MT6
Pearls

• Designed to be a co-management model with oncology

• Goal is to have their established clinic patients or at least patients that they need to actively follow by UK oncology while they are here

• Ideal goal for census is maximum of 12, given that a lot of these patients end up needing hospice discussions with patient and family
Exclusion criteria

• Soft Exclusion Criteria:
  – Progressive care (step-down unit)
  – undiagnosed cancer patients
  – Outside oncologist who may not necessarily need oncology consult while they are here

• Hard Exclusion Criteria:
  – Elective chemotherapy (Medical Oncology manages care)
  – BMT, Multiple Myeloma, Lymphoma & Leukemia (Separate Service)
  – Gynecological Oncology (Separate Service)
Order

• Please put "Medicine-Oncology, Markey please" in the Patient Cohort section of the admit orders OR communicate with capacity command (3-2233) for bed in MCC (use with caution for patients who really need it)
Morning Huddle

• The morning huddle takes place at 3rd floor Markey Room 348 where case manager, social worker, pharmacy, oncology attending/fellow, palliative care representative are present

• Mostly you run the morning huddle but some oncologists like to take the lead, this is a good place to have care of plan discussion with the oncology team about their patients, share new consult information with them

• Given the presence of a hospice/palliative care representative in the meeting you can provide them with new consults or discuss current patients they are following
Daily functioning

- Oncology Attendings start service on Fridays and finish service on Thursdays

- The Oncology fellow/attending communicates the treatment plan to Radiation Oncology and Surgical Oncology

- Before discussing Hospice and End-of-life plan of care for patients, both Hospitalist and Oncologist MUST communicate with each other and oncology will communicate with patient’s primary oncologist

- Oncology team should be able to make oncology appointments for patients and be able to contact their outside oncologists
Collaboration

• Oncology is in agreement with a formal initial consult for biopsy result pending malignancy

• If there is a new lung mass they would prefer for us to wait for biopsy result/frozen section/discussion with pathology to rule out small cell cancer as some of these patients need in house 1\textsuperscript{st} cycle of chemo or at least a very close follow up

• If an oncology established patient needs more than 30 days of prescription pain medication (cutoff could be could be less depending on your comfort level) on discharge oncology is willing to write them a script given sometimes they may not have a follow up with them for months
Collaboration

• Oncology team is responsible for putting chemotherapy orders on these patients, and the nurses are supposed to call them/oncology fellow for questions pertaining the same.

• Oncology can put other non-chemotherapy related orders but they will communicate with you regarding the same.

• If you have a BMT patient on your service you are supposed to consult the hematology fellow/attending.

• Nina Grace Barnes (Patient care manager/Markey) can help you with moving patient to Markey if a bed request alone is not doing it.
MT6 meeting

- Saurabh and Jagriti meet on a recurrent basis with Mara Chambers (oncology attending) and Nina Barnes (Patient care manager/Markey) every 3 months to discuss ongoing issues regarding MT6 to make this collaboration a success

- So please feel free to email your concerns regarding the service/communication to Saurabh Parasramka or Jagriti Chadha with specific examples of patients that the miscommunication happened
Future for MT6

• Will be likely cohorted on the 11th floor once floor is finished (stay tuned)

• May add an APP to the team and increase census in future