

Hematology/Oncology and Internal Medicine Service Agreement

Dated: 4/27/2016

PURPOSE: To define appropriate criteria for admission to Internal Medicine versus Hematology/Medical Oncology services and to outline consultation expectations.

BACKGROUND:

1. This guideline was developed by members of the divisions of Hematology/Oncology and Hospital Medicine and approved by the signatories below.
2. This guideline is intended to facilitate admission of patients to the most appropriate service for optimization of patient care and education of housestaff.
3. Disagreements between services should be resolved at the attending level. If attendings are unable to resolve a disagreement, the division chiefs should be contacted.

GUIDELINES:

1. Admission time:

The Hematology and Medical Oncology services perform admissions from 08:00-17:00 Monday to Friday and from 08:00-12:00 on weekends and holidays. At all other times, the admitting medicine resident will admit to the Hematology and Oncology services. Whenever the admitting medicine resident admits to the Hematology or Oncology service, the fellow on call should be informed and the plan discussed.

2. Admission Criteria:

- a. All patients who are actively receiving chemotherapy or radiation treatment will be admitted to the Hematology/Medical Oncology inpatient services regardless of the presenting problem. **Active treatment** is defined as receiving chemotherapy, immunotherapy or radiation therapy within the last 30 days. Hormonal therapy is not included.
- b. Patients with known cancer who present with a cancer-related condition requiring admission (e.g. biliary obstruction, cancer-related pain, side effects of cancer treatments) will be admitted to Hematology/Medical Oncology inpatient services.
- c. If it is suspected that the condition may be related to the cancer, Hematology/Medical Oncology service will admit the patient. However, if it is later on determined that the condition is unrelated to the underlying malignancy, a transfer to Internal Medicine service can be requested.
- d. All patients who have undergone stem cell transplant at any point in time will be admitted to Hematology/Medical Oncology services. If deemed appropriate for transfer in accord with other existing admission criteria, the Hematology/Medical Oncology service can request transfer to Internal Medicine.

- e. Benign Conditions (ex. TTP, ITP, thrombosis, hemophilia, sickle cell anemia, etc.) will be admitted to Internal Medicine services with consultation from Hematology/Oncology as needed.
- f. Patients with masses of unknown origin that require admission should be admitted to Internal Medicine for evaluation. If the Internal Medicine service needs assistance regarding appropriate workup, Hematology/Oncology can be consulted for guidance. If biopsies are finalized while patients are still hospitalized, the Hematology/Oncology consult team should be notified.
- g. Non-UNM Cancer Center patients will follow the same admission and transfer criteria as UNM Cancer Center patients.

3. Transfer Criteria:

- a. Transfer to Internal Medicine can be requested if:
 - i. A patient is no longer a candidate or does not desire any therapy
 - ii. The current medical condition is unrelated to the cancer diagnosis
 - iii. A patient is a candidate for outpatient radiation therapy and has no other active issues.
- b. Transfers to Hematology/Medical Oncology can be requested if a biopsy-proven malignancy is established and the patient requires further treatment in the hospital.
- c. Any transfer of care between services must be accompanied by an interim summary if the patient has been hospitalized for greater than 48 hours.
- d. If it is reasonably expected that the patient will be discharged within 48 hours, a transfer should not occur. The patient will not be transferred solely for discharge.
- e. Cancer Center follow up appointments after transfer to Internal Medicine services should be coordinated by the Hematology/Oncology consult service.

4. PALS Transfers/ Direct Admissions:

- a. PALS transfers (including those admitted for procedures) should follow the admission criteria noted above, for determination of appropriate admitting service.
- b. After a PALS transfer has been accepted, the admitting Internal Medicine resident on call should be notified of patient acceptance.
- c. For patients directly admitted from UNM Cancer Center, a STAT note should be completed and the admitting Internal Medicine resident on call should be notified of impending patient arrival.

5. Consultations:

- a. Consultations by either service should be completed within 24 hours. If more urgent consultation is needed, this should be communicated to the consulting team.

- b. The Hematology/Oncology consult teams will not delay consultations while awaiting tissue diagnosis.
- c. Daily notes are to be written by the consulting team.
- d. The primary team is to be notified when the consulting team is signing off.
- e. The Hematology/Oncology fellow will be responsible for providing a Cancer Center follow up prior to discharge if medically appropriate. Patients discharged over the weekend prior to an appointment being made should be given the Cancer Center phone number and instructed to call after 48 hours to find out appointment time and date.

6. Service Caps:

- a. The Medical Oncology inpatient service will have a cap of 15 patients excluding consults. The Hematology inpatient service will have a cap of 15 patients excluding consults.
- b. A patient requiring admission to Hematology/Medical Oncology services when at cap will be admitted to Internal Medicine services with daily consultation from the Hematology/Oncology consult team. Once the Hematology/Medical Oncology service is below cap and the patient still has an active cancer-related condition, a transfer can be requested in accord the above admission criteria.
- c. Patients with any of the following conditions are to be admitted to the Hematology/Medical Oncology services irrespective of the above service cap:
 - i. Acute leukemias or high-grade lymphomas (e.g. Burkitt's lymphoma)
 - ii. Tumor lysis syndrome
 - iii. Conditions requiring urgent chemotherapy as deemed by the Hematology/Oncology service
 - iv. A history of stem cell transplant (at any point in time)

7. Sign Out:

- a. The Hematology and Medical Oncology services will sign out patients to the Internal Medicine covering physician (OCD) at 19:00.
- b. Planned admissions which are anticipated to occur outside Hematology/Medical Oncology admitting times should be signed out to the appropriate admitting medicine resident near the time of anticipated patient arrival. For the appropriate admitting resident schedule, please see below.
 - i. Weekdays: 17:00-19:00 – Day Call resident, 19:00-07:00 – Night Float resident
 - ii. Weekends/holidays: 12:00-19:00 – Day Call resident, 19:00-07:00 – Night Float resident

Signatures:

 /Date 4/28/16

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 /Date 4/29/2016

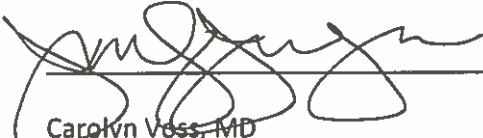
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