Oncology overflow / MDL - Reminders of agreements

Overflow to MDL - Inclusion criteria:
- Onc patients hospitalized due to general medical issues such as N/V, pain, dehydration
- Neutropenic fever
- Onc patients hospitalized for onc issues, with chemo/onc plan clearly established
- Limit of 3 patients in 24 hr period, with potential capacity for additional patients, with advance discussion

Overflow to MDL - Exclusion criteria:
- Acute leukemia
- Acute neurologic deficits with new brain metastasis
- Complex oncology patient, no established treatment plan

Updates on Oncology patient triage

- *Please see the Oncology Admission Triage Tool. It serves as a reminder of preferred flow of Onc patients to E 1-2-3 services, or overflow to MDL, MDU or MDW.

- Joann/MAO will meet with E3 service daily and select a patient to pre-define as being able to be transferred to MDL, if necessary to make room for an incoming patient (that does not meet MDL inclusion criteria and therefore will be directed to E3.) This pre-defined E3 patient will have an up to date transfer summary ready at all times.

- Some scheduled Onc admissions are being routed through the Onc infusion center while awaiting a bed. This area needs to closed by 8:00 PM, so if there is a patient waiting for MDL admission at 7:00 PM change of shift, please prioritize this admission to allow infusion center staff to go off duty by 8:00 PM.

- Oncology has requested discussions about overnight admitting to float to E3. If you have input you would like to share, please contact me ASAP.

- *OSH transfers of oncology patients to E services may now bypass the ED for admission directly to 4 Onc or BMTU. Please see the Bypassing ED Process Flow for details.

Please reference supplemental documents, Onc Triage Tool and Bypassing ED Process Flow, attached to the newsletter email.
Hillsborough Update

Productivity:
As I mentioned in the last newsletter, we saw our numbers slip in April and May. As expected, we saw our numbers start to rebound in June:

Addition of pulmonary/critical care:
This endeavor goes live next week (July 10). Jenny Maguire will be covering the first week. A couple reminders:

1. Interdisciplinary rounds will take place in the CCU at 9 AM daily (M-F). Hospitalist attendance is optional but encouraged.
2. A virtual pager has been created to facilitate communication with the intensivist (in Webex under “Hillsborough pulmonary/critical care”). Tom and Jenny have also made their cell phones available to facilitate communication and are willing to take calls at night. On the weekends, the fellow or attending in Chapel Hill will provide coverage as needed.
3. The intensivists will consult on all ICU level patients and step-down and floor patients as needed. Initially, the bar for consultation should be low! Tom and Jenny are also available to perform/supervise procedures including the placement and management of chest tubes.

10 hour night shift pilot:
In August, we will be conducting a pilot that shifts our current schedule. The objective of this pilot is to improve provider satisfaction and increase our competitiveness in the nocturnist market. On M-F, the 2nd shift physician will come in at noon and stay until 10 PM. The night shift physician will come in at 9 PM. Based on feedback, we will consider making this a permanent change in our schedule.

ID telemedicine is now available at Hillsborough Tuesday, Wednesday, and Friday!

EBM conference:
In August, we will be revisiting our Friday noon EBM series for the Med A team and the PA students. This is a great opportunity to show off your teaching skills to and get credit towards incentive. The conferences will take place at noon on the 2nd and 4th Fridays of the month in the D&T conference room. If you did not receive a SignUpGenius e-mail from me and would like to participate, let me know.
Division of Hospital Medicine Dominates IHQI Grant Awards

IHQI Seed Grant funding decisions and budgets were recently finalized and our division received 2 of the 6 grants awarded (https://www.med.unc.edu/ihqi/improvement-scholars/projects). Escher’s project to reduce readmissions was funded and Jamie’s project to reduce VTE rates was also funded. The IHQI grants are very competitive grants (only 6 of 21 submitted proposals were funded) designed to foster quality improvement in clinical settings throughout UNC Healthcare.

Facilitating Access to Clinical Data for Research and QI Projects

Historically, obtaining clinical data for research and QI projects has been a major barrier to scholarly activity for our division. One of our goals this year is to make the process of “data pulls” for projects much easier. Jamie, Escher and I have recently completed training and obtained access to Business Objects. This will allow our division to perform most of our “data pulls” without depending on outside entities like NC TraCS, which can be a long and frustrating process. We’re in the process of becoming comfortable using Business Objects and plan to be a resource for division faculty needing data for projects. We will be providing more details about this at future division meetings.

Data Analysis Training and Resources

The NC TraCS Institute is offering a free 1-week course titled “Introduction to Study Design and Strategies for Data Analysis” (https://tracs.unc.edu/index.php/calendar/2337). The course is intended as an introduction to statistical terms, methodologies and analysis strategies most commonly used in clinical/translational research. The goal is that participants will understand the necessary vocabulary and fundamental concepts they can then use to communicate with biostatisticians. The course will be held July 24-28, 2017 from 8 am – 12 pm each day in Bondurant Hall G030.

Additionally, we are looking into using division funds to hire part of a biostatistician that we can use as a resource to perform data analysis for faculty conducting QI and research projects. We will be providing more details about this at future division meetings.

Quote of the Week

“Nothing great was ever achieved without enthusiasm.”
- Ralph Waldo Emerson

Meetings

The next Chapel Hill Hospitalist meeting will be Wednesday, 7/26, at noon in Bondurant 2035.

The Hillsborough group will join via video-conference from the Executive Conference Room.
Updated Scholarly Dashboard

We have completed academic year 2017, so it’s time to summarize our progress towards yearly goals we set for scholarly activity.

Education Indicators

The good news is that we hit our target for grand rounds, giving nine AHEC and UNC Grand Rounds over the academic year. The bad news is that we fell short on our goal of noon talks by a wide margin, giving 78 towards a goal of 130 (and having given over 120 last year). We also fell short of our goal of 50% of faculty providing formal mentoring to a trainee. While I still suspect we may have under-reported both these activities, I think we did fall short of goals, perhaps in part to this year being a time of transition (office space, leadership and division status). We will have to evaluate all these factors as we set goals for next academic year.

Research Indicators

Similarly, we missed our target of 32 abstract presentations, presenting 17 this year, with a goal of 30. Our goal was based in part on the 28 abstracts we presented last year. We missed our target for peer-reviewed publications, getting six towards our goal of nine. This actually under-represents our progress, though, as we have multiple manuscripts either already accepted awaiting publication or under revision/review. See the bibliography at the bottom!

Quality Improvement Indicators

We achieved our goal of having half of our faculty participating in quality improvement projects! We came very close to our goal of having 80% of faculty with formal QI training, at 72%.

We will discuss new goals and potential changes to metrics at an upcoming hospitalist meeting. Thanks for all your scholarly work!
Bibliography

Published Manuscripts


Accepted Manuscripts Awaiting Publication


Manuscripts Under Revision/Review

