Attestation Form

I, the undersigned with responsibility for Seattle Cancer Care Alliance nurse staffing, attest that the attached staffing plans and matrices were developed in accordance with RCW 70.41.420 for fiscal year 2019 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 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.

Signature

Theresa M. McDonnell, DNP, ACNP-BC, Chief Nurse Executive & Vice President of Clinical Operations

04 April 2019
Date
SCCA Unit and Shift-Based Nurse Staffing Plan

Alliance Lab Specimen Collection

<table>
<thead>
<tr>
<th>Hours of Operation:</th>
<th>Volume Indicator:</th>
<th>Expected Volume</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday-Friday 0600 - 1800 Saturday-Sunday 0800 - 1630 Holidays 0800 - 1630</td>
<td>Average Daily patient census</td>
<td>330 patients 100 patients 100 patients</td>
<td>See below</td>
</tr>
</tbody>
</table>

I. DESCRIPTION OF SCOPE:

A. Summary of Services:
The Alliance Lab Specimen Collection, Processing and Patient Services division provides phlebotomy, sample processing, and sample referral services to the Seattle Cancer Care Alliance. Likewise, the division works in close collaboration with the Alliance Laboratory Testing Services division.

Phlebotomy services are provided to SCCA patients in the Alliance Lab blood draw area, Room G1011. Blood samples are obtained by venipuncture phlebotomy, centrally and peripherally inserted central venous catheters and through implanted ports. Alliance Lab LPNs perform a coordinated nursing assessment of all venous access devices and document each assessment in the patient electronic medical record (EMR).

Alliance Lab LPNs 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 LPNs also provide PICC dressing changes and vital signs monitoring. Each of these procedures is documented electronically in the EMR by the LPN administering care. Finally, the lab LPNs administer influenza (flu) vaccinations to patients and patient family members/caregivers and provide Infection Control Triage (ICT) for all patients and SCCA 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.

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 the department require to effectively maintain services.
   - 7-8 LPNs

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 latter 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, 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.
<table>
<thead>
<tr>
<th>JOB TITLE / SHIFT</th>
<th>M-F 0600 - 1800</th>
<th>M-F EVE</th>
<th>Sat/Sun 0800 - 1630</th>
<th>FTE Avail.</th>
<th>Holiday 0800 - 1700</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RNs &amp; LPNs</strong></td>
<td></td>
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<tr>
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<tr>
<td>LPN 0530-1400 (M-F) 1.0</td>
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<tr>
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<tr>
<td>RN 0550-1420 (M-F) 1.0</td>
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<tr>
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<tr>
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<tr>
<td>LPN 0800-1630 (M-F) 1.0</td>
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<tr>
<td>LPN 0800-1630 (M-F) 1.0</td>
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<tr>
<td>LPN 0830-1700 (M-F) 1.0</td>
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<tr>
<td>LPN 0830-1700 (M-F) 1.0</td>
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<tr>
<td>LPN 0650-1520 (M, W, TH, F) 0.8</td>
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<td>LPN 0700-1330 (T, W, TH, F) 0.6</td>
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</tr>
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</tr>
<tr>
<td>LPN 0800-1630 (S, SU) PD</td>
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<tr>
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</tr>
</tbody>
</table>

TOTAL LPN = 15.9

TOTAL RN = 3.8

**PHLEBOTOMIST**

Phlebotomist 0650-1150 (M-F) 0.6 | x |  
Phlebotomist 0650-1150 (M-F) 0.6 | x |  

TOTAL PHLEBOTOMIST=1.2

TOTAL 19.9
## Unit and Shift-Based Nurse Staffing Plan

### Apheresis

<table>
<thead>
<tr>
<th>Hours of Operation</th>
<th>Volume Indicator</th>
<th>Expected Volume</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday – Friday: 0700 - 1730</td>
<td>Number of Procedures/day: M-F</td>
<td>15 – 20</td>
<td>9 scheduled</td>
</tr>
<tr>
<td>Evenings, weekends and holidays: on-call, 2 nurses</td>
<td>Number of Procedures/day: S-S</td>
<td>1 – 3</td>
<td>2 on-call</td>
</tr>
<tr>
<td>For emergent therapeutic procedures, HPC-A collections and bone marrow processing.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Managerial and administrative support staff not required.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(A one-to-one (1:1) nurse to patient ratio is maintained for all procedures, except some pediatric procedures (photopheresis blood prime and low-body-weight procedures) which are staffed at two-to-one (2:1) due to the higher complexity of the procedure and the clinical profile of the child.)

### DESCRIPTION OF SCOPE:

#### A. Summary of Services:

The Apheresis department provides the following services:

- **Cell Collection apheresis procedures**
  - Hematopoetic progenitor cells (HPC-A)
  - Mononuclear cells (MNC)
  - Bone marrow processing
  - High-volume peripheral blood draw for HPC-A / MNC

- **Therapeutic apheresis procedures**
  - Photopheresis (ECP)
  - White blood cell depletion
  - Platelet depletion
  - Plasmapheresis

- The APH Professional Practice Coordinator provides annual education and competency testing to the SCCA Blood and Marrow Transplant (BMT) nurses for Related Adult and Pediatric Donor Screening.

Apheresis FY19 Last Revision (Month/Year): February 2019
B. Patient Population Served:
   • Adults referred through SCCA – all above procedures
   • Adults referred through Veterans Affairs Medical Center (VA), Kaiser – only HPC(A), MNC and photopheresis procedures.
   • Adult healthy donors for paid clinical and non-clinical research
   • Adults referred through the University of Washington Medical Center – ECP procedures.
   • Children referred through SCCA and Seattle Children’s Hospital (SCH) – only HPC(A), MNC and photopheresis 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.
   • 2 registered nurses minimum staffing to maintain essential patient services during normal business hours.
   • 1 registered nurse for overnight services.
   • 2 registered nurses for weekend on-call services.

IV. PER DIEM STAFFING REQUIREMENTS

A. Per diem staff are required to work a minimum of 4 shifts per month to maintain competency and stay current with practice changes. Per diem staff may be asked to come in for non-patient care to complete required education and training.
V. **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.

- At 0700, the Charge Nurse assigns break buddies for the shift.
  - When staffing does not allow for break buddies from the regularly-scheduled staff nurses, the Charge Nurse will arrange coverage from the 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 with NA or MA staff what time to take rest breaks.
  - Prior to leaving for their break, the NA or MA will give a quick report to the Charge Nurse. On return from break, the NA or 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.
SCCA Unit and Shift-Based Nurse Staffing Plan
Bezos Family Immunotherapy Clinic

<table>
<thead>
<tr>
<th>Hours of Operation:</th>
<th>Volume Indicator:</th>
<th>Expected Volume</th>
<th>Staff</th>
</tr>
</thead>
</table>
| Monday-Friday: 0800-2000 | - Room utilization  
- Scheduled visits: Lab, Infusion, Clinics | -Approx. 700-800 visits/month 
-85% utilization of 12 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.
   - Temporary infusion services for SCCA patients on select 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, and cell infusions
   - Specimen processing and distribution (clinical and research)
   - Procedures with minimal sedation
   - 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

Seattle Cancer Care Alliance Bezos Family Immunotherapy Clinic FY 2019 Last Revision: December 2018
• 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
• Assign staff to catch up on policy writing, projects
• Assign staff to orient to a different role or part of the Immunotherapy clinic
• Cancel per diem staff
• Offer vacation time
• 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 would the department require to effectively maintain services.

<table>
<thead>
<tr>
<th>AM Shift 0800-1800</th>
<th>PM Shift 1800-2200</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 nurse coordinator</td>
<td></td>
</tr>
<tr>
<td>2 Infusion Nurses</td>
<td>1 Infusion nurse</td>
</tr>
<tr>
<td>1 Team coordinator</td>
<td>0</td>
</tr>
<tr>
<td>1 Patient Service Representative</td>
<td>1 Patient Service Representative</td>
</tr>
</tbody>
</table>

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, 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.

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

*For all IMTX nurses, missed breaks are documented by email to the Department Coordinator. If Infusion RNs are not able to find coverage to take their break, it is escalated to the Charge RN then Nursing Supervisor.
<table>
<thead>
<tr>
<th>JOB TITLE / SHIFT</th>
<th>M-F</th>
<th>Sat/Sun/Holiday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0800-2000</td>
<td>0800-1700</td>
</tr>
<tr>
<td>Manager</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Nursing Supervisor</td>
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<td>0</td>
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<tr>
<td>Clinical Trial Coordinator (CTC) RN</td>
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<tr>
<td>Charge RN</td>
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<tr>
<td>Infusion Nurses</td>
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<tr>
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<td>1</td>
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<tr>
<td>LPN</td>
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<tr>
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</tr>
<tr>
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<td>Administration</td>
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<tr>
<td><strong>Total Non-RN Staff</strong></td>
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<td><strong>0</strong></td>
</tr>
<tr>
<td><strong>Total Immunotherapy Staff</strong></td>
<td><strong>20</strong></td>
<td><strong>1</strong></td>
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</table>
SCCA Unit and Shift-Based Nurse Staffing Plan
Bone and Marrow Transplant (BMT) /Transition Services

<table>
<thead>
<tr>
<th></th>
<th>Hours of Operation:</th>
<th>Volume Indicator:</th>
<th>Expected Volume</th>
<th>Required RN Staff</th>
</tr>
</thead>
</table>
| 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: 0800- 1800  
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.
- Each BMT patient is assigned to a “team” that includes an Attending Physician, a Primary Medical Provider, an RN, a Clinical Pharmacist, a Social Worker, a Nutritionist and a Team Coordinator. 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 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 20 transplant patients post day 120 or greater who require close observation and treatment adjustments.
- 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.
B. Patient Population Served:
   • Adult and Pediatric

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
      • Assign staff to catch up on policy writing, 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 TCs, 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, 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.
B. Team Nurse: Lunch breaks are blocked in each nurse’s 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 clinic activity, no coverage is needed during break time.

*For all BMT nurses, Missed meals are documented by email to the Department Coordinator

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 documented by the MA Flow Coordinator
### BMT

<table>
<thead>
<tr>
<th>JOB TITLE / SHIFT</th>
<th>M &amp; F</th>
<th>T, W, Th</th>
<th>M-Th</th>
<th>T-F</th>
<th>Sat/Sun</th>
<th>Holiday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assoc. Director, Clin Ops</td>
<td>1</td>
<td>1</td>
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<td>Supervisor, BMT Clinic</td>
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<td>Triage Nurse</td>
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<td>1</td>
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<td></td>
</tr>
<tr>
<td>PM Nurse</td>
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<td>-</td>
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<tr>
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<td>1-2</td>
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<td>TOTALS FOR BMT</td>
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### Transition

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<th>T, W, Th</th>
<th>M-Th</th>
<th>T-F</th>
<th>Sat/Sun</th>
<th>Holiday</th>
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<tbody>
<tr>
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<td>-</td>
<td>-</td>
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### Roles - BMT/ Transition Services

<table>
<thead>
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<tbody>
<tr>
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<tr>
<td>Supervisors</td>
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<td>Registered Nurse</td>
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<tr>
<td>PSR (including per diem)</td>
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<td>MA</td>
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<td>TC</td>
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<td>Administration</td>
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<tr>
<td>Total</td>
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</table>
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 hematologic 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:
- Cancer Prevention
- Ear, Nose and Throat Oncology
- Genitourinary Oncology
- Gastrointestinal Oncology including Multidisciplinary Pancreas Clinic and Colorectal Cancer Clinic
- Hematology & Hematological Malignancies including Sickle Cell, Myelodysplastic Syndrome (MDS) and Multiple Myeloma Clinics
- High Risk GI Cancer Clinic
- Lung/Head and Neck Oncology
- Sarcoma (Surgical/Medical/Radiation Oncologists)
- Surgical Oncology
- Palliative Care
- High Risk GI
- Smoking Cessation Services
- Lung Cancer Early Detection and Prevention Services

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
- Pulmonary Consult
- Psychiatry/Psychology

Clinic visit types consist of the following:
- New patient (have not been registered at SCCA for the past 3 years)
- Established New (new to practitioner and has already been established at SCCA)
- Consult (from internal to SCCA 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 an SCCA 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

Seattle Cancer Care Alliance General Oncology FY 2019 Last Revision: December 2019
• 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 SCCA 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 SCCA.
• 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/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.
- If staff members are having difficulty arranging a time and coverage for a break he/she 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

## Hematologic Malignancies

<table>
<thead>
<tr>
<th>Job Title/Shift</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN Manager</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<td>1</td>
</tr>
<tr>
<td>Prof. Prac. Coord.</td>
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<tr>
<td>Charge RN</td>
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<tr>
<td>RNs</td>
<td>17</td>
<td>19</td>
<td>18</td>
<td>20</td>
<td>19</td>
</tr>
</tbody>
</table>

## Gastrointestinal (GI)

<table>
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<th>Job Title/Shift</th>
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<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurses</td>
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<td>9</td>
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## Sarcoma

<table>
<thead>
<tr>
<th>Job Title/Shift</th>
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<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>RNs</td>
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<td>6</td>
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<td>5</td>
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## Thyroid & Specialty (THN & Specialty)

<table>
<thead>
<tr>
<th>Job Title/Shift</th>
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<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
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<tr>
<td>RNs</td>
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<td>5</td>
<td>5</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

## Supportive Care

<table>
<thead>
<tr>
<th>Job Title/Shift</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN Manager</td>
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<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Pain RNs</td>
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<tr>
<td>Palliative RNs</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

## Shared Resources

<table>
<thead>
<tr>
<th>Job Title/Shift</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN Manager</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>RN Supervisor</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>LPN Manager</td>
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<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>LPNs</td>
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</table>

Seattle Cancer Care Alliance General Oncology FY 2019 Last Revision: December 2019
# SCCA Unit and Shift-Based Nurse Staffing Plan

**Infusion Services & Clinical Trials Unit (CTU)**

<table>
<thead>
<tr>
<th>Hours of Operation:</th>
<th>Volume Indicator:</th>
<th>Expected Volume</th>
<th>Shift/Staffing Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday – Friday: 0730 - 2200</td>
<td>Infusion &amp; CTU hours/month</td>
<td>10000-13000</td>
<td>Shifts are a mix of 8 and 10 hours shifts for all employees.</td>
</tr>
<tr>
<td></td>
<td>Number of appointments/day (M-F)</td>
<td>170 – 210</td>
<td>Direct Care RNs are staffed at an RN/Patient per shift ratio of 1:6.25 in Infusion Services and 1:5.25 in CTU.</td>
</tr>
<tr>
<td>Sat, Sun and Holidays: 0800 – 1700</td>
<td>Number of appointments/day (S/S/H)</td>
<td>70-110</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Staffing will flex based on patient schedules and total census.</td>
</tr>
</tbody>
</table>

## I. DESCRIPTION OF SCOPE:

### A. Summary of 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 (BMT), General Oncology/Hematology (GO) and Women’s Center (WC) patients are referred to receive treatment in Infusion by their attending physician.
   - Patients served by age group (updated to reflect patients in FY19):
     - Infant 0%
     - Child 1%
     - Adolescent 0%
     - Adult 62%
     - Geriatric 37%

II. 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

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.
   - Essential staff include: Registered Nurses, Nursing Assistants, and Patient Service Representatives. 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.
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.

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.
     - 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.
   - 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.
### Infusion

<table>
<thead>
<tr>
<th>JOB TITLE / SHIFT</th>
<th>Sun 0800 - 1800</th>
<th>Mon 0700 - 2200</th>
<th>Tues 0700 - 2200</th>
<th>Wed 0700 - 2200</th>
<th>Thurs 0700 - 2200</th>
<th>Fri 0700 - 2200</th>
<th>Sat 0800 - 1800</th>
<th>Holiday 0800 - 1800</th>
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<tbody>
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<td>29</td>
<td>27</td>
<td>28</td>
<td>28</td>
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<td>20</td>
</tr>
<tr>
<td>Charge RN</td>
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<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
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</tr>
<tr>
<td>Triage RN</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<td>PSR/TC</td>
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<tr>
<td>Total Support Staff</td>
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<tr>
<td>Total Administrative Staff</td>
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<td>34</td>
</tr>
</tbody>
</table>

### CTU Staffing

<table>
<thead>
<tr>
<th>JOB TITLE / SHIFT</th>
<th>Sun</th>
<th>Mon 0800 - 2200</th>
<th>Tues 0800 - 2200</th>
<th>Wed 0800 - 2200</th>
<th>Thurs 0800 - 2200</th>
<th>Fri 0800 - 2200</th>
<th>Sat closed</th>
<th>Holiday closed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Care Registered Nurse</td>
<td>0</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Charge RN</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Clinical Trial Coordinator</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL RN</td>
<td>0</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TC</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>NAC</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Support Staff</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTALS</td>
<td>0</td>
<td>13</td>
<td>13</td>
<td>13</td>
<td>13</td>
<td>13</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nursing Supervisor</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Administrative Staff</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTALS</td>
<td>0</td>
<td>14</td>
<td>14</td>
<td>14</td>
<td>14</td>
<td>14</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
SCCA Unit and Shift-Based Nurse Staffing Plan
Long Term Follow Up Telemedicine (LFTU) and Support

<table>
<thead>
<tr>
<th>Hours of Operation:</th>
<th>Volume Indicator:</th>
<th>Expected Volume</th>
<th>Required Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday-Friday: 0800 - 1630</td>
<td># phone calls/week</td>
<td>58</td>
<td>2 RNs Mon, Wed  3 RNs Tues, Thurs, Fri</td>
</tr>
<tr>
<td>Emergency medical consultation is available 24-hours via pager to the LTFU attending.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I. DESCRIPTION OF SCOPE:

A. Summary of Services:
The Long Term Follow Up Telemedicine and Support department provides the following services:
- Telephone consultations post-transplant for 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 SCCA lab.
- Long-term post-transplant guidelines for 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 both Peds and 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, 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

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.
   - 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 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, 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.

B. Telemedicine Nurses lunch breaks are determined based on clinic activity, no coverage is needed during break time.
<table>
<thead>
<tr>
<th>LFTU – Staff</th>
<th>M, W</th>
<th>T, F</th>
<th>Th</th>
<th>Holiday</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>JOB TITLE / SHIFT</strong></td>
<td>0800 - 1800</td>
<td>0800 - 1800</td>
<td>0800 - 1800</td>
<td>0800 - 1700</td>
</tr>
<tr>
<td>Nurse Supervisor - LTFU</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Registered Nurses</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTAL RN Staff</strong></td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LTFU Telemedicine Staff</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assoc. Director, Clin Ops</td>
<td>1</td>
</tr>
<tr>
<td>Supervisor</td>
<td>1</td>
</tr>
<tr>
<td>Registered Nurses</td>
<td>4</td>
</tr>
<tr>
<td>Supervisor, Support Staff</td>
<td>1</td>
</tr>
<tr>
<td>PCC</td>
<td>3</td>
</tr>
<tr>
<td>PCC Assistant</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>12</td>
</tr>
</tbody>
</table>
### SCCA Unit and Shift-Based Nurse Staffing Plan

#### Medical and Breast Imaging

<table>
<thead>
<tr>
<th>Hours of Operation</th>
<th>Volume Indicator:</th>
<th>Expected Volume</th>
<th>Required Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>M-F: 0630 – 1800</td>
<td>Procedure volume/month Number of patients/day</td>
<td>Observation Unit # 65-100/day</td>
<td>RN: Baseline: 1-4, LPN: Baseline: 0-2, Technologist: Baseline: 0-4, Total Combined Staff: 6-8</td>
</tr>
<tr>
<td>Closed: weekends and holidays</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M-F: 0630 – 1800</td>
<td></td>
<td>Total Medical Imaging (excluding OBS): #220-250/day</td>
<td>Technologists: Baseline:16-20</td>
</tr>
<tr>
<td>Closed: weekends and holidays</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M-F: 0730 – 1700</td>
<td></td>
<td>Total Breast Imaging #40-55/day</td>
<td>RN: Baseline: 0-1, Technologist: Baseline: 4-6</td>
</tr>
<tr>
<td>Saturday: 0800 – 1200</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile M-S: 0800 – 1630</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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 SCCA. Many of these are related to those of our owners, i.e., the Fred Hutchinson Cancer Research Center (FHCRC), the University of Washington (UWMC) Medical Center, and Seattle Children’s. 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 and Xofigo therapy
- Full Field 3D Digital Diagnostic and Screening Mammography, including a mobile 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:
  • 0 – 19: 0.53%
  • 20 – 29: 3.39%
  • 30 – 39: 7.05%
  • 40 – 49: 18.03%
  • 50 – 59: 25.52%
  • 60 – 69: 27.41%
  • 70 – 79: 14.45%
  • 80+: 3.61%

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

<table>
<thead>
<tr>
<th>Modality</th>
<th>Minimum # Staff to Operate Safely</th>
<th>Based on Proximity to SCCA, probable # available on site</th>
<th>Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRI</td>
<td>2</td>
<td>2</td>
<td>Triage Scheduled</td>
</tr>
<tr>
<td>CT</td>
<td>1</td>
<td>1</td>
<td>Triage Scheduled</td>
</tr>
<tr>
<td>Diagnostic Radiology, DEXA</td>
<td>1</td>
<td>1</td>
<td>Triage Scheduled</td>
</tr>
<tr>
<td>Interventional Radiology</td>
<td>1</td>
<td>2 (If RN is procedurist: 1 available technologist for Interventional Radiology)</td>
<td>Triage Scheduled</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>1</td>
<td>1</td>
<td>Triage Scheduled</td>
</tr>
<tr>
<td>Mammography</td>
<td>1 Technologist &amp; 1 MA</td>
<td>2</td>
<td>Triage Scheduled</td>
</tr>
<tr>
<td>Mobile Mammography</td>
<td>1 Driver, 1 technologist, 1 team coordinator</td>
<td>1 team coordinator</td>
<td>Triage Scheduled</td>
</tr>
<tr>
<td>Nuclear Medicine/PET/CT</td>
<td>2</td>
<td>1</td>
<td>Triage Scheduled</td>
</tr>
<tr>
<td>RN</td>
<td>1</td>
<td>1</td>
<td>Triage Scheduled</td>
</tr>
<tr>
<td>LPN</td>
<td>0</td>
<td>1</td>
<td>Triage Scheduled</td>
</tr>
<tr>
<td>2nd Floor Team Coordinators</td>
<td>1 reception &amp; 2 schedulers</td>
<td>2 &amp; 1 supervisor (1 TC can work from home)</td>
<td>Triage Scheduled</td>
</tr>
<tr>
<td>3rd Floor Team Coordinators</td>
<td>1 reception &amp; 1 scheduler</td>
<td>2 &amp; 1 supervisor (1 TC can work from home)</td>
<td>Triage Scheduled</td>
</tr>
</tbody>
</table>

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 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.
<table>
<thead>
<tr>
<th><strong>Required Staff</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RN:</strong></td>
<td></td>
</tr>
<tr>
<td>Baseline:</td>
<td>1-4</td>
</tr>
<tr>
<td><strong>LPN:</strong></td>
<td></td>
</tr>
<tr>
<td>Baseline:</td>
<td>0-2</td>
</tr>
<tr>
<td><strong>Technologist:</strong></td>
<td></td>
</tr>
<tr>
<td>Baseline:</td>
<td>0-4</td>
</tr>
<tr>
<td><strong>Total Combined Staff: 6-8</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Technologists:</strong></td>
<td></td>
</tr>
<tr>
<td>Baseline:</td>
<td>16-20</td>
</tr>
<tr>
<td><strong>RN:</strong></td>
<td></td>
</tr>
<tr>
<td>Baseline:</td>
<td>0-1</td>
</tr>
<tr>
<td><strong>Technologist:</strong></td>
<td></td>
</tr>
<tr>
<td>Baseline:</td>
<td>4-6</td>
</tr>
</tbody>
</table>

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.
SCCA Unit and Shift-Based Nurse Staffing Plan

Procedure Suite

<table>
<thead>
<tr>
<th>Hours of Operation</th>
<th>Volume Indicator:</th>
<th>Expected Volume</th>
<th>Required Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>M-F: 0700 – 1730</td>
<td>Procedure</td>
<td>450-475</td>
<td>RN: 14</td>
</tr>
<tr>
<td>Closed: weekends and</td>
<td>volume/month</td>
<td>20-24</td>
<td>ST/MA: 4</td>
</tr>
<tr>
<td>holidays</td>
<td>Number of patients/day</td>
<td></td>
<td>Rad Tech: 1</td>
</tr>
</tbody>
</table>

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 esophagogastrroduodenoscopy, colonoscopy, sigmoidoscopy, esophageal dilation and biopsies, anoscopies
  - Pulmonary procedures, including bronchoscopy, bronchoalveolar 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, if a Patient Care or Clinical Lab department,

- 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 or decrease in workload, is staffing 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 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.

<table>
<thead>
<tr>
<th>MODALITY</th>
<th>MINIMUM # OF STAFF TO OPERATE</th>
<th>ACTION PLAN</th>
<th>COMMENTS/NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interv. Radiology</td>
<td>1 RN</td>
<td>Triage Schedule</td>
<td>Cases will be prioritized by the following:</td>
</tr>
<tr>
<td></td>
<td>1 MA/Surg Tech</td>
<td>6 RN's</td>
<td>• Necessary to ensure patient safety</td>
</tr>
<tr>
<td></td>
<td>1 Rad Tech</td>
<td>1 RN</td>
<td>• Delay of procedure would seriously impact patient's treatment plan.</td>
</tr>
<tr>
<td>Procedures</td>
<td>(2nd floor) 1 reception + 2 scheduler</td>
<td>5</td>
<td>Triage Schedule</td>
</tr>
<tr>
<td>Support Staff (Team Coordinators)</td>
<td>2 plus a supervisor</td>
<td>2 plus a supervisor</td>
<td>Triage Schedule</td>
</tr>
</tbody>
</table>

Appendix A: Reduced Operations Plan – Procedure Suite
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 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 he/she 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.
### Procedure Suite

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>M-F 07:00 - 17:30</strong></td>
<td>#</td>
</tr>
<tr>
<td>Nurse Manager</td>
<td>1</td>
</tr>
<tr>
<td>Staff Registered Nurse</td>
<td>14</td>
</tr>
<tr>
<td><strong>Total Staff RN</strong></td>
<td>14</td>
</tr>
<tr>
<td>Surgical Technician/ MA</td>
<td>4</td>
</tr>
<tr>
<td><strong>TOTAL ST/MA</strong></td>
<td>4</td>
</tr>
<tr>
<td>Radiology Tech</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL RADIOLOGY TECH</strong></td>
<td>1</td>
</tr>
</tbody>
</table>

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Manager</td>
<td>1</td>
</tr>
<tr>
<td>Admin. Coordinator I</td>
<td>1</td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>19</td>
</tr>
<tr>
<td>Nursing Supervisor</td>
<td>1</td>
</tr>
<tr>
<td>GI Clinical Nurse Coordinator</td>
<td>1</td>
</tr>
<tr>
<td>Surgical Tech/MA</td>
<td>4</td>
</tr>
<tr>
<td>Radiology Technologist</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>32</td>
</tr>
</tbody>
</table>
SCCA Unit and Shift-Based RN Staffing Plan

SCCA at EvergreenHealth

<table>
<thead>
<tr>
<th>Hours of Operation</th>
<th>Volume Indicator</th>
<th>Expected Volume</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday- Friday: 0800 – 1700</td>
<td>Clinic patients/day</td>
<td>90</td>
<td>RN: 8, LPN: 5</td>
</tr>
<tr>
<td>Saturday-Sunday: 0900 -1000</td>
<td>Infusion patients/day</td>
<td>50</td>
<td>RN: 8</td>
</tr>
<tr>
<td>Holidays: 0900 -1000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UW Physicians coverage available 24/7 via pager.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 SCCA 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/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.
   • Staff are encouraged to take breaks when it makes sense for their daily assignment according to their shift length and the meal and Rest Period policy
   • 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.
<table>
<thead>
<tr>
<th><strong>SCCA at EvergreenHealth</strong></th>
<th><strong>M-F</strong></th>
<th><strong>Weekend</strong></th>
<th><strong>Holiday</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MedOnc Clinic</strong></td>
<td>0800 - 1730</td>
<td>0900 - 1000</td>
<td>0900 - 1000</td>
</tr>
<tr>
<td>RN</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LPN</td>
<td>5</td>
<td>1 (or RN)</td>
<td>0</td>
</tr>
<tr>
<td>Supervisor</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Infusion Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RN</td>
<td>8</td>
<td>1 (or LPN)</td>
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</tr>
<tr>
<td>Charge Nurse</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>SCCA EVG Manager</td>
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<td></td>
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<tr>
<td><strong>TOTAL</strong></td>
<td>24</td>
<td>1</td>
<td>1</td>
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</table>
SCCA Unit and Shift-Based Nurse Staffing Plan

SCCA at Issaquah

<table>
<thead>
<tr>
<th>Hours of Operation</th>
<th>Volume Indicator</th>
<th>Expected Volume</th>
<th>Required RNs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday – Friday 0800 – 1700</td>
<td>Unknown</td>
<td>Unknown</td>
<td>2</td>
</tr>
</tbody>
</table>

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

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 be able to compact patient schedules for the clinic. We would reschedule non-emergent visits. Physician must be present in order to treat. 2 RNs, 1 Attending Physician, and 1 patient care coordinator.
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.
- If staff members are having difficulty arranging a time and coverage for a break he/she 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.
V. **STAFFING MATRIX:**

<table>
<thead>
<tr>
<th>SCCA Issaquah</th>
<th>M- Friday</th>
<th>Holiday</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>JOB TITLE / SHIFT</strong></td>
<td><strong>0800 - 1700</strong></td>
<td><strong>0800 - 1700</strong></td>
</tr>
<tr>
<td>RN</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of SCCA Issaquah Staff</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>RN</td>
<td>2.3</td>
</tr>
<tr>
<td>Total</td>
<td>2.3</td>
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</table>
SCCA Unit and Shift-Based RN Staffing Plan

SCCA at Northwest Hospital

<table>
<thead>
<tr>
<th>Hours of Operation:</th>
<th>Volume Indicator:</th>
<th>Expected Volume</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiation Oncology: Monday-Friday 0700 - 1700 (excluding SCCA approved holidays) Medical Oncology/Hematology: Monday-Friday 0800-1700 (excluding SCCA approved holidays) UW Physicians coverage available 24/7 via pager.</td>
<td>XRT on treatment patients/day MO patients/day RO NEW/RETURN/FU(weekly)</td>
<td>20-25 5-10</td>
<td>8.5 RN 3 LPN</td>
</tr>
</tbody>
</table>

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 SCCA 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 SCCA 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.
• 6 FTE’s 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 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.
- 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.
### SCCA at Northwest Hospital

<table>
<thead>
<tr>
<th>JOB TITLE / SHIFT</th>
<th>M (0700 - 1800)</th>
<th>T-Th (0700 - 1800)</th>
<th>F (0700 - 1800)</th>
<th>Holiday (0800 - 1700)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN</td>
<td>8.5</td>
<td>8.5</td>
<td>8.5</td>
<td>0</td>
</tr>
<tr>
<td>LPN</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>11.5</strong></td>
<td><strong>11.5</strong></td>
<td><strong>11.5</strong></td>
<td><strong>0</strong></td>
</tr>
</tbody>
</table>

### Number of SCCA at Northwest Hospital Staff

<table>
<thead>
<tr>
<th>Staff</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MO/Inf RN</td>
<td>6.5</td>
</tr>
<tr>
<td>RO RN</td>
<td>1</td>
</tr>
<tr>
<td>CN</td>
<td>1</td>
</tr>
<tr>
<td>CNS</td>
<td>.5</td>
</tr>
<tr>
<td>LPN</td>
<td>3</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>12</strong></td>
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</table>
SCCA Unit and Shift-Based Nurse Staffing Plan
SCCA at Peninsula

<table>
<thead>
<tr>
<th>Hours of Operation:</th>
<th>Volume Indicator:</th>
<th>Expected Volume:</th>
<th>Required RNs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday – Friday: 0800-1700</td>
<td>40</td>
<td>40</td>
<td>2</td>
</tr>
</tbody>
</table>

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
• Xoft Brachytherapy
• SBRT and SRS

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.
  • 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.

Seattle Cancer Care Alliance Peninsula FY 2019 Last Revision: January 2019
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.
6 FTE’s per shift to effectively maintain services.

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.
   • If staff members are having difficulty arranging a time and coverage
     for a break he/she 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.
<table>
<thead>
<tr>
<th></th>
<th>M- Friday</th>
<th>Holiday</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOB TITLE / SHIFT</td>
<td>0800 - 1700</td>
<td>0800 - 1700</td>
</tr>
<tr>
<td>RN</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>MA</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of SCCA at PEN Staff</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>RN</td>
<td>2.8</td>
</tr>
<tr>
<td>MA</td>
<td>3.8</td>
</tr>
<tr>
<td>Total</td>
<td>6.6</td>
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SCCA Unit and Shift-Based Nurse Staffing Plan
South Lake Union Radiation Oncology

<table>
<thead>
<tr>
<th>Hours of Operation:</th>
<th>Volume Indicator:</th>
<th>Expected Volume</th>
<th>Required Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday – Friday: 0700 - 1800 Holidays: 0800 - 1700</td>
<td>XRT on treatment patients/day HDR procedures (sedation) NEW/RETURN/FU (weekly)</td>
<td>40-50 1-3 30</td>
<td>3RN's 8 RTT's 1CMD</td>
</tr>
</tbody>
</table>

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 UWM 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 SCCA 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%
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/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, 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

<table>
<thead>
<tr>
<th>JOB TITLE / SHIFT</th>
<th>M 0700-1800</th>
<th>T-Th 0700-1800</th>
<th>F 0700-1800</th>
<th>Holiday 0800-1700</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiation Oncology RN</td>
<td>3</td>
<td>3</td>
<td>2</td>
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</tr>
<tr>
<td>Therapist</td>
<td>11</td>
<td>11</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Dosimetrist</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL RN</strong></td>
<td>3</td>
<td>3</td>
<td>2</td>
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<tr>
<td><strong>TOTAL</strong></td>
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<td>17</td>
<td>16</td>
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### Number of South Lake Union Radiation Oncology Staff

<table>
<thead>
<tr>
<th>Role</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>Manager</td>
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</tr>
<tr>
<td>Therapy Supervisor(III)</td>
<td>1</td>
</tr>
<tr>
<td>TC Supervisor</td>
<td>1</td>
</tr>
<tr>
<td>RN Lead</td>
<td>1</td>
</tr>
<tr>
<td>RN</td>
<td>3</td>
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<tr>
<td>Dosi Lead</td>
<td>1</td>
</tr>
<tr>
<td>Dosimetrist I/II</td>
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</tr>
<tr>
<td>TC's</td>
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</tr>
<tr>
<td>Therapists I/II</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
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</tr>
</tbody>
</table>
SCCA Unit and Shift-Based Nurse Staffing Plan

Wellness Center Services

<table>
<thead>
<tr>
<th>Hours of Operation</th>
<th>Volume Indicator:</th>
<th>Expected Volume</th>
<th>Required RN's</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday-Friday: 0800-1700</td>
<td>Patients/Day</td>
<td>12</td>
<td>2</td>
</tr>
</tbody>
</table>

I. DESCRIPTION OF SCOPE:

A. Summary of Services:
   Patient Population Served:
   Patients seen in the SCCA Wellness Center have either have had a previous
cancer diagnosis, are at high risk for developing cancer and have been self-
referred or referred by another MD/APP for care. Cancer survivors and high-risk
cancer patients and their families who have been treated at the SCCA or from
the community.

The SCCA Wellness Center consist of the following clinics:

- Lung Cancer Early Detection and Prevention Clinic
- Gastrointestinal Cancer Prevention Program
- Breast and Ovarian Cancer Prevention Program
- Women’s Wellness Clinic
- Survivorship Clinic

Focused Access Clinic (Benign Hematology)

Clinic visit types consist of the following:
- New patient (not seen at the SCCA for 3 years)
- Referral from another provider
- Second opinion
- Returns
- RN visits for assessment and teaching
- Nutrition visits
- Research related visits
- EKG
- Social Work visits
- Phlebotomy
- Tobacco Cessation Counseling

There are patient appointments with MDs, Nurse Practitioners, Physician Assistants,
RNs, Research Staff, Social Workers, Clinical Pharmacists, 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 SCCA attending physician who communicates with the patient’s
community/provider.
SCCA Unit and Shift-Based Nurse Staffing Plan
Women’s Center & Specialty Oncology Services

<table>
<thead>
<tr>
<th>Hours of Operation:</th>
<th>Volume Indicator:</th>
<th>Expected Volume</th>
<th>Required RNs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday – Friday: 0800-1700</td>
<td>Clinics/day</td>
<td>Mon: 23 clinics/day Tues: 19 clinics/day Wed: 26 clinics/day Thurs: 22 clinics/day Fri: 16 clinics/day</td>
<td>Monday, Tuesday, Friday: 28 Wednesday/Thursday: 29</td>
</tr>
</tbody>
</table>

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)
- Gynecology
- Gynecology Oncology Medical
- Breast Health
- Breast Surgical
- Reduce Your Risk Clinic
- GU
- Renal/Melanoma
- Skin Oncology
- Endocrine
- Surgical Oncology
- KCMC (Kidney Cancer Multidisciplinary Clinic)
- Phase I Clinic

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

Clinic visit types consist of the following:

- New patient (not seen at the SCCA 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

Seattle Cancer Care Alliance Women’s Center & Specialty Oncology FY 2019 Last Revision: December 2018
The following procedures are done in the clinic and are performed by a credentialed physician or APP:

- Cervical/endometrial/vaginal/vulvar biopsies
- Pap smears

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:

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

Team Coordinators and Patient Care Coordinators greet patients upon arrival to the clinic and provide phone reception support.

Phlebotomy is performed in the SCCA Wellness Center by MA and/or RN. Materials may be provided to patients and providers.

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

The patients are supported by Patient Care Coordinators, who provide full service scheduling of their appointments across sites of care, such as radiology appointments, consultations, blood draw appointments, and clinic visits with the providers.

B. Patients served by age group:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant</td>
<td>0%</td>
</tr>
<tr>
<td>Child</td>
<td>0%</td>
</tr>
<tr>
<td>Adolescent</td>
<td>2%</td>
</tr>
<tr>
<td>Adult</td>
<td>62%</td>
</tr>
<tr>
<td>Geriatric</td>
<td>36%</td>
</tr>
</tbody>
</table>

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.
- 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 SCCA 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 SCCA. 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 SCCA 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 SCCA.
- 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.)
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 RNs. Further staffing reductions would require us to limit non-essential services (screening, routine follow-up etc.)

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.

- There are no patient appointments scheduled during lunch hour (1200-1300)
- MA and RN staff coordinate times break and lunch times based on clinic schedule
- 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.
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 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 he/she 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

<table>
<thead>
<tr>
<th>JOB TITLE / SHIFT</th>
<th>M</th>
<th>Tu</th>
<th>W</th>
<th>Th</th>
<th>F</th>
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<tbody>
<tr>
<td>Operations Manager</td>
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<td>1</td>
<td>1</td>
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<tr>
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<td>Professional Practice Coordinators</td>
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<td>29</td>
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<tr>
<td>MA/LPN Manager</td>
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<td>1</td>
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</tr>
<tr>
<td>MA</td>
<td>8</td>
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<tr>
<td>LPN</td>
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<td>TOTAL MAs &amp; LPNs</td>
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### RNs, LPNs and MAs Staffing

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<td><strong>Total</strong></td>
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<tr>
<td>JOB TITLE / SHIFT</td>
<td>RN/MA 0730-1700</td>
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<td>Registered Nurses/ Patient Care</td>
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<td>MA</td>
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<table>
<thead>
<tr>
<th>Number of Wellness Center RNs &amp; Staff</th>
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<tbody>
<tr>
<td>Manager</td>
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<tr>
<td>RN</td>
</tr>
<tr>
<td>MA</td>
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<tr>
<td>PCC/TC</td>
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<tr>
<td>Total</td>
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