



# Marion General Hospital's 2016 Annual Cancer Report



You have **Cancer.**  
We have **HOPE.**

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# Meet Our Cancer Care Team





# 2016 Cancer Committee Members



**Edmond Bendaly, MD**  
Medical Oncologist,  
Palliative Care,  
Cancer Committee  
Chairperson, ACoS Liaison



**Rath Mahendran, MD**  
Medical Oncologist,  
Hematologist,  
Medical Oncology  
Medical Director



**Fred Francis, MD**  
Radiation Oncologist



**Dean Ricks, MD**  
Pathologist,  
Quality of Cancer  
Registry Data  
Coordinator



**John Dean, MD**  
Diagnostic Radiologist



**Edward Keppler, MD**  
Surgeon



**Marilyn Percy,**  
RN, OCN, MSM,  
Administrative  
Director Medical  
Oncology, Quality  
Improvement Coordinator,  
Cancer Navigator



**Lorrie Walker, CTR**  
Cancer Registrar,  
Cancer Conference  
Coordinator

Working to Improve  
Quality of Cancer Care

# 2016 Cancer Committee Members

Edmond Bendaly, MD  
Medical Oncology & Hematology, Cancer Liaison,  
Committee Chairperson, Palliative Care

Rathi Mahendran, MD,  
Medical Oncology & Hematology,  
Medical Oncology Medical Director

Fred Francis, MD  
Radiation Oncology

Edward Keppler, MD  
Surgery

Dean Ricks, MD  
Pathology

John Dean, MD  
Diagnostic Radiology

Steve Mughmaw, BS, ERT, (R), (T), CMD  
Executive Director Progressive Cancer Care

Lorrie Walker, CTR  
Cancer Registrar & Cancer Conference Coordinator

Kelley Hochstetler, CIS, MT  
Community Outreach Coordinator

Lani Sterns, RN, OCN  
Research Coordinator

Angela Mounsey, BSN, RN, CCM, CPHQ  
Psychosocial Coordinator

Natolie Correll-Lowe, RN, MSN, RRT  
Quality Improvement

Tonya Bedwell, PTA, BS, MBA  
Acute Rehabilitation

Alainna Peconge, RT(R)  
Breast Imaging Navigator

Jody Gillespie, BS, RT(R)(M), CN-BI  
Certified Breast Imaging Navigator

Marilyn Pearcy, RN, OCN, MSM,  
Administrative Director Medical Oncology,  
ACoS Quality Improvement Coordinator  
and Cancer Navigator

Carolyn Smith, RN, MSN, CNS, CWOCN  
Wound & Ostomy

Connie Woods, RSMTW (ASCP)  
Laboratory

Jane Merchant, RN  
Nursing Administration

Patty Gilson, RPh  
Pharmacy

Heather Downing, RN BSN, OCN  
Nurse Manager, Medical Oncology

Victoria Zielinski, MS, RD  
Nutritional Services

Chuck de las Alas, PT  
Physical Medicine & Rehabilitation

Lois Watkins, Mdiv, Ordained Minister  
Pastoral Care

Rachel Bazzell, BS, Health Systems Manager, Hospitals  
American Cancer Society

Chanel Harshaw, RN, BSN  
Family Life Care Hospice

Sherry Harris  
Heart to Heart Hospice

Bill Sparks  
Gilead Ministries

Jennifer Lane-Reifler, MCHES  
Executive Director Cancer Services of Grant County

*Thank you for your dedication and  
services to our patients and community!* 



# Outstanding Achievement Award

ACCREDITED BY  
THE AMERICAN COLLEGE OF  
SURGEONS COMMISSION ON CANCER:  
*Outstanding Achievement Award*



I am very proud to announce that the Commission on Cancer (CoC) of the American College of Surgeons (ACoS) has once again granted Three-Year Accreditation with 8 out of 8 Commendations to the cancer program at Marion General Hospital in 2016. We must meet or exceed 34 CoC quality care standards, be evaluated every three years through a survey process, and maintain levels of excellence in the delivery of comprehensive patient-centered care. Three-Year Accreditation with Commendation is only awarded to a facility that exceeds standard requirements at the time of the survey.

The Outstanding Achievement Award recognizes our dedication and efforts in the areas of quality patient care, community outreach and research.



# Outstanding Achievement Award

Because it is CoC-accredited, our cancer center takes a multidisciplinary approach to treating cancer as a complex group of diseases that requires consultation among surgeons, medical and radiation oncologists, diagnostic radiologists, pathologists, and other cancer specialists. This multidisciplinary partnership results in improved patient care. Radiation Oncology offers stereotactic body radiation therapy (SBRT) in Marion in order to keep treatment in Marion and keep care local.

The CoC Accreditation Program provides the framework to improve quality of patient care through various cancer-related programs that focus on the full spectrum of cancer care including prevention, early diagnosis, cancer staging, optimal treatment, rehabilitation, life-long follow-up for recurrent disease, and end-of-life care. When patients receive care at a CoC facility, they also have access to information on clinical trials, new treatments, and patient centered services, to improve cancer survivors' quality of life.

Like all CoC-accredited facilities, we maintain a cancer registry, which contributes data to the National Cancer Data Base (NCDB), a joint program of the CoC and American Cancer Society (ACS). This nationwide oncology outcomes database is the largest clinical disease registry in the world. This is used to create national, regional, and state benchmark reports. These reports help CoC facilities with their quality improvement efforts.

There are currently more than 1,500 CoC-accredited cancer programs in the U.S., representing 30 percent of all hospitals. CoC-accredited facilities diagnose and/or treat more than 70 percent of all newly diagnosed cancer patients. When cancer patients choose to seek care locally at a CoC-accredited cancer center, they are gaining access to comprehensive, state-of-the-art cancer care close to home.



*Marilyn Percy, RN, OCN, MSM*

Administrative Director, Medical Oncology & Cancer Navigator





# FOCUS STUDY:

## Breast Cancer Quality Study (Standard 4.6)

2016 Annual Cancer Report



### PLAN

*Define the objectives, questions and predictions. Plan to answer the questions (Who? What? Where? When?) - plan data collection to answer the questions.*

In order to insure treatment guidelines, review 2015 analytic breast cancer charts to evaluate if we are following National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines by chart review and reference NCCN Guidelines online by Dr. Bendaly by the end of 2016.

### DO

*Carry out the plan - collect the data – begin analysis of the data.*

Charts were reviewed for documentation of the NCCN guidelines.

### STUDY

*Complete the analysis of the data – compare data to predictions – summarize what was learned.*

From January to December of 2015, the medical records of the 66 patients who were diagnosed with breast cancer at Marion General Hospital were retrospectively analyzed through chart review. Stage breakdown was as follows: 10.6 % stage 0, 50.0 % stage I, 22.7 % Stage II, 10.6%, Stage III, and 6.1% Stage IV. Of the 66 patients, 10 (15.1%) were not seen in consultation at the cancer center. Of those, 10 patients (100%) were treated elsewhere. NCCN guidelines were discussed with all 56 patients seen in consultation at the cancer center. Fifty two patients (92.8%) were treated according to the NCCN guidelines. Three patients (5.4%) deferred therapy. One patient (1.78%) was lost to follow up.



# FOCUS STUDY: 2016 Annual Cancer Report Breast Cancer Quality Study (Standard 4.6)

**CANCER REGISTRY DATA UTILIZED IN OUTCOME STUDY?** Yes

**NATIONAL BENCHMARK COMPARED TO DATA RESULTS:** National Cancer Database (NCDB)

**STUDY ANALYSIS COMPLETED BY:** Dr. Bendaly, 11-9-16



## We Have Hope.

# FOCUS STUDY:

## 2016 Annual Cancer Report

### Cancer Pain Quality Study (Standard 4.7, 4.8)

#### PLAN

*Define the objectives, questions and predictions. Plan to answer the questions (Who? What? Where? When?) - plan data collection to answer the questions.*

Is cancer-related pain assessed and addressed when patients are referred to the cancer center according to national benchmarks?

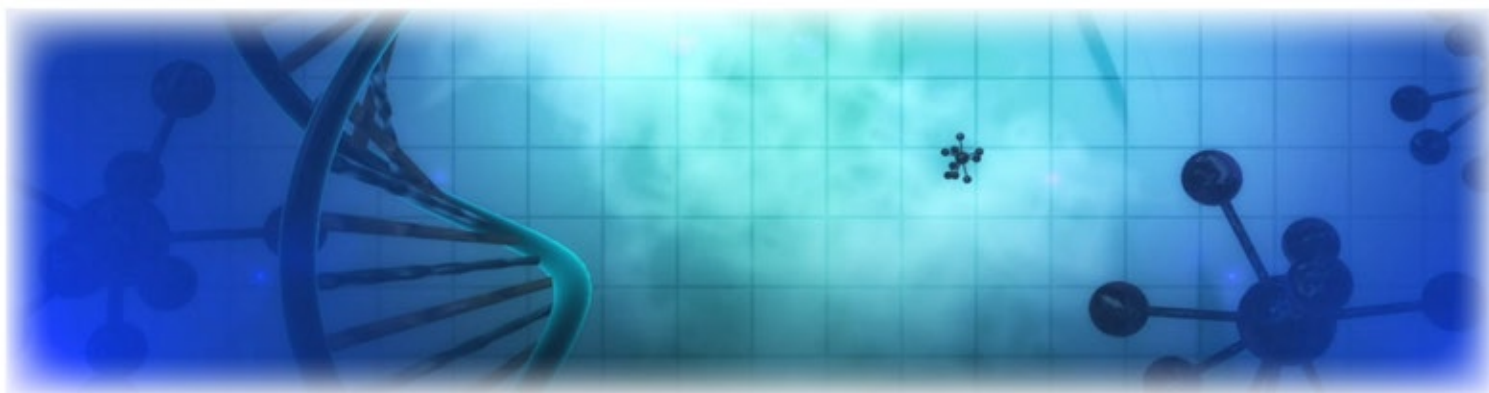
A retrospective cohort of patients referred to the cancer will be analyzed to determine if a deficiency exists in assessing and addressing cancer related pain compared to national benchmarks. Results will be used to drive a quality improvement study. Data will be gathered, analyzed and presented by Dr. Bendaly.



#### DO

*Carry out the plan - collect the data – begin analysis of the data.*

Records of 25 successive referrals for a newly diagnosed malignancy were retrospectively reviewed between January 1st and February 1st of 2016 to determine whether cancer-related pain was assessed and addressed on initial consultation. Cancer related pain was assessed on all patients on initial consultation. A pain management plan was established in 67% of patients.





# FOCUS STUDY: 2016 Annual Cancer Report Cancer Pain Quality Study (Standard 4.7, 4.8)



## **STUDY**

*Complete the analysis of the data – compare data to predictions – summarize what was learned.*

Pain is a common symptom reported by cancer patients. When evidence-based treatment guidelines are followed, pain relief may be achieved in up to 90% of patients. Therefore, appropriate management of cancer pain is considered a best practice for physicians in general and medical oncologists in particular involved in the care of cancer patients.

An effective strategy for cancer pain management is gathering a comprehensive pain history and physical examination, imaging studies, disease-modifying interventions, and a stepwise approach to pain control using appropriate medications to optimize analgesia.

Medical records of 25 successive referrals for a newly diagnosed malignancy were retrospectively reviewed between January 1st and February 1st of 2016 to determine whether cancer-related pain was assessed and addressed on initial consultation. Cancer related pain was assessed on all patients on initial consultation. A pain management plan was established in 67% of patients.

Our initial evaluation revealed that although cancer pain was being evaluated adequately in patients referred for a cancer diagnosis, it was addressed in only 67% of patients. This fell short of the established benchmark of 70-80%. For this reason, an action plan was developed. Based on this study, a goal of 80% was established as an improvement in addressing the cancer pain of patients referred to the cancer center and will be presented as part of standard 4.8.

**CANCER REGISTRY DATA UTILIZED IN OUTCOME STUDY?** No

**NATIONAL BENCHMARK COMPARED TO DATA RESULTS:** ASCO Quality Oncology Practice Initiative (QOPI)

**STUDY ANALYSIS COMPLETED BY:** Dr. Bendaly, 11-9-16



# FOCUS STUDY: Cancer Pain Quality Study (Standard 4.7, 4.8)

## 2016 Annual Cancer Report

### **PROBLEM IDENTIFIED**

Decide whether a change can be implemented to improve an identified problem: Based on a study ran at our institution to determine whether cancer pain was being addressed in patients referred for a cancer diagnosis, we determined that pain was addressed in 67% of patients, which fell short of a the accepted national benchmark of 70-80%. An action plan was implemented to improve on the identified problem. Physicians were asked to address cancer pain and establish a pain management plan, documented in the medical record whenever pain was identified by a pain assessment scale. Referrals for a cancer diagnosis were followed prospectively to determine whether pain was addressed in at least 80% of patients.

From February 1st to March 31st of 2016, patients referred to the cancer center for a newly diagnosed malignancy, were followed prospectively to determine whether cancer related pain was assessed and addressed. Medical records of 25 consecutive patients referred to the cancer center were reviewed. Pain was assessed in all patients. A pain management plan was established in 100% of patients.

### **IMPROVEMENT IDENTIFIED**

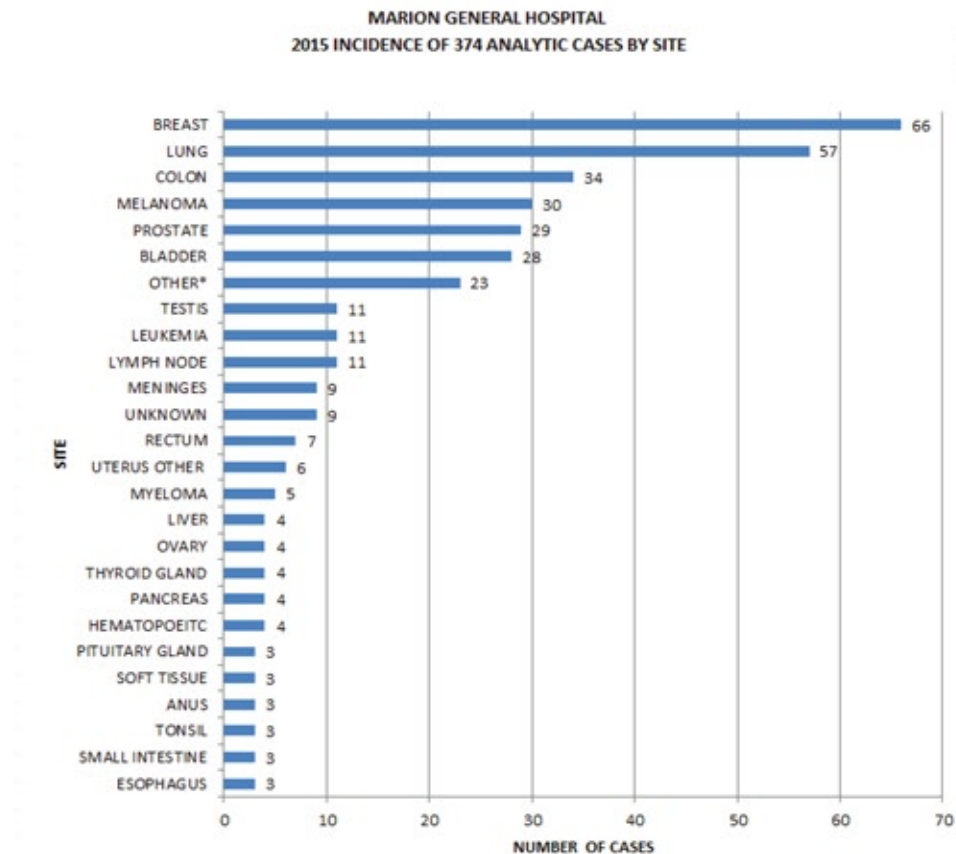
Based on this study of patient care quality and outcome analysis, we identified that cancer pain was not addressed at a rate commensurate with established benchmarks and guidelines. Our action plan led to an improvement that exceeded the national benchmarks.





# Incidence of Cancer by Site = 374 Analytic Cases

This chart illustrates the total number of analytic cancer cases (those diagnosed and/or treated first course of treatment) at Marion General Hospital in 2015 and breaks them down by site of origin.



*MGH Radiology at the South Marion Medical Park*

## In the News

# Navigators at core of cancer care

By Cathy Shouse

Taking care of breast cancer patients through each stage of treatment, from diagnosis through recovery and beyond, has always been a priority at Marion General Hospital.

In the past few years, the process has been given more structure with a program called Navigators. The cancer patient navigation program is a specific set of steps that are taken so that a patient gets their screening and treatments when they need them, and it may involve various aspects of that journey. A Navigator is there for the patient, to help meet individual and unique needs, as well as to give advice on financial issues related to treatment, how to coordinate transportation, and answering questions on any issue that might arise.

Marilyn Percy, RN OCN MSM, is administrative director of Marion General Hospital, and the Medical Oncology Program & Cancer Registry at the Progressive Cancer Care center. Percy has worked for MGH for 50 years and has been director of the cancer services for more than 20 years.

"My role as Marion General Hospital Navigator is to help patients diagnosed with cancer and serve as a continuous point of contact for the patient and their family throughout the entire cancer care experience," she said. "As an Oncology Certified Nurse I understand how challenging this journey can be. My goal is improving their cancer care experience and to be that person that can help with emotional needs, education, and to facilitate appointments and support services at Marion General Hospital and in our community."

Percy often comes along side a patient early on, when their diagnosis is made and they are faced with uncertainty and the need to make decisions.

"I see myself as someone that, if a physician calls me to speak to a newly diagnosed cancer patient or someone gives someone my name and number, I am a nurse that can



NAVIGATORS: Marilyn Percy, Administrative Director, is in the Navigators program to help cancer patients.

help with education and take some fear of the unknown away," she said. "Diagnosis with cancer is so scary, based on perhaps someone else's journey with cancer. I feel my role is to help them through the process. I work with the oncologist daily to schedule the new patient's appointments and be not only a nurse, but a friend in their journey."

The navigator program is designed to ensure that every patient gets their specific needs met and not everyone's needs are the same. The mental stress of going through treatment and the expense of the treatment are just two of many areas that can impact a patient's recovery.

"Breast navigator programs were started to identify barriers and to identify enhancers of breast cancer treatments," Percy said. "Research proved that assisting managing symptoms, access to financial and community resources and using a team approach were proved to improve outcomes. Using this concept of the navigation process has been expanded to other cancers. Oncology nurses are particularly well positioned for the navigation role."



## Cancer Services opens mastectomy clinic



MASTECTOMY CLINIC: Jennifer Lane-Riefler, executive director for Cancer Services of Grant County, talks about the features of Cancer Services' post mastectomy fitting clinic. If clients want them, dressing robes and a holding dressing screen are available to help them feel more comfortable during fittings.



CERTIFIED FITTERS: Jennifer Lane-Riefler, executive director for Cancer Services of Grant County, points out the certificates for the certified mastectomy fitters who work at Cancer Services' post mastectomy fitting clinic.



# You Have Cancer.

**Dr. Rathi Mahendran**  
THREE BOARD CERTIFICATIONS

**Dr. Edmond Bendaly**  
FOUR BOARD CERTIFICATIONS



# We Have Hope.

HOPE can be found here — on your cancer journey. MGH promises to be your family — fighting your cancer battle alongside you. With Quadruple & Triple Board Certified oncologists, certified oncology nurses and a cancer care team ranking among the top 12% of the nation's cancer programs.



exceeding national quality standards in cancer care

**Edmond Bendaly, MD**

Four Board Certifications:

- Internal Medicine
- Medical Oncology
- Hematology
- Hospice & Palliative Medicine

**Rathi Mahendran, MD**

Three Board Certifications:

- Internal Medicine
- Medical Oncology
- Hematology

**Marilyn Pearcy, RN, OCN, MSM**

- 50+ years at MGH
- 25+ years as Cancer Director
- Cancer Navigator

**Entire MGH Cancer Team**

- 100% Certified Oncology Nurses
- Top 12% in Nation for Excellence

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