



**BRISTOL HOSPITAL**  
**CANCER CARE CENTER**

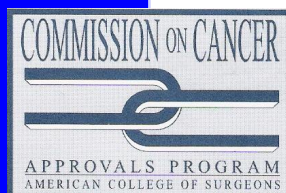
affiliated with Yale-New Haven Cancer Network

**41 Brewster Road**  
**Bristol, CT 06010**

**2011 ANNUAL REPORT**

**2010 STATISTICAL REVIEW**

[http://www.bristolhospital.org/BHAnnRpt\\_11](http://www.bristolhospital.org/BHAnnRpt_11)

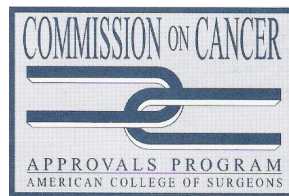


## Bristol Hospital Oncology Objective

2

The objective of the Bristol Hospital Cancer Program is excellence in oncology patient care.

This commitment to excellence is evident in the continued accreditation of the Bristol Hospital Cancer Program through the American College of Surgeons Commission on Cancer



### **BRISTOL HOSPITAL ANNUAL REPORT - 2010-11- NAVIGATIONAL AIDS:**

To go directly to a desired report...click on it's ***Title*** on the **Table of Contents Page**.

To return to the **Table of Contents Page**...Click on the light blue square at the top of a page.

# TABLE OF CONTENTS

BRISTOL HOSPITAL ONCOLOGY OBJECTIVE . . . . .	2
TABLE OF CONTENTS . . . . .	3
2011 CANCER COMMITTEE MEMBERS. . . . .	4
2011 CANCER CONFERENCES. . . . .	5
CHAIRMAN’S REPORT - 2011 . . . . .	6
<b>COMMITTEE REPORTS</b>	
ANALYSIS OF BREAST CANCER COMPARISON REPORT. . . . .	8
QUALITY IMPROVEMENT. . . . .	24
CANCER REGISTRY . . . . .	26
<b>STATISTICAL DATA</b>	
• TOP 10 SITES By Sex- 2010 . . . . .	27
• TOP 10 SITES By Best Summary Stage - 2010 . . . . .	28
• TOP 10 SITES By 1st Course Treatment - 2010. . . . .	29
• PRIMARY SITE TABLE - 2010 . . . . .	30
• ESTIMATED NEW CASES / DEATHS - 2010 . . . . .	31
• SURVIVAL ANALYSIS - 2010 . . . . .	32
RADIATION ONCOLOGY. . . . .	34
PATHOLOGY . . . . .	35
CLINICAL NUTRITIAN SERVICES . . . . .	36
HOSPICE CARE. . . . .	37
HOME CARE. . . . .	42
LIBRARY SERVICES . . . . .	50
AMERICAN CANCER SOCIETY. . . . .	52
REHAB DYNAMICS. . . . .	53
CHAPLAINCY PROGRAM . . . . .	54
SOCIAL WORK . . . . .	55
<b>ACKNOWLEDGEMENTS. . . . .</b>	<b>56</b>
<b>FREQUENTLY CALLED NUMBERS . . . . .</b>	<b>57</b>
<b>INTERNET WEBSITE ADDRESSES . . . . .</b>	<b>58</b>
<b>NOTES . . . . .</b>	<b>59</b>

This annual report is produced and published by the Bristol Hospital Cancer Committee in conjunction with the American College of Surgeons (ACoS) Commission on Cancer. Bristol Hospital has received accreditation as a Community Hospital Cancer Program of the ACoS.

Bristol Hospital is affiliated with the **Yale-New Haven Cancer Network**.

## 2011 CANCER COMMITTEE MEMBERS

4

### **PHYSICIANS**

Stephan J. Kaye, MD

Nasima Banerjee, MD

Stewart Bober, MD

Dennis Ferguson MD

Bernard Percarpio, MD

Joseph Ravalese, MD

James Sayre, MD

Kamakshi Vemareddy, MD

Sapna Khubchandi, MD

Driola Brahaj, MD

### **NON-PHYSICIANS**

Mary Strauss, MSW, LCSW

Kim Dompier, RD

Joan Gervais, AS, CTR

Barbara Nawrocki, BS, MPH, MBA

Charlie Waters, PharmD, BCPS, CGP

Ann Burch, BHA, RN

Elizabeth Warner

Deborah Rosenberg, PhD

Heather Druan

Kerri Ann Rall, PA-C

Chairperson - Oncology

Pathology

Diagnostic Radiology

Diagnostic Radiology

Radiation Oncology

Radiation Oncology

General Surgery

Surgery - ACoS CLP

Oncology

Oncology

Social Work

Dietician / Nutritionist

Cancer Program Coordinator

Interim Director

Pharmacy Director

Home Care / Hospice

Director of Rehab Services

Psychologist

American Cancer Society

Physicians Assistant-Cancer

Clinical Research Nurse

Public Relations Representative

Quality Improvement

### CANCER CONFERENCE COORDINATOR REPORT

A total of 21 histologic specific Cancer Conferences were convened in 2010.

A total of 87 prospective cases were presented.

The average % attendance:

Medical Oncology	100%
Radiation Oncology	95%
Surgery	90%
Pathology	100%
Diagnostic Radiology	95%

There were 49 analytic Breast case presentations in 2010

and

There were 38 analytic Medical/Surgical case presentations in 2010.

The presentations represent 38% of the analytic caseload.

The ten major Primary Sites at Bristol Hospital [ Breast; Respiratory System; Colon; Prostate; Bladder; Skin; Lymph Nodes; Hematopoietic & Reticuloendo System; Rectum; and Corpus Uteri ] were included in the discussions.

The total number analytic cases for 2010 was 225.

2011 has been another active year for the Bristol Hospital Cancer Center. The Center continues to be an integral part of our hospitals commitment to the Bristol community to provide state of the art care to our patients at the local level.

I will say at the outset that our anticipated restructured relationship with the Yale Cancer Center has not come to fruition. The good news is that we've recently received approval to hire multiple purpose nurse to have responsibility for Patient Navigation, Survivorship and Clinical Research. We plan for the clinical research portion to begin immediately on hiring this person. The presence of this individual will allow us immediate access to clinical trials through our relationship the American College of Surgeons Oncology Cooperative and the clinical trials support unit of the National Institute of Health. We will continue to submit data on our two ongoing clinical trials.

As will be discussed in our Registry report, our registry has been formally linked electronically to the Yale Cancer Network so that all data with Yale, Greenwich Hospital and Bridgeport Hospital and ours will be compiled as a unit. We will continue participating in multiple retrospective trials gathering patient specific data on numerous malignancies. In general, our patients have responded quite favorably to request for the completion of questionnaires.

Patient flow has improved significantly with multiple changes in Clinic operation, the most significant of which is the addition of our telephone triage nurse. In addition our clinic brochure has been completed and is being distributed to patients. Not only does this include clinic policies but much disease specific information.

We give special thanks to Vernard Wilkins, PCA for organizing the Bristol Hospital team that participated in the American Cancer Society Relay for Life. This exciting event in the center of Bristol was attended by thousands of Bristol residents. Special thanks to Dr. Sapna Khubchandani for an inspiring opening ceremony speech. The Bristol Hospital tent was a significant feature of the event.

Our greatest goal for the year was the institution of the electronic medical record. In the center. This has brought numerous efficiencies to the clinic including shorter wait time for pharmaceuticals and improved communication with the laboratory and referring physicians.

## CANCER COMMITTEE CHAIRMAN'S REPORT - (CONTINUED) 2011

The Healing Garden just outside the Center continues to be a restful area adjacent the Center for patient reflection and repose. We have also designated space within the clinic for our Social Worker, Mary Strauss to counsel and console patients in a private and comfortable setting. Mary will continue with her support group as well.

The American Cancer Society continues to participate in our Cancer Committee and provide patients with informational brochures, personal items, participation in patient focused programs such as Reach to Recovery, Road to Recovery, Man to Man, Look Good, Feel Better, and I Can Cope. The ACS regional director Michelle Wolf, met with the center staff earlier this year to review their programs.

Our Cancer Conferences will be reviewed in Dr. Banerjee's report. Our semi-weekly Tumor Boards were performed and well attended.

Our disease specific Grand Rounds included detailed discussions of esophageal and colorectal cancer. We as well teleconferenced with Dr. Frederick L. Greene, MD on Staging of Cancer with the new 7<sup>th</sup> Edition Cancer Staging Manual and Dr. James T. Sayre presented Clinical Staging as it relates to Treatment Planning.

At our Cancer Committee meeting in October we will set our goals for 2012. I'm certain these will include completion of our counseling room, the resumption of clinical trials in our Cancer Center and formalization of our Navigator and Survivorship program.

**Stephen J. Kaye, MD**  
**Chairman, Cancer Committee**

Even though the incidence and death rate of Breast Cancer in the United States have been decreasing, here were still 209,000 new cases and 39,000 deaths from Breast Cancer in the United States in 2010. In the state of Connecticut there were 2,960 new cases of Breast Cancer and 490 deaths 2010.

In 2010 there were 70 new cases of Breast Cancer diagnosed at Bristol Hospital. The first course of treatment at Bristol Hospital is depicted in Figure 1 Table 1. It can be gleaned from these data that in 65/70 patients some form of surgery with variable use of radiation therapy, chemotherapy or hormonal therapy was undertaken. The age and stage of our patient is given in Table 2. This distribution conforms to published data.

There were no cases of male Breast Cancer diagnosed in Bristol Hospital during this period as shown in Table 3. This is most likely due to our small sample and the known decreased incidence in men. The histological types of Breast Cancer as depicted in Table 4 are as would be expected. The racial distribution of our cases as shown in Figure 5 reflects the racial demographics of the Bristol population. Because of these being 2010 cases, survival data would not be meaningful.

The only meaningful survival data available from Bristol Hospital are shown in Figures 7 and 8 which shows regional data for New England compared with national data respectively. The Bristol Hospital data are included in each of these. As can be seen the results from both groups are predictable and almost superimposable.

The latest National Cancer Data Base data comparing Bristol Hospital experience with other institutions is described in this section. The latest data available is from 2008. The comparison analysis with respect to first course treatment with all Connecticut hospitals and New England and community hospitals is given in Figures 2 and 3 respectively. The data for Bristol Hospital alone was previously noted in Figure 1.

As can be seen from these data, the only category showing a significant difference is in those patients receiving surgery, radiation and hormonal therapy. I suspect this is all a function of some of our patients going elsewhere for radiation therapy or oncology consultations.

The Bristol Hospital data for stage at presentation is given in Figure 4. The data comparing our results to all types of hospitals in the state of Connecticut and community hospitals in the New England region are given in Figures 5 and 6 respectively. As can be seen by these data, the Bristol Hospital results compare quite favorably with our peers. Of note is the small favorable difference in presentation in early stage disease in Bristol.

**Stephen J. Kaye, MD**  
**Chairman, Cancer Committee**

# ANALYSIS OF BREAST CANCER COMPARISON REPORT (Continued)

**Table 1**

## First Course Treatment by Best Summary Stage Report

Filter(s): Advanced: Date of First Contact Between 20100101 AND 20101231 AND Primary Site Between 'C500' AND 'C509' AND Analytic Case = "Yes"

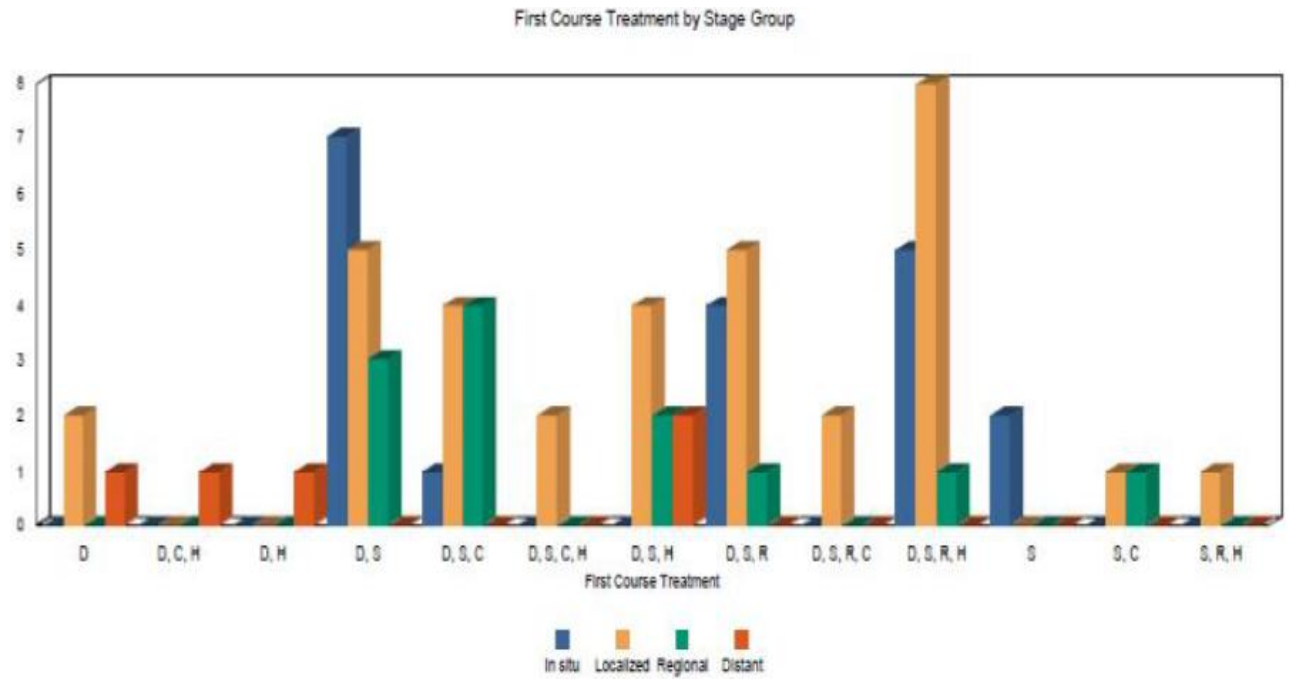
	In situ	Localized	Regional	Distant	Total
D	0 0.00 0.00	2 66.67 5.88	0 0.00 0.00	1 33.33 20.00	3
D, C, H	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	1 100.00 20.00	1
D, H	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	1 100.00 20.00	1
D, S	7 46.67 36.84	5 33.33 14.71	3 20.00 25.00	0 0.00 0.00	15
D, S, C	1 11.11 5.26	4 44.44 11.76	4 44.44 33.33	0 0.00 0.00	9
D, S, C, H	0 0.00 0.00	2 100.00 5.88	0 0.00 0.00	0 0.00 0.00	2
D, S, H	0 0.00 0.00	4 50.00 11.76	2 25.00 16.67	2 25.00 40.00	8
D, S, R	4 40.00 21.05	5 50.00 14.71	1 10.00 8.33	0 0.00 0.00	10
D, S, R, C	0 0.00 0.00	2 100.00 5.88	0 0.00 0.00	0 0.00 0.00	2
D, S, R, H	5 35.71 26.32	8 57.14 23.53	1 7.14 8.33	0 0.00 0.00	14
S	2 100.00 10.53	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	2
S, C	0 0.00 0.00	1 50.00 2.94	1 50.00 8.33	0 0.00 0.00	2
S, R, H	0 0.00 0.00	1 100.00 2.94	0 0.00 0.00	0 0.00 0.00	1
Total	19	34	12	5	70

**Key:**

- D Diagnosis
- C Chemotherapy
- H Hormone
- S Surgery
- R Radiation

Count (N)
  Row %
  Column %

First Course Treatment by Best Summary Stage Report



# ANALYSIS OF BREAST CANCER COMPARISON REPORT (Continued)

**TABLE 2**

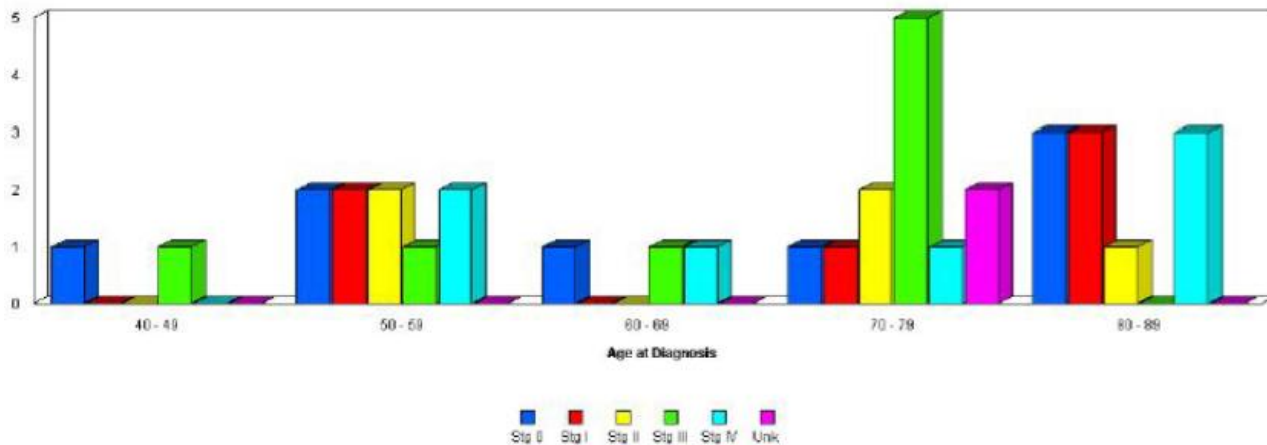
**Age at Diagnosis by Best CS/AJCC Stage Report**

Filter(s): Advanced: Date of 1st Contact Between 20090101 AND 20091231 AND Analytic Case = 'Yes' AND Primary Site Between 'C180' AND 'C199'

	Stg 0	Stg I	Stg II	Stg III	Stg IV	Unk	Total
40 - 49	1 50.00 12.50	0 0.00 0.00	0 0.00 0.00	1 50.00 12.50	0 0.00 0.00	0 0.00 0.00	2
50 - 59	2 22.22 25.00	2 22.22 33.33	2 22.22 40.00	1 11.11 12.50	2 22.22 28.57	0 0.00 0.00	9
60 - 69	1 33.33 12.50	0 0.00 0.00	0 0.00 0.00	1 33.33 12.50	1 33.33 14.29	0 0.00 0.00	3
70 - 79	1 8.33 12.50	1 8.33 16.67	2 16.67 40.00	5 41.67 62.50	1 8.33 14.29	2 16.67 100.00	12
80 - 89	3 30.00 37.50	3 30.00 50.00	1 10.00 20.00	0 0.00 0.00	3 30.00 42.86	0 0.00 0.00	10
Total	8	6	5	8	7	2	36

■ Count (N) ■ Row % ■ Column %

Age at Diagnosis by Best CS/AJCC Stage



# ANALYSIS OF BREAST CANCER COMPARISON REPORT (Continued)

**TABLE 3**

**Summary by Body System, Sex, Class, Status and Best Summary Stage Report**

Filter(s): Advanced: Date of Firsrt Contact Between 20100101 AND 20101231 AND Primary Site Between 'C500' AND 'C509" AND Analytic Case = "Yes"

Primary Site	Total (%)	Sex		Class of Case		Status		Stage Distribution - Analytic Cases Only					
		M	F	Analy	NA	Alive	Exp	In-Situ	Local	Reg	Distant	Unk/Unstag	Blank/Inv
BREAST	70 (100%)	0	70	70	0	65	5	19	34	12	5	0	0
Breast	70 (100%)	0	70	70	0	65	5	19	34	12	5	0	0
<b>Total</b>	<b>70 (100%)</b>	<b>0</b>	<b>70</b>	<b>70</b>	<b>0</b>	<b>65</b>	<b>5</b>	<b>19</b>	<b>34</b>	<b>12</b>	<b>5</b>	<b>0</b>	<b>0</b>
Exclusions: Not Male and Not Female				0									

# ANALYSIS OF BREAST CANCER COMPARISON REPORT (Continued)

**TABLE 4**

## Histology/Behavior by Best Summary Stage Report

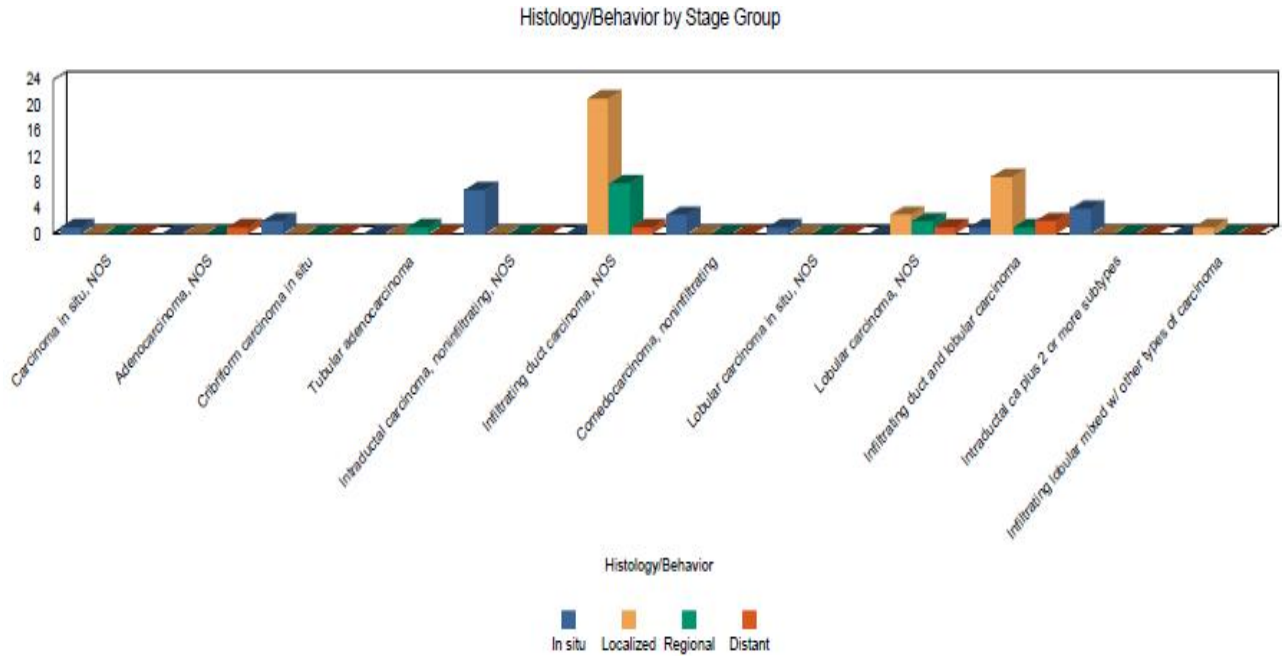
Filter(s): Advanced: Date of 1st Contact Between 20100101 AND 20101231 AND Analytic Case = 'Yes' AND AND Primary Site Between 'C500' AND 'C509'

	In situ	Localized	Regional	Distant	Total
Carcinoma in situ, NOS	1 100.00 5.28	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	1
Adenocarcinoma, NOS	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	1 100.00 20.00	1
Cribriform carcinoma in situ	2 100.00 10.53	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	2
Tubular adenocarcinoma	0 0.00 0.00	0 0.00 0.00	1 100.00 8.33	0 0.00 0.00	1
Intraductal carcinoma, noninfiltrating	7 100.00 38.84	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	7
Infiltrating duct carcinoma, NOS	0 0.00 0.00	21 70.00 81.78	8 26.67 88.67	1 3.33 20.00	30
Comedocarcinoma, noninfiltrating	3 100.00 15.79	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	3
Lobular carcinoma in situ, NOS	1 100.00 5.28	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	1
Lobular carcinoma, NOS	0 0.00 0.00	3 50.00 8.82	2 33.33 16.67	1 16.67 20.00	6
Infiltrating duct and lobular carcinoma	1 7.69 5.28	9 69.23 28.47	1 7.69 8.33	2 15.38 40.00	13
Intraductal ca plus 2 or more subtypes	4 100.00 21.05	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	4
Infiltrating lobular mixed w/ other types of	0 0.00 0.00	1 100.00 2.94	0 0.00 0.00	0 0.00 0.00	1
Total	19	34	12	5	70

■ Count (N)   ■ Row %   ■ Column %

# ANALYSIS OF BREAST CANCER COMPARISON REPORT (Continued)

## Histology/Behavior by Best Summary Stage Report



# ANALYSIS OF BREAST CANCER COMPARISON REPORT (Continued)

**TABLE 5**

## Race 1 by Sex Report

Filter(s): Advanced: Date of First Contact Between 20100101 AND 20101231 AND Primary Site Between 'C500' AND 'C509' AND Analytic Case = "Yes"

	Female	Total	
White	67 100.00	67	
Black	3 95.71	3	[ No Males ]
Total	70 4.29	70	

Count (N)
  Row %
  Column %

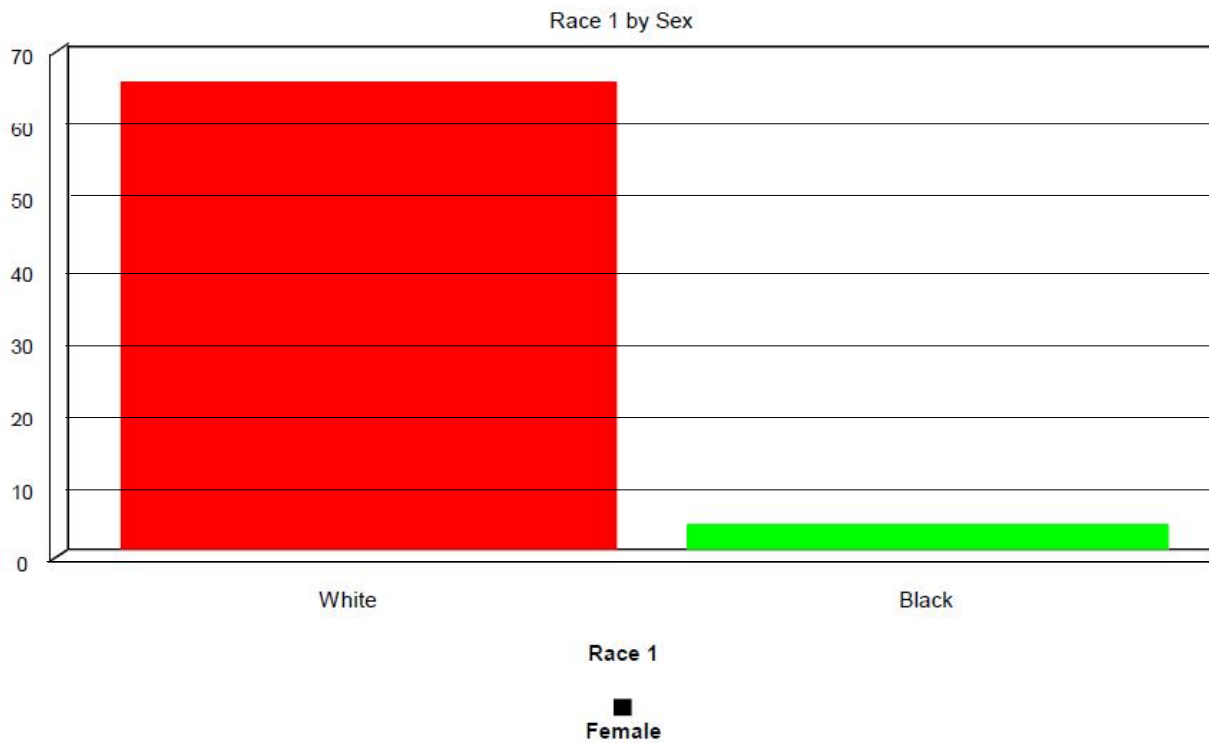
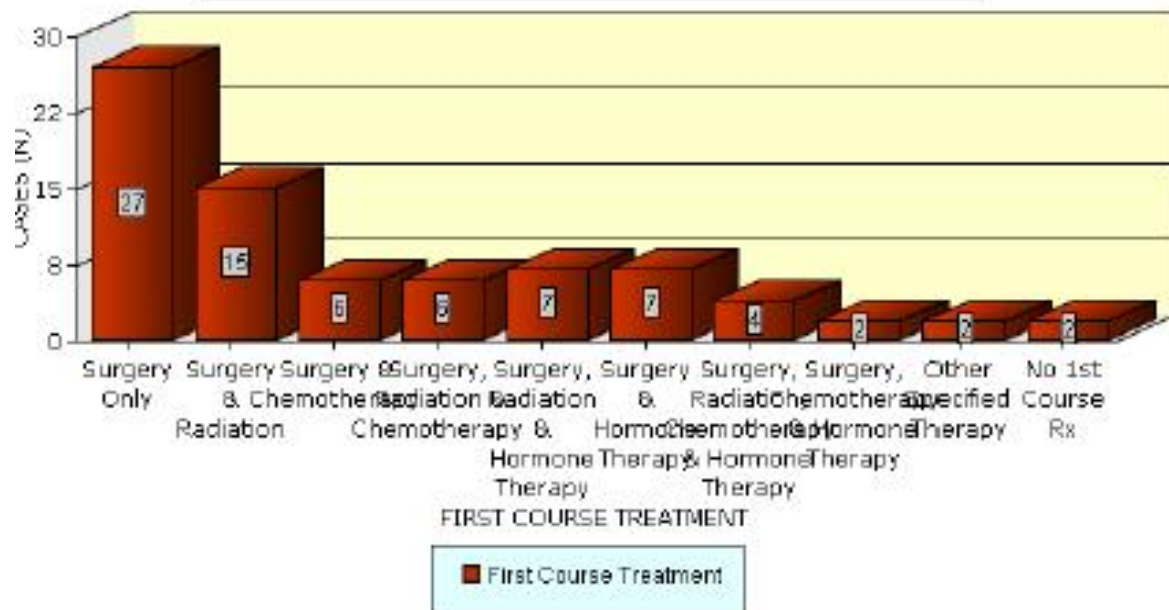


Figure 1.



Bristol Hospital, Bristol CT  
 First Course Treatment of Breast Cancer Diagnosed in 2008  
 Dx and all/part 1st crx. Rx at reporting facility (Class of Case 1)



**Bristol Hospital, Bristol CT**  
**First Course Treatment of Breast Cancer Diagnosed in 2008**  
**Dx and all/part 1st crx. Rx at reporting facility (Class of Case 1)**

First Course Treatment	N	%
1. Surgery Only	27	34.62%
2. Surgery & Radiation	15	19.23%
3. Surgery & Chemotherapy	6	7.69%
4. Surgery, Radiation & Chemotherapy	6	7.69%
5. Surgery, Radiation & Hormone Therapy	7	8.97%
6. Surgery & Hormone Therapy	7	8.97%
7. Surgery, Radiation, Chemotherapy & Hormone Therapy	4	5.13%
8. Surgery, Chemotherapy & Hormone Therapy	2	2.56%
9. Other Specified Therapy	2	2.56%
10. No 1st Course Rx	2	2.56%
<b>TOTAL</b>	<b>78</b>	<b>100%</b>

Figure 2.



First Course Treatment of Breast Cancer Diagnosed in 2008  
 Bristol Hospital, Bristol CT  
 vs. All Types Hospitals in State of Connecticut  
 Dx and all/part 1st crx. Rx at reporting facility (Class of Case 1)



	Surgery Only	Surgery & Radiation	Surgery & Chemotherapy	Surgery, Radiation & Chemotherapy	Surgery, Radiation & Hormone Therapy	Surgery & Hormone Therapy	Surgery, Radiation, Chemotherapy & Hormone Therapy	Surgery, Chemotherapy & Hormone Therapy
My Facility	27	15	6	6	7	7	4	2
Other	836	448	200	271	534	245	178	121

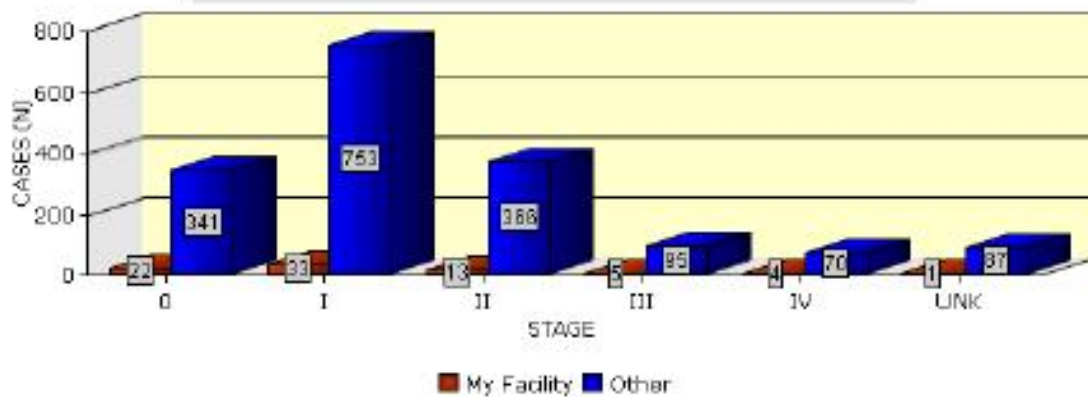
*First Course Treatment of Breast Cancer Diagnosed in 2008*  
 Bristol Hospital, Bristol CT  
 vs. All Types Hospitals in State of Connecticut  
 Dx and all/part 1st crx. Rx at reporting facility (Class of Case 1)

* First Course Treatment	My (N)	Oth. (N)	My (%)	Oth. (%)
1. Surgery Only	27	836	34.62%	27.88%
2. Surgery & Radiation	15	448	19.23%	14.94%
3. Surgery & Chemotherapy	6	200	7.69%	6.67%
4. Surgery, Radiation & Chemotherapy	6	271	7.69%	9.04%
5. Surgery, Radiation & Hormone Therapy	7	534	8.97%	17.81%
6. Surgery & Hormone Therapy	7	245	8.97%	8.17%
7. Surgery, Radiation, Chemotherapy & Hormone Therapy	4	178	5.13%	5.94%
8. Surgery, Chemotherapy & Hormone Therapy	2	121	2.56%	4.03%
9. Other Specified Therapy	2	101	2.56%	3.37%
10. No 1st Course Rx	2	65	2.56%	2.17%
<b>Col. TOTAL</b>	<b>78</b>	<b>2999</b>	<b>100%</b>	<b>100%</b>

Figure 3.



Stage of Breast Cancer Diagnosed in 2008  
 Bristol Hospital, Bristol CT  
 vs. Community Hospitals in ACS Division of New England  
 Dx and all/part 1st crx. Rx at reporting facility (Class of Case 1)



	0	I	II	III	IV	UNK
My Facility	22	33	13	5	4	1
Other	341	753	366	95	70	87

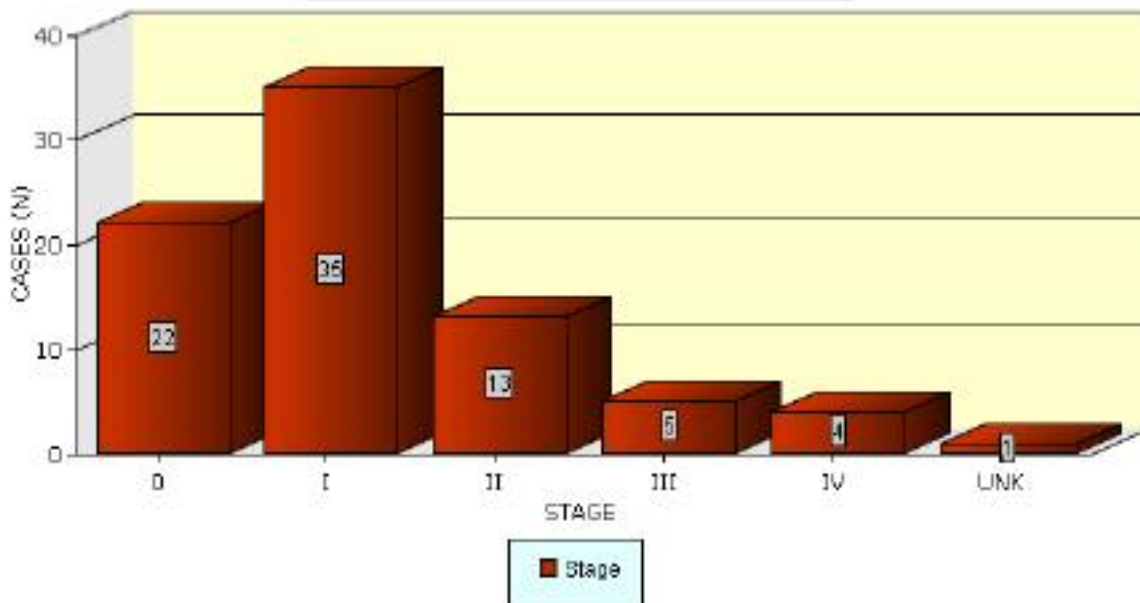
*Stage of Breast Cancer Diagnosed in 2008*  
 Bristol Hospital, Bristol CT  
 vs. Community Hospitals in ACS Division of New England  
 Dx and all/part 1st crx. Rx at reporting facility (Class of Case 1)

• Stage	My (N)	Oth. (N)	My (%)	Oth. (%)
1. 0	22	341	28.21%	19.92%
2. I	33	753	42.31%	43.98%
3. II	13	366	16.67%	21.38%
4. III	5	95	6.41%	5.55%
5. IV	4	70	5.13%	4.09%
6. UNK	1	87	1.28%	5.08%
<b>Col. TOTAL</b>	<b>78</b>	<b>1712</b>	<b>100%</b>	<b>100%</b>

Figure 4.



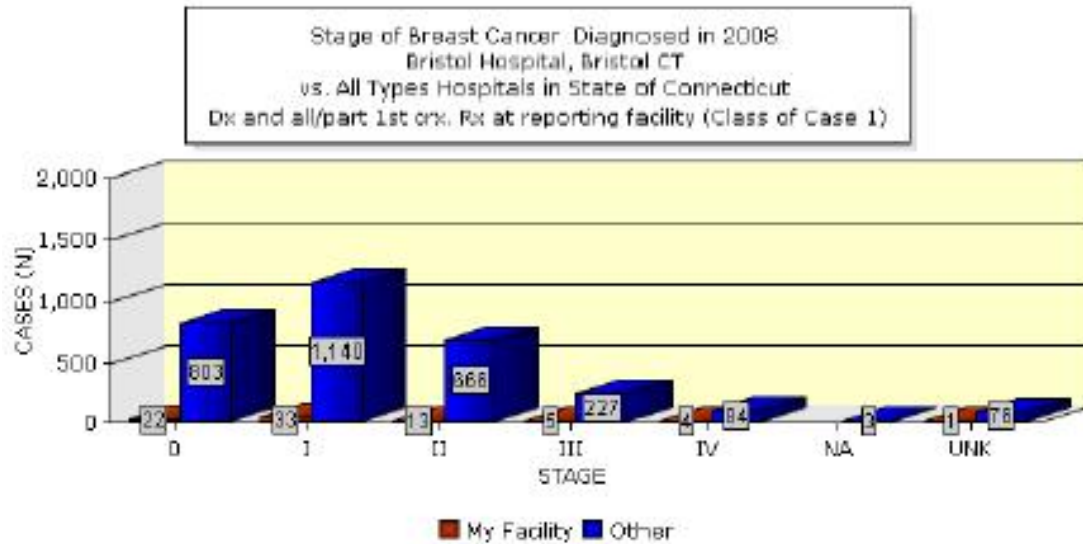
Bristol Hospital, Bristol CT  
 Stage of Breast Cancer Diagnosed in 2008  
 All Diagnosed Cases



*Bristol Hospital, Bristol CT*  
**Stage of Breast Cancer Diagnosed in 2008**  
 All Diagnosed Cases

Stage	N	%
1. 0	22	27.5%
2. I	35	43.75%
3. II	13	16.25%
4. III	5	6.25%
5. IV	4	5%
6. UNK	1	1.25%
<b>TOTAL</b>	<b>80</b>	<b>100%</b>

Figure 5.



	0	I	II	III	IV	NA	UNK
My Facility	22	33	13	5	4		1
Other	803	1,140	666	227	84	3	76

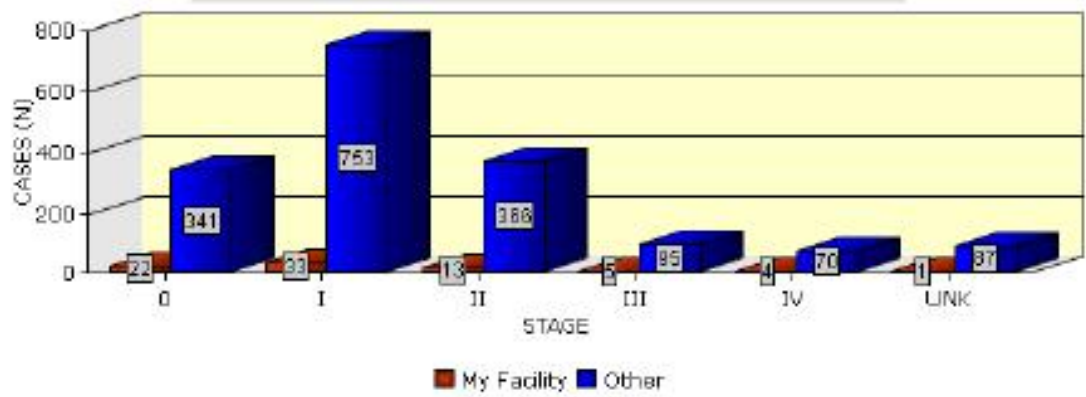
Stage of Breast Cancer Diagnosed in 2008  
Bristol Hospital, Bristol CT  
vs. All Types Hospitals in State of Connecticut  
Dx and all/part 1st crx. Rx at reporting facility (Class of Case 1)

#	Stage	My (N)	Oth. (N)	My (%)	Oth. (%)
1.	0	22	803	28.21%	26.78%
2.	I	33	1140	42.31%	38.01%
3.	II	13	666	16.67%	22.21%
4.	III	5	227	6.41%	7.57%
5.	IV	4	84	5.13%	2.8%
6.	NA	.	3	.	0.1%
7.	UNK	1	76	1.28%	2.53%
Col. TOTAL		78	2999	100%	100%

Figure 6.



Stage of Breast Cancer Diagnosed in 2008  
 Bristol Hospital, Bristol CT  
 vs. Community Hospitals in ACS Division of New England  
 Dx and all/part 1st crx. Rx at reporting facility (Class of Case 1)



	0	I	II	III	IV	UNK
My Facility	22	33	13	5	4	1
Other	341	753	366	95	70	87

*Stage of Breast Cancer Diagnosed in 2008*  
 Bristol Hospital, Bristol CT  
 vs. Community Hospitals in ACS Division of New England  
 Dx and all/part 1st crx. Rx at reporting facility (Class of Case 1)

# Stage	My (N)	Oth. (N)	My (%)	Oth. (%)
1. 0	22	341	28.21%	19.92%
2. I	33	753	42.31%	43.98%
3. II	13	366	16.67%	21.38%
4. III	5	95	6.41%	5.55%
5. IV	4	70	5.13%	4.09%
6. UNK	1	87	1.28%	5.08%
<b>Col. TOTAL</b>	<b>78</b>	<b>1712</b>	<b>100%</b>	<b>100%</b>

©2011 National Cancer Data Base (NCDB) / Commission on Cancer (CoC) / Developer: Florin Petrescu  
 Monday, October 17, 2011

Figure 7.

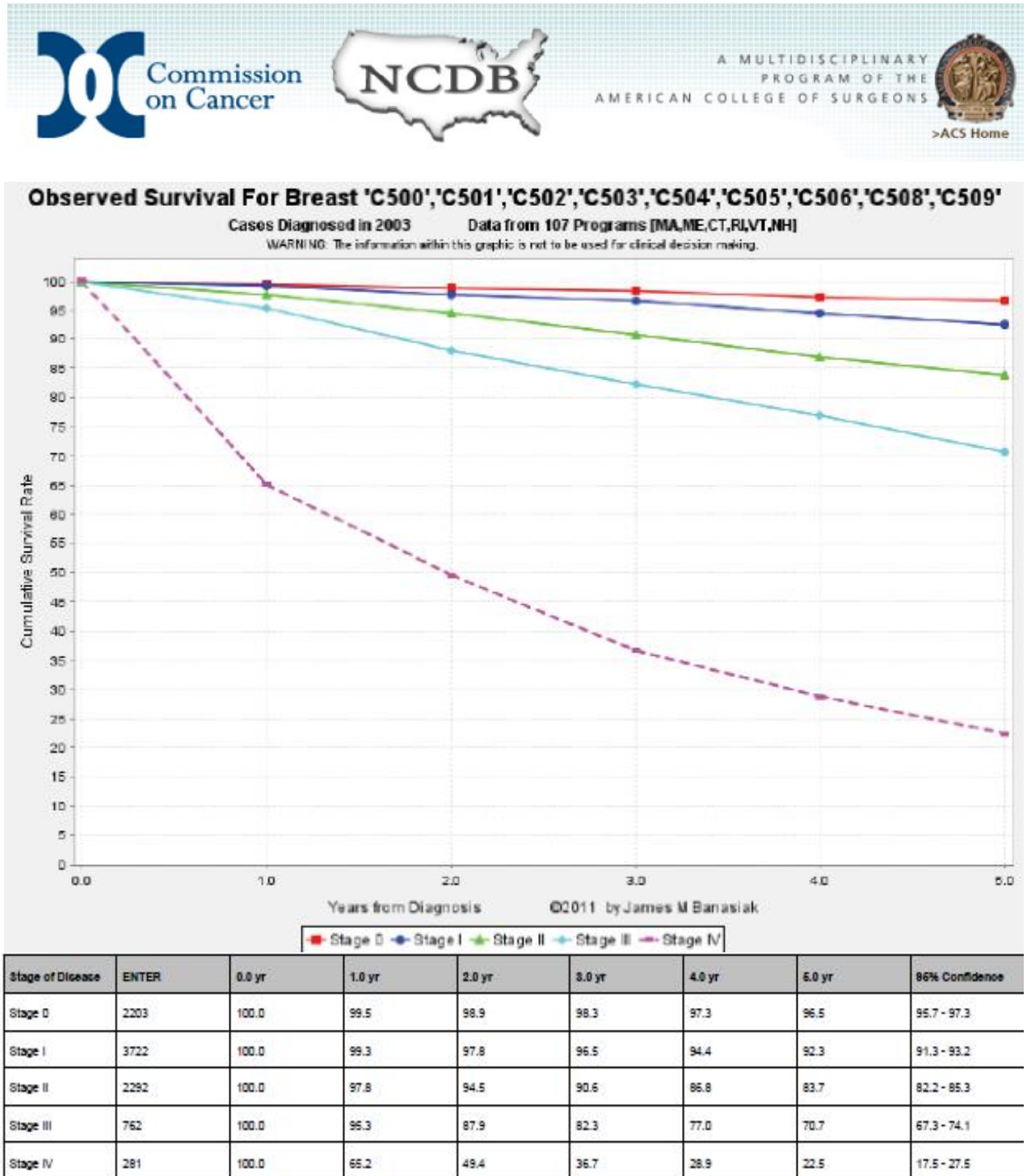


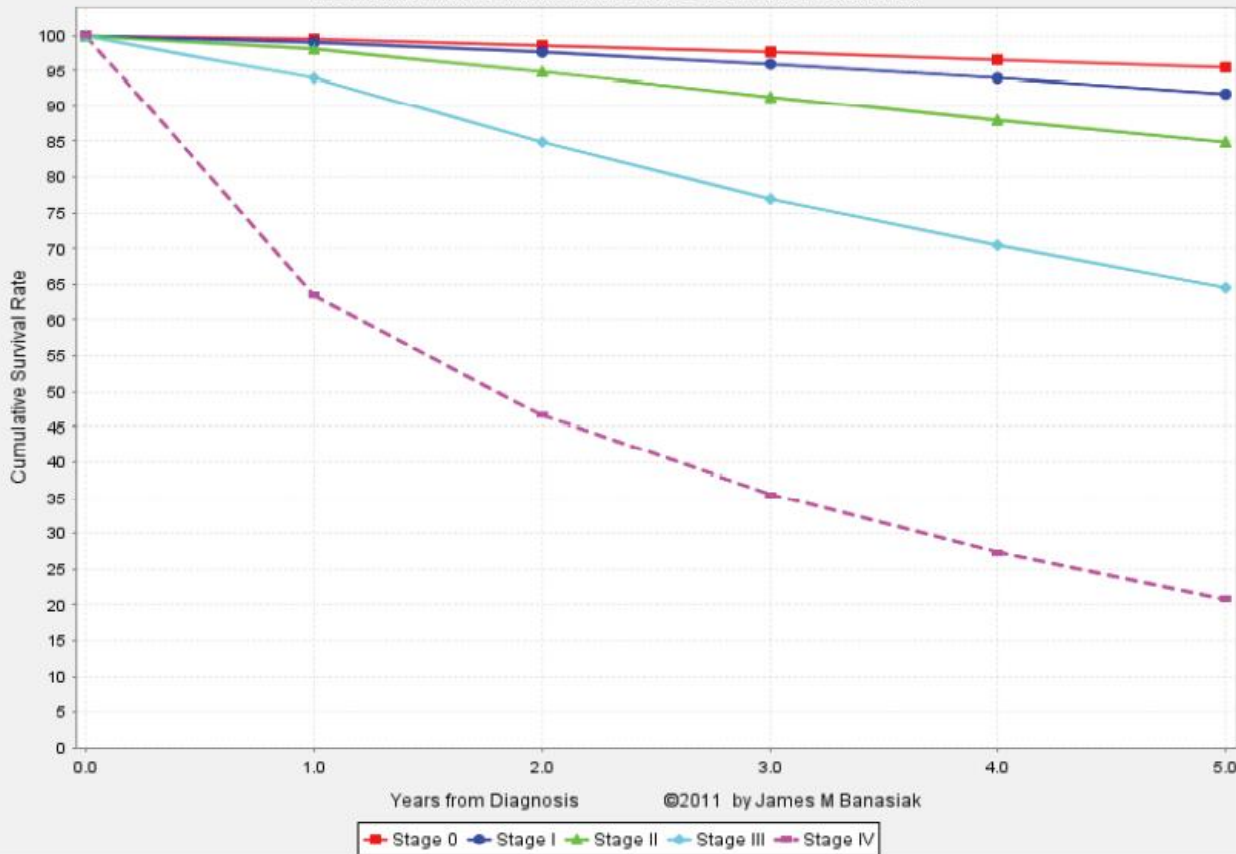
Figure 8.



**Observed Survival For Breast 'C500','C501','C502','C503','C504','C505','C506','C508','C509'**

Cases Diagnosed in 2003 Data from 1327 Programs [National]

WARNING: The information within this graphic is not to be used for clinical decision making.



Stage of Disease	ENTER	0.0 yr	1.0 yr	2.0 yr	3.0 yr	4.0 yr	5.0 yr	95% Confidence
Stage 0	24816	100.0	99.4	98.6	97.6	96.7	95.4	95.1 - 95.7
Stage I	50645	100.0	99.0	97.7	96.0	94.0	91.8	91.5 - 92
Stage II	36758	100.0	98.1	94.8	91.3	88.0	84.8	84.4 - 85.2
Stage III	13831	100.0	94.0	84.9	76.9	70.4	64.5	63.7 - 65.4
Stage IV	4661	100.0	63.5	46.7	35.5	27.3	20.8	19.6 - 22

One of the key elements of Bristol Hospital's mission is 'to provide safe, quality care and services to our patients.' As the Oncology Program is one of several service lines that are responsible for fulfilling the organizational mission, our aim is to ensure we meet that obligation on an ongoing basis. To determine how effective we are, the Cancer Committee, patient care services/nursing and the quality department monitor our progress through a variety of methods. These include:

- Tumor Board Conferences (General, Breast)
- Chart reviews
- Patient Satisfaction Surveys
- Compliance with equipment guidelines
- Comparisons with state and national data (clinical and operational)
- Trend analyses
- Performance Improvement Teams
- Environmental checklists
- Focused studies of selected systems
- Staff/Patient interviews and
- Prospective and retrospective data collection

Much of this information is reported on a quarterly basis via dashboards, targeted reports, chart audit summaries and/or patient satisfaction critiques. From these activities and measurements, the following is a sampling of three quality improvements that were accomplished in 2010/11 in response to the above findings.

### **1) ENHANCEMENT: EDUCATION**

Opportunity: Increase nurse awareness on a variety of hematology/oncology-related.  
Improvement: Develop a Journal Club for Nurses.

Outcome: Increased working knowledge of RNs on a wide range of topics. Patient satisfaction related to nurses' teaching has moved from 90% to 98%.

### **2) STUDY: QUALITY ONCOLOGY PRACTICE INITIATIVE**

Opportunity: Assist the oncology practice in creating a culture of self examination and improvement

Improvement: Participate in the American Society of Clinical Oncologists' quality program, Quality Oncology Practice Initiative QOPI, via use of measurement and feedback to correlate with evidence-based data

## QUALITY IMPROVEMENT (CONTINUED) 2010

Outcome: Baseline data depicting degree of care standardization processes and documentation. On initial survey, oncology practice equaled or exceeded quality indicators >50%.

### **3) ENHANCEMENT: PATIENT SATISFACTION**

Opportunity: Augment the available (but limited) information for patients new to the Cancer Care Center

Improvement: Create a new patient brochure and packaging describing general Bristol

Hospital and Cancer Care Center services. Include additional information on disease and treatments and a guide for using Internet resources.

Outcome: All inclusive patient packets distributed to patients new to the Cancer Center.

During the upcoming year, the Oncology Program will continue to work towards meeting both current and prospective patients' needs and will attempt to meet those requirements with reasonable effort and cost-sensitive actions. At the same time, our aim is to strengthen the caliber of our services by regularly monitoring our activities, combining the talent of the Hematology/Oncology staff and succeeding at established targets or benchmarks through quality improvement. We at Bristol Hospital remain dedicated to providing the most comprehensive and compassionate care possible to our community and maintaining a center of excellence for cancer patients and their families.

### **HEMATOLOGY/ONCOLOGY SERVICES: SAMPLE QUALITY INDICATORS**

INDICATOR	TARGET	ACTUAL	VARIANCE
<i>Economic</i>			
Patient Visits	8,622	7,935	-687 (-7.9%)
<i>Outcomes</i>			
Patients understood physician explanations Re: diagnosis and treatment	≥ 95%	97 %	+ 2%
All new chemotherapy patients received psychosocial assessment within < 30 days	≥ 95%	98%	+ 3%
<i>Process</i>			
Staging of disease in chart within 1 month of 1 <sup>st</sup> office visit	≥ 95%	100%	+ 5%
Patients queried re: Advance Directives	≥ 95%	90 %	- 5%
<i>Satisfaction</i>			
Patients received sufficient teaching & instructions about their treatments from their nurse.	≥ 95%	98%	+ 3%

**Barbara Nawrocki, BS, MPH, MBA**  
Interim Director

The Bristol Hospital Cancer Registry maintains a computerized data base on all cancer cases that have been diagnosed and/or treated at this facility since its reference date of January, 1981. It is the function of the registry to identify, collect, analyze and store, each cancer diagnosis, in a sophisticated password protected database. The data elements collected, such as primary site, histology, prognostic indicators, and clinical staging are all factors contributing to the patient's treatment plan. All patients are provided with annual lifetime follow-up per state statute. Complete confidentiality of all medical information is maintained in compliance with HIPAA guidelines (the Health Insurance Portability and Accountability Act) and hospital confidentiality recommendations. The data is submitted quarterly to the Connecticut State Central Registry per state statute, whereby it is shared with SEER (Surveillance Epidemiology End Results), and the National Cancer Institute (NCI) where all national statistical data is compiled making it easily accessible to medical professionals and researchers throughout the world.

Annually the data is submitted to the National Cancer Data Base (NCDB) and the American Cancer Society (ACS) in compliance with the American College of Surgeons (ACoS) Commission on Cancer (CoC) requirements for an accredited Community Hospital Cancer Program (CHCP).

Data analysis is provided to physicians upon request.

The data is edited daily utilizing NAACCR (North American Association of Central Cancer Registries) edits as well as Gen Edits and routine visual and quality checks performed by staff physicians, all of which help to maintain high integrity of the data.

Information gathered from these records is valuable to researchers in determining who is at risk for certain cancers, what behaviors

put people at risk, and what treatments are most successful. Analysis of this data is crucial in our search for prevention, control, and new treatment modalities, and helps us to educate the public on ways to protect themselves from the disease.

Since the 1981 reference date, the Bristol Hospital Cancer Registry has accessioned 10,603 cases. In 2010, 396 cases were accessioned of which 314 were analytic. Analytic cases are diagnosed at the accessioning facility and/or administered first course treatment after the registry's reference date. There were 57 total class 40-41 tumors. Class 40-41 tumors have diagnosis and all of the first course of treatment given by the same staff physician in an office setting. Nonanalytic cases are patients who have been diagnosed elsewhere who present now at Bristol Hospital for treatment with recurrent or metastatic disease. The registry is presently following 4,371 cases.

The ten most commonly diagnosed Primary Sites at Bristol Hospital were: Breast (70); Respiratory System (31); Colon (30); Prostate (30); Bladder (25); Skin (17); Lymph Nodes (17); Hematopoietic & Reticuloendo System (16); Rectum (9); and Corpus Uteri (9).

In 2011 Bristol Hospital Cancer Registry joined the Yale-New Haven Cancer Network which consists of Bridgeport, Greenwich and Yale-New Haven hospitals. As a result of this affiliation our software was upgraded. This network was developed to help identify and collaborate on shared goals and quality initiatives. By working together and sharing knowledge we can maximize the quality of cancer care and establish a referral network for patients who are seeking a second opinion.

The registry is maintained by a Certified Tumor Registrar (CTR) as required by the ACoS CoC.

**Joan Gervais, AS, CTR**  
**Cancer Program Coordinator**

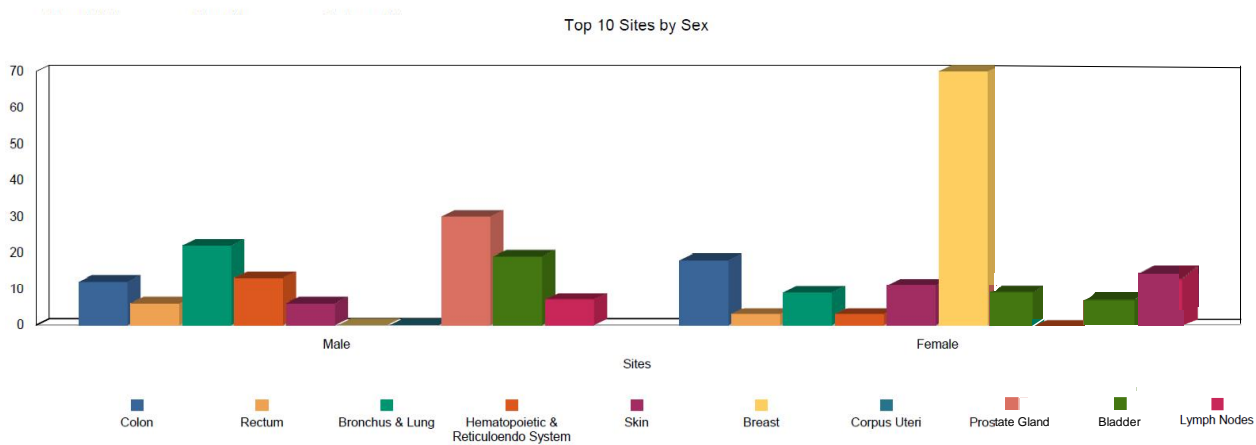
# CANCER REGISTRY - 2011 (CONTINUED)

## TOP 10 SITES BY SEX

### Top 10 Sites by Sex

Filter(s): Advanced: Date of 1st Contact Between 20100101 AND 20101231 AND Analytic Case = 'Yes'

	Colon	Rectum	Bronchus & Lung	Hematopoietic & Reticuloendothelial System	Skin	Breast	Corpus Uteri	Prostate Gland	Bladder	Lymph Nodes	Total
Male	12 10.43 40.00	6 5.22 66.67	22 19.13 70.97	13 11.30 81.25	6 5.22 35.29	0 0.00 0.00	0 0.00 0.00	30 26.09 100.00	19 16.52 76.00	7 6.09 41.18	115
Female	18 12.95 60.00	3 2.16 33.33	9 6.47 29.03	3 2.16 18.75	11 7.91 64.71	70 50.36 100.00	9 6.47 100.00	0 0.00 0.00	6 4.32 24.00	10 7.19 58.82	139
Total	30	9	31	16	17	70	9	30	25	17	254



# CANCER REGISTRY - 2011 (CONTINUED)

## TOP 10 SITES BY BEST SUMMARY STAGE

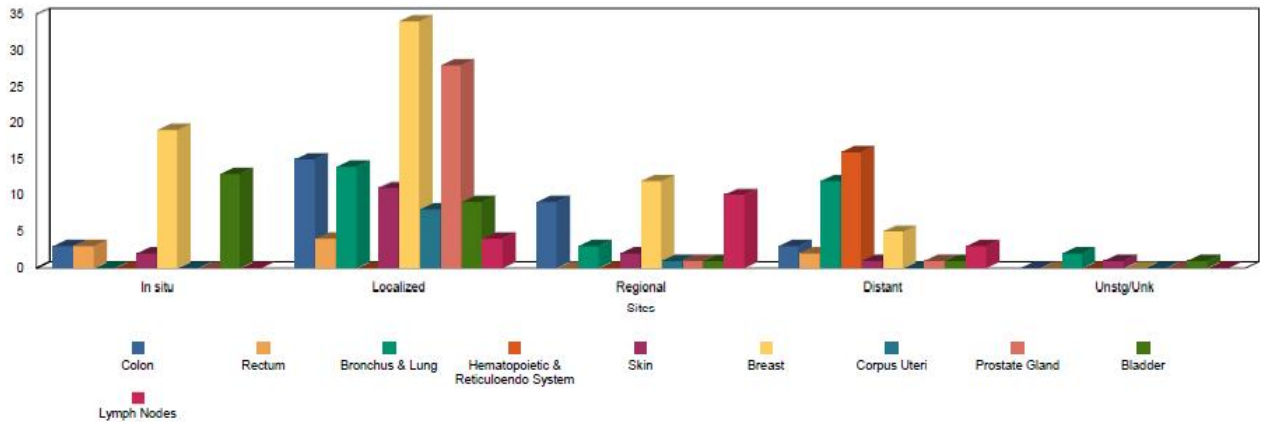
### Top 10 Sites by Best Summary Stage Report

Filter(s): Advanced: Date of 1st Contact Between 20100101 AND 20101231 AND Analytic Case - "Yes"

	Colon	Rectum	Bronchus & Lung	Hematopoietic & Reticuloendothelial System	Skin	Breast	Corpus Uteri	Prostate Gland	Bladder	Lymph Nodes	Total
In situ	3	3	0	0	2	19	0	0	13	0	40
	7.50	7.50	0.00	0.00	5.00	47.50	0.00	0.00	32.50	0.00	
	10.00	33.33	0.00	0.00	11.76	27.14	0.00	0.00	52.00	0.00	
Localized	15	4	14	0	11	34	8	28	9	4	127
	11.81	3.15	11.02	0.00	8.68	28.77	8.30	22.05	7.09	3.15	
	50.00	44.44	45.16	0.00	84.71	48.57	88.89	93.33	36.00	23.53	
Regional	9	0	3	0	2	12	1	1	1	10	39
	23.08	0.00	7.69	0.00	5.13	30.77	2.56	2.56	2.56	26.64	
	30.00	0.00	9.88	0.00	11.76	17.14	11.11	3.33	4.00	58.82	
Distant	3	2	12	16	1	5	0	1	1	3	44
	8.82	4.55	27.27	36.36	2.27	11.36	0.00	2.27	2.27	6.82	
	10.00	22.22	38.71	100.00	5.88	7.14	0.00	3.33	4.00	17.65	
Unstg/Unk	0	0	2	0	1	0	0	0	1	0	4
	0.00	0.00	50.00	0.00	25.00	0.00	0.00	0.00	25.00	0.00	
	0.00	0.00	6.45	0.00	5.88	0.00	0.00	0.00	4.00	0.00	
<b>Total</b>	<b>30</b>	<b>9</b>	<b>31</b>	<b>16</b>	<b>17</b>	<b>70</b>	<b>9</b>	<b>30</b>	<b>25</b>	<b>17</b>	<b>254</b>

■ Count (N)   ■ Row %   ■ Column %

Top 10 Sites by Stage Group



# CANCER REGISTRY - 2011 (CONTINUED)

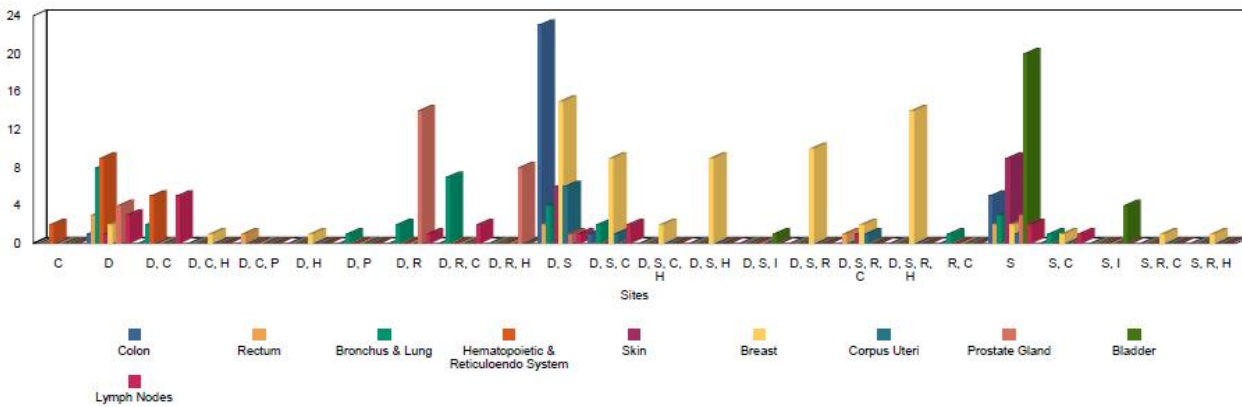
## TOP 10 SITES BY FIRST COURSE TREATMENT

Top 10 Sites by First Course Treatment

	Colon	Rectum	Bronchus & Lung	Hematopoietic & Reticuloendothelial System	Skin	Breast	Corpus Uteri	Prostate Gland	Bladder	Lymph Nodes	Total
D, S, H	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	9 100.00 12.86	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	9
D, S, I	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	1 100.00 4.00	0 0.00 0.00	1
D, S, R	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	10 100.00 14.29	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	10
D, S, R, C	0 0.00 0.00	1 20.00 11.11	0 0.00 0.00	0 0.00 0.00	1 20.00 5.88	2 40.00 2.88	1 20.00 11.11	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	5
D, S, R, H	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	14 100.00 20.00	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	14
R, C	0 0.00 0.00	0 0.00 0.00	1 100.00 3.23	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	1
S	5 10.64 16.67	2 4.26 22.22	3 6.38 9.68	0 0.00 0.00	9 19.15 52.94	2 4.26 2.88	1 2.13 11.11	3 6.38 10.00	20 42.55 80.00	2 4.26 11.76	47
S, C	0 0.00 0.00	0 0.00 0.00	1 33.33 3.23	0 0.00 0.00	0 0.00 0.00	1 33.33 1.43	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	1 33.33 5.88	3
S, I	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	4 100.00 16.00	0 0.00 0.00	4
S, R, C	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	1 100.00 1.43	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	1
S, R, H	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	1 100.00 1.43	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	1
Total	30	9	31	16	17	70	9	30	25	17	254

■ Count (N) ■ Row % ■ Column %

Top 10 Sites by First Course Treatment



# CANCER REGISTRY - 2011 (CONTINUED)

## PRIMARY SITE TABLE

### Summary by Body System, Sex, Class, Status

Filter(s): Advanced: Date of 1st Contact Between 20100101 AND 20101231



Primary Site	Total (%)	Sex		Class of Case		Status	
		M	F	Analy	NA	Alive	Exp
<b>ORAL CAVITY &amp; PHARYNX</b>	5 (1.3%)	2	3	5	0	5	0
Lip	1 (0.3%)	0	1	1	0	1	0
Tongue	3 (0.8%)	2	1	3	0	3	0
Tonsil	1 (0.3%)	0	1	1	0	1	0
<b>DIGESTIVE SYSTEM</b>	74 (18.9%)	40	34	67	7	57	17
Esophagus	4 (1.0%)	4	0	3	1	2	2
Stomach	8 (2.0%)	7	1	8	0	5	3
Colon Excluding Rectum	31 (7.9%)	13	18	31	0	26	5
Cecum	6	1	5	6	0	6	0
Ascending Colon	9	3	6	9	0	8	1
Transverse Colon	4	2	2	4	0	3	1
Sigmoid Colon	8	3	5	8	0	5	3
Large Intestine, NOS	4	4	0	4	0	4	0
Rectum & Rectosigmoid	17 (4.3%)	10	7	14	3	16	1
Rectosigmoid Junction	7	4	3	5	2	6	1
Rectum	10	6	4	9	1	10	0
Liver & Intrahepatic Bile Duct	3 (0.8%)	3	0	1	2	2	1
Other Biliary	5 (1.3%)	2	3	5	0	2	3
Pancreas	3 (0.8%)	0	3	2	1	1	2
Retroperitoneum	2 (0.5%)	1	1	2	0	2	0
Peritoneum, Omentum & Mesentery	1 (0.3%)	0	1	1	0	1	0
<b>RESPIRATORY SYSTEM</b>	30 (7.7%)	21	9	30	0	15	15
Lung & Bronchus	30 (7.7%)	21	9	30	0	15	15
<b>SKIN EXCLUDING BASAL &amp; SQUAMOUS</b>	23 (5.9%)	10	13	16	7	22	1
Melanoma -- Skin	23 (5.9%)	10	13	16	7	22	1
<b>BASAL &amp; SQUAMOUS SKIN</b>	1 (0.3%)	1	0	1	0	1	0
Basal/Squamous cell carcinomas of	1 (0.3%)	1	0	1	0	1	0
<b>BREAST</b>	73 (18.7%)	0	73	70	3	68	5
Breast	73 (18.7%)	0	73	70	3	68	5
<b>FEMALE GENITAL SYSTEM</b>	22 (5.6%)	0	22	13	9	21	1
Corpus & Uterus, NOS	13 (3.3%)	0	13	11	2	12	1
Corpus Uteri	11	0	11	9	2	11	0
Uterus, NOS	2	0	2	2	0	1	1
Ovary	1 (0.3%)	0	1	1	0	1	0
Vagina	1 (0.3%)	0	1	0	1	1	0
Vulva	7 (1.8%)	0	7	1	6	7	0
<b>MALE GENITAL SYSTEM</b>	68 (17.4%)	68	0	32	36	66	2
Prostate	66 (16.9%)	66	0	30	36	64	2
Testis	1 (0.3%)	1	0	1	0	1	0
Penis	1 (0.3%)	1	0	1	0	1	0
<b>URINARY SYSTEM</b>	31 (7.9%)	22	9	29	2	28	3
Urinary Bladder	27 (6.9%)	20	7	25	2	25	2
Kidney & Renal Pelvis	4 (1.0%)	2	2	4	0	3	1
<b>BRAIN &amp; OTHER NERVOUS SYSTEM</b>	1 (0.3%)	1	0	1	0	1	0
Brain	1 (0.3%)	1	0	1	0	1	0
<b>ENDOCRINE SYSTEM</b>	7 (1.8%)	1	6	7	0	6	1
Thyroid	7 (1.8%)	1	6	7	0	6	1
<b>LYMPHOMA</b>	24 (6.1%)	10	14	19	5	19	5
Hodgkin Lymphoma	5 (1.3%)	1	4	5	0	5	0
Non-Hodgkin Lymphoma	19 (4.9%)	9	10	14	5	14	5
NHL - Nodal	16	8	8	12	4	12	4
NHL - Extranodal	3	1	2	2	1	2	1
<b>MYELOMA</b>	6 (1.5%)	5	1	6	0	6	0
Myeloma	6 (1.5%)	5	1	6	0	6	0
<b>LEUKEMIA</b>	14 (3.6%)	8	6	7	7	11	3
Lymphocytic Leukemia	10 (2.6%)	4	6	3	7	9	1
Chronic Lymphocytic Leukemia	9	3	6	2	7	8	1
Other Lymphocytic Leukemia	1	1	0	1	0	1	0
Myeloid & Monocytic Leukemia	4 (1.0%)	4	0	4	0	2	2
Acute Myeloid Leukemia	2	2	0	2	0	1	1
Acute Monocytic Leukemia	1	1	0	1	0	0	1
Chronic Myeloid Leukemia	1	1	0	1	0	1	0
<b>MESOTHELIOMA</b>	2 (0.5%)	1	1	2	0	0	2
Mesothelioma	2 (0.5%)	1	1	2	0	0	2
<b>MISCELLANEOUS</b>	10 (2.6%)	6	4	9	1	6	4
Miscellaneous	10 (2.6%)	6	4	9	1	6	4
<b>Total</b>	<b>391</b>	<b>196</b>	<b>195</b>	<b>314</b>	<b>77</b>	<b>332</b>	<b>59</b>
Exclusions: Not Male and Not Female				0			

# CANCER REGISTRY - 2011 (CONTINUED)

## ESTIMATED NEW CASES / DEATHS

### ESTIMATED NEW CASES / DEATHS

#### Estimated New Cases\*

				Males	Females			
Prostate	217,730	28%			Breast	207,090	28%	
Lung & bronchus	116,750	15%			Lung & bronchus	105,770	14%	
Colon & rectum	72,090	9%			Colon & rectum	70,480	10%	
Urinary bladder	52,760	7%			Uterine corpus	43,470	6%	
Melanoma of the skin	38,870	5%			Thyroid	33,930	5%	
Non-Hodgkin lymphoma	35,380	4%			Non-Hodgkin lymphoma	30,160	4%	
Kidney & renal pelvis	35,370	4%			Melanoma of the skin	29,260	4%	
Oral cavity & pharynx	25,420	3%			Kidney & renal pelvis	22,870	3%	
Leukemia	24,690	3%			Ovary	21,880	3%	
Pancreas	21,370	3%			Pancreas	21,770	3%	
<b>All Sites</b>	<b>789,620</b>	<b>100%</b>	<b>All Sites</b>	<b>739,940</b>	<b>100%</b>			

#### Estimated Deaths



				Males	Females			
Lung & bronchus	86,220	29%			Lung & bronchus	71,080	26%	
Prostate	32,050	11%			Breast	39,840	15%	
Colon & rectum	26,580	9%			Colon & rectum	24,790	9%	
Pancreas	18,770	6%			Pancreas	18,030	7%	
Liver & intrahepatic bile duct	12,720	4%			Ovary	13,850	5%	
Leukemia	12,660	4%			Non-Hodgkin lymphoma	9,500	4%	
Esophagus	11,650	4%			Leukemia	9,180	3%	
Non-Hodgkin lymphoma	10,710	4%			Uterine Corpus	7,950	3%	
Urinary bladder	10,410	3%			Liver & intrahepatic bile duct	6,190	2%	
Kidney & renal pelvis	8,210	3%			Brain & other nervous system	5,720	2%	
<b>All Sites</b>	<b>299,200</b>	<b>100%</b>	<b>All Sites</b>	<b>270,290</b>	<b>100%</b>			

FIGURE 1. Ten Leading Cancer Types for the Estimated New Cancer Cases and Deaths by Sex, 2010.

\*Excludes basal and squamous cell skin cancers and in situ carcinoma except urinary bladder. Estimates are rounded to the nearest 10.

Source: CA - A Cancer Journal for Clinicians

# CANCER REGISTRY - 2011 (CONTINUED)

## SURVIVAL ANALYSIS

32

### Adjusted Survival by Best Summary Stage Report

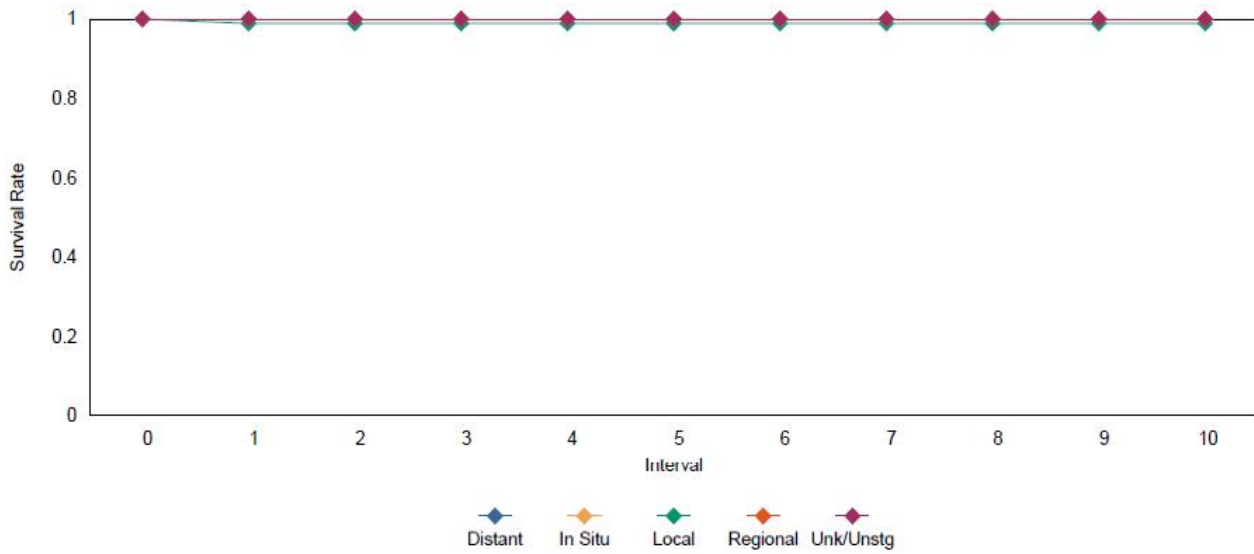
Filter(s): Advanced: Date of 1st Contact Between 20100101 AND 20101231 AND Analytic Case = 'Yes'

Interval (Years)	Alive	Dead	Dead w/o CA	Last Seen Alive	At Risk of Dying	Prop Surv	Cum Prop Surv	Std Accum Aver Surv
<b>In Situ</b>								
0	38	0	0	0	38.00	1.000	1.000	0.00000
1	38	2	2	30	22.00	1.000	1.000	0.00000
2	6	0	0	6	3.00	1.000	1.000	0.00000
3	0	0	0	0	0.00	1.000	1.000	0.00000
4	0	0	0	0	0.00	1.000	1.000	0.00000
5	0	0	0	0	0.00	1.000	1.000	0.00000
<b>Local</b>								
0	149	0	0	0	149.00	1.000	1.000	0.00000
1	149	16	15	102	90.50	0.989	0.989	0.00015
2	31	1	1	29	16.00	1.000	0.989	0.00000
3	1	0	0	0	1.00	1.000	0.989	0.00000
4	1	0	0	0	1.00	1.000	0.989	0.00000
5	1	0	0	0	1.00	1.000	0.989	0.00000
6	1	0	0	0	1.00	1.000	0.989	0.00000
7	1	0	0	0	1.00	1.000	0.989	0.00000
8	1	0	0	0	1.00	1.000	0.989	0.00000
9	1	0	0	0	1.00	1.000	0.989	0.00000
10	1	0	0	0	1.00	1.000	0.989	0.00000
<b>Regional</b>								
0	49	0	0	0	49.00	1.000	1.000	0.00000
1	49	5	5	37	28.00	1.000	1.000	0.00000
2	7	1	1	6	3.50	1.000	1.000	0.00000
3	0	0	0	0	0.00	1.000	1.000	0.00000
4	0	0	0	0	0.00	1.000	1.000	0.00000
5	0	0	0	0	0.00	1.000	1.000	0.00000
<b>Distant</b>								
0	53	0	0	0	53.00	1.000	1.000	0.00000
1	53	20	20	23	31.50	1.000	1.000	0.00000
2	10	3	3	7	5.00	1.000	1.000	0.00000
3	0	0	0	0	0.00	1.000	1.000	0.00000
4	0	0	0	0	0.00	1.000	1.000	0.00000
5	0	0	0	0	0.00	1.000	1.000	0.00000
<b>Unk/Unstg</b>								
0	7	0	0	0	7.00	1.000	1.000	0.00000
1	7	1	1	4	4.50	1.000	1.000	0.00000
2	2	0	0	1	1.50	1.000	1.000	0.00000
3	1	0	0	1	0.50	1.000	1.000	0.00000
4	0	0	0	0	0.00	1.000	1.000	0.00000
5	0	0	0	0	0.00	1.000	1.000	0.00000

# CANCER REGISTRY - 2011 (CONTINUED)

## SURVIVAL ANALYSIS

### Adjusted Survival by Best Summary Stage Report



## RADIATION ONCOLOGY 2010

34

During 2010, the Bristol Radiation Oncology Centers saw a total of 133 patients in consultation. This represented a 10% decrease in volume compared to 2009 and may be related to the continued weak economy in the Bristol community and patient out migration. A total of 2038 radiation treatments were administered during 2010 with an average of 11 patients treated on a daily basis. These numbers reflect approximately a 15% decrease in utilization compared to 2009.

In 2010, through a partnership of Bristol Hospital, Oncology Med, Inc. (OMI), Bristol Urologic Associates and Bristol Radiation Oncology Center, the existing brachytherapy program for prostate cancer was brought to the Bristol Hospital campus. A total of 18 patients were treated with either Iodine-125 or Cesium-131 radioactive isotopes from BrachySciences (A division of Biocompatibles, Inc) in Oxford Connecticut.

Quality assurance program in radiation oncology continued with monthly chart reviews of patients treated. These reviews were conducted by the radiation oncology physicians and staff. During 2010, a total of 99 radiation charts were reviewed and 91 % of them met the 11 quality indicators.

**Joseph Ravalese III, M. D.**

The department of Pathology at Bristol Hospital processed 8905 surgical pathology cases ( with a total of 14,817 specimens of which 631 cases were non-gynecologic cytology specimens) and 10,989 gynecologic cytology specimens in 2010. All four pathologists are board certified by the American Board Pathology. Additionally, three of four are also subspecialty board certified in Cytopathology and two are subspecialty board certified in Hematopathology.

Malignancies were diagnosed and reported according to the recognized standards for the classification and staging of malignancies including the World Health Organization classification of tumor types, International Federation of Gynecologists and Obstetricians and the American Joint Committee on Cancer ( AJCC ) Cancer Staging Manual. To ensure accuracy, standardization and completeness of the specimen report, pathologists used checklists and synoptic form of reporting. These were in compliance with standards provided by the College of American Pathologists (CAP) and American Cancer Society.

All initial diagnoses of malignancy within the department were confirmed by review of the case by a second pathologist. All breast core biopsies and any unusual / interesting cases were also reviewed by a second pathologist prior to final sign-out. Randomly selected negative cases were reviewed to screen for false negative results. Policies were followed to assure receipt of reports of malignant cases at the time of initial diagnosis. Ongoing cytology/ histology correlation and continuing medical education was provided for laboratory staff. Further, multiple in-services were provided to Laboratory Central Processing area staff and Bristol Hospital physician office staff with regards to proper surgical specimen submission and specimen preservation methods.

In addition, all quality assurance / control indicators were in compliance with the accreditation checklist provided by the CAP. Commendation for dedicated technical services provided by lab staff.

In 2010, pathologists referred 35 (0.4%) cases to outside medical referral centers for external / expert consultation primarily to St. Francis Hospital and University of Connecticut. Cases were also sent upon request of patient or physician for second opinion. These were sent primarily to University of Connecticut, Hartford Hospital, Hartford, CT, Yale University Hospital and Boston Areas Cancer Centers. Further, significant number of cases including initial biopsies and subsequent resections for cancer, were routinely reviewed and presented at multidisciplinary tumor conferences including monthly breast management and medical / surgical tumor conferences.

The average turn around time for surgical pathology > 90% of cases was 1 – 2 days. In 2010, immunohistochemical stains used for differentiation of tumor types and interpretation of Flow Cytometry results continued to be performed at Bristol Hospital with positive impact on turn around time and quality. There was an increase in requests for molecular testing (send out tests) to facilitate management of cancer patients.

All department members participated in several continuing medical education programs provided by College of American Pathologists including attendance at the Annual National Meeting held in Chicago, Illinois.

All members of the Department of Pathology are committed to provide, progressive and best available medical care to the physicians and patients of the community.

**Nasima Banerjee, MD**

## CLINICAL NUTRITION SERVICES 2010

36

### REPORT FOR 2010 OUTPATIENT ONCOLOGY NUTRITION SERVICES

Cancer and its treatment often cause symptoms and side effects that lead to eating problems. Nutritional counseling can help an individual make diet changes to improve tolerance to therapy and maximize quality of life.

Initial Nutrition Assessments = 22

Follow-up Assessments= 20

#### Cancer Diagnosis=

Lung- 6

Lymphoma-3

Head & Neck- 2

Gastric-2

Met Breast- 2

Colon-1

Esophageal- 1 (tube feed)

Hepatic- 1

Multiple Myeloma- 1

Neuroendocrine- 1

#### Hematology Diagnosis=

Iron deficiency Anemia- 1

Hemochromatosis- 1

#### Survivors- phone call/info sent

Colon- 1

Breast- 1

Consults not seen/called= 5- patient declined, no call back, or seen inpatient

#### RD INTERVENTIONS

3/2010- Policy for Nutrition Counseling for Outpatients Oncology updated

6/2010- RD attended staff meeting to encourage screening and timely scheduling of nutrition appointments

**Kim Dompier, RD**

*INTRODUCTION:*

Hospice of Bristol Hospital experienced many positive changes in 2010. The program demonstrated significant growth providing services to patients at the end of life. The majority of patients were served in their own home but hospice services are also provided in a skilled nursing facility or very short term as an inpatient at Bristol Hospital. Special Touch patients were also served by the hospice team and many transitioned to the hospice program. The following is a summary and analysis of care and services provided over the past year.

*ACCOMPLISHMENTS:*

The managers and staff of the Hospice program are proud of their many accomplishments of 2010 including (but not limited to):

- The retention of highly qualified, compassionate staff:  
In 2010, we hired 2 additional hospice nurses to support the program growth. The hospice program supervisor relocated and was replaced by a seasoned hospice nurse. This transition went smoothly and the services were uninterrupted.
- Service of Remembrance- The annual service of remembrance was held on May 19, 2010 and had a very favorable turnout. This service offers family, friends and members of the community an opportunity to reflect on their loved ones life and death in a supportive environment. A power point photo presentation was played during the presentation.
- Lights of Love- The annual "Lights of Love: An Evening of Remembrance" was held at Nuchi's on December 8, 2010. A first light was presented to a Hospice aide, to the Bereavement Coordinator and to a family in memory of a special hospice caregiver. More than 125 people attended the event which raised more than \$18,000 for the Hospice program. This event has increased in donors each year. These funds are used to provide extra services such as meals, financial assistance, bereavement support and other items to Hospice families.
- Support Groups- Ongoing groups are offered at eight week intervals throughout the year. A special group, Coping with the Holidays was offered in November with good attendance and feedback.
- Community Education: The education activity was participation in an evening discussion of ethics and futile care with community physicians and skilled facilities. Hospice staff provided education at skilled nursing facilities during the year.
- Clinical Education: The annual hospital educational opportunity was Grand Rounds and the topic was "Difficult Discussions at End of Life". This was well attended and

## HOSPICE OF BRISTOL HOSPITAL - (CONTINUED)

### 2010 Annual Report

38

received very favorable feedback.

- Committee Involvement: Hospice was represented on many hospital committees including Quality, Safety, Ethics, Emergency Preparedness, Infection Control, JCAHO, and Fall Prevention and Med reconciliation. Department specific committees include utilization review, clinical record review, therapy and clinician interdisciplinary meetings.
- JCAHO survey- The survey in November 2010 was successful. Feedback from the surveyor was incorporated into the clinical practice specifically addressing infection control, oxygen safety, the bereavement risk tool and benchmarking the hospice quality data.

#### *QUALITY PROGRAM :*

The quality committee integrated the new Hospice QAPI requirements into the program. The hospice program enrolled in the NHPCO data base and will benchmark against the national database throughout the year. The quality study chosen for 2011 is management of pain symptoms. There continues to be revision of hospice forms by the hospice team. The bereavement risk assessment tool was revised based on feedback from the JCAHO surveyor. The spiritual assessment was updated and the hospice team received several in-services on assessing spirituality and providing spiritual support to hospice patients. Hospice patient satisfaction surveys continue to be very positive.

OBQI /OBQM – Outcome audits obtained from the OASIS data (for our palliative care program as part of the home care) we send to the State is analyzed and any adverse events are reviewed for opportunities to improve. These State reports are a retrospective review of care already provided. A particular focus has been on falls, wound infections, and development of a UTI. The Agency has a contract with Strategic Healthcare Programs for outcomes and benchmarking reports allows drill down to specific patients, services and providers.

#### *PROGRAM EVALUATION :*

The hospice program was reviewed by the Professional Advisory Committee at the semi-annual meetings. (see PAC minutes.) The Hospice program provided care to 125 patients in 2010. The program provided 3,303 patient days primarily at the routine level of care.

#### *DOCUMENTATION OF CLINICAL COMPETENCE*

- Criteria-based position descriptions are reviewed annually and revised as necessary.

## HOSPICE OF BRISTOL HOSPITAL - (CONTINUED)

### 2010 Annual Report

- Performance-based performance appraisals, including self-evaluations, and observation of staff on patient home care visits, were completed on each staff member on their anniversary date annually.
- Performance evaluations, performance improvement activities, as well as aggregated data from completed competency skills checklists helped to identify the educational needs of the department. OASIS case mix data and risk-adjusted outcomes were used to identify specific needs of the agency's patients' population as it relates to recruitment and training.
- Educational Offerings this year included (but is not limited to) Health Stream computerized education system for completion of mandatory education requirements. Hospice training was provided for hospital, home care, and long-term care staff. There was also education provided at IDT, classes were held on pain management e, OASIS documentation and diagnosis coding. Classes were attended at the CT Council for Hospice and Palliative Care Conference, Home Run (Information Services) Update, CAHC for updates on Medicare and Home Health Care, KCI for Wound Vac system, and other topics, Home Health Aide offerings include all the mentioned as well as HHA specific topics.

#### *PROCESS AND OUTCOME AUDITS :*

Quarterly process and outcome audits were performed per State regulations (Home Care and Hospice combined):

*4<sup>TH</sup> QUARTER 2009 :* 26 charts were reviewed. 12 were active, 14 were discharged. Disciplines included Nursing, Physical Therapy, Occupational Therapy, Speech Language Pathology, Home Health Aides and Medical Social Work.

Home Health Aide review indicated that HHA care plans are not being reviewed/ revised every 60 days, and that instruction sheets are not always being completed fully. Fall Risk assessments are being completed routinely at start of care. Communication continues to be well documented between disciplines and between RNs. Hospice is showing a clearer picture of spirituality, constipation and pain are being well managed and well documented.

#### *1<sup>ST</sup> QUARTER 2010 :*

27 charts were reviewed. 8 were active, 15 were discharged. Disciplines included Nursing, Physical Therapy, Occupational Therapy, Speech Language Pathology, Home Health Aides and Medical Social Work.

Home Health Aide review indicated that HHA orientations are not being done consistently. HHA supervisor continues to update staff monthly on percentage completed correctly. Communication continues to be well documented between disciplines and between RNs.

## HOSPICE OF BRISTOL HOSPITAL - (CONTINUED) 2010 Annual Report

40

SLP evals are not consistently being completed within 5 day window due to staffing during this time period.

### *2<sup>nd</sup> QUARTER 2010 :*

28 charts were reviewed. 12 were active, 16 were discharged. Disciplines included Nursing, Physical Therapy, Occupational Therapy, Speech Language Pathology, Home Health Aides and Medical Social Work. Home Health Aide review indicated that HHA orientations are not being done consistently. Communication continues to be well documented between disciplines and between RNs, although OT is not consistently documenting case conferences. One out of three OT cases was evaluated >5 days after referral, but lag time should be reduced with addition of new occupational therapists.

Minutes of these audits were reviewed with and approved by the PAC committees.

### *FINANCIAL REVIEW:*

The hospice had a very successful year exceeding budget by \$161,194.98 Hospice reimbursement is based on specifically defined levels of care. The majority of patients were served at the routine level of care either at home or in a skilled nursing facility. The program provided 3,303 total patient days. The in-patient level of care is utilized when the patient's condition is unstable and requires closer monitoring. General inpatient days were less than 10% of the days on hospice services. Medicare regulations state that no more than 20% of total days may be general inpatient or respite. Medicare was the primary payer followed by commercial health plans for the hospice patients. Palliative care patients are seen under the home care program (see homecare annual report statistics). Donations to the Hospice program go to the Development fund and are accessed for patients who are uninsured or under insured. Funds were used to provide direct patient care, meals for hospice families, and community education as well as to provide non-traditional alternative treatments for comfort measures i.e. massage therapy.

### *TOWNS SERVED:*

Clients were serviced in their homes in the following towns:

Bristol	Plainville	Wolcott
Burlington	Plantsville	Unionville
Farmington	Plymouth	
Forestville	Southington	
Harwinton	Terryville	
Pequabuck	Plantsville	

# HOSPICE OF BRISTOL HOSPITAL - (CONTINUED)

## 2010 Annual Report

### *Demographics:*

Clients are primarily English speaking, Caucasian, average age is 70 years and older, approximately 50% are referred by Bristol Hospital, and the most common diagnoses for admission to the hospice program were malignant neoplasm including lung cancer followed by breast cancer. Approximately 59% of patients admitted to the Hospice program had a cancer diagnosis. Patients with non-cancer diagnoses most commonly had end stage Alzheimer's or dementia, cardiac disease or neurological disorders. Nationally, patients with non-cancer diagnoses represented the greater percentage of patients served. This hospice program will continue to educate the community in the benefits of hospice for patients of any age with a life limiting condition.

### *GOALS FOR 2010:*

Each of the following goals set for 2010 were achieved:

- Provide education and training to contracted skilled facilities
- Increase hospice census and length of stay
- Participate in Nursing Grand Rounds

### *GOALS / PLANS FOR 2011*

- Recruitment and retention of professional staff
  1. Provide education and training to new staff using CAHC resources
  2. Evaluate software to improve assessment tools for clinicians
  3. Add additional staff as needed to meet program needs
- Increase referrals from Bristol Hospital and the community
  - a. Continued development of liaison nurses to work with both internal and external referral sources
  - b. Ongoing education and bereavement support in the community
- Sustain growth in Hospice Census
  1. Participate in Medicaid Hospice benefit
  2. Utilize liaison staff to increase visibility of Hospice program
  3. Provide educational events in the community
  4. Evaluate adding beds at Bristol Hospital or Ingraham Manor

Respectfully Submitted,

Ann S. Burch  
Director of Clinical Operations

# HOME CARE OF BRISTOL HOSPITAL

## 2010 Annual Report

42

### *INTRODUCTION :*

Bristol Hospital Home Care had a successful year in 2010 providing high quality services to the Bristol community. There were many regulatory changes that impacted the Agency operations. The Agency continued to have a stable RN workforce and improved outcomes in several key quality indicators that are publicly reported. The staff participated in many hospital activities to improve the transition of care from hospital or facility to the home environment.

### *ACCOMPLISHMENTS :*

The managers and staff of Home Care are proud of their many accomplishments of 2010 including (but not limited to):

- The recruitment and retention of highly qualified, compassionate staff:  
In 2010, the Agency added several new nurses who brought additional experience and expertise to our homecare team. The focus in 2010 was to recruit additional therapy staff and was successful as we added several per diem occupational therapists. There remains a need for additional physical therapy staff and we will continue our recruitment efforts.
- Community Service / Public Relations: Staff continued to be involved in Blood Pressure clinics, health fairs and other community activities. Several nurses and a physical therapist participated in a community educational event on Congestive Heart Failure at the Bristol Senior Center.
- Flu Vaccine – Approximately 70 doses of flu vaccine were given either at a health fair or in the patient's home. The vaccine was more widely available and many physician offices administered their own vaccine as well as an influx of mini-Med Clinics in local food stores and pharmacies.
- Committee Involvement: Home Care was represented on many hospital committees including the Cancer Committee, Quality, Safety, Ethics, Emergency Preparedness, Infection Control, Regulatory, Fall Prevention and Transitions in Care. Department specific committees include utilization review, quality, and clinical record review, and all professional staff participates in interdisciplinary team meetings.
- Education Initiatives: New OASIS C training, PPS updates, various CAHC (CT Assoc. of Home Care) workshops on OASIS, coding and documentation were provided. The Agency staff worked with 4 Yale APRN nursing students. At the end of the rotation, the students made a presentation to the homecare staff. 4<sup>th</sup> quarter of 2010 was heavily focused on the OASIS changes and the new Face to Face requirements. The hospice manager provided end of life training to all clinical staff.

## HOME CARE OF BRISTOL HOSPITAL - (CONTINUED)

### 2010 Annual Report

- Quality: By utilizing the SHP reporting functions, we are reviewing OASIS data on all patients and analyzing patient declines in functional status, coding issues, and re-hospitalizations/ adverse events. The software provides Einstein reports which provide the staff with areas to review for accuracy and reimbursement opportunities.
  - The re-hospitalization task force was successful in improving our outcomes for re-hospitalizations. The Agency's rate has been sustained since the beginning of this project in 2008 when our results were above the State average. We improved our score to 29% which is well below the State average. This was accomplished through evaluation of visit patterns, front loading visits to higher risk patients and providing follow up phone calls between visits to higher risk patients.
  - We continue to work with the fall prevention team to improve our reporting of falls and to insure that staff is adequately teaching prevention methods. Our therapists have provided in-services to all staff on methods to reduce the # of falls. The challenge continues to be patients that are in unsafe situations or are non-compliant or forgetful and do not use their walker or other equipment to keep them safe.
- OBQI/OBQM – Outcome audits obtained from the OASIS data we send to the State continues to be analyzed regularly and adverse events are reviewed for opportunities to improve. With the SHP scrubber program in place, adverse event reports are generated as they occur and reviewed at that time by the SCS and primary clinician. Our highest risk area continues to be falls with injury and the falls team is evaluating each case and providing feedback to the clinical team.

#### *QUALITY IMPROVEMENT SUMMARY:*

Bristol Hospital Home Care, as a licensed agency, is required to have an agency quality committee to focus on home care/hospice specific indicators. The agency has a very active committee that has been working on the following projects:

- A quality team sub-committee focused on reducing agency re-hospitalization rates. This team met every month to review all patients with a hospitalization. The committee reviewed documentation, call logs for contact after hours, physician orders, visit frequency, use of action tools for CHF, COPD patients and overall management of patient. The findings were shared with the staff and individual staff was given specific feedback. This resulted in the re-hospitalization rate decreasing from 35% to 29% which is below the state average of 32%.

## HOME CARE OF BRISTOL HOSPITAL - (CONTINUED)

### 2010 Annual Report

44

- Our rate of patients who need urgent, unplanned medical care (which does include physician visits and/or emergency room visits) is at 29% which is above the State average of 27%. The primary reason identified is that the community physicians prefer to have the patients evaluated in the emergency room rather than treat at home. The primary diagnoses for re-hospitalizations or urgent care are cardiac, respiratory patients. The agency is participating with the hospital in a CHF collaborative as well as the transitions in care team.
- Fall Prevention has been a multidisciplinary team led by a physical therapist, which focused on identifying high risk patients through a fall risk assessment tool. Education and training was provided to staff to increase therapy services to address specific concerns such as weakness, poor balance, lack of or improper equipment. All patients are assessed for risk and are provided with education on the prevention of falls. The fall rate is high as a result of patients that do not utilize equipment provided or adhere to advice given. The increasing number of patients with Alzheimer's disease has created a high number of patients that forget to wait for assistance in ambulation. We will continue to work on this project.
- The agency also monitored the number of referrals, source of referrals, the number of cases not opened and the reason why not, usage of therapy, community needs. This data helps us to insure we are meeting the needs of the hospital and community in providing appropriate services and resources. Use of this data helped identify the need to gain additional insurance contracts.
- Our patient satisfaction data for homecare transitioned to Home Health Compare through the SHP company. The results have been very favorable with 95% of patients definitely recommending our Agency and 95% gave the Agency a score of 9 or 10 out of a possible 10. An area we will focus on to improve is providing sufficient information about medications. Although this is a big focus on the first visit, patients scored the Agency at 88% for medications. The teach-back technique may be helpful to ascertain how much patients retain of initial teaching. Staff will receive training in this technique to increase the effectiveness of patient education.

Other quality data that is reviewed includes but is not limited to: Productivity reports, clinical record review, utilization review, infections, patient complaints, and staff satisfaction surveys.

## HOME CARE OF BRISTOL HOSPITAL - (CONTINUED)

### 2010 Annual Report

#### *PROGRAM EVALUATION :*

The agency programs were reviewed by the Professional Advisory Committee at the semi-annual meetings. (see PAC minutes). Staffing was available for nursing; there have been challenges at times in providing sufficient therapy within Agency time frames. We did to add a speech therapist per diem. We continue to add insurance contracts after evaluation with the hospital financial contract person. The Medicare patient population has shown a slight increase while the Medicaid/CCCI population has remained stable.

#### *DOCUMENTATION OF CLINICAL COMPETENCE :*

- Criteria-based position descriptions are reviewed annually and revised as necessary.
- Performance-based performance appraisals, including self evaluations, and observation of staff on patient home care visits, were completed on each staff member on their anniversary date annually. New hires were evaluated at six months; and will be evaluated on the anniversary date of hire annually. Clinical competency assessments and plans updated.
- Performance evaluations, performance improvement activities, as well as aggregated data from completed competency skills checklists helped to identify the educational needs of the department. OASIS case mix data and risk adjusted outcomes were used to identify specific needs of the agency's patients' population as it relates to recruitment and training.
- Educational Offerings this year included (but is not limited to): Health Stream computerized education system for completion of mandatory education requirements, hospice training for hospital, home care, and long term care staff, pain management update, OASIS C documentation and diagnosis coding. Classes were attended at the CT Council for Hospice and Palliative Care Conference, Home Run (Information Services) Update, CAHC for updates on Medicare and Home Health Care, KCI for Wound Vac system, and other topics. Home Health Aide inservices include the mandatory health stream education as well as education on boundaries, caring for hospice patients and other HHA specific topics.
- Magnet activities included 2 nurses with hospice certification, 1 nurse with a wound certification, 2 RN's in school to obtain BSN degrees.

#### *PROCESS AND OUTCOME AUDITS:*

Quarterly process and outcome audits were performed per State regulations (Home Care and Hospice combined):

## HOME CARE OF BRISTOL HOSPITAL - (CONTINUED) 2010 Annual Report

46

*4<sup>TH</sup> QUARTER 2009* : 26 charts were reviewed. 12 were active, 14 were discharged. Disciplines included Nursing, Physical Therapy, Occupational Therapy, Speech Language Pathology, Home Health Aides and Medical Social Work.

Home Health Aide review indicated that HHA care plans are not being reviewed/ revised every 60 days, and that instruction sheets are not always being completed fully. Communication continues to be well documented between disciplines and between RNs. No documentation noted between occupational therapists when covering over a vacation period. Hospice is showing a clearer picture of spirituality, constipation and pain are being well managed and well documented.

*1<sup>ST</sup> QUARTER 2010* :

27 charts were reviewed. 8 were active, 15 were discharged. Disciplines included Nursing, Physical Therapy, Occupational Therapy, Speech Language Pathology, Home Health Aides and Medical Social Work.

Home Health Aide review indicated that HHA orientations are not being done consistently. HHA supervisor continues to update staff monthly on percentage completed correctly. There continue to be discrepancies between HHA instruction sheets and HHA flow sheets.

*2<sup>ND</sup> QUARTER 2010* :

28 charts were reviewed. 12 were active, 16 were discharged. Disciplines included Nursing, Physical Therapy, Occupational Therapy, Speech Language Pathology, Home Health Aides and Medical Social Work. Home Health Aide review indicated that HHA orientations are not being done consistently. HHA supervisor continues to update staff monthly. There continue to be discrepancies between HHA instruction sheets and HHA flow sheets. 2 HHABN's were missing or filled out incorrectly. Communication continues to be well documented between disciplines and between RNs, although OT is not consistently documenting case conferences.

Minutes of these audits were reviewed with and approved by the PAC committees.

*FINANCIAL:*

FY 2010 revenue for the Home Care program was \$2,235,988.79 in Medicare revenue and \$3,765,287.91 in total revenue for all programs. The Medicare revenue was \$320,278.40 greater and total revenue was \$533.435 more that 2009. The Medicare program is expected to have reductions in payment for 2011 that may negatively impact the payments. Commercial insurance revenue was up by \$50,000 but this is not a favorable payer in the homecare setting. There is still an opportunity to increase revenue through more accurate coding and documentation. The Agency worked to increase the patient case mix which

## HOME CARE OF BRISTOL HOSPITAL - (CONTINUED)

### 2010 Annual Report

reflects the acuity of our Medicare patients and provides for more accurate payment for episodes of care. The case mix for 2010 averaged 1.0822 compared to 1.0545 for 2009. We continue to work on managing the Medicaid population and still meeting the needs of these clients in our community. We continue to analyze the Medicare revenue as the discipline usage as the methodology for episodic payments has changed and the thresholds for reimbursement are difficult to predict. The Agency supports the needs of patients discharged from Bristol Hospital and provides uncompensated care for patients either uninsured or under insured.

#### *VISIT/REVENUE STATS :*

The unduplicated census for the Homecare program which does include the Special Touch patients was 915. The total number of visits made by the Homecare staff was 24,465. Medicare was the primary payer followed by Title 19, CCCI, Commercial health plans and private pay patients.

Clients were serviced in their homes in the following towns:

Bristol	Burlington
Farmington	Plymouth
Forestville	Southington
Harwinton	Terryville
Pequabuck	Thomaston
Plainville	Unionville
Plantsville	Wolcott

Clients are primarily English speaking, Caucasian, mean average age is 78.46 years old, approximately 49% are referred by Bristol Hospital which is an increase from 2009 and the rest are referred by other hospitals, physicians' offices, skilled facilities and other community entities. The most common admission diagnoses are cardiac/peripheral vascular disease, pulmonary, orthopedic, and diabetes. More females (62%) are admitted to the agency than men; most patients live with a competent caregiver, require some or no assist for ambulation and are discharged from the agency due to improvement in condition. According to SHP, 70.73% of patients are discharged to the community which is the industry norm.

#### *GOALS FOR 2010:*

Each of the following goals set for 2010 were achieved:

- Increase referrals from Bristol Hospital and the community
  - a. Further development of liaison nurse role

## HOME CARE OF BRISTOL HOSPITAL - (CONTINUED) 2010 Annual Report

48

- b. Develop improved relationship with community facilities.
- c. Increased visibility with physician groups
- d. Participation in interdisciplinary rounds
- Recruitment and retention of professional staff
  1. Providing education and training to new staff using CAHC resources
  2. Redistributed case loads to improve case management of patients
  3. Staff participation in quality initiatives
  4. Redistricting to reduce travel time
  5. Re-evaluation of weekend staffing
- Integration of OASIS C into documentation
  1. Additional training sessions offered
  2. SHP data by clinician reviewed
  3. Review of productivity expectations with new documentation requirements.
- Improvement in patient care services as measured by Home Health Compare data
  - Improved re-hospitalization rate (decreased re-admissions)
  - Improved patients having less pain when moving around
  - Improved patients who are short of breath less often
- Successful JCAHO survey
  - Surveyor educated staff regarding opportunities to improve in infection control and oxygen safety
  - Staff demonstrated compassionate, competent care through out the survey process

### *Goals for 2011:*

- Evaluating episodic data for opportunities to improve reimbursement
- Continue to recruit experienced staff focusing on registered nurses, home health aides and physical therapists.
- Prepare for successful State survey
- Evaluate opportunities to participate in behavioral health model which supports the hospital and community.
- Continued participation in the CHF readmission collaborative
- Participate in Magnet journey through implementation of evidence based practices.

### *SUMMARY:*

Bristol Hospital Home Care and Hospice provided excellent patient care during the year of 2010. The Agency met the needs of the community and provided education and information

## HOME CARE OF BRISTOL HOSPITAL - (CONTINUED) 2010 Annual Report

regarding our services. The retention and recruitment of experienced staff enabled the Agency to respond to the community effectively. The goals accomplished in 2010 demonstrate our ongoing commitment and responsiveness to the community and our ability to contribute to Bristol Hospital's strategic goals in the future.

Respectfully Submitted,

Ann S. Burch  
Director, Clinical Operations  
Bristol Hospital Home Care and Hospice

**L**ibrary Services works to locate and provide knowledge-based information to physicians, nurses, the cancer program leadership, tumor registry personnel, social workers, other health care personnel, and patients. Information provided supports diagnosis, therapy decisions, and overall patient care and well-being. Library Services staff collect current oncology resources, provide oncology-related information services, and maintain positive ongoing professional relations with the rest of the health care team.

The Health Sciences Library is open to patients and the community and holds current texts both for general cancer medicine and for multiple specialties. Oncology journals provide access to information on new developments in the field. For cancer patients, a consumer health collection located in the library offers books for borrowing, and staff is ready to assist with online searching. There is also a

brochure (see next page) designed for patients and the community which details the accessibility of the library to all.

Literature searches are conducted on all topics requested by all other members of the health care team. Information is obtained both online and from in-house resources. Articles unavailable through the hospital collection are obtained via an international electronic interlibrary loan system. Bibliographies may be compiled for specific conferences or other educational events sponsored by the Center.

The Library Services department is staffed by a librarian, masters-prepared in library science. Support staff includes a library specialist with a background in sciences and human services.

**Lynda Grayson, MLS**  
**Library Services**

# LIBRARY SERVICES - (CONTINUED) 2010

## Brochure for Cancer Resources

*Using Bristol Hospital Library Services, you can:*

- ❖ Learn how to improve health through better nutrition.
- ❖ Look up recommended treatments for specific conditions.
- ❖ Find out about support organizations.
- ❖ Use materials written in non-technical language.
- ❖ Locate medical information on top Internet websites.



Bristol Hospital Library Services  
41 Brewster Road  
P.O. Box 977  
Bristol, CT 06010

860-585-3239



~ For patients and the community ~

HEALTH NEWSLETTERS

PROFESSIONAL MEDICAL AND NURSING JOURNALS

BOOKS ON MEDICINE AND HEALTH

INTERNET ACCESS

HELPFUL STAFF

( outside of bifold )

### ***"May anyone use the library at Bristol Hospital?"***

Yes. Just call 860-585-3239 and leave a message. Or send an email message to [BHlibrary@bristolhospital.org](mailto:BHlibrary@bristolhospital.org). A friendly library staff member will return your call, arrange a convenient time for you to visit, and help you find information on your topic.

### ***"What kind of information is available?"***

There are up-to-date books and professional journals used regularly by hospital doctors, nurses, counselors, and other caregivers. Visitors are invited to use all of the materials in the library. In addition, there is a collection of books chosen especially for health care consumers. These consumer health books may be checked out.

### ***"I am writing a paper for school. May I do research at the library?"***

Yes. Library staff will be happy to help you find appropriate materials and provide you with a quiet place for study.

### ***"What about computers?"***

Computer workstations are freely available, supplying you with Internet access and standard desktop applications.

### ***Location of Bristol Hospital Library Services***

The Library Services department is on Level D of Building 3 of the hospital. It can be reached by taking a main hospital elevator to Level E and following the signs. The library is conveniently located near the Medical Office Building on 25, Newell Road and can be reached from that entrance, as well.

### ***Library Hours***

Call 860-585-3239 for hours.

### ***Library Staff***

A masters-prepared librarian with additional training in medical librarianship directs Library Services. You will be given courteous help in finding the information you need.



( inside of bifold )



### ACS Activities Supporting CoC Standards CoC Standard 6.1 - Supportive Services

These patients have been provided with cancer information, programs, services, and resources. Bristol Hospital Cancer Care Center has been using our Personal Health Organizers as part of their patient education visit before treatment begins. All female patients that come into Bristol Hospital Cancer Care are referred to our "Look Good Feel Better" Program and are told about our free wig service. Patients that have ride issues are referred to our Road to Recovery Program. All patients that are visited by an ACS rep are given the Cancer Resource Network wallet card with our "800" number.

TYPE OF SERVICE	FY 2011 9/1/2010 to 8/31/2011
CRN Insert, 1.800#, and web site	83 patients received ACS cancer information. In addition, ACS representatives offer appropriate referrals to both local and national programs.
Reach to Recovery	19 breast cancer patients requested Reach to Recovery visits or a phone call from a Reach visitor
Transportation	5 patients requested transportation assistance. More than 43 rides were provided through the ACS Road to Recovery program
Look Good ...Feel Better	Bristol Hospital Cancer Center held 3 sessions. 16 women in total were registered to participate in sessions throughout the state
I Can Cope (ICC)	3 patients were referred to ICC online program.
Other Patient Services (wigs, hats, prosthesis, etc...)	5 patients received various items

### CoC Standard 6.2 - Prevention & Early Detection Programs

- ACS continues to advertise support services in our Connections database.
- ACS also collaborates with Pathways Newsletter to advertise ACS programs and services.

### CoC Standard 5.1 - Clinical Trial Information

- ACS Clinical Trials Matching Service information is shared with patients.

### ACS Involvement on Cancer Committee (CoC Focus Area)

- ACS representative, Lisa Uguccioni provides updated reports on patients reached with programs and services at Cancer Committee meetings.

### Upcoming Events:

**Making Strides Against Breast Cancer - Hartford, October 23, 2011 in Bushnell Park**

**Miscellaneous Information:** To date, Bristol Relay for Life has raised \$48,000.

### ACS Contact for Bristol Hospital Cancer Care Center:

**Heather Druan, Community Executive, Health Initiatives**

**2011 Cancer Committee Summary  
Regarding Rehabilitation**

**R**ehabilitation services for patients receiving care at The Cancer Care Center has evolved in 2011. Increasing numbers of referrals has necessitated increasing the hours of service by our specially trained therapists. Aline Mellon, PT, CLT has expanded her ability to provide top quality care in her newly designed treatment room at The Wellness Center. This space affords improved privacy and streamlines any needed lymphedema care into one area.

Lymphedema, a swelling that occurs often in an arm or a leg by a blockage of the lymphatic system, can result in increasing edema and in decreasing ability to function. A Certified Lymphedema Therapist, CLT, has

advanced training in specialized techniques to manage this condition so that quality of life can be markedly improved. We are proud to have Aline at The Wellness Center providing this skill to anyone needing it.

Collaboration amongst staff from The Wellness Center and the Cancer Care Center continues to grow. By improving communication we have improved care processes across the continuum so that patients can get the care they need in a team environment. By joining together in community talks, the unified face of multi-specialty cancer care, including rehabilitation, is shown to the residents of Bristol and surrounding towns.

**Elizabeth Warner, PT  
Director of Rehab Services**

### Pastoral Care

“**W**ell...I have good news, and I have bad news.” How many times have we heard *that* message? Well...I have good news, and I have bad news.

The good news is that patients and families have been seen and tended to in the Cancer Care Center. Sometimes the circumstances were challenging and grim, but many times the circumstances were uplifting and positive, and filled with mirth. Just as life is. Sometimes people want to see me, and sometimes they don't, and sometimes they wonder what the big deal is. I usually tell them I'm stalking the elusive donut. Laughter is wonderful for the soul, and the body. The relationships that have been developed in the Center, for *everyone*, have been rich, poignant and intimate. On occasion, I have been asked to conduct a memorial service, a Celebration of Life, for a patient or a family member, and I have been honored to do this. As the Yom Kippur prayer says, “Birth is a beginning, and Death is a destination...a journey (made), stage by stage.”

So the bad news? Well...I've kind of become like Cy Sperlberg of the Hair Club for Men: I'm not only a promoter (of services), I'm a customer, or as we like to say, a *consumer*. My wife was recently diagnosed with lymphoma (CLL). This, of course, came as quite a surprise to us, and a shock. And while we are just beginning our journey through diagnostics and treatment, our lives are indeed changed. While the prognosis is promising, we don't know what the future will hold for us, or for our family. Not knowing is perhaps the most difficult task of all. But, too...a

real part of *me* is afraid to know. The intellectual and rational side of us only protects us so much, and so far. The raw fear, and anticipatory loss is right behind us, lurking in the shadows. (The good news is...that we *know* this.) My wife, and her husband (the Chaplin) have become consumers...clients...patient & family member of the Center. I don't need to tell you, but we're still kind of reeling. It's a good thing there are walls to bump into, and good people catch us, reorient us, dust us off, and help us find our way. For this, we are thankful.

And so, amidst this nascent development in our lives, we have some choices to make. We have chosen to be treated at **our** Cancer Care Center, by **our** staff (Dr. Khubchandani, et al), with the assistance of Dr. Cooper of the Smilow Cancer Center at Yale. This is the good news. We are so grateful that we have this option and availability locally. We are confident of the treatment modality and possibilities for new and promising regimens, all looking forward to the hopeful and hope-filled potential of “full remission”. This is the good news. As we begin to tell our families and friends and colleagues of this new development in our lives...we are being met with support, understanding, solidarity, wisdom and care. This is the good news. When those bogey-men of fear and anxiety and loss emerge from the shadows to ambush us, we have many resources to fall back upon, to support us, reaffirm us, and remind us that we are not alone, and that no matter what, we *shall* make this journey, stage by stage, with those who love us, and whom we love as well. This, is the good news.

**Rev. J. Richard Fowler**  
**Chaplain**

## **Social Work Annual Report 2011**

Over five hundred patients were provided with social work services from October 2010 to October 2011 for the purposes of emotional support, psychotherapy, crisis intervention, education, advocacy and referral to community resources. Bristol Hospital Cancer Care Center patients are followed by the Cancer Care Center's social worker throughout their ongoing care and if an inpatient stay is necessary the social worker visits with the patient and family for emotional support and assistance with discharge planning. The social worker is part of the Bristol Hospital Home Health and Hospice weekly team meeting, as well as the monthly Ethics Committee to ensure smooth coordination of services and quality of care. The social worker also coordinates with the American Cancer Society, Cancer Care Inc., The Leukemia Lymphoma Society and other community organizations to offer education, volunteer services and community resources.

The monthly cancer support group "Circle of Hope" has expanded to include twenty-four members. Support group members share their feelings, learn relaxation methods, discuss coping strategies and become more informed about cancer. Dr. Sapna Khubchandani joined a group session as a guest speaker. The group has been advertised in local newspapers and in the Pathways brochure. New groups in the process of being created and implemented include: a children of cancer survivors group, as well as a caregiver support group.

A weekly interdisciplinary team meeting is co-facilitated by the social worker and physician's assistant to discuss new consults, patients beginning new treatments, inpatients, patients with complicated plans of care, patients with challenging behaviors, on-call issues, patients who might benefit from access to complementary services.

The Bristol Hospital Cancer Care Center social worker was nominated secretary of the Social Workers in Oncology (SWOG) Board. SWOG leads educational programs and provides for networking among professionals to ensure that optimal resources are accessed.

The social worker attended CT Challenge Survivorship Summit, American Case Management Association conference, CT Home Care and Hospice Association conference, the Social Workers in Oncology biannual conferences, as well as several other courses regarding psychosocial issues. Attendance at the National Association of Social Workers in Oncology three day conference is expected for May 2012.

A list of social work referral triggers was created for M.D.s and R.N.s as well as a psychosocial assessment for use with the Meditech computer system.

A Survivorship Day program is in process for Fall 2011.

**Mary Strauss, MSW, LCSW**

## ACKNOWLEDGMENTS

56

**Bristol Hospital would like to recognize and thank the individual Cancer Committee members and the departments which they represent, for their many valued contributions to the Bristol Hospital Cancer Program throughout the years 2010-2011.**

## FREQUENTLY CALLED NUMBERS

<b>Bristol Hospital Main Number (Brewster Road)</b>	<b>(860) 585-3000</b>
<b>Patient Information</b>	<b>(860) 585-3255</b>
<b>Business Office - Cashier</b>	<b>(860) 585-3056</b>
<b>Business Office - Patient Records Mgr.</b>	<b>(860) 585-3357</b>
<b>Administration</b>	<b>(860) 585-3222</b>
<b>Ambulance Service</b>	<b>(860) 585-3286</b>
<b>Ambulatory Surgery</b>	<b>(860) 585-3455</b>
<b>Auxiliary</b>	<b>(860) 585-3465</b>
<b>Cancer Registry</b>	<b>(860) 585-3173</b>
<b>Counseling Center (440-C No. Main Street)</b>	<b>(860) 583-5858</b>
<b>Cancer Registry</b>	<b>(860) 585-3173</b>
<b>Chaplain</b>	<b>(860) 585-3431</b>
<b>Development Foundation</b>	<b>(860) 585-3365</b>
<b>Diagnostic Services</b>	<b>(860) 585-3424</b>
<b>Emergency Department (24-hour)</b>	<b>(860) 585-3273</b>
<b>Health Information Management</b>	<b>(860) 585-3168</b>
<b>Hospice Services</b>	<b>(860) 585-4752</b>
<b>Human Resources</b>	<b>(860) 585-3211</b>
<b>Admitting</b>	<b>(860) 585-3451</b>
<b>Laboratory</b>	<b>(860) 585-3217</b>
<b>MedWorks (975 Farmington Avenue) [Occup. Health]</b>	<b>(860) 589-0114</b>
<b>MRI</b>	<b>(860) 585-4973</b>
<b>Oncology</b>	<b>(860) 585-3400</b>
<b>Outpatient Surgery</b>	<b>(860) 585-3456</b>
<b>Pain Management</b>	<b>(860) 585-3040</b>
<b>Public Relations</b>	<b>(860) 585-3524</b>
<b>Radiation Oncology</b>	<b>(860) 582-9800</b>
<b>Radiology Center (25 Collins Road)</b>	<b>(860) 589-2642</b>
<b>Rehab Dynamics (975 Farmington Avenue)</b>	<b>(860) 589-3587</b>
<b>Social Services</b>	<b>(860) 585-3268</b>
<b>Volunteer Services</b>	<b>(860) 585-3338</b>
<b>Wellness Center</b>	<b>(860) 582-9355</b>
<b>Women's Health Resource (25 Collins Road)</b>	<b>(860) 589-2642</b>

**ONCOLOGY RELATED  
INTERNET WEBSITE ADDRESSES & 1-800 NUMBERS**

**AMERICAN COLLEGE OF SURGEONS**

<http://www.facs.org/cancer/index.html>

**AMERICAN COLLEGE OF SURGEONS - PATIENT EDUCATION**

<http://www.facs.org/patienteducation/index.html>

**AMERICAN CANCER SOCIETY**

<http://www.cancer.org>

**NATIONAL CANCER INSTITUTE**

<http://www.cancer.gov>  
**1-800-CANCER**

**NATIONAL COMPREHENSIVE CANCER NETWORK**

<http://www.nccn.org>

**NATIONAL LIBRARY OF MEDICINE - NATIONAL INSTITUTES OF HEALTH**

<http://MEDLINEplus.gov>  
<http://ClinicalTrials.gov>

**COMMISSION ON CANCER - ACCREDITED CANCER PROGRAMS**

<http://www.facs.org/cancerprograms/usn08>

**CANCERWATCH CLINICAL TRIALS LISTING SERVICE**

<http://www.cancer.gov/clinicaltrials>

**CANCERWATCH**

<http://www.cancerwatch.com>

**CANCER CLINICAL TRIALS HELP**

<http://www.CancerTrialsHelp.org>

**COALITION OF CANCER COOPERATIVE GROUPS**

**1-877-520-4457**





**BRISTOL HOSPITAL**  
**CANCER CARE CENTER**

affiliated with Yale-New Haven Cancer Network

**41 Brewster Road**  
**Bristol, CT 06010**

**2011 ANNUAL REPORT**  
**2010 STATISTICAL REVIEW**

