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## Acuity Adaptable Nursing Units in Oncology

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**W**estern Regional Medical Center (WRMC) is the newest facility within the Cancer Treatment Centers of America® (CTCA) network. As the newest CTCA facility, the leadership and clinicians at WRMC embraced many innovative strategies and treatment options to provide patients with an environment that promotes hope and well-being. One of these strategies is the adoption of the acuity adaptable model of care. The acuity adaptable unit (AAU) has been operational since December 2009 with many challenges overcome and lessons learned. This article provides an overview of the current evidence on AAUs, as well as a review of the challenges and opportunities that the implementation of an acuity adaptable model presents. Leadership and organizational issues related to the planning, adoption, and implementation of this innovative oncology care model will be addressed. This article will demonstrate how the model was planned, implemented, measured, and analyzed. The analysis of the model will explain solutions that have been put into practice and recommendations for future growth and evolution of the model.

The AAU design has been adapted by a few medical centers nationwide in an attempt to improve patient care. Healthcare leaders have suggested that the AAU model represents the future of the industry (Lipschutz, 2008). However, healthcare administrators must consider the benefits and challenges of the acuity adaptable nursing model when introducing it into their facilities' growth plans. The clinical leadership team examined the effects on nursing staff after implementing an AAU at WRMC. The AAU was the first patient care unit of its kind in Arizona.

Patients with cancer often require many transfers because of the changing level of their disease. Typically patients are moved to a different unit in the hospital (e.g., intensive care unit, medical-surgical, telemetry) each time their level of care changes. When these transfers oc-

cur, a high degree of anxiety is imposed on the patient and caregiver, as well as an increase in incidence of errors. In an AAU, the patient is able to stay in one room and be cared for by the same nursing team throughout his or her hospital stay. This model fosters high patient and caregiver satisfaction, decreased error rates, and increased continuity of care.

### Project Site Description

Founded in 1988, CTCA provides a comprehensive, patient-centered treatment model that fully integrates traditional state-of-the-art medical treatments with scientifically supported complementary therapies.

### Goals

The objectives of the AAU are to (a) increase patient satisfaction and decrease nurse movement away from the patient, (b) decrease medication errors, and (c) increase staff satisfaction. The nursing staff focused on three components of the AAU design: universal room design, decentralized nursing stations, and nursing education. Although many areas were involved in the AAU implementation, these three components provided a structure in which staff organized their thinking and created a milieu that would allow brainstorming opportunities in specific areas.

The universal room design played a role in the decision to have decentralized nursing stations. CTCA is an entirely paperless hospital and successfully uses the electronic health record (EHR) systems. This allowed for nursing stations to be placed directly next to the universal rooms for more personalized care.

**Universal room design:** The universal patient room safely accommodates the critical care needs of patients in intensive care and provides space for high-tech equipment. An efficient room layout is designed to decrease wasted staff motion during treatment, with dedicated space for the staff, patient, and family.

For example, a recliner chair is located next to the patient's bed to provide an option to leave the bed. In addition, this design minimizes the time a nurse might take to move a patient out of his or her bed to a common area with chairs and allows the nurse to change the bedding while the patient is still in the room. The room also meets the needs of a recovering critical care or telemetry patient, with space for patient ambulation and family visitation. The room design also has a focus on comfort and privacy.

**Decentralized nursing stations:** Alcoves are located between each patient room to allow for more immediate patient and caregiver needs. In the past, medical information was stored on paper and centralized nursing stations were necessary to keep all medical data in one physical place. With an entirely paperless system and the implementation of an EHR, multiple nursing stations are feasible, thereby enhancing the efficiency and quality of nursing care. Nurses can be closer to the patient in the AAU with multiple nursing alcoves (Mayo, 2010).

**Nurse education:** Many opportunities exist to educate oncology nurses who provide care on the AAU. A customized acuity adaptable orientation that lasts approximately six weeks is completed by all AAU nurses. Shadowing and preceptor programs were created specifically with the AAU in mind. The shadowing program pairs a seasoned AAU nurse with a developing nurse. This partnership allows for real-time observations of the unit and opportunities for in-depth questioning and mentoring opportunities. In addition, documentation of the nurses' cross-training competencies assists in quickly adapting staffing levels on the AAU to meet the changing acuity levels of the patients. An increase in oncology nurse performance, regarding an increase in staff confidence and competence relating to fewer errors and high nurse satisfaction, also has been noted with oncology nurse cross-training, as well as an increase in operational effectiveness, specifically on the AAU. The