



Provincial Health Services Authority

CLEAR DISPOSITION OF FOLLOW UP POLICY

Summary of Changes

	NEW	Previous
BC Cancer	15-DEC-2022	

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1. Introduction

Cancer care is complex and often involves multidisciplinary team members, oncologists (medical/radiation/surgical/gynecologic/hematologic), GP in oncology, Nurse Practitioners in Oncology, patient and family counselling, psychiatry, dentistry etc. Patients are primarily followed by an oncologist (medical/radiation/surgical/gynecologic) who is identified as the Most Responsible Physician (MRP), or Oncology Lifetime Provider (OLP) and misses and near-misses can occur when one oncologist (e.g. a radiation oncologist) assumes that another oncologist (e.g. a medical oncologist) will be booking a follow up visit with the patient. In these situations there is a risk that no booking has been made resulting in missed treatment opportunities and gaps in care.

After each appointment with a patient (in-person or digital/virtual) oncologists specify in their orders the disposition in terms of further follow up. Open ended dispositions such as “To Be Notified” (TBN), or “patient to call”, pose a risk for patients not receiving the care they need or ambiguity for other care team members about what further follow-up is required.

1.1. Purpose

The purpose of this policy is to:

- Ensure that patients have a clear disposition in terms of further follow up after each clinic appointment (in-person or digital/virtual)
- Outline the roles and responsibilities of those within scope of this policy

1.2. Scope

This policy applies to all physicians/providers at BC Cancer.

2. Policy

In order to ensure patients have a clear disposition in terms of further follow up, medical staff must specify in their orders and document a clear disposition of one of the following:

- a. A specified appointment date or time frame for appointment with an oncologist or GPO/nurse practitioner from the appropriate team
 - Patients being seen in CON (Communities Oncology Network) clinics must also be scheduled for a BC Cancer follow up at an appropriate interval
- b. Discharge from BC Cancer (a Transfer Summary (FESR) or Oncology Transfer Note (Cerner) should be created)
- c. “No Need to Return” (NNR) or “No additional appointments with me”. This is only permitted if:

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- The patient has an appointment or chart/memo with another BC Cancer medical staff member and another BC Cancer physician is MRP/OLP; if physician ordering the NNR is the MRP/OLP, they should also request a transfer of MRP/OLP status to another MRP/OLP

Or

- The patient's management is palliative and no further treatment or investigations at BC Cancer are ordered or planned

Or

- The NNR order is for LEAF or High Risk Hereditary clinics (surveillance)

"TBN" is to be used only to indicate radiation or systemic therapy is to be booked.

Not permitted documented dispositions:

1. "TBN" other than to indicate radiation or systemic therapy is to be booked
2. "Patient to call"

"Chart/memo" to physician for follow-up may be used as a disposition only at centres with audit procedures in place. This may not be possible in centres using CST-CERNER as the primary electronic health record.

3. Responsibilities and Compliance

3.1. Responsibilities

Medical staff have the responsibility to write an appropriate disposition order after each in-person or digital/virtual visit and document details of the disposition.

Centre leadership will set up an appropriate audit process at their centre and ensure it is carried out. Monitoring the allowed use of "NNR" or "No additional appointments with me" may require a chart review.

3.2. Compliance

All BC Cancer medical staff are responsible for adhering to this policy and monitoring their activities in accordance with the policy. Staff members may warn others if they observe a violation of this policy.

4. Related Documents

Each Regional Centre should have a procedural document to accompany this policy, which includes an established process for processing and auditing orders.

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First Issued:	15-DEC-2022		
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Posted Date:	21-MAR-2023		
Version:	1.0		
Revision:	Name of Reviser	Description	Date
			DD-MMM-YYYY