Karmanos Cancer Institute

KCI Floors

Malini Surapaneni

3 MedicineTeams

- KCI Team 1 (2 seniors, 2 interns)
- KCI Team 2 (2 seniors, 2 interns)
- Hospitalist team (hospitalist + NP)

Admissions

- Admission pager: **93307**
- This pager must be covered at all times
- Covering physician order on all admissions
- The 30406 pager (NP overnight cross-coverage pager) will be **turned off** by on-call senior at **7 AM** (after nocturnist leaves) and is turned on by NP **on at 5 PM**. The nurses will page covering physicians for individual patients during the day.

Admissions

2 steps (for every admission):

1. Place a consult and page Hem/Onc corresponding service (malignant hem or medical onc) with the FIN

2. **Place the patient on the respective list**

- Malignant Hematology (95688)
  - HA-Hematology Malignancies
- Medical Oncology (00005)
  - HA-Oncology Inpatient

Admissions

- When a patient is in HUH or DRH ED the FIN number will be different than their KCI FIN. All orders placed under the wrong FIN will be lost.
- See the patient in the ED but wait until the correct KCC FIN is in before putting the orders.
- KICU is a closed unit. Once you accept KICU transfer, please place covering physician and communication order to notify you when they are on the floor. Do NOT put orders on patients while they are physically still in ICU.

What to admit

If the **primary oncologist was contacted by the ED and wants the patient admitted** to medicine then admit the patient.

This includes ENT and Urology patients with medical reasons for admission.

What not to admit

- Surgical oncology patients, if their problem is **non-medical**
- If a surgery patient is being admitted for a surgical problem (drains, post op, reconstruction, etc) then **please tell ED to admit to general surgery as plastic surgery doesn't have a service in KCI**
- If a patient is surgery's patient but **has a medical problem** for which they are being admitted (COPD, HF, etc) then medicine admits them

Admissions

you will admit all patients including planned chemotherapy and Lutathera patients

See Lutathera patients right away as they get the radiation treatment and go to isolation before being discharged

On Call

- On call hours: 5AM to 7PM
- 5am-7am: nocturnist places basic orders and gives verbal signout to call team. Residents should arrive at 7AM for sign out everyday
- Full H&P and orders for all patients admitted with a KCI FIN from 5AM-6PM.
- Any patient accepted between 6PM-7PM: resident places basic orders and will sign the patient to the nocturnist at 7PM. HPI will be written by the nocturnist for patients admitted after 6PM
- 5PM-7PM: sign out to NP for cross coverage

Call Day

- Both seniors and both interns on the call team stay until 7PM.
- Alternate taking new admissions between the seniors and interns within each call team
- **Cut-off for new admissions for on call team is 6 PM . If a patient does not have a Karmanos FIN number by 6 PM, then please triage the patient and sign out the patient to the nocturnist. Time of admission order doesn't count, Time of KCI FIN assignment counts.**
- **If patients transferred from outside hospital (including DRH) have FIN before 6 PM but are not physically in the hospital before 6:30 PM, then they will be signed out to the nocturnist.**
- Admissions after 6 PM go to night attending.

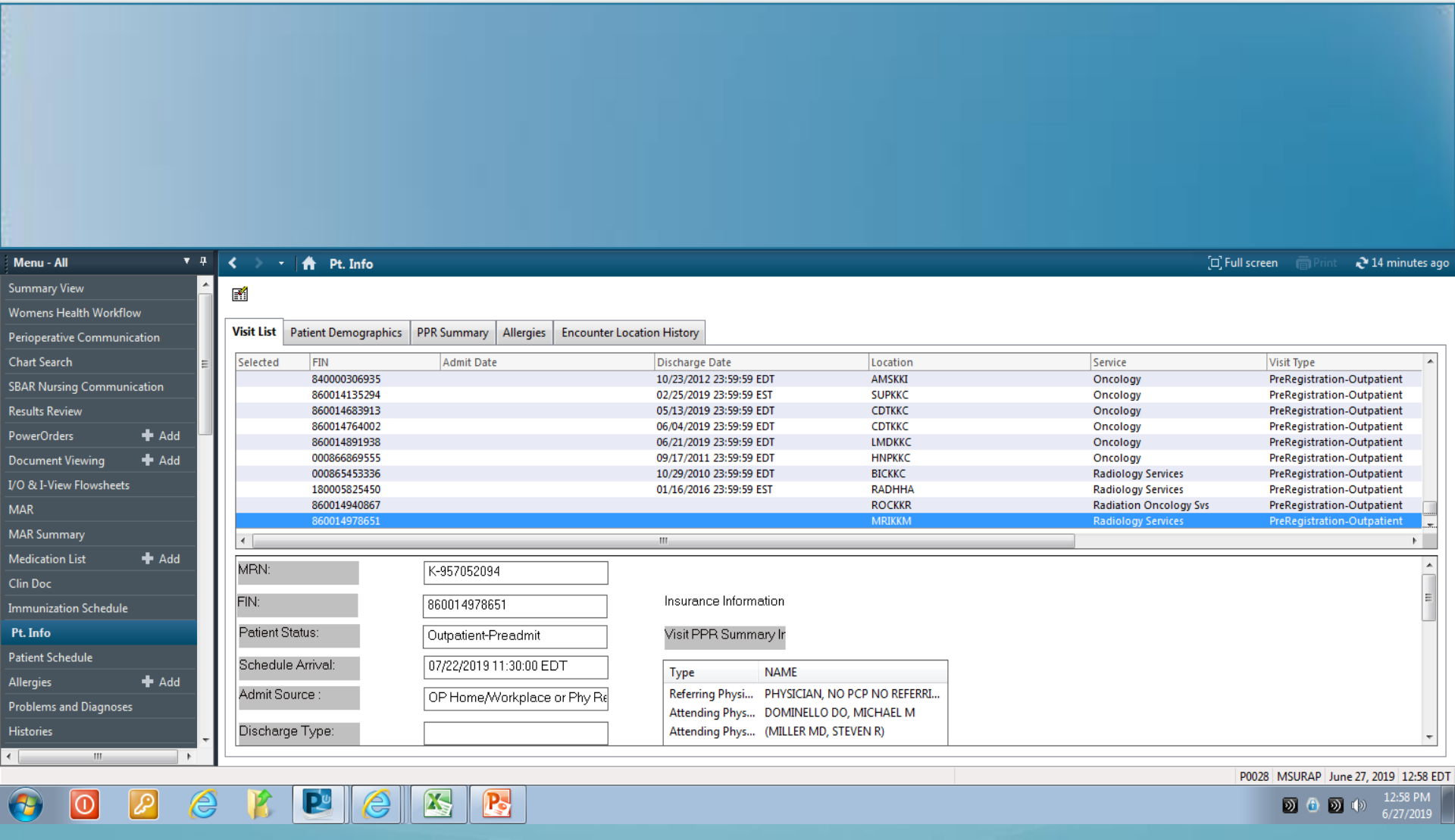
Call Day

- **If the on call team caps, then the pre-call team can take up to 5 new admissions before 5PM as we don't have overflow anymore.**
- If FIN numbers for the admissions that went to pre-call team during the day comes after 5 PM; then nocturnist will see the patient, and will sign out to the same team (which accepted the patient and counted the patient towards their cap) the next morning.

How to look for KCI FIN

- Patient admitted from Karmanos clinic will continue with the same KCI FIN number.
- Patients admitted from Harper ED, will need new Karmanos FIN.
- Please call 9016 to find about the bed assignment and new KCI FIN availability.
- Also in the citrix EMR→please go to patient info (in the left hand side)→look at both the top and the bottom of that page to find the most active/new FIN

KCI FIN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Discharge Type:
Insurance Information
Visit PPR Summary Ir
Type NAME
Referring Physi... PHYSICIAN, NO PCP NO REFERRI...
Attending Phys... DOMINELLO DO, MICHAEL M
Attending Phys... (MILLER MD, STEVEN R)
P0028 MSURAP June 27, 2019 12:58 EDT
12:58 PM
6/27/2019

On Call

- If you accept an ICU patient and count them as a hit, then whenever they come out, even after several days or post call they are yours. Because you counted them towards your team cap. Do not give them to oncall team
- Add an outside transfer to your list but do not count as a hit until they reach the hospital, continue taking patients and once they arrive they could be admitted by nocturnist
- Team cap is 18 + 2 bounce backs every 24 hours.

Off days

- Due to overlap in cohorts, plan early! Average 1 day/week.
- **Only 1 resident or intern off on any one day per team**
- Can be done on call and non-call days but try to keep it even/fair

Post Call

- Nocturnist signs out the admissions to the team seniors + interns at 7AM.
- Post call Residents will assume care for all the overnight admissions from 7AM and will round on them along with the rest of the patients on their list with their attending. If you reach team cap from the overnight admissions, then the additional patients go to the on call team that day.
- Continue to work and cross-cover until 5pm
- 5pm: sign-out to NP for cross coverage

Pre call

- All teams should arrive by 7 AM for sign out on your old patients
- Work hours on pre call day: 7 AM-5PM
- Sign out at 5PM, when NP arrives
- **If the on call team caps, then the pre-call team can take up to 5 new admissions before 5PM as we don't have overflow anymore.**
- If FIN numbers for the admissions that went to pre-call team during the day comes after 5 PM, then sign out that patient to the NP and on call senior. Nocturnist will see the patient, and will sign out to the same team (which accepted the patient and counted the patient towards their cap) the next morning

Daily signouts and handoffs

- Should occur in the workroom on 10WS at designated times:
- 7am: nocturnist signs out to residents
- 5pm: non-call teams signs out to NP
- 5PM-7pm: call team signs out to NP

Note that call team does not receive cross-coverage from non-call team.

Work station

- 10 Webber South, room **10356**
  - Code: **160827***
- This is where sign outs happen but you are welcome to use any computer in KCl or Harper

Caps

- In a 24h period:
- 18 **new** patients + 2 bounce backs per team total
  - Maximum 10 patients(including the bounce back) per each senior
  - Interns can take a maximum of 5 new patients in 24h (they cannot admit more than 3 new on the day you are on-call, but can take up to 2 from hospitalist admissions next day)
- Discharges during the on call day count towards your cap that day, but they do not count to your team cap next morning.
- If the hospitalist gets bounce backs to you, then you can take up to 2, then cap is **20** patients **(18+2 bounce backs)**

Bounce backs

- Based on the 4 week blocks
- On call team takes ALL patients (count as hits) but will return it to the original admitting team after they round the following morning and give sign out.
- If giving back the bounce back to the other team will result in the team to overflow then just keep the patient
- If you will discharge the patient the same day you first round on them, then don't return it to the original team.
- Overnight will go directly to original team
- Any team can take up to 2 bounce backs, that makes your cap **20**
- **No bounce backs on last and first days of the rotation, your cap is 18 then**
- **Bouncebacks to hospitalist team follow attending change (they can get bouncebacks within the week they are on service), when attending changes, then patient goes to admitting team**

Overnight overflows & Overnight bounce backs

- If cap is reached by overnight admissions, the nocturnist will start to admit to pre-call team

- Overnight bounce backs will be admitted directly to the bounce back team (the original team)

Discharges and Departs

- Malignant hematology and Oncology fellows on service will typically complete the depart follow up appoints and the Provider Order Form. Please contact them regarding this with each planned discharge.

- Depart planning must be done in collaboration with the consulting Hem/Onc physician to decide on safe discharge, when to return to clinic, lab/tests/treatments before next clinic appointment.

Discharges and Departs

- You will ePrescribe for all discharge medications, except narcotics
- Narcotic discharge: prescriptions will automatically print on the unit that the patient is located on and you must sign and place it in the patient chart
- Never start, refill, or stop chemotherapy at any time.

Collaborative team

- Never change the chemotherapy orders
- If concerned about starting a new medication or making major changes, get in touch with the consulting hem/onc
- No need to have permission for most medical decisions or placing consults for other services, including ICU
- Discharges are done together

Code Blue & Deaths in KCI

- Call team should respond to “Webber North” codes. These are your patients and the people that are required to respond are your colleagues. But at this time KCI residents are not the ones responsible for writing the brief incident code note.
- Patient death/code: notify the consulting oncology or hematology team. Ask the team if they want you to contact the primary oncologist.
- As primary, you will be responsible for writing the death certificate on your patients.

Education

- Thursday afternoons are still protected didactic time.
  - Anyone not covering the admission pager is required to attend. Keep your pager on and if necessary, you may step out.
- No morning report at this time
- Y3 medical students – work together with interns and seniors
- Sub-Is
  - Treat as no different than at any other hospital site
  - Work directly under the senior resident, not under the intern

Acute Care Clinic (ACC)

- The urgent care clinic of KCI – 4 beds & 2 chairs
  - Not an observation unit – does not require admission or discharge orders.
  - Med consults will evaluate the patient, if needs to be admitted then they will contact the admitting team in KCI
  - However, if there is no reason to admit, the med consults resident will write a consultation note and patient will be discharged from the ACC.
- **The stat medicine consults from KCI after hours are seen by team seniors and staffed with the hospitalist. They don't count as a hit towards your team cap.**

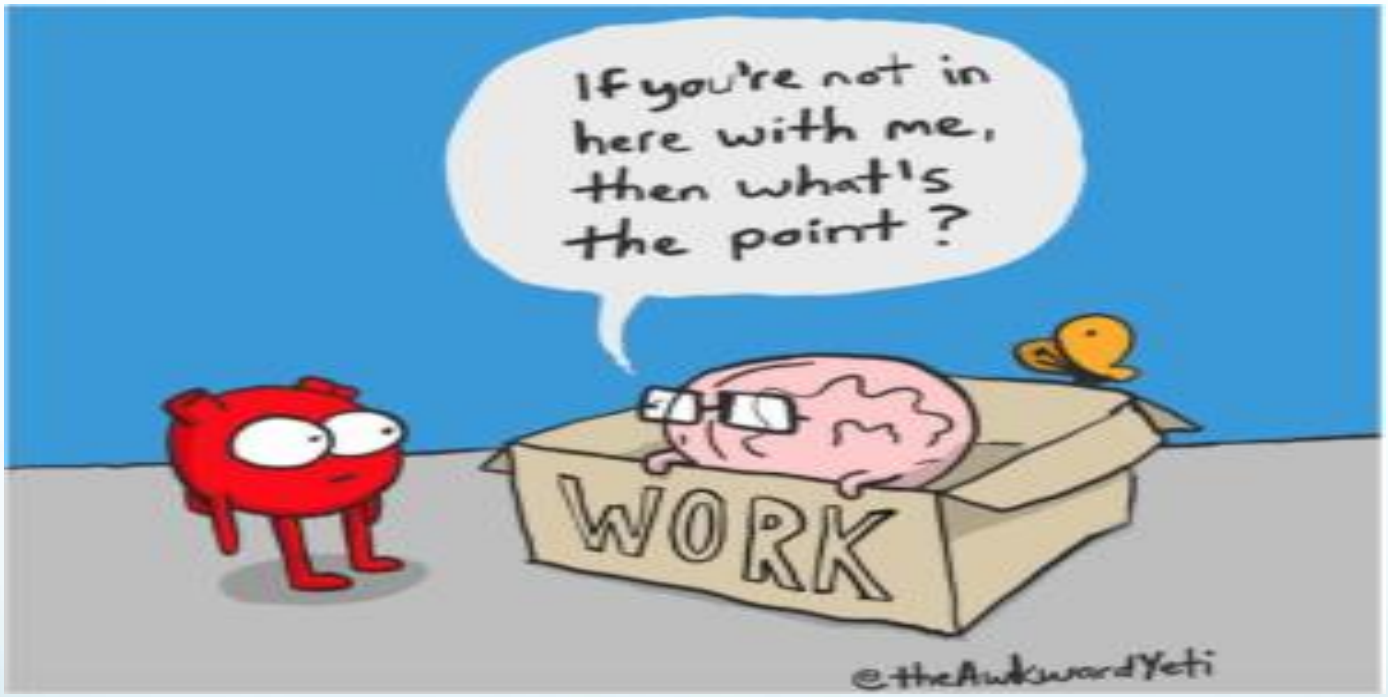
Supportive services

- If you consult supportive services for pain management, do NOT change the pain medicine ordered
- If a patient is seeing Dr. Newman or Dr. Stellini in clinic. Do NOT change their pain management out of your own accord
- Dr. Stellini and Dr. Newman are available always for any questions

Attending weekend coverage

- Now that we have three teams, weekends will be covered by one attending

Thank you!


If you're not in here with me, then what's the point?
WORK
@theAwkwardYeti