



HOPE

**2015  
Annual  
Report**

**Cecil B. Highland Jr.  
& Barbara B. Highland  
Cancer Center**

 **WVU**Medicine

**UNITED HOSPITAL CENTER** 



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## **2015 Director's Report**

The Cecil B. Highland, Jr. & Barbara B. Highland Cancer Center at United Hospital Center remains a leading community cancer center in North Central West Virginia. State-of-the-art cancer care continues to be provided to our patients while creating new programs and enhancing existing ones to better serve our community.

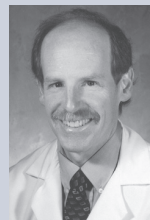
UHC Oncology has expanded to three specialty oncologists. Paul Brager, MD, and Salman Osman, MD, join Yaser Homsy, MD, in the newly formed UHC Oncology Department. This collaboration has brought better cooperation and coverage in the delivery of medical oncology care. Plans are in development to renovate our cancer center so it provides more efficient and comfortable care for our patients.

UHC has been chosen as one of 200 national hospitals to participate in a Medicare pilot program known as Oncology Care Model. This program's goal is to improve all aspects of cancer care. We are pleased that the hard work of our nurses, medical assistants, lab and radiation personnel, and doctors in meeting the patient needs is recognized since we are one of only two hospitals in our state selected for this pilot program.

The UHC Cancer Program has increased its focus in clinical research. In 2015 we have entered 11 patients in clinical trials in cooperation with WVU Clinical Trials network. Our patient navigators have also expanded their focus and now provide assistance to all patients with cancer seen at our center. Our Cancer Program Practice Profile Report (CP3R) demonstrates that our cancer care is among the top in the country.

Education remains a cornerstone in UHC Oncology. Weekly cancer conferences known as Tumor Board involve medical and radiation oncology, surgery, pathology, and radiology where complicated cancer management is reviewed. Expert clinical seminars are frequently scheduled for our staff.

Cecil B. Highland, Jr. & Barbara B. Highland Cancer Center is a leader in cancer care and continues to improve and grow to better serve our community.



Paul M. Brager, MD  
*Director*



# Cancer Center Committee Members

## *Physician Members*

Paul Brager, MD	<i>Specialty</i> Medical Oncology/Hematology; Cancer Conference Coordinator
Gerald Wedemeyer, MD	Pathology
Thomas Koay, MD	Diagnostic Radiology
Ronald Luethke, MD	Plastic Surgery, Cancer Liaison
Michael Stewart, MD	Radiation Oncology
Salman Osman, MD	Medical Oncology
Yemi Akin-Olugbade, MD	Urology
Yaser Homsy, MD	Medical Oncology

## *Non-Physician Members*

Melisa Bedilion, RN	Nurse Manager, Inpatient Oncology; Community Outreach Coordinator
Melissa Morgan, RN	Coordinator Outpatient Infusion
Linda Carte, RN, MSN, AOCN	Director Oncology Services; Quality Improvement Coordinator; Palliative Care Coordinator
Nancy Dye, RN	Oncology Program Coordinator Clinical Research Coordinator
Mark Povroznik, Pharm D	VP Quality, Case Management
Butch Heflin, LSW	Oncology Social Worker
Amber Biggie, RN	Clinical Navigator
Gretchen Hennigan, RN	Clinical Navigator
Peggy Johnson, RN, BSN	Clinical Navigator – Breast Health
Cathy Libert, RT	Supervisor, Radiation Oncology
Lorry Richards, RHIT, CTR	Cancer Registrar/Cancer Registry Quality Coordinator
Gary Ammons, MS, Behavioral Health Therapist	Behavioral Health Psychosocial Services Coordinator

## *Invited Guests*

Lisa Ashcraft-Carr, RD	Dietician
James Israel, MS, DABR	Chief Medical Physicist/Radiation Safety Officer
Lea Haueer	Hospice Manager
Mary Lough	ACS Hospital Systems Account Representative
James Morley, M. Div.	Chaplain/Ethics
Liz Pigg, RN	Hospice Manager
John Pulice, PT	Rehabilitation
Todd Rohrbough, RPH	Pharmacy
Donna Riddle, RN	Radiation Oncology Nurse
Michael Tillman, RN, MS, MBA	President and CEO







# Cancer Program Practice Profile Reports (CP3R)

The Cancer Committee ensures and monitors that patients treated at United Hospital Center receive care according to nationally accepted measures. The Commission on Cancer measures compliance with current COC quality reporting tools — the Cancer Program Practice Profile Reports. Below is the summary of CP3R performance that reports 2015 cases treated at United Hospital Center. We are very proud that our program is exceeding all of the required performance expectations of the Commission on Cancer.

Select Measure	Measure	COC Expected Performance Percentage	Estimated Performance Rates for United Hospital Center 2015
Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conservation surgery for breast cancer (accountability).	BCSRT	90%	100%
Radiation therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with $\geq 4$ positive regional lymph nodes (accountability).	MASTRT	90%	100%
Tamoxifen or third generation aromatase inhibitor is recommended or administered within 1 year (365 days) of diagnosis for woman with AJCC T1c, or stage 1B - III hormone receptor positive breast cancer (accountability).	HT	90%	94.1%
Image or palpitation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer (quality improvement).	nBx	80%	96.7%
At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer (quality improvement).	12RLN	85%	97.4%
Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0, or Stage III; or treatment is recommended; for patients under the age of 80 receiving resection for rectal cancer (quality improvement).	RECRTCT	85%	100%
Systemic chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is recommended for surgically resected cases with pathologic lymph node-positive (pN1) and (pN2) Non-Small Cell Lung Cancer (quality improvement).	LCT	85%	100%
Surgery is not the first course of treatment for cN2, M0 lung cases (quality improvement).	LNoSurg	85%	100%
At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer (quality improvement)	G15LRN	80%	No patients meet criteria



## **2015: Summary of Performance Improvement Initiatives and Compliance of the UHC cancer program as developed and monitored by the cancer committee.**

- The clinical goal was to develop and implement a coordinated process including education and follow up of patients who receive feeding tubes for cancer care purposes. While a procedure was in place, anecdotal discussion by physicians and other healthcare professionals, including patient/family feedback, suggested the process in place had opportunity for improvement. Actions of the cancer committee included responsibility shift to a cancer clinical navigator for coordination of education, care practices, and timely reporting of concerns including reports to the cancer committee for direction. Clinical outcomes included a reduction in infections requiring antibiotics, greater compliance with home maintenance including some involvement of home health care to assist with proper use and maintenance, two yeast infections were identified and received early intervention and two accidental removals occurred.
- A programmatic goal was to add two additional cancer clinical navigators. In February 2015 only breast cancer was navigated or about 200 patients/year. The goal with the additional navigators was to provide at least 70% of all oncology patient navigation services by December 2015. The breast cancer navigation program has been extremely successful with patient education, coordination of care and services and more timely care from diagnosis through treatment. By the end of 2015 approximately 93% of all cancers were navigated. Those remaining were unknown primaries, gynecological cancers and several small volume cancer diagnoses. Case finding presented a challenge so a process was developed. As of January 1, 2016, all cancer diagnoses have been assigned to navigation.
- A programmatic goal was to develop and implement a standard process of care for patients after a suspicious mammogram, and if positive throughout diagnosis, treatment and survivorship. Analysis of current process and physician and institutional practice patterns reveals that current performance varies among physicians. A multidisciplinary work group was formed. A process was defined initially for diagnosis and definitive treatment timelines. After implementation of change, an audit of 21 abnormal diagnostic findings showed the following improvement of abnormal mammogram to ultrasound timeframe of one day, screening to diagnostic study remained the same, surgical timeframe improved to five days and total days from mammogram to biopsy improved to 10 days and biopsy to definitive surgery to 11 days.
- The accountability measures from the Cancer Program Practice Profile Reports was a goal of improving an image or palpation guided needle biopsy (core or fna) is performed to confirm diagnosis of breast cancer prior to definitive breast surgery. Goal was 90% or greater. A random study of 50% of all breast cases was done. In 2014 it was noted in 85.2% of all cases and in 2015 85.3% of all cases in the audit. At year end with all cases and allowable exclusions to the standard, 97% of all cases met compliance. Case discussions occurred on all exceptions. The Commission on Cancer benchmark was 80% so our performance was above the performance noted by the Commission on Cancer.
- The accountability measures from the Cancer Program Practice Profile Reports was a goal of 10 regional lymph nodes are removed and pathologically examined for 1A, 1B, 2A, and 2B resected non-small cell lung cancers. Goal was 90% or greater. The results of efforts offered more opportunity for improvement and will be a 2016 performance improvement process.
- A study of quality was done to raise the use of CT or MRI of the head in the care pathway for patients diagnosed with lung cancer. Analysis of data completed each quarter and improvement to 85% or greater this year. Performance was raised from 60% to 91% compliance with three cases being very late stage of disease moving to palliative services.
- A study of quality was completed on central line infections and analyzed for opportunity improvement. This included PICC, ports and other central line catheters. Based on a year- long study, little improvement was able to be identified as only one case was noted and the diagnosis of cancer was resolved many years prior. Central line infections are minimal among this diagnosis.





# **2015: Summary of Performance Improvement Initiatives and Compliance of the UHC cancer program as developed and monitored by the cancer committee.**

- A quality improvement focus was monitoring and utilization of national guidelines in relation to the use of shave biopsy with the diagnosis of melanoma. Twenty-five percent of all cases were studied. Fourteen of 30 cases received shave biopsy or 47%. A letter was developed by the cancer committee chair to notify physicians of national guidelines and was distributed to physicians whose practice involves the diagnosis of melanoma. This will be carried over to a re-audit in 2016.
- A quality improvement focus was improvement and standardization of breast cancer written communications to patients. A standardized approach was put into effect which included an educational binder given to each patient that was reviewed by physician experts for content appropriateness. Patients had very positive feedback from the process improvement. Since that time a similar process is in place for all three navigators.
- In 2015, the prevention program of smoking/tobacco cessation was a focus. Previously one facilitator of the American Cancer Society (ACS) Fresh Start program provided services. During 2015, a total of four facilitators are now available through the ACS facilitator on line course being successfully completed. Smoking/tobacco cessation is now available more frequently and offered in group sessions or one on one through the cancer clinical navigators. Attendance remains low in group sessions but one-on-one efforts are available and utilized often with navigation efforts. Quit rates are consistent with ACS experience.
- In 2015, multiple cancer screening programs were offered. The one highlighted for this report is the men's health event. West Virginia as a whole ranks poorly in health risk factors and disease prevalence. Prostate cancer is one of the top 5 diagnoses at UHC. Lifestyle has a dramatic impact on many illnesses including cancer. The men's health event was held on March 27 with 33 participants and results included one abnormal PSA, three preliminary blood found in stool sampling and a take home ACS guideline appropriate FIT test was provided to all participants. A colonoscopy was recommended for one participant based on findings and testicular nodule was referred for further evaluation. A follow up survey revealed attendee's verbalized learning about diet and cancer prevention including risks and benefits of PSA testing. Survey's revealed greater understanding of early detection practices. Prostate cancer is one of the top five diagnoses at UHC. All abnormal findings were shared with the attendee noted primary physician and in a follow up letter.
- An annual report was completed by November 30, 2015 and is available for public view on the UHC website.

Many other performance improvement accomplishments were realized by the subcommittee of the cancer committee, known as the oncology care team. A full accounting of work by this subcommittee is reviewed at each quarterly meeting with input and further direction by the cancer committee including, but not limited to::

- Strengthening psychosocial referral processes
- Improved survivorship programming including a children's education program on cancer
- Encouraging oncology nursing certification
- Whiteboard use for navigators
- A radon display for education on hazards
- Smoking cessation referrals for lobectomy and pneumonectomy patients
- Improvement in timeliness of care
- A renovation plan for the cancer center to improve patient satisfaction
- Improved communications of community programs
- A focus on earlier hospice referrals
- Revision of radiation oncology education materials
- A focus on increasing American Cancer Society program referrals
- The cancer registry hosted monthly webinars on registry functions for fellow state-wide registrars
- A refresher in dietary screening education and referral process for staff
- Xofigo injections in radiation oncology





# Review of 2015 Screening and Prevention Activities and Other Community Programs

- Third Monday of each month: *Breast Cancer Support Group* — “Butterfly Kiss”: Supportive group for all breast cancer patients with UHC Clinical Navigator. Each meeting includes a guest speaker with an educational offering
  - 22 participants average per meeting with outcomes of support and better understanding of the various aspects of breast cancer. Participants were positive in their comments about the benefits of the group.
- American Cancer Society — *Look Good, Feel Better*: This program creates a support system for cancer patients through sessions with professionals on make-up, skin care, hair and wigs.
  - Total sessions for 2015 — 5
  - Attendance is very variable but those who attend provide positive comments on the education of skin care and the effects of supporting physical appearance after the diagnosis of cancer
- American Cancer Society — *Fresh Start Program*: A four-part series for tobacco cessation
  - Total participants for 2015 — eight; successful quits were three and the remaining five participants reduced their tobacco use and commented on learning about their connection to tobacco and stronger quit strategies.
- *Men’s Cancer Awareness and Screening Day*
  - Thirty-three men attended, PSA drawn and examined after an education session was provided by a physician on the risks and benefits of PSA testing.
  - All screening participants were given a copy of their exam on day of screening
  - The PSA results are sent to the physician indicated on the screening form. Participants are advised to contact the physician (name, address and phone number is provided) to receive their PSA results. If the participants are not followed by a personal physician, results are sent to UHC Family Medicine. Participants are advised to contact Family Medicine at UHC for PSA results and are encouraged to schedule an appointment to discuss what the results of the exam and PSA mean to them.
  - NCCN Clinical Practice Guidelines are followed:
  - Prostate Cancer Early Detection guidelines
  - Colorectal Cancer Screening guidelines
  - Educational material about early detection and prevention was provided. Wellness education includes tobacco cessation and good nutrition.
  - Abnormal findings included one elevated PSA, three preliminary blood found in digital rectal with take home FIT tests to all participants that were negative, a colonoscopy was recommended for one participant based on findings and one abnormal testicular examination nodule was referred for further evaluation. All received follow-up care.
- *Oral, Head and Neck Screening*
  - Fifteen participants attended; four were referred for further evaluations. No malignancies were reported on further evaluation.
  - Education was provided on tobacco products and ways to reduce oral, head and neck cancers.
  - Reports were scheduled with participants primary care physicians as well as referred to ENT for follow up evaluations.
  - Comments/follow-up to participant attendance included appreciation of tobacco cessation strategies including smokeless tobacco and information on cancer reduction strategies

# Review of 2015 Screening and Prevention Activities and Other Community Programs Continued

- *Skin Cancer Screening*
  - Included a body screening for skin cancer and instructions on how to perform self-examinations. Educational materials on prevention and early detection were also provided.
  - Sixty-one participants were screened
  - Ten were referred for biopsy; all received care appropriate to the findings
  - All screening participants are given a copy of their exam on day of screening
  - Information on skin health and dangers of sun and tanning beds was provided.
  - Participant outcomes included more awareness of safety in the sun and a better understanding of skin self-examination.
- *Let's Talk to Kids About Cancer*
  - Total participants in 2015 — 0
  - A program for children ages 6-12 who have a significant adult in their lives diagnosed with cancer; the program includes a tour of UHC's Infusion Center and the Radiation Oncology Department. A Behavioral Therapist was available to discuss the child's feeling and emotions. (Offered to community through newspapers, shared with Harrison County Schools, shared with local companies that have invited us to health fairs, posted on 2015 program schedule, flyers in UHC mailboxes and placed in cancer center waiting room).
  - Discussions on the lack of attendance did not result in changing the approach for future offerings.
- *Health Fairs: Harrison Power Station Health Fair; Doddridge County Health Fair; Harrison County School Health Fair; Senior Center Health Fair; MVB Health Fair*
  - Information provided included general wellness and nutrition, screening guidelines, prevention and early detection for all cancers including smoking cessation, teaching of prevention/early detection examination, sharing of the Cancer Center Resource Directory and Program Schedule.
  - While many educational events were held, the listed were the most well attended in 2015 with attendance over seventy-five at each event
  - No formal surveys were utilized in this forum but participant comments were positive on the education they received and awareness of local resources.
- *Breast Health/Cancer Events*
  - Harrison County Breast Cancer Awareness Day — Education on breast cancer awareness
  - Talk Radio — Breast cancer prevention and early detection
  - A C Moore — Breast cancer awareness
  - Bridgeport Catholic Church — Breast cancer awareness
- *Women's Cancer Awareness and Screening Day*
  - Forty-four participants were screened
  - Pap testing results provided to participant identified physician
  - All screening participants are given a copy of their exam on day of screening. Mammograms are done at a later date and results provided to the identified physician.
  - Educational materials about early detection and prevention were given to participants.
  - Findings include two abnormal Pap tests, two positive FIT Tests, nine abnormal breast exams and no abnormal mammograms.
  - A formal survey was completed on how they learned of the event and if the education they received change their minds on breast cancer, cervical cancer, or colorectal cancer lifestyle and screening behaviors with responses either, currently participating in correct behaviors or will change as a result.
  - Appropriate care and follow up was done with the findings of this screening.

# **Review of 2015 Screening and Prevention Activities and Other Community Programs Continued**

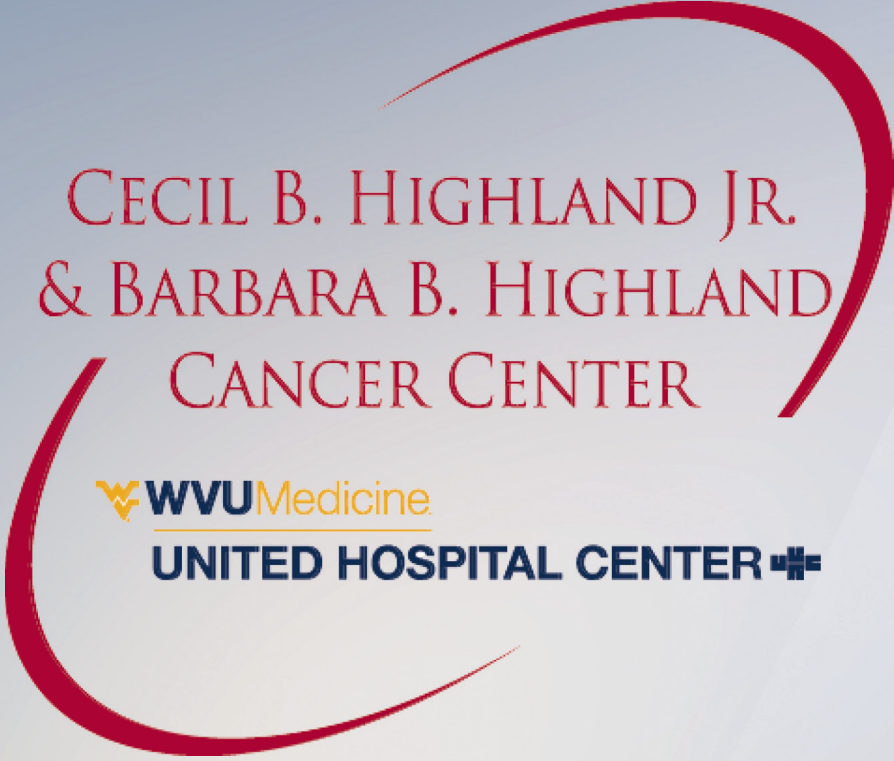
- *Celebration of Life*
  - Cancer Survivorship program — Bridgeport Conference Center
  - 145 attendees
  - Relaxation and stress reduction was the topic of the key note speaker
  - A show of hands revealed that techniques demonstrated during the conference influenced relaxation and that the audience would be able to incorporate into their home routine.
- *It's All About You*
  - UHC Main Hallway in front of the Cancer Center
  - Cancer Center Workshop - ten educational booths
  - Comments of participants by patients, loved ones and the community were positive for learning how to eat better, maintaining physical strength during treatments, learning of community resources and a better understanding of pharmaceuticals that are used in cancer care.
- *Other Offerings*
  - Bereavement Support Group offered weekly through People's Hospice
  - Getting through the holidays grief workshop — offered annually through People's Hospice for strategies to get through a significant holiday after the loss of a loved one
  - Tai Chi classes scheduled by interest and request; for balance disturbances, pain and stress relief. Attendance is low and variable.
  - Understanding the journey through cancer with us — educational DVD, [www.thenewuhc.com/oncology/dvd](http://www.thenewuhc.com/oncology/dvd)
  - Ongoing availability of nutrition information; access to dieticians
  - Cancer genetic testing available on request/physician order
  - Outreach newsletters: *Voyager*, *HouseCall*
  - We Hear You newsletters provided for the community, patients and visitors to the Cecil B. Highland Cancer Center to provide new information and opportunities.
  - Cancer trial information and enrollment opportunities





# 2015 Site Distribution

<i>Site</i>	<i>Number of Cases</i>
Lip .....	1
Base of Tongue .....	4
Other Tongue .....	4
Floor of Mouth .....	1
Palate.....	1
Other Mouth.....	4
Parotid Gland .....	1
Other Major Salivary Glands .....	1
Tonsil.....	8
Oropharynx.....	4
Nasopharynx.....	1
Pyriiform Sinus.....	1
Hypopharynx.....	1
Other Lip, Oral Cavity and Pharynx .....	1
Esophagus.....	10
Stomach .....	11
Small Intestine .....	5
Colon.....	62
Rectosigmoid Junction.....	7
Rectum .....	17
Anus and Anal Canal.....	5
Liver and Intrahepatic Bile Duct.....	6
Gallbladder .....	1
Other Parts of Biliary Tract.....	4
Pancreas .....	18
Nasal Cavity and Middle Ear.....	2
Larynx .....	12
Bronchus and Lung.....	161
Thymus.....	4
Heart, Mediastinum and Pleura.....	1
Bones and Cartilage of Other.....	1
Hematopoietic and Reticuloendo System .....	52
Skin .....	35
Retropritoneum and Peritoneum .....	1
Connective and Other Soft Tissues.....	8
Breast .....	127
Vulva.....	6
Cervix Uteri.....	6
Corpus Uteri.....	17
Ovary.....	7
Other Female Genital Organs .....	1
Penis.....	2
Prostate Gland.....	140
Testis .....	4
Kidney .....	28
Renal Pelvis .....	2
Bladder.....	45
Eye and Adnexa.....	1
Meninges.....	19
Brain.....	7
Spinal Cord and Other CNS.....	3
Thyroid Gland.....	13
Other Endocrine Glands .....	1
Lymph Nodes.....	34
Unknown Primary Site .....	18
<b>Total.....</b>	<b>937</b>

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# CECIL B. HIGHLAND JR. & BARBARA B. HIGHLAND CANCER CENTER

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