Geisinger Cancer Institute

by Charles White, MD

Geisinger Cancer Institute is located on the main hospital campus in the Geisinger Health System, in Danville, Pennsylvania. Geisinger Health System employs the physicians at its hospitals, rehabilitation facilities, and nearly 60 community practice locations.

The Danville hospital campus is a tertiary referral center for the Geisinger Health System, which serves 42 counties in Pennsylvania. Although most patients travel an hour or less to seek treatment, some travel three to four hours.

Geisinger Cancer Institute includes a dedicated 22-bed oncology/hematology inpatient unit staffed by 11 physicians (some hematologists and some medical oncologists) and inpatient physician assistants (PAs). Staff physicians, assisted by two PAs, also serve patients in the outpatient physician practice setting, located in a separate building on the hospital campus. At the Danville Hospital site, outpatient chemotherapy services are provided in the Knapper Clinic building, which also serves as a family medicine physician office and is located across the parking lot from the oncology physician practice. Staffing of the inpatient hospital unit is done on a rotating basis, with staff physicians taking time out of the outpatient physician office practice to cover inpatient services every so many weeks. Although Geisinger is a teaching hospital, the decision was made some time ago not to use a resident-covered inpatient service because of frequent turnover among residents.

Transition Policy and Activities

Physician assistants are key to the success of Geisinger Cancer Institute, which admits and discharges between 900 and 1,000 inpatients each year. The PAs are scheduled like oncology residents—24 hours a day, 7 days a week—and they handle all hospital admissions and discharges. Staff physicians round with the PAs and direct the patient care, but the PAs do all the order entry. The staff physicians review the PAs' work and write a note every day. Having each team member—nurse practitioners, PAs, and pharmacists—work at the top of his or her license allows patients to receive consistent, quality care, 24-hours-a-day.

Comprehensive EHR

Using Geisinger's comprehensive electronic health records (EHR) system, clinicians throughout the health system can follow a patient's progress seamlessly. At the outpatient physician office on the Geisinger Medical Center campus, staff physicians access the same Epic EHR system used in the inpatient setting. Geisinger has been using its Epic EHR since 1995, and is known nationwide as among the most-wired hospitals. The hospital went paperless two years ago, and providers use computers on wheels every time they enter a patient room.

Providers can follow their patients every day through the EHR, accessing the patient's blood counts, list of medications, radiology test results, consultation opinions, and more. When a patient is discharged from the inpatient floor, the patient receives a set of discharge instructions that tell what happened, the procedures the patient had done, the doctors seen, and the medications the patient was given. That information is also emailed or faxed to the patient's referring physician. Because 80 to 90 percent of patients come from Geisinger physician referrals, most records are transferred electronically.

The common EHR ensures that even when a patient is admitted through the emergency room, records are available and up-to-date. The ER physician has access to information on all the treatments the patient has received—doses, blood counts, the cancer they are being treated for, even if chemotherapy is being given for palliation. Once the decision is made to admit the patient, the physician on call is notified by phone.

Geisinger tested Epic's oncology component but found it lacking, and instead currently uses a different application, MOSAIQ® (Elekta Software), for its chemotherapy component. Data from MOSAIQ is fed into the Epic record. Geisinger is not completely satisfied with the communication between the two applications. Geisinger is slated to adopt Epic's new oncology component, Beacon, in September 2011, which should enable more seamless transfer and communication of patient data.

Key Team Members

In addition to the PAs, on the inpatient side, Geisinger's hospital nurse navigators offer transition assistance to head and neck, as well as breast cancer patients. Plans are underway to hire two additional inpatient nurse navigators who will assist general cancer patients.

Case managers and social workers in the hospital also play critical roles in the transition process. An interdisciplinary team meeting is held each morning to discuss the status of patients on the floor. Team members include the PA, social worker, case manager, and a member of the utilization review team. Serious problems trigger a root cause analysis, which is reviewed by a quality team to determine how to prevent errors from recurring.

Staff pharmacists also play a key role on the inpatient interdisciplinary care team. Five hematology oncology pharmacists are dedicated to cancer care, and each day one pharmacist is assigned to round with the staff physicians. The pharmacist may go through the patient's medications with the staff physician and make recommendations. The pharmacist ensures that patients know about their medications before they are discharged to go home.

In the outpatient cancer practice, five oncology-certified

registered nurses function as nurse navigators. These specialty nurses fulfill a number of tasks: entering chemotherapy orders, calling patients and making patient appointments, fielding patient questions, and doing patient education.

Measurable Quality Improvements

The Geisinger health system has focused aggressively on reducing the 30-day hospital readmission rate. Part of that improvement process includes careful assessment of the patient's needs after hospital discharge and ensuring that those needs are met. Professional case managers work with social workers to ensure that needed equipment is delivered to the home before the patient leaves the hospital. In select cases, a visit is made by local Geisinger hospital discharge planning personnel to the family and patient within 24 hours of discharge.

The 30-day readmission rate is an indirect measurement of how smoothly the transition went. If the transition does not go well, the patient may well be back in the hospital within 30 days. Geisinger has set a goal to reduce the 30-day readmission rate by 10 percent. Geisinger has also begun to apply its ProvenCare program to cancer care, beginning with lung cancer treatment. ProvenCare takes an intensive look at best practices and develops checklists of critical steps in the care process to improve the chances of successful treatment and recovery.

Another area for evaluation and improvement is palliative care for eligible patients. The goal is to have a palliative care consult on 50 percent of patients that are receiving care in the ICU. Two years ago, Geisinger assessed the number of patients who were admitted to the ICU or were admitted to the hospital in last month of life and found that the number was higher than the national average. The Palliative Care Team is available to help patients for whom palliative care or hospice are appropriate options. 📖

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Critical Steps in Transition

✔ **Complete, accurate, and timely discharge records**
These are key to smooth transitions. At Geisinger, discharge summaries are generated by the inpatient PAs and sent to the community oncologist or primary care provider within 24 hours, and a copy is also given to patients before they go home.

✔ **A team approach to care**
Another key transition element is Geisinger's team approach to care. In the inpatient cancer center, pharmacists, PAs, and specialty nurses conduct patient education and ensure that the medical record is complete; social workers and case managers handle logistics. The oncologists direct care and act as conductors of this well-tuned orchestra.

✔ **A handoff checklist**
This tool is used each time a patient is transitioned from one site of service to another—whether it is from the emergency room to the inpatient floor or from inpatient to outpatient care. The checklist is completed by the receiving team and includes medication reconciliation.

✔ **The EHR**
Perhaps the most vital tool used to ensure smooth transitions, Geisinger's EHR is the mechanism to ensure immediate communication and complete documentation. Geisinger physicians benefit from being able to access the system from their home, office, or in the hospital. This system of team-based care supported by technology gives providers more time to do their work as physicians and makes the whole process of caring for patients easier.