

## Smilow Update: November 20, 2020

Dear Colleagues,

### Outpatient Visitor Guidelines

Our Smilow Monitoring and Transformation Team has enacted formal guidelines for Visitation policies for our Smilow Ambulatory Clinics to help guide decision making and standardize policies throughout our Network. The following are visitor exceptions and are applicable during baseline and incidence up to 9 per 100k residents or up to 9% positive rate of all tests in the state over a 7-day rolling average. The Smilow policy will update if the state reaches 10%+ positive rate of all tests over a 7-day rolling average.

- Per YNHH policy, exceptions regarding patients with disabilities include altered mental status; physical, intellectual, or cognitive disability; communication barriers; or behavioral concerns.
- Exceptions per Smilow Leadership Recommendations:
  - New consult
  - Newly diagnosed patients receiving C1D1 therapy
  - Disease Progression/Reviewing scans/Treatment planning
  - Procedures: Bone Marrow Biopsy, lumbar puncture
  - Patients needing assistance with mobility and physical care
- Exceptions specific to NP7:
  - Newly transplanted <100 days
  - New CAR T patient <60 days
  - Graft vs Host disease (GVHD)
  - Blinatumomab administration (requires driver/neurotoxicity)

### Updated Guidelines for Smilow Admissions

All patient admissions to Smilow units both on the York Street Campus and Saint Raphael Campus are tested for COVID-19 to best direct bed placement & minimize exposure for our vulnerable patient populations. The **full workflow is available for review** and the process for admission and testing is as follows:

- If a patient is admitted through the ED, they are first tested in the ED before placement.
- If a patient is admitted for surgery or treatment, they will be scheduled for testing at an ambulatory testing site within 3 days of admission.
- If a patient is admitted from home, a clinic, or care center, they will be evaluated for risk and directed to the Smilow Rapid Evaluation Clinic (high-risk) or the Extended

Care Clinic (low-risk) for testing and triage. After hours: high-risk, admit to PUI unit for testing and evaluation; low-risk, admit to NP 12, 14 or SLA 5 for testing and placement.

- If a patient is transferred, a test is required prior to transfer. Urgent transfers will be accepted as PUI.
- High-risk patients are defined as patients with fever, cough, shortness of breath, fatigue, muscle pains, gastrointestinal symptoms (nausea, vomiting, diarrhea), headaches, sore throat and loss of smell and/or taste; known COVID+ household contact; or admit from high-risk location (extended care facility, group home, correctional facility).

### **New Order Process for Ordering CT of the Chest/Abdomen/Pelvis**

On November 3, the process for ordering **CTs of the chest/abdomen/pelvis (C/A/P) and chest/abdomen** was updated to enable subspecialty interpretation of these studies for non-emergency patients. Oncologists expressed their preference for subspecialty reads in these complex cases with multiorgan findings. To support subspecialty reading of the components of C/A/P studies the chest order needed to be split from the abdomen/pelvis and each exam is routed appropriately.

The chest order is now split from the abdomen/pelvis order, but the studies can still be ordered together using an Epic order panel. ED CT C/A/P will be read emergently as one study; an ED C/A/P combo code is also available.

### **Update to CDS for Radiology Orders**

With the September 13 Epic upgrade, the Clinical Decision Support (CDS) system for ordering some CT, MRI, and nuclear medicine procedures was updated. CDS is required for Protecting Access to Medicare Act (PAMA) compliance.

- The upgrade enhances the free-text option for entering the reason for the exam. The new functionality checks the indication entered via free text and presents a list of structured indications. You are now able to select from these suggested indications, rather than search yourself through lists of indications.
- The prior functionality of using check boxes to enter structured indications is still available. You can either enter the exam indication as free text or check a structured indication. You do not need to use both. We encourage you to try the new free text option.
- A **video** (username: cds; password: radiology) and informational **PDF** are available with further information about the changes to the CDS system.

The Department of Radiology and Biomedical Imaging welcomes your feedback about the CDS system. Please contact **Irena Tocino MD, FACR**, Vice Chair of Medical Informatics, **Dorothy Sippo, MD, MPH**, Assistant Director for Imaging Informatics, or **Linda D'Amato**, Manager Epic Radiant/Cardiant Information Technology Services with any questions or concerns.

### **E&M Documentation**

Medical Billing and Compliance will be holding **Zoom sessions** on Monday, November 30, from 12-1pm; Wednesday, December 9 from 5-6pm; and Tuesday, December 15 from 12-1pm for ambulatory providers to learn about the upcoming E&M changes planned for

implementation in 2021 and the training requirements related to those changes. There will also be an opportunity for Q&A.

## **Smilow Star!**

**Janine Hoffmann**, senior administrative assistant in the department of surgery's section of surgical oncology, is a key member of our Breast Surgery team. Janine's efforts support all seven breast surgeons in the section, and she ensures that each faculty member has the resources they need to help their days run smoothly. Janine is thoughtful, and anticipates issues and other concerns in advance using her experience navigating both Yale School of Medicine and Yale New Haven Hospital. "Janine truly embodies the qualities you would want in a highly-reliable team member, a colleague, and a friend -- loyal, passionate, diligent, and empathetic. We are privileged to have her supporting our faculty, and our patients," said Alfonsina Fraschilla, division administrator.



In addition to her central role supporting our breast surgeons, Janine also serves as the CME coordinator for the Breast Program, the coordinator for the Interdisciplinary Breast Fellowship Program, and the coordinator for the Breast Cancer Leadership Committee for the National Accreditation Program for Breast Centers (NAPBC). Over the past several months, Janine spent countless hours preparing for our successful NAPBC site visit and review earlier this week. "In reality, Janine is the heart of our breast program. The number of people who rely on her for support and guidance is endless, as is her love and dedication to our program," said Mehra Golshan, MD, MBA, Director of the Breast Program. Thank you, Janine, for being a Smilow Star!

**Best regards,**

**Charles S. Fuchs, MD, MPH**

Director, Yale Cancer Center  
Physician-in-Chief, Smilow Cancer Hospital

**Lori C. Pickens, MHA**

Senior Vice President and Executive Director  
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**Kevin G. Billingsley, MD, MBA**

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