# **Oncology Care Unit:**

Extending oncology care 24/7

at an Urban Academic Medical Center

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#### Agenda

- Mount Sinai Health System & Cancer Program Overview
- Purpose of Extended Oncology Care
- Oncology Care Unit (OCU) Objectives
- Phases of Implementation to a 24 Hour Model



#### **Mount Sinai Health System**

300+ community locations

8 hospitals spanning Manhattan, Brooklyn, Queens and Long Island

Geographic
access and
coverage
across the five
boroughs, Long
Island, and
beyond

6,500+ physicians



12 ambulatory surgical centers

Our integrated health care system provides exceptional care throughout the five boroughs of New York City, the metropolitan area, and beyond.

#### **Mount Sinai Cancer**

One of the top cancer programs in the United States, according to the U.S. News & World Report Best Hospitals survey.

We are a National Cancer Institute (NCI)-Designated Cancer Center.



The Tisch Cancer Institute





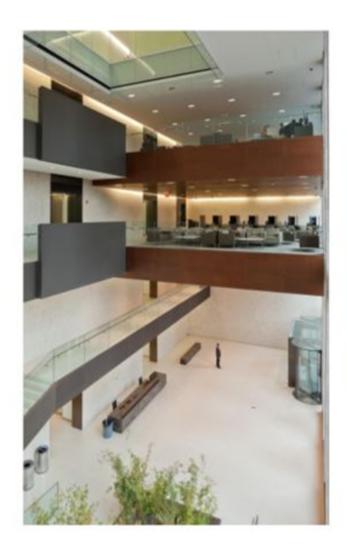








## Mount Sinai Hospital: Ruttenberg Treatment Center (RTC) & Dubin Breast Center

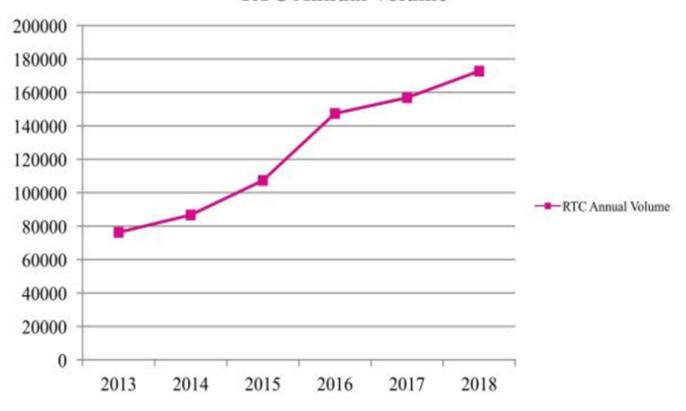






#### RTC Volume Growth: 2013 - 2018

#### **RTC Annual Volume**





#### Purpose of Extended Oncology Care

- Provides patients with timely and convenient access to outpatient services beyond the traditional hours and days of an outpatient academic setting.
- Provides a specialized resource for the oncology program that evaluates outpatients with urgent medical needs and supports interventions that decrease Emergency Department (ED) visits and inpatient admissions.



#### **Oncology Care Unit Objectives**

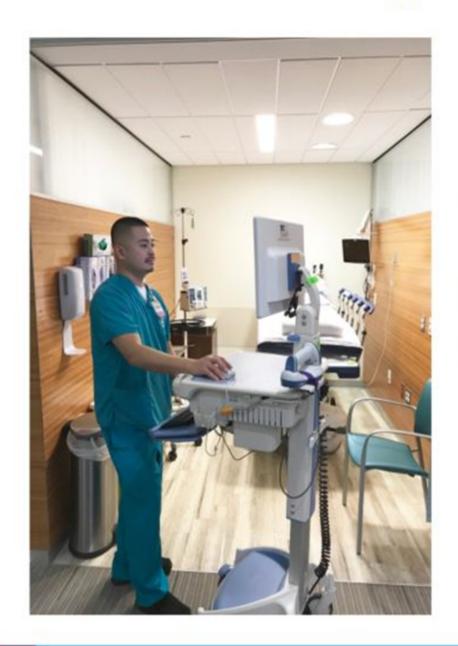
- Provide specialized, compassionate care to the oncology patient regardless of the time or day of week.
- Delivering a higher quality of care by providing proactive symptom management with timely, convenient access to services.
- Lower re-admissions, a dedicated Oncology service line day hospital/ urgent care facility.
- Decrease the risk of exposing immunocompromised patients to an infection

## Oncology Care Unit – Phase I

- Determine Location
- Evaluate current design
- Identify immediate changes to the space
- Purchase necessary equipment
- Determine staffing model
- Identify Medical Director oversight
- Discuss Admission Criteria with inclusion and exclusion parameters
- Review monthly statistics



## **Oncology Care Unit**





#### OCU

- NP-run 6-bed/chair unit for "urgent" visits
- Current Hours of Operation
  - 9am 12am, 7 days w eek
  - Plan to extend to 23 hours Q2 2019



# **Oncology Care Unit**





## Oncology Care Unit Volume - May 2017 - Dec 2017

	■2017							
Reason for Visit	May	June	July	August	September	October	November	December
Same day add on/RTC full	22	40	23	46	31	17	13	11
MD practice /sick visit	7	4	21	10	5	6	7	13
Required longer chair time	3	8	1	4	1	3	7	3
RTC full at time of request	46	91	80	80	107	128	137	117
Sunday request	13	15	29	41	40	37	39	48
Grand Total	91	158	154	181	184	191	203	192

Count of Patients		1						
	■2017							
Admitted (Y/N)	May	June	July	August	September	October	November	December
No	89	148	146	171	176	185	196	178
Yes	2	10	8	10	8	6	7	14
Grand Total	91	158	154	181	184	191	203	192



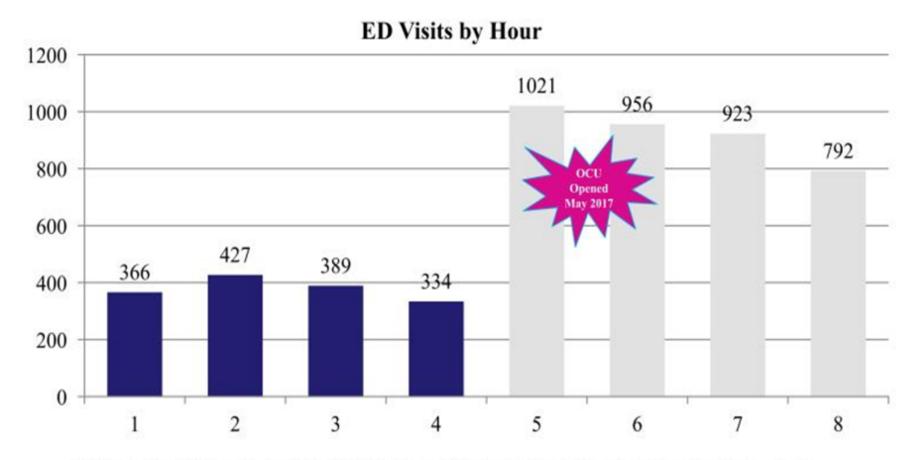
# Oncology Care Unit Volume - 5/11/17 - 12/30/18

Count of Patients	ul.													
	E 2017	<b>■</b> 2018									-	<b>Grand Tota</b>		
Reason for Visit		January	February	March	April	May	June	July	August	September				
Same day add on/RTC full	203	19	17	14	19	18	25	14	11	12	22	19	18	411
MD practice /sick visit	73	13	6	6	9	6	5	3	3	3	3			130
Required longer chair time	30	1	3	2	6	3	8	53	17	20	36	31	13	223
RTC full at time of request	786	142	89	90	112	122	141	88	151	139	164	181	159	2364
Sunday request	262	43	42	32	58	41	26	62	39	78	51	52	78	864
Grand Total	1354	218	157	144	204	190	205	220	221	252	276	283	268	3992

Count of Patients	-1													
	© 2017	■2018												<b>Grand Total</b>
Admitted (Y/N) .T		January	February	March	April	May	June	July		September	October	November	December	
No	1289	217	152	142	196	186	201	219	218	248	269	282	267	3886
Yes	65	1	5	2	8	4	4	1	3	4	7	1	1	106
Grand Total	1354	218	157	144	204	190	205	220	221	252	276	283	268	3992



#### **Priority Metrics: Care Coordination**



22% reduction in ED utilization during current operating hours and 9% reduction in ED utilization outside of operating hours of OCU Jan-Apr 2017 vs. Jan-Apr 2018

## Oncology Care Unit – Phase II

- Expand the hours of operations to 24 hours
- Revise the triage plan, inclusion and exclusion criteria to include patients directly from home
- Utilize the space for Phase 1 research protocols
- Track ED to Oncology Care Unit utilization when inpatient oncology units are at capacity

#### Oncology Care Unit – Phase II Detail

- November 2018 Hours extended to Midnight
  - Formal announcement to practices of that hours are being extended
  - Work with pharmacy as chemo pharmacy stops mixing at 7pm sharp
  - Formalize check-in/check-out process
  - Change staff schedules accordingly
- January 2019 Implementation of a 24 hour operational model
  - Finalize SOP for extended hours of operation
    - · Staff schedule changes
    - · Mock Codes
    - · Create an SOP for inpatient admission if more than 23 hour stay
  - Development and implementation of Clinical Criteria for Triage
    - · Consider priority of patients
    - Can patients directly call the practice?
    - · Attending must triage with NP?
  - Latest slot available to schedule patients
    - · Depends on:
      - Type of treatment
      - Care plan
      - Type of patient

