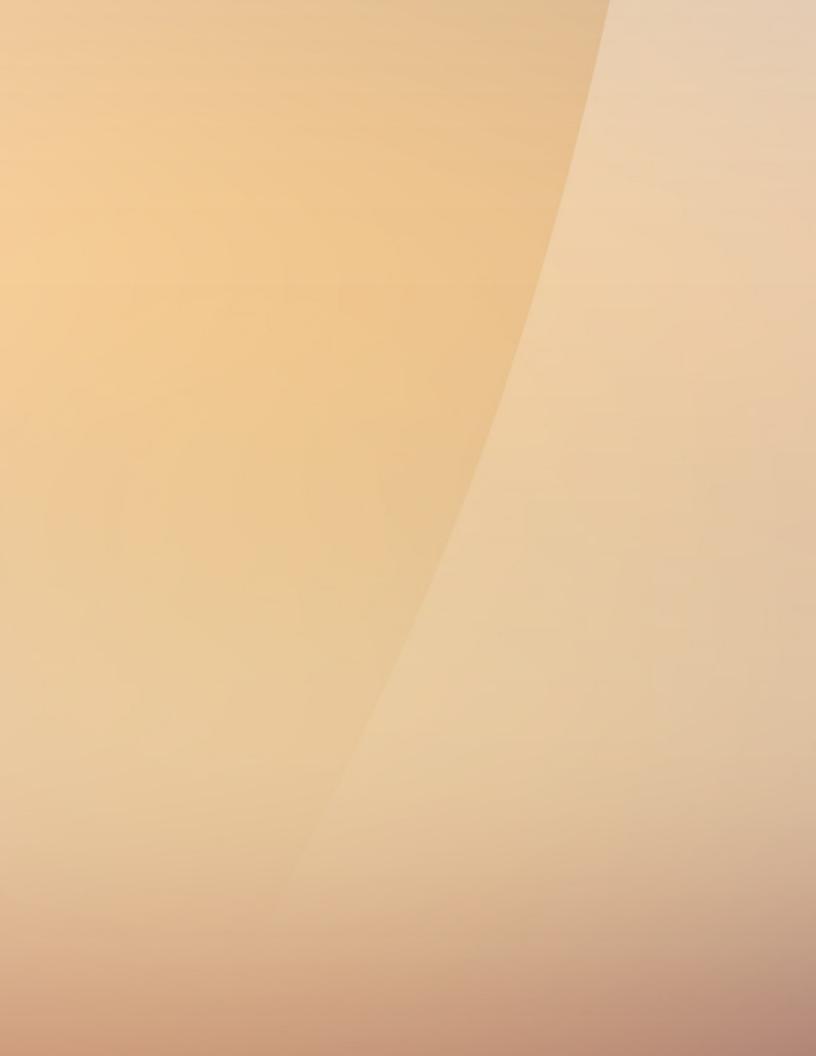


WVUMedicine

UNITED HOSPITAL CENTER #=

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



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2017 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. 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 currently has three full time oncologists: Salman Osman, M.D., Paul Brager, M.D., and the newest addition to our team, Shamsher Ali, M.D. A nurse practitioner, Melisa Bedilion, also supports patient care. UHC follows guidelines for best care utilized by accredited cancer centers of which UHC has been one since the 1980s, ensuring our patients never have to leave the state to received nationally recognized treatment.

UHC has also partnered with West Virginia University under the banner of "WVU Medicine," enabling us to expand our access to clinical trials. We are now able to provide the latest clinical trials through the West Virginia Clinical Trials Network (WVCTN).

The addition of physician-specific navigators reduces barriers to care and services and improves communication and coordination of care and services. The streamlined process provides assistance to all our patients, ensuring that the highest quality of care can be provided in this otherwise difficult journey. This eliminates barriers in communication between the patient and the respective physicians at all times.

To ensure excellence and convenience to our patients, we continue to provide care to outreach clinics at Weston and Buckhannon. Additional outreach clinics are planned in the near future.

Education remains a cornerstone in UHC Oncology. We continue weekly cancer conferences known as Tumor Board, which involves medical and radiation oncology, surgery, pathology, and radiology where complicated cancer management is reviewed. Expert clinical seminars are frequently scheduled for our staff. The development of the patient family advisory council, developed in 2017, gives patients and families a constant and clear voice in what care and services are available and ensuring patient satisfaction is always the foundation of our mission.

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



Salman S. Osman, MD Director



Cancer Center Committee Members

Physician Members Specialty

Paul Brager, MD Medical Oncology/Hematology/Cancer Conference

Coordinator

Gerald Wedemeyer, MD Pathology

Yemi Akin-Olugbade, MD Urology

Thomas Koay, MD Diagnostic Radiology

Shamsher Ali, MD Medical Oncology/Hematology

Ronald Luethke, MD Plastic Surgery/Cancer Liaison Physician

Michael Stewart, MD Radiation Oncology

Salman Osman, MD Medical Oncology/Hematology

Non-Physician Members

Jeff Majewski, MSW, LGSW Behavioral Health/Psychosocial Services Coordinator

Melissa Morgan, RN, BSN Outpatient Infusion Coordinator

Linda Carte, RN, MSN, AOCN VP Cancer Services and Post-Acute Care/Quaity

Improvement Coordinator

Amber Shearer, RN, OCN Clinical Navigator

Gretchen Hennigan, RN, BSN Clinical Navigator

Peggy Johnson, RN, BSN Clinical Navigator

Becky Kozul, RT Supervisor Radiation Oncology

Mark Povroznik, PHD VP Quality

Tracy Potesta, MSW Social Worker Oncology

Lorry Richards, RHIT, CTR Cancer Registrar/Cancer Registry Quality Coordinator

Maggie Lowther, RN, BSN Oncology Program Coordinator/Community Outreach

Coordinator

Melisa Bedillion, MSN, FNP-BC, OCN Nurse Practitioner Oncology/Clinical Research

Coordinator

Invited Guests

Lisa Ashcraft-Carr, RD Dietician Oncology

John Fernandez, VP VP Operations

James Israel, MS, DABR Chief Medical Physicist/Radiation Safety Officer

Mary Lough ACS Hospital Systems Account Representative

James Morley, MDV Chaplain/Ethics

John Pulice, PT Rehabilitation

Jessica Scroggs, RN, BSN Radiation Oncology Nurse

Todd Rohrbough, RPH Pharmacy

Lea Hauser, RN Nurse Manager Hospice

Adam Hansen, MD Thoracic Surgery

Marc Costa, MD General Surgery



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 2017 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 2017
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%	93%
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).	НТ	90%	96%
Image or palpitation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer (quality improvement).	nBx	80%	98.7%
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).	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%	91%
At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer (quality improvement).	G15LRN	80%	100%

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

■ Clinical goals during 2017 included:

Development of an on-line teleconference support group for lung cancer and head and neck cancers. Due to low attendance in previous in-person support groups, the on-line approach was offered to offset those who may want support, but fatigue or transportation issues were barriers. Attendance remained low but patients offered that the support of medical and radiation oncologists, navigators, and cancer center team members, along with family and friends, offered the support needed during diagnosis and treatment.

Development of a lung cancer survivorship clinic for stage 1, 2 and 3 lung cancers. First offering was October 26, 2017 and continued to be scheduled monthly. Patients were scheduled for a multidisciplinary clinic that involved a consent process. During the clinic, the patient, and family as appropriate, were seen by a social worker, dietician, navigator, behavioral health professional, nurse practitioner, and rehab specialist. A care plan was developed with the patients' individual needs and resources outlined to improve quality of life after lung cancer diagnosis and treatment.

Programmatic goals during 2017 included:

Defining and implement a process to communicate individualized cost of care to oncology patients including out of pocket expense. Providing individualized cost of care is complicated based on a variety of insurance types. Financial counseling resources are available but underutilized. A small focus group of patients/families revealed that cost of care is not an immediate priority for those diagnosed with cancer. These efforts focused on tools for those desire detailed cancer care cost. Patients are given information that connects them to a financial counselor and on line resources for cost of care and out of pocket expense calculation. Navigators review this during education sessions.

Development of a certified lung cancer screening program. During 2017 a certified lung cancer screening program was implemented. This included certification of the CT scanners and registration with the American College of Radiology Lung Cancer registry. This was done to remove the financial barrier for Medicare patients in need of screening and meeting screening guidelines.

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: breast, colon, cervix, lung, and other cancers and compare our cancer performance in providing appropriate nationally recognized specific care. There were no areas that needed improvement as performance met or exceeded nationally accepted performance in the areas examined.

Several Studies of Quality were performed. Patient satisfaction for those diagnosed with cancer and their family quality study was performed. During 2017 patient satisfaction was variable as evidenced by patient survey, patient and family feedback, and staff reports. For more than nine months the study of quality was conducted in an effort to understand patient satisfiers and dissatisfiers. Development of a Patient Family Advisory Council was part of the assessment process. The following was analyzed including, but not limited to patient preferences, research on clinical excellence, convenience factors, age of patients, newly diagnosed patient services, physician variation, staff, training, existing amenities, quality outcomes, customer services, wait times, and the role of communication in patient satisfaction. There was much to be con-

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

sidered and an action plan developed to remove dissatifiers. As areas were addressed patient satisfaction improved and results stabilized.

Oncology Care Model data reports revealed while oncology percentage of any hospice care is very high, days of hospice care within 90 days before death is lower than other practices in the oncology care model peer group. A quality study examining timeliness of hospice referrals was completed. Barriers were identified included denial of stage of disease by the patient or family, concern over cost of services, lack of communication/understanding of patient/ family prognosis, some limitation in hospice providers in rural areas, and while a small percentage religious or cultural belief conflicts. Understanding issues involved in starting hospice more timely resulted in a plan to address concerns that has been embraced by patients and families.

- Community programs and outreach remains a cornerstone of our Prevention and Early Detection cancer mission. Many programs were provided in 2017.
- During 2017 quality improvements included, but were not limited to, standardization of location of IOM documentation for team communication and coordination of care, improved documentation in operative reports of melanoma margins, greater coordination of identifying caregiver burden by implementing assessment tools, and resources as appropriate.

Additional quality improvements include but are not limited to:

- Improved communications for increasing attendance for Let's talk to Kids about Cancer
- Education for all levels of staff on behavioral health resources
- Increase in clinical trial resources for providers, staff, and patients
- Community outreach programs for rural communities
- Enhanced survivorship programming
- Development of a Patient/Family Advisory Council
- Supportive care referral access
- Increase in Oncology Nursing Certification success
- Cancer center staff participated in many community activities
- Increased access to specialized DME for oncology population
- Increase in distribution of Survivorship Care Plans
- Communications through media sources on cancer related topics at least monthly



Review of 2017 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.
 - 35 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
- 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 via teleconference with the Lung Cancer Nurse Navigator
 - · Attendance minimal
- Last Thursday of each month: *Head and Neck Cancer Support Group*: Supportive group for patients, families, friends and caregivers to learn about treatments, share experiences and learn information via teleconference with the Head and Neck Cancer Nurse Navigator
 - · Attendance minimal
- 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 2017 − 6
 - Total attendance for 2017 22
 - 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 2017 − 2
 - Total attendance for 2017 − 2
 - All successful in program. Rate in short term was 100 percent success
 - Positive feedback was given by those who attended sessions
 - 1:1 counseling provided by all Navigators, WV Quit Line, and Highmark Blues on Call Health. Coach provided for smoking cessation, along with UHC provided a 30-day post counseling follow up regarding all smoking cessation intervention
- Men's Cancer Awareness and Screening Day: May 16, 2017, Family Medicine Department-UHC, 10 a.m. to 2 p.m.
 - · Total participants in 2017 27 men
 - Elevated PSA 1
 - Enlarged prostate 7
 - · Abnormal testicular exam 1
 - Fit Test 1 positive
 - All screening participants were given a copy of their exam on the day of screening
 - The PSA results were sent to the physician indicated on the screening form. Participants were advised to contact the physician (name, address and phone number is provided) to receive their PSA results. If the participants were not followed by a personal physician, results were sent to UHC Family Medicine. Participants were advised to contact Family Medicine at UHC for PSA results and were encouraged to schedule an appointment for follow up if needed regarding abnormal findings
 - FIT tests sent home with all patients with encouragement to mail back within one month time period for processing

Review of 2017 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 19, 2017, Radiation Oncology Department-UHC, 1-3 p.m.
 - · Total participants in 2017 71 men and women
 - Referrals from general follow up 12
 - Referral from biopsy 7
 - 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
- Doddridge County Women's Cancer Screening: June 6, 2017, Doddridge County Health Department
 - Event cancelled due to no community participation
 - The screening was advertised in the Doddridge County Independent, the Herald Record, and the Doddridge County Xtra
- Doddridge County Oral, Neck, and Head Cancer Screening: September 12, 2017, Doddridge County Health Department
 - Event cancelled due to no community participation
 - The screening was advertised in the Doddridge Independent, the Herald Record, and the Doddridge Xtra. Flyer advertisements were provided to the Doddridge County Library, the Doddridge County Senior Center, Travis Physical Therapy, Ritchie Regional Health Center, Doddridge Family Medicine, and Doddridge County Health Department. The screening was also shared on the Doddridge County Health Department Facebook page
- Doddridge County Skin Screening: September 22, 2017, Doddridge County Health Department, 10 a.m. to 12 p.m.
 - · Total participants in 2017 11 men and women
 - · Referral for general follow up 2
 - Referral for biopsy 1
 - 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 17, 2017, UHC Cancer Center, 5:30-6:30 p.m.
 - Total participants in 2017— 2 children, 2 parents, and 2 grandparents
 - 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

Review of 2017 Screening and Prevention Activities and Other Community Programs Continued

- School system, posted in the 2016 and 2017 program schedule, and flyer placed in the Cancer Center waiting room
- Children and parents voiced 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 18, 2017, Family Medicine Department-UHC, 9 a.m.-12 p.m.
 - Total participants in 2017 21
 - · Referral for follow up abnormal PAP 0
 - · Referral for abnormal FIT test 0
 - · Referral for abnormal vaginal bleeding 0
 - Referral for abnormal mammogram 5
 - > 4 patient follow up ultrasound was normal
 - > 1 patient follow up US guided biopsy. No findings of cancer but follow up every 6 months with mammograms
 - Screening included a mammogram to be scheduled/completed at a later date, manual breast exam, Pap test, and take home FIT test
 - Participants noted the awareness of nutrition, exercise and screening increased from educational materials offered at screening
 - All screening participants were given a copy of their exam on day of screening. Mammograms were done at a later date and results provided to the identified physician
 - 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 responses either, currently participating in correct behaviors or will change as a result of education provided
 - · Appropriate care and follow up was done with the findings of this screening
- Low Dose Lung CT Screening for Lung Cancer: November 11, 2017, UHC Cancer Center/Diagnostics, 8 a.m.-4 p.m.
 - Total participants in 2017 20
 - 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, 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
 - 3 abnormal results (2 with repeat lung CT in 6 months, 1 with thoracic surgery referral)
 - Comments of patients were positive regarding smoking cessation and lung cancer prevention

Review of 2017 Screening and Prevention Activities and Other Community Programs Continued

- It's All About You: October 9 and 10, 2017 UHC Cancer Center Main Entrance, 10:30 a.m.-12:30 p.m.
 - Total participants in 2017 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 2017 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
- Celebration of Life: November 5, 2017, Bridgeport Conference Center, 12:30 p.m.
 - Total participants in 2017 111
 - Speakers included Linda Carte and Dr. Debra Pratt of Cleveland Clinic.
 Entertainment provided by the Morgantown Community Orchestra
 - 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 also available on the UHC website
- · Cancer clinical trial information and enrollment opportunities

2017 Site Distribution

	Number of Cases
Lip	1
Base of Tongue	7
Other Tongue	
Gum	
Floor of Mouth	
Palate	
Other Mouth	1
Parotid Gland	
Other Major Salivary Glands	
Tonsil	
Oropharynx	
Nasopharynx	
Pyriform Sinus	
Esophagus	
Stomach	
Small Intestine	
Colon	
Rectosigmoid Junction	
Rectum	
Anus and Anal Canal	
Liver and Intrahepatic Bile Duct	
Gallbladder	
Other Parts of Biliary Tract	
Pancreas	
Nasal Cavity and Middle Ear	
Accessory Sinuses	
Larynx	
Bronchus and Lung	
Thymus	
Heart, Mediastinum and Pleura	
Bones and Cartilage of Other	
Hematopoietic and Reticuloendo SystemSkin	
Retroperitoneum and Peritoneum Connective and Other Soft Tissues	
Breast	
Vulva Vagina	
Cervix Uteri	
Corpus Uteri	
Ovary	
Penis	
Prostate Gland	
Testis	
Kidney	
Renal Pelvis	
Ureter	
Bladder	
Other Urinary Organs	
Meninges	
Brain	
Thyroid Gland	
Other Endocrine Glands	
Lymph Nodes	
Unknown Primary Site	
Total	1 050



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