OncologyNurseAdvisor **navigation** SUMMIT

Navigating Patients with Hematologic Cancers Theresa Ann Lown, BSN, RN, OCN, ONN-CG

BROUGHT TO YOU BY:





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Oncology Nurse Navigation and Hematologic Cancers ONA Summit







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Adapted from cancer.gov 2014 Terese Winslow LLC by Alexandra Lown



Blood and Lymphocyte Development

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Stem cells differentiate and mature into either

Myeloid Progenitor

- RBCs
- Platelets
- Myeloblasts
 - neutrophils
 - basophils
 - eosinophils
 - monocytes

Lymphoid Progenitor

- Lymphoblasts
 - B-lymphocytes: antibody response
 - T-lymphocytes: ingests microbes and sends signals
 - NKT- Cells: attack virus-infected cells



Adapted from Dreamstime.com by Alexandra Lown



Leukemia

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Adapted from genetics home reference nlm.nih.gov by Alexandra Lown

navigation SUMMIT

Bone Marrow Changes in Leukemia

Normal marrow



Entire marrow replaced by blasts



Adapted from Slideshare.net by Alexandra Lown



Leukemia: cancer of the blood and bone marrow where abnormal blasts crowd marrow, decrease normal cell growth, and spill into blood, CNS, and other tissues **Lymphoma**: cancer of the blood that originates in the lymphoid tissues, and can accumulate in the lymph nodes throughout the body

Hematologic Malignancy

<u>Multiple Myeloma</u>: cancer of the plasma cells made in the bone marrow that causes M-protein damage, bone destruction, or tumors called plasmacytomas **MDS**: abnormal production of blood cells in the bone marrow that decreases normal cell growth, can be chronic vs severe, and lead to AML



Hematologic Cancers

Acute Leukemia (AML, ALL, APL)

Chronic Leukemia (CML, CLL, CMML)

Lymphoma (Hodgkin, non-Hodgkin)

CNS Lymphoma (non-Hodgkin)

Multiple Myeloma/Plasmacytoma

Myelodysplastic Syndrome (MDS)

Myeloproliferative Neoplasms (MPNs)



Epidemiology

- American Cancer Society Facts and Figures 2017 shows the distribution of the three major hematologic cancers
 - Lymphomas make up roughly 47% of 172,910 new cases annually in the US, with leukemia at 36% and myeloma at 18%

- SEER 2016 data shows that over three co-horted periods from 1963, 1977 and 2012, improvements in survival have been observed
 - Survival rates approach 90% for Hodgkin's
 - Myeloma has increased survival rates to upwards of 50%

Cancer Facts & Figures, 2017. American Cancer Society; 2017.

SEER (Surveillance, Epidemiology and End Results) Cancer Statistics Review, 1975-2013. National Cancer Institute; 2016.



AML Treatment Episodes Linked to Significant Economic Burden

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- HSCT: hematopoietic stem cell transplant
- <u>High intensity</u>: inpatient induction high dose cytarabine plus anthracycline and consolidation cytarabine
- Relapsed/refractory: includes reinduction
- **Low intensity**: hypermethylating agent, cytarabine, anthracycline





Basic Management of Leukemia

Induction chemo to induce remission

Consolidation chemo to keep knocking down MRD

Bone marrow transplant vs maintenance

Treatments for Acute Leukemia

AML Induction starts after workup including bone marrow biopsy, HLA, cytogenetics, molecular studies

7+3, Flag-Ida, Vyexos, hypermethylating agent, +/-KI, CPI, gemtuzumab ozogamacin, clinical trial, CNS prophylaxis

Long hospitalization with count recovery, bone marrow assessment D14 and D28, reinduction if response not adequate.

Consolidation after remission and count recovery, MRD negative <u>HiDAC</u>, <u>IDAC</u>

Maintenance or advance to hematopoietic stem cell transplant **ALL** Induction starts after workup including bone marrow biopsy, HLA, cytogenetics, molecular studies

Hyper CVAD, CALGB 10403, +/- KI, +/- rituximab, CNS treatment

Long hospitalization with count recovery, bone marrow assessment D14 and D28, reinduction if response not adequate

Blinotumomab for MRD+ or relapsed to bridge to transplant

Maintenance or advance to hematopoietic stem cell transplant



Types of Lymphoma

Hodgkin Lymphoma

- Classic
- Nodular

Non-Hodgkin T-cell Lymphoma (12%)

- Cutaneous T- cell
- Anaplastic large cell
- Angioimmunoblastic T- cell
- NKT Cell

- Indolent
- ✤ Aggressive subtypes

Non-Hodgkin B-cell Lymphoma

Follicular (22%)

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- Waldenstrom macroglobulinemia
- ✤ Marginal zone (<2%)</p>
- Diffuse large B-cell (DLBCL) (31%)
- ✤ Burkitt (2.5%)
- CNS lymphoma
- ✤ Mantle cell (6%)
- Precursor B-, T- cell lymphoma
- Peripheral T- cell subtypes
- AIDS- associated lymphoma



Lymphoma

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Adapted from Mymedopinion.com by Alexandra Lown



Treatment for Hodgkin Lymphoma





Treatment for Non-Hodgkin Lymphoma

Chemotherapy: fludarabine, chlorambucil, R-CHOP, DA-EPOCH-R, bendamustine, CVP, ICE, steroids

Immunotherapy: (CD20) rituximab, ibritumomab tiuxetan, obinutuzumab, ofatumumab; (CD30) brentuximab vedotin; (CD19/CD22) CAR T-cell therapy (tisagenlecleucel)

<u>Targeted therapy</u>: (proteasome inhibitor) bortezomib; (HDAC inhibitor) romedepsin; (kinase inhibitor); ibrutinib (PI3K inhibitor) idelalisib

Radiation therapy: involved site, mantle, total body (TBI for stem cell transplant)

Stem cell transplant: auto vs allo

Surgery: in rare cases





What Do Patients With Heme Malignancy Need?





Safe Transition of Care to Home

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ONN Program at UCDMC Cancer Center

2 full time expert oncology nurses, based in CC clinic

ONNs are primarily charged with transition of care for in-to-out patient cancer patients with a heme cancer diagnosis

ONNs self-refer to new, non-established hospitalized HemOnc patients for potential navigation using daily service lists

ONNs attend the inpatient daily care team huddle for HemOnc, round on wards, collaborate with team members, assist discharge



ONNs ...

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are present from diagnosis throughout care trajectory		coordinate care delivery for supportive services at UCDMC and/or locally in patient's community	
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	become a constant point of contact for patient/family		communicate with all members of care team to ensure safe transition of care to home





develop strong patient/family relationships		ensure appointments in hand at time of discharge for next provider and infusion services		bridge care to outpatient provider services		
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	identify and remove barriers to outpatient care		provide education and resources for self care		make referrals to community resources for patients	



ONNs...

coordinate the transition of care as it relates to the cancer plan for safe and timely access to the ambulatory team

- Provider referral and new patient appointment
- Referral and appointment bone marrow biopsy clinic
- Ensure standing lab orders and central line care
- Ensure infusion service provider for transfusions
- Ensure coordination of any ongoing chemotherapy
- Referrals to others (ophthalmology, IR, ID)
- Bone marrow transplant consultation outpatient, pre-collect
 - donor list, and give to BMT coordinator



ONN Facilitates Process Improvement

EPOCH transition to ambulatory workflow and staff education
Outpatient IT workflow to schedule with
in Suite
Contribute to inpatient CQI committee
at Cancer Center Clinic



DAVIS 8 HEMATOLOGIC ONCOLOGY CHECKLIST (ACUTE LEUKEMIA & LYMPHOMA)

Inpatient Admission Orders - MD

- All patients receive irradiated blood products
- Hep B Status
 CMV Status
- HLA Typing High Resolution on admission (Leukemia only)
- BMT Referral (Leukemia only)
- Tumor Lysis Labs:
 DIC labs
 Central Line Placement
- Inpatient Transfusion parameters: ◆ Hgb ≤ 7 ◆ PLT ≤ 10
- Fellow Initiates bone marrow testing:
 Core Biopsy
 FNA
- Flow Cytometry
 Cytogenetics
 Clot Section
 FISH
- Molecular Markers:
 NPMI FLT3 CEBPA CKIT
- Consider if Clinical Trials candidate? (Before bone marrow biopsy)



Davis 8 Oncology CARE COORDINATION GUIDELINES



CLINICAL TRIALS INFORMATION

Office of Clinical Research

Business hours: Monday through Fri day 8 a.m.-5 p.m.

Oncology Clinical Trials Questions?

Contact:

- Clinical Research Supervisor
- Phase 1 contact
- IDS Pharmacist #
- After hours call Ward Fellow or PI

To find open clinical trials and coordinator (CRC) information refer to Monthly Clinical Trials booklet.

PREPARING FOR DISCHARGE

Assess Outpatient Insurance Coverage 🔊 Ensure lab values are above outpatient parameters (Hgb >8.5 & PLT >15) 🔊 Contact discharge planner early about DME, Home Health or other referral needs 🔊 Assess Infusion serviced needed 🔊 Assess radiation therapy treatment needs Reconcile outpatient med list 🔊 Communicate D/C plan to outpatient MD/RN case manager 3 days prior to discharge 🔊 Notify CRC for Clinical Trials

Hospital Discharge Orders - MD

Cancer Center Referral: REOUIRED for new and continuing patients

Diagnosis

- Where patient referred to
- Specific MD if known
 When appointment needed
- Standing Lab Orders: CBC CMP Type & Screen

Does the Patient Need Outpatient Infusion? If yes,

- UCD Infusion: Route order to "P Caninf MOSC" for insurance auth.
- External Referral: Contact Discharge Planner

In EMR choose "MISC Infusion Room Order" to customize orders

- PICC site care per protocol or PAC Flush per protocol
- Frequency of Lab draws from PICC or PAC
- Outpatient Transfusion parameters: Transfuse 2 units irradiated, CMV negative PRBC's for Hgb ≤ 8 & 1 unit of platelets for PLT ≤ 10

Continuing Outpatient Chemo or BMBx needed? Inform OP MD/RN Growth factor orders? Discuss with ONC pharmacist

Any additional referrals or ancillary services needed? • Rad Onc,

Derm
 LCSW
 Psych
 Dietitian
 Home Health
 Radiology etc.

 Intrathecal chemo therapy? If Indicated, see IT chemotherapy protocol

GENERAL SOLID TUMOR CHECKLIST

Hospital Discharge Orders - MD

Cancer Center Referral: REOUIRED for new & continuing patient

- Diagnosis
 Where patient referred to
- Specific MD if known
 When appointment needed
- Standing Lab Orders: CBC CMP Type & Screen

Does the Patient Need Outpatient Infusion? If yes,

- UCD Infusion: Route order to "P Caninf MOSC" for insurance auth.
- External Referral: Contact Discharge Planner

In EMR choose "MISC Infusion Room Order" to customize orders

- PICC site care per protocol or PAC Flush per protocol
- Frequency of Lab draws from PICC or PAC
- OP Transfusion parameters: Transfuse 2 units PRBC's for Hqb ≤ 8 and 1 unit of Platelets for PLT ≤ 10

Continuing Outpatient Chemo? Inform Outpatient MD/RN ASAP Growth factor orders? Discuss with ONC pharmacist

Any additional referrals or ancillary services needed?

• Rad Onc • Derm • LCSW • Psych • Dietitian • Home Health

Patients Currently Enrolled on Clinical Trial

Research chart for currently enrolled patients is located on D8. Ask D8 Charge RN

Research Chart contains

- Protocol
 Current orders
- Study Calendar
 CRC contact
- Consent

Instructions to find current research information in EMR

- Go to the Blue toolbar at the top of patient chart, find "Research: Active" link.
- Click on link to display study description, CRC, PI and contact information.



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Patient Education (smart dot phrase)

Staff Education

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CYCLE #*** 5 DAY EPOCH INFUSION

(FOLLOW BELOW OUTPATIENT EPOCH INFUSION SPECIAL INSTRUCTIONS)
Date *** Time ***

Date *** Time ***

EPOCH

Date *** Time ***

Date *** Time ***

Date *** Time ***

Other (intrathecal chemotherapy if ordered) Date *** Time ***

SPECIAL INSTRUCTIONS: PRIOR TO YOUR OUTPATIENT EPOCH INFUSION APPOINTMENT:

1.
View the Infusytem Oncology Pump "LEGACY PLUS"

1) Place the following URL into your web browser: video.https://www.infusystem.com/patients/oncology-pump-videos

2)Select the "LEGACY PLUS" pump

- 2.
 Begin taking your prednisone 1 hour before your EPOCH infusion appointment. Continue taking for a total of 5 days. Take with food.
- 3. Take an oral anti-nausea medication twice a day during the EPOCH appointment days.
- 4.
 Please arrange transportation for your chemotherapy infusion appointments.

OUTPATIENT EPOCH CHECKLIST

	(EPOCH, DA-EPOCH, DA EPOCH-R. EPOCH-R)					
Place check mark here	Task	Responsible person(s)	Rationale			
Day 1						
_	Identify appropriate patient	MD Oncology Nurse Navigator Clinical Case Manager	 All EPOCH CYCLE #1 are INPATIENT due to risk of TLS and cytokine release in bulky tumors with initial infusion. SNF, extended community travel time, other may require inpatient EPOCH administration HAR for inpatient admissions - Chemo cheddist to DT8 			
	ONN>Clinical Case Manager Handoff (dot-phrase)	Oncology Nurse Navigators Clinical Case Managers	Communication to facilitate establishment of patient in cancer clinic Discharge instruction to include link for CADD video			
	Cancer Center Referral and MISC Infusion order placed	Oncology Nurse Navigators Infusion Auth MOSCs New Patient Referral/Auth	Secure auths			
	Appointment scheduling - Oncologist appointment EPOCH - TRIACE - PRORITY - TRIACE - PRORITY - TRIACE - PRORITY - TRIACE - PRORITY - all appointments - aspointments - aspointments - schedule multiple cycles - schedul	Infusion MOSC scheduler Olmical Case Manager	Mich needs to assess patient priorite initiation day to ensure Priority initiation day to ensure the second second second ensurement of the second second ensurement of the second second schedule for optimal patient schedule due to availability. Age V/CC Ming colleup of 2 cycles at a time in Leantass. EPCOH 24 nour continuous Exception. Day I must begin prior to 10 to selevitor Labs and PICC cancer cetter standards of care for hyphome			
	Assess for the following: -MD appointment completed -Labs WNL -Oncology related drug toxicities -Central Line patency -Patient reports view CADD education video -MD orders -GSP ordered from pharmacy -Patient taught self-injection	Clinical Case Manager Infusion Nurse	 To ensure patient is clinically ready for chemoinflusion. To promote the safe delivery of chemotherapy 			



Documentation Tools

EPIC EMR Nurse Navigation Module Single encounter called <u>Oncology Nurse Navigation</u> is easily retrieved historically under Episodes tab Multifunction encounter to document notes, orders and referrals, create instructions for patient, communicate to providers and other staff

Able to collect data about key navigation metrics to generate reports Create dot phrases for consistent documentation specific to ONN

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Oncology Nurse Navigator Documentation Module

(Plan
	BestPractice Progress Notes Goals Problem List Meds & Orders
Q/	Health Maintenance 5
hart Review	Apply Selected
NN Outreach	
	Progress Notes
20	Flogless Notes
un	reate Note
ommunicatio	No notes of this type filed.
	Patient Casts
	Patient Goals
rap-Up	Search for new item + Add
	2 No active goals
gn Visit	You can use the box to the upper left to add an item to the list.
fucation	
acon and T	
atient Label	Desilies the
	Problem List
	Create Patient Care Coordination Note
	Add a new problem 🕂 Add
	¥ Diagnosis →
	Malignancy
	Acute myeloid leukemia not having sion
	Mark as Reviewed Last Reviewed by Julie Garland, RN on 5/10/2018 at 1:14 PM
	Medications & Orders
	Wedications & Orders
	Create Medication List Comments
	Search for new order New Order
	List view: Meds & Procedures Associated Dx Pharm Subclass Choose Columns
	1 New medications from outside sources
	Medications need attention. Go Reconcile ->
	Medications and orders also exist in active treatment plans:
	ONCOLOGY TREATMENT
Customize	5 Review open orders
More	Name -
aure .	

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Intake Assessment: Potential Barriers to Care

Ō7	Referring Provider									
hart Review	No referring provider									
Care Evenaulte	no rooming provider.									
are Everywrie										
Min Outreach	Intake Assessment									
≙ /	Potential Barriers To Care									
JUE .	Insurance / Financial Practical Concerns									
Plan	Child Care		Difficulty p	aying bills	Disability, F	MLA, Jury Duty Paperwork	Elder / Resp	oite care	Extended care nee	ds
	Housing / Referral to Kiwanis	House	Inadequate or lack o	finsurance coverage	Info	rmaton / Resources	Lodging / Kiwar	nis Referral	Need for DME or sup	plies
Communicatio	Need for prescription assista	ance	Needs financ	ial assistance	No Insurance/F	Financial or Practical concerns	Othe	r	Transportation	
	Undocumented Status									
	Physical/Health Concerns									
Mran Un	Appearance char	nges	Bow	el elimination- constipation	n or diarrhea	Central Line Dr	essing changes	Comp	limentary Medicine / Acupuncture	
vidp-op	Depression	-		Difficulty eating, swallo	wing	Education- disease proce	ess, treatment, medication		Fatigue	
Sign Visit	Fever			Food, clothing		Home Care a	nd/or Hospice		Loss of appetitie	
Education	Lymphedema cl	inic		Memory		Mouth	1 sores		Nausea, vomiting	
	No Physical / Health Conce	rns at this time		Nutrition Consultation	on	Ostomy Ca	ire, supplies		Pain clinic	
Beacon and T	Prostheses, wigs	, etc		PT / Rehabilitation ser	vices	Pysical needs, other ADL (b	athing, dressing assistanc	:e)	Respiratory care	
Patient Label	Sexual health and in	xual health and intimacy Sleep changes			Speech therapy			Tingling in hands and or feet		
	Tube feedings, su	pplies	Urinary changes			Weight	hanges V		Wound Care, supplies	
	Social/Communication/Cultural Concerns			ination with shilder	an and as family	Communica	tion with the Healthee	are learn		
	Cultural peode/baliefs/petiental b	Caregiver Support		Dealing with partner		Communica	alon wan die Healdiec			
	Cultural needs/bellers/pollental b	Cultural needs/beliefs/potiental barriers that impact lifestyle choices		No Social/Communication/Cultural Concerns		1 dil	Othor	5		
	Door bog	Ith literacy		Drima	nu languaga othor	than English		Other		
	Poor nea	iuri iiteracy		Plima	ry language outer	than English				
	Supportive Services for Referrals									
	American Cancer Society	Leukemia a	ind Lymphoma Society	Look Good Fe	el Better	Lymphedema clinic	Mental health serv	vices needed	No referrals at this time	Other
	Pastoral Care	P	Pre-op Clinic	Reach to Re	ecovery Registered Dietician		Second Opinion		Social Worker	Substance Abus
	Support Group(s)	UCD Ch	nemotherapy Class	UCD We Care Pee	er Naviagator					
	Appointments Scheduled / Pending and	Dates if known								
	DX Imaging		Gyne (Dincology	cology Infusion apts, Center Line Care, Blood Draws		Infusion/Chemo/Lab Draws/ PICC care Mer		Medical Oncol	ogy
	No appointment needed	No appointment needed Oth		ther	Plastic Surgeon		Pre-Op Testing Ra		Radiation Or	nc
	Surgeon Surgical Oncology Thora	geon Surgical Oncology Thoracic Surgery Urology S		/ Surgery						
	Disease Management				-					
	Treatment Compliance Issues									
	Does not understand trea	atment plan/sche	dule/procedures		Needs assistance	e with making appointments	Needs ass	istance with obtaining	a second opinion(as requested by	patient)
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(0))	Nees to talk with provider(physic	cian, nurse case	manager, therapist, et	c)	No Treatme	nt Compliance Issues			Other	

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Learning Assessment

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	LEARNING ASSESSMENT		
	05/17/2018 0853 Cancer Center Nurse On	cology (5/17/2018 - Present)	
rap-Up			1
:			:
on Visit	MOTIVATIONAL LEVEL		
	Patient Motivational Level: Asks questions/se	eks information	10 A
ucation	Family/other Motivational Level: Asks question	ns/seeks information	(g)
			<u>i</u>
acon and T	LEARNING NEEDS/BEST LEARNING METH	DDS	385 J
deen and t	By what method does the patient learn best?:	Verbal Instruction, Demonstra	tion
tient Label	Verbal Instruction language (patient): Other (i	i comments)	· · · · · · · · · · · · · · · · · · ·
:	Reading language (patient): Other (in comme	nts)	
:	By what method does the family/other learn be	st?: Verbal Instruction	:
2	Verbal Instruction language (family/other): Oth	er (in comments)	2
10	Reading language (family/other): Other (in co	mments)	(3)
			2 C
	VISION/HEARING/SPEECH BARRIERS	aana ngaaanaanaanagna i	an a
	Potential Patient Physical Barriers to Learning	Vison/Hearing/Speech: Other (in comments)
•	POTENTIAL BARRIERS TO LEARNING		8
	Potential Patient Barriers to Learning: Unable	to read	-
	Potential Family/Other Barriers to Learning: U	able to read	
	Comments	1	
	Patient is unable to read or write. Her brother	s also unable to read. She has o	one friend that can
	read and interpret for her. Requires use of Spa	inish language interpreter for co	mmunication of
	information	and any googe merprotor for co	
		· · · · · · · · · · · · · · · · · · ·	10 C



Communication

Smart "dot" phrases were built to facilitate consistent documentation and support efficient workflows

Name 🛆	Short Description
	DOCTOR NAME ADDRESS)
	DATE: @TD@ RE: @NAME@ DOB ***
	Dear Doctor ***,
ONNDISCHARGESUMMARYSUF	Thank you for joining UC Davis in the care of patient @NAME@. In review, @NAME@ is a ***, diagnosed with ***. Other pertinent medical history is included in the phys
ONNEPOCH	UC Davis Oncology Nurse Navigator EPOCH Care Coordination Patient Instructions Cancer Center Clinics UC Davis Comprehensive Cancer Center 2279 45th Street Sacramento CA 95817 PH# 916-734-5959 After hours and weekends: PH# 91-734-2011 (P
ONNHANDOFF	Oncology Nurse Navigator care coordination warm handoff with Case Manager. Reviewed patient history and current treatment plan with Case Manager.
ONNINTAKE	@NAME@ *** admitted to UC Davis for management of **** with ****. Past medical history includes***. Introduced myself and the role of the Oncology Nurse Navigator as their coordinator for cancer care as they transition from inpatient to outpatient
ONNLEUKEMIAHUDDLENOTES	Treatment plan for @NAME@ reviewed with Dr. Brian Jonas and clinic care team.
ONNNOTE	Rounded on patient at ***. Today is day *** of *** chemotherapy. Hospital clinical course has been remarkable for ***. Discharge is anticipated with count recovery and positive clinical indicators. As outpatient, patient be followed by Dr. ****
	(DOCTOR NAME ADDRESS) DATE: RE:*** DOB *** Dear Doctor ***,
ONNREFERRALHYBRID	Davis on **** with *** and currently being treated with ****. Today is Day# ***
ONNREVIEWPATIENTINSTRUCT	ONN Care Coordination Patient Instructions were reviewed with patient at bedside and print out given to patient. Reinforcement of material completed as needed. All questions answered. Patient verbalized understanding. No further care coordinatio

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ONN Cancer Care Coordination: Patient Instructions

UC Davis Oncology Nurse Navigator **Cancer Care Coordination Patient Instructions**

I C DAVIS COMPREHENSIVE

CANCER CENTER

UC Davis Health Cancer Center Clinics 2279 45th Street Sacramento CA 95817 PHatenet

After hours and weekends: PH# state ("Page the UC Davis medical oncologist on call")

Your UC Davis Hematologist/Oncologist: ***, MD Cancer Center Clinic RN Case Manager: ***, RN Oncology Nurse Navigator, ***, RN ph# (916) ***

Hello @NAME@

It has been our pleasure to care for you here at UC Davis Medical Center. Following your discharge from the hospital you will need continued cancer treatment from your cancer treatment team to include, but not limited to, the following:

You will need your labs/blood work (complete blood count, comprehensive metabolic panel, type and screen) twice per week. Mondays and Thursdays, If needed, you will receive blood product transfusion support.

If you have a PICC, you will need maintenance care, including a dressing change once a week

You will also see your UC Davis Hernatologist/Oncologist prior to the next scheduled cycle of chemotherapy.

Additional information, such as parking, maps, family and patient resources, community calendars, and more is available on the UC Davis Cancer Center webpage. http://www.ucdmc.ucdavis.edu/cancer/

The UC Davis Cancer Center also has a leukemia and lymphoma support group for you! Leukemia and Lymphoma Support Group Date: first Wednesday of the month

APPOINTMENTS

- 1. Labs (MONDAYS AND THURSDAYS): Cancer Center Infusion North 3rd level Date "" Time ""
- 2. PICC/Central Line care: Cancer Center Infusion 3rd level Date *** Time ***
- 3. UC Davis Hematologist/Oncologist Dr *** Date *** Time ***
- Other (follow up BM bx, GCSF, or outpatient infusions) Date *** Time ***

Special instructions

Future chemotherapy plans are determined by your physician and/or nurse practitioner following an evaluation follow up appointment.

*** or

Next scheduled date for hospital or outpatient infusion cancer therapy is planned for approximately ***. You are planned to receive cycle # *** of ***. Prior to the next cycle, you will be evaluated by your Oncologist or Nurse Practitioner. If your chemotherapy needs to be administered in the hospital, you be notified by the hospital Davis Tower 8 staff that a bed is available for your admission.

Please check your temperature at least once per day. .

- If your temp is 100 F oral call the clinic for urgent evaluation.
- If your temperature is 101 F oral or higher SEEK EMERGENCY CARE at the Emergency Department

Managing Side Effects of Chemotherapy: Care Instructions Your Care Instructions



Work Tool

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Patient Name:	MRN:
Diagnosis:	Chemo Regimen/Cycle: Start Date:
PMH and Comorbidities:	
Heme/SCT HLA typing – Donor form -	
INSURANCE: Community:	Expected D/C date:
UCD Referral Internal Cancer Center Referral order	External Referral Initial referring MD:
MU:	MD: Address PH FAX Key contact name: External Cancer Center Referral order
Growth Factor: yes no mail& or pharm gu? Micafungin? Discharge Tx meds? [] Chemo? yes no If IT, orders set up, 2, yes no (Refer to protocol)	Updated records and Discharge Summary faxed to MD
Inpatient Remission BMBx? Date: Outpatient BMBx due? Date: Order placed and routed to auth coordinator? Radiation Oncology Referral? yes no MD? Home Health Ordered? yes no Other Referrals	_

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RN Hand Off Communication

Oncology Nurse Navigator/Case Manager Continuation of Care Hand Off

To ***, RN Case Manager to Dr. ***. Warm Handoff completed with Case Manager on @TD@. @NAME@ @DIAG@ @DIAG@ @DIAG@ Regimen started on *** TODAY is D***, CYCLE# *** Goals of care *** Goals of care *** GOALS DIRECTIVE OPTIONS:11192}

UCD Referral

Cancer Center Referral order {YES, NO, N/A:342264} MD: *** When to follow-up: *** Appt made: {YES, NO, N/A:342264} Date:

Outpt Infusion Services Needed:

Central line: {Central Lines:12029} Labs needed when: wkly 2xwkly Other

Therapy Plan Orders :

Line Care and Lab Draws {YES, NO, N/A:342264}
 Red Blood Cell and PLT Transfusion {YES, NO, N/A:342264}

Red Blood Cell and PLT Transfusion (YES, NO, N/A:342264)
 Entered and Routed to:

MD {YES, NO, N/A:342264}

- P CANINF MOSC? (YES, NO, N/A:342264)
- P_PRIORAUTH (for infusion meds) {YES, NO, N/A:342264}

 Standing Outpt Lab Orders? (CBC, CMP, T&S) {YES NO NA:15077}

Other Infusion Services:

1. Non-chemo infusions (i.e. Micafungin) {YES, NO, N/A:342264} CCTR Infusion pharmacist create therapy plan {YES, NO, N/A:342264} N/A:342264}

2. ! Continuing Outpt Chemo Trtmt? {YES, NO, N/A:342264} Day 8/Day 11, Day 15/other Date?

3. GCSF due as outpatient?{YES, NO, N/A:342264} self inj clinic inj

Appts scheduled for labs, central line care, and infusion services? {YES, NO, N/A:342264}

Required D/C Oral Cancer Trtmt meds? {YES, NO, N/A:342264} If so, treatment Rx:

IT Chemo?{YES, NO, N/A:342264} (Refer to protocol)

Inpatient Remission BMBx? {YES, NO, N/A:342264} Date: Outpatient BMBx due? {YES, NO, N/A:342264} Appt: {YES, NO, N/A:342264} Date:

Radiation Oncology Referral?{YES, NO, N/A:342264} MD:

Additional Referrals Ordered? {YES, NO, N/A:342264} (LCSW, Psych, Dietitian, Home Health)

External Referral

Cancer Center Referral order placed to external MD? {YES, NO, N/A:342264} SUPPORTIVE CARE ONLY? {YES, NO, N/A:342264} MD: *** LOCATION ** PHONE # *** Letter communication sent to MD: {YES, NO, N/A:342264} Appt made: {YES, NO, N/A:342264} Date:

Outpt Infusion Services Needed:

Central line: (Central Lines:12029) Labs needed when: wkly 22xwkly other <u>other Infusion Services</u>: 1. Non-chemo infusions (i.e. Micafungin) (YES, NO, N/A:342264) CCTR Infusion pharmacist create therapy plan (YES, NO, N/A:342264) 2. IContinuing Outpt Chemo Trunt? (YES, NO, N/A:342264) Day 8/Day 11, Day 15/other Date? Therapy/Transfusion Plans, Lab orders faxed to supportive MD (YES,

Therapy/Transfusion Plans, Lab orders faxed to supportive MD {YES NO, N/A:342264}

Appts scheduled for labs, central line care, and infusion services with external MD? {YES, NO, N/A:342264}



AONN+ Standardized Metrics Domains©

Coordination of Care/Care Transitions

Research, Quality, Performance Improvement

Operations Management, Organizational Development, Health Economics

Community Outreach, Prevention

Professional Roles and Responsibilities

Psychosocial Support, Assessment

Patient Empowerment, Patient Advocacy

Survivorship and End-of-Life



Each metric is assigned a rating that designates the value and strength of metric using Likert scale (1=low, 10=high)



Return On Investment (ROI)

Clinical Outcomes (CO)

Metrics Will Show Value and Quality of ONN Program

Domain	Metric	Definition	Area of Impact	Likert 1=low, 10=high	UCDMC Heme only (48% of 1 ONN caseload/10 mo 7/2017-18)
Coordination of Care/Transitions	Treatment compliance	% navigated who adhere to treatment	ROI, CO	5	100%
Research, Quality, and Performance Improvement	Transitions from point of entry to treatment	% navigated patients/month transitioned from point of entry to treatment	PE, CO	9	25% 'hybrid' 75% UCD only 100% had appts by discharge
Operations Management, Organizational Development, Health Economics	Navigation caseload	# new cases, open cases, and closed cases navigated per month	ROI	10	10 new cases per month per navigator
	7-day readmission rate	#navigated patients readmitted non- electively to hospital by 7 days	ROI	8	10.4%



UCDMC

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Source: 2017 Vizient, Clinical Classification Software



References

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- 1. AONN Academy of Oncology Nurse & Patient Navigators. *Standardized Metrics Source Document.* Cranbury, NJ: Academy of Oncology Nurse & Patient Navigators (AONN); 2017. https://www.aonnonline.org/images/articles/standardized_metrics/Metrics-Source-Document.pdf.
- 2. Strusowski T, Stapp J. Patient navigation metrics: measuring the impact of your patient navigation services. *Oncol Issues*. 2016;31(1):62-69.
- Ho G, Wun T, Muffly L, et al. Decreased early mortality associated with the treatment of acute myeloid leukemia at National Cancer Institute-designated cancer centers in California. *Cancer*. 2018;124(9):1938-1945.
- 4. Zeidan AM, Mahmoud D, Kucmin-Bemelmans IT, et al. Economic burden associated with acute myeloid leukemia treatment. *Expert Rev Hematol.* 2016;9(1):79-89.

