HACKETTSTOWN REGIONAL MEDICAL CENTER JOAN KNECHEL CANCER CENTER CARE COORDINATION

Effective Date: September 2011 Cross Referenced: Reviewed Date: 8/13, 6/14

Policy No: ROC AD 4 Origin: Radiation Oncology Authority: Executive Director, Director of Nursing Page: 10f 2

Revised Date: 6/14

SCOPE

For all patients receiving cancer treatment in the Infusion Center or Radiation Oncology Department

PURPOSE

To provide care coordination for all patients receiving cancer treatment by assessing each patient's needs and assuming coordination of care and services to support the best possible outcome for the patient.

POLICY

The staff of the Joan Knechel Cancer Center is composed of members with medical oncology, radiation oncology, nursing, social work and survivorship expertise who are responsible for coordinating the treatment, care and other services that a patient may need during their course of treatment.

PROCEDURE

- Every cancer patient receives the following:
 - A nursing assessment during the initial consultation. This assessment provides information on the medical needs, support services and other services that could impact treatment.
 - A psychosocial assessment by the Social Worker within two treatment days of his/her first treatment.
 - The Distress Management Screening Tool is given within two treatment days of his/her first treatment and within one week following the end of treatment
- During the presentation of the patient's case to the staff, all of the assessments are presented and an interdisciplinary care plan is developed for additional services that are needed by the patient.
- The Team meets weekly in Chart Rounds to review all of the patients and their interdisciplinary care coordination implements the plan to include but not limited to the following:
 - Coordination of the patient's care, including with outside medical providers, from initial diagnosis through treatment.
 - o Distress Management Screening Results
 - Radiation Treatment Plan, status update and changes in treatment plan
 - Preparation of patient for what to expect during tests, procedures and treatments to ensure the patient understands their treatment plan and schedule.
 - Connection with community resources, support and healthcare education, including nutritional and complementary therapies.
 - Assistance with scheduling appointments and overcoming insurance, financial and transportation obstacles.
 - Availability of support groups
- On the patient's last day of treatment the patient will be apprised of a post treatment plan

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and what to expect regarding symptoms and after-effects of treatment, follow-up tests and medical visits to the Cancer Center, predictable emotional reactions to ending treatment, as well as the ongoing availability of staff for questions and concerns.

• Patient follow-up will ensure the patient received services and met the patient's expectations.

• Staff will monitor patient satisfaction responses and patient responses to the Distress Management Screening Tool to evaluate the effectiveness of the inter-disciplinary care plan. Monthly analysis of collected data will be the framework for quality improvement initiatives.