

## 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
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 will have one attending and two upper-level residents. The Heme Malignancy team has an oncology fellow and nurse practitioner. 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 (R-2 or R-3) is every fourth night. Each resident is excused from his or her duties post-call 30 hours after arrival.
    - 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 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).
    - d. The nurse practitioner admits and follows patients of a type and complexity appropriate for his/her level of training as determined by the attending physician. The NP should carry a minimum of 3 patients. The NP works from 8 AM - 4 PM weekdays. The residents on the Heme Malignancy service are responsible for the nurse practitioner patients on the weekend.
  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, including those on research protocols
      - 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 by 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 Malignancy service. Likewise, the upper level residents on each team cross cover each other when one or the other is in clinic or has the day off.
  6. The Heme Malignancy 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.

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