

## Hematology-Oncology Wards Orientation for Housestaff

Revised 8/28/2023

### INTRODUCTION

**Welcome to the Hematology-Oncology Ward Service.** The Hematology-Oncology Ward service functions as an integral component of the patient care services overseen by faculty members of the Division of Hematology & Oncology. The service will be staffed by one of the Division's attending physicians, and the team will include one Hematology-Oncology fellow and Internal Medicine residents (generally two) from the Olive View-UCLA Internal Medicine Residency Program. The goal of the service is to provide comprehensive focused medical care to patients with hematological or oncological diagnoses (established or suspected) and provide focused teaching to the trainees.

### STRUCTURE

The H/O Ward team consists of:

- Hematology-Oncology Attending
- Hematology-Oncology Fellow
- 2 Residents/Interns

**Resident Patient Cap:** Each resident manages a separate list of patients, up to 8 patients per resident.

**Team Patient Cap:** The overall Hematology-Oncology Ward team cap is 16 patients. However, the H/O Ward attending may exceed that cap, in consultation with the Program Director, up to 10 patients per resident (in alignment with ACGME guidelines) when necessary based either on the diagnosis of a given patient or overall patient care demands within the Medical Center.

### ADMISSIONS

- a. The team admits daily 8AM – 3PM, occasionally up to 4PM for more emergent cases or transfers.
- b. **Scheduled Admissions:** Check with fellow/attending physician. Cases are listed on the H/O admission calendar which the fellow can review the day before.
  - i. For scheduled admissions, the patient checks into STC, has labs drawn and reviewed by the attending physician or fellow, and waits for their bed to be assigned.
- c. **Admissions from ED, STC or Transfers from other services:** Transfers from other services and ED should be reviewed with the consult fellow and H/O ward attending and fellow.
- d. Each resident may admit up to 3 patients and accept one transfer per day, on days when both residents are on service. The resident will not admit when cross-covering the other resident's list.
- e. Types of admissions include:
  - ii. Patients whose primary outpatient clinical care is in one of the Hematology or Oncology outpatient clinics;
  - iii. Patients presenting new to the Hematology/Oncology service with known or suspected hematological or oncological conditions requiring inpatient management;
  - iv. Patients whose cancers require inpatient chemotherapy;
  - v. Patients with cancers requiring inpatient evaluation for acute complications of their cancers (e.g., neurological or respiratory compromise, sepsis, or complications of chemotherapy);
  - vi. Patients with suspected cancers (based on imaging or laboratory tests) for which coordination of the diagnostic approach is essential (e.g., communications with IR or pathology on nature of studies needed, special tests, etc.);
  - vii. Patients already on one of the medical or surgical wards whose condition changes such that their care is better coordinated by transfer to the H/O Ward Service.

The H/O Ward attending physician will have final decision on admissions to the service.

### SCHEDULE & PATIENT CARE

#### Daily Schedule

- a. Daily rounds with the attending physician

- b. Internal Medicine Noon Conference is mandatory
- c. Didactic sessions with fellow or attending physicians in afternoons as time permits (**please see ward calendar**)

#### Days off & Coverage

- a. Residents will have one day off every 7 days, in alignment with ACGME recommendations.
- b. Only one resident may be off at any given time, either Saturday or Sunday. The remaining resident will oversee all current patients, with the assistance of the H/O Ward. Admissions on resident day off may occur in extenuating circumstances after discussion between hospitalist and H/O Ward attending.
- c. When one resident has a day off:
  - i. the remaining resident and fellow are responsible for covering all of the patients, with supervision by the H/O Ward attending;
  - ii. the remaining resident will round on and write daily progress notes on all patients, up to a total of 10 patient. The ward fellow will be responsible for rounding on and writing notes on those patients in excess of 10.

#### Oral Presentations for Rounds (General Format)

- a. New Patients
  - i. ID: Type of disease, stage of disease, date of diagnosis
  - ii. Chief complaint (complication, induction, consolidation, maintenance)
  - iii. Initial presentation of malignancy (e.g., mass, B-symptoms, bruising, etc.)
  - iv. Diagnosis (imaging, biopsy, IHC, molecular studies)
  - v. Treatment, response, complications, relapses in chronologic order
  - vi. ROS, physical exam, labs, radiology
  - vii. Assessment and Plan, goals of therapy
- b. Daily Updates
  - i. Identification/Summary statement
  - ii. Cycle x, Day y of \_\_\_ chemotherapy
- c. Sign-out: Include contingencies as discussed with the attending
  - i. Fevers: diagnostics (e.g. cultures), changes in antibiotics
  - ii. Bleeding: need for scans (e.g. CTs), threshold for blood products
  - iii. Chemotherapy reactions: when to stop infusion, antidotes

#### Sign-out & Patient Hand-off

- a. Sign out will be discussed during rounds daily with fellow and attending physician.
- b. If there are any H/O Ward patient issues overnight, the chain of command is the OnCall Hem/Onc fellow and the Hem/Onc ward attending.

#### Chemotherapy

The fellow will order chemotherapy.

#### Radiation Therapy

Patients sometimes receive radiation during their hospitalization.

- a. Radiation therapy is performed off-site. The fellow will set up transportation the day prior or prior to admission.
- b. Kathrina Puno x73540 is the Rad-Onc coordinator.
- c. Patients do not have to be NPO.
- d. Okay to hold chemo until the patient returns if chemo is a continuous infusion
- e. Patients will not have pain medications during radiation sessions. So, particularly for the first session, consider giving the usual or extra opioid dose prior to departure.

## Palliative Care

- a. Pager: 818.313.1036
- b. Monday-Friday 8:30am-5:00pm
- c. When to consider consultation or referral: refractory symptoms (e.g. pain, anxiety/depression, nausea, dyspnea), goals of care (GOC), transition to hospice, prolonged ICU stay with poor prognosis or no evidence of improvement

## Discharge Checklist

### Documentation

- a. Resident will write the Discharge Instructions and Discharge Summary.
- b. Fellow will write a H/O Summary note.

**Follow-up:** Clinic C and STC follow-up will be arranged by the fellow

- c. Clinic C follow up with appointment times – indicate phone vs. face to face
- d. STC follow-up:
  - i. NP Sign/symptom or Phone Visit
    1. NP Sign/Symptom Check – Face to face visit (i.e. possible transfusion, IVF, etc)
    2. Phone Visit – Please ensure patient has an accurate phone number in the chart
  - ii. PICC line dressing changes – scheduled weekly
  - iii. Portacath flushes – monthly
  - iv. G-CSF support – schedule STC vs. home administration
- e. UR request for subsequent admission and added to admission calendar by fellow
- f. Medication list and review medications with patient/caretakers
  - i. PICC line supplies, including saline flushes if needed
- g. Transportation to and from clinic/other medical appointment
- h. Future imaging appointments
- i. Stem cell transplant appointment if applicable
- j. Ensure that appropriate labs are ordered for all follow-up

## Housestaff Manual

There is a lot to learn on H/O wards. Prior to starting your rotation, please review the Hematology-Oncology Housestaff Manual by Dr. Victor Chiu, which is available to you on the Internal Medicine Residency website curriculum section on Hematology-Oncology. Remember, your attending physicians and fellows want you to learn as much as possible during your time with us, so listen, read and ask plenty of questions!!

## PROFESSIONALISM

### Illness

- Please notify the Chief Resident on call (can be found on AMION) if you are ill or have an emergency preventing you from coming to work.

### Deficiencies

- Occasionally you will be messaged by Medical Records (a “query”) with a question regarding the medical record of a patient you cared for. This information is vital for hospital funding. If a query is not answered in 7 days a letter of unprofessionalism may be placed in your file.

### Evaluations

- You must complete evaluations of your fellow and attendings in a timely manner. This is done through MedHub.

### Work Hour Documentation

- Please complete your work hour documentation on MedHub.