

Summerlin Hospital Medical Center

Cancer Center

2016 Annual Report



Executive Summary

We are pleased to present our 2016 Annual Report on behalf of the physicians, nurses, ancillary staff and volunteers, and all who care for the patients with cancer that we serve. At Summerlin Hospital Medical Center (SHMC), we continue to advance our cancer services with a patient and family centered approach to ensure that the highest level of care is provided.

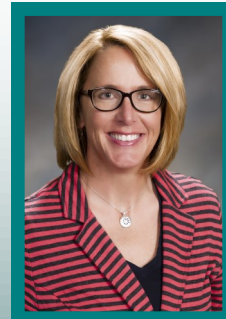
In this year's report, you'll see sections with notations in parentheses that point to specific Commission on Cancer (CoC) Eligibility Requirements and Standards (American College of Surgeons, 2016) throughout the document headings; these are specifically associated with the Eligibility Requirement or Standard for CoC accreditation. Achieving and maintaining these Eligibility Requirements and Standards are fundamental for the Cancer Center and the care we provide to patients with cancer.

This report focuses on the care we provide at SHMC at the Cancer Center and includes information on the Emergency Department, Adult Oncology Unit, the Children's Medical Center, and Special Procedure areas which deliver quality care to our patients in both the emergent, observation, inpatient, and outpatient settings. Also included is information on the support groups hosted at SHMC, and other ongoing activities. We invite you to peruse our report and celebrate our progress with us as we evolve and improve the care of patients with cancer at SHMC.

Mission: *To provide exceptional quality patient care in a safe and compassionate environment providing a positive, healing experience for patients and their families.*



Robert Freymuller
Chief Executive Officer



Anne M. Schenk
Chief Nursing Officer

Vision: *To be recognized as a community health leader distinguished by our quality service and dedication to patients and families.*

Our passion is to deliver care in a patient and family centered manner: every person, every time, every day, and everywhere.

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Program Overview

Committee Leadership 2016 (S1.2)

Co-Chairs	Souzan El-Eid MD, FACS & Annamarie Carley MD
Diagnostic Radiologist	Stephen Topham MD
Pathologist	Annamarie Carley MD
Surgeon (General and Specialist)	Wydell Williams MD & Souzan El-Eid MD
Medical Oncologist	Anu Thummala MD & Ann Wierman MD
Radiation Oncologist	Dan L. Curtis MD
Cancer Liaison Physician	Souzan El-Eid MD
Cancer Program Administrator	Anne Marie Schenk BSN, MBA, RN, NE-BC
Oncology Nurse	Ginger Fidel MSN, RN, OCN, CNL
Community Outreach Coordinator	
Psychosocial Services Coordinator	
Quality Improvement Coordinator	
Case Management/Social Work	Karla Rugerrio RN, BSN, MBA
Certified Tumor Registrar	Sonia Vargas CTR
Cancer Conference Coordinator	
Cancer Registry Quality Coordinator	
Palliative Care	Lorraine Goodwin MSN, APRN-BC, ACHPN
Pharmacist	Amy Kelly, PharmD
Clinical Research Coordinator	Laura Devine BSN, RN, CNOR
American Cancer Society Representative	Erika Gurney



Co-Chair Report

We would like to thank everyone for their hard work in making the SHMC Cancer Center initiatives a success this past year. During our first year as co-chairs of the Cancer Committee, we have seen great strides in the development of our community outreach programs and expansion of our comprehensive approach to cancer care. We would like to give special thanks to Ginger Fidel, Oncology Program Coordinator; Laura Devine, Adult Oncology Nurse Navigator; and, Sonia Vargas, Lead Tumor Registrar and the Registry staff. Their hard work and dedication has been invaluable to the positive progress we have made this year. We would also like to thank the SHMC administration for their continued support. We are looking forward to a fruitful 2017.



Souzan El-Eid, MD, FACS
Committee Co-Chair & Clinical Liaison Physician



Annamarie L. Carley, MD
Committee Co-Chair

Clinical Updates

Emergency Care (S2.2)

Quite often patients with cancer need to seek care at the Emergency Department (ED) of SHMC. Some patients come in with symptoms and are subsequently diagnosed with cancer, while others are actively being treated for cancer in the outpatient setting and present to the ED for side-effects of treatment or other related symptoms. Children as well as adults are treated or admitted for further care once seen in the ED. The focus in the ED is on comfort and pain management dovetailed with honoring patient choices in the ED. The clinical staff in the ED use tailored care plans for patients with cancer; these are individually maintained as these patients require special care. Care plan choices include medication management for nausea, vomiting, and pain as well as preferences for intravenous access or use of implanted ports and other fundamental care predilections.

Of the nursing staff in the ED, there are 12 Board Certified Emergency Nurses (BCEN); additionally, many of the RNs are pursuing graduate level degrees as they continue to work. All of the nurses in the ED are trained in the Emergency Nursing Pediatric Course (ENPC) within the first six months of hire. One nurse in the ED has recently completed a new certification as a CPEN—Certified Pediatric Emergency Nurse. All of these additional certifications demonstrate a high level of dedication and expertise to the patients cared for in the ED at SHMC.

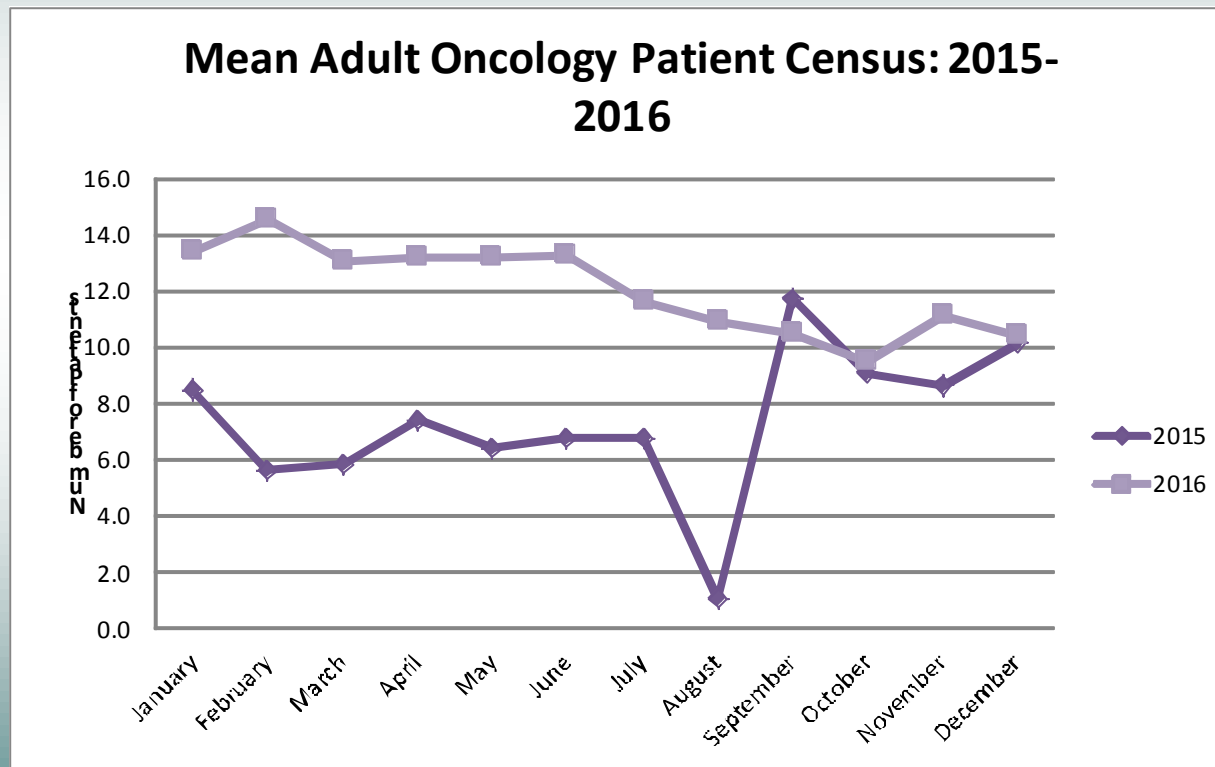
The physicians and staff in the ED encourage patients with cancer that come to the ED for symptoms such as nausea, vomiting, diarrhea, or pain to let the staff and providers know that they are actively being treated for cancer (chemotherapy, biotherapy, or radiation) as an outpatient or have recently been hospitalized for treatment. This way, if it is necessary for a patient to be hospitalized, they will be admitted to an appropriate unit.

Adult Oncology (S2.2)

The Adult Oncology Unit has recently been relocated to 3 North with a bed capacity of fourteen. As the unit continues to grow, the delivery of expert care is enhanced with Oncology Nursing Society (ONS) Chemotherapy Biotherapy Provider Certified Registered Nurses (RNs) providing nursing care oncology patients. Systemic and peritoneal medications are administered under the direction of board certified medical oncologists and gynecological oncologists on staff at SHMC. Providing expert oncology nursing care to our patients is a priority on this unit. On the Adult Oncology Unit, the nurses there have ***combined years of experience of over 100 years.***

Four of our nurses on the Adult Oncology Unit are Oncology Certified Nurses (OCN) including day and night shifts. “OCN certification is a validation of an individual’s knowledge in adult oncology nursing” (personal communication, Marybeth Singer, July 1, 2016). Additionally, four nurses are members of the Greater Las Vegas Oncology Nursing Society (ONS) Chapter and one nurse, Jeanna Sponaas, BSN, RN, is the Membership Chair. This past year two nurses attended ONS Congress in San Antonio, Texas: Jeanna Sponaas, BSN, RN, and unit manager, Joyce Pierron, MBA, BSN, RN.

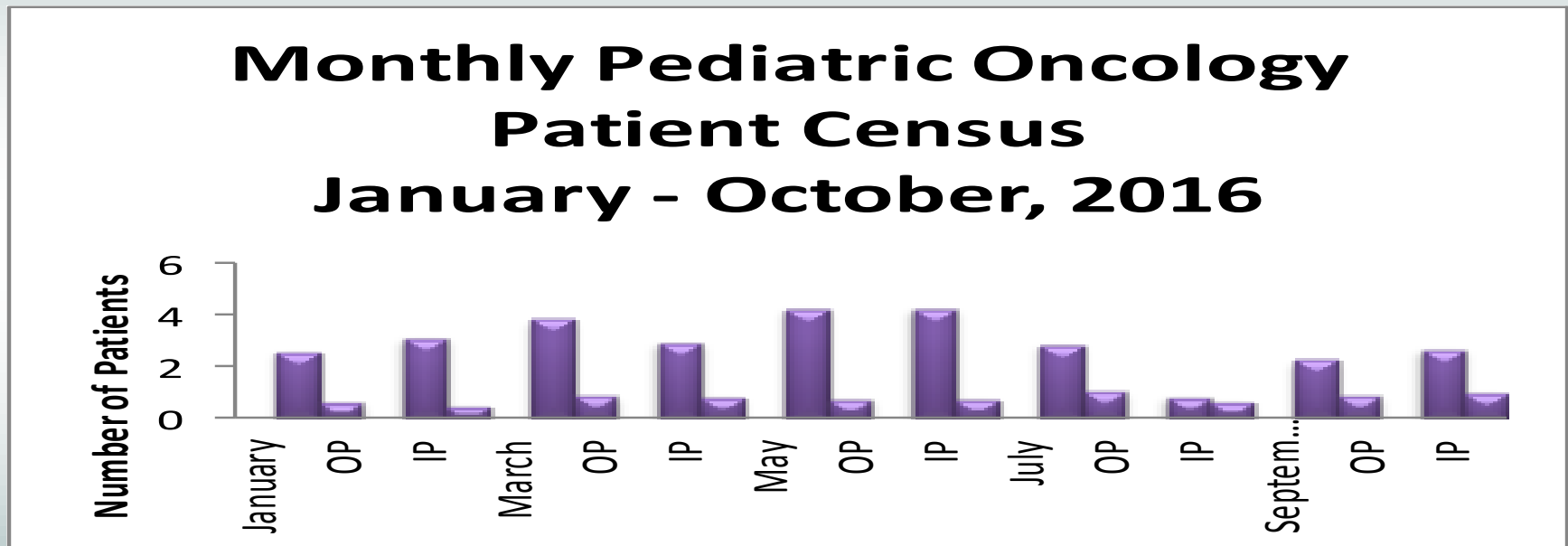
As you can see from the following graph, the unit started both years with a high census as is typical for winter months in hematology/oncology service lines; additionally, the range for the unit census this year is 5 to 14 patients. In 2016, the mean daily census was 12 patients.



Data for December, 2016, is based on census of first two weeks of the month.

Children's Medical Center: Inpatient Unit (S2.2)

With twenty-four chemotherapy certified RNs, the nursing staff on the inpatient unit of the Children's Medical Center at SHMC provides care for children with hematological and oncological diseases. Two years ago, the Children's Medical Center became affiliated with the Children's Oncology Group (COG) and participated in three open studies initially; today, there are a total of nine studies under way.



Pediatric nurses also care for outpatient pediatric patients that receive sedation while undergoing diagnostic testing (in above chart to see numbers of in-patients [IP] and outpatients [OP] served this year from January through October). In 2016, the average daily census on the Pediatric Unit was 2.9 hematology/oncology patients. Additionally, the Oncology Clinical Supervisor on the Pediatrics Unit, Misti Dorsam BSN, RN, has assumed many roles including physician liaison as well as educator for staff and families, and she serves as a preceptor and mentors newly hired nurses on the unit.



Child Life Specialists at the Children's Medical Center (S3.2)

The Pediatric Unit at SHMC has three Certified Child Life Specialists (CCLS): Kimberly Grettum, MS, CCLS, Jacquelyn MacLeod, and Lea Thompson, MS, CCLS. This distinctly trained team at Children's Medical Center engages and interacts with pediatric oncology patients on a daily basis. These interactions are focused around educating children about their diagnosis and treatment plan, teaching positive coping techniques, providing support for an array of procedures, and supporting the children and their families through extended hospital stays. When interacting with these patients, child friendly language is utilized as well as therapeutic play and medical play to assess how a child, sibling or family is coping with the illness. The goal is to help minimize the emotional stress and anxiety children and families experience and to provide them with a child friendly atmosphere to aid in the normalization of this major life change.

Special Procedures for Patients Living with Cancer

In addition to daily surgical procedures, special procedures are performed by trained radiologists who amalgamate imaging procedures with interventions for patients with cancer. These special procedures include the placement of implanted ports, hepatic chemotherapeutic embolization, imaging guided biopsies, and intrathecal administration of chemotherapy for both adult and pediatric patients.

Clinical Trial Report (S1.9)

According to Dr. Deborah Mayer, only five percent of adults with cancer are enrolled in clinical trials whereas 75% of pediatric patients with cancer are enrolled in clinical trials (National Coalition for Cancer Survivorship, 2016). As the program moves forward, this is an area of opportunity that we expect to continue to grow in the coming years.

This year a total of 53 patients were enrolled in clinical trials. In the first three quarters of 2016, 12 patients were documented as participants in clinical trials; 4th quarter numbers are gathered at the end of the year. Additionally, two studies in the Breast Care Center where 41 patients are enrolled is ongoing. Patients and family members have access to literature from the American Cancer Society that explains the nature and purpose of clinical trials in cancer research.

Quality Improvement Project (S4.5)

In order to decrease preanalytical variables in the testing for breast cancer prognostic markers, standardization of the handling of breast specimens was recommended by the American Society of Clinical Oncology. Prolonged “cold ischemia time” (time tissue is removed from body up until the time tissue is placed formalin) has been shown to effect the results of the breast prognostic markers. (National Cancer Institute [NCI], n.d.). “The American Society of Clinical Oncology (ASCO) and the College of American Pathologists (CAP), recommends that cold ischemic time be kept under one hour” (Li, Deavers, Guo, Liu, Gong, Albarracin, Middleton, & Huo, 2013).

Thus, the focus for this quality improvement was to educate the surgical staff regarding the need for documentation (specimen time out of the body and time of preservation of the specimen in formalin) and to ensure that this occurs in a timely manner. The process was specifically defined such that cold ischemia time for breast cancer specimens will not exceed an hour. Information was outlined about the importance of precise documentation as well as the expeditious handling of breast specimens to the pathology laboratory. A total of 41 operating room staff members at SHMC, including nurses and surgical techs, were educated by Erin Detrich from Genentech.

Community Outreach

Cancer Screenings Performed: Mammography (S4.2)

In October 2016, SHMC offered mammogram screenings for breast cancer. This year with many women now insured, forty-one uninsured women were screened for breast cancer based on a self-referral basis. Dr. Souzanne El-Eid reviewed cases and referred as needed for any positive findings.

Cancer Prevention (S4.1)

Two community educational events focused on the prevention of cancer in 2016. Education was provided to 35 attendees at the Women Enlightened Group on colorectal cancer with the focus on prevention and need for screening as well as treatment in March by Laura Devine and Ginger Fidel. In May, education on skin cancer prevention, signs and symptoms, and treatment were provided by Ginger Fidel to the Sun City Summerlin Community Association with 57 attendees present.

Community Support (S3.1)

Today an estimated 14.5 million cancer survivors live in the United States; by the year 2024, that number is expected to increase to 19 million (Alfano & Rolland, 2006). With a focus on the myriad of challenges related to survivorship by the CoC, the Cancer Program at SHMC has come together with the community to sponsor three support groups in the Las Vegas area as follows.

Bladder Cancer Support Group of Southern Nevada

The Valley Health System offered to house the support group at SHMC; co-led by SHMC volunteers, Don and Rosie Wienrauch along with Teri and Chet Koehler, the group officially started in January, 2016. SHMC administration and the staff provide the resources to promote activities as well as the conference room to host the meetings monthly. A web site was developed by the support group leadership, www.bladdercancernv.com, to provide online as well as in person group educational, informational, and emotional support.

The monthly number of attendees ranges from 8 to 27 members with an average attendance of 8 to 12 members. Our members include individuals as far away as Pahrump and Boulder City. This year, in alliance with the national Bladder Cancer Awareness Month of May, the co-leaders and oncology program coordinator contacted a number of governmental and cancer related institutions to create greater Bladder Cancer awareness in the State of Nevada. The Mayor of Las Vegas issued a proclamation in recognition for the May Bladder Cancer Awareness Month in Las Vegas.

To amplify awareness, education, information, and emotional support, the support group reached out to develop an ongoing relationship with the YMCA, University of Nevada at Las Vegas School of Nursing, The Caring Place, and various health care specialists, such as oncologists, urologists, nurses, and physical therapists. Lastly, to maximize educational efforts the group invited two speakers: one physician and an author. Dr. Michael Verni, a surgeon and urologist that works with many patients at SHMC, spoke in October about the latest educational thinking related to bladder cancer. The group also had an executive Frank Sadowski, author of *Back to Life: A Bladder Cancer Journey* spoke to the group about his neobladder surgery and the lessons he learned. Although the group is only a year in existence, the group is evolving and learning to be innovative in serving the greater Southern Nevada health needs in regard to bladder cancer support.



Frank Sadowski speaking with group,
November, 2016

Breast Cancer Support and Empowerment Group

The Breast Cancer Support/Empowerment group was started by Jeanette Tellefsen, RN, in May 2015. Currently the group has about 15 members thus far with more women joining us every month. The women who attend the group are truly amazing. The group offers a safe place for women to discuss many topics that may come up for them surrounding their journey with breast cancer. Members find much compassion, comfort, empathy, and even laughter during the meetings. We have been fortunate to have many different guest speakers discussing topics such as foods, fitness, and mental well-being. Many have also learned ways to deal with and let go of stress that often comes with the diagnosis. The women often develop a strong bond with one another as they embark on their journey through breast cancer with an understanding of the importance of support from one another. This group meets on the second Tuesday, from 6:00 p.m. — 7:30 p.m., of each month in the Breast Care Center.

Gynecological Cancer Support Group

Branda Kent, MSW, LSW, began the Gynecological Cancer Support Group in June, 2015. It is a group of approximately a half-a-dozen members that meet; however, the group has grown since the group extended the outreach from cervical cancer support to gynecological cancer. Branda has worked tirelessly as a volunteer leader to support and develop this group. Physicians and health care providers that work with women who have gynecological cancers have been asked to share the meeting date and time (no December meeting): Third Thursday, 5:30 pm – 6:30 pm at SHMC in one of the conference rooms (signs are posted on the day of the meeting). Spouses, partners or supportive family members/friends are invited to join their loved ones as well.



IN MEMORY OF GREGORY SCHRAW PHD

Sadly, this year one of our former patients made the final life transition after an intense struggle with an aggressive form of cancer. Gregg was a highly-respected researcher at the University of Nevada in Las Vegas. His expertise and publications focused on research methods and cognition, metacognition, situational interest, and beliefs and cognition. He also served on the editorial boards of several educational psychology publications and received distinguished teaching awards at the University of Nebraska.

In loving memory of him, his wife, Lori Olafson, PhD, asked that friends and family members make donations to the SHMC Auxiliary specifically so that new artwork could be purchased for the Adult Oncology Unit.

We are amazed and humbled by the generosity of his loved ones which greatly reflects the love and respect that Gregg garnered from around the world. The artwork will be carefully selected based on his love for the parks of the southwest; these choices will be made after the first of the year, and hung on the unit in his memory.

With deep gratitude,

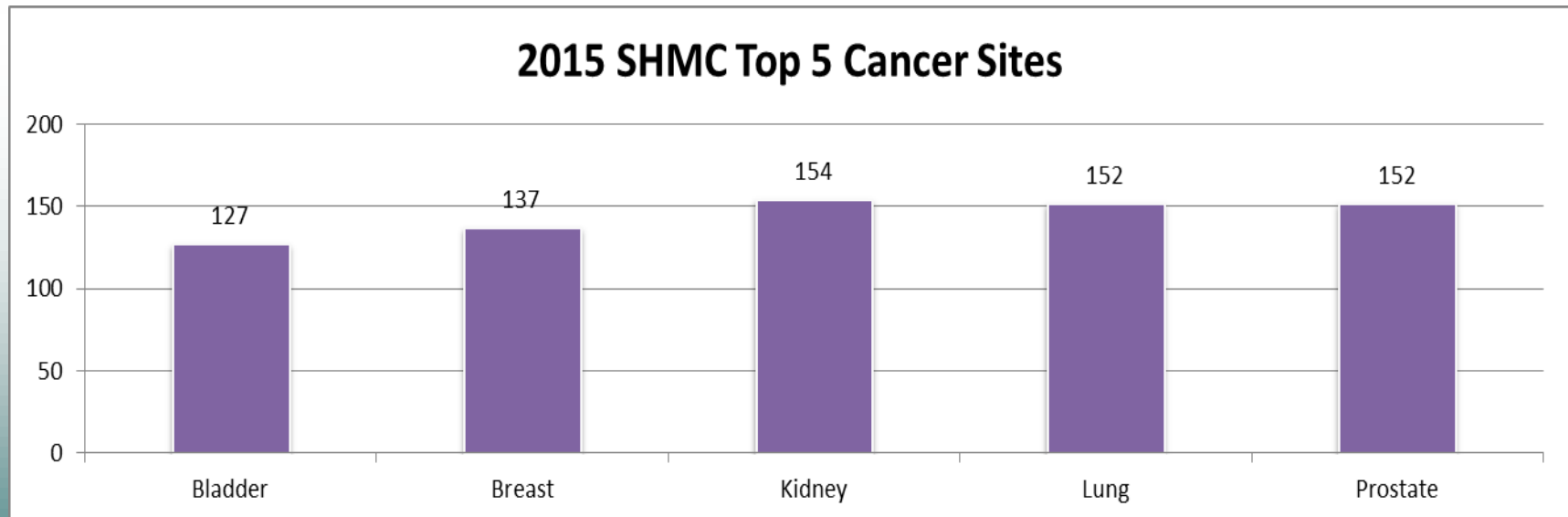
Ginger Fidel

Cancer Registry Report

The Cancer Registry at SHMC is a comprehensive, computerized database and is one component of the multidisciplinary team committed to providing quality care to cancer patients and their families. It is the staff of the Cancer Registry who collects, maintains, analyzes and reports upon information relating to the diagnosis, treatment and follow-up of cancer patients who have received care in our cancer program.

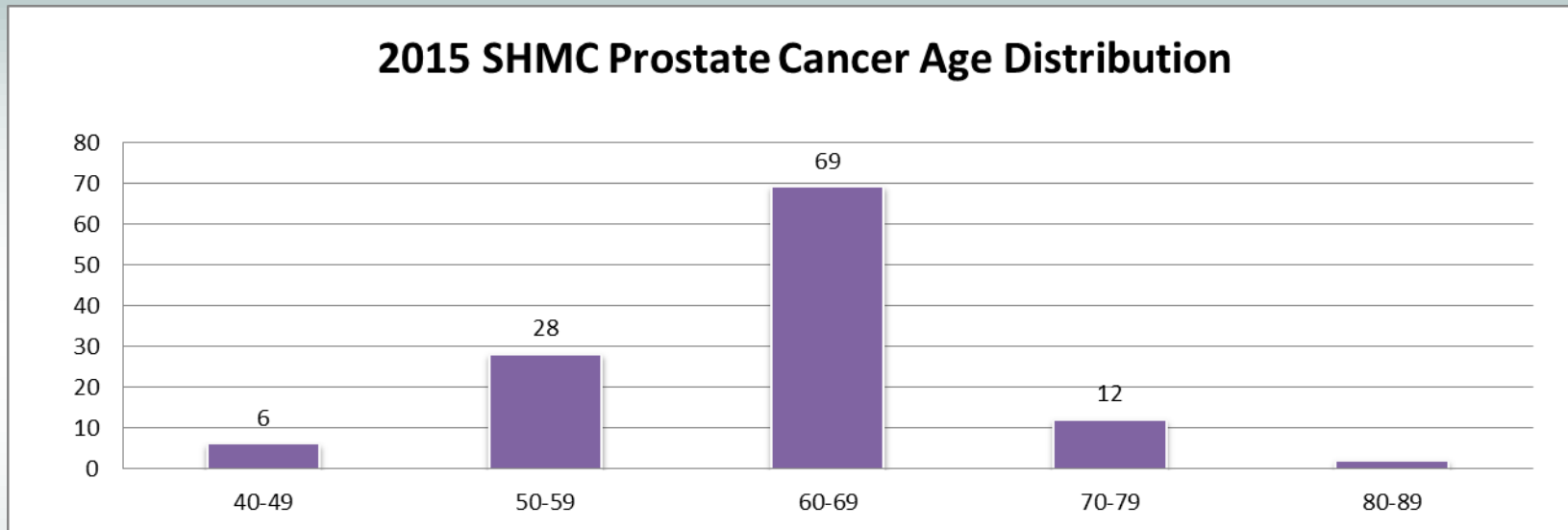
The Cancer Committee oversees the registry to maintain requirements set forth by the CoC. The Cancer Registry submits data monthly to the Nevada Central Cancer Registry, which in turn shares information with data collection systems on a national level—an invaluable tool in cancer research, particularly in diagnosis and treatment research.

A total of 1,378 cases were accessioned into the registry in 2015. Of those cases, 1,118 were analytic cases either being diagnosed and/or treated with first-course treatment at SHMC and 260 cases were referred for either recurrence treatment or further treatment after first-course therapy. The five major cancer sites seen at SHMC are Kidney, Prostate, Lung, Breast and Bladder. These major sites account for 52% of all analytical cases accessioned in 2015.



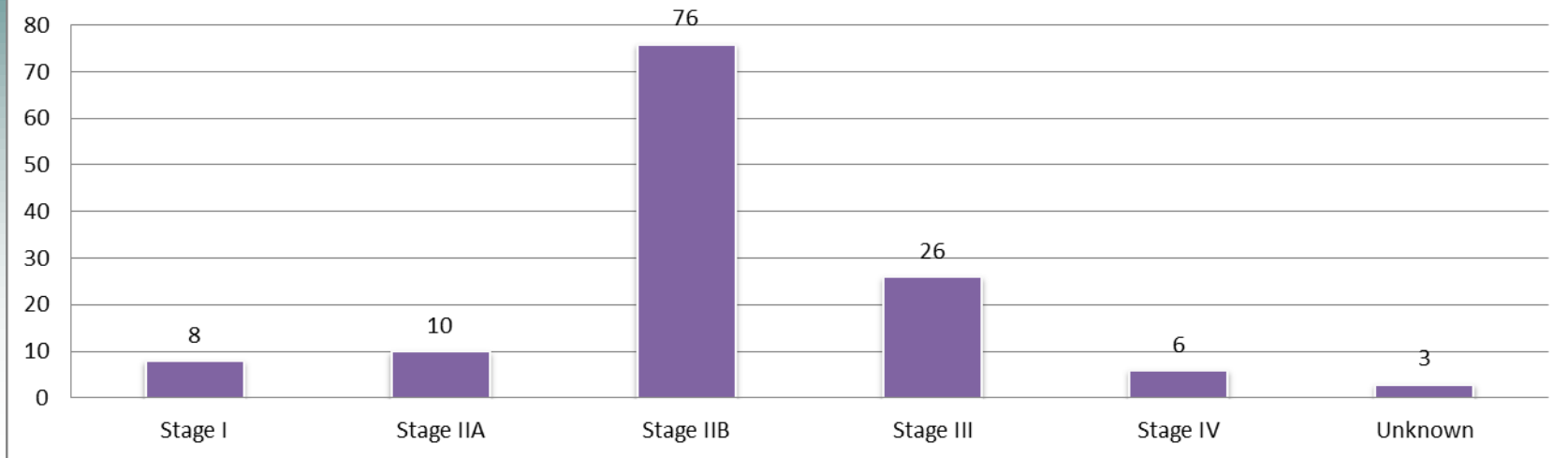
Focus on Prostate Cancer Data: 2015

In 2015 there were a total of 129 analytic prostate cancer cases seen at SHMC. The following graphs demonstrate distribution by both age and AJCC stage.



The above graph demonstrates the majority of the prostate cancer cases seen in 2015 were diagnosed between the ages of 60-69. This represents 69 patients (53%). There were 28 (41%) patients diagnosed between 50-59 years of age. Twelve patients (17%) were diagnosed between 70-79 years of age. Six patients (5%) diagnosed between 40-49 as well as 2 (1%) patients diagnosed between 80-89 years of age.

2015 SHMC Prostate Cancer AJCC Stage Distribution



The above graph shows the distribution by American Joint Committee on Cancer (AJCC) staging for 2015 SHMC Prostate Cancer cases. As demonstrated in the graph the majority of SHMC's diagnosed cases were Stage IIB (59%). Only 32 patients (25%) were stage III or higher. A very small number of patients were assigned an unknown stage and this is due to the fact that these patients were treated with cryoablation or another modality which did not produce pathology results.

IT'S A FACT: The Risks of Secondhand Smoke are Real

"No level of secondhand smoke (SHS) exposure is safe. SHS exposure occurs when nonsmokers breathe in smoke exhaled by smokers or from burning tobacco products" (Centers for Disease Control & Prevention [CDC], 2015, p. 1). Places where nonsmokers are exposed in Nevada include casinos and bars as well as multi-unit housing complexes, and in the United States, SHS kills more than 41,000 nonsmoking adults and more than 400 infants annually (CDC).

Program Goals for 2016 (S1.5)

A total of five goals were identified during the first Cancer Committee meeting of this year. Three clinical goals were identified and goals were achieved or are ongoing as follows. Additionally, the two programmatic goals identified were achieved.

Clinical	Status
To revise the method of transporting chemotherapy/biotherapy from the pharmacy to the patient care areas.	Achieved on the Adult Unit as of July 1, 2016; chemotherapy certified RNs obtain drugs from pharmacy and perform an additional safety check with pharmacy staff.
To increase the number of in-house palliative consults with Elaine Wynn Palliative Care by 15% (from 64 to 74). <small>[S2.4]</small>	Achieved as of December 9, 2016, and surpassing the goal, a total of 92 consults were performed for patients with cancer in 2016.
To include pediatric cases presented at Cancer Conference by having a minimum of 15% (four) of pediatric cases presented annually.	Ongoing; first Pediatric Cancer Conference tentatively scheduled for 02/2017.
Programmatic	Status
To develop the first community health needs assessment for SHMC <small>(S3.1)</small>	Achieved 7/2016 (see following section).
To participate in Medline's Pink Glove Dance	Achieved 7/2016: SHMC was the only hospital in Las Vegas to participate in the Pink Glove Dance and ranked in the top 10 of the large hospital groups.

Partnership with the American Cancer Society (ACS)

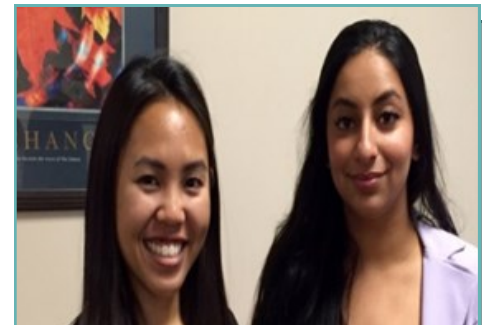
As the new year approaches, the team members of the Cancer Center at SHMC have partnered with the ACS to:

1. Provide up-to-date cancer information, using a wide variety of literature to educate patients and families.
2. Work with social workers and case managers to connect patients to transportation, lodging and other programs.
3. In the upcoming year, work together in hosting the Look Good Feel Better ® workshops on a regular basis.
4. Collaborate in events in the hospital and the community to promote education and the prevention of cancer and screenings for cancer.
5. Continue to work together in raising funds for the ACS in the Making Strides Against Breast Cancer event in Las Vegas in the fall.
6. Share information on the local impact the ACS makes in Nevada including:
 - A. \$720,000 funding for research at the University of Nevada at Reno
 - B. \$345,538 dollars worth of services to 1,814 cancer patients and caregivers through rides to appointments, hotel stays, wigs, the Look Good Feel Better ® program and many more services.

Community Health Needs Assessment (S1.8 & 3.1)

In collaboration with the ACS, Divya Halthore and Tara Wong (two graduate students in Public Health at the University of Nevada [UNLV]), and Sonia Vargas along with Ginger Fidel, a community needs assessment and implementation strategy report was crafted according to CoC guidelines. We appreciate the assistance given to us by these students and Patricia Cruz, PhD, at the School of Community Health Sciences, UNLV.

This report was summarized and presented to the Cancer Committee in July 2016, by Divya and Tara. The information in this valuable report will serve as a guide for the program, particularly related to community outreach, and other services offered by the program at SHMC including the development of a lay navigation program in conjunction with the ACS.



Tara Wong & Divya Halthore

Pink Glove Dance

Again, one of our programmatic goals for this year was to work with the community to participate in the Medline Pink Glove Dance. Medline sponsors the Pink Glove Dance annually to raise awareness about Breast Cancer and to raise funds for breast cancer research. To participate in this nationwide video dance contest, SHMC donated funds to the ACS for breast cancer research. Filming the video required hard work by all who “danced” included breast cancer survivors, American Medical Response, Nathan Adelson Hospice, and Bonner Elementary School Cheerleaders as well as volunteers from the SHMC Auxiliary. Medical Staff included pathologists, radiation oncologists, medical oncologists, and hospitalists. SHMC participants included nurses, nursing assistants, social workers, cancer registry staff and SHMC administrative leaders. Filming and production were only possible with the assistance of Dave Belcher, db Sound Factory, and Dave Carafelli of Carafelli Productions.



Pink Glove Dance Participants: Survivors with Mammographers

Psychosocial Oncology Care (S3.2)

With more than 14.5 million cancer survivors that have a five-year survival rate for many types of cancer in 2014, significant progress has been made in cancer care in the United States (American Society of Clinical Oncology, 2015). According to data from the NCI's Surveillance, Epidemiology, and End Results Program (SEER), researchers estimate that 11.7 million people in the United States are living with cancer, and in this population, researchers indicate that 7 million people were aged 65 or older (CDC, 2007). Twenty-two percent of these survivors are breast cancer patients; 19 percent of these individuals are prostate cancer survivors; and, 10 percent of these people are survivors of colorectal cancer (CDC). Thus, cancer has become a disease of chronicity, and psychosocial well-being and survivorship has become a focus of integrated oncology care.

Standard 3.2 of the CoC requires that accredited cancer programs “develop and implement a process to integrate and monitor on-site psychosocial distress screening and referral for the provision of psychosocial care” (American College of Surgeons, 2016, p. 56) for cancer patients. To establish this program, in a grant funded by the NCI, Laura Devine and Ginger Fidel have worked with nationally recognized colleagues from Yale University School of Nursing and the American Psychosocial Oncology Society to develop a program to identify and address the psychosocial needs of patients hospitalized with cancer diagnoses. Under the guidance of hospital administration and the Cancer Committee, Laura and Ginger established a multidisciplinary team known as POW (Psychosocial Oncology Workgroup) to lay the foundation to implement psychosocial distress screening beginning in early 2017, using a modified version of the National Comprehensive Cancer Network (NCCN) Distress Thermometer. Nurses will initially assess patients' needs, and psychosocial referrals to internal and external resources will be provided by social work or nurse navigation staff.

Cancer Communication (S3.2)

Joined together with the goal of meeting CoC Standard 3.2, two SHMC oncology nurses, Jenna Sponaas, RN, OCN, and Samantha Jewell, RN, OCN, recently attended the City of Hope's (COH) Comfort Communication training in Anaheim, California. As experienced oncology nurses, both Sam and Jenna are familiar with the challenges encountered when discussing the sensitive topics of oncology patient care. However, more education will improve the psychosocial care provided to oncology patients and their families as they are diligently working to develop learning modules to share with colleagues at SHMC.

Comfort Communication, a two-day program of intensive workshops and lectures, is designed around the central theme of providing new tools and strategies for addressing the needs of the clients and their families. In the United States alone, changing patient demographics, increased reliance on home care as well as new payment and incentive delivery systems are contributing to a changing healthcare landscape, and are reliant upon the communication skills of healthcare providers.

The COH course materials describe the need for communication in caring for patients with cancer as: “Communication, empathy, and relationship-building are among the top three concerns reported by patients. Patients and families who report good healthcare experiences describe communication practices as timely, truthful, and compassionate.” This approach dovetails with the mission and vision of SHMC as we prepare for CoC accreditation.



Jenna Sponaas, RN, OCN & Samantha Jewell, RN, OCN

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