one (1:1) nurse to patient ratio is maintained for all procedures, except some procedures (photopheresis and cell collections requiring blood prime; as well as Bone Marrow processing (BMP)) which are staffed at two-to-one (2:1) due to the higher complexity of the procedure and the clinical profile of the patient.)

I. DESCRIPTION OF SCOPE:

A. Summary of Services:

The Apheresis department provides the following services to Fred Hutchinson Cancer Center and Affiliates:

- Cell Collection apheresis procedures
 - Hematopoietic progenitor cells (HPC-A)
 - Mononuclear cells (MNC)
 - Bone marrow processing (BMP)
 - High-volume peripheral blood draw for HPC-A / MNC
- Therapeutic apheresis procedures
 - Photopheresis (ECP)
 - White blood cell depletion
 - Platelet depletion
 - Plasmapheresis
- Fred Hutchinson Cancer Center Blood and Marrow Transplant (BMT) nurses receive annual education and competency testing for Related Adult and Pediatric Donor Screening. Any changes/revisions to donor screening are coordinated between APH and BMT Professional Practice Coordinators (PPC), and staff training ensue.

- B. Patient Population Served:
- Adults referred through Fred Hutchinson Cancer Center – all above procedures
 - Adults referred through Veterans Affairs Medical Center (VA), Kaiser– only HPC(A), MNC and ECP procedures.
 - Adult healthy donors for paid clinical and non-clinical research
 - Adult healthy donors referred through NMDP – HPC(A) by CVC access
 - Adults referred through the University of Washington Medical Center (UWMC) – ECP procedures.
 - Children referred through Fred Hutchinson Cancer Center and Seattle Children’s (SC) – only HPC(A), MNC (Kymriah only) and ECP procedures.

II. CONTINGENCY STAFFING:

- A. In the event of an unanticipated increase in workload, the department adjusts staffing.
- Use of per-diem when available
 - Calling in part-time staff for additional hours
 - Calling in full-time staff for overtime
- B. In the event of a sudden decrease in volume, the department adjusts staffing.
- Canceling per-diem hours
 - Canceling part-time staff additional hours
 - Offering full-time staff non-productive time off

III. REDUCED OPERATING PLAN

- A. In the event of reduced operations (e.g., inclement weather or disaster) describe the minimum staffing level (e.g., FTE per shift) and type of staffing would the department require to effectively maintain services.
- 1 registered nurse minimum staffing to maintain essential patient services during normal business hours.
 - 1 registered nurse for overnight on-call services.
 - 2 registered nurses for weekend on-call services.

IV. MEAL/BREAK STRATEGY:

- A. Breaks are important to staff and department leadership. Staff needs the time to rest and recharge. Waiting until the end of the shift to say they were unable to get a break is not timely and does not allow the opportunity for problem solving.
- By mid morning, the charge nurse checks in with the floor nurses to ensure staff is receiving their breaks.
 - Staff collaborate together to take turns cover each other for breaks
 - When staffing does not allow for break buddies from the regularly-scheduled staff nurses, the Charge Nurse will arrange coverage from the Supervisor, Professional Practice Coordinator, the Charge Nurse themselves, or the Nurse Manager, in that order.
 - For off-site clinical staff, the Charge Nurse will make every effort to assign relief coverage for the off-site nurse.
 - Break buddies are responsible for determining when to take their rest and meal breaks.
 - Prior to leaving for their break, buddies will give a quick report to their relief partner. The relief partner will give a quick report to their buddy on return from break.
 - If a change in workload occurs that prevents optimal break coverage, the break buddies discuss alternate break relief with the Charge Nurse.
 - The Charge Nurse will discuss the MA what time to take rest breaks.
 - Prior to leaving for their break, the MA will give a quick report to the Charge Nurse. On return from break, the MA will check back in with the Charge Nurse.
 - The Charge Nurse will determine the best time to take their own breaks. The Charge Nurse should notify patient-facing staff and the Scheduler when they are leaving the unit for their rest and meal breaks.
 - Supervisor will check in with staff throughout the day to ensure opportunity for breaks
 - If staff members are having difficulty arranging a time and coverage for a break, he or she will first escalate this to the Supervisor.
 - Escalation will be done at the earliest opportunity to ensure time to plan for coverage.
 - If the Supervisor is not able to coordinate the rest or meal break it will be escalated to the Clinic Manager.

APHERESIS							
	Mon	Tue	Wed	Thu	Fri	Sat/Sun	Holidays
ROLES/SHIFTS	0700-1730						
Apheresis Manager	1	1	1	1	1	---	---
Nursing Supervisor	1	1	1	1	---	---	---
Professional Practice Coordinator	1	1	1	1	---	---	---
Charge Nurse	1	1	1	1	1	---	---
Registered Nurses/Patient Care	8	9	9	9	8	1	---
TOTAL SCHEDULED RN STAFF	12	14	14	14	11	1	
Evening Call Nurse (1730-0700)	1	1	1	1	1	---	---
1 st Call Nurse (0700 Sat – 0700 Mon)	---	---	---	---	---	1	1
2 nd Call Nurse (0800-1200)	---	---	---	---	---	1	1
TOTAL ON-CALL RN STAFF	1	1	1	1	1	2	2
PA-C	1	1	1	1	1	---	---
TOTAL APP STAFF	1	1	1	1	1	---	---
MA	1	1	1	1	1	---	---
TOTAL MA STAFF	1	1	1	1	1	---	---

JOB TITLES – Apheresis RNs and Staff	#
Apheresis Manager	1
Nursing Supervisor	1
Medical Director	1
Assistant Medical Director	1
Advanced Practice Provider	1
Professional Practice Coordinator	1
Registered Nurse	15
MA	1
Administrative Staff	4
TOTAL APHERESIS STAFF	26

Fred Hutchinson Cancer Center Unit and Shift-Based Nurse Staffing Plan

Bone and Marrow Transplant (BMT) /Transition Services

	Hours of Operation:	Volume Indicator:	Expected Volume	Required RN Staff
BMT	Monday – Sunday: 0800-1800 Holidays: 0800 – 1700	Mon-Fri: 100 clinics/day Sat-Sun: 30 clinics/day		M & F- 23 T, W, Th- 24 Sat- 8 / Sun- 7
Transition	Monday – Friday: 0730-1730 Saturday: 0800- 1700	3 referrals and 2 admissions per day		M - F- 3 Sat - 1

I. DESCRIPTION OF SCOPE:

A. Summary of Services:

The Transplant Clinic provides the following services:

- Total patient care including comprehensive assessment, support, education and treatment for adult and pediatric Blood and Marrow Transplant (BMT) patients entered on Fred Hutchinson Cancer Research Center protocols and treatment plans. Additionally, the BMT clinic provides total patient care to some Immunotherapy (IMTX) patients receiving commercially approved Chimeric Antigen Receptor (CAR) T-cell products to adult Multiple Myeloma patients.
- Each BMT patient is assigned to a “team” that includes an Attending Physician, a Primary Medical Provider, a Registered Nurse, a Clinical Pharmacist, a Social Worker, a Nutritionist and a Patient Care Coordinator (PCC). These teams round daily (weekdays) on all active transplant patients. Typically, each team is responsible for a census of 13-18 patients at various phases in the transplant process. Each Attending Physician is responsible for up to 3 teams. Patients usually remain on these teams for 2 – 5 months. Patients are seen a minimum of once a week with many patients being seen daily.
- Patients entered on Immunotherapy protocols and a subset of IMTX commercial patients are cared for in the Transplant Clinic on weekends and holidays. This is expected to continue until the volumes of these patients warrant that the Immunotherapy clinic be open on the weekends and holidays.
- The clinical Long-Term Follow-Up Clinic includes a Transplant Transitional Clinic (TTC) Team which provides care for approximately 30 post-transplant patients (post day 120 or greater) who require close observation and treatment adjustments. This team also manages post-transplant Autologous patients on long term treatment protocols.

- The Pediatric Continuing Care (CC) Team provides care for approximately 70 post-transplant patients (post day 100 or greater) who require close observation and treatment adjustments. They also provide care to all the pediatric post-transplant patients
- Clinical support for an average of 15 patients/week that come on a consult basis to consider BMT Therapy.
- 35-50 National Marrow Donor Program donors are evaluated under the direction of BloodWorks Northwest each year.
- Transition services provides teaching and discharge service to BMT and IMTX patients.

The Plasma Cell Disorder (Myeloma) Clinic provides the following services:

- Oncology consultative services comprehensive assessment, support, education and treatment for adult patients with Plasma Cell Disorders receiving standard treatment and Fred Hutchinson Cancer Research Center protocols and treatment.
- Each patient is assigned to Primary Medical Doctor (PMD) who is supported by a team which includes a clinical nurse coordinator, medical assistant, clinical pharmacist, patient care coordinator and social worker, and may include an advance practice provider and a medical dietician. Each PMD is responsible for a census patient based on the number of half-day clinics they work. The patients are at various phases in their cancer treatment. Each PMD may be responsible for 50-150 active patients and 50-150 additional continuity patients. Patients may be followed by the PMD for life. Patients are seen a minimum of every 18 months with many patients being seen 2-4 times a month if receiving active treatment.

- B. Patient Population Served:
- Adult and Pediatric for Transplant Clinic
 - Adult for Myeloma Clinic

II. CONTINGENCY STAFFING:

- A. In the event of an unanticipated increase in workload, the department adjusts staffing.
- Call per diem and part-time staff to work extra
 - Call full time staff in to work overtime
 - Supervisors and manager work in patient care
 - Hire temporary staff for clerical positions
- B. In the event of a sudden decrease in volume, the department adjusts staffing.
- Cancel all overtime
 - Assign staff to orient in a different part of the Transplant Clinic or redeploy staff to other FRED HUTCHINSON CANCER CENTER clinics as needed
 - Assigning staff to work on policy writing and reviewing
 - Engaging staff to work on quality improvement projects
 - Offer vacation time
 - Cancel per diem staff
 - Enforce “Low Census/Flexible Staffing” policy

III. REDUCED OPERATING PLAN:

- A. In the event of reduced operations (e.g., inclement weather or disaster) describe the minimum staffing level (e.g., staff per shift) and type of staffing would the department require to effectively maintain services.
- We maintain full staffing for inclement weather.
 - At minimum we would require one RN per team (including TTC and Peds CC teams), Charge RN, Triage RN. Depending on length of time of reduced operations, it might be possible to work without Rainbow RN, PM RN, and LTFU RNs.
 - We would still require PCCs, PSRs and MAs.

IV. MEAL/BREAK STRATEGY:

- A. Breaks are important to staff and department leadership. Staff needs the time to rest and recharge. Waiting until the end of the shift to say they were unable to get a break is not timely and does not allow the opportunity for problem solving.
- Supervisor will check in with staff throughout the day to ensure opportunity for breaks
 - If staff members are having difficulty arranging a time and coverage for a break, they will first escalate this to the charge nurse or Supervisor.
 - Escalation will be done at the earliest opportunity to ensure time to plan for coverage.
 - If the Supervisor is not able to coordinate the rest or meal break it will be escalated to the Clinic Manager.
- B. Team Nurse: Lunch breaks are blocked in each nurses' daily clinic template; no coverage is needed during break time.
- C. Triage Nurse: Lunch breaks are blocked in triage nurse's daily clinic template and covering nurse's template is blocked for their coverage.
- D. Charge, Telemedicine & Transition Nurses: Lunch break timing is determined based on clinical activity, no coverage is needed during break time.

*For all BMT nurses, missed meals are captured by employee in Kronos along with reason

- E. BMT MA: MAs huddle at the start of the day and the MA Flow Coordinator assigns lunch breaks based on clinic activity and staffing

*For all BMT MAs, missed meals are captured by employee in Kronos along with reason

BMT						
	M & F	T, W, Th	M- Th	T- F	Sat/Sun	Holiday
JOB TITLE / SHIFT	0800 – 1800			0800 - 1700		
Clinical Operations Manager	1	1				
Supervisor, BMT Clinic			1	1	-	-
Professional Practice Coordinators		2			-	-
Registered Nurses/ Patient Care	20	21			5	8
Charge Nurse	1	1			1	1
Triage Nurse	1	1			1	1
PM Nurse	1	1			-	-
TOTAL RN Staff	24	27		-	7	10
MA	8	8	-	-	0 - 1	1- 2
TOTAL MA Staff	8	8	-	-	0 - 1	1- 2
TOTALS FOR BMT	32	35	1	1	7 - 8	11 -12
Transition						
	M & F	T, W, Th	M- Th	T- F	Sat/Sun	Holiday
JOB TITLE / SHIFT	0730-1730			0800 - 1700		
Supervisor, Transition Services			-	1	-	-
Registered Nurses/ Patient Care	3	3	-	-	1 (Sat Only)	1
Total for Transition	3	3		1	1	1
BMT & Transition TOTAL	35	38	1	2	8-9	12-13

Roles - BMT/ Transition Services RNs & Staff	#
Clinical Operations Manager	1
Supervisors	5
Professional Practice Coordinator	2
Registered Nurse	60
PSR	2
MA	10
TC	18
Administration	1
Total	99

Fred Hutchinson Cancer Center Unit and Shift-Based Nurse Staffing Plan

Fred Hutch Hospital at UWMC Montlake Campus

Hours of Operation:	Volume Indicator:	Expected Volume	Required RNs
Inpatient services are provided 24 hours per day; seven days per week	Average Daily Census	18 Max 20	9 RNs/day; 7 RNs/night This includes the charge RN.

I. **DESCRIPTION OF SCOPE:**

- A. **Summary of Services:** Fred Hutch Hospital has 20 acute care inpatient beds serving adults receiving a Blood or Marrow Transplant (BMT) and cellular immunotherapy products. Care provided includes initial diagnosis through end-of-life care.

Physical description: 20 rooms are single occupancy with adjoining bathrooms and showers. The air is HEPA filtered with 15 air exchanges per hour. All rooms can be used for telemetry monitoring. 8224 and 8242 are negatively pressured.

- B. **Patient Population Served:** Adults being treated for BMT or cellular immunotherapy. Oncology patients requiring a hospital admission or observation while receiving chemotherapy, radiation, surgery, or treatment for symptom management.

II. **CONTINGENCY STAFFING:**

- A. In the event of an unanticipated increase in volume, departmental staffing will adjust in the following manner:
- a. Staff may be provided by the Resource Team or another acute care inpatient unit by the House Supervisor
 - b. A VNS message will be sent out to staff offering overtime to per diem, classified, and travel RNs not scheduled to work.
 - c. Staff may be offered OT, not to exceed 16 hours.

- B. In the event of a sudden decrease in volume, department staffing will decrease in the following manner:
- a. RNs may be floated to a UWMC inpatient acute care unit.
 - b. Classified RNs working an extra shift or overtime (OT) may be cancelled.
 - c. Per diem or travel RN staff may be cancelled
 - d. RN staff may be placed on standby to retain admission capacity.
 - e. Classified RNs may be given Unexpected Time Off (UTO) for part of or a whole shift.
 - f. Classified employees are not required to take UTO.

III. REDUCED OPERATING PLAN - DEPARTMENTAL RESPONSE PLAN:

In the event of inclement weather or external disaster, it is still the expectation that all staff make a reasonable effort to report to work as scheduled since the hospital must stay open to care for its patients. Employees are expected to pre-plan for snow and inclement weather. Plans may include: monitoring the snow routes for the buses that serve their area, preparing their vehicle for snow driving, carpooling with a colleague that has a 4-wheel drive vehicle, or staying with friends or coworkers who live close to work.

If weather conditions seriously impact the public transportation system and/or staff are having difficulty getting to and from work, the organization has inclement weather contingency plans which include overnight accommodations and meals for those providing essential services to our patients.

IV. MEAL and REST BREAK STRATEGIES:

Breaks are important to staff and department leadership. Everyone needs the time to rest and recharge. Waiting until the end of the shift to report breaks not taken does not allow the opportunity for problem solving that includes the charge nurse and/or department management.

- Staff are expected to work with their shift buddy to plan their rest and meal breaks.
- Charge RNs are expected to check-in during mid-shift huddles and facilitate help if changing circumstances are causing difficulty in break or meal taking.
- If staff members are having difficulty arranging a time and coverage for a break with their shift buddy, they are expected to escalate this to their Charge RN.
- When going on a break or meal, staff are expected to hand-off their phones and any pertinent information to their shift buddy or other staff supporting their break or meal
- If the Charge RN cannot help facilitate support for the rest or meal break it will be escalated to their RN3 or manager.
- Escalation will be done in a timely manner so there is time to make arrangements for coverage.

V. STAFFING MATRIX:

In addition to the basic staffing grid below, the charge nurse uses workload triggers (WLT) to make more informed staffing decisions based upon the resources required to meet the patient care needs. Workload triggers reflect the time required by a patient that is beyond the typical amount of time spent. The use of workload triggers allows the charge nurse to modify grid-based staffing when patient care needs are higher or lower than usual patient acuity and/or intensity of care. Workload triggers are assessed every 4 hours to identify unit workload and assist the charge nurse to re-align staffing with any changes in patient acuity and intensity.

Census	Charge Nurse	7A-3P	3P-7P	7P-11P	11P-7A
20	1	7	7	5	5
19	1	7	7	5	5
18	1	6	6	5	5
17	1	6	6	5	5
16	1	6	6	4	4
15	1	5	5	4	4
14	1	5	5	4	4
13	1	5	5	4	4
12	1	4	4	3	3

Fred Hutchinson Cancer Center Unit and Shift-Based Nursing Staffing Plan

Fred Hutchinson Cancer Center @ EvergreenHealth

Hours of Operation	Volume Indicator:	Expected Volume	Staff
Monday- Friday: 0800 – 1700	Clinic patients/day	100	RN: 8, LPN: 4, CNA: 2, ARNP:1
	Infusion patients/day	55-60	RN: 8-9
Saturday-Sunday: 0900 -1100 (Infusion)		8	RN/LPN: 1
Holidays: 0900 -1100 (Infusion)		8	RN/LPN: 1
UW Physicians coverage available 24/7 via pager.			

I. DESCRIPTION OF SCOPE:

A. Summary of Services:

The Medical Oncology/Hematology Department provides the following services:

- Medical evaluation and treatment for oncology and hematology patients
- Chemotherapy/biotherapy/targeted therapy administration
- Transfusion Services
- Genetic counseling
- Pharmacy services
- Survivorship planning

Additional services are provided in partnership with the Halvorson Cancer Center at EvergreenHealth and include:

- Radiation Oncology
- Diagnostic Imaging
- Supportive care (social work, chaplaincy, nutrition)
- Palliative care evaluation and treatment

B. Patient Population Served:

- Patients – General Oncology and hematology patients
- Families- The patient’s family often comes with the cancer patient for consultation and treatment appointments. We provide opportunities to meet with Fred Hutchinson Cancer Center professionals in supportive care as needed.
- Referring Physicians- 30% UW Physicians, 60% outside physicians, 10% patient self-referral.
- Patients served by age group
 - Adult [20-60]: 50%
 - Older adult: 50 %

II. CONTINGENCY STAFFING:

A. In the event of an unanticipated increase in workload, the department adjusts staffing.

- Call in per diem or part-time staff for additional hours.

- Call in full-time core staff for overtime.
 - Temporarily reduce services.
- B. In the event of a sudden decrease in volume, the department adjusts staffing.
- Cancellation of per diem/part-time staff additional hours.
 - Offer full-time core staff non-productive time off.

III. REDUCED OPERATING PLAN:

- A. In the event of reduced operations (e.g., inclement weather or disaster) describe the minimum staffing level (e.g., FTE per shift) and type of staffing would the department require to effectively maintain services?
- MedOnc Clinic: 1 RN, 1 LPN, 1 Team Coordinator, 1 physician
 - Infusion Services: 2 RN, 1 Team Coordinator, 1 pharmacist, 1 physician

IV. MEAL and REST BREAK STRATEGIES:

- A. Breaks are important to staff and department leadership. Staff needs the time to rest and recharge. Waiting until the end of the shift to say they were unable to get a break is not timely and does not allow the opportunity for problem solving.
- Rest breaks will be scheduled per our department guidelines.
 - Meal and Rest breaks will be uninterrupted per the *Meal and Rest Periods* policy.
 - For any Rest break that is interrupted before ten complete minutes, employees should inform their immediate supervisor, so they can give the employee an additional ten-minute uninterrupted rest break at the earliest reasonable time.
 - When an employee misses a Meal or Rest break, they are required to record this in the timekeeping system.
 - Staff are encouraged to take breaks when it makes sense for their daily assignment according to their shift length.
 - Supervisor will check in with staff throughout the day to ensure opportunity for breaks
 - If staff members are having difficulty arranging a time and coverage for a break, they will first escalate this to the Supervisor.
 - Escalation will be done at the earliest opportunity to ensure time to plan for coverage.
 - If the Supervisor is not able to coordinate the rest or meal break it will be escalated to the Clinic Manager.

Fred Hutchinson Cancer Center at EvergreenHealth Staffing Plan			
	M-F	Weekend	Holiday
MedOnc Clinic	0800 - 1700	0900 - 1100	0900 - 1100
RN	8	1 (or LPN)	0
LPN	4	0	0
CNA	2	0	0
Charge Nurse	1	0	0
Supervisor	1	0	0
Infusion Services	0800 - 1730	0900 - 1100	0900 - 1100
RN	8-9	0	1 (or LPN)
Charge Nurse	1	0	0
Supervisor	1	0	0
TOTAL	27	1	1

Fred Hutchinson Cancer Center Unit and Shift-Based Nurse Staffing Plan

Fred Hutchinson Cancer Center @ Issaquah

Hours of Operation:	Volume Indicator:	Expected Volume	Required clinical Staff
Monday – Friday 0800 – 1700	Unknown	Unknown	RN-3 MA-1

I. DESCRIPTION OF SCOPE:

A. Summary of Services:

The Medical Oncology/ Hematology department provides the following services:

- Medical evaluation and treatment for oncology and hematology patients
- Chemotherapy/ biotherapy/ target therapy administration
- Transfusion services
- Supportive care (via Telehealth)
- Survivorship planning
- Lab Draws

B. Patient Population Served:

- Patients – Oncology and hematology patients
- Families – The patient’s family often comes with the cancer patient for consultation and treatment appointments.
- Information regarding referring physicians and patients’ age group will be captured after opening

II. CONTINGENCY STAFFING:

A. In the event of an unanticipated increase in volume, departmental staffing will adjust in the following manner:

- Call in full-time core staff for overtime.
- Call in per diem or part-time staff for additional hours.
- Temporarily reduce services.
- Extend office hours

B. In the event of a sudden decrease in volume, department staffing will decrease in the following manner:

- Cancellation of per diem/part-time staff additional hours.
- Offer full-time core staff non-productive time off.

III. REDUCED OPERATING PLAN - DEPARTMENTAL RESPONSE PLAN:

In the event of reduced operations (e.g., inclement weather or disaster) describe the minimum staffing level (e.g., FTE per shift) and type of staffing would the

department require to effectively maintain services.

We would compact patient schedules for the clinic. We would reschedule non-emergent visits. Physician must be present to treat. 2 RNs, 1 Attending Physician, and 1 patient care coordinator.

IV. MEAL AND REST BREAK STRATEGIES:

A. Breaks are important to staff and department leadership. Staff needs the time to rest and recharge. Waiting until the end of the shift to say they were unable to get a break is not timely and does not allow the opportunity for problem solving.

- Rest breaks will be scheduled per our department guidelines.
- Meal and Rest breaks will be uninterrupted per the *Meal and Rest Periods* policy.
- For any Rest break that is interrupted before ten complete minutes, employees should inform their immediate supervisor, so they can give the employee an additional ten-minute uninterrupted rest break at the earliest reasonable time.
- When an employee misses a Meal or Rest break they are required to record this in the timekeeping system.
- Rest and meal breaks will be coordinated between the staff members and the area leader.
- Staff are encouraged to take breaks in between scheduled activities.
- Area leaders will check in with staff to encourage breaks.
- If staff members are having difficulty arranging a time and coverage for a break, they will escalate this to their manager.
- If the area leader cannot make arrangements for the rest or meal break it will be escalated to their manager.
- Escalation will be done in a timely manner so there is time to make arrangements for coverage.

STAFFING MATRIX:

Fred Hutchinson Cancer Center Issaquah		
	M- Friday	Holiday
JOB TITLE / SHIFT	0800 - 1700	0800 - 1700
RN	2	0
CNC	1	0
MA	1	0
TOTAL	4	0

Number of Fred Hutchinson Cancer Center Issaquah Staff	
RN	2
CNC	1
MA	1
Total	4

**Fred Hutchinson Cancer Center
Unit and Shift-Based Nurse Staffing Plan
Fred Hutch Montlake Infusion 8NE**

Hours of Operation:	Volume Indicator:	Expected Volume	Shift/Staffing Requirements
<u>Infusion Services:</u> Mon. – Fri.: 07:30 – 7 pm Sat, Sun and Holidays: closed	Planned volume meeting criteria for relocation from SLU campus Infusion ad hoc.	Approximately 15 – 18 patients per day	2 RNs per day, 12-hr shifts. This includes the charge nurse. Staffed at a RN/Patient Ratio of 1: 3 Staffing may flex down based on patient schedule and total census with support from hospital nurses.
<u>BMT/IMTX outpatient afterhours:</u> Mon. – Fri. 4:30 pm – 8 am next day Sat, Sun and Holidays: 4 pm – 8 am next day	Prior volume observed	1-2 patients/week for outpatient assessment and treatment. Weekend/holiday PM Infusion for BMT are episodic.	The care of the outpatients being assessed and treated is managed by the Fred Hutch Hospital Charge RN who does not have a patient assignment. If anticipated Infusion volume or acuity/intensity is evaluated to be high, the charge nurse may delegate this work to another Fred Hutch Hospital RN.

I. DESCRIPTION OF SCOPE:

A. Summary of Services: The Infusion Service department provides the following services:

- Administer IV medications and blood products, as prescribed by their physicians.
- Conduct a comprehensive nursing assessment on all patients receiving therapeutic services.

- Participate and collaborate in the development of patient's plan of care.
- Provide symptom management for patients being treated including, but not limited to: hydration, antiemetic, and pain management.
- Assess and reinforce patient and family member/caregiver education related to treatment regimen and home care monitoring needs.
- Refer patients to other disciplines and services such as social work, nutrition, and supportive care as indicated.
- Collaborate with other services in the ongoing management and care of patients (example: transplant team nurses, clinical nurse coordinators and support staff/team).
- BMT afterhours care begin with notification from a patient or caregiver and may result in the patient coming to be assessed and evaluated for admission.

B. Patient Population Served: Bone Marrow Transplant, Hematology, and General Oncology patients are referred to receive treatment in Infusion by their attending physician.

II. CONTINGENCY STAFFING:

- A. In the event of an unanticipated increase in workload, the department adjusts staffing.
- Allocation of the staff assigned to the hospital and this infusion department will be determined by the hospital and Infusion charge nurses.
 - A VNS message will be sent out to staff offering overtime to per diem, classified, and travel RNs not scheduled to work.
 - Staff may be offered OT, not to exceed 16 hours.
- B. In the event of sudden decrease in volume, the department adjusts staffing. Staff are cancelled according to the following order:
- RNs may be floated to a UWMC inpatient acute care unit.
 - Classified RNs working an extra shift or overtime (OT) may be cancelled.
 - Per diem or travel RN staff may be cancelled
 - RN staff may be placed on standby to retain capacity.
 - Classified RNs may be given Unexpected Time Off (UTO) for part of or a whole shift.
 - Classified employees are not required to take UTO.

III. REDUCED OPERATING PLAN:

In the event of inclement weather or external disaster, it is still the expectation that all staff make a reasonable effort to report to work as scheduled since the hospital must stay open to care for its patients. Employees are expected to pre-plan for snow and inclement weather. Plans may include: monitoring the snow routes for the buses that serve their area,

preparing their vehicle for snow driving, carpooling with a colleague that has a 4-wheel drive vehicle, or staying with friends or coworkers who live close to work.

If weather conditions seriously impact the public transportation system and/or staff are having difficulty getting to and from work, the organization has inclement weather contingency plans which include overnight accommodations and meals for those providing essential services to our patients.

IV. MEAL and REST BREAK STRATEGIES:

- A. Breaks are important to staff and department leadership. Staff needs the time to rest and recharge. Waiting until the end of the shift to say they were unable to get a break is not timely and does not allow the opportunity for problem solving.
- Staff are expected to work with their shift buddy to plan their rest and meal breaks.
 - Charge RNs are expected to check-in during mid-shift huddles and facilitate help if changing circumstances are causing difficulty in break or meal taking.
 - If staff members are having difficulty arranging a time and coverage for a break with their shift buddy, they are expected to escalate this to their Charge RN.
 - When going on a break or meal, staff are expected to hand-off their phones and any pertinent information to their shift buddy or other staff supporting their break or meal
 - If the Charge RN cannot help facilitate support for the rest or meal break it will be escalated to their RN3 or manager.
 - Escalation will be done in a timely manner so there is time to make arrangements for coverage.

	Infusion	BMT Afterhours
JOB ROLE	Mon – Fri 7am – 7:30 pm	Mon. – Fri. 4:30 pm – 8 am next day Sat, Sun and Holidays: 4 pm – 8 am next day
Charge RN	1	Hospital Charge Nurse or designee
RN	1	

Fred Hutchinson Cancer Center Unit and Shift-Based RN Staffing Plan Fred Hutchinson Cancer Center @ UWMC Northwest

Hours of Operation:	Volume Indicator:	Expected Patient Volume	Daily Staff
Radiation Oncology: Monday-Friday 0700 - 1700 (excluding Fred Hutchinson Cancer Center approved holidays) Medical Oncology/Hematology: Monday-Friday 0800-1700 (excluding FRED HUTCHINSON CANCER CENTER approved holidays) UW Physicians coverage available 24/7 via pager.	XRT on treatment patients/day RO NEW/RETURN/FU(weekly) MO patients/day	10-25 5-10 55-90	RO: 1.0 RN; MO: 9.0 RN, 1.0 LPN, 2.0 MA

I. DESCRIPTION OF SCOPE:

A. Summary of Services:

The Radiation Oncology department provides the following services:

- Simulation: CT
- Linear Accelerator Treatments via 6MV, 10MV, & 18MV photons and 6MeV, 8MeV, 10MeV, 12MeV, 15MeV & 18MeV electrons
- IGRT- Image Guided Radiation Therapy using a conebeam CT executed on the linac while patient is in treatment position
- IMRT- Intensity Modulated Radiation Therapy
- VMAT- Volumetric Modulated Arc Therapy
- Guidance and tracking using surface imaging (implemented FY '18)

The Medical Oncology/Hematology Department provides the following services:

- Medical evaluation and treatment for oncology and hematology patients
- Chemotherapy/biotherapy/targeted therapy administration
- Supportive care (social work, chaplaincy, nutrition)
- Palliative care evaluation and treatment
- Genetic counseling
- Pharmacy services
- Survivorship planning

B. Radiation Oncology Patient Population Served:

- Patients - Solid tumor cancer patients and oncology inpatients from adjoining NW Hospital. The primary diagnoses types covered by our Attending Physician Team are: Breast, GU, GI, GYN, and Lung.
- Families- The patient's family often comes with the cancer patient for consultation and treatment appointments. We provide opportunities to meet with Fred Hutchinson Cancer Center professionals in supportive care as needed.
- Referring Physicians- 75% UW Physicians, 15% outside physicians, 10% patient self-referral.
- Patients served by age groups:

- Infant 0%
- Child/ Adolescent [0-19 yrs] 0.31%
- Adult [20-60] 66.65%
- Older Adult 33.04%

C. Medical Oncology/Hematology Patient Population Served:

- Patients – Oncology and hematology patients
- Families- The patient’s family often comes with the cancer patient for consultation and treatment appointments. We provide opportunities to meet with Fred Hutchinson Cancer Center professionals in supportive care as needed.
- Referring Physicians- 75% UW Physicians 15% outside physicians 10% patient self-referral.
- Patients served by age group
- Adult [20-60]: 60%
- Older adult: 40 %

II. CONTINGENCY STAFFING:

A. In the event of an unanticipated increase in workload, the department adjusts staffing.

- Call in per diem or part-time staff for additional hours.
- Call in full-time core staff for overtime.
- Temporarily reduce services.

B. In the event of a sudden decrease in volume, the department adjusts staffing.

- Cancellation of per diem/part-time staff additional hours.
- Offer full-time core staff non-productive time off.

III. REDUCED OPERATING PLAN:

A. In the event of reduced operations in Radiation Oncology (e.g., inclement weather or disaster) describe the minimum staffing level (e.g., FTE per shift) and type of staffing would the department require to effectively maintain services.

- 2 RTTs, 1 Physician

B. In the event of reduced operations in Medical Oncology/Hematology (e.g., inclement weather or disaster) describe the minimum staffing level (e.g., FTE per shift) and type of staffing would the department require to effectively maintain services.

- 2 RN’s, 1 pharmacist, 1 pharmacy technician, 1 Team Coordinator, 1 physician

IV. MEAL/BREAK STRATEGY:

A. Breaks are important to staff and department leadership. Staff needs the time to rest and recharge. Waiting until the end of the shift to say they were unable to get a break is not timely and does not allow the opportunity for problem solving.

- All registered nurses attend morning huddle. At the huddle, breaks and lunch breaks are discussed and assigned.

- Charge Nurses will check in with staff throughout the day to ensure opportunity for breaks
- If staff members are having difficulty arranging a time and coverage for a break, they will first escalate this to the charge nurse.
- Escalation will be done at the earliest opportunity to ensure time to plan for coverage.
- If the Charge Nurse is not able to coordinate the rest or meal break it will be escalated to the Clinic Manager.

Fred Hutchinson Cancer Center at Northwest Hospital				
	M	T-Th	F	Holiday
JOB TITLE / SHIFT	0700 - 1800	0700 - 1800	0700 - 1800	0800 - 1700
RN	10	10	9	0
LPN	1	1	1	0
Nurse Navigator	1	1	1	0
MA	2	2	2	0
TOTAL	14	14	13	0

Fred Hutchinson Cancer Center Unit and Shift-Based Nurse Staffing Plan

Fred Hutchinson Cancer Center @ Overlake

Hours of Operation:	Volume Indicator:	Expected Volume	Required Staffing
Monday- Friday: 0800 – 1700 Saturday-Sunday: Closed Recognized Holidays: Closed UW Physicians coverage available 24/7 via pager	Clinic patients/day	50	2MA's 2CNA 3 RN (CNC) 1 Nurse Navigator 1Phlebotomist
	Infusion patients/day	45	7 RN's 1 Charge RN

I. DESCRIPTION OF SCOPE:

A. Summary of Services:

The Medical Oncology/Hematology department provides the following services:

- Medical evaluation and treatment for oncology and hematology patients
- Chemotherapy/biotherapy/targeted therapy administration
- Transfusion services
- Genetic counseling
- Pharmacy services
- Survivorship planning
- Nurse navigation
- Medical nutrition support
- Spiritual Care

Additional services are provided in partnership with the Overlake Cancer Center at Overlake Medical Center and include:

- Radiation Oncology
- Diagnostic Imaging
- Social Work
- Palliative care evaluation and treatment

B. Patient Population Served:

- Patients – General Oncology and hematology patients
- Families- The patient's family often comes with the cancer patient for consultation and treatment appointments. We provide opportunities to meet with Fred Hutchinson Cancer Center professionals in supportive care as needed.
- Referring Physicians- 60% Overlake employed physicians, 30% Outside physicians, 10% patient self-referral.

- Patients served by age group
 - Adult [20-60]: 40%
 - Older adult: 60 %

II. CONTINGENCY STAFFING:

- A. In the event of an unanticipated increase in volume, departmental staffing will adjust in the following manner:
- Call in per diem or part-time staff for additional hours
 - Call in full-time core staff for overtime
 - Temporarily reduce services
- B. In the event of a sudden decrease in volume, department staffing will decrease in the following manner:
- Cancellation of per diem and part-time staff hours
 - Offer full-time core staff non-productive time off

III. REDUCED OPERATING PLAN - DEPARTMENTAL RESPONSE PLAN:

In the event of reduced operations (e.g., inclement weather or disaster) describe the minimum staffing level (e.g., FTE per shift) and type of staffing would the department require to effectively maintain services

- MedOnc Clinic: 2 MA or CNA, 1 Team Coordinator, 1 Physician
- Infusion Services: 3 RN, 1 Team Coordinator, 1 Pharmacist, 1 Pharmacy Tech

IV. MEAL/BREAK STRATEGY:

- A. Breaks are important to staff and department leadership. Staff needs the time to rest and recharge. Waiting until the end of the shift to say they were unable to get a break is not timely and does not allow the opportunity for problem solving.
- Rest breaks will be scheduled per our department guidelines.
 - Meal and Rest breaks will be uninterrupted per the *Meal and Rest Periods* policy.
 - For any Rest break that is interrupted before ten complete minutes, employees should inform their immediate supervisor, so they can give the employee an additional ten-minute uninterrupted rest break at the earliest reasonable time.
 - When an employee misses a Meal or Rest break, they are required to record this in the timekeeping system.
 - Staff are encouraged to take breaks when it makes sense for their daily assignment according to their shift length.

- The Supervisor will check in with staff throughout the day to ensure opportunity for breaks.
- If staff members are having difficulty arranging a time and coverage for a break, they will first escalate this to Supervisor.
- Escalation will be done at the earliest opportunity to ensure time to plan for coverage.

V. NURSE & CLINICAL STAFFING MATRIX:

Fred Hutchinson Cancer Center at Overlake Staffing Plan			
	M-F	Weekend	Holiday
MedOnc Clinic	0800 - 1700	Closed	Closed
RN (CNC)	2		
CNC RN Charge	1		
MA	2		
C-NA	2		
Nurse Navigator	1		
Phlebotomist	1		
Infusion Services			
RN	7		
Charge Nurse	1		
Pharmacist	2		
Pharmacy Tech	2		
Fred Hutchinson Cancer Center OVL Manager and Supervisor	1		
TOTAL	22	0	0

Fred Hutchinson Cancer Center Unit and Shift-Based Nurse Staffing Plan

Fred Hutchinson Cancer Center @ Peninsula

Hours of Operation:	Volume Indicator:	Expected Volume:	Daily Staff
Monday – Friday: 0800-1700 (Excluding Fred Hutchinson Cancer Center approved holidays) UW Physicians coverage available 24/7	XRT on treatment patient/day Med Onc Patients/Day Rad Onc Clinic Patients/Day	30-40 35-50 5-7	RO 2-3 RNs MO 3-4 RN's

I. DESCRIPTION OF SCOPE:

A. Summary of Services:

The Radiation Oncology department provides the following services:

- Simulation: CT
- Linear Accelerator Treatments via 6MV, 10MV, & 18MV photons and 6MeV, 8MeV, 10MeV, 12MeV, 15MeV & 18MeV electrons
- IGRT- Image Guided Radiation Therapy using a cone beam CT executed on the linac while patient is in treatment position
- IMRT- Intensity Modulated Radiation Therapy
- VMAT- Volumetric Modulated Arc Therapy
- Xofter Brachytherapy
- SBRT and SRS

The Medical Oncology department provides the following services:

- Primary chemotherapy
- Multi-drug regimens
- Supportive regimens (GCSF, subQ Herceptin, Iron infusions)
- Transfusions of blood products (via Blood Works Northwest)
- Hormone therapy
- Oral chemotherapy
- Lab draws
- Goals of care counseling
- Advance Directive education and assistance

B. Patient Population Served:

- Cancer patients with primary diagnoses included but not limited to Breast, GU, GI, GYN, CNS, and Lung.
- Families- The patient's family often comes with the cancer patient for consultation and treatment appointments.
- Referring Physicians- 5% UW Physicians, 85% outside physicians, 10% patient self-referral.

- Patients served by age groups:
- Adult [18-60] 60%
- Older Adult 40%

II. CONTINGENCY STAFFING:

- A. In the event of an unanticipated increase in volume, departmental staffing will adjust in the following manner:
- Call in per diem or part-time staff for additional hours.
 - Call in full-time core staff for overtime
 - Request support from Community Site partners
 - Temporarily reduce services.
 - Extend office hours
- B. In the event of a sudden decrease in volume, department staffing will decrease in the following manner:
- Cancellation of per diem/part-time staff additional hours.
 - Offer support to other Community Site partners
 - Offer full-time core staff non-productive time off

III. REDUCED OPERATING PLAN - DEPARTMENTAL RESPONSE PLAN:

- A. In the event of reduced operations in Radiation Oncology (e.g., inclement weather or disaster) describe the minimum staffing level (e.g., FTE per shift) and type of staffing would the department require to effectively maintain services.
- 6 FTEs per shift to effectively maintain services assuming 1 Linac, duration lasting no longer than 48 hours and patient volume lower than 32 without OT. Must have an Attending Physician & all other assumptions apply.
- B. In the event of reduced operations in Medical Oncology/Hematology (e.g., inclement weather or disaster) describe the minimum staffing level (e.g., FTE per shift) and type of staffing would the department require to effectively maintain services.
- 2 RN's, 1 pharmacist, 1 pharmacy technician, 1 Team Coordinator, 1 physician

IV. MEAL and REST BREAK STRATEGIES:

- A. Breaks are important to staff and department leadership. Staff needs the time to rest and recharge. Waiting until the end of the shift to say they were unable to get a break is not timely and does not allow the opportunity for problem solving.
- Rest breaks will be scheduled per our department guidelines.

- Meal and Rest breaks will be uninterrupted per the *Meal and Rest Periods* policy.
- For any Rest break that is interrupted before ten complete minutes, employees should inform their immediate supervisor, so they can give the employee an additional ten-minute uninterrupted rest break at the earliest reasonable time.
- When an employee misses a Meal or Rest break, they are required to record this in the timekeeping system.
- Rest and meal breaks will be coordinated between the staff members and the Nursing Supervisor, or designee
- Staff are encouraged to take breaks in between scheduled activities.
- Nursing Supervisor, or designee, will check in with staff to encourage breaks.
- If staff members are having difficulty arranging a time and coverage for a break, they will escalate this to their area leader.
- If the Nursing Supervisor, or designee, cannot make arrangements for the rest or meal break it will be escalated to their supervisor or manager.
- Escalation will be done in a timely manner so there is time to make arrangements for coverage.

Fred Hutchinson Cancer Center at PEN						
	M	T	W	TH	Fr	Holiday
JOB TITLE / SHIFT	0800 - 1700	0800 - 1700	0800 - 1700	0800 - 1700	0800 - 1700	0800 - 1700
RO RN	2	3	2	3	2	0
MO RN	2	2	4	4	3	0
MO LPN		1				
TOTAL	4	6	6	7	5	0

Total Number of Fred Hutchinson Cancer Center at Peninsula Staff	FTE	Employees
MO/Inf RN	3.7	5
RO RN	2.2	3
PCC	3.9	4
Cert MA	3	3
NAC	1.0	1
PFS	1.75	1
RTT	5.0	6
DOS	2.0	2

HIM	1.0	1
Pharmacist/Pharmacy Tech	2.0	2
Nursing Supervisor	1.0	1
Physicist	1.0	1
Phys Assist	0.5	1
Clin Ops Manager	1.0	1
Support Staff Supervisor	1.0	1
Total	26.55	33

Fred Hutchinson Cancer Center Unit and Shift-Based Nurse Staffing Plan General Oncology Services

Hours of Operation:	Volume Indicator:	Expected Volume	Required RNs
Monday – Friday: 0800 - 1700	Clinics/day	Monday: 67 clinics/day Tuesday: 70 clinics/day Wed: 67 clinics/day Thursday: 71 clinics/day Friday: 61 clinics/day	See below

I. DESCRIPTION OF SCOPE:

A. Summary of Services:

The General Oncology department provides the following services:

Most patients seen in the general oncology/hematology clinic have a cancer diagnosis and have been self-referred or referred by another MD for oncology care. In the hematology clinic patients with a non-malignant hematology diagnosis (e.g.: sickle cell anemia) may be seen. In the high risk and/or prevention clinics patients who are at high risk for a certain type of cancer are seen.

The General Oncology/Hematology service consists of the following clinics:

- Ear, Nose and Throat Oncology
- Gastrointestinal Oncology including Multidisciplinary Pancreas Clinic and Colorectal Cancer Clinic
- Hematology & Hematological Malignancies including Sickle Cell, Myelodysplastic Syndrome (MDS) and Multiple Myeloma Clinics
- Lung/Head and Neck Oncology
- Sarcoma (Surgical/Medical/Radiation Oncologists)
- Surgical Oncology
- Palliative Care

The following medical consult services are ordered by providers on our unit and may be seen on the general oncology/hematology floor:

- Palliative Care
- Infectious Disease Consult
- Psychiatry/Psychology

Clinic visit types consist of the following:

- New patient (have not been registered at Fred Hutchinson Cancer Center for the past 3 years)
- Established New (new to practitioner and has already been established at Fred Hutchinson Cancer Center)

- Consult (from internal to Fred Hutchinson Cancer Center to consult service – see above list)
- Referral from another provider
- Return patient for treatment or monitoring.
- RN visits for assessment and teaching
- Pharmacy visits for teaching and anticoagulation and pain
- Social Work Visits
- Navigator Visits
- Nutrition Visits
- Counseling Visits
- Research related visits
- EKG visits
- Vital visits

There are patient appointments with MDs, Nurse Practitioners, Physician Assistants, RNs, LPNs, Genetic Counselors, Research Staff, Social Workers, Navigators, Clinical Pharmacists, Pastoral Care Chaplains, Psychiatrists, Psychologists, Registered Dieticians, Research Coordinators and Medical Assistants. Patients receive continuity of care for their cancer if they choose to have treatment here. Some patients, due to distance, have portions of their treatment (for example: radiation therapy) in their home community, but are followed by a Fred Hutchinson Cancer Center attending physician who communicates with the patient's community/home provider.

The following procedures are done in the clinic and are performed by a credentialed physician or mid-level provider (PA, ARNP):

- Bone marrow biopsies and aspirates
- Wide local excision
- Skin biopsy
- Fine needle aspirate
- Core biopsy
- Thoracentesis
- Paracentesis
- Lumbar punctures
- Giving medication via an Ommaya Reservoir or lumbar puncture (includes chemotherapy)
- Desecration of skin lesions with liquid nitrogen
- Drainage of seromas

The following procedures are done in the clinic and are performed by an RN or MA, under the supervision of an RN or MD:

- EKGs
- Injections (sub-cutaneous, intradermal, and intramuscular)
- Dressing changes
- Ostomy Care
- Suture and staple removal
- Drain removals
- Bladder ultrasound

- Port access and blood draws
- TPA
- Peripheral Line placements
- PleurX Catheter Drainage

All patients who choose to have ongoing care are assigned to a Clinical Nurse Coordinator (CNC) who coordinates their clinical care. Nursing care consists of assessment of patients in clinic, triage of patients on the phone, via email, and in person, telephone management, patient teaching, coordination of care with other departments, clinics and disciplines including but not limited to communicating with inpatient nursing staff, interfacing with other Fred Hutchinson Cancer Center departments that take part in the patients care, and preparation for surgery at UWMC and postoperative continuity care.

The patients are assigned a Team Coordinator (TC) who provides scheduling of their appointments across sites of care, such as infusion appointments, imaging appointments, consultations, blood draw appointments and clinic visits with the providers.

Patient Service Representatives (PSRs) greet patients upon arrival to the clinic and provide phone reception support.

B. Patient Population Served:

- All general oncology/ hematology patients and their families who are seen at the Fred Hutchinson Cancer Center.
- All members of a patient's care team, including referring providers.
- General Public who may want to refer to these services

II. CONTINGENCY STAFFING:

- A. In the event of an unanticipated increase in workload, the department adjusts staffing.
- Call in per diem or part-time staff for additional hours.
 - Call in full-time core staff for overtime.
 - Temporarily reduce services.
- B. In the event of a sudden decrease in volume, the department adjusts staffing.
- Cancellation of per diem/part-time staff additional hours.
 - Offer select full-time core staff non-productive time off.

III. REDUCED OPERATING PLAN:

- A. In the event of reduced operations (e.g., inclement weather or disaster) describe the minimum staffing level (e.g., FTE per shift) and type of staffing would the department require to effectively maintain services.
- We could absorb a short-term reduction in staffing of 10% overall and continue to provide same level of service. Further staffing reductions would require us to limit

non-essential services (prevention clinics, routine screening, routine follow up, non-urgent requests etc.)

IV. MEAL and REST BREAK STRATEGIES:

- A. Breaks are important to staff and department leadership. Staff needs the time to rest and recharge. Waiting until the end of the shift to say they were unable to get a break is not timely and does not allow the opportunity for problem solving.
- Rest breaks will be scheduled per our department guidelines.
 - Meal and Rest breaks will be uninterrupted per the *Meal and Rest Periods* policy.
 - For any Rest break that is interrupted before ten complete minutes, employees should inform their immediate supervisor, so they can give the employee an additional ten-minute uninterrupted rest break at the earliest reasonable time.
 - When an employee misses a Meal or Rest break they are required to record this in the timekeeping system.
 - Rest and meal breaks will be coordinated between the staff members and the area leader.
 - Staff are encouraged to take breaks in between scheduled activities.
 - Area leaders will check in with staff to encourage breaks.
 - If staff members are having difficulty arranging a time and coverage for a break, they will escalate this to their area leader.
 - If the area leader cannot make arrangements for the rest or meal break it will be escalated to their supervisor or manager.
 - Escalation will be done in a timely manner so there is time to make arrangements for coverage.
 - Area leaders may be team leads, charge nurses, supervisors, and/or managers and will assume responsibility to support breaks.

Unit and Shift-Based Nurse Staffing Plan for General Oncology Services

Heme					
Job Title/Shift	Monday	Tuesday	Wednesday	Thursday	Friday
RN Manager	1	1	1	1	1
RN Supervisor	1	1	1	1	1
Charge RN	1	1	1	1	1
AML/ALL/MDS RN	12	12	11	11	11
Myeloma RN	5	5	6	5	5
Lymphoma RN	8	8	8	8	8
Non-Malignant RN	4	4	4	5	5
LPN	1	1	1	1	1

GI					
Job Title/Shift	Monday	Tuesday	Wednesday	Thursday	Friday
RN Manager	1	1	1	1	1
RN Supervisor	1	1	1	1	1
GI RN	3	3	3	3	3
CCSC RN	1	1	1	1	1
HIPEC RN	1	1	1	1	1
HIPEC LPN	1	1	1	1	0

Sarcoma					
Job Title/Shift	Monday	Tuesday	Wednesday	Thursday	Friday
RN Manager	1	1	1	1	1
Med Onc RN	3	4	4	4	3
Surg Onc RN	3	3	3	3	3

THN & Specialty					
Job Title/Shift	Monday	Tuesday	Wednesday	Thursday	Friday
RN Manager	1	1	1	1	1
RN Supervisor	1	1	1	1	1
THN & Specialty RN	6	6	6	6	6
Surg Onc RN	0	1	1	1	1
Surg Onc LPN	2	1	2	2	2

Supportive Care					
Job Title/Shift	Monday	Tuesday	Wednesday	Thursday	Friday
RN Manager	1	1	1	1	1
Charge RN	1	1	1	1	1
Pain RNs	5	5	5	5	6
Palliative RNs	3	2	3	2	3

Shared Resources					
Job Title/Shift	Monday	Tuesday	Wednesday	Thursday	Friday
MA Manager	1	1	1	1	1

MA Supervisor	1	1	1	1	1
Ostomy RN	1	1	1	2	1
LPNs	3	2	3	2	1
Medical Assistants	17	17	17	17	17

Fred Hutchinson Cancer Center Unit and Shift-Based Nurse Staffing Plan

GI Care Neighborhood

Hours of Operation:	Volume Indicator:	Expected Volume	Required RNs
Monday through Friday 7:00am-6:00pm			See daily staffing matrix

I. DESCRIPTION OF SCOPE:

A. Summary of Services:

The 7th floor GI Care Neighborhood service consists of the following clinics:

- Gastrointestinal Oncology including Multidisciplinary Pancreas Cancer Specialty Clinic and Colorectal Cancer Specialty Clinic

Patients seen in the GI Care Neighborhood have an oncologic diagnosis or signs and symptoms indicating an oncologic diagnosis and have been self-referred or referred by another MD for oncology care.

The following medical consult services are ordered by providers on our unit and may or may not be completed inside the Care Neighborhood. For services provided outside of the Care Neighborhood, see Scope of Services for other departments at Fred Hutchinson Cancer Center. Some services may be provided through the greater UWMC system.

- Social Work
- Palliative Care
- Medical Nutrition
- Interpreter Services
- Chaplaincy
- Research
- Clinical Pharmacy Support
- Radiology
- Procedure Suite Services
- Child Life
- Oral Medicine
- Genetics
- Anti-coagulation
- Nephrology
- Cardio-Oncology
- Gastroenterology
- Gynecology
- Pulmonary
- Dermatology
- Infectious Disease

- Pathology
- Pain Clinic
- BOCCP
- GICCP
- Survivorship
- Interventional Radiology
- Urology
- Neuro-Oncology
- Tobacco Cessation
- Psychiatry/Psychology

Clinic visit types consist of the following:

- New patient (have not been registered at Fred Hutchinson Cancer Center for the past 3 years)
- Established New (new to practitioner and has already been established at Fred Hutchinson Cancer Center)
- Consult (from internal to Fred Hutchinson Cancer Center to consult service – see above list)
- Referral from another provider
- Return patient for treatment or monitoring.
- RN visits for assessment, teaching, injections, blood draws, and infusion
- LPN visits for injections, blood draw, and some infusions
- Pharmacy visits for teaching
- Supportive Care Visits
- Research related Visits
- Infusion Visits
- Injection Visits
- EKG visits
- Vital visits

There are patient appointments with MDs, Nurse Practitioners, Physician Assistants, RNs, LPNs, Genetic Counselors, Research Staff, Social Workers, Navigators, Clinical Pharmacists, Spiritual Care Providers, Psychiatrists, Psychologists, Registered Dietitians, Research Coordinators and Medical Assistants.

Patients receive continuity of care for their cancer if they choose to have treatment here.

Some patients, due to distance, have portions of their treatment (for example: radiation therapy) in their home community, but are followed by a Fred Hutchinson Cancer Center attending physician who communicates with the patient's community/home provider.

The following procedures are done in the care neighborhood and are performed by a credentialed physician or mid-level provider (PA, ARNP):

- N/A

The following procedures are done in the clinic and are performed by an RN, LPN, or MA, under the supervision of an RN or MD:

- EKGs
- Injections (sub-cutaneous, intradermal, and intramuscular)
- Dressing changes
- Ostomy Care
- Suture and staple removal
- Drain removals
- Bladder ultrasound
- Port access/Deaccess
- Central Line Blood draws
- TPA instillation
- Peripheral Line placements
- Medication Administration
- Chemotherapy/Biotherapy Administration
- Blood Product Transfusion

B. Patient Population Served:

Patients seen in the GI Care Neighborhood have an oncologic diagnosis or signs and symptoms indicating an oncologic diagnosis and have been self-referred or referred by another MD for oncology care.

II. CONTINGENCY STAFFING:

A. In the event of an unanticipated increase in volume, departmental staffing will adjust in the following manner:

- Call in Infusion staff for additional hours or overtime.
- Call in full-time core staff for additional hours or overtime.
- Temporarily reduce services.

B. In the event of a sudden decrease in volume, department staffing will decrease in the following manner:

- Cancellation of per diem/part-time staff additional hours.

Float staff to other Infusion areas with greater need

- Utilization of staff for education and project work.
- Offer select full-time core staff non-productive time off.

III. REDUCED OPERATING PLAN - DEPARTMENTAL RESPONSE PLAN:

In the event of reduced operations (e.g., inclement weather or disaster) describe the minimum staffing level (e.g., FTE per shift) and type of staffing would the department require to effectively maintain services.

The Care Neighborhood can absorb a short-term reduction in staffing of 20% overall and continue to provide same level of service. Further staffing reductions would require us to limit non-essential services (routine screening, routine follow up, non-urgent requests etc.)

IV. MEAL/BREAK STRATEGY:

- A. Breaks are important to you and department leadership. You need the time to rest and recharge. Waiting until the end of the shift to say that you were unable to get a break is not timely and does not allow the opportunity for problem solving.
- Rest and meal breaks will be coordinated between the staff members and the area leader.
 - Staff are encouraged to take breaks in between scheduled activities.
 - Area leaders will check in with staff to encourage breaks. Area leaders may be team leads, charge nurses, supervisors, and/or managers and will assume responsibility to support breaks.
 - If staff members are having difficulty arranging a time and coverage for a break, they will escalate this to their area leader.
 - If the area leader cannot make arrangements for the rest or meal break it will be escalated to their supervisor or manager.
 - Escalation will be done in a timely manner so there is time to make arrangements for coverage.

V. STAFFING MATRIX:

	<u>Mon</u>	<u>Tues</u>	<u>Wed</u>	<u>Thu</u>	<u>Fri</u>
<u>GI RN Mgr</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>GI RN Sup</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Charge Nurse</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Infusion RN</u>	<u>8</u>	<u>8</u>	<u>8</u>	<u>8</u>	<u>8</u>
<u>CNC</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>
<u>PCSC RN</u>	<u>0</u>	<u>1</u>	<u>1</u>	<u>0</u>	<u>1</u>
<u>CCSC RN</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>LPN</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>MA</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Back office MA</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>

Fred Hutchinson Cancer Center Unit and Shift-Based Nurse Staffing Plan

Imaging Observation and Breast Imaging

Hours of Operation	Volume Indicator:	Expected Volume	Required Staff
M-F: 0630 – 1800 Saturdays: 0700-1730 Closed: Sundays and holiday's	Procedure volume/month Number of patients/day	Observation Unit # 65-100/day Saturday 10-13/day	RN: Baseline: 1-4 LPN: Baseline: 0-2 Technologist: Baseline: 0-4 Total Combined Staff: 6-8 Saturday: 2-3
M-F: 0630 – 2030 Saturdays: 0700-1730 On call stand by for ACE clinic (US, CT, XR on Sundays) Closed: Sundays and holidays		Total Medical Imaging #220-250/day	Technologists: Baseline:16-20
M-F: 0730 – 1700 Saturday: 0800 – 1630 Mobile M-S: 0800 – 1630		Total Breast Imaging #55-95/day Total Mobile 12-30/day	RN: Baseline: 0-1 Clinic Technologist: Baseline: 4-6 Saturday: 1-2 Mobile Technologist: Baseline: 1-2

I. DESCRIPTION OF SCOPE:

A. Summary of Services:

The Department of Medical and Breast Imaging provides diagnostic services that support the patient care, clinical research, and teaching objectives of the Fred Hutchinson Cancer Center. Upon the order of a licensed referring physician or APP and according to medical necessity, the Department of Medical Imaging serves patients with a full range of modalities, including:

- Conventional Radiography
- Fluoroscopy for line insertion and/or removal
- Computed Tomography

- Magnetic Resonance Imaging, including MR-guided breast biopsies
- Ultrasonography
- Nuclear Medicine, including Zevalin, Xofigo, Lutathera, and other therapy
- Full Field 3D Digital Screening and Diagnostic Mammography, including a mobile van
- Breast Imaging guided procedures (mammography & ultrasonography)
- DEXA
- van
- DEXA
- PET/CT

Services available, but not performed on site (e.g., at UWMC or CHMC) are the following:

- Angiography
- Complex Interventional Procedures
- Biopsies, other than breast

B. Patient Population Served, if a Patient Care or Clinical Lab department. During the period of January 1, 2016 to December 31, 2016 the population served was as follows:

- Pediatric: less than 1%
- Adult: 81%
- Geriatric: 18%

II. CONTINGENCY STAFFING:

A. In the event of an unanticipated increase in volume, departmental staffing will adjust in the following manner:

- Call in per diem or part-time staff for additional hours.
- Call in full-time core staff for overtime.

B. In the event of a sudden decrease in volume, department staffing will decrease in the following manner:

- Cancellation of per diem/part-time staff additional hours
- Offer full-time core staff non-productive time off

III. REDUCED OPERATING PLAN:

A. In the event of reduced operations (e.g., inclement weather or disaster) describe the minimum staffing level (e.g., FTE per shift) and type of staffing would the department require to effectively maintain services.

See Appendix A “Reduced Operations Plan – Imaging”

Appendix A Reduced Operations Plan – Imaging

Modality	Minimum # Staff to Operate Safely	Based on Proximity to Fred Hutchinson Cancer Center, probable # available on site	Action Plan
MRI	2	2	Triage Scheduled
CT	1	1	Triage Scheduled
Diagnostic Radiology, DEXA	1	1	Triage Scheduled
Interventional Radiology	1	2 (if RN is procedurist: 1 available technologist for Interventional Radiology)	Triage Scheduled
Ultrasound	1	1	Triage Scheduled
Mammography	2	2	Triage Scheduled
Mobile Mammography	1 Driver, 1 technologist, 1 team coordinator	1 team coordinator	Triage Scheduled
Nuclear Medicine/PET/CT	2	1	Triage Scheduled
RN	1	1	Triage Scheduled
LPN	0	1	Triage Scheduled
2nd floor Team Coordinators	1 reception & 2 schedulers	2 & 1 supervisor (1 TC can work from home)	Triage Scheduled
3rd floor Team Coordinators	1 reception & 1 scheduler	2 & 1 supervisor (1 TC can work from home)	Triage Scheduled

IV. MEAL and REST BREAK STRATEGIES:

A. Breaks are important to staff and department leadership. Staff needs the time to rest and recharge. Waiting until the end of the shift to say they were unable to get a break is not timely and does not allow the opportunity for problem solving.

- Rest breaks will be scheduled per our department guidelines.
- Meal and Rest breaks will be uninterrupted per the *Meal and Rest Periods* policy.
- For any Rest break that is interrupted before ten complete minutes, employees should inform their immediate supervisor, so they can give the employee an additional ten-minute uninterrupted rest break at the earliest reasonable time.
- When an employee misses a Meal or Rest break, they are required to record this in the timekeeping system.
- Rest and meal breaks will be coordinated between the staff members and the department leads.

- Staff are encouraged to take breaks in between scheduled patients.
- The department lead will check-in with staff to encourage breaks.
- If staff or department leads are having difficulty arranging for coverage for a break or lunch, it will escalate to the supervisor.
- If the supervisor cannot make arrangements for the rest or meal break, it will be escalated to the manager.
- Escalation will be done in a timely manner to allow time to make arrangements for coverage.

Required Staff
RN: Baseline: 1-4 LPN: Baseline: 0-2 Technologist: Baseline: 0-4 Total Combined Staff: 6-8
Technologists: Baseline:16-20
RN: Baseline: 0-1 Technologist: Baseline: 4-6

Note: Target daily staffing is a mix of RNs and techs to total 8 staff members. Techs assigned to Imaging Observation from Medical Imaging pool of CT, MRI, Nuc Med techs.

Fred Hutchinson Cancer Center Unit and Shift-Based Nurse Staffing Plan

Bezos Family Immunotherapy Clinic

Hours of Operation:	Volume Indicator:	Expected Volume	Staff
Monday-Friday: 0800-2000 Immunotherapy patients are managed by the BMT clinic on Sat/Sun and holidays.	<ul style="list-style-type: none"> • Room utilization • Scheduled visits: Lab, Infusion, Clinics 	-Approx. 700-800 visits/month -85% utilization of 15 bay capacity during peak hours 11am - 4pm	See below

I. DESCRIPTION OF SCOPE:

A. Summary of Services and Patient Population Served

The Bezos Family Immunotherapy (IMTX) clinic provides the following services:

- Total patient care including comprehensive assessment, support, education and treatment for adult patients participating in non-transplant cellular based immunotherapy research protocols and commercially approved FDA immune effector cellular products.
- Infusion services for adult Fred Hutchinson Cancer Center patients on other services.

The following types of services may occur within the IMTX clinic space:

- Clinic visits – Exams, consults, teaches, injections, dressing changes, line care, etc.
- Blood draws
- Triage
- Coordination/transfer to inpatient care
- Infusions, including chemotherapy, blood product transfusions, supportive medications, and cell infusions
- Specimen processing and distribution (clinical and research)
- Procedures with minimal sedation (bone marrow aspirate, lumbar puncture)
- Supportive Care – Nutrition, Chaplaincy, Social Work
- EKG

B. Patient population served

- Adults 100%

II. CONTINGENCY STAFFING:

A. In the event of an unanticipated increase in workload, the department adjusts staffing.

- Call per diem and part-time staff to work extra
- Call full time staff in to work overtime
- Supervisors and manager work in patient care
- Trained staff float from other areas
- Hire temporary staff for positions

B. In the event of a sudden decrease in volume, the department adjusts staffing.

- Cancel all overtime
- Cancel per diem staff
- Assign staff to work on projects
- Assign staff to orient to a different role or part of the Immunotherapy clinic
- Float trained staff to other areas
- Enforce “Low Census/Flexible Staffing” policy

III. REDUCED OPERATING PLAN

A. In the event of reduced operations (e.g., inclement weather or disaster) describe the minimum staffing level (e.g., FTE per shift) and type of staffing the department would require to effectively maintain services.

AM Shift 0800-1800	PM Shift 1800-2000
1 Charge RN	1 Charge RN
2 Nurse Coordinator	2 Infusion RN
3 Infusion Nurses	1 Patient Care Coordinator
1 Patient Care Coordinator	

IV. MEAL/BREAK STRATEGY:

A. Meal and rest breaks for staff are supported in the following ways:

- Charge Nurse will check in with staff throughout the day to ensure opportunity for breaks
- If staff members are having difficulty arranging a time and coverage for a break, they will first escalate this to the Supervisor.
- Escalation will be done at the earliest opportunity to ensure time to plan for coverage.
- If the Supervisor is not able to coordinate the rest or meal break it will be escalated to the Clinic Manager.

B. Team Nurse: Lunch breaks are blocked in each nurses’ daily clinic template; no coverage is needed during break time.

C. Infusion Nurse: Lunch breaks are blocked on daily clinic template and is also based on clinic activity. Infusion RNs cover each other for breaks.

D. Charge Nurse: Lunch break timing is determined based on clinic activity. Infusion RN trained as Charge RN, Supervisor or Manager will cover lunch.

*For all IMTX nurses, missed breaks and lunches are captured in Kronos along with reason. If Infusion RNs are not able to find coverage to take their break/lunch, it is escalated to the Charge RN then Nursing Supervisor.

Bezos Family Immunotherapy Clinic Staffing		
	M-F	Sat/Sun/Holiday
JOB TITLE / SHIFT	0800-2000	0800-1700
Manager	1	0
Nursing Supervisor	1	0
Professional Practice Coordinator	1	0
Clinical Trial Coordinator (CTC) RN	1	0
Charge RN	1	0
Infusion Nurses	6-7	0
Clinical Nurse Coordinators	3	1
Total Nursing Staff	14-15	1
Medical Assistant	1	0
Support Staff Supervisor	1	0
Patient Care Coordinators	5	0
Administration	1	0
Total Non-RN Staff	8	0
Total Immunotherapy Staff	22-23	1

Fred Hutchinson Cancer Center Unit and Shift-Based Nurse Staffing Plan Infusion Services (INF, SSU, CTU & ACE)

Hours of Operation:	Volume Indicator:	Expected Volume	Shift/Staffing Requirements
a. <u>Infusion Services:</u> <ul style="list-style-type: none"> • Mon. – Fri.: 07:00 - 22:00 • Sat, Sun and Holidays: 08:00 – 18:00 	Infusion & CTU hours/month Number of appointments/day (M-F)	10000-13000 170 – 210	Shifts area mix of 8 and 10 hour shifts for all employees; 12 hour shift for ACE Clinic RN. Direct Care RNs are staffed at a RN/Patient Ratio of 1: 5.25 in Infusion Services; 1:4.25 in CTU; and 1:11 in Short Stay. NACs are staffed at a NAC/Patient Ratio of 1:15 in Infusion Services and CTU. Variance depends on level of patient care needs decided by Charge RN. Staffing will flex based on patient schedules, total patient hours, and total census.
b. <u>Clinical Trials Unit:</u> <ul style="list-style-type: none"> • Mon. – Fri.: 08:00 - 22:00 • Sat, Sun and Holidays: Closed 	Number of appointments/day (S/S/H)	70-120	
c. <u>4th Floor Short Stay:</u> <ul style="list-style-type: none"> • Mon. – Fri.: 08:30 - 1830 • Sat, Sun and Holidays: Closed 			
d. <u>ACE Clinic:</u> <ul style="list-style-type: none"> • Mon. – Fri.: 10:00-22:00 • Sat, Sun and Holidays: 08:00-18:00 	ACE Clinic patients/day	3-5	

II. DESCRIPTION OF SCOPE:

A. Summary of Services:

The Infusion Service department provides the following services:

- Administer chemotherapy and biologic, supportive and investigation therapies to patients, as prescribed by their physicians.
- Conduct a comprehensive nursing assessment on all patients receiving therapeutic services.
- Participate and collaborate in the development of patient’s plan of care.
- Provide symptom management for patients being treated including, but not limited to: hydration, antiemetic, and pain management.
- Assess and reinforce patient and family member/caregiver education related to treatment regimen and home care monitoring needs.

- Refer patients to other disciplines and services such as social work, nutrition, and supportive care as indicated.
- Collaborate with other services in the ongoing management and care of patients (example: transplant team nurses, clinical nurse coordinators and support staff/team).
- Conducts after hours (M-F 5pm-10pm; Weekends 8am-6pm) phone triage for patient symptom management or treatment related concerns.

B. Patient Population Served:

- All Bone Marrow Transplant, Hematology, and General Oncology patients are referred to receive treatment in Infusion Services/CTU by their attending physician.
- Patients served by age group (updated to reflect patients in FY18):

Infant	<1%
Child	<1%
Adolescent	<1%
Adult	62%
Geriatric	37%

III. CONTINGENCY STAFFING:

A. In the event of an unanticipated increase in workload, the department adjusts staffing.

- Utilizing staff who listed themselves as “available to work” on the availability list.
- Use of per-diem
- Calling in part-time staff for additional hours
- Calling in full-time staff for additional hours
- Offering of Special Pay to any of the above staff
- Nursing management will assist in direct patient care

B. In the event of sudden decrease in volume, the department adjusts staffing. Staff are cancelled according to the following order:

- Supervisors or PPC are removed from patient care
- Any Staff working Overtime or Special Pay (by reverse seniority)
- Voluntary Low Census List
- Agency staff
- Per Diem staff working over minimum commitment
- Regular staff working over FTE commitment
- Per Diem Staff
- Regular Staff, by reverse seniority

IV. REDUCED OPERATING PLAN:

A. In the event of reduced operations (e.g., inclement weather or disaster) describe the minimum staffing level (e.g., FTE per shift) and type of staffing would the department require to effectively maintain services.

- Essential staff include: Registered Nurses, Nursing Assistants, Medical Assistants and Patient Access Coordinators. Staffing would be the same per day of week listed on the unit and shift-based staffing plan and flexed to patient volume.
- A minimum of one nursing and one support staff management representative (supervisor or above) are essential to ensure safety of staff and patients as well as assist with patient flow.

V. MEAL and REST BREAK STRATEGIES:

A. Breaks are important to staff and department leadership. Staff needs the time to rest and recharge. Waiting until the end of the shift to say they were unable to get a break is not timely and does not allow the opportunity for problem solving.

- Rest breaks will be scheduled per our department guidelines.
- Meal and Rest breaks will be uninterrupted per the *Meal and Rest Periods* policy.
- For any Rest break that is interrupted before ten complete minutes, employees should inform their immediate supervisor, so they can give the employee an additional ten-minute uninterrupted rest break at the earliest reasonable time.
- When an employee misses a Meal or Rest break they are required to record this in the timekeeping system.
- For every 4-hour period a staff member works, they will be entitled to a 15-minute rest period (paid time).
- For staff working greater than or equal to 5 hours, they will be entitled to a 30-minute meal period (unpaid time).

B. Staffing breaks will be provided by one of the following methods:

- For staff coordinating daily patient flow (PSR/TC/NAC), a staff member designated to cover breaks will round and provide rest/meal periods away from the clinical area.
- For staff conducting direct patient care (RN), endorsement of patient care needs to other staff for rest/meal coverage is required.
- For staff in non-direct care areas (back office), staff are responsible for taking breaks independently and do not need coverage.
- If staff are unable to provide coverage, staff will escalate the need for a break to the charge nurse.
 - a. The charge nurse will be responsible to find coverage for staff including, but not limited to: examining coverage capability of other staff on the unit or escalation of need to a supervisor.

Budget # 6301 – Infusion Services Staffing Schedule								
	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Holiday
JOB TITLE / SHIFT	8:00 - 18:00	7:00 - 22:00	7:00 - 22:00	7:00 - 22:00	7:00 - 22:00	7:00 - 22:00	8:00 - 18:00	8:00 - 18:00
Direct Care Registered Nurse	14	23	20	21	21	21	21	21
Charge RN	1	2	2	2	2	2	2	2
Chart Review RN	1	1	1	1	1	1	1	1
Triage RN	2	1	1	1	1	1	2	2
PPC	0	2	2	2	2	2	0	0
TOTAL RN FTE	18	29	26	27	27	27	26	25
PAC	6	10	10	10	10	10	6	6
Department Coordinator	0	2	2	2	2	2	0	0
NAC	7	8	9	10	9	9	9	9
Total Support Staff	12	20	21	22	21	21	14	14
Support Staff Supervisor	0	2	2	2	2	2	0	0
Nursing Supervisor	0	3	3	3	3	3	0	0
Nurse Manager	0	1	1	1	1	1	0	0
Total Administrative Staff	0	6	6	6	6	6	0	0
TOTALS FOR Budget #								
Budget # – 6305 Clinical Trials Unit Staffing Schedule								
	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Holiday
JOB TITLE / SHIFT	closed	8:00 - 22:00	8:00 - 22:00	8:00 - 22:00	8:00 - 22:00	8:00 - 22:00	closed	closed
Direct Care Registered Nurse	0	8	8	8	8	7	0	0
Charge RN	0	2	2	2	2	2	0	0
Clinical Trial Coordinator	0	2	2	2	2	2	0	0
PPC	0	1	1	1	1	1	0	0

TOTAL RN FTE	0	13	13	13	13	12	0	0
PAC	0	2	2	2	2	2	0	0
MA	0	2	2	2	2	2	0	0
NAC	0	1	1	1	1	1	0	0
Total Support Staff	0	5	5	5	5	5	0	0
Nurse Manager	0	1	1	1	1	1	0	0
Nursing Supervisor	0	2	2	2	2	2	0	0
Total Administrative Staff	0	3	3	3	3	3	0	0
TOTALS FOR Budget #	0	21	21	21	21	20	0	0

Budget # 6306– 4th Floor Short Stay Unit Staffing Schedule								
	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Holiday
JOB TITLE / SHIFT	closed	8:30 - 18:30	8:30 - 18:30	8:30 - 18:30	8:30 - 18:30	8:30 - 18:30	closed	closed
Direct Care Registered Nurse	0	5	5	5	5	5	0	0
Charge RN	0	1	1	1	1	1	0	0
TOTAL RN FTE	0	6	6	6	6	6	0	0
PAC	0	2	2	2	2	2	0	0
NAC	0	2	2	2	2	2	0	0
Total Support Staff	0	4	4	4	4	4	0	0
TOTALS FOR Budget #	0	10	10	10	10	10	0	0

Budget # 6307– Acute Clinical Evaluation Unit Staffing Schedule								
	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Holiday
JOB TITLE / SHIFT	8:00 - 18:00	10:00- 22:00	10:00- 22:00	10:00- 22:00	10:00- 22:00	10:00- 22:00	8:00 - 18:00	8:00 - 18:00
Direct Care Registered Nurse	1	1	1	1	1	1	1	1
TOTAL RN FTE	1	1	1	1	1	1	1	1
NAC	1	1	1	1	1	1	1	1
Total Support Staff	1	1	1	1	1	1	1	1

TOTALS FOR Budget #	2	2	2	2	2	2	2	2

FRED HUTCHINSON CANCER CENTER Unit and Shift-Based Nurse Staffing Plan Long Term Follow Up Telemedicine (LTFU) and Support

Hours of Operation:	Volume Indicator:	Expected Volume	Required Staff
Monday-Friday: 0800 – 1700 Emergency medical consultation is available 24-hours via pager to the LTFU attending.	# phone calls/week	70	2 RNs Mon 3 RNs Tues, Wed, Thurs, Fri

I. DESCRIPTION OF SCOPE:

A. Summary of Services:

The Long Term Follow Up Telemedicine and Support department provides the following services:

- Prep LTFU charts, manage medical records, and route calls regarding pediatric LTFU patients to the Pediatric CC/LTFU team
- Telephone consultations post-transplant for adult patients and their primary care physicians (telemedicine)
- Planning and scheduling of patients for comprehensive evaluation on-site at the one-year anniversary after treatment and other annual evaluations for assessment and consultation regarding late effects
- Scheduling patients for chronic GVHD evaluation, consultation and follow up on-site and as needed for management and other treatment-related complications
- Departure class for patients and caregivers and as well as one-on-one departure teaching for post-transplant patients when needed
- Education of patients regarding recommendations for continuing treatment after they return to the care of their primary physician, regarding therapy-related complications and other health-related quality of life issues
- Assistance in procurement of specimens for clinical and research studies
- Consultation service about monitoring and preemptive treatment for viral reactivation detected in specimens tested at the FRED HUTCHINSON CANCER CENTER lab
- Long-term post-transplant guidelines for adult patients and physicians
- Coordinating data collection and exchange with the FHCRC Research LTFU department and Clinical Research Division
- Consultation services for patients transplanted elsewhere and requesting second opinion, GVH input, or relocation to area and need baseline post-transplant profile established
- Applies to Adults, Allo and Auto service

- B. Patient Population Served:
- Adult and Pediatric

II. CONTINGENCY STAFFING:

- A. In the event of an unanticipated increase in workload, the department adjusts staffing.
- Calling part time staff in to work
 - Calling RN Transplant cross-trained staff to work extra
 - Calling full time staff in to work overtime
 - Supervisors and manager work in patient care
- B. In the event of a sudden decrease in volume, the department adjusts staffing.
- Assigning staff to catch up on policy writing and reviewing
 - Engaging staff to work on quality improvement projects
 - Assigning staff to orient in a different part of the Transplant Clinic
 - Cancel per diem staff
 - Offer vacation time
 - Enforce “Low Census/Flexible Staffing” policy

III. REDUCED OPERATING PLAN

In the event of reduced operations (e.g., inclement weather or disaster) describe the minimum staffing level (e.g., staff per shift) and type of staffing would the department require to effectively maintain services.

- It depends on the length of time services will be reduced. For a few days the department could manage calls by triaging those most urgent. Medical staff could potentially work from home as this is a telemedicine service.
- Patients planning to arrive for LTFU visits on-site may need to be cancelled unless immediate care is deemed necessary.

IV. MEAL/BREAK STRATEGY:

- A. Breaks are important to staff and department leadership. Staff need the time to rest and recharge. Waiting until the end of the shift to say they were unable to get a break is not timely and does not allow the opportunity for problem solving.
- Supervisor will check in with staff throughout the day to ensure opportunity for breaks
 - If staff members are having difficulty arranging a time and coverage for a break, they will first escalate this to the Supervisor.
 - Escalation will be done at the earliest opportunity to ensure time to plan for coverage.
 - If the Supervisor is not able to coordinate the rest or meal break it will be escalated to the Clinic Manager.

*For all Transition nurses, missed meals are captured by employee in Kronos along with reason

- B. Telemedicine Nurses lunch breaks are determined based on clinical activity, no coverage is needed during break time.

LTFU – Staff					
	M	T	W	Th, F	Weekends & Holiday
JOB TITLE / SHIFT	0730 - 1700	0700-1700	0700 - 1700	0730 - 1800	0800 - 1700
Nurse Supervisor- LTFU	-		1	-	-
Registered Nurses	2	3	3	3	-
TOTAL RN Staff	2	3	3	3	-
TOTALS	2	3	4	3	-

LTFU Telemedicine Staff	#
Clinical Operations Manager	1
Supervisor, Nursing	1
Registered Nurses	5
Supervisor, Support Staff	1
PCC	4
PCC Assistant	1
Total	13

Fred Hutchinson Cancer Center Unit and Shift-Based Nurse
Staffing Plan
MRI at Valley Street
1209 Valley Street
Seattle, WA 98109

Hours of Operation	Volume Indicator:	Expected Volume	Required Staff
M-F: 06:30am – 5:30pm Closed: weekends and holiday's	Diagnostic MRI Scans	Diagnostic MRI Scans: 10-20 exams/day	RN: Baseline: 1 Technologist: Baseline: 2 Support Staff - 1 Total Combined Staff: 4

I. DESCRIPTION OF SCOPE:

A. Summary of Services:

The MRI at Valley Street is considered part of the Department of Medical and Breast Imaging. It is located in a modular building at 1209 Valley Street (Seattle). The space features 8 patient parking spaces, ADA ramp/door entrances, a reception desk and waiting room, patient and staff restrooms, patient changing rooms, 2 patient bays for venous access and post-scan observation, a nurse station with patient nutrition, blanket warmer, and 2 handwashing sinks, the MRI control room and MRI scanner, a clean utility, a soiled utility, and the MRI equipment room.

The Department of Medical and Breast Imaging provides diagnostic services that support the patient care, clinical research, and teaching objectives of the Fred Hutchinson Cancer Center. Upon the order of a licensed referring physician or APP and according to medical necessity, the Department of Medical Imaging serves patients with a full range of modalities in the main clinic. The MRI at Valley Street will provide the following modality:

- Magnetic Resonance Imaging

- Patient Population Served, if a Patient Care or Clinical Lab department

- Pediatric: Pediatric Patient will not be served at this location
- Adult Patients for screening, diagnosis or surveillance of cancer and cancer related conditions.

II. CONTINGENCY STAFFING:

- A. In the event of an unanticipated increase in volume, departmental staffing will adjust in the following manner:
- Call in per diem or part-time staff for additional hours.
 - Call in full-time core staff for overtime.
- B. In the event of a sudden decrease in volume, department staffing will decrease in the following manner:
- Cancellation of per diem/part-time staff additional hours
 - Offer full-time core staff non-productive time off

III. REDUCED OPERATING PLAN:

- A. In the event of reduced operations (e.g., inclement weather or disaster) describe the minimum staffing level (e.g., FTE per shift) and type of staffing would the department require to effectively maintain services.

See Appendix A “Reduced Operations Plan – Imaging”

Appendix A Reduced Operations Plan – Imaging

Modality	Minimum # Staff to Operate Safely	Based on Proximity to Fred Hutchinson Cancer Center, probable # available on site	Action Plan
MRI Technologist	2	2	Triage Scheduled
Registered Nurse	1	1	
Team Coordinators	1 reception	1	Triage Scheduled

IV. MEAL and REST BREAK STRATEGIES:

- A. Breaks are important to staff and department leadership. Staff needs the time to rest and recharge. Waiting until the end of the shift to say they were unable to get a break is not timely and does not allow the opportunity for problem solving.
- Rest breaks will be scheduled per our department guidelines.

- Meal and Rest breaks will be uninterrupted per the *Meal and Rest Periods* policy.
- For any Rest break that is interrupted before ten complete minutes, employees should inform their immediate supervisor, so they can give the employee an additional ten-minute uninterrupted rest break at the earliest reasonable time.
- When an employee misses a Meal or Rest break they are required to record this in the timekeeping system.
- Rest and meal breaks will be coordinated between the staff members and the department leads.
- Staff are encouraged to take breaks in between scheduled patients.
- The department lead will check-in with staff to encourage breaks.
- If staff or department leads are having difficulty arranging for coverage for a break or lunch, it will escalate to the supervisor.
- If the supervisor cannot make arrangements for the rest or meal break, it will be escalated to the manager.
- Escalation will be done in a timely manner to allow time to make arrangements for coverage.

Required Staff
MRI at Valley Street RN: Baseline: 1 Technologist: Baseline2 Team Coordinator Baseline: 1 Total Combined Staff: 4

Fred Hutchinson Cancer Center Unit and Shift-Based Nurse Staffing Plan

Proton Therapy Center

Hours of Operation:	Volume Indicator:	Expected Volume	Required Staff
Monday – Friday: 0700 - 2400 Holidays: Closed	XRT on treatment patients/day NEW/RETURN/FU(weekly) Pediatric Anesthesia	60 20 Variable- based on patient need	2 RN's 8 RTT's 1 CMD 1 Anesthesiologist (only for anesthesia cases)

I. DESCRIPTION OF SCOPE:

A. Summary of Services:

The Proton Therapy department provides the following services:

- Simulation: CT
- Pencil Beam Scanning/ Uniform Scanning, Proton Therapy.
- IGRT- Image Guided Radiation Therapy
- SBRT, Proton Therapy
- ADT Therapy for prostate patients
- Anesthesia for pediatric patients – provided to patients who are unable to tolerate treatment awake. Cases can be scheduled between 7:30am and 5:00pm.

B. Patient Population Served:

- Patients - The primary diagnoses types covered by our Attending Physician Team are: GU, GI, GYN, CNS, Head and Neck, Breast/Chest wall, Lymphoma, Sarcoma, Ocular, Lung. They perform initial treatment courses, as well as reirradiation.
- Families- The patient's family often comes with the cancer patient for consultation and treatment appointments. We provide opportunities to meet with Fred Hutchinson Cancer Center professionals in supportive care as needed.
- Referring Physicians- 64% UW Physicians, 16% outside physicians, 20% patient self-referral.
- Patients served by age groups:
 - Child/Adolescent [0-19 yrs]: 12%
 - Adult [20-60]: 34%
 - Older Adult: 54%

II. CONTINGENCY STAFFING:

- A. In the event of an unanticipated increase in workload, the department adjusts staffing.
 - Call in per diem or part-time staff for additional hours.
 - Call in full-time core staff for overtime.

- B. In the event of a sudden decrease in volume, the department adjusts staffing.
 - Cancellation of per diem/part-time staff additional hours.
 - Offer full-time core staff non-productive time off.

- C. The Proton Center treatment hours vary based on the patient census of each day. To avoid overtime, employees scheduled to work evening shift will be scheduled their appropriate length shift (8 or 10 hours) with a start time that is set based on the scheduled end time for patient treatments each day. Any other unanticipated increase or decrease in volumes, will be handled as above.

III. REDUCED OPERATING PLAN

- A. In the event of reduced operations (e.g., inclement weather or disaster) describe the minimum staffing level (e.g., FTE per shift) and type of staffing would the department require to effectively maintain services.
 - 2 RTT per machine that is operating, in addition to 2 RNs (could decrease to 1 RN if no anesthesia or CT sim with IV contrast present), 1 Attending Physician, 1 Dosimetrist, 1 Physicist, 1 Patient navigator/concierge, and regular IBA staff. We would condense treatment room schedules as much as possible, and cancel non-emergent CT.

IV. MEAL and REST BREAK STRATEGIES:

- A. Breaks are important to staff and department leadership. Staff needs the time to rest and recharge. Waiting until the end of the shift to say they were unable to get a break is not timely and does not allow the opportunity for problem solving.
 - Rest breaks will be scheduled per department guidelines.
 - Meal and Rest breaks will be uninterrupted per the *Meal and Rest Periods* policy.
 - Rest and meal breaks will be coordinated between the staff members and the Nursing Supervisor, or designee
 - For any rest or meal break that is interrupted before complete, employees should inform their immediate supervisor/manager, so arrangements can be made for an uninterrupted break at the earliest reasonable time.
 - When an employee misses a Meal or Rest break they are required to record this in the timekeeping system.
 - If staff members are having difficulty arranging a time and coverage for a break, he or she will escalate this to the supervisor/manager.
 - Escalation will be done at the earliest opportunity to ensure time to plan for coverage.

Proton Therapy Center					
	M-F	M-F	Weekend (when applicable)	Weekend	Holiday
JOB TITLE / SHIFT	Day shift	Evening shift*	Day Shift	Evening shift*	Closed
Radiation Oncology RN	5	1	2*	1	0
Radiation Therapist	9	4	9	4	0
TOTAL RN	5	1	2*	1	0
TOTAL	14	5	11	5	0

*RN staffing on weekend day shift = 2 when anesthesia or IV contrast cases scheduled; may decrease to 1 when those do not apply.

Number of Proton Therapy Staff	
Radiation Therapy Supervisor(III)	2
Radiation Therapist	11
RN	6
CMA	1
Total	20

Fred Hutchinson Cancer Center Unit and Shift-Based Nurse Staffing Plan

Procedure Suite

Hours of Operation	Volume Indicator:	Expected Volume	Required Staff
M-F: 0700 – 1730 Closed: weekends and holidays	Procedure volume/month Number of patients/days	600-720- 475 30-39	RN: 14 ST/MA: 5 Rad Tech: 1

I. DESCRIPTION OF SCOPE:

A. Summary of Services

The Procedure Suite department provides the following services:

- The Procedure Suite includes Interventional Radiology and provides a venue for invasive procedures, with or without moderate sedation, and with or without general anesthesia. The staff is committed to providing high quality nursing care to patients.
- Procedures include:
 - Bone marrow biopsy, aspiration and skin biopsy, performed by the procedure suite Bone Marrow RN
 - Gastroenterology procedures including esophagogastroduodenoscopy, colonoscopy, sigmoidoscopy, esophageal dilation, and anoscopies. Procedures with or without biopsies and polyp removals.
 - Pulmonary procedures, including bronchoscopy, bronchioalveolar lavage, transbronchial biopsy, endobronchial ultrasound, electromagnetic navigation bronchoscopy and thoracentesis.
 - Lumbar puncture with or without intrathecal methotrexate
 - Placement and removal of tunneled and non-tunneled central vascular access devices
 - Administration of anesthesia or procedural sedation.
 - Provide support for clinic emergency response as members of Rapid Response team

B. Patient Population Served

- HSCT (hematopoietic stem cell transplant) and general oncology and hematology patients and research study participants enrolled in specific studies
- Patients served by age groups:
 - Infant 0%
 - Child 0%
 - Adolescent 0%
 - Adult 75%
 - Geriatric 25%+

II. CONTINGENCY STAFFING:

- A. In the event of an unanticipated increase in workload, staffing is adjusted accordingly:
- Call in per diem or part-time staff for additional hours
 - Call in full-time staff for overtime
 - Temporarily reduce services
- B. In the event of a sudden decrease in volume, department staffing will decrease in the following manner
- Cancellation of overtime
 - Cancellation of per diem/part-time staff additional hours.
 - Offer full-time core staff non-productive time off

III. REDUCED OPERATING PLAN:

In the event of reduced operations (e.g., inclement weather or disaster) describe the minimum staffing level (e.g., FTE per shift) and type of staffing would be based on procedure type, see “Appendix A: Reduced Operations Plan – Procedure Suite” below.

Appendix A: Reduced Operations Plan – Procedure Suite

MODALITY	MINIMUM # OF STAFF TO OPERATE	BASED ON PROXIMITY TO SCCA, PROBABLE NUMBER AVAILABLE ON SITE	ACTION PLAN	COMMENTS/NOTES
Interventional Radiology	1 RN 1 MA/Surg Tech 1 Rad Tech	2	Triage Schedule	Cases will be prioritized by the following: • Necessary to ensure patient safety • Delay of procedure would seriously impact patient’s treatment plan.
Procedures	6 RN’s 1 MA/Surg Tech	5	Triage Schedule	
Support Staff (Team Coordinators)	(2nd floor) 1 reception + 2 scheduler	2 plus a supervisor	Triage Schedule	

IV. MEAL and REST BREAK STRATEGIES:

A. Breaks are important to staff and department leadership. Staff needs the time to rest and recharge. Waiting until the end of the shift to say they were unable to get a break is not timely and does not allow the opportunity for problem solving.

- Rest breaks will be scheduled per our department guidelines.
- Meal and Rest breaks will be uninterrupted per the *Meal and Rest Periods* policy.
- For any rest break that is interrupted before ten complete minutes, employees should inform their immediate supervisor, so they can give the employee an additional ten-minute uninterrupted rest break at the earliest reasonable time.
- When an employee misses a Meal or Rest break they are required to record this in the timekeeping system.
 - Rest and meal breaks will be coordinated between the staff members and charge nurse.
 - Staff are encouraged to take breaks in between scheduled procedures.
 - Charge nurses will check in with staff to encourage breaks.
 - If staff members are having difficulty arranging a time and coverage for a break, they will escalate this to the charge nurse first.
 - If the charge nurse cannot make arrangements for the rest or meal break it will be escalated to nursing supervisor and/or manager.
 - Escalation will be done in a timely manner so there is time to make arrangements for coverage.
 - Missed rest or meal breaks will be recorded on department tracking form for trending analysis.

Core Daily Staffing

Procedure Suite

M-F 07:00 – 17:30	
JOB TITLE	#
Nurse Manager	1
Nursing Supervisor	1
Staff Registered Nurse	16
TOTAL RN's	18
Surgical Technician/ Medical Assistant	5
TOTAL ST/MA	5
Radiology Tech	1
TOTAL RADIOLOGY TECH	1

Note: Radiology techs are drawn from a pool of Medical Imaging rad techs that have been cross trained to IR. Staffed as 1 per day. Home cost center remains in their assigned Medical Imaging department.

Procedure Suite Staff FTE: RNs, STs, MAs, RT

	#
Nurse Manager	1
Nursing Supervisor	1
Registered Nurse	30
GI Clinical Nurse Coordinator	3
Surgical Tech/MA	5
Radiology Technologist	5
Total	45

Fred Hutchinson Cancer Center Unit and Shift-Based Nurse Staffing Plan

South Lake Union Radiation Oncology

Hours of Operation:	Volume Indicator:	Expected Volume	Required Staff
Monday – Friday: 0700 - 1800 Holidays: Closed	XRT on treatment patients/day	40-50	2RN's 8 RTT's
	HDR procedures(sedation)	1-3	1CMD
	NEW/RETURN/FU(weekly)	30	1MA

I. DESCRIPTION OF SCOPE:

A. Summary of Services:

The South Lake Union Radiation Oncology department provides the following services:

- Simulation: CT and Fluoroscopy
- Linear Accelerator Treatments via 6MV, 10MV, & 18MV photons and 6MeV, 8MeV, 10MeV, 12MeV, 15MeV & 18MeV electrons
- IGRT- Image Guided Radiation Therapy using a conebeam CT executed on the linac while patient is in treatment position
- IMRT- Intensity Modulated Radiation Therapy
- VMAT- Volumetric Modulated Arc Therapy
- Guidance and tracking using surface imaging and radiofrequency tracking systems.
- HDR- High Dose Rate Radiotherapy – a type of brachytherapy
- The South Lake Union Radiation Oncology Department participates in educational programs by serving as a clinical site for the Radiation Oncology Resident Program at the UWMC and for the Bellevue College Radiation Therapy Program.

B. Patient Population Served:

- Patients - Solid tumor cancer patients and mini-transplant patients requiring total body irradiation (TBI). The primary diagnoses types covered by our Attending Physician Team are: GU, GI, GYN, Breast, Lymphoma, and the mini-TBI patients from the Transplant Service.
- Families- The patient's family often comes with the cancer patient for consultation and treatment appointments. We provide opportunities to meet with Fred Hutchinson Cancer Center professionals in supportive care as needed.
- Referring Physicians- 75% UW Physicians 15% outside physicians 10% patient self-referral.
- Patients served by age groups:

- Infant 0%
- Child/ Adolescent [0-19 yrs] 1.2%
- Adult [20-60] 54.4%
- Older Adult 44.4%

II. CONTINGENCY STAFFING:

- A. In the event of an unanticipated increase in workload, the department adjusts staffing.
- Call in per diem or part-time staff for additional hours.
 - Call in full-time core staff for overtime.
 - Temporarily reduce services.
- B. In the event of a sudden decrease in volume, the department adjusts staffing.
- Cancellation of per diem/part-time staff additional hours.
 - Offer full-time core staff non-productive time off.

III. REDUCED OPERATING PLAN

- A. In the event of reduced operations (e.g., inclement weather or disaster) describe the minimum staffing level (e.g., FTE per shift) and type of staffing would the department require to effectively maintain services.
- 6 FTE's per shift to effectively maintain services assuming 1 Linac, no HDR's, duration lasting no longer than 48 hours and patient volume lower than 32 without OT. If HDR's are necessary, minimum staff increases to 9, Must have an Attending Physician & all other assumptions apply.

IV. MEAL and REST BREAK STRATEGIES:

- A. Breaks are important to staff and department leadership. Staff needs the time to rest and recharge. Waiting until the end of the shift to say they were unable to get a break is not timely and does not allow the opportunity for problem solving.
- Rest breaks will be scheduled per our department guidelines.
 - Meal and Rest breaks will be uninterrupted per the *Meal and Rest Periods* policy.
 - For any Rest break that is interrupted before ten complete minutes, employees should inform their immediate supervisor, so they can give the employee an additional ten-minute uninterrupted rest break at the earliest reasonable time.
 - When an employee misses a Meal or Rest break they are required to record this in the timekeeping system.
 - Supervisor will check in with staff throughout the day to ensure opportunity for breaks
 - If staff members are having difficulty arranging a time and coverage for a break, he or she will first escalate this to the Supervisor.

- Escalation will be done at the earliest opportunity to ensure time to plan for coverage.
- If the Supervisor is not able to coordinate the rest or meal break it will be escalated to the Clinic Manager.

South Lake Union Radiation Oncology				
	M	T-Th	F	Holiday
JOB TITLE / SHIFT	0700-1800	0700 - 1800	0700-1800	Closed
Radiation Oncology RN	3	3	3	0
Therapist	11	11	11	0
Dosimetrist	3	3	3	0
Medical Assistant	1	1	1	0
TOTAL RN	3	3	2	0
TOTAL	18	18	18	0

Number of South Lake Union Radiation Oncology Staff	
Manager	1
Therapy Supervisor (III)	1
Support Staff Supervisor	1
RN Supervisor	1
RN	5
Dosi Lead	1
MA	1
Dosimetrist I/II	2
PCCs	4
Therapists I/II	10
Department/Project Coordinator II	1
Total	28

Fred Hutchinson Cancer Center Unit and Shift-Based Nurse Staffing Plan

Alliance Lab Specimen Collection

Hours of Operation:	Volume Indicator:	Expected Volume	Staff
Monday-Friday 0600 - 1800	Average Daily patient census	350 patients	Shift lengths are a mix of 4, 5, 6, 7, 8 and 10, 11 and 12 hrs.
Saturday-Sunday 0800 - 1630		80 patients	Nurses are staffed at ratio of 1:2-3 patients per hour
Holidays 0800 - 1630		120 patients	Staffing will flex based on total patient census.

I. DESCRIPTION OF SCOPE:

A. Summary of Services:

The Alliance Lab Specimen Collection, Processing and Patient Services representative division provides phlebotomy, sample processing, and sample referral services to the Fred Hutchinson Cancer Center. Likewise, the division works in close collaboration with the Alliance Laboratory *Testing Services* division.

Phlebotomy services are provided to Fred Hutchinson Cancer Center patients in the Alliance Lab blood draw area, Room G1011. Blood samples are obtained by venipuncture phlebotomy, from central venous catheters, peripherally inserted venous catheters and via implanted port acces. Alliance Lab nursing staff and phlebotomists perform a coordinated nursing assessment of all venous access devices and document each assessment in the patient electronic medical record (EMR).

Alliance Lab nursing staff perform intravenous accesses (IVs) ordered by physicians for patients undergoing same day blood draw, infusion-related services, radiological exams in the Medical Imaging department and invasive and surgical procedures performed in the Procedure Suite. The lab nursing staff also provide PICC dressing changes and vital signs monitoring. Each of these procedures is documented electronically in the EMR by the nurse administering care. Finally, the lab nurses administer influenza (flu) vaccinations to patients and patient family members/caregivers and provide Infection Control Triage (ICT) for all patients and Fred Hutchinson Cancer Center visitors self-identifying possible respiratory infection.

B.	Population Served:	
	Patients served by age groups:	
	Infant	0%
	Child	1%
	Adolescent	2%
	Adult	62%
	Older Adult	35%

II. CONTINGENCY STAFFING:

- A. In the event of an unanticipated increase in volume, departmental staffing will adjust in the following manner:
- Call in per diem or part-time staff for additional hours.
 - Call in full-time core staff for overtime.
 - Temporarily reduce services.
- B. In the event of a sudden decrease in volume, department staffing will decrease in the following manner:
- Cancellation of per diem/part-time staff additional hours.
 - Offer full-time core staff non-productive time off.
- C. In the event of a severe staffing shortage, departmental staffing will adjust in the following manner:
- Establish Leadership- Specimen Collections Manager, Nursing Supervisor(s), Support Staff Supervisor and Charge RN and/or Lead LPN. Additional support may be provided by Senior Lab Manager and other Alliance Lab Management.
 - Obtain staff phone list from j-drive to contact additional staff as needed.
 - Make contact with Operations Division Administration to help facilitate nurse and PSR coverage from other departments within the clinic.
 - 12 hour shifts (0530-1800) may be implemented on weekdays in case of severe staffing shortages.

III. REDUCED OPERATING PLAN

In the event of reduced operations (e.g., inclement weather or disaster) describe the minimum staffing level (e.g., FTE per shift) and type of staffing the department would require to effectively maintain services.

Based on maximum 120 patients per day.

- 7-8 nursing staff
- 2-3 Patient Services Reps (PSRs)
- Increasing by 1 nurse for every 15-20 additional patients per day.
- Increasing by 1 PSR for every 100 additional patients per day.

IV. MEAL/BREAK STRATGEY:

- A. Breaks are important to staff and department leadership. Staff needs the time to rest and recharge. Waiting until the end of the shift to say they were unable to get a break is not timely and does not allow the opportunity for problem solving.
- Sign up for rest and meal breaks at the beginning of scheduled shifts, using the rest and meal breaks template posted by the Manager or the designated lead
 - Meal and rest break times are based on scheduled shifts. Early shifts employees will observe their rest and meal breaks before the later shifts employees
 - Honor self-assigned rest and meal breaks
 - Sign out for rest and meal breaks on the sign out board
 - Return self on the sign out board upon return from rest and meal breaks
 - Not more than four staff are to sign out for rest and meal breaks at a time on the sign out board
 - Supervisor will check in with staff throughout the day to ensure opportunity for breaks
 - If staff members are having difficulty arranging a time and coverage for a break, they will first escalate this to the supervisor or designated lead.
 - Escalation will be done at the earliest opportunity to ensure time to plan for coverage.
 - If the Supervisor or the designated lead is not able to coordinate the rest or meal break it will be escalated to the Nurse Manager.

Daily Specimen Collection Staffing Plan totals at peak patient volume, decreasing as patient volumes decreases

Monday-Friday
15-24 Nurses
1-2 Phlebotomists
2-4 Patient Service Reps

Saturday-Sunday
4-7 Nurses
1 Patient Service Rep

Holidays
10-12 Nurses
2 Patient Service Reps

Staffing	Weekdays										
	0530-1400	0530-1600	0600-1330	0600-1430	0600-1630	0630-1300	0630-1700	0700-1330	0700-1530	0700-1730	0730-1800
Nurse Manager									1		
Nurse Supervisor	1										1
Nurse Charge/Lead	1										1
Staff Nurses	1-2	0-1	0-1	1	0-2	0-1	0-2		3-10	0-2	
Phlebotomists								0-1	0-1		
Patient Service Representatives	1 SSS								1-2		1

Staffing			Weekends				
	0545-1615	0600-1430	0600-1630	0800-1200	0800-1330	0800-1430	0800-1630
Nurse Charge/Lead			1				
Staff Nurses		1		1-2	0-1	1	1
Patient Service Representative	1						

Staffing			Holidays		
	0730-1600	0800-1200	0800-1330	0800-1430	0800-1630
Nurse Charge/Lead					1
Staff Nurses		2-4	1-2	2-4	1-2
Patient Service Representative	1				

Fred Hutchinson Cancer Center Unit and Shift-Based Nurse Staffing Plan Wellness Center Services

Hours of Operation	Volume Indicator:	Expected Volume	RN's
Monday-Friday: 0730-1700	Patients/Day	Up to 20 patients	4-5

I. DESCRIPTION OF SCOPE:

A. Summary of Services:

Patient Population Served:

Patients seen at the Fred Hutchinson Cancer Center Wellness Center have either have had a previous cancer diagnosis, are at high risk for developing cancer due to an underlying cancer predisposition syndrome or significant family history of cancer and have been self-referred or referred by another MD/Advanced Practice Provider (APP), genetic counselor for care. Cancer survivors and high-risk cancer patients and their families who have been treated at the Fred Hutchinson Cancer Center or from the community.

The Fred Hutchinson Cancer Center Wellness Center consist of the following clinics:

- Lung Cancer Early Detection and Prevention Clinic
- Gastrointestinal Cancer Prevention Clinic
- Breast and Ovarian Cancer Prevention Clinic
- Women's Wellness Clinic
- Survivorship Clinic
- Sarcoma Surveillance Clinic
- Focused Access Clinic (Benign Hematology)
- Acupuncture – Integrative Medicine
- Clinical Cancer Genetics Service
- High Risk Surveillance Clinic

Clinic visit types consist of the following:

- In-Person Visit
 - New (not seen at the Fred Hutchinson Cancer Center for 3 years)
 - New Established
 - Return
- Telehealth Visit
- Phlebotomy
- Nutrition
- Genetic Counseling
- Research
- Tobacco Cessation Counseling

- Social Work
- EKG
- Covid-19 testing

There are patient appointments with MDs, APPs (Nurse Practitioners, Physician Assistants), Registered RNs, Medical Assistants (MA), Research Staff, Genetic Counselors, Tobacco Cessation Counselor, Social Workers, and Registered Dietitians. Patients receive continuity of care for their cancer if they choose to have treatment at the Fred Hutchinson Cancer Center. Some patients, due to distance, have portions of their high-risk screening (for example: breast MRIs) in their home community, but are followed by a Fred Hutchinson Cancer Center prevention provider who communicates with the patient’s local provider.

The following procedures are done in the clinic and are performed by an RN or MA under the supervision of an RN or MD:

- EKG
- Injections (sub-cutaneous, intradermal, and intramuscular)
- Phlebotomy
- Covid-19 testing

Patient Care Coordinators greet patients upon arrival to the clinic, perform check-in and registration, and provide phone reception support.

All patients who choose to have ongoing care at Fred Hutchinson Cancer Center are supported by a Clinic Nurse Coordinator who coordinates the patient’s clinical care throughout the Fred Hutchinson Cancer Center. Nursing care consists of assessment of patients in clinic, triage of patients both on the phone and in person, telephone management, patient education and interfacing with all other Fred Hutchinson Cancer Center departments that take part in the patients’ care.

Patients are supported by Patient Care Coordinators, who provide full-service scheduling and coordination of their appointments across sites of care at Fred Hutchinson Cancer Center, such as radiology appointments, consultations, blood draw appointments, and clinic visits with the providers.

B. Patients served by age group:

Infant	0%
Child	0%
Adolescent	2%
Adult	62%
Geriatric	36%

II. CONTINGENCY STAFFING:

A. In the event of an unanticipated increase in volume, departmental staffing will adjust in the following manner:

- Adjust RN schedules.
- Call in full-time core staff and/or Pier Diem RN for overtime.
- Temporarily reduce services.

- B. In the event of a sudden decrease in volume, department staffing will decrease in the following manner:
- NOTE: Volumes in the Wellness Center are predictable and because a majority of staffing scope is in support back office administrative functions. If there is a decrease in volumes, staff are able to shift focus from patient care to back-office administrative needs.

III. REDUCED OPERATING PLAN

- A. In the event of reduced operations (e.g., inclement weather or disaster) describe the minimum staffing level (e.g., FTE per shift) and type of staffing would the department require to effectively maintain services.
- 1 RN and 1 MA. The services at the Wellness Center are non-essential services and the department may close due to inclement weather or disaster.

IV. MEAL and REST BREAK STRATEGIES:

- A. Breaks are important to staff and department leadership. Staff needs the time to rest and recharge. Waiting until the end of the shift to say they were unable to get a break is not timely and does not allow the opportunity for problem solving.
- Rest breaks will be scheduled per our department guidelines.
 - Meal and Rest breaks will be uninterrupted per the *Meal and Rest Periods* policy.
 - For any Rest break that is interrupted before ten complete minutes, employees should inform their immediate supervisor, so they can give the employee an additional ten-minute uninterrupted rest break at the earliest reasonable time.
 - When an employee misses a Meal or Rest break, they are required to record this in the timekeeping system.
 - MA and RN staff coordinate rest breaks and meal break times based on clinic schedule.
 - Charge Nurse will check in with staff throughout the day to ensure opportunity for breaks.
 - If staff members are having difficulty arranging a time and coverage for a break, they will first escalate to their supervisor/manager.
 - Escalation will be done at the earliest opportunity to ensure time to plan for coverage.
 - If the Charge Nurse and/or Clinical Operations and Nurse Manager is not able to coordinate the rest or meal break it will be escalated to the Director for Genetics and High-Risk Prevention Programs.

Wellness Center	M	Tu	W	Th	F
JOB TITLE / SHIFT	RN/MA 0730- 1700	RN/MA 0730- 1700	RN/MA 0730- 1700	RN/MA 0730- 1700	RN/MA 0730- 1700
Manager	1	1	1	1	1
Registered Nurses/ Patient Care	4	3	4	4	3
TOTAL RNs	5	4	5	5	4

MA	2	3	3	3	2
TOTAL	7	7	8	8	6

Number of Wellness Center RNs & Staff	
Manager	1
RN	4-5
MA	3
Support Staff Supervisor	1
PCC/TC	8
Total	17-18

Fred Hutchinson Cancer Center Unit and Shift-Based Nurse Staffing Plan

Women’s Center & Specialty Oncology Services

Hours of Operation:	Volume Indicator:	Expected Volume	Required RNs
Monday – Friday: 0730-1730	Clinics/day	Mon: 45 clinics/day Tues: 47 clinics/day Wed: 47 clinics/day Thurs: 47 clinics/day Fri: 42 clinics/day	Monday: 26 Tuesday: 27 Wednesday: 26 Thursday: 25 Friday: 24

I. DESCRIPTION OF SCOPE:

A. Summary of Services:

The 3rd Floor Women’s Center and Specialty Oncology Clinics consist of the following clinics:

- Breast Medical Oncology
- Breast Cancer Specialty Clinic (Surgical, Medical, Pathology, Radiology and Radiation Oncologists)
- Pre-BCSC Clinic (NOW)
- Breast Health
- Breast Surgical
- Endocrine
- Gynecology Consult
- Gynecology Oncology Research
- Genitourinary
- Integrative Medicine Clinic
- KCMC (Kidney Cancer Multidisciplinary Clinic)
- Phase I Clinic
- Pain Clinic
- Palliative
- Reproductive Oncology
- Renal/Melanoma
- Skin Oncology
- Surgical Oncology

Patients seen in the 3rd floor clinics have either a cancer diagnosis, high risk of cancer, or breast abnormality and have been self-referred or referred by another MD for care.

Clinic visit types consist of the following:

- New patient (not seen at the Fred Hutchinson Cancer Center for 3 years)

- Referral from another provider
- Second opinion
- Re-evaluation (BCSC patients who have surgery and then return for chemo planning after final pathology)
- Returns
- RN visits for assessment and teaching
- Pharmacy visits for teaching
- Nutrition visits
- Research related visits
- EKG
- Social Work visits
- LPN visits for injections

There are patient appointments with MD's, Nurse Practitioners, Physician Assistants, RN's, LPN's, Research Staff, Social Workers, Clinical Pharmacists, Pastoral Care Chaplains, Psychologists and Registered Dieticians. Patients receive continuity of care for their cancer if they choose to have treatment here. Some patients, due to distance, have portions of their treatment (for example: radiation therapy) in their home community, but are followed by an Fred Hutchinson Cancer Center attending physician who communicates with the patient's community/home MD.

The following procedures are done in the clinic and are performed by a credentialed physician or APP:

- Bone marrow biopsies and aspirates
- Colposcopy
- Wide local excision
- Skin biopsy
- Fine needle aspirate
- Core biopsy
- Breast biopsy
- LEEP
- Cervical/endometrial/vaginal/vulvar biopsies
- Lumbar punctures
- Pap smears
- Cyst Aspiration
- Abscess Lavage
- Seroma Drainage
- Seroma Catheter placement
- Penrose Drain placement
- Sclerotherapy
- Intratumoral injections

The following procedures are done in the clinic and are performed by an RN, MA or LPN under the supervision of an RN or MD:

- ECG
- Injections (sub-cutaneous, intradermal, and intramuscular)
- Dressing changes
- Suture and staple removal

- Drain removals
- Port accessing, deaccessing

Patient Service Representatives greet patients upon arrival to the clinic and provide phone reception support.

All patients who choose to have ongoing care are assigned to a Clinical Nurse Coordinator or Clinic Nurse who coordinates the patient’s clinical care throughout the Fred Hutchinson Cancer Center. Nursing care consists of assessment of patients in clinic, triage of patients both on the phone and in person, telephone management, patient teaching, interfacing with infusion room nursing staff and inpatient nursing staff, interfacing with all other Fred Hutchinson Cancer Center departments that take part in the patients care, and preparation for surgery at UWMC and postoperative continuity care.

The patients are assigned a Team Coordinator who provides full service scheduling of their appointments across sites of care, such as infusion appointments, radiology appointments, consultations, blood draw appointments, and clinic visits with the providers.

No point of care testing is performed in the Women’s Center or Specialty Oncology Clinic by clinic staff.

B. Patient Population Served:

- Oncology patients and their families who are seen at the Fred Hutchinson Cancer Center.
- All physicians and nurses of these patients.
- Referring physicians to any of the services.
- General Public who may want to refer to these services.

Patients served by age group:

Infant	0%
Child	0%
Adolescent	2%
Adult	62%
Geriatric	36%

II. CONTINGENCY STAFFING:

A. In the event of an unanticipated increase in volume, departmental staffing will adjust in the following manner:

- Call in per diem or part-time staff for additional hours.
- Call in full-time core staff for overtime.
- Temporarily reduce services.

B. In the event of a sudden decrease in volume, department staffing will decrease in the following manner:

- Cancellation of per diem/part-time staff additional hours.
- Offer full-time core staff non-productive time off.

III. REDUCED OPERATING PLAN:

- A. In the event of reduced operations (e.g., inclement weather or disaster) describe the minimum staffing level (e.g., FTE per shift) and type of staffing would the department require to effectively maintain services.
- We could absorb a short-term reduction in staffing of 10% overall and continue to provide same level of service. Further staffing reductions would require us to limit non-essential services (prevention clinics, routine screening, routine follow-up etc.)

IV. MEAL and REST BREAK STRATEGIES:

- A. Breaks are important to staff and department leadership. Staff needs the time to rest and recharge. Waiting until the end of the shift to say they were unable to get a break is not timely and does not allow the opportunity for problem solving.
- Rest breaks will be scheduled per our department guidelines.
 - Meal and Rest breaks will be uninterrupted per the *Meal and Rest Periods* policy.
 - For any Rest break that is interrupted before ten complete minutes, employees should inform their immediate supervisor, so they can give the employee an additional ten-minute uninterrupted rest break at the earliest reasonable time.
 - When an employee misses a Meal or Rest break they are required to record this in the timekeeping system.
 - Rest and meal breaks will be coordinated between the staff members and the area leader.
 - Staff are encouraged to take breaks in between scheduled activities.
 - Area leaders will check in with staff to encourage breaks.
 - If staff members are having difficulty arranging a time and coverage for a break, they will escalate this to their area leader.
 - If the area leader cannot make arrangements for the rest or meal break it will be escalated to their supervisor or manager.
 - Escalation will be done in a timely manner so there is time to make arrangements for coverage.
 - Area leaders may be team leads, charge nurses, supervisors, and/or managers and will assume responsibility to support breaks.

Women's Center & Specialty Oncology Services					
	M	Tu	W	Th	F
JOB TITLE / SHIFT					
Operations Manager	2	2	2	2	2
Charge Nurses	2	3	3	3	2
Professional Practice Coordinators	2	2	2	1	1
Registered Nurses	23	23	25	22	20
TOTAL RNs	29	31	32	26	25
MA/LPN Manager	0.5	0.5	0.5	0.5	0.5
MA	8	8	8	8	8
LPN	3	3	3	3	2
TOTAL MAs & LPNs	11.5	11.5	11.5	11.5	10.5

RNs, LPNs and MAs Staffing: FTE	
Operations/Nurse Managers	2
Charge Nurses	3
MA/LPN Managers	0.5
Professional Practice Coordinator	0.8
RN	27.59
LPN	2.9
MA	8
Total	44.79