

GUIDELINES

These Revised guidelines are put in place for the conduct of separate teams for hematologic malignancies (TEAM L) and for non-hematologic malignancies (Team S) until such time as Team L is fully staffed.

TEAM L

1. Patients with established diagnosis of hematologic malignancies (categories listed below) on active treatment for their neoplasm will be assigned to Team L.
 - a. Any Acute Leukemia, Myelogenous or Lymphoblastic (AML or ALL respectively).
 - b. Chronic Myelogenous Leukemia
 - c. Chronic Lymphoid Leukemia
 - d. Lymphoma (Hodgkins or Non-Hodgkins)
 - e. Multiple Myeloma
 - f. Myeloproliferative Neoplasms (for example P. Vera)
 - g. Myelodysplastic Syndromes (for example, myelofibrosis)
2. Patients with established diagnosis of hematologic malignancies but admitted for reasons other than receiving anti-neoplastic therapy will be admitted to the Hospitalists service(s) and followed by the consult service (Team S, see below).
3. Team L will have a cap of 16 patients until further notice
4. Direct admissions, admissions through the ED, and transfers from other services require the notification of and approval of the Team L attending.
5. Admissions occurring (arriving on the floor) between 7:00 AM and 5:00 PM will be admitted by one of the advanced practitioners (APs) on Team L.
6. Admissions occurring outside of the above time period will be admitted by the MICU and/or night float resident with an appropriate note and orders, with the management plan developed in conjunction with the Team L attending on call.
7. The Team L patients will be signed out to MICU and night float by one of the AP staff or Team L fellow on behalf of the entire team, with similar sign out to the faculty attending at 6:00 PM.
8. Patients on Team L needing acute management will be covered after 6:00 PM until 7:00 AM by the night float and MICU teams until further notice. It is expected that the Attending and/or Heme/Onc Fellow will be actively available

throughout this time to answer questions, facilitate in diagnosis and management, and come in to evaluate patients if needed.

9. The nursing staff will be instructed to contact the NP/AP or Fellow during regular business hours M-F (0700 to 1800) for questions regarding the respective assigned patients.
10. The nursing staff will be instructed to page the night float/MICU team for emergency situations requiring immediate physician evaluation and intervention, outside of regular business hours (0700 to 1800).
11. The nursing staff will be instructed to page/contact the Team L Faculty Attending for routine questions/concerns/orders/responses to laboratory determinations, etc. from 1800 to 0700, 7 days a week.
12. During weekend days, regular business hours (0700 to 1800), a clinical fellow will be available "on call" for Team L until such time as the full compliment of APs are in place.
13. No patient will be transferred to Team L without the express consent and agreement of the Team L attending.
14. Neuro-Oncology Primary CNS lymphoma patients will be on Team L only if receiving active anti-lymphoma treatment, other neurologic oncology patients and neuro-oncology primary CNS lymphoma patients not receiving treatment will be on admitted to Neurology.
15. Team L will have "working rounds" that, 1) start at 8:30 AM, 2) include the nurse assigned to each patient, and 3) incorporate multidisciplinary discharge rounds between 10:30 and 11:00.
16. The Team L attending will be responsible for the distribution of patient assignments, to be distributed equitably between members of the team (advanced practitioner, faculty attending, and/or clinical Fellow).
17. All clinics will be blocked for Team L Attending faculty, as the Attending is required to be physically available to the advanced practitioners during regular business hours M-F (0700 to 1800).

TEAM S

1. All patients with documented malignancies that are non-hematologic in origin will be assigned to one of the Internal Medicine (Hospitalist) teams or other non-Team L services.

2. Patients with a presumptive diagnosis of neoplasm, hematologic or non-hematologic, will be assigned to one of the Internal Medicine (Hospitalist) teams or other non-Team L services.
3. Team S will function as a consult service for these patients.
4. If and when a diagnosis is established for a hematologic malignancy, the patient can then be transferred to Team L, with Team L attending approval.
5. Hematology/Oncology patients presenting to the ED and requiring admission will be triaged through the Team S fellow for possible admission to Team L (see above) or to another inpatient service.
6. Chemotherapy for patients with non-hematologic malignancies, if needed as an inpatient, will be overseen by the Team S fellow and attending being co-managed with the primary attending service (guidelines below).
 - a. Team S will be responsible for writing and submitting the orders for and the coordination of the administration of chemotherapy.
 - b. This includes, all premedications, anti-emetics, IV fluids, and post chemotherapy growth factors if needed
 - c. Team S will document the specifics and details of the chemotherapy regimen, inclusive of issues (toxicities or complications) to be aware of within the body of their consult progress note.
 - d. Team S will meet with the Medicine team and provide chemotherapy education, specific to the chemotherapy regimen and general principles of management of patients receiving chemotherapy.
 - e. Team S will provide a schedule for laboratory and radiographic monitoring and will be available for questions from the primary team.
7. The administration of chemotherapy will require coordination with chemotherapy certified nursing staff (likely from 76/78) and/or relocation of the patient to 76/78, depending upon bed and staffing availability.
8. The usual PBG and Medical Staff requirements for timely consults and professional, timely communication will be enforced.
9. Team S faculty will have either their AM or PM clinics blocked to facilitate timely and productive interactions with the admitting teams.
10. It is the expectation that in-person communication and education will occur with the team during or juxtaposed to the Hospitalist Team rounds.
11. Patients with established diagnosis of hematologic malignancies who are admitted to other services besides Team L may be staffed by the Team L attending in conjunction with the Team S fellow.

12. Team L and Team S attendings are expected to coordinate their “rounds” with the Team S consult fellow.
13. The Team S fellow, or similarly assigned “on call” clinical fellow, will remain “on call” for outpatient calls through the call center, after hours, regardless of patient diagnosis.
14. It is the expectation that the Team S fellow will maintain communication with individual patient’s outpatient faculty attending throughout the course of their hospitalization.