



Staten Island University Hospital Northwell Health Executive Summary 2017

Completed November 2018



Northwell
HealthSM

TABLE OF CONTENTS

Cancer Committee Membership	3
Cancer Committee Chair Report	4-7
Surgical Oncology Report	8-9
Pediatric Oncology Report	10-12
Radiation Oncology Report	13-15
Radiology Report	16-17
Hematologic Nurse Navigator Report	18-19
Breast Health Navigator Report	20-21
Gastrointestinal Nurse Navigator Report	22-23
Head/Neck Navigator Report	24-25
Lung Navigator Report	26-27
Rehabilitation Report	28-31
Cancer Registry Report	32-34
Oncology Research Report	35-36
University Hospice	37-39
Cancer Education and Prevention Report	40-41
Community Outreach Year End Summary	42-48

2017 Cancer Committee Membership

Patricia M. Altschuler, BSN, RN, Head and Neck Navigator

Lisa Carolan, RN, MHA, PI Manager

Nancy Caserta, RN, OCN, Breast Health Navigator

Raimonda Clark, RN, MA, M.ED, Associate Executive Director, Oncology Services

Cynara Coomer, MD, Cancer Liaison Physician

Claudine DeMarco, RN, MSN, Gastrointestinal Nurse Navigator

Frank Forte, MD, Director, Palliative Care Medicine

Kerry Gillespie, Director Complimentary Medicine

Nora Goldberg, Manager, Occupational Therapy

Laura Longo, RN,BSN, NP Director, Patient Care Services, Ambulatory Oncology

Michele Lotito, Health Information Management

Louise Madrigal, RN, BSN, OCN, CRC, Manager Clinical Research

Paula McAvoy, RN, MPS, OCNAdm Director, University Hospice Oncology

Avery Miller, MS, CGC, Genetic Counselor

Lauren Moore, American Cancer Society

Lynne Opitz, MD, Associate Chair, Pathology

Antonio Picon, MD, Surgical Oncology

Heather Polizzi, BSN,RN, Hematologic Malignancies Navigator

Deirdre Quirk, CTR, RHIA Cancer Registry Coordinator

Maria Rapuzzi, RN, Breast Health Navigator

Carolyn Simone, LCSW, Manager, Community Education and Marketing

Terenig Terjanian, MD, Chairman, Cancer Committee

Denise Torsney, RN, Nurse Manager, 3B

Penny Troiano, MSW, LCSW, OCW-C, Oncology Social Worker

Sarah Vaiselbuh, MD, Pediatric Oncology

Judy Valitutto, RN, Lung Navigator

Philip Vigneri, DO, Chairman, Radiation Oncology

Terenig Terjanian, MD

Chair, Cancer

Committee



Cancer Committee Chair Report

Cancer management continues to be one of the major targets of healthcare realities. It is estimated that, this year more than 1,700,000 million people will be diagnosed with cancer. More than 600,00 will die from the disease. In addition to the obligation of providing high quality cancer care to our community, the Cancer Center duty includes participating in cancer research to achieve the final goal of a cure for every kind of cancer. Progress has been made over the last thirty five years with an explosion of new and effective treatments achieving not only better survival, but also a significant number of cures.

The Cancer Center was established in 1991 in order to respond to the needs of the Staten Island community, and to avoid the burden of commuting to New York City for their care. For that reason, a comprehensive cancer care program including all aspects of the management of malignant disorders was created. All of the areas of cancer treatments are available at Staten Island University Hospital Northwell Health. Surgery, chemotherapy, radiation therapy, immunotherapy, nutritional and psycho-social services, patient education, cancer screening, physiotherapy, rehabilitation, palliative care program, hospice and community outreach. (Please see separate reports for the above mentioned programs).

All of these provided through a coordinated multidisciplinary approach, using the most updated information available, consistent with national guideline recommendations in a dedicated environment that unites high quality care of an academic and well respected institution with the comfort, convenience, personal touch and dedication of private institutions or practices. For all of these reasons, the cancer program was accredited for another three years with commendation for a 3rd time in a row in 2017 by the American College of Surgeons Commission on Cancer. This is an honor reserved to only about 75 institutions out of over a thousand. Our program is due for another survey in 2020. We hope to achieve the same high level of accreditation with commendation.

The multidisciplinary approach is at the heart of the cancer program. The intention is not only treatment, but to do so in a relaxing environment with all of the necessary ancillary and subspecialty services available, such as gynecologic and urologic oncologic consultations and follow up provided on site, although the Cancer Center has been principally the home of the Medical Oncology division since 1991. The center does not discriminate based on insurance coverage. All oncologic and hematologic patients are treated without distinction between “clinic” and “private” patients. The number of patients visits at the center is over 30,000 per year. At present, there are plans to move the location of the Cancer Center and expand it to accommodate the increasing number of patients since the present facility has reached near saturation levels.

As expected, there have been personnel changes at the attending physicians’ level. The program hired a new hematologist-oncologist Dr. Sokoloff joined our team in early 2017. We are looking for a 7th oncologist for 2018.

Features of the Cancer Center and program include the following:

- Extensive chemotherapy treatment center offering the latest modalities with a all of the recently available drugs in addition to the traditional treatments under the supervision of the attending physicians and oncology certified nurses.
- Fully equipped Radiation Oncology program
- Palliative Care services and a Hospice program
- Dedicated services for Pediatric Hematology and Oncology under the direction of Dr. Sarah Vaiselbuh
- Four consultation and ten examination rooms with a sixteen chair outpatient chemotherapy unit
- Inpatient oncology unit

- On-site laboratory services
- Dedicated oncology pharmacy
- Cancer Information Line
- Nutritional Services
- Nurse Navigator programs
- Genetic counseling
- Social Services program to assist patients and families with financial assistance and counseling
- Support groups and patient education programs
- Up to date radiologic services PET-CT, CAT scan, MRI, nuclear imaging, digital mammogram unit in addition to standard x rays
- Blood Bank unit with cytophoresis and plasmapheresis capabilities
- Cancer Registry Data
- Hematology-Oncology research program with the appropriate designated personnel
- Academic activities (lectures, conferences, journal clubs) in the conference center
- Complementary Medicine services
- ACGME-approved Hematology-Oncology fellowship program housing a multihead microscope

Antonio Picon, MD

Surgical Oncology



Surgical Oncology Report 2017

1. We will enforce pathology slide review from outside institutions for all oncological cases.
2. As per the Commission on Cancer measure, we will monitor the trend for adequate lymphadenectomy in colon cancer resections.
3. We will increase the number of gastrointestinal oncology and soft tissue tumor cases presented at our medical-surgical weekly tumor conference meetings.
4. We will create a multidisciplinary gastrointestinal conference that can be used to discuss additional GI oncology cases outside our regular tumor conference.
5. Surgical attendance at Tumor Conference in 2017 was over 90%. The Cancer Committee set the required attendance to be 80%. Every effort will be made to keep the surgical attendance at the highest level.

Goals 2018

1. Increase the number of Surgical Oncology cases in 2018.
2. To incorporate the nurse navigator role into other surgical disciplines.
3. Consolidate the role of the multidisciplinary GI conference.
4. Increase the number of surgical oncology cases, prospective and retrospective, presented at tumor conference.

**Sarah
Vaiselbuh, MD
Chair, Pediatric
Oncology
Services**



The Division of Pediatric Hematology/Oncology provides clinical services for children with cancers as well as benign blood disorders. Focus on outpatient chemotherapy (instead of hospitalization) is a unique feature of the Children's Cancer Center at SIUH that aims at increasing the quality of life of both child and parents alike, since the children can return home in the evening to the familiarity of their own bedroom.

The Pediatric Hematology/Oncology division has developed policies and procedures fully integrated with Northwell standards of care. We trained mid-level providers who are the liaison between inpatient and outpatient nursing staff. They provide training programs for pediatric nurses so they gain confidence in the clinical management of oncology patients. As a core rotation of the pediatric residency program, our faculty is daily involved in mentoring and guidance of rotating residents. To impact the academic productivity of the Department of Pediatrics and resident trainees at SIUH, Dr. Romanos plays a key role as co-chair of the research and scholarship committee. Dr. Vaiselbuh is the principal investigator (PI) of her laboratory in basic science in exosomes in leukemia research at Feinstein Institute of Medical Research. In addition, she is the PI on a clinical phase III trial that evaluates the efficiency of an investigational antibody in patients with sickle cell crisis.

Both attending physicians have had multiple abstracts accepted for poster and/or oral presentations at regional and national meetings and are actively involved in mentoring junior faculty and housestaff.

We initiated Project S.M.I.L.E. – a pain awareness and comfort program for children of all ages afflicted by disease. The residents are being trained in pain awareness and comfort kits are being distributed to help distract children during painful procedures such as needle sticks.

Our division is also home to the HistoCare program – a specialty program for children and adults affected by Histiocytic Disorders. We currently are a participating site of the International Registry for Rare Histiocytic Disorders (IRHDR) and a member in good standing of the North American Consortium for Histiocytosis.

Cancer Committee set the acquired attendance at 80%. The Pediatric Hematology Oncology attendance level has been persistently at 80% or above.

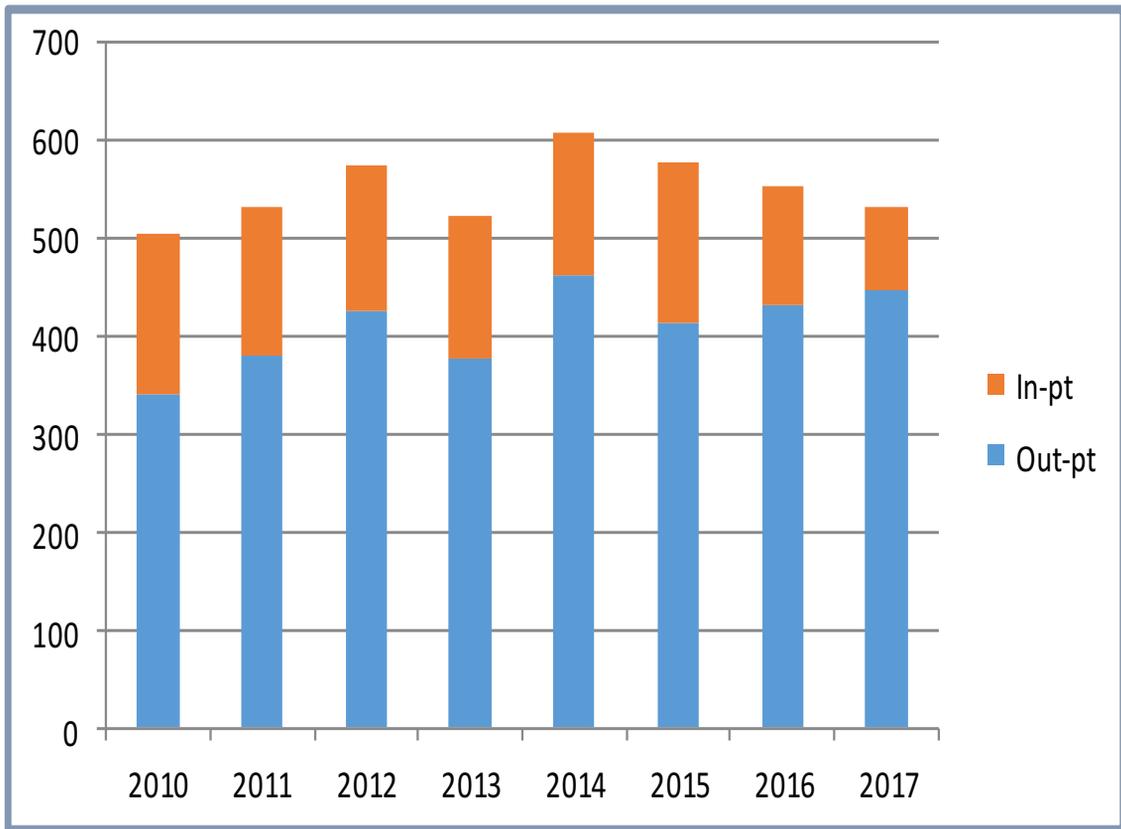
Goals for 2018:

- Expand the primary care referral base by use of the ambulatory electronic health record consultation notes to improve rapid communication with referring physicians
- Patient enrollment on LCH IV protocol (international protocol for treatment of Langerhans Cell Histiocytosis)
- Develop research collaborations to enhance patient enrollment for clinical cancer trials across Northwell Health Cancer Services

P. Vigneri, DO
Chair, Radiation
Medicine
Treatment Services



CONSULTATIONS: Volume remains in a zone, with a small gain in out-patients.



PARTIAL BREAST IRRADIATION (PBI)- Given the concerns raised by recurrences in the TARGIT trial, a review was done of our cohort. Results found one recurrence in 98 cases (2013-2015). Overall, volume was consistent in 2017.

Patients treated with IORT- 25
Patients treated with SAVI catheter- 25
 Total patients treated with PBI- 50

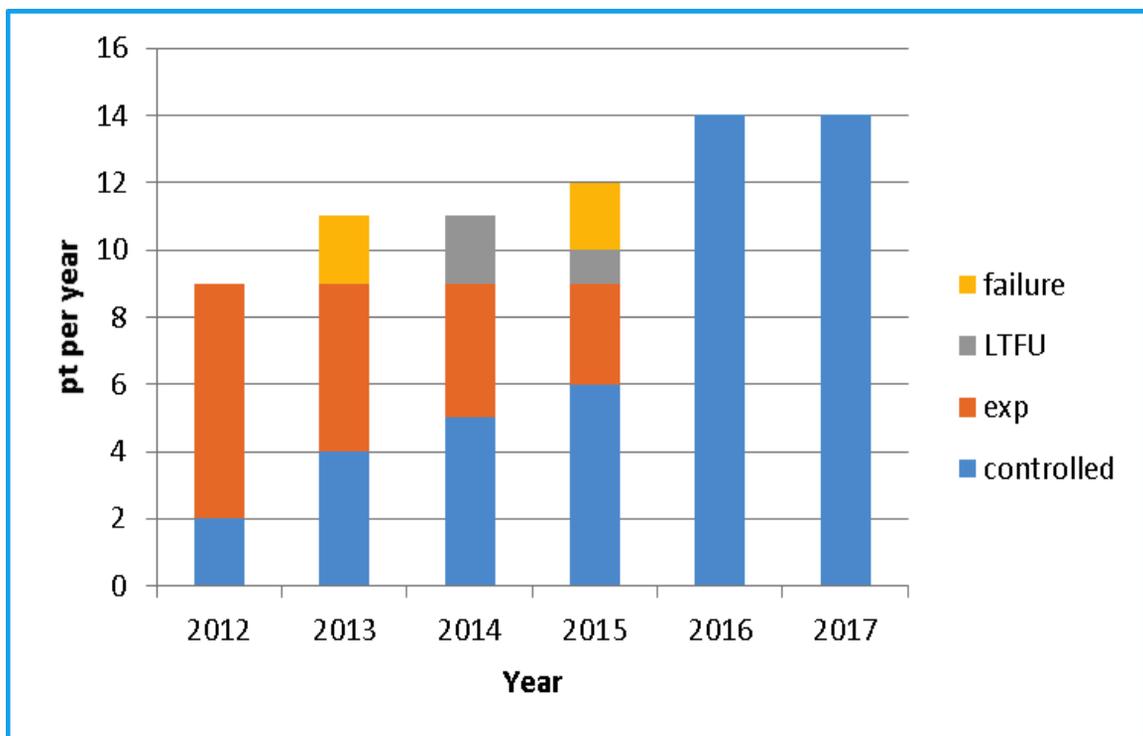
PBI CASES PER YEAR

2011	2012	2103	2014	2015	2016	2017
33	32	38	61	54	40	50

SBRT (FOCUSED TREATMENT) FOR STAGE I LUNG CANCER

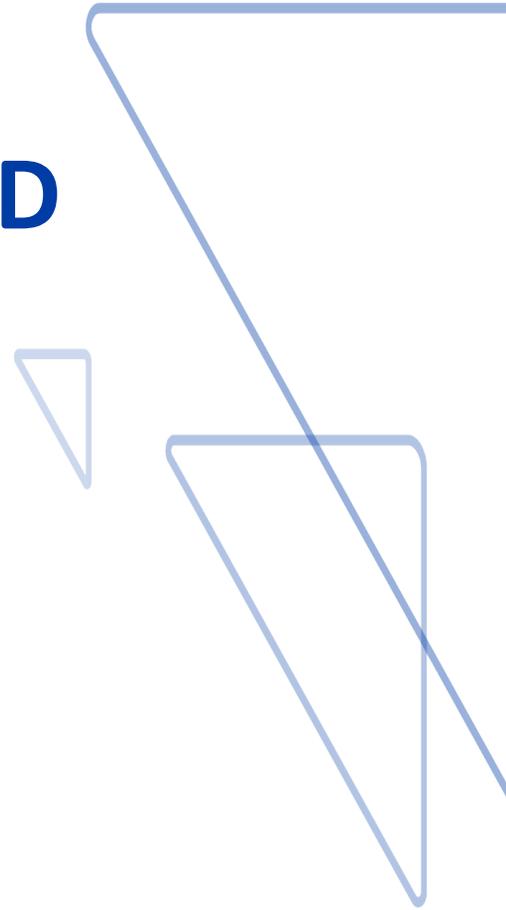
SBRT for medically inoperable Stage I Lung Cancer continued to gain acceptance. All patients were discussed at the multidisciplinary thoracic conference.

2011	2012	2013	2014	2015	2016	2017
11	12	16	14	20	19	18



RESEARCH: The intraoperative brachytherapy (IORT) cases were reviewed given concerns from the TARGIT trial of recurrence risk. In 90 patients treated from 2013-2016 there were 2 local recurrences, which is well within national guidelines (5% at 5 years).

Eric Trenkmann, MD
Director,
Breast Imaging
Center



INTRODUCTION: In 2017 there were several technologic advances and upgrades in the Breast Imaging Center, as well as further staff development.

TECHNOLOGY: In 2017 we purchased a new ultrasound machine, and did software upgrades on the 2 existing units. Ultrasound has been in increased demand as a supplemental screening for patients with dense breasts.

ENVIRONMENT OF CARE: In 2017 we continued to improve the aesthetics of the Breast Center to help improve the patient experience.

CLINICAL VOLUMES: The Breast Center performed 17,117 screening mammograms, 4,811 diagnostic mammograms, 5,134 breast ultrasounds, and 969 interventional breast procedures. 244 breast cancer diagnoses were made, 103 of which were screen detected.

2017 AUDIT AND BENCHMARKS:

<u>RESULT</u>	<u>BENCHMARK</u>	
CALL BACK RATE	11.15%	5-12%
SCREEN-DETECTED CANCER RATE	5.17/1000	>2.5/1000
PPV1	5.27%	3-8%
PPV3	32.7%	20-40%

GOALS FOR 2018:

Installation of our 2nd & 3rd Tomosynthesis Mammography Units

Installation of our 4th Ultrasound Unit

Create more scheduling availability for patients needing same day screening mammography/sonography

We have new, integrated clinical systems/applications within the Northwell Health service line

Begin offering Saturday appointments for diagnostic imaging

Hematologic Malignancies Patient Nurse Navigator

Heather Polizzi,
BSN, RN

Nurse navigators provide direct patient care and comprehensive coordination of care for patients and their families/caregivers to eliminate barriers to timely care and facilitate flow through the system, increase patient and provider satisfaction, maintain point of contact with providers and serve as the first point of contact for patients and families. The Nurse Navigator assists in coordination of multidisciplinary care from initial screening, final diagnosis and survivorship. Navigators are responsible for educating, coordinating, facilitating, and participating in all patient care. Nurse Navigators collaborate with all members of the health care team to make sure each patient is getting the best care and support they need throughout their cancer treatment.

Central point of contact for all navigated patients; including interaction with medical, nursing, ancillary services.

Provides education to patients, families, and significant others; acts as an information resource to health care professionals, patients and the public.

Collect and report data from patient on barriers, healthcare, prior treatments.

Track order completion and follow up. Monitor patient compliance with patient treatment plan.

Assist with referrals to outside resources and care coordination as needed.

May attend and refer patients to tumor conference; follow up with recommendations.

Collaborates with medical providers, patient care staff and clinic management in the planning and implementation of patient education.

Follow up and assess all patients post cancer treatment and continue to monitor for any/all long term side effects and psychosocial issues. Refer patients to the proper support team when needed.

Nancy Caserta, RN
Maria Rapuzzi, RN

Breast Health
Navigator Report



The Nurse Navigators at Staten Island University Hospital act as personal advocates for newly diagnosed breast cancer patients. Our nurse navigators provide their patients with counseling services so patients can effectively cope with the impact of breast cancer and subsequent lifestyle changes that occur as a result of their illness.

Nurse navigators will assist their patients with the following:

Organizing appointments and navigating through the healthcare system

Provide necessary education and information on available options, informed decision making process, and realistic goal setting in order to empower the patient and their family to actively participate in their plan of care

Provide support and educational materials

Answer questions regarding patient's upcoming treatment plans

Collaborate with patients and their families

Providing support to pre and post surgical patients during hospitalization

Facilitate the weekly multidisciplinary conferences

Claudine Demarco, RN

**Gastrointestinal Nurse
Navigator Report**

The Nurse Navigator promotes timely quality care via personal guidance through the healthcare continuum. The primary goal of the navigator is to decrease the barriers to care.

The Nurse Navigator will assist the patient with the following:

Orients patients to the cancer care system

Coordination of appointments, procedures and testing with necessary subspecialties in a timely manner

Collaboration with the multidisciplinary team pre and post operative support

Provides patient and family education related to diagnosis, treatment, chemotherapy protocols, clinical trials, community resources and survivorship

Develops and facilitates survivorship plans

Advocates on the patients' behalf

Additional Activities:

Participated in the hospital based bi annual Oncology Core Curriculum by presenting the Navigation and Gastrointestinal content

Active member of the Oncology Nursing Society and the Academy of Nurse and patient navigators

Obtained AONN Certification: Oncology Nurse Navigator Certified Generalist

**Patricia M.
Altschuler, BSN, RN**

**Head & Neck
Navigator Report**

The role of the Oncology Nurse Navigator uses a multidisciplinary approach to provide timely patient care from the beginning of a cancer diagnosis through survivorship. The Nurse Navigator is responsible for educating, coordinating, facilitating, and participating in all patient care. Nurse Navigators collaborate with all members of the health care team to make sure each patient is getting the best care and support they need throughout their cancer treatment. Upon completion of cancer treatment, Nurse Navigators create survivorship care plans for each patient, which includes a brief summary of the care they received, as well as long term side effects, follow up appointments and contact information. A copy of this treatment plan is then sent to their primary medical physician to further facilitate collaboration in medical care.

Collaborate and coordinate patient care in a timely manner from diagnosis through completion of cancer treatment

Educate patients and their families on all cancer treatments, side effects and concerns before, during and after treatment

Participate in monthly CME approved Head and Neck conference to facilitate a multidisciplinary plan of care for each patient

Follow up and assess all patients post cancer treatment and continue to monitor for any long term side effects, as well as any psychosocial issues. Refer patients to the proper support team when needed (nutrition, social workers, financial, etc.)

Provide survivorship treatment plans to all patients and their primary care physicians to facilitate collaboration throughout the healthcare team

Take part in yearly Head and Neck cancer screenings and continue to encourage and support all newly diagnosed patients in getting the treatment they need

Encourage all patients and their family members to participate in ongoing support groups, which helps to overcome fears and concerns before, during and after treatment

Judy Valitutto, RN

**Lung Navigator
Report**



The Lung Cancer Navigator guides the patient to the most important information and resources for where they are in their lung cancer journey. This includes the newly diagnosed patient, patients who have completed treatment, lung cancer caregivers, and for people who are currently in treatment.

Coordination of care for appointments such as medical, cardiology, interventional radiology, radiation and pulmonary appointments.

Provide education to patients who will be receiving chemotherapy and/or immunotherapy.

Assist the patient, family and care givers who have questions regarding financial assistance, social work intervention, support groups and smoking cessations.

Coordinates Thoracic Conference with the multiple disciplinary team. (Pulmonary, Surgery, Oncology, Interventional Radiology, and Radiation)

Coordination with the Case Management team for patients who are hospitalized including discussion of the discharge plan.

Nora Goldberg Department of Rehabilitation Medicine Cancer Report



Speech Therapy

Approximately 20 patients a month for dysphagia consultation.

Collaborates consistently with ENT for more advanced surgical and reconstructive procedures on individuals with head and neck cancer.

Ongoing education with nursing staff in managing post-surgical head and neck cancer patients.

Ongoing assessment/treatment for diet modification and safe feeding strategies on 3B inpatient oncology unit.

Improved awareness throughout the hospital for patients with head and neck related cancers and their need for dysphagia and/or voice services.

Collaborated with administration, patient safety, quality risk management, and ENT in developing a plan to better identify and adequately care for total laryngectomies.

Assisting ENT in developing educational tools for nursing/medical staff and to develop a simulation lab in Center for Ambulatory Surgery.

Instrumental assessments to include Modified Barium Swallow Studies (MBS) and Fiberoptic Endoscopic Evaluation of Swallowing (FEES) for a wider variety of oncological patients.

Working alongside Palliative Care team for advanced illness patients.

Ongoing collaboration among speech department, respiratory therapy, pulmonary and staff development regarding education of staff for voice prosthesis and tracheostomy care.

Participated in continuing education courses for techniques used with patients diagnosed with head and neck cancer.

Speech Therapy

Utilizing emailing among team members about pre-treatment patients to share Speech Language Pathology recommendations.

Optimizing the use of the nursing navigator for early identification for patients' pre-treatment interventions (i.e. education, exercise program, diet modification).
Speech Language Pathology follow up as patient moves through individual care plan.

Oral cancer screenings for the community.

Participation in monthly tumor board for head and neck cancer.

Oral, Head & Neck Cancer support group held monthly.

Additional Outpatient services

Created social media forums for communication within the community regarding survivorship.

Participated in continuing education course for techniques used with patients with head and neck cancer.

Referral from community Speech Language Pathology for Modified Barium Swallow Studies (MBS).

Use of a shared tracking system for patients with head and neck cancer.

Increased patient satisfaction, reduced weight loss, reduced treatment interruptions, and post chemotherapy radiation therapy outcomes with more standardized prophylactic PEG placement.

Occupational Therapy

OT treated 66 patients in the Upper Extremity Lymphedema Program. We provided 336 visits. This significantly exceeds 171 visits for 38 patients provided in 2016.

We are receiving more referrals from specialists within SIUH (Comprehensive Breast Center, Outpatient Oncology Services and Radiation Oncology) as well as outside of the Northwell Health System.

Established a professional relationship with Nurse Practitioners at NYU.

Pediatric Rehabilitation

Two patients were referred to Out patient service.

One of these patients was not recommended for ongoing services. The second child evaluated during the 2nd quarter was referred for OT and PT services, but was re-hospitalized and services could not be provided.

Physical Therapy

Provided 200 visits to patients with Lower Extremity Lymphedema.

293 visits were provided to patients on Hospice Service.

Neuropsychology

One patient was referred and seen for Neuropsychology evaluation in 2017.

Deirdre Quirk, CTR Cancer Registry Coordinator



Cancer Registry Report

The Cancer Registry is a database established to improve cancer care through the collection, maintenance, analysis and production of reports from oncology data. The entire database includes all cancer cases diagnosed and treated at Staten Island University Northwell Health since the registry's reference date of 2002. Security measures for insuring confidentiality of data are strictly followed.

The Cancer Registry frequently provides oncology data for clinical studies, nurse navigators and the genetic counselor as well as for the purpose of both short term and long term planning for the institution. It also serves as a review of hospital utilization and quality of cancer care. To insure complete and accurate data abstracting and reporting, the registry staff and the Cancer Committee chairman perform an ongoing quality control and review of completed cancer cases.

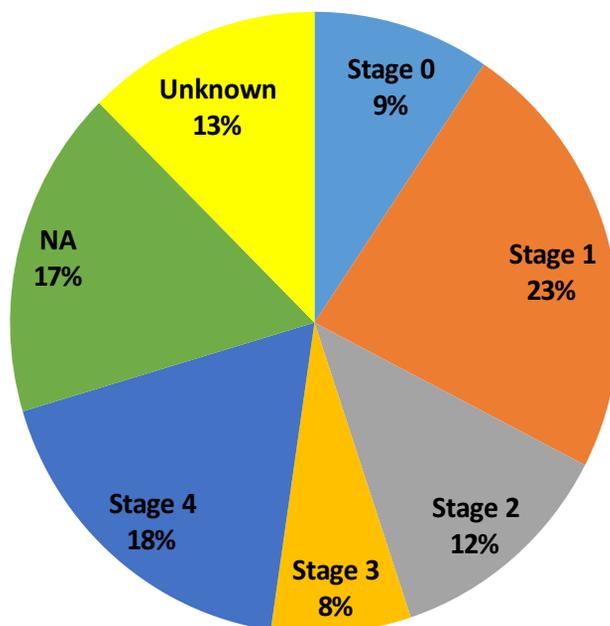
The Cancer Registry is also responsible for maintaining a 90% five year follow up rate on all eligible cancer patients, a requirement of the American College of Surgeons, Commission on Cancer. An 80% follow up rate for all eligible patients is also required. Complete and accurate information is essential for compliance with the standards of the Commission on Cancer and to provide high quality survival data.

In 2017, the five major cancer sites (analytic cases) treated here were:

Primary Site	Total	Percentage
Breast	275	19.43%
Bronchus and Lung	188	13.29%
Hematopoietic Reticuloendothelial System	101	7.14%
Bladder	96	6.78%
Colon	90	6.36%
All Other Sites	665	47%
Total	1,415	100%

In 2017, 1,746 new cancer cases were added to our current Cancer Registry database. Of the new, 1,746 cases accessioned, 1,415 were analytic (newly diagnosed and/or treated at Staten Island University Hospital Northwell Health) and 331 were non analytic cases (previously diagnosed and treated elsewhere but treated at SIUH for recurrent or persistent disease). Distribution of cases by AJCC Stage includes unknown stage patients initially diagnosed at SIUH but there is not enough information for accurate staging and not applicable (NA) cancers that do not have AJCC staging such as bone marrow and brain.

2017 Analytic Case Stage Distribution



Stage	Total Cases	% of Total Cases
Stage 0	133	9%
Stage 1	328	23%
Stage 2	174	12%
Stage 3	105	8%
Stage 4	256	18%
NA	242	17%
Unknown	177	13%
Total Cases	1,415	100%

Melissa Panzo, RN

Oncology

Research Report



The Department of Research within Medical Oncology continues to collaborate with the patient care team to enroll patients into oncology related trials. We continue to offer our patient population access to clinical trials through cooperative group affiliations, industry sponsored studies and internal investigator initiated research.

Our Oncologists maintain active National Cancer Institute Investigator identification numbers and participate as members of our Oncology Clinical Investigations Committee (OCIC) which serves as a forum for discussing new studies, enrollment/screening statistics and other important research developments. We are proud to report that our Research Coordinator, Research Nurse and Manager of Clinical Research maintain certification with the Association of Clinical Research Professionals (ACRP).

In 2018 the OCIC meeting will be renamed the Research Transition Meeting, this meeting will have the same goals as the OCIC.

A total of 1,415 analytical cases were reported to the Department of Research for 2017. Enrolling 6% of our analytic cases for accreditation equates to 85 enrollments. Enrolling 8% of our analytical cases for commendation equates to 113 enrollments.

Our total enrollment for 2017 is 196, meeting commendation status for the year.

The Department of Research within Medical Oncology continues to collaborate with the patient care team, to enroll patients into oncology related clinical trials.

Paula McAvoy, RN

Palliative Care



Mission Statement

The mission of University Hospice is to meet the needs of terminally ill patients, their families and loved ones, by providing comprehensive palliative care focusing on physical, social, emotional and spiritual support.

Scope of Service

University Hospice is licensed to provide palliative care for terminally ill patients and their families in Staten Island, Brooklyn & Queens. An 8 bed hospice residential facility is available on the campus of Eger Rehabilitation Center.

Patient Care Statistics

Total Referrals	1,235	Total Admission	556
Average Length of Stay	59	Median Length of Stay	18

*Quality Improvement activities utilize HCAHPS family survey data.

*Collection of 7 National Quality Forum measures required by CMS continues. In 2017 CMS added analysis of visits in the last 3 and 6 days of life. First public reporting of National Quality Forum scores began in the summer of 2017.

*Efforts to improve access to volunteer services continued with small incremental increases over 2016.

*Emergency Preparedness- Participation in large scale DOH drill and analysis of all 2017 actual events. Policy and practice updated to include new CMS regulation. Active shooter drill completed for the Addeo Residence.

*Infection Control- Focus in 2017 on increasing rates of influenza vaccines among HHA. "Secret shopper" hand hygiene observations began in 2017 in addition to annual staff visits with excellent compliance.

Mission Statement

The mission of the in/patient palliative care service is to meet the physical, social, emotional and spiritual needs of patients with an advanced illness. These needs are assessed and addressed through a consulting service consisting of physicians, nurse practitioners, nurses social workers and pastoral care staff.

Total new in/Pt Consults-1222

Total Visits—3736

*Continuation of Advanced Illness initiatives with Palliative Care currently in ICU rolled out in 2016 to CCU and Emergency Room in 2017. All patients assessed by Palliative Care team for potential Hospice services.

Plan 2018

***Obtain Hospice EMR**

***Increase Hospice service availability in Brooklyn**

***Increase Palliative Care service penetration including submission of a proposal to bring palliative care services to the South Campus**

***Continue initiatives in emergency preparedness, fall prevention, infection control surveillance and “end of life” education**

***DSRIP initiatives continue to focus on integrating palliative care into Staten Island Long Term Care Facilities**

Carolyn Simone, LCSW
Practice Manager
Community Outreach
Coordinator

Cancer Education and
Prevention Report
Community Outreach
Year End Summary



CANCER EDUCATION AND PREVENTION REPORT 2017

The Cancer Education department is committed to early cancer detection by providing free screenings and educational seminars to the community. Screenings are scheduled for breast, skin, head and neck, and colorectal cancer. Educational seminars and health fairs are scheduled to provide education and awareness to the community.

The Cancer Education department works with the American Cancer Society to provide community awareness and cancer prevention with educational lectures and activities such as: Making Strides Against Breast Cancer, Staten Island Quits, and Look Good...Feel Better. In addition, the Cancer Education department works with The Leukemia & Lymphoma Society and participates in their annual Light the Night Walk.

To help with the emotional needs of our patients, Cancer Services provides monthly support groups for breast cancer, a young adult breast cancer support group, oral, head and neck, a general cancer support group and a caregiver support group.

The Cancer Education department has a “Cancer Information Line” available to the public to call and obtain information on our services, brochures, and about upcoming events. The telephone number is 718-226-8888. In addition, we post a calendar of upcoming events on the SIUH website.

Throughout the year, we participated in local and national events to recognize survivors of cancer. The main event held yearly is the National Cancer Survivors Day, a day of recognition for all survivors of cancer and their families.

2017 SIUH Screenings and Prevention Programs

CANCER SERVICES PROGRAM

The Cancer Services Program of Staten Island, which is a cooperative endeavor with NYS DOH to provide free breast, cervical and colorectal cancer screening to the under-insured and uninsured population on Staten Island. Additionally this program provides all the diagnostic work up related to an abnormal finding and navigation into the Medicaid Cancer Treatment Program for eligible individuals diagnosed with breast, cervical, colon or prostate cancer. We provide community education on these cancers and also partake in activities specific to cervical, colon and breast cancer awareness months. We work with the DOH on Main Streets Go Blue in March to increase colon cancer screenings and awareness. In cooperation with SIUH we distribute FIT kits during March to anyone applicable (average risk clients). We also have a special free colonoscopy program that we run in cooperation with the NYC DOH. We have been funded annually to provide 80 free colonoscopies.

Breast Cancer Screenings

Community Need - Breast cancer is one of the highest cancers in the community. Evidence is found in the New York State DOH Cancer Registry and SIUH tumor registry frequency report. This screening is effective because we have a high number of breast cancer diagnoses in Richmond County. National guidelines and Evidence based interventions followed are American Cancer Society, NCCN and NCI. In addition, these screenings are effective because they are detecting breast cancer at an earlier stage, thus, decreasing the number of patients with late-stage disease. 679 women had breast cancer screenings. Clinical breast exams, screening mammograms, bilateral and unilateral diagnostic mammograms, breast ultrasounds and biopsies were performed totaling 1,221 and 6 breast cancer diagnoses were made.

Follow up process

Clients found to have an abnormal finding (breast, cervical or colorectal) are contacted within 72 business hours to provide case management services to address any barriers that could prevent or delay their (patients) seeking care. The key components to our Case Management is assessment, planning, coordination and resource development. Clients are called by CM within 72 hours (preferably after the MD has spoken with the client) and the role of the CM is explained to the client. A barrier assessment is performed and a client care plan formulated. Barriers identified are documented as well as the steps performed to resolve. Clients are assisted with appointment reminder calls which are placed to clients 1-2 days prior to appointment. A barrier assessment is again provided at that time. If a client is found to have a pre-cancerous or cancer diagnosis they are referred immediately to the DQE (designated qualified entry) to evaluate and start application for the NYS Medicaid Cancer Treatment Program (MCTP). Clients not eligible are referred to the sliding scale (clients who are not documented are not eligible for MCTP but are eligible for sliding scale).

MCTP is a Medicaid program for eligible persons who are found to be in need of treatment for breast, cervical, colon or prostate cancer (and some pre-cancerous conditions needing treatment) Once a client is enrolled they receive full Medicaid coverage for an initial enrollment period as determined by the type of cancer being treated. Recertification is yearly, if the client is still in need of treatment.

Colon Screenings

Community Need - Colorectal cancer is one of the highest cancers in the community. Evidence is found in the New York State Department of Health Cancer Registry and SIUH tumor board frequency report. This screening is effective because we have a high incidence in Richmond County and it can decrease late stage disease. National guidelines and Evidence based interventions followed are American Cancer Society, National Comprehensive Cancer Network, and National Cancer Institute. 42 fit kits were distributed with instruction for average risk clients. Out of 42 kits, 39 were negative and 3 were positive. Colonoscopies were performed on the 3 positive fit kits, 2 colonoscopies were negative and 1 had a hyperplastic polyp. The Cancer Services Program Director notifies each client of their results. If there is a negative finding, each client is notified of their results via mail. If there is a positive finding, each client is notified of their results via phone, referral is given and patient is followed through to diagnosis.

<u>1/1/17-12/31/17 Procedure Count and Results</u>			
<u>Breast</u>	<u>Cervical</u>	<u>Colorectal</u>	
<u>TOTAL BREAST SCREENED</u>	<u>TOTAL CERVICAL SCREENED</u>	<u>TOTAL COLORECTAL SCREENED</u>	<u>TOTAL SCREENED</u>
679	124	42	701 CLIENTS
198 Clinical Breast Exams	123 Pevlic/Pap Exams	42 FIT Kits Develped	
593 Screening Mammograms	114 HR HPV tests	39 Negative	
65 Bilateral Diagnostic Mammograms	8 GYN Consults	3 Positive	
151 Unilateral Diagnostic Mammogram	5 Colposcopy with Biopsy and Ecc	3 GI Consults	
179 Breast Ultrasound		1 Colonoscopy	
12 Stereotactic Biopsy		2 Colonoscopy with biopsy	
18 Core Biopsy			
1 FNA			
4 Excisional Biopsy			
27 Surgical Breast Consults			
<u>Results</u>	<u>Results</u>	<u>Results</u>	
3 Invasive Breast Cancer	3 CIN 1	2 Negative	
1 Lobular Carcinoma in situ	1 CIN 11	1 Hyperplastic Polyp	
2 Ductal Carcinoma			

SKIN CANCER SCREENING

Name of Activity: FREE SKIN CANCER SCREENING

Type of cancer	Meeting date need was discussed (MM/DD/YYYY)	Type of Activity (Pre or Scr)	Guidelines used to design activity)	Date of Activity (MM/DD/YYYY)	Participants (target audience, #in attendance)	Outcomes/Follow-up process for participants w/positive findings (Screening only)	Effectiveness of Activity (value, lessons learned, recommendations for improvements)
Skin	Feb, 7 th , 2017	FREE SKIN CANCER SCREEN	American Academy of Dermatology	TUES JUNE 27TH, 2017	27 NORMAL FINDINGS • 24 ABNOMAL FINDINGS • 3	The dermatologist informed the patients of the results immediately following the examination. If there is an abnormal finding, the dermatologist made recommendations for follow up and a referral was made. These recommendations include, but are not limited to, a referral to a dermatologist with or without biopsy. Patients were given a list of dermatologists and instructed to schedule an appointment with the dermatologist of their choice for follow-up.	Participants are able to access these free services because it is advertised in the community. The screening was useful to the community based on the positive feedback from the participants. It is an effective screening because there is a need for this screening in the community. According to data from the NY State Cancer registry and SIUH cancer registry report, there is an increase in the diagnosis for skin cancer, as well as an increase in late stage disease.

HEAD AND NECK SCREENING

Name of Activity: FREE HEAD AND NECK SCREENING

Type of cancer	Meeting date need was discussed (MM/DD/YYYY)	Type of Activity (Pre or Scr)	Date of Activity (MM/DD/YY)	Participants (target audience, # in attendance)	Outcomes/Follow-up process for participants w/positive findings (Screening only)	Effectiveness of Activity (value, lessons learned, recommendations for improvements)
Head and Neck	Feb, 7 th , 2017	FREE HEAD AND NECK SCREEN	TUES NOV 14 TH , 2017	12 NORMAL FINDINGS •8 ABNORMAL INDINGS •4	The ENT physician informed the patients of the results immediately following the examination. If further evaluation was needed, the physician made recommendations for follow up. The recommendation include, but are not limited to, a referral to an ENT physician with or without biopsy. If further evaluation was needed, an appointment was made immediately at the screening.	Head and neck screenings are effective because it provides early detection of head and neck cancer. Participants are able to access these free services because it is advertised in the community. The screening was useful to the community based on the positive feedback from the participants. Next time, we will include a survey for our screening.

COLORECTAL SEMINAR

Name of Activity: Colorectal Seminar

Type of cancer	Meeting date need was discussed (MM/DD/YY YY)	Type of Activity (Pre or Scr)	Guidelines used to design activity	Date of Activity (MM/DD/YYYY)	Participants (target audience, # in attendance)	Effectiveness of Activity (value, lessons learned, recommendations for improvements)
Colon	2/7/2017	Content included facts about Colon Cancer Screening for prevention and early detection and preventive nutrition.	NCCN	3/29/17	25	An evaluation tool was given to each attendee after the seminar. The evaluation indicated that they learned about the importance of screening for Colon Cancer, and that the presentation gave them the knowledge and support to make healthy decisions about their lifestyle. In addition, attendees learned how to access and obtain a referral for a free colonoscopy. Fit kits were also available.

ALBANIAN COMMUNITY HEALTH FAIR/ COLON CANCER PREVENTION

Name of Activity: Albanian Community Health Fair/ Colon Cancer Prevention

Type of cancer	Meeting date need was discussed (MM/DD/YYYY)	Type of Activity (Pre or Scr)	Guidelines used to design activity	Date of Activity (MM/DD/YYYY)	Participants (target audience, # in attendance)	Effectiveness of Activity (value, lessons learned, recommendations for improvements)
Colon	2/7/2017	Albanian Community Health Fair/ Colon Cancer Prevention	NCCN	3/25/17	75	There was a community need to reach out to the Albanian Community. Positive feedback was reported from the attendees.