

# Oncology Nursing, Cancer Care & Radiology and Imaging

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## Cancer nurses logistics and workflow routines reduces time spent in hospital for patient

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Our unit at Molde Hospital is part of a larger cancer department consisting of four hospitals. We have a total of 6.4% oncology/palliative nurses and 1.5% physician positions shared by an oncologist and an anesthetist. The positions are divided into outpatient and a palliative team. Our daily tasks are to treat patients in the form of chemotherapy, managing side effects, provide counseling, palliative care, teaching and support for both patients and their careers. In 2014 we started the development of patient logistics and workflow routines because our patient number increased steadily, while we had the same number of resources. In 2014, we had 3781 patients consultations, which increased to 4701 in 2015. Up to 10 patients had to wait on average 2-7 hours to receive chemotherapy, which is a waste of valuable time for both the patients and the hospital. In 2014, day one of treatment consisted of patient consultation, blood-tests, approval of treatment and delivery from pharmacy. The aim of the new routines was less time in hospital for the patient and to provide a better workflow for the cancer nurses. By doing small changes to our/others routines we have managed to decrease the time patients have to spend in hospital by up-to 5 hours. In conclusion, our work routines have freed up time for both the patients and nurses. We have received feedback from the laboratory, pharmacy and oncologists that the new routines are brilliant and have also made their day more efficient and easier to plan.

### Biography

Siri B Talseth completed her specialist training as an Oncology Nurse in 2008 and is at present the Head of Unit for Palliative Care and Chemotherapy Treatment, Cancer Department, More og Romsdal Hospital Trust, Molde, Norway. She is always looking for ways to develop her department that benefit both patients and her staff.

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