

Cancer Center

This policy is designed to:

- a. Delineate the structure of the Cancer Center's Solid and Heme Malignancy team services, including census caps and call schedule
 - b. Define the number and type of admissions to the service
 - c. Describe the cross-coverage of patients on each team
 - d. Set goals for a formal teaching curriculum in oncology
 - e. Define the role, responsibilities and coverage of the nurse practitioner or physician assistant
1. The Cancer Center services consist of two teams, Solid Tumor Service and the Heme Malignancy Service, though either team can accept most diagnoses depending upon census. Each team has one attending and two residents or interns. The Heme Malignancy team has an oncology fellow and nurse practitioner (NP) or physician assistant (PA). Each team acts independently with its own set of designated patients.
 2. The two teams admit patients each day during the week. Overnight call and weekend days alternate between the two services.
 - a. Overnight call for all residents is every fourth night. Each resident is excused from his or her duties post-call 30 hours after arrival. If an intern is a team member, then the intern is supervised by the Med ID resident during overnight calls.
 - b. Clinic is rescheduled for the upper level residents on post-call days.
 - c. Fellows do not take call, but are expected to stay in house at least until 5 pm each weekday.
On weekends the fellow:
 - 1) Helps the post-call resident round on the post-call service, whether Solid Tumor service or Heme Malignancy service, and ensures the resident leaves by 1 pm (or whenever 30 hours of continuous duty has elapsed, i.e., may be earlier than 1 PM).
 - 2) Assists in covering NP/PA responsibilities, detailed in (d), during scheduled and unscheduled NP/PA absences.
 - 3) Assists the other resident with their clinical responsibilities
 - 4) Remains on duty until at least 2 PM to assist the on-call resident.
 - d. The NP/PA :
 - 1) Admits and follows patients of a type and complexity appropriate for his/her level of training as determined by the attending physician.
 - 2) Should generally carry a minimum of 3 patients.
 - 3) Works from 8 AM – 4:30 PM weekdays, and signs his/her patients out to the covering resident at 4:30 PM. As such, (s)he can do admission evaluations and orders on patients arriving on the floor or able to be admitted from the outpatient area before 2:30 PM. The residents on the Heme Malignancies service are responsible for the NP/PA patients on weekends and holidays.
 - 4) Is responsible for overseeing longitudinal continuity of care for all patients on the Heme Malignancies service. In this role, (s)he reviews outpatient-inpatient and inpatient-outpatient transitions for all patients on the service, including outpatient/inpatient and inpatient/outpatient transition of chemotherapy orders, discharge medications, timing of follow-up, and ensuring communication with UMGCC attending physicians, NP/PAs and nurse coordinators as well as and outside physicians, as appropriate. The NP/PA also assists in ensuring that patients are prepared for discharge the day before anticipated discharge, including notification of patient and family, transfusion, appointments, prescriptions and ensuring that patients will be able to get prescriptions filled; planning of discharges the day before they occur will allow discharges to occur in the morning and admissions to occur by early afternoon.
 - 5) Also assists in ensuring efficient execution of all aspects of leukemia care, including bone marrow procedures, scheduling of cardiac evaluations and lines, consideration of fertility issues, initiation of HLA typing and assessment of all patients for therapeutic clinical trials and tissue banking.

3. An upper level resident may admit no more than 10 patients while on call (24 hour period) and no more than 16 new patients in a 48-hour period.
4. The Cancer Center cap is 28 patients total between the two teams. The two attending physicians will attempt to balance the load between the two services based upon resources and type of diagnoses.
 - a. The cap is flexible and may exceed 28 in these circumstances. New patient admission who:
 - i. Requires chemotherapy
 - ii. Has acute leukemia or similar diagnosis
 - iii. Presents with neutropenic fever
 - b. When the census nears the cap, plans should be made to triage certain admissions to Medicine services. Examples of patients who may be admitted to medicine include symptom management, end-of-life care, non-neutropenic fever and other non-oncologic conditions. In these circumstances, the Medicine team should communicate directly with that patient's outpatient attending oncologist. If that attending physician is not available, the default contact in the Cancer Center will be the consulting service, either solid tumor or hematology.
 - c. Once there is a combined census of 28 patients and the patient does not meet the criteria in (4a), the patient will not be accepted to the Cancer Center and should be admitted to medicine.
 - d. The Cancer Center residents are not required to admit patients followed solely by radiation oncology, surgical oncology, or other surgical services.
5. The two services cross cover each other's patients overnight. The residents who are not on call sign out to the resident assigned to overnight call that night, whether that resident is on the Solid Tumor or Heme Malignancies service. Likewise, the residents on each team cross cover each other when one or the other is in clinic or has the day off.
6. The Heme Malignancies team residents should attend Leukemia Conference on Tuesdays at noon. All residents are encouraged to attend Cancer Center conferences and tumor boards as time allows. All residents are expected to attend Morning Report, Grand Rounds and Journal Club.

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