Welcome to UWMC Inpatient Hematology-Oncology! UWMC is proud to be affiliated with one of the nation's premier oncologic institutions, and here you will see the cutting edge. On this rotation, you will learn a great deal about oncologic emergencies, hematologic malignancies and complications, non-malignant hematologic problems including immune thrombocytopenic purpura and aplastic anemia, transfusion medicine, infectious disease in the immunocompromised host, and end-of-life considerations. This service also offers a broad range of acuity, from scheduled chemotherapy admissions to acute leukemia to neutropenic fever. You may sometimes hear this service referred to by its former name, Green Medicine.

Team Room
Located on 8-SA behind the nursing station through the sliding glass door.

UWMC Inpatient Heme/Onc Services

- **HO A, B, C, D (Green Medicine):** Teaching Service Teams (that’s you!)
- **HO Platinum:** Non-teaching service staffed by Advanced Practice Providers (APPs) and attending oncologists. Perform triage for all HO services. Also admits and cares for patients similar to those on HO Green plus most scheduled admissions and all CAR-T immunotherapy patients.
- **Medicine O:** Non-teaching hospital medicine service for oncology patients remote from chemotherapy who are admitted for non-oncologic, medical issues
- **Heme/Onc (BMT) ICU:** Fully closed ICU service staffed by a PCCM attending and fellow, APP (ARNP/PA), with Oncology attending/fellow consulting service. Residents do not rotate here.

**HO Teaching Service Team Members:**

2 Attendings: 1 “Liquid” (Hematologic malignancies) and 1 “Solid” (Solid organ malignancies and Lymphoma)
1 Fellow: Works on the “Liquid” team.

**2 Resident teams:**
- One team consists of two Senior Residents and two Interns (Team 1 and Team 2)
- The teams are further split into two subteams with each Intern paired with a Senior Resident (A and C together; B and D together)

Ancillary staff available but not always rounding: Social Worker, Pharmacist, Nurse Discharge Coordinator

The leukemia fellow will round with the leukemia attending. For assistance with non-malignant hematology patients, you should consult the Hematology Consult service.
Admitting Schedules, Caps and Cross-Covering Responsibilities:

The admitting schedule for this rotation is a 4-day cycle structured around an overnight (24+3 hour) Admit Day. The census cap for each team is 8 patients. The 4-day call cycle occurs in the following order: 1) Admit; 2) Post-call; 3) Non-Admit (usually Intern Alone); 4) Day Medicine (usually Senior Alone).

- **Admit (Long Call):** Admit from 11 am – 1 am
  - **Cap:** 7 total patients with maximum of 5 new admissions (ED, clinic, direct admissions) and the remainder of patients being ICU transfers and transfers from Medicine services
  - Accept sign-out from Non-admit and Day Medicine teams when their work is completed
  - Additional admissions are performed by Platinum service or Nocturnist

- **Post-Call:** Round on all patients on team (new and old) and leave hospital by 10 am
  - All patients are cared for by your paired Senior Resident

- **Non-Admit (Intern Alone):** No new admissions or cross-covering responsibilities on this day
  - These are usually senior “off” or clinic days
  - May sign out to Admit team (which is your paired Senior Resident and Intern subteam) when work of day is completed

- **Day Medicine (Senior Alone):** No new admissions. Cross cover all the post-call team patients until 4:00 pm. Plan for sign out between 4:00-6:00 pm.
  - Round with post-call team in the morning and inherit responsibility for these patients throughout the day
  - These are usually intern “off” or clinic days.
  - May sign out to Admit team no earlier than 4:00 pm

Morning Rounds
The rounding structure for our inpatient Heme/Onc service is more complex than other inpatient services as a result of the structure of this service with two attendings (Solid and Liquid) whom round separately. As a result, morning rounds will be structured to facilitate the post-call team leaving the hospital by 10 am.

The following elements will be absolutely essential to ensuring the timely departure of the post-call team:

1. **Work Completed Prior to Rounds:** all daily notes submitted with updated physical examinations

2. **Efficient and Engaged Work Rounds:**
   - **Post-Call Intern:** concise and focused oral case presentations
   - **Post-Call Senior Resident:** actively engaged in work rounds (i.e. calling consults, updating CORES, etc.)
   - **Day Medicine R3:** finishes all daily notes, inputs all orders, and clarifies remaining tasks needed to advance patient care at the conclusion of work rounds

3. **Work Completed After Work Rounds:** the Post-Call Intern and Senior Resident should leave immediately following work rounds and all remaining work is tasked to the Day Medicine Senior Resident

<table>
<thead>
<tr>
<th>Solid Attending</th>
<th>Liquid Attending</th>
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<tr>
<td>1. Intern Alone + Admit R3</td>
<td>1. Post-Call Team + Day Med R3 + Fellow</td>
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<tr>
<td>2. Post-Call team + Day Medicine R3</td>
<td>2. Intern Alone + Fellow</td>
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<tr>
<td>3. Admit Team</td>
<td>3. Day Medicine R3 + Fellow</td>
</tr>
<tr>
<td>4. Day Medicine R3</td>
<td>4. Admit Team + Fellow</td>
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Daily Schedule (by day in call cycle)

- **Admit (Long Call):** Intern and Senior Resident arrive at 7 am.
  - Intern receives sign-out from post-call intern prior to 7:30 am
  - Intern performs pre-rounding from 7:00-7:30 am, breaks for AM teaching rounds and completes pre-rounding (seeing patients between 8:00 to about 9:00 am at the latest)
  - 8:00 am: Senior Resident rounds with the Intern Alone and the Solid attending
  - Admit team will round on their patients, starting with the Solid attending, then switching to the Liquid attending. Goal is to complete rounds by 11 am
  - Review discharge needs with Nurse Care Coordinator (NCC) after rounds on M-F
  - Admitting starts at 11 am and continues until 1 am on Post-Call Day

- **Post-Call:** Intern and Senior Resident must leave by 10 am (24+3 hours)
  - Before 7:30 am: Intern and Senior Resident pre-round on all patients on service and develop initial plans for patients. Work of the day is started by preparing notes, discharges, etc.
  - 6:30-7:30 am: Intern provides sign-out for all other teams
  - 7:30-8:00 am: AM Teaching Rounds
  - 8:00-10:00 am: Rounding on all patients on team. Work of the day should be completed on rounds (e.g. calling consults) with the help of the Day Medicine Senior Resident
  - Review discharge needs with Nurse Care Coordinator (NCC) after rounds on M-F
  - Sign out all post-call patients to the Day Medicine Senior Resident
  - 10:00 am: Leave the hospital

- **Non-Admit (Intern Alone):** Intern arrives around 6-6:30 am (depending on time required for pre-rounding)
  - Receive sign-out from post-call intern prior to 7:30 am
  - Pre-rounding on all patients, completed by 7:30 am
  - 7:30-8:00: AM Teaching Rounds
  - 8:00-11:00 am: Work-rounds
  - Review discharge needs with Nurse Care Coordinator (NCC) after rounds M-F
  - Sign-out to Admit team when work of the day is completed

- **Day Medicine (Senior Alone):** Senior arrives around 6-6:30 am (depending on time required for pre-rounding). Senior Resident will be caring for their patients plus all patients on the post-call team until 6:00 pm.
  - Receive sign-out from post-call intern prior to 7:30 am
  - Pre-rounding on all patients, completed by 7:30 am
  - 7:30-8:00: AM Teaching Rounds
  - 8:00 am: Begin work rounds by rounding with Post-Call team on their patients. During this time, should be helping with the work of the day for these patients to facilitate the post-call team leaving on-time. Will be advancing care for these patients for the remainder of the day.
    - After completing rounds with post-call team, will complete rounds on team’s patients
  - Review discharge needs with Nurse Care Coordinator (NCC) after rounds M-F
  - Sign-out to Admit team no earlier than 4:00 pm
Call Rooms / Overnight Sleep Space:

R3 Call Room: 8SA 8073 (door code: 8073) is a designated call room for the HO R3.

R1 Call Room: 7SA 7440 (door access: via Huskycard) is designated from 11:00 PM – 7:00 AM as an assigned call room for the HO R1. There is currently a sleeper couch.

Linen Changes: we have spoken to the 7 SA and 8 SA unit managers and the Environmental Services supervisor for Montlake Tower regarding the need for daily linen changes in 8SA 8073 and 7SA 7440. Please let the chief resident know if this is not happening. If the room is dirty off hours, you can call x86181 to ask that the linens be urgently changed (and give the respective room # as above).

Triage
Triage is performed by providers on the Platinum service. The Admit senior should touch base with the Platinum providers at 8 am BEFORE work rounds to inform them of your daily admitting capacity.

Please note:
- The 1 am admission time cut-off should be considered a “soft” cut-off in regards to transfers from outside facilities. If there is a patient that you have heard about that will be transferring from another facility that is expected to be there before 1 am but does not arrive until shortly after 1 am, this patient should still be going to your team for patient care purposes (because your team will know the patient the best by that point). In this instance, 2 am will serve as the “hard” cut-off, after which point the patient will go to a different Heme/Onc service. All other admissions should come before 1 am.
- The triage of oncology patients ultimately depends on each service’s capacity and individual patient need. In general, if there is room on a resident service then patients will be assigned to you.

Discharge
The HO service is home to fabulous nurse care coordinators (NCC) who will help with discharge logistics. When the NCC is on duty (Monday-Friday), they will initiate emails to outpatient teams and aid in care coordination. On weekends, residents are expected to send emails and will receive specific instructions with details from the NCC at the rotation start. There is a blue binder above the NCC desk for reference as well.

In NCC absence, below is a list of numbers which you can call to make discharge appointments, ambulatory lab draws, infusions, etc. This is new, but should be a “one call per patient” process.

<table>
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<th>Contact Numbers for Resident Discharge</th>
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In general, information needed by the Nurse Care Coordinators includes: anticipated DC date, f/u plan and appointment needs, outpatient referrals including PT/OT/SLP, discharge med authorization/teaching, home infusion needs, outpatient/clinic infusion and transfusion needs, line care orders, DC transportation, social barriers and caregiver needs, etc.
Days “Off” and Clinic
You will have 4 days off distributed throughout the month, as well as clinic days, usually on Short Call days. Always check Amion to make sure you are aware of your schedule, and which days you are expected in continuity clinic. Please review your schedule with your senior at the beginning of your rotation to confirm that you are not scheduled for days “off” or clinic on the same day!

Documentation notes
The intern is responsible for submitting an H&P on each new patient on the day of admission. The primary team is also expected to begin a progress note on all patients on the postcall day that should be submitted before rounds (with note that they are still in progress), such that they can be modified and completed in real-time during postcall rounds. Daily progress notes must be completed for each patient, even if no significant changes. You must document a complete exam daily. Discharge summaries are the responsibility of the senior resident and must be completed within 48 hours of discharge.

Notable new helpful powerplans
As of the summer 2019, the following are available on 8SA:
- RN-driven electrolyte repletion protocol (titled in ORCA: “ONC electrolyte replacement protocol”)
- RN-driven transfusion protocol (the following 2 elements are necessary)
  - “BLOOD 8SA PILOT Adult ONC transfusion”: the powerplan for routine blood products and transfusion order, driven by the transfusion threshold specified in the order below. Order this in the planned (NOT initiated) state so that the bedside RN can initiate if/when transfusion becomes necessary. The intention of this pilot is for this powerplan to be discontinued q24 hrs and re-ordered on rounds such that it is clear the physician team has made an active choice for the day. Please do NOT use the premedications in this powerplan (due to chance for copy error during powerplan re-ordering), instead the nurses prefer ordering premedications through the conventional blood transfusion powerplan. **This RN-driven blood transfusion powerplan should be used exclusively for routine transfusions overnight in response to routine overnight lab draws between midnight and 6 AM.** For all other blood transfusions (including clinically urgent/resuscitative products or routine blood transfusions in response to a daytime lab) please use the conventional blood transfusion powerplan.
  - “Blood Transfusion 8SA PILOT (If/Then, RN to Order)”: the order for the transfusion threshold (need 2 separate orders for pRBC and platelets)

Scrubs & Attire
Scrubs are acceptable on Admit and Post-call days but are not required. Scrubs are available in the Crow’s Nest (mezzanine level on 6th floor in the BB section, code 325). Please observe the UWMC Scrub Policy, in which UWMC-issued scrubs are not to be worn off medical center grounds. Clinic/professional attire is expected on all other days.

Medical Students
Occasionally, there will be a 4th-year medical student working as a sub-intern on the HO service. The sub-intern will be assigned to one resident team, and work primarily under senior resident supervision. As opposed to other services, the interns on the team will still follow the patients that are cared for by the sub-interns. As such, the sub-interns will take their days off on days that the intern is off. They are expected to admit 1-2 patients per call cycle. **Sub-interns will only admit and care for “Solid” patients, those with leukemic malignancies reserved for resident care only.** Interns are responsible for completing a separate H&P for all sub-intern admissions, though the intern and senior resident can share the responsibility of writing an addendum for daily progress notes. Sub-interns may complete discharge summaries with senior resident supervision. If concerns or emergencies with any sub-intern, please contact the chief resident and Dr. Susan Merel.
Conferences & Teaching

- **HO Attending Teaching Rounds**: 7:30-8am M-F prior to rounds. Mandatory. Notify chief resident if not occurring.

- **Morning Report**: 10-11am MWF in RR-110. Encouraged for all residents.

- **Core Teaching Conference**: 12:30-1:30 Mondays in RR-110. Core IM topics that are presented at all three hospitals during the months. Lunch provided.

- **Chief of Medicine**: 12-1pm Tuesdays in D-209. Content rotates between Inpatient cases, Outpatient cases, Autopsy conference, and M&M. Lunch provided.

- **UWMC Teaching Conference**: 12:30-1:30pm in RR-110 on Wednesdays. Various topics. Lunch provided.

- **Grand Rounds**: 8am-9am on Thursdays in T-625, except during first 8 weeks of summer.

- **Intern Report**: 11:30-12:30pm on Thursdays in RR-110. *Attendance expected of all interns on inpatient rotations*. Seniors hold intern pagers during this hour. Lunch provided.
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* Once per month, Intern Core Conference will take place from 11:00-11:45 a.m. in place of the regularly scheduled Intern Report. The Chief Resident will remind you of this time change earlier in the week when this occurs.