SCOPE OF SERVICE
FEIST-WEILLER CANCER CENTER

MISSION
The Feist-Weiller Cancer Center (FWCC) has been designated a center for Excellence in Cancer Research, Treatment, and Education. It is a cooperative community/academic partnership that serves area physicians, cancer patients, and the general public as a resource in the fight against cancer. FWCC is part of the LSU Health Sciences Center, specifically the Ambulatory Care Division, serving the State of Louisiana as well as the Ark-La-Tex region with a mission to:

- Stimulate multidisciplinary cancer research, promulgating new knowledge both in basic cancer research, detection, and treatment, directing research efforts at those cancers that particularly afflict Louisiana residents.
- Bring to patients at LSUHSC and make available to all physicians in the region and their patient’s newer treatment methods including access to clinical trials.
- Educate health care providers and the people of the region in prevention, treatment, and science of cancer.

A. HOURS OF OPERATION AND CLINIC LOCATIONS
Routine hours of operation for FWCC are Monday through Friday between the hours of 0730 and 1630 or until all patients are seen. Location of the clinics are as follows:

- First floor - Pediatric Hematology/Oncology, CT Scan, Resource Library
- Second floor - Adult Hematology/Oncology
- Third floor - Surgical Tumor, Head and Neck Oncology, Radiology, Fluoroscopy, Mammography, Breast Ultrasound, Stereotactic Breast Biopsy, Needle Localization Biopsy Endoscopy, Pulmonary, Outpatient Surgery, and Post Anesthesia Care Unit

B. SERVICES/CONDITIONS AND POPULATION SERVED
Feist-Weiller Cancer Center is a provider of services for outpatients of all ages, including infants (ages 0-12 months), toddler/preschool (ages 1-5), school age/adolescents (ages 6-17), adults (ages 18-65), and geriatrics (ages 66 thru lifespan), who require varying degrees of care for cancer including urgent, acute, chronic, rehabilitation, minor surgical procedures, and health care prevention/maintenance. The clinic provides diagnostic as well as consultative services.
C. PROCEDURES PERFORMED

Minor surgical procedures are performed in some of the clinics subject to the approval of each clinic’s Medical Director. The clinics which perform invasive procedures and the procedures performed include:

**Adult Hematology/Oncology**
- Acupuncture
- Blood transfusions
- Bone marrow aspirations/biopsies
- Chemotherapy
- Fine needle aspiration/biopsies
- Injections
- IV fluid therapy
- Laryngoscopy
- Lumbar punctures
- Medication administration
- Paracentesis
- Phlebotomies
- Thoracentesis
- Urinary catheterizations

**Pediatric Hematology/Oncology**
- Blood transfusions
- Chemotherapy
- Injections
- IV fluid therapy
- Medication administration
- Phlebotomies
- Urinary catheterizations

**Surgical Oncology/Head and Neck Oncology**
- Antral puncture
- Biopsy and/or excision, soft tissue neoplasm
- Biopsy of skin lesion, punch, excision, incision
- Direct/Indirect laryngoscopy with or without stroboscopy
- Fiberoptic laryngoscopy and ansopharyngoscopy
- Fine Needle aspiration biopsies
- Gold Weight Placement
- Incision and Drainage
- Lumbar puncture
- Proctoscope
- Removal of foreign body
- Removal of keloids
- Scar Revision
- Thoracentesis
- Wound Debridement
- Wound suture
Endoscopy – Adheres to the guidelines in the Endoscopy Clinic Policies and Procedures Manual

- Bronchoscopy, flexible, with biopsy, brushing or washing and fluoro
- Bronchoscopy, flexible, without biopsy, brushing or washing
- Cholangiopancreatography, endoscopic retrograde
- Colonoscopy, ileoscopy, with or without biopsy, polypectomy
- Esophageal Banding
- Esophageal Dilation
- Esophageal Manometry
- Esophagogastroduodenoscopy, with or without biopsy/polypectomy, cautery
- Foreign Body Removal
- Gastric analysis/incubation/aspiration/lavage
- Incision and Drainage
- Percutaneous Endoscopic Gastroscopy
- Proctosigmoidoscopy with or without biopsy, polypectomy/dilation
- Rectal Banding
- Rectal Ultrasound with and without biopsy
- Sclerotherapy

Outpatient Surgery – Adheres to the guidelines in the Department of Surgery Policies and Procedures Manual

Surgical procedures performed in the Feist-Weiller Cancer Center are procedures that are ASA level 1 or 2 as classified by the American Society of Anesthesiologists Classification of Preoperative Risk (see chart). Procedures can be performed on adults and children as approved by anesthesia.

Anesthesia is determined by the surgeon and/or the anesthesiologist or nurse anesthetist based on the procedure to be performed and the specific needs or risks of the patient.

Procedures are limited to diagnostic evaluation and cancer related issues, plastic surgery and orthognathic procedures.

Services allowed to use the FWCC OR are:
- Oral & Maxillofacial Surgery
- Pediatric Hematology Oncology
- Plastics
- Surgical Oncology

Radiology – Adheres to the guidelines in the Department of Radiology Policies and Procedures Manual

- Mammography
  - Bone Density Scan
  - Breast Ultrasound
  - Diagnostic Mammography
  - Needle Localization Biopsy
  - Screening Mammography
  - Stereotactic Breast Biopsy
- CT
  - Diagnostic CT with or without administration of iodinated contrast media
  - Image-guided invasive and interventional CT with or without administration of iodinated contrast media
- Diagnostic Radiology
  - Fluoroscopic procedures
  - Radiographic procedures
  - Surgical Imaging procedures with C-Arm
Each area performing invasive procedures reviews identified procedures that are high risk, problem prone and/or high volume for quality and appropriateness of procedure performed. Inter Qual, SIMS criteria is utilized to determine appropriateness for procedure performed. Procedure logs are kept by each area and forwarded to the Hospital Operative and Other Invasive Procedure Committees for review.

The Department of Pharmacy oversees the mixing and administration of medications used by the clinics; the clinics follow the Pharmacy’s Therapeutic Policies and Procedures for utilization and administration of sample drugs. The onsite Pharmacy adheres to the guidelines of the Department of Pharmacy Policies and Procedures manual.

The Department of Clinical Lab oversees the phlebotomy and hematology services in FWCC. The onsite lab and phlebotomist adhere to the guidelines of the Department of Clinical Lab Policies and Procedures Manual.

D. CLINIC STAFFING

Feist-Weiller Cancer Center is administratively directed by the Assistant Hospital Administrator for Ambulatory Care Division. The FWCC clinical staff consists of RN Supervisors A/B, RN Staff Nurses, Licensed Practical Nurses, Nursing Assistants, Registration Staff, Hospital Admission Technicians, and Phlebotomists.

In addition to these, the clinics are closely involved with Data Research Managers; Inpatient Oncology, Surgery, and Pediatrics; Bone Marrow Transplant Unit; Case Managers; and other ancillary departments.

The Pediatric Hematology/Oncology Clinic is a domestic affiliate of St. Jude Children’s Research Hospital and receives direction through the affiliation in addition to LSUHSC. The clinics’ staff are supervised by the RN Supervisors A/B and is directed by the Director of Oncology Services.

E. MEDICAL STAFFING

Medical Staffing consists of Medical Staff Faculty, Fellows, Residents, and Physician Assistants. The clinic staffing consists of the following positions:

**Adult Hematology/Oncology**
- 1 RN Supervisor B
- 1 RN Supervisor A
- 11 RN Staff Nurses
- 4 Licensed Practical Nurses
- 4 Nursing Assistants
- 5 Hospital Admission Technicians
- 3 Hospital Admission Technicians – centralized scheduling
- 1 phlebotomist and 1 phlebotomist (who is assigned from the lab on Tuesdays)

**Pediatric Hematology/Oncology**
- 1 RN Supervisor A
- 2 RN Staff Nurses
- 1 Nursing Assistant
- 1 Hospital Admission Technician
Surgical Oncology/Head and Neck Oncology
- 1 RN Supervisor A
- 3 RN Staff Nurses
- 1 Licensed Practical Nurses
- 1 Nursing Assistants
- 2 Hospital Admission Technicians

Radiology
- 2 Mammography Technicians
- 2 CT Technicians
- 1 Radiology Technician

The Endoscopy, OR suites, and Recovery are staffed by the hospital departments based upon the scheduled volume.

F. NURSING STAFF FUNCTIONS

The Clinic RN Supervisor A/B is responsible for managerial duties and for ensuring the proper functioning of the clinic including (1) administration of blood transfusions and IV fluids and (2) coordinating with a multidisciplinary staff. He/she also works as a staff nurse.

The Staff Nurses work primarily with transfusions and IV infusions but also assist with the managerial duties of the clinic, general clinic functions (patient flow, triage, phlebotomy, etc.) and other duties as assigned.

The Licensed Practical Nurses are responsible for assisting with phlebotomies, medical record reviews, patient assessments, patient flow including assisting the physician with procedures, patient teaching, performing catheterizations, handling prescriptions from the prescription call in line, assisting with Performance Improvement data collection, medication administration, checking patient’s glucose using glucose monitor and helping to insure the proper functioning of the clinic.

The Nursing Assistants help the physician with procedures, transport specimens to lab, assist with patient flow, order and obtain equipment and supplies from Central Service, obtain vital signs and weights, transport patients and instruct patients in specimen collection.

The Hospital Admission Technicians are responsible for patient registration, scheduling appointments through the Electronic Health Record (EHR), processing patients in and out of clinic, ordering supplies from the General Store, collecting insurance co-payments, posting lab/dictation reports and maintaining clinic census numbers.
G. IMPORTANT ASPECTS OF CARE

Important aspects of care include:

**High Volume:** Management of the following patient:
- No-Show Patient
- Patient Requiring IV Hydration
- Patient Requiring IV Pain Medication
- Patients Requiring IV Zometa

**High Risk:** Management of the patient requiring the following:
- Blood Product Transfusion
- Bone Marrow Biopsies/Aspiration
- Chemotherapy
- Endoscopy
- Iron
- IVIG
- Surgical Procedures

Management of the patient with the following conditions:
- Neutropenia
- Pain
- Terminally Ill

**Problem Prone:** Management of the patient requiring telephone triage.
Management of the non-appointment patient (walk-in).

H. SCHEDULING AND ACCESSIBILITY OF CARE

Feist-Weiller Cancer Center clinics are open clinic so that patients may be scheduled through referrals from other services through workqueues in EHR. Head and Neck Oncology are closed clinics.

Patients outside the LSU system should be referred to FWCC via physician referral; The average waiting time for routine appointments is 1-3 weeks. The average waiting room time is 2-3 hours.

I. NO-SHOW FOLLOW-UP

Patients’ appointments are rescheduled in the EHR; appointments are mailed by the clerical staff. If the patient misses 3 consecutive appointments, the physician should be notified and a letter of missed appointments is sent certified to the patient in attempt to notify patient to call for appointment.

Patients who have missed a clinic appointment and have a high-risk condition/diagnosis will be contacted according to the urgency of their situation; these high-risk condition/diagnoses include:

A. Patients undergoing chemotherapy, radiotherapy
B. Patients with a CBC-WBC<2,000 or platelet count < 20,000
C. Hospice patients

The nurse or physician recalls the high-risk patient in a manner based on the urgency of the situation. If attempts to notify the patient by mail or phone fail to be successful, Social Services Dept., the Public Health Agency, University Police or the local law enforcement agency are contacted for assistance.
J. FOLLOW-UP OF ABNORMAL DIAGNOSTIC RESULTS

Abnormal test results are referred to the ordering physician and that physician determines the need for follow-up. Lab results that return during the patient visit are reviewed by the physician at that time.

Results that come in after the patient leaves are reviewed by the nurse; the physician is notified documented in the EHR. If abnormal lab results are discovered after the patient has left the clinic, the physician is notified awaiting orders noted in EHR; these results and actions are documented in EHR.

Mammograms are followed per Radiologist and the physician is notified with documentation in EHR.

K. PATIENT EDUCATION

Preparatory instructions for diagnostic procedures are given to the patient by the clinic staff, both verbally and in writing, at the time the appointment is made. The Medical Staff educates the patient regarding his/her disease process and treatment plan. Chemotherapy Nurses provide education/instruction regarding the patient’s treatments. Clinic nurses provide post procedure instructions to patients who have transfusions, bone marrow biopsy, paracentesis, thoracentesis or IV analgesia in clinic, as well as any other instructions deemed needed. OR/Recovery and Endoscopy nurses provide post procedure instructions to patients who have procedures and other instruction deemed needed. Pre-op instructions are given during clinic visit. Labs, chest x-ray, and EKG are obtained prior to the date of surgery. All patient education/instructions are documented in the EHR.