

Conference Abstracts

Reducing Time to Establish Care with Outpatient Hematology After Hospital Discharge in Patients Diagnosed with Acute Myeloid Leukemia or High-grade Lymphoma

Heidi Latiolais, MD^{1a}, Eleftheria Atalla, MD¹, Stephanie Haddad, DO¹, Jacob Schmelz, MD¹, Daniela Urueta Portillo, MD¹, Marcela Mazo, MD¹

¹ Mays Cancer Center UTHealth San Antonio MDAnderson

Corresponding author

^a Heidi Latiolais, MD, Mays Cancer Center UTHealth San Antonio MDAnderson, Email: latiolais@uthscsa.edu

Keywords: Quality Improvement, Malignant Hematology, Transition of Care

<https://doi.org/10.53876/001aa.129713>

International Journal of Cancer Care and Delivery

Vol. 6, Issue Supplement 1, 2026

Background

Timely outpatient hematology follow-up after hospital discharge is critical for patients with newly diagnosed acute myeloid leukemia (AML) or high-grade lymphoma. Delays in establishing outpatient care may limit access to supportive services, delay treatment planning, and negatively impact outcomes. At our institution, no standardized process existed to transition these high-risk patients from inpatient care at University Hospital to the outpatient hematology clinic at Mays Cancer Center (MCC). As a result, the average time from hospital discharge to outpatient establishment of care was 11 days. This quality improvement (QI) project aimed to reduce the average number of days from discharge to establishment of care with a primary hematologist to ≤ 5 days.

Methods

A multidisciplinary team performed a root cause analysis to identify barriers to timely outpatient follow-up. A standardized discharge checklist was developed for inpatient providers to facilitate safe transitions of care. Key elements included identifying the primary outpatient hematologist, scheduling an MCC appointment prior to discharge, coordinating infusion center needs, and notifying MCC staff via standardized email

communication. Compliance with the checklist and outcome measures was tracked through manual chart audits. A run chart was used to assess trends in time to outpatient establishment of care.

Results

Baseline data from 12 patients discharged between August 1 and December 31, 2023, demonstrated an average time to establish care of 11.4 days. Implementation of the discharge checklist and standardized communication began in March 2024. From March 20 to May 14, 2024, the average time decreased to 9 days. Following targeted education sessions for inpatient providers and reminder emails, data collected from July 1 to December 31, 2024, showed further improvement. Among 14 patients, the average time to establish care decreased to 7.8 days.

Conclusion

Implementation of a standardized discharge checklist and communication protocol resulted in a sustained reduction in time to outpatient hematology follow-up for high-risk patients. Although the target of ≤ 5 days has not yet been achieved, observed improvements and reduced variability suggest early intervention success. Ongoing efforts, including electronic medical

record integration and incorporation into the hematology-oncology fellowship curriculum, are

expected to further improve care transitions and outcomes.