Development and Implementation of an Intensity Tool for a Group of Community Hematology Oncology Infusion Clinics   Caitlin Patton, RN MNE OCN

OHSU

Goal: Create a tool to quickly and consistently score the intensity of any patient treatment.

Background: Charge nurses scored daily intensity using a list of treatments with assigned scores. They would estimate intensity scores for treatments not included on the list, resulting in inconsistent scoring and charge nurse dissatisfaction.

Category	Intensity	Modifiers
CVC care (lab draw, dressing change, TPA) Injection(s) Pump DC Single agent non-chemo/non-mab Bone marrow biopsy Non-chemo pump	1	+1 for additional non-chemo infusion +1 for chemo or mab injection +1 for titrated infusion +1 for any single agent longer than 4 hrs +1 for chemo pump +1 for 4 or more IV premeds
Blood product (1 unit) Phlebotomy Single agent mab	2	+1 for additional unit of blood products +1 for additional non-chemo infusion +1 for 4 or more IV premeds +1 for titrated infusion +1 for any single agent longer than 4 hrs +1 for chemo pump
Single agent chemo (infusion or push) _or_ ADC Dual agent mab	3	+1 for additional or non-chemo/mab infusion +1 for titrated infusion +1 for 4 or more IV premeds +1 for any single agent longer than 4 hrs +1 for chemo pump

Sample of modified intensity tool

Strategy: The list of scored treatments was grouped into generalized categories. Elements that increase intensity were added as modifiers to individualize intensity scores.

Two week-long trials were conducted with scores from each tool and charge nurse feedback collected. Modifications were made between trials based on the collected data.

Treatment	Intensity
Atezolizumab (Tecentriq)	2
Avastin	2
Avelumab	3
B12 injection	1
Bendamustine (Day 2)	2
BEP (Bleo, Etop, Cis) Day 1	5

Sample of scored treatment list

Modified Intensity Tool Example: Rituximab
  2 (single agent mab)
+1 (4 or more IV premeds)
+1 (titrated infusion)
+1 (single agent > 4hr)
= 5 total intensity

Results: The modified tool scored more consistently than the list and was preferred by charge nurses at 4 out of 5 sites.

Conclusion: Nurse-driven development of the tool ensured consistency of intensity scoring and increased charge nurse satisfaction.