

## PERSPECTIVE OF PROBLEM

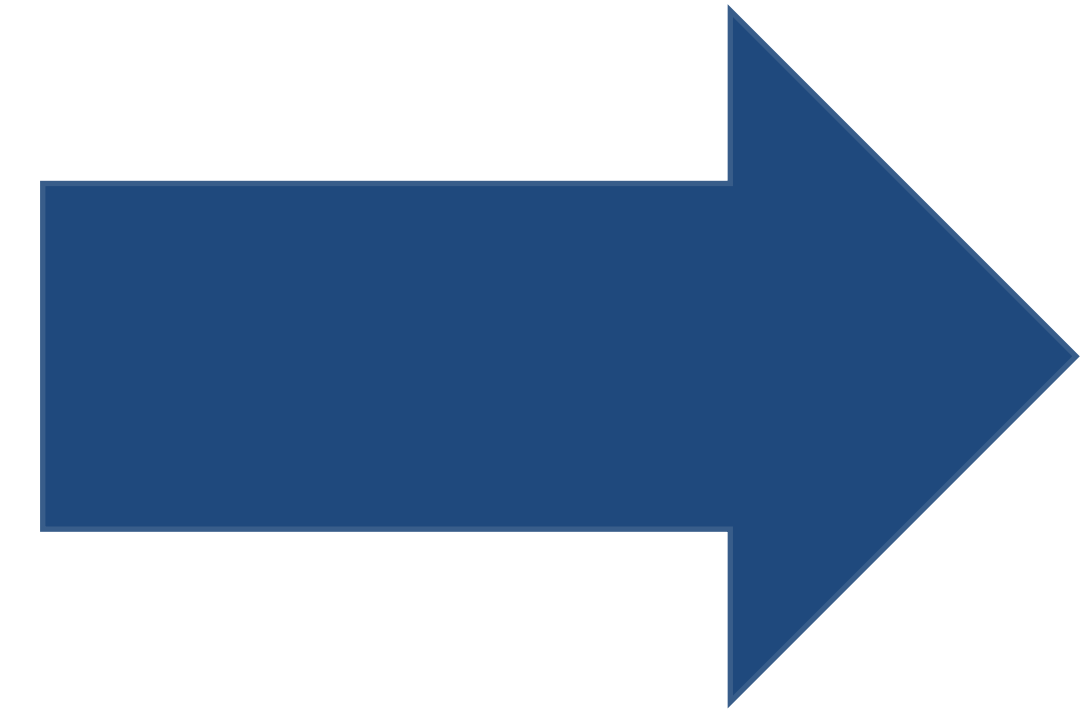
Currently at Temple, there is no **standardized pathway or protocol** that bridges to biopsy or outpatient oncology care, for hospitalized patients with new findings suggesting an undiagnosed malignancy. **Follow up and navigating** through the system is difficult leading to inefficiency, frustration, and confusion

**Oncology** -first visit would require biopsy or definitive diagnosis. Most patients have no PCP

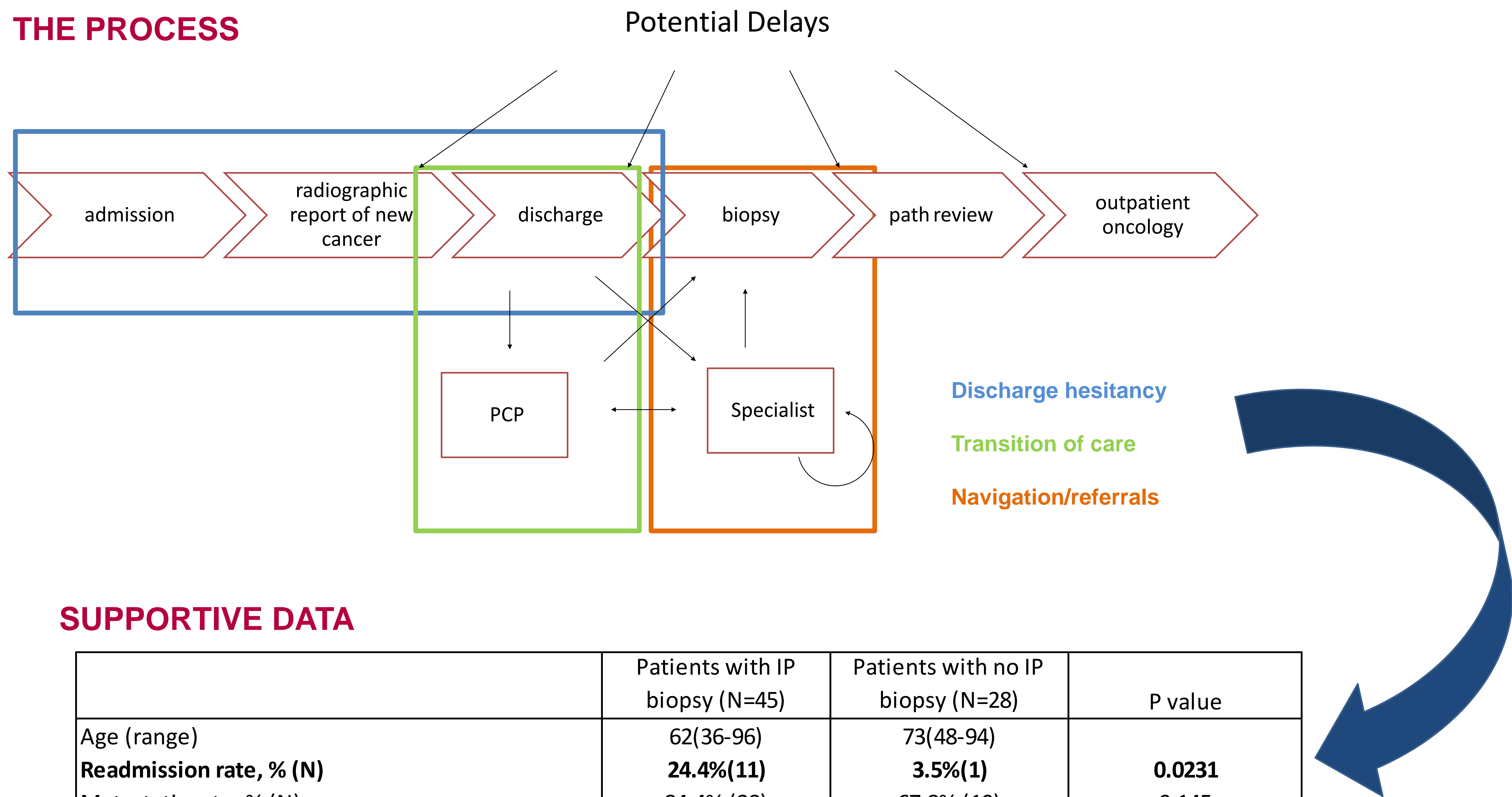
**IR** - prefers outpatient biopsy. Who to follow up after biopsy?

**Hospitalist**- hesitancy to discharge without outpatient plan. Extensive work up and more consultations. Prolonged hospital stay.

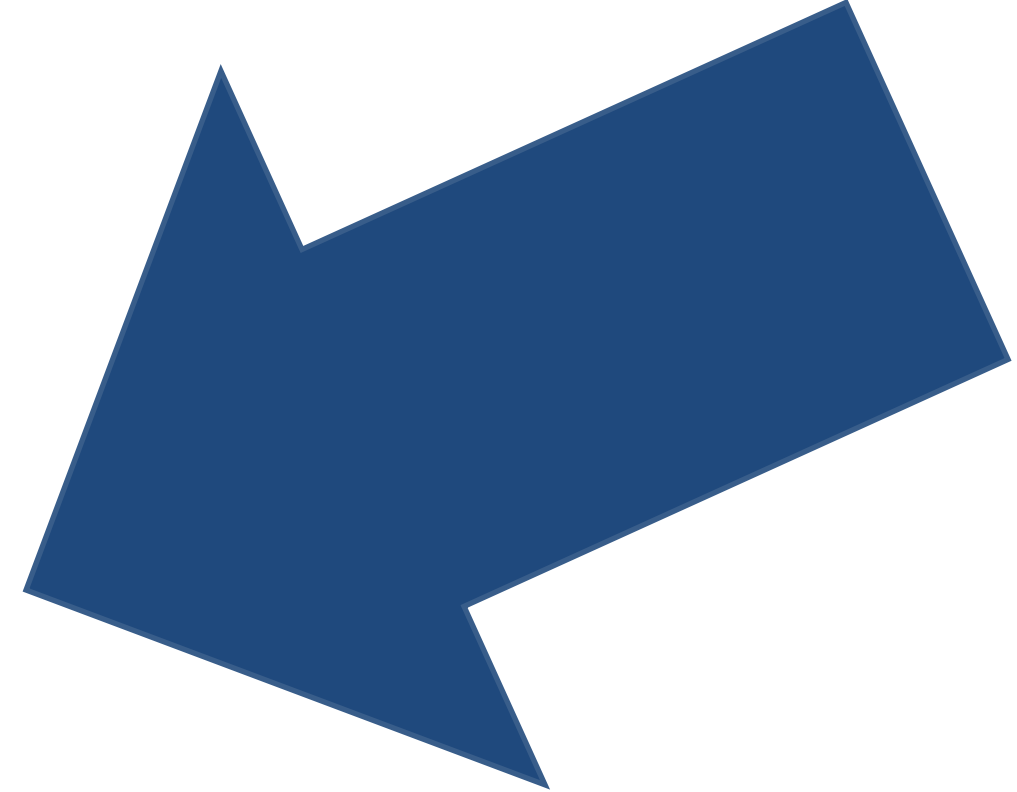
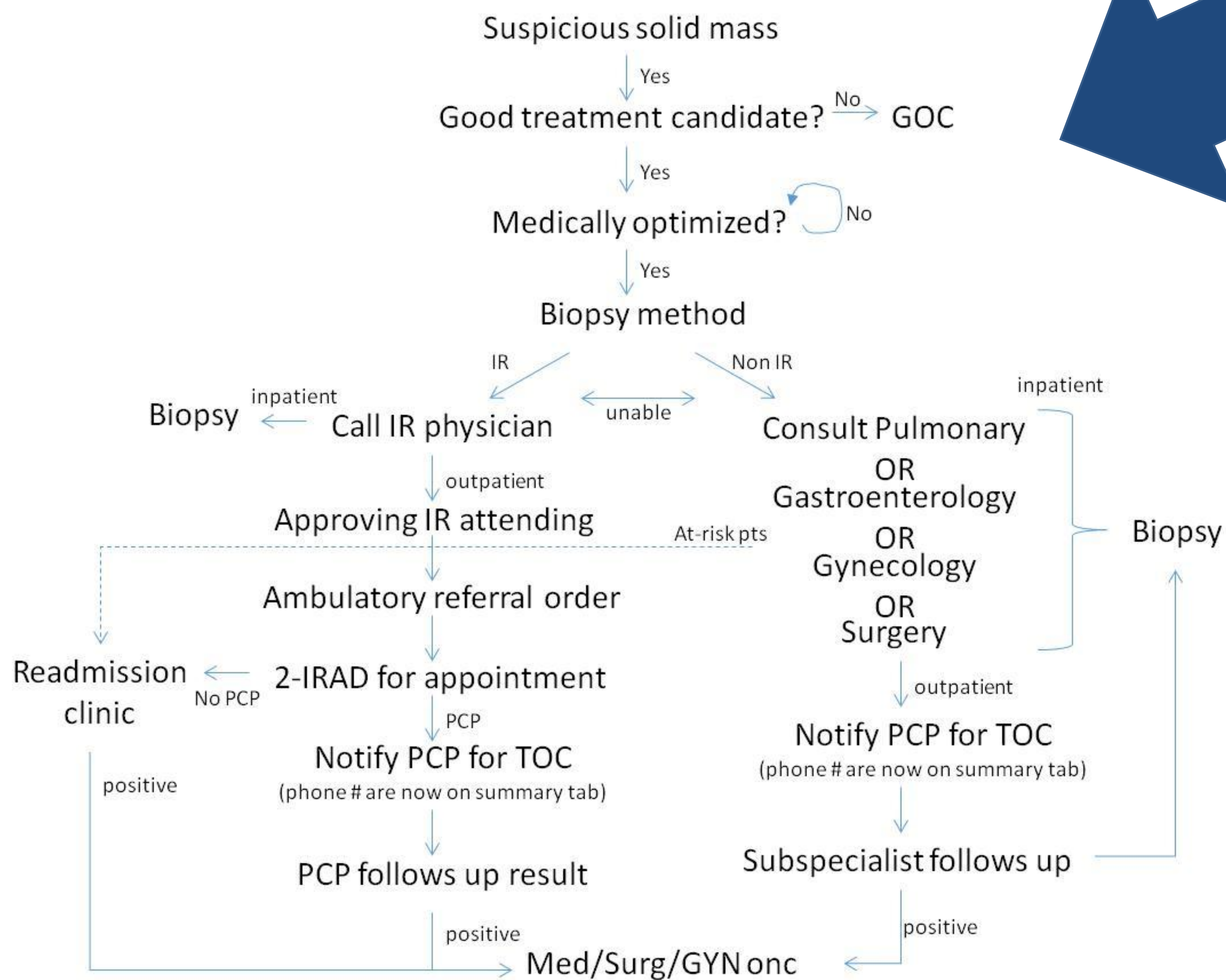
**PCP** - lack of handoff from inpatient team. Difficulty navigating coordinating within referral systems. Long appointment wait times. Patients mistrust the system if teams are uncoordinated.



## THE PROCESS

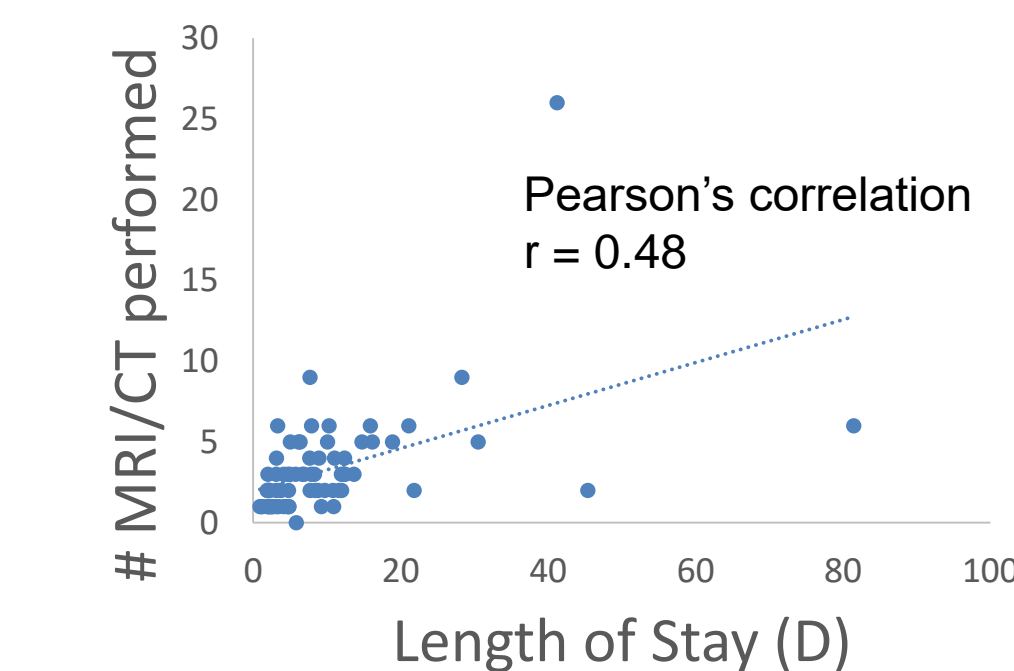
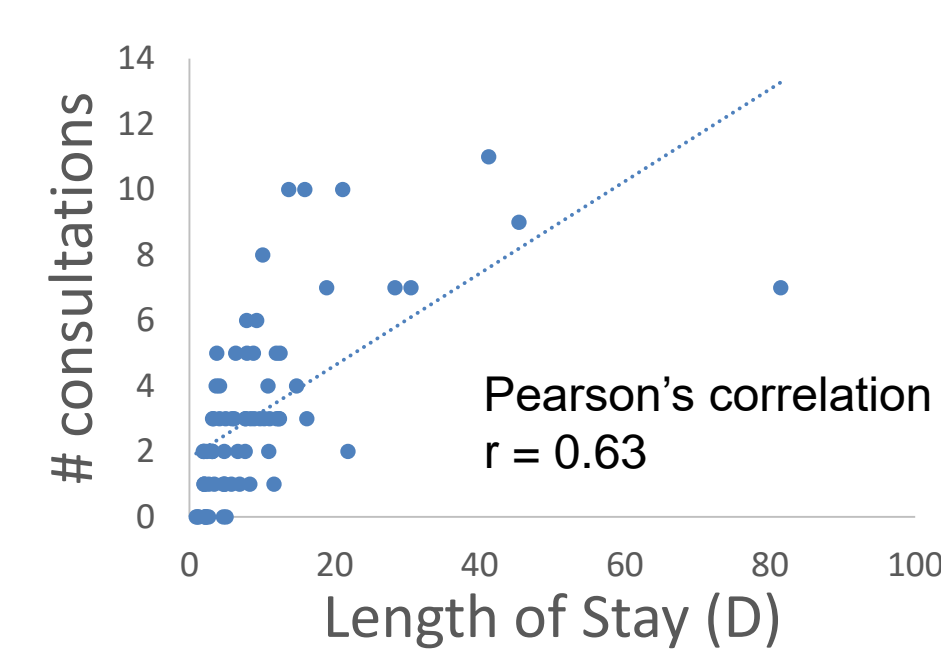


## MODIFIED ALGORITHM FOR STANDARDIZATION



## SUPPORTIVE DATA

	Patients with IP biopsy (N=45)	Patients with no IP biopsy (N=28)	P value
Age (range)	62(36-96)	73(48-94)	
Readmission rate, % (N)	<b>24.4%(11)</b>	<b>3.5%(1)</b>	<b>0.0231</b>
Metastatic rate, % (N)	84.4% (38)	67.8% (19)	0.145
Hospice/Death rate, % (N)	29%(13)	21.4%(6)	0.59
Received any treatment, % (N)	49%(22)	39%(11)	0.47
Lost to follow up, % (N)	13%(6)	18%(5)	0.74
<b>Length of stay, days (95% CI)</b>	<b>9.72 (8.92-17.37)</b>	<b>3.15 (3.01-5.16)</b>	<b>0.0013</b>
<b>Time from detection to biopsy, days (95% CI)</b>	<b>2 (0-34)</b>	<b>34 (29-122)</b>	<b>0.005</b>
Time from biopsy to follow up visit, days (95% CI)	22 (4-79)	35 (18.7-90.2)	0.63
Time from detection to treatment, days (95% CI)	26.5 (0-160)	77 (51-128)	0.79



All hospitalized patient 1/1/2019 -12/31/2019  
 Must contain at least one diagnosis code within the hospitalization  
 AND the diagnostic code must not appear on prior encounters.  
 Must ultimately have a cancer/malignant diagnosis and must be newly discovered during the hospitalization.  
**73 unique subjects fit inclusion/exclusion criteria.**  
**45 patients had inpatient biopsy. 28 patients did not.**

## CONCLUSION

Inpatient group resulted in higher LOS, more consultations, and more advanced images. There is a significant time delay for patients acquiring outpatient biopsy.

## CLINICAL IMPLICATIONS

Interventions aimed at promoting follow up and organizing timely appointments should be implemented. A multidisciplinary, top-down approach should be pursued towards improving navigation, communication, and barriers to cancer care.

