



THE PHOEBE  
**CANCER  
CENTER**  
ANNUAL REPORT  
**2019**



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# MEDICAL DIRECTOR'S REPORT

## 2019 PHOEBE CANCER CENTER ANNUAL REPORT

It is a privilege to welcome you to the Phoebe Cancer Center. At the Phoebe Cancer Center, we have the most well-trained, knowledgeable, compassionate providers with a commitment to provide the best cancer care in the country. Our team is comprised of our providers, administrators, nurses, staff, clinical trials team, genetics program, community outreach personnel, nurse navigators, volunteers, and many more people committed to continuing the development of a world class, community-based, regional cancer center.

Our accreditations as a Comprehensive Cancer Program by the Commission on Cancer and a Breast Cancer Center of Excellence by the National Accreditation Program for Breast Centers demonstrate Phoebe's skilled personnel, work ethic, and commitment to excellence in cancer care. As a comprehensive, community-based, regional cancer center, we will continue to grow and improve the full spectrum of cancer care for our patients with all types of cancer.

We are continually assessing opportunities to improve the prevention, screening and early detection, diagnosis, and treatment of each disease site. In addition, we are continuing to improve our patients' experiences beyond treatment with focused survivorship, palliative care, and hospice programs.

Our annual report is a picture of all we are doing to fulfill our mission to offer you, your patients, and your family members the highest quality, most comprehensive, most compassionate cancer care available - at home.

Welcome to the Phoebe Cancer Center,

Troy F. Kimsey, MD, FACS  
Surgical Oncologist  
Medical Director, Phoebe Oncology Service Line



A handwritten signature in black ink, appearing to read 'Troy F. Kimsey'. The signature is fluid and stylized, with a large loop at the end.



# CHAIR'S REPORT

## 2019 PHOEBE CANCER CENTER ANNUAL REPORT

I am honored and humbled to present the Phoebe Cancer Center Annual Report. This past year has been an incredible year of changes, challenges, and victories. Our program is rapidly growing and we are making remarkable strides in cancer research, prevention, detection, and treatment. The Phoebe Focus parallels our new approach that will guide our entire health system, helping us improve the needs of those we serve. This focus outlines our path and promise to deliver the best care for our patients, ensuring their safety, well-being, and overall better health. The Phoebe Cancer Center's plan lies along the guiding pillars of quality, safety, growth, people, and service. We are proud to announce that in 2019, the Oncology programs at the Phoebe Cancer Center have become unified.

The Commission on Cancer designation signifies the outstanding hard work, diligence, and dedication to laboratory research, population science, and clinical research our team has accomplished. As a Comprehensive Cancer Center, we are committed to putting our research to work and making an impact on cancer prevention and care. As our programs grow, we continually seek to offer the latest technology, research, surgical options, and advanced chemotherapy and radiation therapy options for all patients. Throughout 2019, our physicians, nurses, and staff at the Phoebe Cancer Center have made significant contributions to improve the health and well-being of our patients, their families, and the communities we serve and providing value based medicine to rural Georgia.

This report summarizes our program goals, quality initiatives, community outreach, and our outstanding ability to offer the full spectrum of comprehensive cancer care, from diagnosis to treatment and survivorship. The Phoebe Cancer Center is proudly accredited as a Comprehensive Cancer Program by the Commission on Cancer which is a national accreditation program and is a Breast Cancer Center of Excellence by the American College of Radiology. These accreditations are held by more than 1,500 hospitals in the United States and Puerto Rico, which represents 30 percent of all institutions and more than 70 percent of all new cancer cases diagnosed annually.

Chirag R. Jani, M.D., FACP  
Hematologist/Medical Oncologist  
Medical Director, Hematology/Oncology





# ONCOLOGY LEADERSHIP TEAM

- Medical Director: Troy Kimsey, MD
- Director, Medical Oncology: Chirag Jani, MD
- Director, Radiation Oncology: William McAfee, MD
- Director, Surgical Oncology: Sanjay Munireddy, MD
- Clinical Director, Lori Nurmi, RN, BSN
- Quality Director, Ursula Dennis-Mathis, MBA

# MULTIDISCIPLINARY TEAM

Cancer outcomes are better when patients are managed according to the principles of a multidisciplinary team evaluation. Multidisciplinary evaluation is associated with improved clinical decision making, clinical outcomes, and patient experience.

Phoebe's multidisciplinary team is comprised of Phoebe and non-Phoebe employed physicians and staff including:

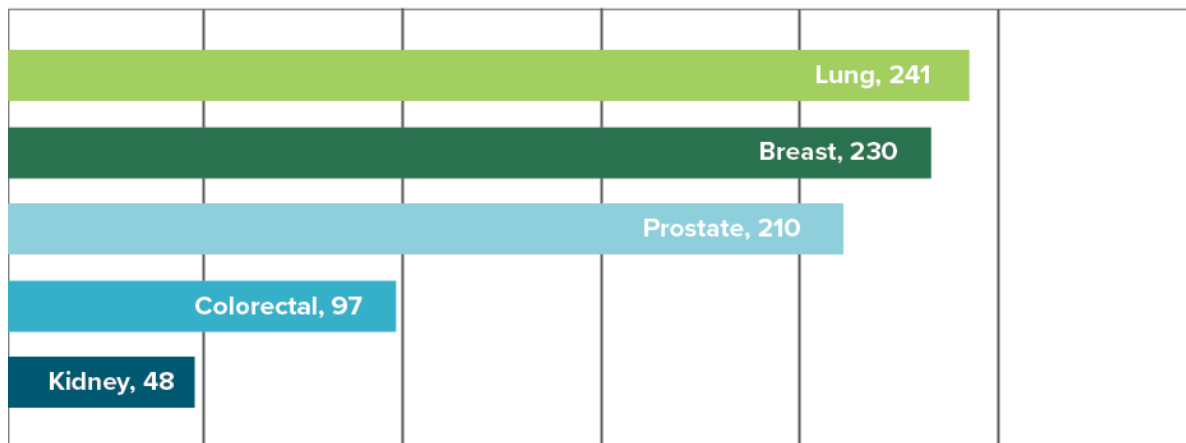
- Medical Oncologist
- Radiation Oncologist
- Pathologists
- Radiologist
- Plastic Surgeons
- General Surgeons
- Oncology Nurses
- Pharmacists
- Registrars
- Nurse Navigators
- Registered Dieticians
- Program Administrators
- Research Staff
- Genetics Staff
- Psychological Staff
- Rehabilitation Therapists

# DISEASES WE TREAT

*At the Phoebe Cancer Center, we treat a wide variety of cancers.*

## CANCER SITE REPORT

### Five Major Sites of Cancer Incidence at Phoebe



## OVERALL PREVENTION AND SCREENING:

The cancer committee partners with community organizations to offer at least one cancer screening event designed to decrease the number of individuals who present with late-stage cancer yearly. Phoebe Cancer Center offers several prevention and screening programs, some of which are partnerships with community organizations such as the American Cancer Society, Horizons Community Solutions, Albany Area Primary Health Care and Phoebe Foundation. These events are consistent with evidence-based national guidelines and interventions and have formal processes developed to follow up on all positive findings. Cancer screening events apply screening guidelines to detect cancers at an early stage, which improves the likelihood of increased survival and decreased morbidity.

# 2017 CANCER SITE REPORT

Site	Totals	Sex		Class of Case		AJCC Stage at Diagnosis					
		M	F	Analytic	NA	Stg 0	Stg I	Stg II	Stg III	Stg IV	Unk/Other
<b>All Sites</b>	<b>1,578</b>	<b>849</b>	<b>729</b>	<b>1,352</b>	<b>226</b>	<b>62</b>	<b>319</b>	<b>296</b>	<b>182</b>	<b>289</b>	<b>204</b>
<b>ORAL CAVITY &amp; PHARYNX</b>	<b>49</b>	<b>39</b>	<b>10</b>	<b>37</b>	<b>12</b>	<b>0</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>19</b>	<b>3</b>
<b>DIGESTIVE SYSTEM</b>	<b>242</b>	<b>137</b>	<b>105</b>	<b>210</b>	<b>32</b>	<b>5</b>	<b>38</b>	<b>41</b>	<b>36</b>	<b>59</b>	<b>31</b>
Esophagus	20	15	5	19	1	0	2	2	4	6	5
Stomach	29	22	7	26	3	0	2	5	5	9	5
Small Intestine	7	4	3	6	1	0	1	3	1	0	1
Colon Excluding Rectum	74	39	35	65	9	5	18	14	13	12	3
Rectum & Rectosigmoid	36	20	16	32	4	0	8	6	10	7	1
Anus, Anal Canal & Anorectum	6	1	5	6	0	0	0	2	1	0	3
Liver & Intrahepatic Bile Duct	18	12	6	13	5	0	3	1	1	3	5
Gallbladder	4	1	3	3	1	0	0	0	0	3	0
Other Biliary	5	3	2	3	2	0	0	1	0	1	1
Pancreas	37	17	20	34	3	0	4	7	0	17	6
Retroperitoneum	1	1	0	1	0	0	0	0	0	1	0
Peritoneum, Omentum & Mesentery	2	0	2	1	1	0	0	0	1	0	0
Other Digestive Organs	3	2	1	1	2	0	0	0	0	0	1



Site	Totals	Sex		Class of Case		AJCC Stage at Diagnosis					
		M	F	Analytic	NA	Stg 0	Stg I	Stg II	Stg III	Stg IV	Unk/Other
<b>RESPIRATORY SYSTEM</b>	<b>277</b>	<b>165</b>	<b>112</b>	<b>261</b>	<b>16</b>	<b>1</b>	<b>44</b>	<b>26</b>	<b>49</b>	<b>136</b>	<b>5</b>
Lung & Bronchus	254	151	103	241	13	0	42	21	47	128	3
<b>BONES &amp; JOINTS</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>SOFT TISSUE</b>	<b>8</b>	<b>6</b>	<b>2</b>	<b>6</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>0</b>
<b>SKIN (EXCLUDING BASAL &amp; SQUAMOUS)</b>	<b>41</b>	<b>28</b>	<b>13</b>	<b>32</b>	<b>9</b>	<b>6</b>	<b>12</b>	<b>5</b>	<b>4</b>	<b>2</b>	<b>3</b>
Melanoma -- Skin	38	25	13	29	9	6	12	5	2	1	3
Other Non-Epithelial Skin	3	3	0	3	0	0	0	0	2	1	0
<b>BREAST</b>	<b>257</b>	<b>4</b>	<b>253</b>	<b>230</b>	<b>27</b>	<b>27</b>	<b>94</b>	<b>71</b>	<b>28</b>	<b>10</b>	<b>0</b>
<b>GYNECOLOGY</b>	<b>83</b>	<b>0</b>	<b>83</b>	<b>63</b>	<b>20</b>	<b>0</b>	<b>30</b>	<b>4</b>	<b>11</b>	<b>15</b>	<b>3</b>
Cervix Uteri	12	0	12	9	3	0	3	1	1	3	1
Corpus & Uterus, NOS	50	0	50	38	12	0	23	1	4	9	1
Ovary	16	0	16	13	3	0	3	1	6	2	1
Vagina	2	0	2	2	0	0	0	1	0	1	0
Vulva	3	0	3	1	2	0	1	0	0	0	0
<b>MALE GENITAL SYSTEM</b>	<b>258</b>	<b>258</b>	<b>0</b>	<b>214</b>	<b>44</b>	<b>0</b>	<b>52</b>	<b>121</b>	<b>17</b>	<b>18</b>	<b>6</b>
Prostate	251	251	0	210	41	0	51	121	16	18	4
Other Male/Genital	7	7	0	4	3	0	1	0	1	0	2
<b>URINARY SYSTEM</b>	<b>108</b>	<b>73</b>	<b>35</b>	<b>96</b>	<b>12</b>	<b>23</b>	<b>24</b>	<b>16</b>	<b>13</b>	<b>13</b>	<b>7</b>
Urinary Bladder	49	38	11	45	4	22	2	8	6	3	4
Kidney & Renal Pelvis	58	34	24	51	7	1	22	8	7	10	3

# 2017 CANCER SITE REPORT, CONTINUED

Site	Totals	Sex		Class of Case		AJCC Stage at Diagnosis					
		M	F	Analytic	NA	Stg 0	Stg I	Stg II	Stg III	Stg IV	Unk/Other
Other Urinary Organs	1	1	0	0	1	0	0	0	0	0	0
<b>EYE &amp; ORBIT</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>BRAIN &amp; OTHER NERVOUS SYSTEM</b>	<b>39</b>	<b>15</b>	<b>24</b>	<b>34</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>34</b>
<b>ENDOCRINE SYSTEM</b>	<b>58</b>	<b>23</b>	<b>35</b>	<b>45</b>	<b>13</b>	<b>0</b>	<b>14</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>22</b>
<b>LYMPHOMA</b>	<b>42</b>	<b>29</b>	<b>13</b>	<b>35</b>	<b>7</b>	<b>0</b>	<b>8</b>	<b>5</b>	<b>10</b>	<b>9</b>	<b>3</b>
<b>MYELOMA</b>	<b>27</b>	<b>16</b>	<b>11</b>	<b>21</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>21</b>
<b>LEUKEMIA</b>	<b>29</b>	<b>19</b>	<b>10</b>	<b>23</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>23</b>
<b>MESOTHELIOMA</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>
<b>KAPOSI SARCOMA</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
<b>MISCELLANEOUS</b>	<b>55</b>	<b>33</b>	<b>22</b>	<b>42</b>	<b>13</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>42</b>



PHILLIP L. ROBERTS, M.D.  
CANCER PAVILION

FREE



# LUNG CANCER

**Prevention:** The Phoebe Respiratory Care department offers a smoking cessation program which assists patients in identifying what triggers their urge to smoke and helps change behaviors accordingly.

**Screening:** Phoebe’s Lung Watch is a screening program offered to individuals who may be at risk for lung cancer. The program outcomes reported include a breakdown of initial lung screenings and follow-up diagnostic scans.

**Treatment:** All positive findings are presented to the multidisciplinary board for personalized treatment planning.

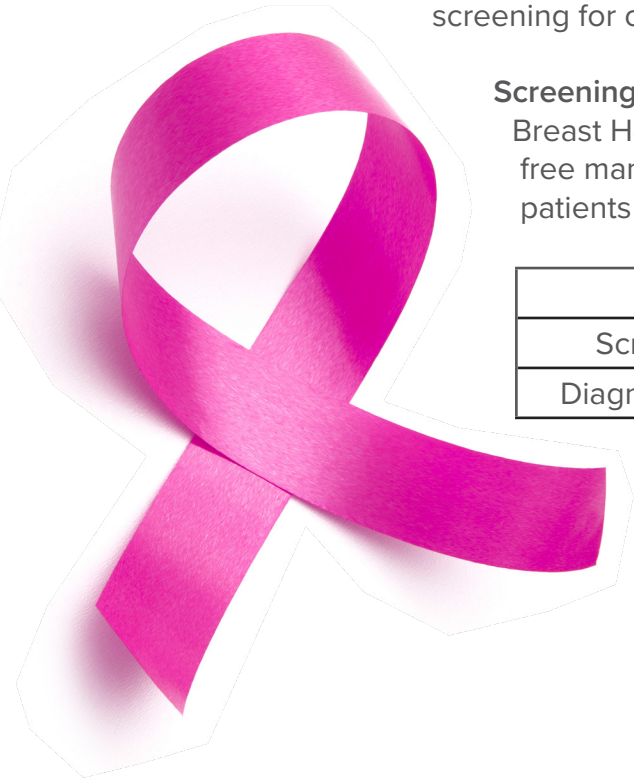
LungWatch Data 2017-2018		
Type of Scan	#screened/tested	
	2017	2018
Initial	342	385
1-2 Mo. Dx	2	3
3 Mo. Dx	47	50
6 Mo. Dx	52	48
1 Yr. Dx	37	6
2 Yr. Dx	8	2
1 Yr. Screen	149	199
2 Yr. Screen	57	80
3 Yr. Screen	24	31
4 Yr. Screen	0	8
<b>Total</b>	<b>718</b>	<b>812</b>

Screening/Testing Outcomes		
STAGE	2017	2018
Non-Small Cell		
I	6	4
II	2	3
III	3	0
V	2	5
Small Cell		
Limited	1	0
Extensive	1	1
<b>Total</b>	<b>15</b>	<b>13</b>



# BREAST CANCER

**Prevention:** Phoebe representatives participate in educational opportunities multiple times each year to remind our community about the importance of self-examination, being open with physicians and participating in annual screening for optimal breast health.



**Screening Outreach:** The Carlton Breast Health Center offers 200 free mammograms to applicable patients annually.

CBHC Data 2018	
Screenings	14,399
Diagnostic Tests	1,501

**High Risk Breast Program (launched at CBHC Main campus, June 2019):**

The High Risk Breast Genetics Screening program is offered to patients at The Carlton Breast Health Center (CBHC) through a partnership with Myriad Genetics, Inc. This program identifies patients at risk for inherited gene mutations. Hereditary cancer risk assessment is standard of care and all patients presenting to CBHC are assessed for the need for genetic testing to prevent future cancers and to accurately predict risk for family members. Cancer risk assessment and post-test counseling is performed by a Certified Genetics Counselor through our Telegenetics referral partnership. This process is in place pursuant to evidence-based national guidelines for genetic assessment for specific cancer sites. The ultimate goal of this program is to stratify patients according to risk (population risk, familial risk, and hereditary risk) in order to provide the proper medical management.

*In 2019, Phoebe Cancer Center hosted its first prostate cancer awareness week at the main hospital campus.*

## PROSTATE CANCER

**Prevention:** Phoebe Cancer Center representatives participate in educational opportunities multiple times each year to remind our community about the importance of getting a PSA baseline and knowing their PSA levels.

**Screening:** Phoebe's Men's Health Fair offers free PSA screening each year.

The Phoebe Cancer Center offers a prostate cancer support group which meets multiple times a year.

## COLORECTAL CANCER

**Prevention:** Phoebe Cancer Center representatives participate in educational opportunities multiple times each year to remind our community about the importance of knowing how their body functions and when to begin colorectal screenings.

**Screening:** The Phoebe Cancer Center works closely with community organizations to assist with screening events in order to decrease the number of late-stage colon cancer found in southwest Georgia.

In 2019, the Phoebe Cancer Center was awarded a grant by the American Cancer Society to target screening and education efforts towards PPMH employees and their spouses who fall within the acceptable screening range based on ACS guidelines for average, increased and high risk for developing colon cancer. This grant also awarded the opportunity to disseminate continuing medical education credits to medical staff in the community to further improve colorectal cancer outcomes in the future.

## KIDNEY CANCER

Currently, there is no nationally recognized kidney cancer screening in existence.



# MULTIDISCIPLINARY APPROACH

## 2019 COMMUNITY OUTREACH REPORT

**Albany Pink Walk for Cancer on March 16, 2019:** This community awareness event and fundraiser celebrates survivorship and honors those who have fallen to cancer. Phoebe Cancer Center representatives hosted a booth where they provide screening guidelines and prevention education resources to participants and guests.

**Arlington Senior Center in Arlington, Georgia on May 29, 2019:** Dr. Stephen Plumb of Phoebe Dermatology spoke to the group about skin cancer prevention, awareness, treatment particularly focusing on melanoma.

**Phoebe's Men's Health Fair in Albany on June 15, 2019:** Dr. Adam Jones of Radiation Oncology Associates discussed prostate health to participants. Phoebe Cancer Center

representatives hosted a booth where they provided cancer screening guidelines and prevention education resources to participants and guests. Free prostate screenings were also provided.

**Golden Key & Dougherty County Rotary Club in August 2019:** Dr. Adam Jones joined Dr. Giovanni Piovesana, of Phoebe Cardiovascular Surgery, to discuss the Lung Watch program. This is a lung cancer screening program delivered by a multi-disciplinary team of physicians and medical staff to educate and offer screening opportunities for at-risk patients in our area.

**Prostate Support Group - Sex and Prostate Cancer on Sept 5, 2019:** Dr. John McGill, of Phoebe Urology and Dr. Adam Jones discussed options for easing sexual tensions from erectile dysfunction after prostate cancer treatments.





**Prostate Cancer Awareness Walk on Sept 20, 2019:** Phoebe Cancer Center representatives, along with Dr. Adam Jones, organized this walk to celebrate survivors, show support for our caregivers, and honor and remember those who lost their battle to prostate cancer. Dr. Jones led participants in the walk around the campus ending at the Cancer Center entrance. Information on Taking Control of your Health, Cancer Facts for Men, Cancer Fighting Foods and Gloria Tongol Wellness quarterly flyer on wellness classes and events was available.

**Gloria Tongol Wellness Class on September 20, 2019:** A Phoebe Cancer Center registered dietician hosted educational session “Supermarket Secrets & Food Safety.” Participants were exposed to supermarket product placement tactics to avoid, how to shop the perimeter first, and how to read product labels. Handouts from the USDA, CDC, FDA, Foodsafety.gov, eatright.org, and American Institute for Cancer Research were distributed.

**Alpha Delta Kappa Beta RHO Chapter Meeting; How to Take Control of Your Health on September 24, 2019:** A Phoebe Cancer Center representative discussed cancer prevention and screening for breast, colon, uterine, cervical, ovarian, and lung cancers. Programs discussed included Phoebe’s LungWatch and Oncology Nurse Navigation programs and Horizon Community Solutions’ colonoscopy screening program.

**Albany Boys & Girls Club Wellness Fair on September 24, 2019:** Phoebe Cancer Center representatives hosted a booth focused on cancer awareness, prevention, screenings and family genetic risk assessment.

**CUB Scout Health Education on October 6, 2019:** Phoebe Cancer Center representatives conducted Basic First Aid training for Pack 64 Cub Scouts. Educational materials were also provided about lung cancer and HPV vaccinations to prevent penile, anal, and head and neck cancers.

**Gloria Tongol Cancer Wellness program session: Embracing Life After Cancer Diagnosis on October 14, 2019:** Phoebe Cancer Center representative focused on educating survivors about what to expect during survivorship including lifestyle changes, returning to work, follow-up screening and medical care.

**Aspire Community Outreach on October 17, 2019:** Phoebe Cancer Center representatives provided education about breast self-examination and reasons to get screened.

**Terrell County Health Fair on October 28, 2019:** Phoebe Cancer Center representatives hosted a booth providing educational materials about breast cancer prevention and screening and wellness programs.

**Plains, Georgia Health Fair, hosted by Mercer School of Medicine on October 28, 2019:** Phoebe Cancer Center representatives organized a wellness table aimed at increasing healthy living awareness and distributed wellness materials including information about cancer fighting foods, screenings and vaccinations.

**Phoebe's Women's Health Fair, Albany on October 26, 2019:** As part of the formal program, Phoebe Cancer Center representatives along with Dr. Adam Jones presented the LungWatch screening program and the harmful effects of vaping and other cancer-related topics. Phoebe Cancer Center representatives hosted a booth where they provided cancer screening guidelines, cancer prevention education and overall health and wellness resources to participants and guests.



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*The care of patients with cancer requires a multidisciplinary approach and encompasses physician and non-physician professionals.*

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## MULTIDISCIPLINARY CANCER COMMITTEE

The membership of the cancer committee is a multidisciplinary team comprised of physicians from diagnostic and treatment specialties and non-physicians from administrative, clinical, and supportive services. Cancer committee coordinators and leaders, who are responsible for specific areas of cancer program activity, are designated. The care of patients with cancer requires a multidisciplinary approach and encompasses physician and non-physician professionals.

**Chair:** Chirag Jani, MD; **Alternate:** Sailaja Gadde, MD

**Cancer Liaison:** William McAfee, MD; **Alternate:** Adam Jones, MD

**Cancer Conference Coordinator:** Jose Rebeil, MD; **Alternate:** Susan Lamb, CTR

**Quality Improvement Coordinator:** Robert Krywicki, MD; **Alternate:** Ursula Mathis-Dennis, MBA

**Cancer Registry Quality Coordinator:** Colleen Vann, CTR; **Alternate:** Yolanda Nolan, CTR

**Community Outreach Coordinator:** Adam Jones, MD; **Alternate:** Darrell Sapps

**Psychosocial Service Coordinator:** Chevin Ellis, MSM; **Alternate:** Shudonnda Harrison, MSM

**Palliative Care:** Kumud Rangaraj, MD; **Alternate:** Penny McCullough, NP

**Clinical Research:** Thomas Neal, MD; **Alternate:** Keisa Mansfield, MPA

**Dietician:** Debbie Harris, RND

**Pharmacist:** Stephanie Sceals, PharmD

**Rehabilitation:** Kirsty Vanderwalt, PT, CLT

**Cancer Program Administrators:** Troy Kimsey, MD; Ursula-Mathis-Dennis, MBA; Lori Nurmi, BSN

**Radiologist:** Jose Rebeil, MD; **Alternate:** Clifford Church, MD

**Pathologist:** Deborah Marks-Jones, MD; **Alternate:** Debra Trammell, MD

**Surgical Oncology:** Sanjay Munireddy, MD; **Alternate:** John Bennett, MD



**Medical Oncology:** Chirag Jani, MD; **Alternate:** Sailaja Gadde, MD  
**Radiation Oncology:** William McAfee, MD; **Alternate:** Adam Jones, MD  
**Outpatient Oncology Nurse:** Lori Nurmi, RN, BSN  
**Inpatient Oncology Nurse:** Cynthia James, RN  
**American Cancer Society:** Jessica Davis  
**Horizons Community Solutions:** Cynthia George  
**Marketing:** Kristi Baranko, MBA  
**ONS:** Cathy Shoemaker, RN  
**Pastoral Care:** William Runyon, MDiv  
**Genetics:** Theresa Weiss, RN  
**Carlton Breast Health Center:** Shailaja Sappati, MD; Linda Whitten, RT; **Alternate:** Dorothy Dickey, RN

## CONFERENCES & TUMOR BOARDS

Multidisciplinary Tumor Board Conferences	
Site	Frequency
Breast	Weekly
General	Weekly
Chest	Weekly

## CANCER COMMITTEE

### PHYSICIANS

DIAGNOSTIC

TREATMENT

### NON-PHYSICIANS

ADMINISTRATIVE

CLINICAL

SUPPORTIVE SERVICES

“

The department provides research support in varying capacities to many divisions within the hospital, including:

- Hematology/Oncology
- Radiation Oncology
- Cardiology
- Cardiovascular Medicine
- Behavioral Health
- General Surgery

”

## CLINICAL RESEARCH

The Department of Clinical Research provides centralized research services to coordinate and conduct clinical trials by providing investigators with in-house operational infrastructure. Phoebe Putney Memorial Hospital, Inc., (PPMH) is an Affiliate Institution of Augusta University for purposes of the minority NCI Community Oncology Research Program (NCORP). The department has a screening policy and procedure to identify participant eligibility for clinical research studies and processes to provide clinical trial information to patients. These processes are assessed to identify and address barriers to enrollment and participation. The staff maintains a variety of studies facilitated by the Augusta IRB, PPMH IRB, or the National Cancer Institute Central IRB (NCI-CIRB) and provide assistance to physician investigators. The department provides research support in varying capacities to many divisions within the hospital.

The various resources are being utilized by:

- Hematology/Oncology
- Radiation Oncology
- Cardiology
- Cardiovascular Medicine
- Behavioral Health
- General Surgery

## NURSE NAVIGATION

An Oncology Nurse Navigator (ONN) is a professional registered nurse with oncology-specific clinical knowledge who offers individualized assistance to patients, families, and caregivers to help overcome healthcare system barriers.

Care coordination is an integral component of the Phoebe Cancer Center. We developed a Nurse Navigation program that is focused on identifying and minimizing patient barriers to care, including difficulty navigating the

healthcare system, poor communication, and lack of resources. Additionally the Phoebe Cancer Center is devoted to the highest quality and timely care, as well as meeting the American College of Surgeons Commission on Cancers navigation standards.

**The Navigation program commits to:**

- Identify and assist patients with individual barriers to care
- Ensure timely access to appropriate care
- Facilitate communication among patients, providers, and other agencies
- Prepare patients and caregivers on what to expect
- Coordinate care to ensure timely and smooth transitions
- Collaborate with physicians and other healthcare providers to identify and reduce barriers
- Track and monitor patients to ensure timely and appropriate care
- Document and communicate navigation activities and patient outcomes
- Advocate on behalf of patients to reduce disparities in cancer care
- Educate: identify barriers to care and provide resource to assist patients and coach multidisciplinary colleagues about the role of the nurse navigator, identified barriers, available resources, and navigation process
- Collaborate with other navigators to share best practices and increase patient resources
- Psychosocial Care: distress screening, survivorship care planning and advance care planning
- Processes of Care: identifying patients appropriate for genetic counseling, designing education plans and programs
- Monitoring Patient adherence
- Assist patients in understanding their diagnosis, treatment options, and the resources available, including educating eligible patients about appropriate clinical research studies
- Develop and distribute educational materials for patient use

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*The availability of rehabilitation care services is an essential component of comprehensive cancer care.*

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## OVERARCHING SUPPORT SERVICES

Rehabilitation care is patient-centered care that optimizes patient functional status and quality of life (QOL) through preventive, restorative, supportive, and palliative interventions. The availability of rehabilitation care services is an essential component of comprehensive cancer care, beginning at the time of diagnosis and being continuously available throughout treatment, surveillance, and when applicable, through end of life. Rehabilitation professionals associated with cancer rehabilitation typically include, but are not limited to, physiatrists, physical therapists, occupational therapists, speech language pathologists, registered dietitian nutritionists, mental health professionals, social workers, and spiritual counselors.

- Support Groups
  - Survivors
  - Prostate
  - Breast

- Routine Distress Screening & Support
- Comprehensive Psychosocial/Case Management/Nurse Navigation Support
- Rehabilitation Services
- Integrative medicine/Complimentary services (Yoga, Gentle Touch Therapy/Hand Massage)
- Nutritional counseling
- Palliative care
- Hospice care
- Lodging
- Transportation services
- Patient/Family Resource Room/Computer Access
- Serenity Room



## TUMOR REGISTRY

**Tumor Registry Overview 2017:** Phoebe Putney Memorial Hospital cancer registry is a data system designed for the collection, management and analysis of data on patients with the diagnosis of neoplastic disease (cancer). It is a vital part of an approved cancer program and provides a valuable service to the cancer program and physicians through statistical analysis of the data contained in the computerized database. Phoebe Putney Memorial Hospital began its computerized cancer registry in 1987. Current reference year is 2010.

The most current data show that in 2017 the registry abstracted 1,578 cases, 1352 of which were analytic. The registry currently follows over 5,000 patients yearly and maintains 90% follow-up rate.

The tumor registry submits yearly to the National Cancer Database (NCDB) edit-free and monthly to Georgia Center for Cancer Statistics and to the Rapid Quality Reporting System (RQRS) with the Commission on Cancer (CoC). All cancer registry staff who abstract cases at a CoC-accredited program either hold a current Certified Tumor Registrar (CTR) credential or perform case abstracting under the supervision of a CTR.

Dr. Chirag Jani, Dr. William McAfee, Dr. Daniel Jones, Dr. Edward Oleen and Dr. Stephen Daniel reviewed 10% of the 2017 analytic cases for quality of cancer registry data and activity and reported 99%-100% accuracy rate.

# QUALITY STUDY: HEM/ONC LIFEPORT ACCESS

**Date/Year Initiated:** 2018

**Study Topic/Reason or Problem for Undertaking the Study:** To ensure proper sterile technique is performed in accessing life ports.

- Dr. Sanjay Munireddy identified an increased number of patients returning to his office with problems with their life port due to improper access

**Criteria for Evaluation:**

We had an outside company come in to evaluate our nurses' technique in accessing ports. The oncology educator is also performing regular audits.

**Timeframe:** 2018

**Summary of Findings/Analysis:**

Recommendations were made regarding patient's clothing compromising the sterile field. Also, they identified the nurses needed more space to properly set up the sterile field.

**What national guidelines/benchmarks were used?** ONS and Lippincott

**Date Completed:** 2019

**Recommended Actions:**

- Create Port access kits with sterile towel to fold in to the patients clothing to maintain the sterile field
- Provide the staff with tables to ensure there is enough room to set up the sterile field

**Follow-up/Action Plan if needed:**

Mandatory Return demonstration Central Line Dressing change competency –

- records available in myNetLearning

- 19 RNs, LPNs from Hem/Onc Infusion, Clinic, Injection, SMC completed a 1:1 dressing change competency
- 270 RNs from Oncology, Acute Care, & Critical care completed – Medline provided dressings and the Oncology, Acute Care, and Critical care educators assisted with a week of training classes. As a result of nurses input/feedback C-Line kits have been updated house-wide to include alcohol prep pads for scrubbing the hub, an additional mask for 2-person dressing changes, and items have been removed that were never used



A removal kit is also being created as a result of the feedback.

Educators were provided with enough dressings for everyone to return demo.

Additional dressings and education kits were provided for continuing the education with goal of completing competency again in March/April.

- 14 nurses completed Makeup competencies

**NOTE: This education begins in New Employee orientation and information is provided in the employee handbook. Annual update required by all RNs & LPNs**

### October 2019

Life Port Access Competency for Clinic Nurses – clinic nurses had to complete 20 port accesses in the presence of 5 different RNs by October 30.

1:1 return demo and additional practice provided individually as needed and requested by educator

Hospital Wide –Life Port access- hands-on trainings

- Externs/RN residents- October Hem/Onc nurses are a resource for port access throughout the hospital.

### OUTCOMES:

Prior to the inservice there were 5 reported central line infections accredited to port access. From March 2019 to December 2019 there have only been two reported infections.

*Additional Benchmark/Guidelines utilized:  
Conley, S.B., Buckley, P., Magarace, L., Hsieh, C. (2017). Standardizing best nursing practice for implanted ports: Applying evidenced -based professional guidelines to prevent central line-associated bloodstream infections. Infusion Nursing Society of Americ, (40)2, 165-174. doi:10.1097/NAN.0000000000000217*

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*Prior to the inservice there were 5 reported central line infections accredited to port access. From March 2019 to December 2019 there have only been two reported infections.*

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## *Advantages of Tele-genetics:*

- Resource utilization
- Early intervention
- Avoids unnecessary transportation
- Community based care
- Medical education and research
- Cost saving
- Improved patient documentation
- Increased range of care and education

## **EVIDENCE-BASED STUDY: TELEGENETICS PROGRAM**

### *The process and outcomes of implementing tele-genetics at Phoebe Cancer Center*

#### **Introduction**

Cancer risk assessment and genetic counseling are the processes to identify and counsel people at risk for familial or hereditary cancer syndromes. Purposes of cancer genetic counseling are to: educate patients about their chance of developing cancer, help patients obtain personal meaning from genetic information, and empower patients to make educated, informed decisions about genetic testing, cancer screening, and cancer prevention. The telehealth delivery model circumvents the lack of access by providing patients with an instant connection with their physician and counselor. Telehealth transforms those situations to everyone's benefit. The patient receives expert treatment locally without the added risk and cost

of a transfer to a bigger hospital. Local hospitals retain vital revenue and enhance their services. Also, community members get better care that's based on evidence-based best practices.

Phoebe Cancer Center's Telegenetics program provides patients with these services to improve access and provide value care.

#### **Eligibility**

- All new patients who presented to Phoebe Cancer Center received and completed a family history questionnaire for hereditary cancer risk assessment that reflects current NCCN guidelines for testing for Hereditary Cancer Syndrome

#### **Process**

- Physicians, Oncology Nurse Navigator, and involved oncology center staff had formal training from nationally recognized societies for hereditary cancer risk assessment (such as the ASCO, ONS, NCBC) and documented ongoing continuing education and clinical

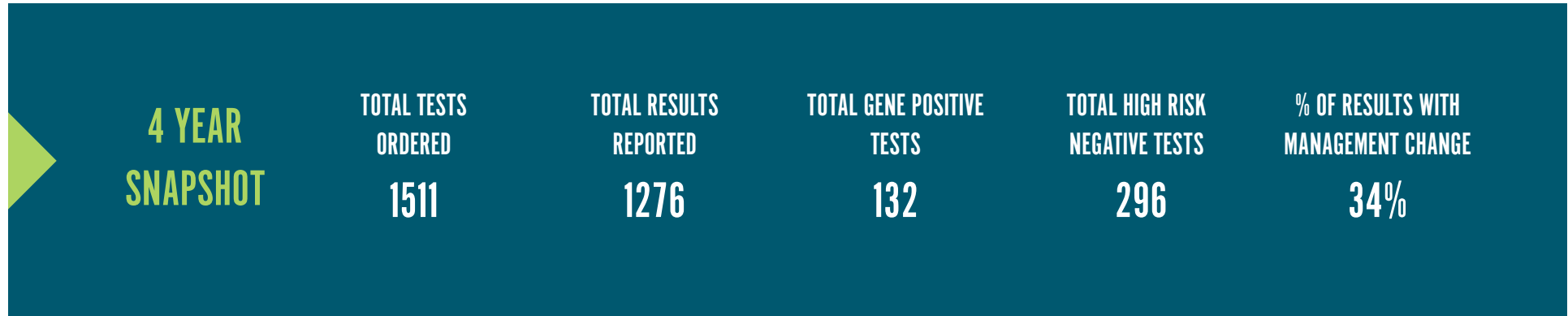


- experience in hereditary cancer risk assessment
- Physicians served as a mentor and provided expertise and oversight in the design and conduct of the study
- All new patients who presented to oncology center received and completed a family history questionnaire for hereditary cancer risk assessment that reflects current NCCN guidelines for testing for Hereditary Cancer Syndrome
- Patients were screened for a hereditary cancer syndrome by MD/NP using family history questionnaire and personal diagnosis
- The physician identified the patient as high or low risk for a hereditary cancer syndrome. The initial informed consent was provided by MD/RN. The patient was placed in a private room and watched a short 5 minute video regarding the basics of hereditary cancer syndromes
- The patient called the Myriad tele-genetics counselor for additional education at which time the following occurred:
  - A three- four-generation pedigree was obtained
  - Patient's risk was evaluated
  - A psychosocial assessment was performed
  - Patient was educated regarding the suspected hereditary cancer syndrome
  - Informed consent was obtained
- The physician was notified immediately of the genetic counselor's discussion and whether the patient elected to pursue testing
- In the event of a positive genetic finding or any complex or unexpected finding, patient was given the option of referral to a local licensed genetic counselor or geneticist for further evaluation and discussion
- The patient was scheduled for post-test counseling by the physician and genetic counselor where results were explained
- Genetic test result, NCCN guidelines for cancer screening, and cancer risk models such as Tyrer-Cuzick, BRCAPRO, and PREMM Model5 were used in the evaluation of patient management and documented at time of post-test visit
- At the time of results disclosure, a questionnaire was given to the physicians to see how the information provided changed their medical management
- A genetics nurse navigator coordinated the above process and submitted the data to research office

# PROGRESS DIAGRAM

## OUTCOMES

The outcomes of this program yield significant financial and health benefits providing valuable care for our patients. Those patients who are subject to financial constraints are able to circumvent a lack of access for trips to meet genetic counselors using the tele-health model. Additionally, this early screening tool identifies any potential deleterious gene mutations; ensuring patients can take the necessary steps to prevent the development of cancer. This recognition saves upwards of \$200,000 in cost savings of various treatments like immunotherapy, chemotherapy, and other tests. By preventing cancer or identifying cancer at early stages in high risk patients this service can truly impact the lives of patients and their families who would otherwise be unaware of their increased risk of developing cancer.







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## CONCLUSION

Thank you for taking the time to review our 2019 annual report. At the Phoebe Cancer Center, we will continue to provide the highest quality of cancer care available – at home. In 2020, we will focus on developing measurement tools to assess the quality of our program at all phases of cancer care – education, prevention, screening, diagnostics, treatment, survivorship, palliative care, and hospice – for each disease site.

These tools will also enable us to develop ongoing quality improvement initiatives across the full spectrum of cancer care. With our excellent team and commitment to expanding our clinical trials program, we will continue to provide the highest quality of care available. It is a privilege to serve this community and region as a destination center for cancer care. Thank you for joining us on this journey of excellence. We look forward to sharing our improvements, growth, and updates in our 2020 annual report next year.

Troy F. Kimsey, MD, FACS  
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Medical Director, Phoebe Oncology Service Line







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