

John B. Amos Cancer Center, The Medical Center, Inc.

by Matt Sherer, MBA, MHA, and Suzanne West, RN, MSN, OCN



PHOTOS COURTESY OF JOHN B. AMOS CANCER CENTER

The John B. Amos Cancer Center operates in a freestanding building on the campus of The Medical Center in Columbus, Georgia, a city of 188,660 people. This comprehensive community cancer center offers medical oncology, hematology oncology, radiation oncology, gynecologic oncology, and infusion therapy services under one roof. It serves a 17-county region of western Georgia and eastern Alabama, with a total population of 600,000.

The cancer center is staffed by three medical oncologists, a hematologist, a gynecologic oncologist, and three radiation oncologists. In the outpatient setting, each physician works with a dedicated RN; because of volume, two medical oncologists each work with a nurse practitioner as well.

In 2009 the cancer center saw 1,159 new cancer cases. As a tertiary referral center, oncologists at the John B. Amos Cancer Center see patients from three regional hospitals, two of which are part of Columbus Regional Healthcare

System. Eighty percent of hospital surgery patients discharged to care at the John B. Amos Cancer Center come from The Medical Center.

Requirements for Medication Reconciliation

When patients are discharged from The Medical Center and referred to the cancer center, John B. Amos Cancer Center staff contacts the patients and mails them an admissions packet to complete *before* the first appointment, which includes instructions to bring all medications—including over-the-counter and herbals—with them to their first appointment. Referring community practices or other hospitals also are instructed to give patients the admissions packet. The cancer center asks referring providers to confirm that prospective patients have been given the packet; if not, clerical staff at the cancer center mails the packet to the patient prior to the patient's first appointment.

At the first physician appointment at the cancer cen-

ter, the oncologist's RN interviews the patient and completes a medication reconciliation checklist. This checklist has categories for each medication, including dosage, date the medication was prescribed, prescribing physician, and reason for taking the medication. The RN also asks what dosage and frequency the patient actually uses. Interviewing patients and asking how they are actually taking their medication is important because patients may not be taking medications as prescribed. This process also provides insight into how the patient may approach treatment and taking medication while under the cancer center's care.

Any discrepancies or questions are clarified by telephone calls to the prescribing pharmacies.

Prescriptions written during physician appointments are added to the medication list by the RN before each patient leaves the cancer center. At each patient encounter with the oncologist, the RN verbally reviews the medication list with the patient to ensure it is updated and accurate.

The Move to EHR

In June 2010 the John B. Amos Cancer Center went live with Varian's ARIA electronic health record (EHR) for its radiation therapy service. The switch did not change the medication reconciliation process; it just moved it from paper-based to electronic. Over the next year, the cancer center will transition all of its paper records to the new EHR system.

On the inpatient side, The Medical Center has developed an electronic handoff tool (see Figure 1, at right) that is used every time a patient's care is transitioned—from department to department, floor to floor, and even from shift to shift. This tool has been invaluable for continuity of care for oncology patients. Patient handoffs were identified as a patient care area for improvement, and the tool was the focus of a clinical advancement project by the hospital's nursing staff. After 18 to 24 months of development, tweaking and testing on paper, the handoff tool was added to the standard inpatient EHR as a health IT tool. The electronic handoff tool is used both by hospital personnel and hospital departments, including the cancer center.

The patient handoff tool uses the acronym SHARQ for the categories included:

- S: Subjective assessment
- H: History
- A: Actions
- R: Recommendations
- Q: Questions.

The electronic handoff tool remains available as long as the patient is an inpatient. At the time of discharge, discharge orders and instructions cover SHARQ content and the patient receives a copy.

For the cancer center, access to the hospital's EHR system allows staff to look at the electronic handoff tool and see all the inpatient information at handoff: updated allergies, weights, and vital signs; updated social services issues;



and changes in status, pain management, and medications. Should a patient need to be admitted for inpatient care, the cancer center staff can update the handoff tool before the patient is transferred.

Another transition tool is the "Hall Pass," which is used between The Medical Center Hospital and the John B. Amos Cancer Center. When inpatients are brought to the cancer center for radiation treatments they will be wearing the Hall Pass (see Figure 2, page 38), and when the patient handoff occurs (from inpatient to the cancer center for radiation therapy), the nurses also give a verbal report. This meets The Joint Commission requirements for a time set aside for questions and answers.

Key Team Members and Critical Transition Steps

The RNs who work with the cancer center's oncologists are integral to the medication reconciliation process, spending adequate time with patients face-to-face at their first appointments to ensure information is accurate and complete.

The cancer center was also selected as one of the pilot sites for ACCC's Cancer Care Patient Navigation education project (<http://www.accc-cancer.org/education/education-patientnavigation.asp>). Since January 2010, a breast cancer nurse navigator contacts every referred breast cancer patient to ensure the patient receives all needed services. The nurse navigator also answers patient and family questions and connects them to community resources.

Use of the electronic handoff tool for continuing medication reconciliation is a critical step in the transition process. Medication reconciliation is a parallel process in the inpatient setting, where an RN in the emergency department or on the floor performs the initial intake interview with patients. During a Joint Commission site visit to The Medical Center in January 2010, reviewers shared with senior hospital administration that the process was considered a best practice.

The cancer center has also tracked the results of its patient navigator, focusing on reducing the days between surgery and first radiation treatments. Between 2009 (non-navigated patients) and 2010 (navigated patients), the program has cut the number of days in half. ■

Matt Sherer, MBA, MHA, is administrative director, and Suzanne West, RN, MSN, OCN, clinical coordinator in research for the John B. Amos Cancer Center.

Figure 1. SHARQ Clinical Handoff Tool

SITUATION

Handoff Report (Portrait)		Date Submitted:
Handoff Nurse:	Nurse Station:	Physician:
Name:	Privacy Status:	Age & Gender: Room Number:

HISTORY

Outstanding Consults:	Pertinent History:
Diagnosis:	Allergies:
	Code Status:
	Admission Date:
	Length of Stay:

WOMEN'S AND CHILDREN'S INFORMATION

HD: POD: GPA: EDC:	G/P/T/A/L:	EFM/US:	LABS:
Ventilator:	Vent, Settings:		

ASSESSMENT

PHYSICAL ASSESSMENT ABNORMALITIES

Neuro:	NIHSS:	Oxygen Therapy:	Telemetry Pack Rhythm:
Neuro Check Frequency:	HFN:	Cardiac:	

DIETARY INFORMATION

Fluid:	Fluid Limit:	Diet 1:	Diet 2:
FSBS:	Other FSBS:	Last:	
Weight Frequency:			
GI:	Dialysis:	GU/GYN:	
GU:	Skin:	Pain:	
Musculoskeletal:	Behavioral:		

ORDERS

Activity:	Bed Position:
IV Fluid:	Site Location: Insertion Date:

VITAL SIGNS/MEWS

BP:	T:	P:	R:	Sat:	Urine:	Weight:	Hrs.	Tube Drains:
Action:							MEWS	
BP:	T:	P:	R:	Sat:	Urine:	Weight:	Hrs.	
Action:							MEWS	Restraint Type:
BP:	T:	P:	R:	Sat:	Urine:	Weight:	Hrs.	Equipment
Action:							MEWS	

MEWS Score: [\[View Full MEWS\]](#) | [\[View Vital Charts\]](#)

CNS Signs:	Urine Output:	Trend Change Over 48 Hours:
Precautions:	Other Precautions:	
Diagnostics Due within Shift:		
Abnormal Diagnostics:	Order Sets Being Used:	

PATIENT SAFETY

Braden Score:	Braden Due Date:
Schmidt Fall Score:	Foley Insertion Date:
Pneumococcal Candidate:	Catheter Care:
Vaccination Given:	DVT At Risk: DVT Action Taken:

RECOMMENDATIONS

MEDICATION INFORMATION	Any Medication Omissions?
Home MedSheet Complete?	Omissions Due:
New Orders Reconciled?	Plan of Care "Green Sheet":
	ICP Reviewed with Patient and Family:
General Comments:	Doctor Notes:

QUESTIONS:

Figure 2. SHARQ Hall Pass

Hall Pass Abbreviations

Dept (Department)	Ext (Extension)	# (Number)
NPO (Nothing by Mouth)	IV (Intravenous)	Med (Medication)
EKG (Electrocardiogram)	Pt (Patient)	

SHARQ Hall Pass

S-Situation

Patient: _____	Nurse Station: _____	Precautions: _____
Room #: _____	Handoff Nurse: _____	
Bed Alarm on: Yes/No	If Yes, Circle Zone Level:	1 2 3

H-History

Allergies: _____

Code Status: _____

A-Assessment

NPO: _____	IV Fluids: _____	Oxygen: _____
Medications:		
Home MedSheet complete?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New orders reconciled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any medications omissions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medications omissions due: _____		

R-Recommendations

Labs: _____	Radiology: _____	
Treatments: _____	EKG: _____	

Q-Questions

Handoff 1: All questions were answered.	Handoff 2: All questions were answered.
_____ Receiver's Signature Date and Time	_____ Receiver's Signature Date and Time
Handoff 3: All questions were answered.	Handoff 4: All questions were answered.
_____ Receiver's Signature Date and Time	_____ Receiver's Signature Date and Time
Handoff 5: All questions were answered.	Handoff 6: All questions were answered.
_____ Receiver's Signature Date and Time	_____ Receiver's Signature Date and Time

Pt. Information Completed By: _____