

2016 Annual Report



cancer

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

 **WVU**Medicine

UNITED HOSPITAL CENTER 

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2016 Director's Report

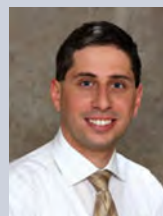
The Cecil B. Highland, Jr. and Barbara B. Highland Cancer Center at United Hospital Center remains a leading community cancer center in North Central West Virginia serving the 15 counties surrounding Harrison County.

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 patients, their families, and loved ones. This year many different services have been developed or enhanced to elevate the level of personalized service to each patient. A registered nurse is assigned to every newly diagnosed patient and assists with education, resource identification, and barrier reduction to allow for the care and services necessary to best address cancer care needs. Additionally, more focus has been given to the needs of survivors and additional programming is in place to better address the short- and long-term needs of cancer survivors.

UHC oncology continues to participate in the Center for Medicare and Medicaid (CMS): Oncology Care Model. This is a national project where less than 200 oncology practices were chosen to participate. Information is being gathered by CMS on the positive effects of stronger patterns of communication between patients, families, and healthcare providers, along with navigation services supporting enhanced quality care and patient outcomes.

Not only is quality measured within the walls of our cancer services, but we are also compared nationally to programs and treatment outcomes across the nation. This is part of our accreditation that we maintained since 1985, through the American College of Surgeons Commission on Cancer. You will note in our annual report, our Cancer Program Practice Profile Report (CP3R), demonstrates that our cancer care is among the top in the country.

Our commitment to those who entrust their lives to us has never been stronger. We pride ourselves not only in state-of-the-art equipment and cancer care approaches, but also our desire to keep the “care” central in cancer care. Patients and those who care about them are why we are here and patients know they are not alone in this often frightening journey, as we stand hand-in-hand working together.



Yaser Homsi, MD
Director



Cancer Center Committee Members

Physician Members

Paul Brager, MD	Specialty 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
Marc Costa, MD	General Surgery
Yemi Akin-Olugbade, MD	Urology
Yaser Homsy, MD	Medical Oncology

Non-Physician Members

Melisa Bedilion, NP	Oncology Nurse Practitioner
Melissa Morgan, RN, BSN	Coordinator Outpatient Infusion
Linda Carte, RN, MSN, AOCN	VP Oncology Services & Post-Acute Care; Quality Improvement Coordinator; Palliative/Supportive Care Coordinator
Nancy Dye, RN, BSN	Oncology Program Coordinator; Clinical Research Coordinator
Tina Harding, RN, BSN	Nurse Manager, Inpatient Oncology; Community Outreach Coordinator
Mark Povroznik, Pharm D	VP Quality, Case Management
Tracy Potesta, MSW, COM	Oncology Social Worker
Amber Shearer, RN, OCN	Clinical Navigator
Gretchen Hennigan, RN	Clinical Navigator
Peggy Johnson, RN, BSN	Clinical Navigator - Breast Health
Becky Kozul, RT	Supervisor, Radiation Oncology
Lorry Richards, RHIT, CTR	Cancer Registrar Cancer Registry Quality Coordinator
Gary Ammons, MS, LPC, CRC Behavioral Health Therapist	Behavior Health; Psychological Services Coordinator

Invited Guests

Lisa Ashcraft-Carr, RD	Dietician
James Israel, MS, DABR	Chief Medical Physicist/Radiation Safety Officer
Adam Hansen, MD	Thoracic Surgeon
Lea Hauer, RN	Hospice Manager
Mary Lough	ACS Hospital Systems Account Representative
James Morley, M. Div.	Chaplain/Ethics
John Pulice, PT	Director, United Rehab
Todd Rohrbough, RPH	Pharmacy
Donna Riddle, RN	Radiation Oncology Nurse
John Fernandez	VP of Operations
Salman Osman, MD	Medical Oncology



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 2016 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 >= 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%	100%
Image or palpitation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer (quality improvement).	nBx	80%	97%
At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer (quality improvement).	12RLN	85%	100%
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).	RECRCT	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%	90%
At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer (quality improvement).	G15LRN	80%	0% (There was 1 patient eligible for this measure which was non-cordinant)

**2016:
Summary of
Performance
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- Clinical goals during 2016 included developing and implementing a lung cancer support group to address both the education and support needs of this population. Attendance was minimal and feedback from those who would have been participants included experience of fatigue and time constraints with provider appointments and cancer care. After a complete analysis and in consideration of patient/family input, a new goal for 2017 will be to establish a teleconference type support group to meet the expressed needs of this patient population. An additional clinical goal for 2016 was to raise direct navigation services from 95 percent of all patients to 100 percent which was achieved this year. All patients with cancer now have a registered nurse, who is the clinical navigator for all cancer types, so all patients are navigated through the course of diagnosis and care.
- Programmatic goals during 2016 included the addition of a multidisciplinary Head and Neck cancer clinic, which would incorporate speech therapy services during the treatment period to improve quality of swallowing, eating, and overall life during and after cancer treatment. This addition was positively received by patients and families through verbal and written evaluation of this service. An additional programmatic goal was to raise clinical trial awareness and participation. Information on clinical trials is made available in many forms and avenues. During 2016 a collaborative effort was developed between United Hospital Center and West Virginia Research Corporation at West Virginia University to establish a clinical trial associate to assist with clinical trial information to the physicians and patients. During 2016 we welcomed a new team member to enhance our cancer clinical trial availability for United Hospital Center. Clinical trial awareness and participation has increased.
- Cancer Program Practice Profile Reports is a requirement of our UHC cancer center accreditation through The American College of Surgeons Commission on Cancer. These benchmarked clinical outcomes look at specific cancers as breast, colon, cervix, lung, and others and compare our cancer performance in providing appropriate nationally recognized specific care. There were no areas that needed improvement as performance was as expected or exceeded nationally accepted performance in the areas examined.
- Several Studies of Quality were performed. One was examining caregiver burden and additionally a study on documentation completeness of the 12 components of the Institute of Medicine Care Management plan. Caregiver burden was identified as a national issue for family and loved ones of those diagnosed with cancer. Providers and other cancer care team members identified the need to do a study of quality based on their experiences with patient families and seeing the ripple effect of caregiver burden. We discussed in a multidisciplinary group on all aspects from how it is assessed, what resources are available to reduce or eliminate, why burden develops, and national research on the topic. Several areas were identified as gaps that could be addressed to lessen or eliminate caregiver burden, including but not limited to use of a standard assessment tool with caregivers in conjunction with patient navigation activities, education to all levels of staff on signs and symptoms of caregiver burden, and providing more resources to caregivers. The study of quality on documentation of the components of the Institute of Medicine, also a multidisciplinary review, identified gaps of placement of documentation, a need for a dot phrase to trigger the documentation by providers, and education of all level of cancer team members on the value of this information. This study of quality was done to evaluate the process to better communicate key information pieces to all members of the patient care team.

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- Many quality improvements were completed during this twelve months, including but not limited to reducing barriers of care for patients with cancer including financial, transportation, and some patient specific factors. Additionally use of shave biopsy with Melanoma diagnosis was also evaluated in the care of patients during the diagnosis process. Shave biopsy is not the recommended approach by national guidelines for the diagnosis of Melanoma. Those healthcare providers involved in the diagnosis of Melanoma in our region were provided additional information in consideration of care for those with suspected Melanoma.
- Community programs and outreach remains a cornerstone of our Prevention and Early Detection cancer mission. Many programs were provided in 2016. A summary of programs is provided in this report for your review. UHC Cancer Center continues with efforts to assist the community in tobacco cessation efforts, including this year a couples cessation program with national literature suggesting that couples that support one another have shown some success with tobacco cessation. Additionally, the initial Low Dose CT for Lung Cancer Screening was provided at no cost to the community. For additional details on the participation in this event, please note in the community program report.

Additional quality improvements include but are not limited to:

- Enhancement of program *Let's talk to Kids about Cancer*
- Process for psychosocial distress referrals for cancer patients and families re-education
- Renovation of the outpatient cancer center
- Implementation of the CMS Oncology Care Model
- Successful survivorship programs including Celebration of Life cancer survivors celebration
- Enhanced topics to *It's All About You* cancer survivorship fair
- Patient satisfaction discussions and implementation of patient/family suggestions for more comfort and greater communication while here for treatments
- Supportive care education efforts to staff and patients for multidisciplinary consults
- End-of-life care education and resources for decision making, including hospice service availability, and communication efforts for the community including *Being Mortal* event at UHC and St. Joseph's hospital in Buckhannon
- Home Health/Hospice bridge program for patients and families who are not ready for hospice philosophy but want more information
- Focus on Advance directive education to the community
- Increase in community activities on Prevention and Early Detection of cancers and resources after the diagnosis
- Quarterly tobacco cessation offerings and one-on-one for those with Lung Cancer diagnosis
- Reduction in infusion center wait times for cancer related treatments
- Cancer focused discharge planning process
- Improved access to cancer related DME needs as lymphedema sleeves, bras, and clothing (including compression garments when appropriate)
- Program wide focus on identifying and meeting the needs of the patients and families of the UHC Cancer Center



Review of 2016 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
 - 29 participants average per meeting with outcomes of support and better understanding of the various aspects of breast cancer. Participants are positive in their comments about the benefits of the group.
- Last Thursday of each month: *Caregiver Support Group*: Supportive group providing information to help patients and families cope with side effects.
 - 6 participants average per meeting with outcomes of support and better understanding of their cancer disease progress. Participants are positive in their comments about stress reduction.
- First Tuesday of each month: *Lung Cancer Support Group*: Supportive group for patients, families, friends and caregivers to learn about treatments, share experiences and learn information from monthly speakers.
 - 0 participants average per meeting. Consideration of teleconference support group for 2017.
- 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
 - Total attendance for 2016 — 10
 - Attendance is 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, no cost series for tobacco cessation
 - Total sessions for 2016— 4
 - Total attendance for 2016 — 15
 - All successful in program. Rate in short term was 100 percent success
 - Positive feedback was given by those who attended sessions.
- *Men’s Cancer Awareness and Screening Day*: March 18, 2016, Family Medicine Department-UHC, 1-3 p.m.
 - Total participants in 2016 - 36
 - Elevated PSA - 1
 - Nodules — 1
 - BPH — 5
 - Cysts — 2
 - Inguinal Hernia — 1
 - Fit Test - Negative (All returned)
 - All screening participants were given a copy of their exam on the 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 for follow up if needed regarding abnormal findings.
 - FIT tests are sent home with all patients and they are encouraged to mail back within one month period for processing.

Review of 2016 Screening and Prevention Activities and Other Community Programs Continued

- Educational material offerings included diet and activity.
 - NCCN Clinical Practice Guidelines followed.
 - Prostate Cancer Early Detection guidelines followed.
 - Colorectal Cancer Screening guidelines followed.
- *Skin Cancer Screening:* May 20, 2016, Radiation Oncology Department-UHC, 1-3 p.m.
 - Total participants in 2016 - 66
 - Referrals from general F/U - 5
 - Referral from biopsy - 14
 - Screening included a full body skin cancer assessment and instructions on how to perform self-examinations,
 - All screening participants were given a copy of their exam on the day of screening.
 - Educational materials on prevention, early detection, safe fun in the sun and proper sunscreen use were 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:* October 27, 2016, UHC Cancer Center, 5:30-6:30 p.m.
 - Total participants in 2016— 2 children and 2 parents
 - 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 the Harrison County School system, posted in the 2015 and 2016 program schedule, and flyer placed in the Cancer Center waiting room.
 - Children and parents voice better understanding of cancer treatment and the importance of keeping lines of communication open at home so all fears and questions are discussed.
 - *Women's Cancer Screening:* October 21, 2016, Family Medicine Department-UHC, 1-4 p.m.
 - Total participants in 2016 - 51
 - Referral for F/U abnormal HPV - 2
 - Referral for abnormal FIT test - 1
 - Referral for abnormal vaginal bleeding - 1
 - Referral for abnormal mammogram - 2
 - > 1 patient F/U ultrasound was normal
 - > 1 patient in current treatment for breast cancer findings
 - Screening included a mammogram to be scheduled/completed at a later date, manual breast exam, Pap test, rectal exam and take home FIT test.
 - Average participant age was 56 with the age range from 31 to 89 years old.
 - Participants noted the awareness of nutrition, exercise and screening increased from educational materials offered at screening.
 - 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.
 - 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, and/or colorectal cancer lifestyle and screening behaviors with

Review of 2016 Screening and Prevention Activities and Other Community Programs Continued

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.
- *Low Dose Lung CT Screening for Lung Cancer:* November 12, 2016, UHC Cancer Center/Diagnostics, 8 a.m.-4 p.m.
 - Total participants in 2016 - 18
 - Patients were screened by their health care provider for high risk criteria such as: current or former smoking history of 1pk/pd for 30 years, or 2pk/pd for 15 years, aged 55-74 years and no known history of lung cancer. If criteria were met, an appointment was given for a low dose lung CT screening. Consent was signed by patient prior to procedure acknowledging potential risk of false positive and false negative results as well as possible need for further testing based on their individual results. Results were sent to the ordering provider and a follow up was provided with a referral to a specialist, if indicated. All patients who received screening were provided educational material, an on-line resources regarding smoking cessation, and lung cancer prevention.
 - This screening was advertised to the community through mail outs and physician screening of high risk patients.
 - This screening was provided at no cost to patients.
 - 5 abnormal results (no malignancy)
 - > Thyroid nodule: Worked up/benign
 - > Pulmonary nodule: Biopsy done and negative for malignancy
 - > Nodular changes: Diagnosis of interstitial lung disease
 - > Renal cyst: Follow up with urologist
 - > Single nodule: Follow up with Thoracic Surgery
 - Comments of patients were positive regarding smoking cessation and lung cancer prevention.
- *It's All About You:* November 8 and 9, 2016-UHC Cancer Center Main Entrance, 10:30 a.m.-12:30 p.m.
 - Total participants in 2016 - Varied by day, open to public
 - Multi-disciplinary staff members from the Cancer Center, Dietary, Pharmacy, Chaplaincy, Behavioral Health, Rehabilitation, and the American Society provided this at no cost, educational workshop. This event provided cancer survivors and their family members education on nutrition, oncology rehabilitative services available, medication, pain control genetic testing, clinical trials, cancer prevention/early detection, smoking cessation, Tai Chi classes, radiation/chemotherapy services, support and stress reduction, and other resources available at UHC.
 - Participants were also offered nutritious food samples and recipe cards as well as a Livestrong Survivorship Guide Book at no cost.
 - This event was advertised in the 2016 program schedule and was advertised to the community through local newspaper, internet, and media.
 - Comments of participants were positive for learning how to eat better, maintaining physical strength during treatments, learning of community resources, and a better understanding of the medicines being used in their cancer care.

Review of 2016 Screening and Prevention Activities and Other Community Programs Continued

- *Celebration of Life*: November 6, 2016, Bridgeport Conference Center, 12:30 p.m.
 - Total participants in 2016 - 156
 - Sharon Randall, a nationally syndicated columnist and speaker, was provided for entertainment.
 - This annual event is for celebrating cancer survivors in the community and those currently living with cancer and their loved ones who support and care for them. Those attending are able to enjoy a meal and entertainment together, as well as their personal stories that encourage one another.
- *Community Health Fairs*: WV DHHR, Healthy Harrison Community Health Fair, WV Black Heritage Festival, St. Joseph's Hospital, Harrison Power Station, Doddridge County, Harrison County School, Senior Center, and MVB
 - Total Participants: Varies based on event's attendance.
 - Information provided included general wellness and nutrition, screening guidelines, prevention and early detection for all cancers including smoking cessation, teaching of self-breast examination, sharing of the Cancer Center Resource directory and Program Schedule and flyers announcing any upcoming UHC sponsored events.
 - Participants reported greater understanding of community resources and increased knowledge from these events. No formal surveys utilized at these events.
- 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
 - Understanding the Journey Through Cancer with Us: Educational DVD — www.thenewuhc.com/oncology/dvd
 - Ongoing availability of nutrition information; access to dieticians
 - Cancer genetic testing available on request/physician order
 - Outreach newsletters: Voyager and House Call
 - We Hear You newsletter available to the community, patients, and visitors of the Cecil B. and Barbara B. Highland Cancer Center at UHC providing new information and opportunities
 - Cancer clinical trial information and enrollment opportunities

2016 Site Distribution

<i>Site</i>	<i>Number of Cases</i>
Base of Tongue.....	8
Other Tongue.....	3
Gum.....	1
Floor of Mouth.....	1
Other Mouth.....	1
Parotid Gland.....	1
Tonsil.....	8
Oropharynx.....	2
Pyriiform Sinus.....	2
Esophagus.....	11
Stomach.....	13
Small Intestine.....	4
Colon.....	49
Rectosigmoid Junction.....	4
Rectum.....	14
Anus and Anal Canal.....	4
Liver and Intrahepatic Bile Duct.....	2
Gallbladder.....	1
Other Parts of Biliary Tract.....	5
Pancreas.....	26
Nasal Cavity and Middle Ear.....	2
Larynx.....	14
Bronchus and Lung.....	181
Heart, Mediastinum and Pleura.....	2
Bones and Cartilage of Other.....	1
Hematopoietic and Reticuloendo System.....	69
Skin.....	36
Connective and Other Soft Tissues.....	2
Breast.....	137
Vulva.....	2
Cervix Uteri.....	8
Corpus Uteri.....	25
Uterus, NOS.....	1
Ovary.....	4
Prostate Gland.....	130
Testis.....	6
Kidney.....	31
Renal Pelvis.....	4
Ureter.....	3
Bladder.....	40
Meninges.....	30
Brain.....	8
Spinal Cord and Other CNS.....	1
Thyroid Gland.....	16
Other Endocrine Glands.....	5
Lymph Nodes.....	35
Unknown Primary Site.....	16
Total.....	969



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