**Medical Oncology Consult Service - Standard Operating Procedures**

The goal of the solid tumor consult service standard operating procedures is to provide clear expectations and standardized procedures for fellows, attendings, and consulting teams in order to provide quality multidisciplinary care to solid tumor oncology patients at UNC Hospitals.

Administrative Issues:

* All clinical services should initiate an inpatient consult through standard approaches using the electronic medical record and paging system.
* Consult requests will not be declined.
* Requested inpatient consults should be seen and staffed with an attending within 24 hours of the consultation request. Clinically emergent consults will be seen urgently.
* Virtual consults will be employed at the discretion of the consulting fellow and attending, and requesting team, when appropriate.
* If the requesting team and fellow determine that a formal consult is not needed at the time of contact, this conversation will be documented in Epic. If recommendations are given, these recommendations will be discussed with the attending and documented in a brief consult note.
* Consult notes will clearly state whether the consulting team is continuing to follow the patient or is signing off.

*Transfer Center Calls:*

* The solid tumor consult fellow is responsible for answering and managing transfer center calls between the hours of 8 am – 5 pm 7 days a week.
* When there is a ‘float fellow’, this fellow will carry the transfer center pager and manage the transfer center calls.
* If the solid tumor consult fellow or float fellow will be temporarily unavailable for answering calls, they are responsible for seeking out another fellow to assist with handling transfer center calls.
* Transfer center calls are expected to be returned within 15 minutes of the initial page.
* All solid tumor oncology transfer requests will be approved by an attending (typically the Med O attending, with consult attending as backup)

*Outpatient Transitions:*

* For patients with active/prior consults from the oncology consult team, the consult fellow will ensure follow-up appointments have been requested for the patient. The fellow will discuss with the consult attending and/or the patient’s outpatient oncologist to determine optimal timing for follow-up.
* The fellow can utilize the assistance of the assigned resident assistant to request the desired appointments (including type of visit, provider, additional services needed (labs, infusion, length of infusion appointment), and timeframe) for return oncology patients. New intake coordinators will schedule for newly diagnosed patients.
* If the oncology consult fellow has not been actively consulting on an oncology patient and a consult is not clinically indicated, the primary team is responsible for ensuring adequate follow-up by communicating with the patient’s primary oncology team and utilizing their standard procedures for requesting follow-up appointments. If requested, the oncology consult fellow will help the primary team identify the outpatient team with which to communicate.

*Next generation sequencing*

* NGS testing should be requested on inpatients only when it may change management in the short-term. Otherwise, NGS testing should deferred to the outpatient setting.
* The consult team should utilize the assistance of the Tempus coordinator to send NGS via Tempus (see Appendix A for workflow).

Scheduled Chemotherapy Admissions:

* For all scheduled chemotherapy admissions:
	+ The fellow will be notified by the MAO in the morning of scheduled chemotherapy admissions for the oncology consult service
	+ The infusion nurse will page the oncology consult fellow when the patient has arrived to infusion and when labs have resulted (if drawn that day)
	+ Fellows are responsible for reviewing labs and examining the patient upon arrival to infusion to determine appropriateness to start chemotherapy.
	+ If appropriate to start chemotherapy, the fellow will place the ‘OK to treat’ order. Fellows are expected to see patients within 30-60 minutes of initial page from the infusion center staff. If the oncology consult fellow is not able to see the patient in this timeframe, the float fellow or another available fellow should be asked to see the patient and place the ‘OK to treat’ order.
* If the patient is admitted to Med O, the fellow will ensure the “OK to treat” order has been placed, as above, and the patient will be further managed by Med O without fellow involvement.
* The oncology consult service will co-manage all solid tumor patients admitted to the hospital for scheduled chemotherapy if the patient is not admitted to a heme/onc service. If the patient has a heme malignancy and is admitted to a non-heme/onc service, the heme malignancy consult service will follow the patient daily.
* The oncology consult fellow and attending will see patients on active chemotherapy daily until discharge. They will review labs, examine the patient, perform side effect assessments, and write a note daily.
* The solid tumor consult team is responsible for ensuring follow-up appointments are in place after discharge and relaying all necessary discharge medications to the primary team. The primary team will ask the solid tumor consult team pharmacist to review the discharge medication reconciliation form prior to discharge.

*Procedures:*

* The oncology consult fellow is responsible for administration of intrathecal chemotherapy if needed for patients on the oncology consult service.
* The oncology consult fellow is responsible for bone marrow biopsies to be performed for solid tumor patients. The requesting team will notify the solid tumor consult fellow who will place the appropriate orders and perform the procedure.

Consults for Patients with Existing Cancer Diagnosis:

* Consults will not be declined
* If the patient is being admitted directly from oncology clinic, the primary oncology team will place a ‘brief admission note’ that will indicate the purpose of the admission, any specific work-up or tests requested during the admission, whether a solid tumor oncology consult is specifically requested, if there are plans to give chemotherapy in-house, and the proper team to contact for care coordination (ie nurse navigator name and primary attending)
* The patient’s primary outpatient oncologist or designee should be available by pager to discuss patient-specific issues with the consult team or primary team. However, the primary oncologist is not expected to see the patient while in-house.
* If the primary oncologist does choose to see the patient in-house and discusses treatment planning or goals of care directly with the patient, they will write a brief note to document these conversations and any recommendations to the primary team.

Consults for Patients with New Cancer Diagnosis

* Consults will not be declined
* All oncology consults (including new cancer diagnoses) will be discussed with the solid tumor consult attending first, who will determine whether the case should be discussed or staffed with a disease-specific attending.
* The solid tumor consult team will contact the new intake coordinators for the appropriate disease site to ensure outpatient follow-up is obtained within the desired timeframe.
* Some patients with new cancer diagnoses may warrant initiation of in-house chemotherapy or other cancer-directed therapy. If patient is floor status, efforts will be made to transfer patient to the Med O service for delivery of chemotherapy.
* If patient is unable to transfer to Med O service or patient must be given chemotherapy in the ICU, the solid tumor consult attending will determine whether to involve a disease-specific attending in the treatment planning and decision-making for the patient. The chemotherapy orders will be signed by the attending that primarily staffs the consult with the fellow.
* The oncology consult team is responsible for ensuring the patient is assigned an outpatient oncologist prior to discharge if a disease-specific attending is not involved in the initial treatment planning for the patient.
* Fellows will write a documented handoff note in Epic and copy the outpatient team (attending, nurse navigator) upon discharge, including information about any pending testing (such as NGS)
* When possible, a new patient orientation booklet will be provided to patients prior to discharge
* If patient has clinical concerns in the interval between discharge and first outpatient appointment, communication will be sent to the fellow who was consulting on the patient in-house and the outpatient team who will be seeing the patient who can jointly determine the best course of action. If cancer-related new prescriptions or refills are needed prior to first outpatient visit, the inpatient consult team will be expected to provide them.

Consults for Cancer Suspected but Not Yet Diagnosed:

* In some cases, it may be most appropriate for the team to do a full consult and see the patient prior to pathologic confirmation of a cancer diagnosis. In some situations, the full consult will be most productive for the patient and primary team after cancer-related diagnostic results (ie biopsy) are known.
* If formal consult is delayed > 24 hours, the consult fellow or attending will enter a brief, informal consult note in the chart stating the reason for delaying in-person consultation, any immediate recommendations, outlining that the patient was not seen, and the planned timing of in-person consultation.

*Pathology Pending at Discharge:*

* For patients with pathology pending at discharge, the oncology consult team and primary team must clearly communicate regarding who will follow up on the pathology results and communicate these to the patient
* If the oncology consult team has provided a full consult on the patient (ie seen and staffed the patient), the solid tumor consult team will follow up on the pathology results and ensure the patient has appropriate follow-up. Patients should be scheduled oncology follow-up in the most appropriate oncology clinic. If the solid tumor consult team has provided informal recommendations and has not seen the patient, the primary team will be expected to follow up on the pathology results, communicate them to the patient and request oncology follow up.
* The oncology consult team will be available to help facilitate expedited oncologic follow-up for these patients if needed.

E-Consults

* The oncology consult attending is responsible for eConsults, which are requested from other UNC providers on outpatients or inpatients at network hospitals (other than Hillsborough). The oncology consult attending will review (and “take” in Epic) all eConsults in the Epic eConsult folder and complete the consult themselves, or forward to a disease-specific attending after requesting assistance.

Hillsborough Consults

* UNC Hillsborough is considered an extension of UNC Chapel Hill and houses the family medicine service, a hospitalist service, and the acute inpatient rehab service, among others. The oncology consult service should provide consult services via an inpatient eConsult (provider to provider) for patients at UNC Hillsborough or through an eConsult or virtual consult (provider to patient) for patients in AIR.
* For an eConsult, an order for an inpatient eConsult should be placed by the primary team along with a page to the consult fellow. The .IPECONSULT template should be used as the template. These consults are provider-to-provider to provide management recommendations to the primary team. These are billed separately as eConsults.
1. AIR is able to accommodate virtual consults via the Epic MyChart Bedside on Ipads. The workflow for this is: AIR places a consult and pages the fellow, and gives the fellow the HUC contact number for AIR
2. Fellow contacts HUC to arrange a good visit time when patient is not in therapy and when ipad will be set up in patient’s room
3. At time of consult, consult team will open Epic, go to “Telemedicine” tab, then Launch Video via MyChart Bedside.
4. Fellowship has requested that we do joint visits with fellows/attendings together so the fellows aren’t spending all their time trying to do AV setup several times a day.
5. Virtual consults (when you speak to patient directly) should be billed using typical inpatient consult codes
* Currently, oral chemotherapy can be ordered at HBR using the same process as main campus. We do not have a process for IV chemo in AIR because the nursing workflows are still being worked out, due to be reviewed in chemo policy meeting in March.

Carolina Consults:

* We do not do these any more.

APPENDIX A: **Workflow: Tempus In-patient ordering**

**Step 1**: **Fellow/Attending discusses Tempus testing with patient, and informs patient that Tempus Coordinator will reach out regarding financial assistance application** (all pts are encouraged to apply regardless of insurance status)

**Step 2**: **Fellow/Attending documents Tempus discussion in progress note using the Epic smart phrases below *\*\*Tumor Only is strongly recommended\*\****

(.TEMPUSTUMORONLY)

“We discussed the purpose, risks, and benefits of tumor genetic profiling and @NAME@ has agreed to the Tempus xT assay. Patient notified regarding completion of the financial assistance form. Patient also notified that associated de-identified genetic information will be retained by Tempus and may be used for other non-clinical purposes in the future.”

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“We discussed the purpose, risks, and benefits of tumor genetic profiling and @NAME@ has agreed to the Tempus xT assay.  We discussed that genetic analysis of tumor and normal tissue will be performed, but no germline variant results will be returned to the clinical team.  Patient notified regarding completion of the financial assistance form. Patient also notified that associated de-identified genetic information will be retained by Tempus and may be used for other non-clinical purposes in the future.”

**Step 3**: **Fellow sends Epic in-basket/staff message to Tempus Coordinator (Doug Kirk) with a CC to Attending on service, requesting Tempus Tumor Only Order**.

**Step 4**: **Tempus Coordinator completes financial assistance application with patient, places Epic order and routes to inpatient/consult Attending to sign** (of note, all Tempus orders contain a physician attestation that Tempus testing was discussed with patient, see order text below for reference)

***“****I certify that the physician who has authorized the order (the "Ordering Physician") has explained to the patient the purpose, risks, and benefits of the test(s) being ordered. Submission of this order is the Ordering Physician's certification of medical necessity and authorization for the test(s) and further certifies that the Ordering Physician has obtained from the patient informed consent that meets the requirements of applicable law for Tempus to: (a) perform the test(s); (b) obtain, receive, and release test results and any corresponding medical information as necessary for reimbursement or the processing of insurance claims; (c) retain samples and information obtained from the patient, including test results, for an indefinite period of time; (d) use information obtained from the patient and the test results in accordance with applicable law, including the de-identification of such information and disclosing the de-identified information for other purposes.Unless otherwise indicated to Tempus, the Ordering Physician has confirmed that the pathology lab from which the specimen(s) were obtained is part of the treatment team and may receive a copy of test results upon the lab's request to Tempus. Because pathology labs, insurance companies, and other third parties involved in the processing of or payment for the order may request documentation of the order, Tempus may create a PDF”*