



# Treatment Room Volunteers Increase “Touch Time” for Patients

**A**t Skagit Valley Hospital Regional Cancer Care Center, Mount Vernon, Wash., our entire cancer care team plays an important role in treatment. From our scheduling team to pharmacy, social work and support services, and radiation therapists, all staff is exposed—at some level—to the trials and challenges our patients face during their cancer journey. Our infusion nurses in particular witness daily the toll that both the disease and its treatment take on the body, mind, and spirit of the patients in their care. The therapeutic relationships that are developed with patients in active treatment often weigh heavily on the hearts and minds of the oncology nurse. The constant and repetitive exposure to the suffering of others is taxing at best, and cancer program leadership needs to make every effort to address stressors to prevent compassion fatigue and burnout in our nursing staff.

Adding to the inherent stress of caring for our patients is the fact that medical oncology continues to advance rapidly, bringing new therapeutic options to market at a very fast pace. Nurses must stay on top of these changes—both in terms of the science behind these advancements, as well as how these new treatments must be delivered to ensure that patients receive safe, timely therapy. At times, this clinical learning can overshadow the more holistic components of patient care and create competing priorities for our nurses. These competing priorities can lead to feelings of frustration as our nurses try to “be everything to everyone all the time.” Often, oncology nurses spend the majority of their days safely administering and documenting the ordered treatment, as well as ensuring that patients have the physical comforts to endure long treatment days, which leaves little time to attend to the emotional, educational, and spiritual needs that go hand in hand with cancer treatment.

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One of my oncology nurses summed up this challenge as a lack of “touch time” between nurses and their patients. Nurses describe the most heart-warming and human aspects of their work as those instances when they have time to thoughtfully answer questions, provide education, interact and engage with patients and their families, or just sit silently and hold a hand. This same nurse said this about the challenge: “It seems that we [nurses] spend all our time involved in the ‘tasks’ of treatment or the ‘tasks’ of comfort—administering drugs, giving blood, documenting care, providing warm blankets, a pillow, offering refreshments and nourishment—that we have less and less time to meet patients where they are, to encourage, listen, educate, or to just be with them in those moments when they come face to face with the reality of their diagnosis.”

### How Do We Increase “Touch Time”?

Concerned about our nursing staff, their stressors, and the sometimes competing priorities, cancer program leadership began to brainstorm ways to increase the amount of “touch time” nurses experienced with their patients in our busy infusion therapy clinic. To help leadership determine where to focus its interventions, we conducted an in-depth evaluation of the time our nurses spent on clinical versus non-clinical tasks.

We then evaluated our nurse staffing model, comparing our infusion room staffing against benchmark data from other community cancer centers. Skagit Valley Hospital Regional Cancer Care Center’s infusion center has an open room design with 15 treatment chairs and 2 small isolation rooms for the needs of more critical patients. We are staffed with four registered nurses during operating hours and our peak nurse-to-patient ratio averages to about four patients per nurse, with a daily visit volume ranging from seven to nine patient visits per nurse per day. Based on available comparisons, we determined that our staffing model

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was indeed adequate and appropriate for a center of our size and the patient mix that we treat. While recognizing how extra hands in the treatment room would lighten the load and increase job satisfaction for our nursing team, cancer program leadership concluded that adding staff was not a viable option.

As leadership explored other ways to increase chair-side time for our treatment room nurses, we began to notice the interaction between our front office volunteers and our patients in the waiting room. There were many volunteers who easily engaged with



patients and their families proactively, creating a warm and inviting atmosphere in a busy, sometimes hectic, environment. Our volunteer staff took the initiative to ensure the waiting room was well stocked with creature comforts and that patients' needs were addressed while they waited for their treatment. Cancer program leadership began to consider this question—if these volunteers could provide patient comfort in the waiting room, why couldn't they do the same for patients undergoing infusion therapy?

### **Harnessing Volunteer Power**

Volunteer Services of Skagit Valley Hospital is responsible for screening, interviewing, and matching skills to assignments for more than 400 community volunteers throughout the hospital and clinics each year. This volunteer group offers a wide range of both skill sets and time availability, with a large number of retired professionals in our community looking to give back. Until 2010, all volunteers assigned to the cancer program were given only clerical or courier tasks in our front office. While this placement was appropriate for many, other volunteers were willing to make a more substantial commitment to our cancer program.

With the help of our social work team and interest from two key volunteers, cancer program leadership developed a pilot program to introduce the concept of treatment room volunteers to infusion nursing staff. An examination of the



## Treatment Room Volunteer Duties

1. Make coffee (in the treatment and waiting rooms)
2. Fill blanket warmer
3. Take and fax lunch orders
4. Assemble central line access kits
5. Stock refrigerator and snack counter
6. Run blood samples to lab (as needed)
7. Assist patients with ambulation (at nurses request)
8. Hand out lunches
9. Offer beverages and snacks (as appropriate)
10. Assist nurses with other tasks (as needed)

*Thank you for giving your time and talents to help us deliver the best possible care to our patients! We appreciate you!*



Volunteers regularly assist our treatment room nurses with tasks that would otherwise take them away from being chair-side and available to their patients.



## Treatment Room Volunteer Orientation

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**8:00**

### Welcome and Introductions

Barb Jensen, RN, BSN, MBA

*Director of Oncology*

**8:10**

### Overview of Medical Oncology and Hematology Services

Kara Thomas, RN, OCN

*Oncology Specialty Educator*

1. Universal precautions
2. Cancer and hematology treatment
3. Supportive treatment

**8:30**

### Overview of Social Services

Peter Wold, MSW

1. Professional boundaries, HIPPA concerns
2. Psychosocial needs of the cancer patient

**9:00**

### Volunteer Responsibilities

Kristi Terwilliger, RN, OCN

*Clinical Supervisor*

1. Clinic tour
2. Treatment room tour and introductions
3. Review of treatment room duties

**9:30**

### Review and Questions

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non-clinical work currently being performed by our nurses in the treatment room gave us a place to start. The tasks associated with providing for the physical comfort of our patients receiving treatment—creature comforts that our volunteers were already adept at managing—could be carved out and assigned to non-licensed, non-clinical personnel. We created a list of these tasks (see page 33), and piloted our Treatment Room Companion Program with our two interested volunteers. While the list seems short and the tasks simple, the time that these activities take away from chair-side patient care is great. The addition of extra hands to perform this work allowed us to use our nursing staff to the highest and best use of their certification. These volunteers freed up our nurses to do more of the work they are skilled to do, and gave them time to care for the whole patient—body, mind, and spirit.

### Nurse Feedback

At first our nurses were leery about the Treatment Room Companion Program, raising questions regarding the appropriateness of assigning un-licensed, non-healthcare professionals to any chair-side contact with cancer patients. Concerns were raised about issues from universal precautions to patient privacy. The nurses felt that our patients were more “vulnerable” in the treatment room versus in the waiting room, and nurses expressed particular concern about volunteers using this interaction as a way to meet their own emotional needs. (Some of our volunteers have received cancer treatment at our program or have family members who have been treated for cancer.) To address these concerns, our leadership team developed two tools—a candidate screening process and a treatment room orientation—as part of our volunteer on boarding. Potential candidates are interviewed by our leadership team to ensure they will be a fit with both the nursing staff and the work specific to the treatment room. As a next step, nursing leadership staff and our social work team designed an orientation to both the infusion treatment space and the treatment room companion role, including an overview of the clinical services provided at the cancer center and a review of the psychosocial aspects of cancer treatment. A sample of this orientation agenda can be found at left.

### Programmatic Benefits

Since 2010 volunteers for our Treatment Room Companion Program have spent nearly 5,000 hours helping cancer patients with a soft touch, a warm blanket, or simply a listening ear.



A warm smile always accompanies a warm blanket delivered by our volunteers.

These volunteers not only comfort the patients and families who frequent our infusion room, but they also provide willing hands to assist in many other tasks that make our nurses' load a little lighter. The program continues to recruit new volunteers to ensure that we have coverage Monday through Friday during the busiest times of the treatment day.

One previously skeptical nurse now tells everyone, "We don't know what we would do without these volunteers. They are willing to help with anything we need, always with a smile. Patients love the added attention that they receive, and we appreciate what their help does for us."

While our Treatment Room Companion Program alone cannot diminish all the stressors that this profession puts on the hearts of those who care for cancer patients, it has gone a long way to alleviate many burdens. Cancer program leadership continues to look at ways we can improve both the staff and patient experience in our program. We recognize that "the heart" of a community cancer center is truly the community we live in and serve. The need to give back, to become a part of our cancer program's success, to celebrate the healing, and mourn for the dying, are all reasons that these volunteers give of their time and talents. They inspire staff to come to work with this same intent, and we are ever grateful for their seemingly endless capacity for caring. 

*Barbara Jensen, RN, BSN, MBA, is director of Oncology, Skagit Valley Hospital Regional Cancer Care Center, Mount Vernon, Wash.*



## Our Program At-A-Glance

The Skagit Valley Hospital Regional Cancer Care Center has been providing state-of-the-art cancer care to our community for more than 30 years. Our primary location in Mount Vernon, Wash., serves Skagit and Island Counties. A second medical oncology site located within Cascade Skagit Health Alliance in Arlington, serves our patient population in North Snohomish County.

With the support of our community and the Skagit Valley Hospital Foundation, funds were raised for a major expansion in December 2006, adding radiation oncology to the medical oncology practice. This dramatically increased the breadth of therapies available to our population, and solidified the organization's commitment to providing a comprehensive approach to cancer care for the patients and families we serve.

In 2009 the Skagit Valley Hospital Foundation received a generous grant from Safeway Inc., to launch The Breast Institute at the Skagit Valley Hospital Regional Cancer Care Center. The Breast Institute was developed as our first tumor-specific program, adding patient navigation and a weekly breast cancer multidisciplinary conference to our existing services.

With more than 600 new cases diagnosed annually, Skagit Valley Hospital Regional Cancer Care Center is designated as a Comprehensive Community Cancer facility and boasts accreditations by the American College of Surgeons Commission on Cancer (CoC) and the National Accreditation Program for Breast Centers (NAPBC). Our team is dedicated to ensuring that clinically excellent care paired with a compassionate, patient-centered experience is available to the people of our community now and for future generations to come.