

## Hematology and Oncology Physician Coverage (HO-PC) Service

#### Purpose / Principle:

Set objectives and expectations for Hematology and Oncology Physician Coverage (HO-PC) on nights and weekends.

### 1. Background

- 1.1. Team
  - 1.1.1. Division of Hematology and Oncology Chief: Michael E. Williams, MD
  - 1.1.2. Malignant Hematology and Stem Cell Transplantation Section Head: Karen Ballen, MD
  - 1.1.3. Medical Oncology Section Head: Robert Dreicer, MD
  - 1.1.4. Cancer Service Line Physician Leader: Reid Adams, MD
  - 1.1.5. Cancer Service Line Administrator: Jody Reyes, MSBA, BSN
  - 1.1.6. 8West and 8West Acute Leukemia/Stem Cell Transplant Unit (8W and 8W AL/SCTU) Medical Director: Michael Keng, MD
  - 1.1.7. 8W and 8W AL/SCTU Nurse Administrator: Lisa Huntsinger, RN
  - 1.1.8. 8W and 8W AL/SCTU Nurse Manager: Elizabeth Daniels, RN
  - 1.1.9. 8W and 8W AL/SCTU Assistant Nurse Manager: Tanya Thomas, RN
  - 1.1.10. 8W and 8W AL/SCTU Pharmacy Manager: Kathlene DeGregory, Pharm.D., BCOP
  - 1.1.11. Division of Hematology and Oncology Administrator: Roslyn Kniss
  - 1.1.12. HO-PC Service Program Coordinator: Kimberly Anderson

#### 1.2. Unit

- 1.2.1. 8W
  - 1.2.1.1. 22 Bed Unit, Room 8165-8179.
- 1.2.2. 8AL-SCT
  - 1.2.2.1 14 Bed Unit, Rooms 8180-8193.
  - 1.2.2.2 Refer to 8W AL/SCTU Admission Criteria SOP for specific admission guidelines to the unit

### 2. Objectives and Expectations

- 2.1. Reserving HO-PC Shifts
  - 2.1.1. HO-PC Service Program Coordinator or Designee will be sending out periodic emails with available open shifts.
  - 2.1.2. HO-PC physicians will be asked to reply with their two days preference and then for their next preferences.
  - 2.1.3. Approved shifts will be added to "R HemOnc/Moonlighting" Outlook calendar (limited access calendar).
  - 2.1.4. All of the approved/filled shifts will be sent out by email to HO-PC physicians.



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- 2.1.5. HO-PC physicians are REQUIRED to cover their reserved shifts.
  - 2.1.5.1. If the HO-PC physician cannot cover the assigned shift, then he/she is REQUIRED to find a substitute from HO-PC physicians' list and notify SCT Administrative Director or designee of the change.
- 2.1.6. Compensation
  - 2.1.6.1. Residents

Monday to Friday: \$900 per shift

Weekends and All Major Holidays: \$900 per shift

2.1.6.2. Chief Residents, Fellows, Hospitalists, and Faculty Monday to Friday: \$1000 per shift
Weekends and All Major Holidays: \$1000 per shift

- 2.2. HO-PC Shift begins at 7:30PM
- 2.3. HO-PC Shift ends at 7:30AM.
- 2.4. The following days are considered major holidays:
  - 2.4.1. New Year's Day
  - 2.4.2. Memorial Day
  - 2.4.3. Independence Day
  - 2.4.4. Labor Day
  - 2.4.5. Thanksgiving Day
  - 2.4.6. Day after Thanksgiving
  - 2.4.7. Christmas Eve
  - 2.4.8. Christmas Dav
- 2.5. HO-PC physicians are to report first to the 8W AL/SCTU and obtain the sign out physically from the Hematology/Oncology Intern or Resident Call Team.
- 2.6. HO-PC physicians are REQUIRED to "sign in" the 3-ring binder on the top shelf to the right in the Admin. Room 8908 on 8W AL/SCTU. The binder is white and labeled.
  - 2.6.1. NOTE: Failure of signing the book will result in failure to provide appropriate compensation for the HO-PC service.
- 2.7. HO-PC physicians are required to carry the HO-PC pager (PIC 9619) between 7:30PM and 7:30AM.
- 2.8. Ending the HO-PC Shift
  - 2.8.1. Sign out physically to respective team members at 7AM2.8.1.1. Hematology/Oncology Resident Teams A-D2.8.1.2. Hematology/Oncology Chemotherapy Service
  - 2.8.2. Sign Off the HO-PC pager
- 2.9. HO-PC DUTIES
  - 2.9.1. Cover all patients admitted under the medical oncology, malignant hematology/stem cell transplant, and chemotherapy services regardless of patient bed location.



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- 2.9.1.1. Department of Medicine Internal Medicine Residency (DOM IMR) HO Intern will be first point of call for cross-coverage of inpatients.
- 2.9.2. Admissions to the medical oncology, malignant hematology/stem cell transplant, and chemotherapy services.
  - 2.9.2.1. DOM IMR HO Intern will be primary person admitting patients.
  - 2.9.2.2. Refer to 8W AL/SCTU Admission Criteria SOP and DOM IMR HO Inpatient Rotation Service Document
- 2.9.3. Transfer to MICU or Other Appropriate Services
  - 2.9.3.1. Criteria for MICU transfer including, but not limited to:
    - 2.9.3.1.1. Lack of improvement in work of breathing or ABG within two hours of starting non-invasive ventilation.
    - 2.9.3.1.2. Hemodynamically unstable after fluid resuscitation.
- 2.10. Patient Care
  - 2.10.1. HO-PC physician is REQUIRED to physically assess patients, and for the DOM IMR HO intern or HO-PC Physician to write an EPIC progress note for any change in their medical condition.
- 2.11. Attending Physician notification
  - 2.11.1. Deaths
  - 2.11.2. Transfer to MICU or other services
  - 2.11.3. Code Blues or Significant MET calls
  - 2.11.4. Admission, complicated. (Otherwise, notify and review plan of care with HO Fellow On Call)
  - 2.11.5. If HO-PC Physician is not sure about the medical management
- 2.12. All billing to be completed by HO attending on service/on record.

### 3. HO-PC Physicians

- 3.1. Eligible Physicians
  - 3.1.1. HO Faculty
  - 3.1.2. Hospitalist
  - 3.1.3. Fellows in IM Subspecialities
  - 3.1.4. IM Chief Residents
  - 3.1.5. Fellows in Other Intensive Care Unit Specialties
  - 3.1.6. IM Third Year Residents
  - 3.1.7. IM Second Year Residents (after completion of two months of inpatient service as second year resident)
- 3.2. In order to be able to join HO-PC physician roster, physicians should:
  - 3.2.1. Complete "HO-PC Service Agreement" Form.
  - 3.2.2. Complete "UVAHS Internal Moonlighting Request" Form if applicant is a resident or fellow.



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- 3.2.3. Signed by trainee's program director and Graduate Medical Education (GME) Office if applicant is a resident or fellow.
- 3.2.4. Provide a copy of PERMANENT Virginia medical License (NOTE: not the training one).
- 3.2.5. Provide a copy of photo ID (valid driver's license or passport).
- 3.2.6. Provide a copy of the Internal Medicine Board Certification, if applicable (or approved equivalent by HO-PC Team).
- 3.2.7. Provide up-to-date Curriculum Vitae.
- 3.2.8. Read the provided HO patient care guidelines, 8W AL/SCTU Admission Criteria SOP, and DOM IMR HO Inpatient Rotation Service Document. (NOTE: This is required prior to the first shift.)
- 3.3. In order to be able to continue serving in the HO-PC service, physicians should:
  - 3.3.1. Be compliant with HO-PC duties outlined in this guideline document.
  - 3.3.2. Total clinical responsibilities (Residency or fellowship plus moonlighting) should do not exceed 80 hours per week when averaged over a four week period.
  - 3.3.3. Physicians should be committed to do a minimum of two-three 12 hour shifts a month on average.
  - 3.3.4. Meet with HO-PC Leadership Team.
  - 3.3.5. Pass the periodic auditing performed by HO-PC Team and HO-Division Quality Committee or GME office.
- 3.4. Recommended Reading:
  - 3.4.1. HO-PC physicians are REQUIRED to review all the SCT clinical guidelines and standard of procedures (SOPs) to obtain a basic understanding of SCT indications and supportive care.

3.4.1.1.

http://www.healthsystem.virginia.edu/docs/manuals/guidelines/cancer-center-policies-procedures-and-guide lines

#### 4. Other

- 4.1. HO-PC Physicians are expected to stay in the main hospital during the ENTIRE shift.
- 4.2. Use Admission Order Sets for General Oncology Admissions, Acute Leukemia Admissions, and Stem Cell Transplant Admissions Respectively.
- 4.3. Other order sets: Febrile Neutropenia, Oral Mucositis
- 4.4. HO Ward attendings are available via page 24 hours daily.

### Disclaimer

Guidelines cannot take into account all of the circumstances of a particular patient. Judgment regarding the propriety of applying it with a particular patient remains with the patient's physician,



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nurse, or other health care pr	ofessional, taking into	o account the individu	al circumstances presente
by the patient.			