



We have H  PE

*The Best in Cancer Care*

**MARION GENERAL HOSPITAL'S**  
**2017 ANNUAL**  
CANCER REPORT

**2018**  
CALENDAR  
INSIDE!



# Cancer Committee Members 2017



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



**Rathi 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



**Douglas Rex, DO**  
Surgeon



**Lisa Wallace, NP**  
Medical Oncology Cancer  
Navigator



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



**Sherree Herres, MBA, CMPE**  
Practice Administrator,  
Medical Oncology



**Heather Downing,  
RN, BSN, OCN**  
Nurse Manager, Quality  
Improvement Coordinator

Lois Watkins, Mdiv  
*Pastoral Care*

Heather Downing, RN, BSN, OCN  
*Nurse Manager, Medical Oncology, Quality  
Improvement Coordinator*

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

Sherree Herres, MBA, CMPE  
*Practice Administrator, Medical Oncology*

Alainna Pegonge, RT  
*Breast Imaging Navigator*

Connie Woods, RSMTW (ASCP)  
*Laboratory*

Patty Gilson, RPh  
*Pharmacy*

Jane Merchant, RN  
*Nursing Administration*

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

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

Cassie Warner, MS, RD  
*Nutritional Services*

Chuck de las Alas, PT  
*Physical Medicine & Rehabilitation*

Rachel Bazzell, BS  
*American Cancer Society*

Chanel Harshaw, RN, BSN  
*Family Life Care Hospice*

Bill Sparks  
*Gilead Ministries*

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*Oncology & Hematology, Cancer Committee  
Chairperson, Palliative Care*

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

John Dean, MD  
*Diagnostic Radiology*

Fred Francis, MD  
*Radiation Oncology*

Douglas Rex, DO  
*Surgery*

Dean Ricks, MD  
*Pathology*

Lisa Wallace, NP  
*Medical Oncology Cancer Navigator*

Kimberly Polk, LSW  
*Social Services Psychosocial Coordinator*

Kelley Hochstetler, CIS, MT  
*Community Outreach Coordinator*

Lani Sterns, RN, OCN  
*Research Coordinator*

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

Tracy Scheffer, RN  
*Nursing Administration*

Natlie Correll-Lowe, RN, MSN, RRT  
*Quality Improvement*

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

# January

## 2018

S	M	T	W	T	F	S
	1 New Year's Day	2	3	4	5	6
7	8	9	10	11	12	13
14	15 Martin Luther King Jr. Day	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			



Cervical Health Awareness Month

# February

## 2018

S	M	T	W	T	F	S
				1	2 Groundhog Day	3
4	5	6	7	8	9	10
11	12	13	14 Valentine's Day	15	16	17
18	19 Presidents' Day	20	21	22	23	24
25	26	27	28			



American Heart Month

# Outstanding Achievement Award

*Accredited by the American College of Surgeons Commission on Cancer*



We are 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.

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.





# March

## 2018

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17 St. Patrick's Day
18	19	20	21	22	23	24
25 Palm Sunday	26	27	28	29	30 National Doctor's Day	31



Colorectal Cancer Awareness Month

# April

## 2018

S	M	T	W	T	F	S
1 Easter Sunday	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					



Cancer Control Month

# Quality Study

## Cancer of the Head & Neck

### Standard 4.6

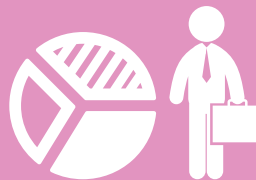
#### PLAN



**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 ensure treatment guidelines, review 2016 analytic head and neck cancer care 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 2017.

#### DO



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

Charts were reviewed for documentation of the NCCN guidelines.

CANCER REGISTRY DATA UTILIZED IN OUTCOME STUDY? Yes

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

#### STUDY



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

From January to December of 2016, the medical records of the 11 patients who were diagnosed with cancer of the head and neck at Marion General Hospital were retrospectively analyzed through chart review. Stage breakdown was as follows: 18.2% stage I, 18.2% stage II, 45.4% stage IVA, and 18.2% stage unknown. Of the 11 patients, 5 patients (45.4%) were not seen in consultation at the cancer center. Of those, 5 patients (100%) were treated elsewhere. NCCN guidelines were discussed with all 6 patients seen in consultation at the cancer center. Five patients (83.3%) were treated according to the NCCN guidelines. One patient (16.47%) deferred therapy.

Study Analysis Completed by Dr. Bendaly, 2017





# May

## 2018

# June

## 2018

**S M T W T F S**

1 2 3 4 5

6 7 8 9 10 11 12

Nurses  
Week &  
Hospital  
Week

13 14 15 16 17 18 19

Mother's  
Day

20 21 22 23 24 25 26

27 28 29 30 31

Memorial  
Day

**S M T W T F S**

1 2

3 4 5 6 7 8 9

National  
Cancer  
Survivors  
Day

10 11 12 13 14 15 16

17 18 19 20 21 22 23

Father's  
Day

24 25 26 27 28 29 30



Skin Cancer Detection and Prevention Month

# You Have Cancer.

Dr. Rathi Mahendran  
TWO 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 Board Certified oncologists, certified oncology nurses and a cancer care team with a top reputation among the nation's cancer programs.



exceeding national quality standards in cancer care.

**Edmond Bendaly, MD, FACP**

Four Board Certifications:

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

**Lisa Wallace, NP-C**

- Nurse Navigator

**Rathi Mahendran, MD**

Two Board Certifications:

- Medical Oncology
- Hematology

**Entire MGH Cancer Team**

- Certified Oncology Nurses
- Top in the Nation for Excellence

[www.mgh.net](http://www.mgh.net) | 660.7800 | Theatre Drive in Marion



# Quality Study

## Central Venous Catheter Occlusion

*Standard 4.7, 4.8*

CANCER REGISTRY DATA UTILIZED IN OUTCOME STUDY? No

NATIONAL BENCHMARK COMPARED TO DATA RESULTS:  
Clinical practice guideline and published literature

STUDY ANALYSIS COMPLETED BY:  
Dr. Bendaly, presented November 2017

### PLAN



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

Is rate of central venous catheter occlusion following port-a-cath placement commensurate with previously published data? A retrospective cohort of patients undergoing chemotherapy who are status post port-a-cath placement will be analyzed to determine rate of central venous catheter occlusions compared to published historical data and national guidelines. 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.**

Medical records of 47 patients who underwent port-a-cath placement prior to initiation of chemotherapy were retrospectively reviewed between October 1st, 2016 and January 31st, 2017 to determine rate of occlusion. Rate of central venous catheter occlusions was found to be 23%.

### STUDY



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

Long-term central venous catheters are essential for the management of cancer patients undergoing intravenous chemotherapy. They allow for the safe administration of chemotherapeutic medications, especially multidrug regimens. They also alleviate the need for repetitive venipuncture for lab work and supportive medication infusions, procedures that are likely to increase risk of complications and negatively affect the patient's quality of life.

Despite their convenience and ease of use, catheter-related complications, specifically occlusions can have significant detrimental effects. Review of published data, benchmarks and guidelines reveals that the rate of cancer-related occlusions is around 15%. We therefore set out to determine the rate of catheter-related occlusion at our institution, to determine whether we are on par with the published literature and address the deficiency through an action if we were not.

Medical records of 47 patients who underwent port-a-cath placement prior to initiation of chemotherapy were retrospectively reviewed between October 1st, 2016 and January 31st, 2017 to determine rate of cancer-related occlusions. The rate of cancer-related occlusions was found to be 23%.

Based on this retrospective analysis, we determined that rate of cancer-related occlusions status post port-a-cath placement was higher than what is determined appropriate in the published literature. For this reason, an action plan was developed. Based on this study, a goal of 15% was established as an improvement. This will be presented as part of Standard 4.8.

### PROBLEM IDENTIFIED



Based on a study ran at our institution to determine whether cancer-related occlusions status post port-a-cath placement was commensurate with published data and accepted standards, we determined that the rate was higher

than what is determined appropriate. An action plan was implemented to improve on the identified problem. Through collaboration with hospital administration and our surgery department, the decision was made to switch to BioFlo ports which have a lower risk of catheter-related occlusions. A prospective study was developed to determine the rate of thrombosis of the newly placed ports.

From January 31st to June 30th of 2017, 37 BioFlo ports were placed in cancer patients undergoing cytotoxic chemotherapy. The rate of catheter-related occlusion was 2.7%.



### IMPROVEMENT IDENTIFIED

Based on the above study of patient care quality and outcome analysis, we identified that catheter-related occlusion was not on par with accepted standards. Our action plan led to an improvement.

# July

## 2018

# August

## 2018

**S M T W T F S**

1 2 3 4 5 6 7

Independence  
Day

8 9 10 11 12 13 14

15 16 17 18 19 20 21

22 23 24 25 26 27 28

29 30 31

**S M T W T F S**

1 2 3 4

5 6 7 8 9 10 11

12 13 14 15 16 17 18

19 20 21 22 23 24 25

26 27 28 29 30 31



Sarcoma Awareness Month



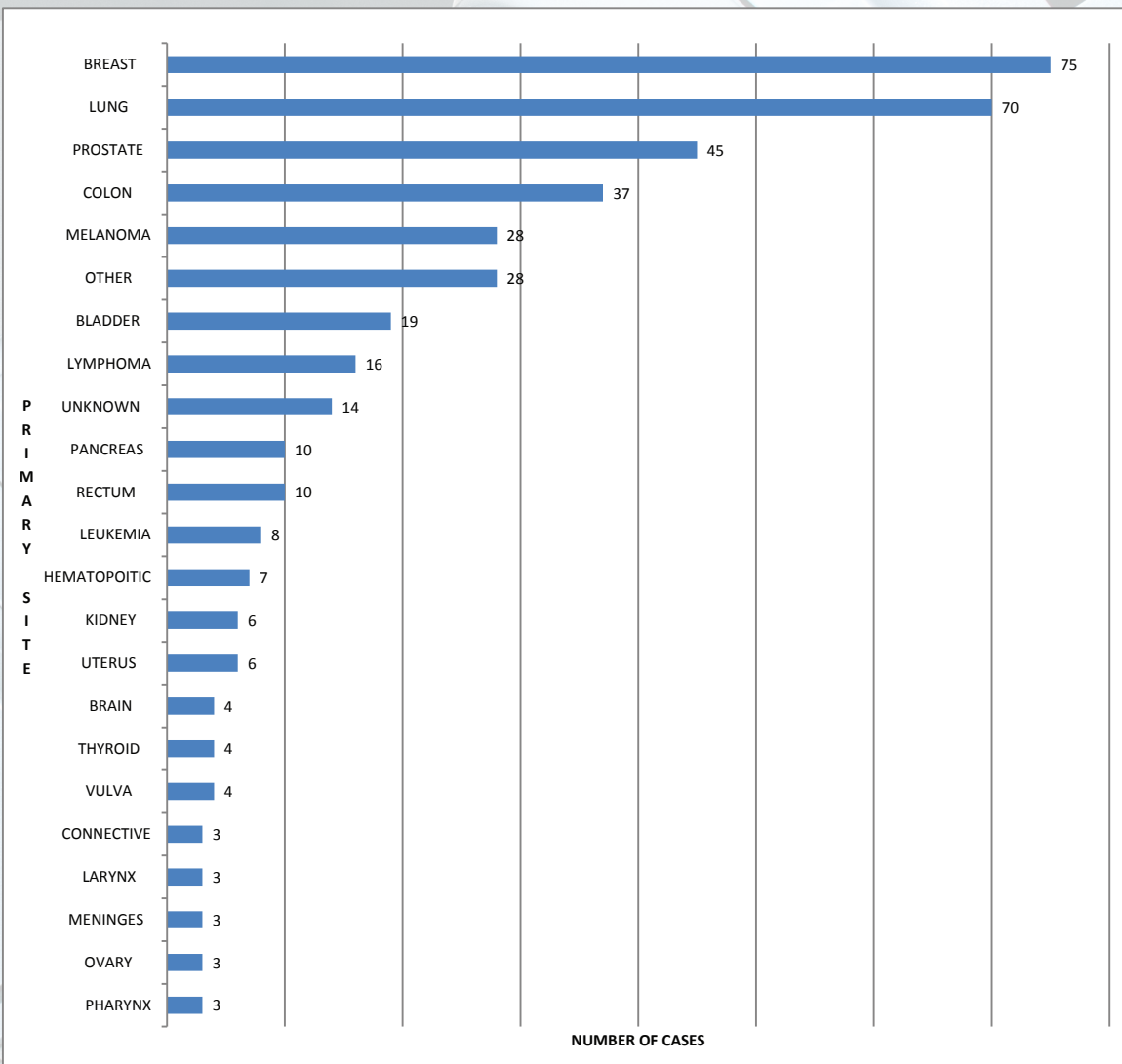
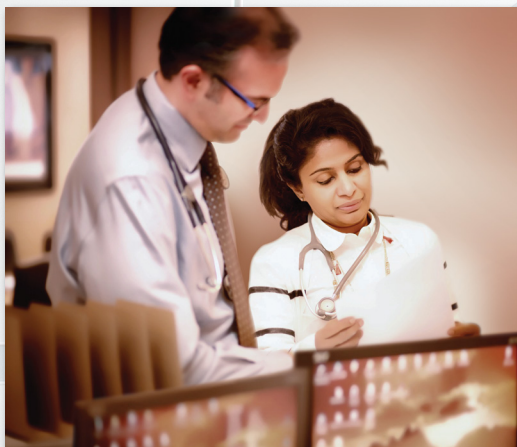
Summer Sun Safety Month



# Incidence of Cancer by Site

*405 Analytic Cases in 2016*

This chart illustrates the total number of analytic cancer cases (those diagnosed and/or treated first course of treatment) at Marion General Hospital in 2016 and breaks them down by site of origin.



# September

## 2018

S	M	T	W	T	F	S
						1
2	3 Labor Day	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						



Childhood Cancer Awareness Month | Gynecologic Cancer Awareness Month  
Ovarian Cancer Awareness Month | Prostate Cancer Awareness Month  
Thyroid Cancer Awareness Month | Leukemia and Lymphoma Awareness Month

# October

## 2018

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8 Columbus Day	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31 Halloween			



Breast Cancer Awareness Month | Liver Cancer Awareness Month



# Survivorship

## *Never Alone*

Hearing the words “**you have cancer,**” discussing treatment options, and learning potential side effects of chemotherapy and/or radiation is a life-altering experience. There are tremendous psychological effects of having cancer. Thoughts begin to flood the mind of the cancer patient. “What about my job and my finances?” “What about my family?” “Will my pain be controlled?” “Am I going to die or will I survive?” The word “cancer” is perceived as synonymous with death for many people.

It is estimated there will be close to **19 million cancer survivors** by the year 2024 (National Cancer Institute, 2014). **Providing support and guidance to these cancer survivors is an essential part of providing quality oncology care.** “The Commission on Cancer (CoC) designated the implementation of survivorship care plans as part of its standards for the accreditation of cancer programs throughout the country” (ACOS, 2016). It is imperative to support our cancer survivors as they live with, through and beyond cancer, and it includes our entire medical team and staff.

The Survivorship treatment summary and plan of care is provided to our patients here at Marion General Hospital’s Cancer Care Clinic at the completion of cancer treatment. Survivorship care planning includes documentation of the care and treatment that the patient received, problems they may have encountered, and comprehensive written instructions for follow-up care. In addition, each patient is provided with information on how to effectively manage persisting effects of treatment, the potential late effects of treatment, and how to manage them. Each patient is taught how to recognize important symptoms and who to contact for assistance, questions or concerns. During the survivorship appointment with the Nurse Practitioner, a variety of topics are discussed: the importance of maintaining a healthy lifestyle that includes activity and exercise, having a well-balanced diet, limiting and eliminating exposure to known carcinogens (such as cigarette smoking), and resuming work, as well as a social calendar. Each patient is given validation of their feelings and a plan for how to deal with them.



Our Survivorship Care Plan is initiated at the time of chemotherapy teaching at our clinic, which is provided prior to beginning treatment. The patient, significant other, and other family members will meet one-on-one with the Survivorship/Navigator Nurse Practitioner at the clinic. Each patient’s feelings and concerns are heard and most are relieved to hear that what he/she is experiencing is common and “**they are not alone in their battle.**” It is a huge relief for our patients to know that each one of our medical staff is available to help deal with feelings or concerns that are psychologically, physically, financially, spiritually or sexually based. We make many referrals within our health system and community to address the needs of each one of our cancer patients.

The importance of Survivorship Care Planning cannot be ignored. Each cancer survivor is assisted in developing health-related quality of life goals and in understanding and recognizing their new normal. Many of our cancer survivors want to be sources of support for other patients going through the same type of treatment here at the Cancer Clinic. **Our team at Marion General Hospital’s Cancer Clinic does not want any patient to suffer alone.**



# November

## 2018

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
		Election Day				
11	12	13	14	15	16	17
	Veterans Day					
18	19	20	21	22	23	24
				Thanksgiving Day	Presidents' Day	
25	26	27	28	29	30	

# December

## 2018

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
	Christmas Eve	Christmas Day				
30	31					
	New Year's Eve					



Lung Cancer Awareness Month | Pancreatic Cancer Awareness Month



[www.mgh.net](http://www.mgh.net) | 660.7800 | Theatre Drive in Marion