



High quality care close to home

Cancer Program
2013 Annual Report



Gifford

Cancer Committee



Members of the Cancer Committee pose for a group photo.

Members

Milton Fowler, MD, internal medicine, *co-chair*
 Maury Smith, MD, general surgery, *co-chair*,
presiding

Betina Barrett-Gallant, cancer registrar
 Nancy Blessing, PA-C, urology
 Pam Caron, ancillary services director
 Ovleto Ciccarelli, MD, general surgery
 James Currie, MD, internal medicine, infectious
 disease, cancer liaison physician
 Daniel Fram, MD, radiation oncology, Central
 Vermont Medical Center
 Pam Fournier, RN, OCN, radiation oncology nurse,
 Central Vermont Medical Center
 Nikki Gewirz, PA-C, general surgery
 Cory Gould, LPMA, psychologist
 Richard Graham, MD, urology
 Ann Gray, CTR, certified tumor registrar
 Thom Goodwin, MS, quality/infection prevention
 manager

Alan Hartford, MD, radiation oncology, Dartmouth-
 Hitchcock Medical Center
 Brittany Kelton, patient care navigator
 Dina Levin, MD, obstetrician/gynecologist
 Cristine Maloney, MD, internal and palliative
 medicine
 Sheila Metcalf, RN, OCN, oncology nurse
 Rebecca O'Berry, Surgery Division vice president,
 Cancer Program administrator
 Cathy Palmer, MD, pathology, Fletcher Allen Health
 Care
 Sean Patrick, information systems director
 Josh Plavin, MD, internal medicine, pediatrics,
 Medicine Division medical director
 Bethany Silloway, surgical services office manager
 Scott Smith, MD, radiology, Catamount Radiology
 Jessica Spencer, RN, oncology nurse
 John Valentine, MD, oncology, Central Vermont
 Medical Center
 Bassem Zaki, MD, radiation oncology, Dartmouth-
 Hitchcock Medical Center



Cancer Committee members meet in Gifford's Conference Center to review cases with local and regional experts in person and via video conference. All discussions are done without names to protect patient confidentiality.

Program overview

Established in 1959, Gifford's Cancer Program is accredited by the American College of Surgeons Commission on Cancer. A dedicated Cancer Committee meets regularly to provide leadership for the program, including setting program goals and objectives, driving quality improvements and best outcomes for patients, and coordinating Gifford's multidisciplinary approach to cancer treatment.

Operating out of our spacious and relaxing Ambulatory Care Unit, Gifford's Oncology Department includes:

- Cancer care from an experienced oncologist;
- Compassionate and specially certified oncology nurses;
- Planning options for cancer treatment following a diagnosis;
- Outpatient chemotherapy; and
- Some treatments for hematology conditions, such as anemia.

The medical center is home to advanced diagnostic technology, including stereotactic breast biopsies; a breast care coordinator providing education and outreach; a patient care navigator; many surgical offerings; data management and quality oversight; and cancer prevention programs, including a "Prevention into Practice" model that works with patients and their health care providers to bring screenings to the forefront.

Your cancer team is larger than you think

By Dr. Milton Fowler and Dr. Maury Smith,
Cancer Committee co-chairs



Gifford's accredited Cancer Program isn't the nation's largest, but that doesn't mean cancer patients aren't getting the very best care.

That high-quality care comes in part because of the unique role of the Cancer Committee. The committee is comprised of specialists from Gifford, Central Vermont Medical Center, Dartmouth-Hitchcock Medical Center and Fletcher Allen Health Care.

The committee reviews and discusses cancer cases from a variety of disciplinary perspectives, from radiology to pathology to radiation oncology to palliative care to social services to care coordination. All angles are covered and the attending physician is provided a full view of the latest treatments and what studies to perform.

That means when you're a cancer patient at Gifford, you're not just sitting in a room with your lone primary care provider, radiologist or surgeon getting a result or a treatment plan. You're figuratively sitting in a room with a team of experts – some 15 people or more and some of the best in the nation, getting the latest care based on national protocols and standards.

And you're getting that care close to home from people you trust.

New technology helping to improve care

A new software system in the Gifford Radiology Department is decreasing human errors when it comes to mammography reminders and other follow-up, and will allow the patient care navigator program to expand to other types of cancers.

Gifford has purchased MagView software, a mammogram tracking system that works with the medical center's CPSI electronic health system to automatically generate patient letters and send alerts to the Radiology Department about missed or overdue appointments and follow-up care.

The system additionally allows Gifford's patient care navigator, Brittany Kelton, to electronically track patients, add notes, reminders and even patient photos. As patient care navigator, Brittany follows anyone who has an unusual mammogram

and needs to come back for biopsy. She helps schedule follow-up care, ensure the patient gets timely results and helps answer any questions. In short, she helps the patient navigate the health care system.

Previously Brittany was following patients in manila folders filled with handwritten notes. Mammography follow-ups were held in a three-ring binder with tabs indicating when patients should return.

The new system is far less labor intensive, automates what previously required a staff member to diligently review paper files, and improves turnaround for getting results to patients.

The Mammogram Quality Standards Act requires

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Radiology Department is nationally accredited

Gifford's Cancer Program is nationally accredited by the Commission on Cancer and the radiology and nuclear medicine departments are accredited by the American College of Radiology. The American College of Radiology calls their recognition the "gold seal of accreditation" and notes it represents the highest level of image quality and patient safety.

The accreditation is awarded only to facilities meeting American College of Radiology practice guidelines and technical standards after a peer-review evaluation by board certified physicians and medical physicists who are experts in the field. Assessed are image quality from actual patient images taken (without sharing patient names), personnel qualifications, facility equipment, quality control procedures and quality assurance programs.

Quality control procedures include daily, weekly and monthly checks of machines to determine they are functioning optimally.

The recognition, says Nuclear Medicine Manager Tera Benson, tells patients "we're dedicated to providing the best quality image."



Radiology technologist Bob Wagner X-rays a patient's hand for a routine injury.

In addition, it ensures that Gifford is following not just what it deems the best standards for care, but national standards for care.

"This accreditation is a recognition of all the work that occurs behind the scenes to ensure patients not only have a great experience, but the highest quality imaging as well," said Director of Ancillary Services Pam Caron, who praised her team's hard work.

The role of the cancer liaison physician

Established by the American College of Surgeons in 1922, the Commission on Cancer (CoC) is a consortium of professional organizations dedicated to improving survival and quality of life for cancer patients through standard-setting, prevention, research, education, and the monitoring of comprehensive quality care. Across the nation, 1,500 liaison physicians serve as liaisons between the Commission and Commission on Cancer accredited cancer programs, like Gifford's. At Gifford, Dr. Jim Currie, an internal medicine and infectious disease physician, is the cancer liaison physician. We sat down with him to learn about his role and how the work he does improves cancer care.



As cancer liaison physician, Dr. Jim Currie's role is three-part. He serves as a point person between the Commission on Cancer and Gifford, receiving information on the commission's work and upcoming trainings, and passing it along to Gifford providers and the larger community as appropriate to grow knowledge bases and share the latest in care.

Additionally, he meets with the state's other cancer liaison physicians to brainstorm and share ideas and best practices that can again be brought back to Gifford to improve care.

And finally, he spends substantial time reviewing Gifford's cancer data to seek out trends that might be used to improve care. That data includes a patient's demographics, from his or her age and income to the distance he or she had to travel to an appointment, and the treatments received.

"What our main role at this hospital is is to identify anything we can to facilitate the (improved) care of patients," Dr. Currie notes.

For example, it's somewhat unsurprising given our state's reputation as having the second oldest population in the nation, but Gifford's cancer patients tend to be older than regional and national averages. Older patients can have greater transportation and financial needs, for example. Identifying this trend allows Gifford to be prepared in advance to maximize all it can do to meet these needs for patients.

Interestingly, while patients diagnosed with cancer at Gifford do tend to be older than the national average, the stage of their disease isn't necessarily more advanced. Gifford's breast cancer patients, for example, are often diagnosed at earlier stages

than national averages. That tells Gifford providers that it isn't a lack of access to care that is causing diagnoses later in life, rather simply an older population.

This investigative work into the characteristics of care provided to Gifford's cancer patients fits Dr. Currie's interest in epidemiology. Gifford's data is additionally shared with the Commission on Cancer to help drive cancer improvements nationwide.

New technology

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a patient's results to be mailed to them within 30 days of their screening mammogram. Under Gifford's old system, a mammogram was read by the radiologist within five days and a letter mailed to the patient within another five days. The new system automatically generates letters each day meaning that five-day window has decreased to one.

As the department further strives to improve care, the hope is the new software will also lead to an expansion in the navigator program. The goal is to expand the program to other cancers, namely prostate, colon and lung cancers, and add a second navigator, Kim Nelson. Both navigators will additionally seek certification as

Quality improvement initiatives

By Rebecca O'Berry, vice president of surgery and operations



2013 saw the addition of MagView software in our diagnostic imaging department, which will help our breast care program in several ways. It will make the actual reading of the mammography much easier for the radiologists by pulling in past images smoothly to compare current views against and it automates many functions performed by staff members. This is great news for our patients as it will allow them to receive their results much quicker. It also allows staff to spend less time on paperwork and more time with patients.

Our 2013 goals were focused on the implementation of MagView and growing our patient navigation system. We are phasing in the MagView system as it is a very robust system that will affect many areas of breast care and then we can use it for other types of cancers as well. As the system is phased in, we will be able to have our patient navigators work with other types of cancer.

Our quality studies this year looked at increasing our palliative care referrals. Palliative care does not have to focus on end-of-life care. It is an additional layer of care that can be accessed in parallel with primary and specialty care for patients who are dealing with a long-term illness. Gifford has a very robust palliative care program and we are looking to increase the number of cancer patients benefiting from that care.

We have performed a study to ensure our patients are not declining treatment due to the travel distance they may experience in order to reach treatment. This was a two-fold study to help us assess whether we needed to focus on different types of treatment to bring to Gifford and also if we need to partner with any other organizations to help with travel. We

found our patients are not forgoing treatment due to travel, which was very reassuring.

We also studied patients with colorectal cancer to ensure we are catching patients early in their cancer diagnosis. We want to make sure we are providing education to our communities regarding preventative techniques for decreasing the chances of getting colorectal cancer, and providing education on

screening tests available and the recommendations surrounding those screening tests. Our colorectal cancer numbers are small. However, if caught early, these cancers are very treatable.

We compare our breast cancer treatment guidelines against

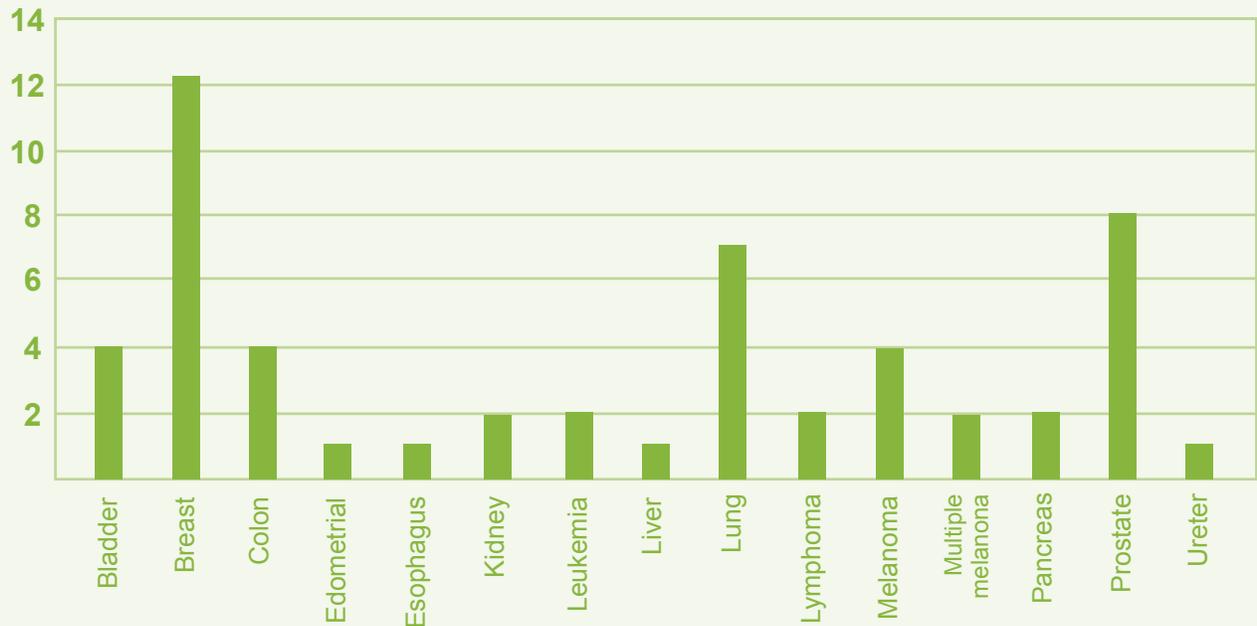
the National Comprehensive Cancer Network guidelines. We reviewed all of our cases for 2012 (18 in all) and 100 percent of those patients were treated according to the published guidelines.

Our Cancer Program accreditation is hard work for the entire team. We feel strongly that it is worth all the effort put forth to ensure our community has access to high quality cancer care close to home. Battling any cancer diagnosis is hard not only for the patient but for that patient's support group. Decreasing the amount of travel during treatment is a true blessing, and I am thankful we are able to provide these services locally.

We compare our breast cancer treatment guidelines against the National Comprehensive Cancer Network guidelines. We reviewed all of our cases for 2012 (18 in all) and 100 percent of those patients were treated according to the published guidelines.

Fifty-three patients visiting Gifford in 2013 were diagnosed with a new cancer. Of those, 32 were reviewed by the Cancer Committee.

2013 Gifford cancer statistics



Bowling for breast cancer awareness

As Gifford works to raise awareness of cancer prevention, two local women work to raise funds to make breast cancer detection through mammograms more comfortable and accessible.

Teresa Bradley, a Gifford employee, and her niece Krista Warner four years ago held a bowling tournament to support Gifford's Woman to Woman Fund as Krista's senior project at Randolph Union High School.

The tournament was in memory of Teresa's mother and Krista's grandmother, Ruth Brown,



Teresa Bradley, left, and Krista Warner

who was diagnosed with breast cancer in 1993. A mammogram detected the disease that 18 years later took her life.

Today, Krista is long out of high school but the duo is still holding the tournament at the family's local business, Valley Bowl.

To date, the Ruth Brown Memorial Breast Cancer Awareness Tournament has raised \$5,150. The funds support soft pads to make mammograms more comfortable for all women

and mammograms for low income women not covered by other sources, such as Ladies First.



Gifford Medical Center

44 South Main Street
Randolph, VT 05060
(802) 728-7000
www.gifford.org

Bethel Health Center

1823 VT Route 107
Bethel, VT 05032
(802) 234-9913

Chelsea Health Center

356 VT Route 110
Chelsea, VT 05038
(802) 685-4400

Rochester Health Center

235 South Main Street
Rochester, VT 05676
(802) 767-3704

Sharon Health Center

12 Shippee Lane
Sharon, VT 05065
(802) 763-8000

Gifford Health Center at Berlin

82 East View Lane
Berlin, VT 05641
(802) 229-2325

Kingwood Health Center

1422 Route 66
Randolph, VT 05060
(802) 728-7100

Twin River Health Center

108 North Main Street
White River Junction, VT 05001
(802) 296-7370

Advance Physical Therapy

331 Olcott Drive, Unit 2
Wilder, VT 05001
(802) 295-7333

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