



Hunterdon Healthcare
Hunterdon Regional Cancer Center
A Fox Chase Cancer Center Partner

2015 Cancer Program Annual Report



Currently there are more than 10 million cancer survivors worldwide. Many of these patients suffer short-term, long-term and late side effects of their diagnosis and/or treatment, including physical, psychological, social, work-related, spiritual and financial consequences. In 2015, Hunterdon Healthcare started several programs to help patients manage, and in some cases avoid, the potential debilitating effects of cancer and cancer treatment.

In March, we started a breast cancer support group, facilitated by Gabrielle Winther, LCSW. In addition to receiving psychosocial support, participants requested and received education and resources from the oncology dietitian and integrative medicine team. Attendance at the bi-monthly meetings has been strong, and feedback from participants has been extremely positive.

In July, we created and distributed the first survivorship care plan. The intent of the care plans is to improve communication and coordination of care across the continuum as patients transition from active cancer treatment to long-term follow up. Promoting healthy lifestyles, checking for recurrence and recognizing and managing long-term effects of the disease and treatment are all essential in keeping patients healthy. The survivorship care plan is a tool for patients and their doctors to use to help manage their health. The care plan includes a summary of the patient's treatment and possible long-term and late effects of treatment, a schedule of follow-visits, recommended cancer screening tests, reminders about annual health and wellness visits with the primary care physician, and general information about adopting a healthy lifestyle. The plan also contains a wealth of resources to help people transition from patient to survivor.

The oncology rehabilitation program opened in December 2015. Exercise before, during and after cancer treatment has been linked to improved overall well-being, symptom management, and treatment tolerance. Physical therapists with specialty training in the care and management of cancer patients can develop a plan of care to address the specific concerns of each patient, including issues related to range of motion, strength, endurance, pain, balance and fatigue. A specialized treadmill, called the Alter G, is available for therapists to use with even the most debilitated clients to minimize the effects of gravity and weight bearing as they start a physical therapy program.

The goals of the oncology rehabilitation program, and of all the cancer services offered here at Hunterdon Healthcare, are to help patients function at their best and enhance their quality of life. Our team of dedicated, highly skilled, compassionate professionals work hard to meet and exceed those goals every day.

Brian Quinn, MD
Medical Director

Barbara Tofani, MSN, RN, NEA-BC
Administrative Director

Program Affiliation

Hunterdon Regional Cancer Center is accredited by the American College of Surgeons Commission on Cancer and is a partner of Fox Chase Cancer Center, a National Cancer Institute-designated facility dedicated to caring for patients with cancer. Through our partnership with the Fox Chase Cancer Center in Philadelphia, Hunterdon Regional Cancer Center offers leading edge services for the prevention, early detection and successful treatment of many cancers.

Cancer Outreach

Prevention

Hunterdon Regional Cancer Center partners with the state of New Jersey and the CDC to provide residents of our community with cancer education, prevention and early detection services, regardless of one's ability to pay. In 2015, the cancer center outreach staff provided close to 70 community and professional education programs, reaching over 1,700 Hunterdon County residents. Nurses and public health experts provided information on the following topics:

- Healthy lifestyles
- Breast cancer
- Lung cancer, including the newest information on lung cancer screening
- Cervical cancer
- Ovarian cancer
- Prostate cancer
- Colorectal cancer
- Smoking cessation
- HPV education
- Sun Safety

If anyone is interested in having the community outreach staff provide an education at their group or organization meeting, call 908-237-2328.

Screening

Lung cancer

In 2015, Hunterdon Healthcare continued the lung screening program to help detect lung cancer early, when still treatable. According to the U.S. Preventative Services Task Force (USPSTF), lung cancer is the third most common cancer and the leading cause of cancer-related death in the United States. The most common risk factor for lung cancer is smoking, which results in 85% of all U.S. lung cancer cases. Approximately 37% of U.S. adults are current or former smokers.

The United States Preventative Services Task Force recommendations for lung cancer screening include:

- People 55-80 years old
 - With a 30 pack-year smoking history
 - Currently smoking or having quit smoking within the past 15 years

Year-to-date lung screening statistics:

- Number screened – 132
 - Current smokers – 80

- Former smokers – 52
- Lung-RADS findings
 - Abnormal finding – 49
 - Lung-RADS 3 (6 month follow-up) – 35
 - Lung-RADS 4A (3 months follow up) – 10
 - Lung-RADS 4B (additional imaging and/or biopsy recommended) – 4

Individuals are encouraged to talk to their primary care physician to see if they are eligible for the lung screening program and if they are interested in receiving smoking cessation resources.

Need a referral to a Primary Care Physician?

- ✓ Call Hunterdon Healthcare’s Physician Referral Service at 1-800-511-4462.

Interested in quitting smoking?

- ✓ Call your family physician, or
- ✓ Visit <http://www.hunterdonhealthcare.org/takeaction>.

Skin Cancer

There are several types of skin cancer, with basal and squamous cell skin cancers being the most common. Melanoma is another type of skin cancer. It is less common than other forms of skin cancer, but is more likely to spread to other parts of the body if not caught and treated early.

Hunterdon County’s melanoma rates exceed the state’s average incidence (38.2 vs. 21.4 per 100,000 people), with Hunterdon County’s incidence rates the second highest in the state.

The annual skin cancer screening was offered in 2015.

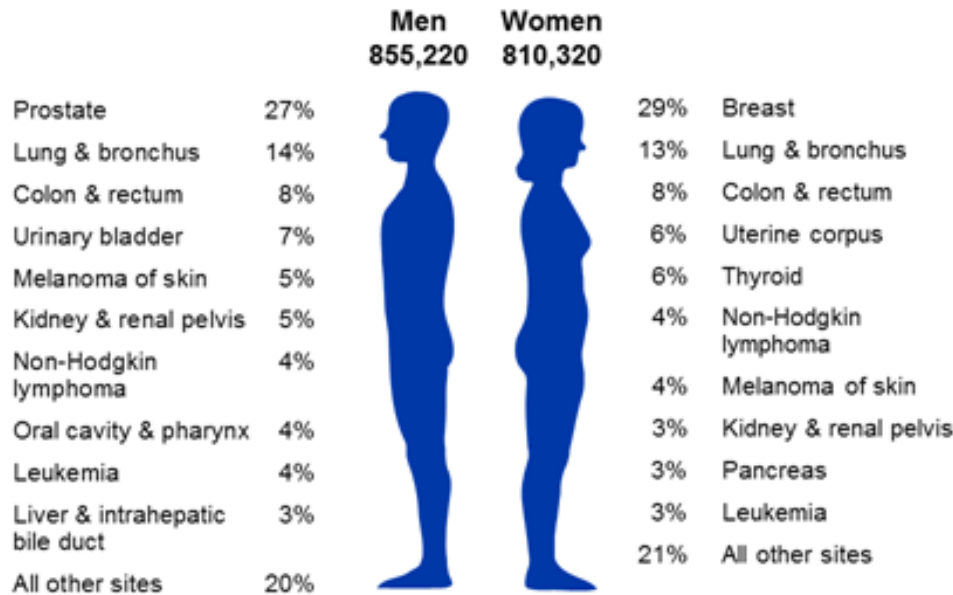
One-hundred eight (108) Hunterdon County residents participated in this year’s skin cancer screening.

- 42 (39%) were recommended for follow up
- To date, 5 were diagnosed with cancer
 - Basal cell – 4
 - Melanoma - 1

Site Study – Pancreatic Cancer

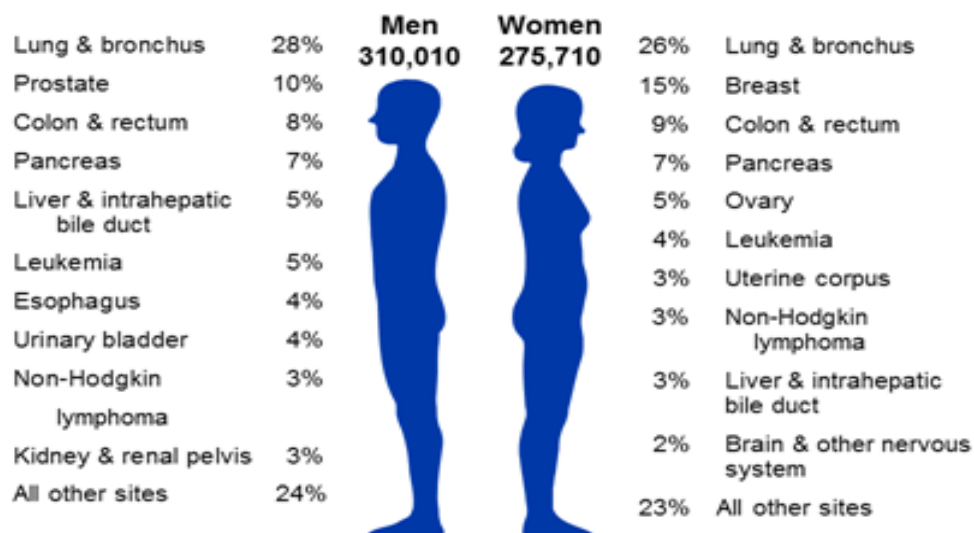
The pancreas is a gland located in the abdomen. The pancreas makes enzymes to help digest foods, and hormones to help regulate the body’s metabolism, including the body’s ability to control sugar in the blood. In pancreatic cancer, the cells of the pancreas stop working correctly, and start to grow out of control, affecting nearby blood vessels as well as other parts of the body (Cancer.net). It’s estimated that approximately 46,000 people will be diagnosed with pancreatic cancer in 2014, and close to 40,000 people will die of the disease. Although not commonly diagnosed, it is the fourth most common cause of cancer-related death in both men and women (NCCN, 2014).

Estimated New Cancer Cases* in the US in 2014



*Excludes basal cell and squamous cell skin cancers and in situ carcinoma except urinary bladder.

Estimated Cancer Deaths in the US in 2014

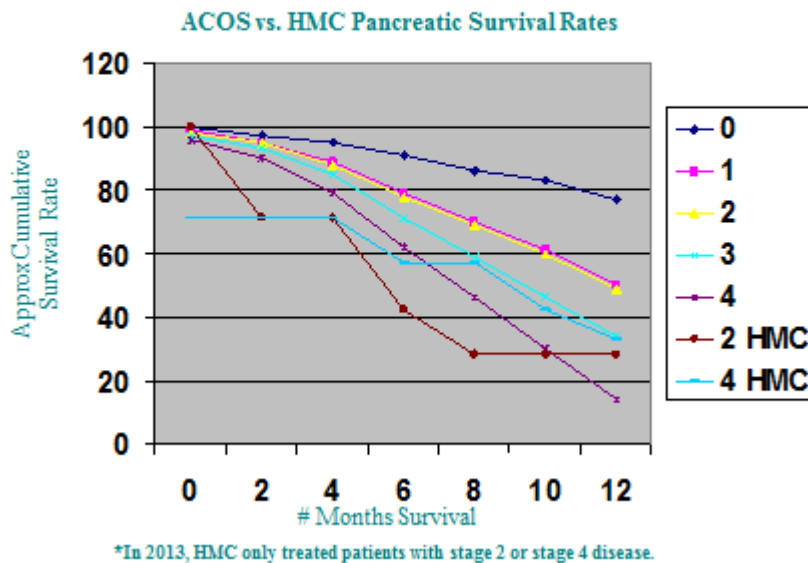


In 2014, cancer committee reviewed the program’s performance in the management of patients diagnosed with pancreatic cancer. Progress is being made in the treatment of pancreatic cancer, with several new drugs and combinations of therapies demonstrating improved survival rates.

The study found that the physicians at Hunterdon Healthcare followed the national guidelines for the treatment of pancreatic cancer for all cases. Survival rates for patients diagnosed with stage IV pancreatic cancer were 38%, significantly higher at Hunterdon Healthcare than national averages.

Site Study-Pancreas

Dr. Brian Quinn



Quality

Each year, the Cancer Committee evaluates the care provided to patients, and looks for opportunities to improve. Studies of quality are intended to assess compliance with national standards and benchmarks. Quality improvement studies focus on ways to adjust new and existing services to ensure they meet the highest standards of excellence. In 2014 & 2015, the Cancer Committee conducted the following quality studies to assess, enhance and improve the care provided to cancer patients at Hunterdon Healthcare.

Quality Studies

Monitor urinary catheter utilization and catheter-associated urinary tract infections on the inpatient oncology unit

Findings:

- Urinary catheter utilization higher than NHSN 50th percentile
- Urinary tract infections higher than NHSN 50th percentile

Actions:

- Initiate a quality improvement project to reduce urinary catheter days and catheter-associated urinary tract infections
 - Staff education regarding limiting use of indwelling catheters for bladder/urine management and discontinuation of catheter quickly when no longer necessary
 - Change the protocol for cleaning peri area prior to insertion of catheter
 - Changes in way specimens collected from Foley catheter

Results:

- Urinary catheter utilization decreased below NHSN 50th percentile benchmark.
- Catheter-associated urinary tract infections decreased, with rates below NHSN 50th percentile benchmark year-to-date.

Quality Improvement

Screening mammography in Hispanic Population

Goal:

Increase screening mammography in Hispanic females over the age of 40 years old from Phillips Barber Family Health Center and Cornerstone Family Practice offices using motivational interviewing techniques, with at least 50% of eligible women receiving their mammogram.

Actions:

Motivational interviewing has proven to be a successful technique for increasing compliance with other cancer screening initiatives at Hunterdon Healthcare. Staff at the two practices were trained in motivational interviewing techniques and made phone calls to eligible patients who were identified as not having had a mammogram within the previous two years.

Outcomes:

- 53% of the eligible women in the 2 practices had a mammogram documented in the EHR as a result of this initiative.
- As a secondary outcome, 13 women contacted through the program were enrolled in the Cancer Education and Early Detection (CEED) program to assist with cancer screening and early detection services.
- The project was so successful it was expanded to additional hospital-owned primary care offices, and additional staff has been trained in motivational interviewing.
- The project expansion includes motivational interviewing calls for both breast and colon cancer screening.

Central Line-Associated Blood Stream Infections (CLABSI)

Goal:

Maintain central line-associated blood stream infection (CLABSI) rates below the CDC's National Healthcare Safety Network's (NHSN) national benchmark for cancer patients on the inpatient oncology unit.

Actions:

- An interdisciplinary team critically analyzed previous CLABSIs to determine possible root causes.
- Changes were made to the central line dressings used.

- Nursing teams huddle twice daily to discuss patient issues and assess the integrity of the central line dressings.

Results:

- One (1) CLABSI was reported from March 2014 to Oct. 2015 on the inpatient oncology unit.
- CLABSI rates continue to remain below the 50th percentile NHSN benchmark through October 2015.

Accountability Measures

Accountability measures are nationally accepted standards that promote the highest level of cancer care based on the evidence. Hunterdon Healthcare’s cancer committee reviews the cancer program’s performance against these measures at least annually. Performance against the standards was acceptable, with physicians using the evidence to guide shared-decision making discussions with patients.

- Breast conservation surgery rate for women with AJCC clinical stage 0, I or II – 69%
 - Benchmark 50%
- Image or palpation-guided needed biopsy performed to establish diagnosis of breast cancer – 92%
 - Benchmark – 80%
- Radiation therapy is considered or administered following mastectomy within 1 year of diagnosis of breast cancer for women with greater than 4 positive regional lymph nodes – no data
- Radiation is administered within 1 year of diagnosis for women under age 70 receiving breast conservation surgery for breast cancer – 84%
 - Benchmark 90%
 - 3 women refused treatment as part of informed decision-making process
- Combination chemotherapy is considered or administered within 4 months of diagnosis for women under 70 with AJCC T1cN0 or stage IB-III hormone receptor negative breast cancer – 80%
 - Benchmark – 90%
 -
- Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year of diagnosis for women with AJCC T1c or stage IB-III hormone receptor positive breast cancer. – 82%
 - Benchmark – 90%

Cancer Registry

Hunterdon Healthcare’s Cancer Registry is an information system used for the collection, management and analysis of data relating to patients diagnosed with cancer and treated at Hunterdon Healthcare. The information is reported to the New Jersey State Cancer Registry and to the National Cancer Data Base. The data is used by these agencies to evaluate cancer trends as well as in analytic research at the state and national level. Only aggregate information is analyzed and published. Patient confidentiality is strictly maintained.

Quarterly Quality & Completeness Report
 Hunterdon Medical Center
 For Data Submitted to NJSCR for Accession Year 2014 (as 3/31/2015)

QUALITY

Measure	4. Data Quality Measures							
	Percent	90% Confidence Interval [†]	My Facility		Median All NJ Facilities	Benchmarks ^{**}		
			Numerator	Denominator		Bronze	Silver	Gold
Unknown Social Security Number	0.5%	0.0%-1.2%	2	372	4.5%	<3%	<2%	<1%
Unknown Year of Diagnosis	0.0%	0.0%-0.0%	0	372	0.6%	<1.5%	<1%	<0.5%
Unknown/Other Race (99, 98)	1.6%	0.5%-2.7%	6	372	2.9%	<5%	<4%	<3%
Unknown/Other Hispanic Ethnicity (9, 8)	0.5%	0.0%-1.2%	2	372	2.0%	<5%	<4%	<3%
Unknown Class of Case (99)	0.0%	0.0%-0.0%	0	372	0.0%	<1%	<0.5%	<0.1%
Unknown Gender	0.0%	0.0%-0.0%	0	372	0.0%	<3%	<2%	<1%
Unknown/ill-defined Primary Site (C76, C80)	1.9%	0.7%-3.0%	7	372	1.6%	<2.5%	<2%	<1.5%
Unknown Laterality (9, 3)	5.6%	2.9%-8.3%	11	197	6.2%	<6%	<4%	<2%
Non-Specific Histology (8000, 8001)	2.4%	1.1%-3.7%	9	372	1.7%	<3%	<2.5%	<2%
Unknown County at Diagnosis	0.0%	0.0%-0.0%	0	372	0.2%	<3%	<2%	<1%

^{*}Benchmarks are derived from standards of the North American Association of Central Cancer Registries and the Surveillance, Epidemiology and End Results Program of the National Cancer Institute.

[‡] In order to receive the Award for Excellence in one of the three categories, your facility must achieve that category for all measures listed in the table, in addition to the completeness and timeliness measures listed on the previous page.

[†]Credit is given for the highest benchmark included within the 90% Confidence Interval for each measure.

Cancer Conferences

Cancer Conferences are interdisciplinary meetings that provide a forum for communication between the managing physician, specialty physician and support staff concerning diagnostic and treatment decisions relating to Hunterdon Healthcare’s cancer patients. The interdisciplinary team approach to patient management and treatment enables the medical specialists to stay abreast of the most current treatment modalities. National Comprehensive Cancer Network (NCCN) guidelines are reviewed and discussed at tumor boards along with AJCC staging.

The Cancer Registry is responsible for organizing cancer conferences. Cancer Registry data is presented at cancer conferences throughout the year. In 2015 Hunterdon Healthcare held weekly general cancer conferences (tumor boards) and bi-weekly breast cancer conferences, which were attended by medical and radiation oncologists, pathologists, radiologists, surgeons, specialty physicians from GI, pulmonary, and ENT, nurses, dietitians, care coordinators, social workers, physical/occupational therapists, technicians, genetic counselors and support staff. Although most of the interdisciplinary team attends cancer conference in person, the meetings are also offered via WebEx so specialty and primary care physicians who are unable to be present may participate in case presentations regarding their patients. This use of technology improves communication across disciplines and truly demonstrates a collaborative, integrative approach to care that benefits our patients.

Important Phone Numbers

For more information about the cancer services or programs at Hunterdon Healthcare, please call:

Administrative Director, Hunterdon Regional Cancer Center

Barbara Tofani, RN – (908) 788-6508

Breast Care Program

Jessica Danik, RN – (908) 237-5447

Cancer Registry

Mary Stamets – (908) 788-6544

Chelsea Plantarich – (908) 788-6630

Care Coordination

Jessica Danik, RN – (908) 237-5447

Community Outreach and Education

Amanda Medina – (908) 237-2328 (County Cancer Coalition grant coordinator)

Miriam Ramirez – (908) 237-7039 (Spanish)

Marge Vellotti – (908) 237-5409 (CEED program coordinator)

Family Risk Assessment Program

Rachel Rando, Genetic Counselor – (908) 788-2566

Mary Vecchio, RN, MSN – (908) 788-2546

Medical Oncology

Main number – (908) 788-6514

Kellie Mozingo – (908) 237-2325

Nutrition

Jeanne Gee, RD – (908) 237-5496

Oncology Rehabilitation

Barbara Surhoff, PT – (908) 237-6040

Psychosocial Oncology

Gabby Winther, LCSW – (908) 237-2337

Radiation Oncology

Main number – (908) 788-6547

Keith McClain – (908) 237-2323

Research

Serena Schmitz – (908) 237-2330, ext. 2