WE HAVE HOPE

2018 ANNUAL CANCER REPORT

MARION GENERAL HOSPITAL

2019 CALENDAR INSIDE!
meet the
CANCER COMMITTEE

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 Radiology

Douglas Rex, DO
Surgery

Dean Ricks, MD
Pathology

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Medical Oncology Survivorship Program

Sherree Herres, MBA, CMPE
Practice Administrator, Medical Oncology

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Cancer Registrar & Cancer Conference Coordinator

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Nurse Manager, Medical Oncology

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Lani Stearns, BSN, RN, OCN
Research Coordinator, Nurse Navigator

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Quality Improvement Coordinator

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Executive Director, Progressive Cancer Care

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Nursing Administration

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

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Executive Director, Cancer Services of Grant County

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Laboratory

Patty Gilson, RPh
Pharmacy

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Wound & Ostomy Clinic

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

Jennifer Gelhaus, MA, RD, CD
Nutritional Services

Chuck de las Alas, PT
Physical Medicine & Rehabilitation

Paul Moore
American Cancer Society

Chanel Harshaw, BSN, RN
Family Life Care Hospice

Bill Sparks
Gilead Ministries
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- **January 2019**
  - New Year's Day
  - Martin Luther King Jr. Day

- **February 2019**
  - Valentine's Day
  - Presidents' Day

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**Cervical Health Awareness**

**American Heart Month**
COMMUNITY engagement

Engaging the community for prevention, early detection and health screenings is critical to the mission of MGH Cancer Care.

GOALS:

- To promote public awareness of cancer issues
- To provide cancer/health screenings
- To provide education and awareness about prevention (including lifestyle behavior modification, environmental and other risk factors)
- To provide education and promote awareness of the importance of cancer screenings
- To promote and provide education early detection of cancer
- To continue to explore diverse venues for education and screening opportunities
- Special emphasis through the Parish Nurse Program for smoking/tobacco products cessation and healthy weight

OBJECTIVES:

- To increase public awareness of cancer with emphasis on health promotion, prevention, healthy lifestyle and early detection of cancer and the diagnostic and support services available.
- To utilize available data as a needs assessment in order to present to the Cancer Committee in the first quarter of the year in order to select a cancer need to address with an awareness, prevention, screening, and follow-up program.

2018 AREA OF FOCUS: LUNG CANCER
Due to Exposure to Tobacco Smoke

31% of Grant County Residents Smoke
31.4% of Pregnant Women Living in Grant County Smoke

AWARENESS: Potty Posts, bulletin board at parish nurse congregations, community presentations

EDUCATION: Demonstrations of the impact of tobacco/cigarette use and exposure to the lung. Smoking cessation classes and support.

PREVENTION: Tobacco and secondhand smoke demonstrations utilizing inflatable pig lungs, Jar of Tar and the “cost” of tobacco use. Event was held at Mississinewa Middle School and High School on March 21, 2018. Students also received information on the dangers of juuling and other types of nicotine delivery systems. Eighty-seven students participated.

COMMUNITY SCREENINGS: Low-dose lung CT scans were offered at a greatly-reduced price of $25. The health screening was held June 30, 2018 at MGH Radiology. Follow-up and navigation was provided by Cancer Care navigator.

Results:
- 19 lung screenings completed.
- 5 positive findings, immediate follow-up required. None were malignant.
- 10 positive findings, follow-up chest CT recommended in 6 months.
- 4 negative results, no follow-up required.
In order to ensure treatment guidelines, review 2017 analytic melanoma 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 2018.

From January to December of 2017, the medical records of the 25 patients who were diagnosed with melanoma at Marion General Hospital were retrospectively analyzed through chart review. Stage breakdown was as follows: 64% stage 0, 4% stage IB, 4% stage 2B, 4% stage 2C, 4% stage 3A, 8% stage 4, and 12% stage unknown. Of the 25 patients, 15 (60%) were not seen in consultation at the Cancer Center. All 15 had melanoma in situ on retrospective chart review. NCCN guidelines were discussed with all 10 patients seen in consultation at the Cancer Center. On review, all 10 patients (100%) were treated according to the NCCN guidelines.
An analysis of retrospective data collection was conducted to see if advanced directives were being documented on newly-diagnosed cancer patients by their 3rd office visit. Results were given as a quality improvement study.

An initial chart review and data collection was completed from February 2018 to March 2018. The review consisted of 11 newly-diagnosed cancer patients and out of the 11, four patients had advance directives charted by the 3rd office visit. Therefore, advance directives were being charted 36% of the time.

Whether someone is facing an acute, long-term or terminal illness, advance directives can help reduce unnecessary suffering and can improve quality of life. Having a plan in place can also provide better understanding and ease for making decisions in a person’s care.

During the patient and consumer rights movements of the 1960s and 1970s, advance directives initially evolved. During this time, the supreme court established that patients have a constitutional right to refuse life-sustaining treatment. In 1990, the Patient Self-Determination Act was passed, which encouraged healthcare facilities to provide patients with information regarding their rights regarding their individual care.

According to an article by Up-to-date, data regarding completion of advance directives in the United States is inconsistent. In the ASCO’s Quality Training Program, the results showed less than 1% baseline AD documentation for their thoracic oncology. In this particular study, their goal was set at 25% documentation completion. However, information obtained by the American Society of Clinical Oncology - the National Quality Forum suggests that documentation of advanced directives be recorded on all newly-diagnosed cancer patients by the 3rd office visit.

During our initial data collection from February 2018 and March 2018, only 4 out of the 11 newly-diagnosed patients had advanced directives charted by the 3rd office visit. With the data obtained, advanced directives were only charted 36% of the time. For this reason, an action plan was developed. Based on the American Society of Clinical Oncology, our goal is to record advanced directives on all newly-diagnosed cancer patients by their 3rd office visit.

Based on the study completed at our facility, advanced directives were not being documented as frequently as the standard recommendation. With this information obtained, an action plan was implemented to improve documentation, all nursing staff was educated on the importance of advanced directives. In addition, the providers note will provide advance directives documentation.

From April 1st, 2018 to September 30th, 2018 a review of advanced directives documentation was completed for every newly-diagnosed cancer patient. The review consisted of 41 newly-diagnosed cancer patients. Out of 41 new patients, 23 patients had advanced directives documented. This analysis proves the average advanced directives charted is 56%. Among those numbers, in September 2018, 4 newly-diagnosed cancer patients were reported with all 4 having accurately documented advanced directives.

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This chart illustrates the total number of analytic cancer cases (those diagnosed and/or treated first course of treatment) at Marion General Hospital in 2017 and breaks them down by site of origin.
Hearing a diagnosis of cancer is overwhelming and scary. Patients often experience a whirlwind of emotions, from anxiety, devastation, anger and fear. Following this diagnosis, they are stepping into a world of unknowns. Figuring out how to manage their health and the diagnosis of cancer becomes difficult to navigate alone. It’s common for patients to struggle with understanding medical terminology, knowing what questions to ask, connecting with organizations that provide resources and simply communicating with their providers and families. In the past, doctors and even family members have handled these struggles. Now that role has evolved, Marion General Hospital is proud to have an Oncology Nurse Navigator as part of the Cancer Program who can help cancer patients throughout their journey.

Our Oncology Nurse Navigator assists patients with understanding their diagnosis, facilitating appointments, providing patient education, connecting patients with hospital and community resources, and offering a support system throughout the patient’s cancer treatment.

Marion General Hospital’s Oncology Nurse Navigator Lani Stearns, BSN, RN, OCN says, “It is my hope that each patient leaves our office having an understanding of his or her diagnosis and what is happening next in the treatment plan in addition to how to contact me with any questions or concerns.”

Lani is available to assist cancer patients throughout Grant County and can be reached at (765)660-7800