The Community Turns To
Bristol Hospital Cancer Care
At every point along the path, our team is there, keeping the focus on the most important team member - the patient.

Bristol Hospital takes pride in serving the needs of the community and surrounding areas by addressing each patient with a full spectrum of care to meet the highest standards available. The Bristol Hospital Cancer Care Center stands as a model of excellence in cancer care within our community, and our dedication to quality is demonstrated by maintaining our accreditation status with the Commission on Cancer.

The team at the Bristol Hospital Cancer Care Center is behind you every step of the way.

Our extraordinary team includes all of the specialties you need for your care, including medical oncology, radiation oncology, pain management, surgical oncology, and plastic/re-constructive surgery. In addition, your team includes top-notch oncology nurses who recognize the unique perspectives of each patient and family.

We offer the latest treatments, just like a bigger center, but right here in your own back yard.

Our personal care approach will start the moment you walk through our doors, and will continue with you through treatment, and beyond. At Bristol Hospital's Cancer Care Center, you are never just a number; you are a friend, a neighbor and a family member.

On behalf of the Bristol Hospital Cancer Committee, we encourage you to review our annual report which displays our dedication to the patients and the community we serve as well as provides meaningful and helpful information.
Hallmarks of Success

The Bristol Hospital Cancer Care Center (BHCCC) strives to provide personal care and treatment that encompasses both the physical and emotional needs of the patient and family. A wide range of patient-centered cancer care may include: medical oncology (chemotherapy), radiation oncology, diagnostic and interventional radiology, surgery, consultation, navigating the cancer experience, survivorship care planning and supportive services.

Commission on Cancer (CoC): The CoC was established by the American College of Surgeons in 1922, with a goal to improve survival and quality of life for cancer patients and their families. This is achieved through setting standards, prevention, research, education, support, navigation, and monitoring quality of care. BHCCC achieved its first accreditation with the CoC in 1988. In September 2015 BHCCC underwent the re-accreditation process and again achieved CoC accreditation for three years.

Bristol Hospital has received Magnet recognition as a reflection of its nursing professionalism, teamwork and superiority in patient care. Bristol Hospital is the only hospital in Hartford County to hold magnet recognition.
Highlights:

- Recipient of the “Most Wired” award for the past several years.
- Excellent patient experience; the hospital ranks over the 50th percentile for all 8 patient satisfaction domains on the HCAHPS survey.
- The Joint Replacement program achieved a Gold Star of Approval and Disease Specific Certification from the Joint Commission.
- The Weight Loss Surgery program is certified through the MBSQIP (Metabolic and Bariatric Surgery Quality Improvement Program) denoting it as a top-performing program.
- The 61,000 square foot Beekley Center for Breast Health and Wellness offers patients comprehensive breast care and wellness in a spa-like setting. The Breast Health Center has a digital tomosynthesis unit to provide patients and providers with higher-quality, more accurate images.

In 2016 Bristol Hospital Cancer Care Center Achieved Quality Oncology Practice Initiative Certification (QOPI).

This status demonstrates a commitment to excellence and ongoing quality improvement. QOPI certification reflects a commitment to quality of care that leads to fundamental changes in the clinical practice of oncology. We have achieved this certification by meeting QOPI’s core standards in all areas of treatment, including:

- Treatment planning
- Staff training and education
- Chemotherapy orders and drug preparation
- Patient consent and education
- Safe chemotherapy administration
- Monitoring and assessment of patient well-being
Cancer Care Center Team

Driola Brahaj, MD
Dr. Brahaj received her medical degree from the University “Mother Teresa” of Tirana in Albania. She completed her internal medicine residency at Our Lady of Mercy Medical Center, New York Medical College. Dr. Brahaj trained for three years in hematology-oncology at the Montefiore North Medical Center and graduated from New York Medical College. She is board-certified in internal medicine and hematology and oncology. Her clinical interests include the diagnosis and treatment of benign and malignant hematologic diseases and solid tumors with an interest in renal, lung, colon and breast cancer.

Sapna Khubchandani, MD
Dr. Khubchandani received her medical degree at the Medical College at Calcutta University, India and completed her residency in internal medicine and preventive medicine (cancer prevention track) at Griffin Hospital/Yale University, Derby, Conn. While completing her residency, Dr. Khubchandani also completed her master’s degree in public health at the Yale School of Public Health. She completed her fellowship in medical oncology at the Roswell Park Cancer Institute, New York. Dr. Khubchandani is board-certified in internal medicine and medical oncology. Dr. Khubchandani is widely published in her field and has presented at numerous conferences. She is a member of the American Society of Clinical Oncology and the American Society of Hematology. She is also the recipient of the American Cancer Society’s Physician Training Award in Preventive Medicine.
2016 Bristol Hospital Cancer Care Committee

Sapna Khubchandani, MD  
Cancer Conference Coordinator/interim Quality Improvement Coordinator

Sheri Amechi, CTR  
Cancer Registry Quality Coordinator

Chris Boyle  
Community Outreach Coordinator/Marketing

Jackie Dean, MSN, RN, OCN  
Cancer Committee Administrator  
Clinical Research  
Operations Manager

Arlene Pereira, MSW, LCSW  
Psychosocial Services Coordinator

Sai Varanasi, MD, FACS  
Cancer Liaison Physician/Surgery

Driola Brahaj, MD  
Medical Oncology/Hematology

Nasima Banerjee, MD  
Director, Pathology

Joseph Ravalese, MD  
Radiation Oncology

Chris Leary, MD  
Diagnostic Radiology

Cathi Grady  
Cancer Registry

Laurie Pirog  
Cancer Registry

Kathy Albano, RN, BSN, CN-BN  
Nurse Navigator/Beekley

Steve Burke, RPh  
Director, Pharmacy

Elaine Dyer, RD  
Dietician/Nutritionist
The team at the Bristol Hospital Cancer Care Center is behind you every step of the way from diagnosis, through treatment and healing. Our multidisciplinary team includes:

- Hematologist/Oncologists
- Oncology-certified nurses
- Financial assistance counselor
- Nurse patient care coordinator
- Oral chemotherapy nurse
- Oncology social worker

Our interdisciplinary team also includes pastoral care, physical therapy, nutrition services, and home care palliative/hospice services. We also have a hospital affiliated skilled nursing home.

**Medical Oncology**

**Diagnostic Imaging**

BHHCG has a contractual agreement with Radiologic Associates to provide advanced Diagnostic Imaging services to our patients. We have a full complement of diagnostic imaging equipment to meet the specific needs of our oncology patients including:

- A stereotactic biopsy device
- 3D breast tomosynthesis
- I/U 22 Ultrasound
- MDEleva Flat Detector IR System
- A 64 slice CT
- A 1.5 Tesla MRI system
- PET scans are provided via a mobile imaging trailer one day a week

The department is led by six Radiologists, one of whom has additional certifications in neuroradiology, and vascular and interventional radiology. We are proud to be recognized as an American College of Radiology (ACR) Breast Imaging Center of Excellence and to be designated as a Lung Cancer Screening Center. We maintain accreditation with the ACR for all advanced radiology modalities.
Radiation Oncology

Our radiation oncology services are provided in collaboration with the Bristol Radiation Oncology Center at Bristol Hospital. Treatment planning is done at the nearby Harold Leever Regional Cancer Center in Waterbury, Conn, and all treatments are done at Bristol Hospital. Our professionals are committed to providing patients with the highest personal care and treatment.
Treating The Whole Patient

Supportive services expand our care to encompass more than just the physical needs of our patients.

Rehabilitation Services
There are a variety of rehabilitation services available on site. These services are directed to maintaining function and mobility, reducing pain, and assisting the individual to return to previous level of functioning and independence.

The following rehabilitation services are available:

- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Lymphedema Program

Palliative Care
Palliative Care can be offered simultaneously with life prolonging curative therapies for patients living with serious illness. Palliative Care guides patients and their families as they journey through the changing goals of care and assists in better understanding of treatment options. Palliative care nurses focus on assessment, information, referral and teaching.
Social Services
Recognizing that Cancer affects the whole person, supportive services are provided on-site. A full-time licensed social worker is part of the Multidisciplinary Cancer Center Care team. They assess the patient's coping skills, support systems and family dynamics. They assist & arrange for appropriate services whether to home care, hospice or another facility along with educating patients and their families on community resources available to them.

By connecting with a licensed social worker patients can better understand their own needs and the resources available to support quality of life. Community resources that may be available to them include but not limited to:

- Home Health Services
- Meals on Wheels
- Durable Medical Equipment
- Transportation Needs
- Financial counseling including grants to help pay for uncovered medical expenses
- Medical insurance through appropriate programs
- Assistance with long and short term disability and Social Security Disability Insurance
- Referrals to community resources as needed
- Health Care Directives
- Psychosocial Needs
- Hospice
Treating The Whole Patient

**Monitoring Compliance with Evidence-Based Guidelines**

Yearly, our cancer committee, headed by a physician member monitors the hospital’s compliance with the use of evidence based guidelines in the treatment of cancer patients. This is completed by conducting an in-depth analysis to assess and verify that cancer program patients are evaluated and treated according to evidence-based national treatment guidelines. Results are presented to the cancer committee and documented in cancer committee minutes. This year we focused our review on comparing the incidence and treatment of colon cancer at Bristol Hospital to the NCCN guidelines via a retrospective chart review.

These charts were reviewed for the following:
- AJCC staging both clinical and pathological
- Preoperative CEA done versus post op in emergency surgeries
- Preoperative staging CT scan of chest abdomen and pelvis done
- Colonoscopy done pre-operatively or within 6 months of surgery
- More than 12 lymph nodes examined
- All required CAP elements on pathology report
- All high risk stage II, stage III and stage IV patients considered for chemotherapy
- Chemotherapy administered complies with recommended NCCN protocols
- Follow up colonoscopy within one year of resection

**RESULTS:**
- AJCC staging: 100% compliance
- Pre-op CEA: 21/25 84% compliance. Physicians at Cancer Committee discussed a possible reason for the pre-op CEA not collected prior to surgery may be due to the fact that these patients went into surgery for reasons other than for cancer but that cancer was encountered during surgery or from a pathology report. To attempt to correct this, physicians have agreed for better communication among the surgeons and gastroenterologists to collect the CEA prior to surgeries.
- Preoperative staging: 100% compliance
- Colonoscopy pre-operatively or within six months of surgery: 100% compliance
- More than 12 lymph nodes examined: 100% compliance
- All required CAP elements in pathology report: 100% compliance
- All high risk stage II, stage III and stage IV patients considered for chemotherapy: 100% compliance
- Chemotherapy according to NCCN guidelines:
  - 100% compliance
  - Follow up colonoscopy within one year of surgery: 84% compliance. Physicians at Cancer Committee discussed the need for collaboration of patient scheduling so that during post-op follow up visits with the surgeon, medical oncologist or radiation oncologist, a follow up colonoscopy can be scheduled considering the patient would potentially see each of these physicians following surgery.
Quality Improvement

Each calendar year, the cancer committee, under the guidance of the Quality Improvement Coordinator, implements two cancer care improvements. One improvement is based on the results of a quality study completed by the cancer program that measures the quality of cancer care and outcomes. With the increase in the use of oral chemotherapy, there are specific challenges that have been identified including patient education, documentation, adherence, compliance and toxicity. These drugs are administered by patients themselves and they have to adhere to sometimes a complex schedule as well as complex directions.

The American Cancer Society of Clinical Oncology-Oncology Nursing Society ASCO-ONS chemotherapy safety standards recommend that before starting a new oral chemotherapy, a clear and concise oral chemotherapy care plan be outlined in the medical record and patients receive a comprehensive and tailored education regarding the risks and benefits of the proposed chemotherapy agent.

We have an oral chemotherapy care plan that will be filled out by a nurse at the initiation of oral chemotherapy. This includes documentation of the drug, dosage, side effects, reason for using the oral chemotherapy as well as documentation of education offered to the patient. The care plan also includes a flow sheet where treatment cycles, changes in doses, as well as adherence of the patient to the treatment will be documented. This care plan incorporates all the safety standards published by ASCO-ONS regarding the administration of oral chemotherapy. We have designated a registered nurse who will be dedicated to the management of our patients taking oral chemotherapy.

Since program implementation, the department has 100% compliance with the new policy standards. All goals have been met and the most valuable practice improvement has been dedicating a program nurse to ensure follow through. Monitoring is essential to success by tracking medication cycles, dose adjustments, and patient adherence to the treatment plan.

The second improvement is based on a completed study from another source. Improving management of chemotherapy induced diarrhea. Diarrhea is a common side effect of chemotherapy. The incidence of chemotherapy induced diarrhea (CID) has been reported as 50-80% of treated patients. The consequences of uncontrolled diarrhea can be physically, psychologically and economically devastating. Chemotherapeutic regimens containing 5-Fluorouracil and Irinotecan are associated with 80% rates of chemotherapy induced diarrhea. Other agents known to cause diarrhea include cisplatin, capecitabine, paclitaxel, docetaxel, cyclophosphamide, cytarabine, daunorubicin, doxorubicin, methotrexate and oxaliplatin. Targeted agents like erlotinib, sorafenib and cetuximab are also associated with diarrhea.

CID can cause depletion of fluids and electrolytes, malnutrition, dehydration and hospitalization, all of which can lead to cardiovascular compromise and death. In addition, diarrhea can interfere with and detract from cancer treatment by causing dosing delays or reductions which may have an impact on survival.

In our center we treat many patients with regimens that put them at risk for CID. Our patients need to be educated about how to care for themselves at home if they are having diarrhea symptoms. They also need to be given direction regarding what symptoms to report, and how to contact the cancer center any time 24/7.

We have built a patient education tool incorporating ASCO guidelines that will be given to patients who are on chemotherapy drugs commonly associated with diarrhea. This tool includes grade of diarrhea, dietary modifications as well as treatment for grade 1 and 2 diarrhea based on ASCO guidelines. A nurse reviews the instructions with the patient.
CR3 2016 Bristol Hospital Cancer Registry

Established at Bristol Hospital as early as 1946 with a Cancer Consultation Service organized in 1955, the Cancer Registry at Bristol Hospital is and has been an essential component of the Cancer Program. The Cancer Registry provides support for cancer program development, works to ensure compliance with regulatory reporting requirements/standards, serves as a resource for statistical cancer information. The Registry also coordinates the Commission on Cancer (CoC) accreditation process and ensures that Bristol Hospital meets or exceeds all CoC Program Standards. In addition to the primary functions of collecting relevant data on each cancer patient and conducting lifetime follow up, the Cancer Registry is involved in the managing and analyzing of cancer data. This clinical information is collected and analyzed for the purpose of education, research, quality of care and outcomes measurements. Cancer data is submitted to the CT Department of Public Health, Connecticut Tumor Registry and the American College of Surgeons (ACoS) Commission on Cancer’s (CoC) National Cancer Database so it can be used as a clinical surveillance mechanism to review patterns of care, outcomes and survival, with the ultimate goals of preventing and treating cancer effectively.

2016 Site Incidence of the Top Five Cancers: Compared to the total number of cases diagnosed

The top five sites were Breast, Prostate, Lung, Colon, and Bladder. Compared with state and national data, our incidences of Breast, Prostate, Colon and Bladder cancers at Bristol Hospital were higher than state and national averages. Likewise, lung cancer incidence is lower at Bristol Hospital in comparison to state and national averages.

<table>
<thead>
<tr>
<th>Site</th>
<th>BH</th>
<th>Connecticut*</th>
<th>Nationwide*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>25.2%</td>
<td>14.5%</td>
<td>14.0%</td>
</tr>
<tr>
<td>Prostate</td>
<td>15.7%</td>
<td>14.4%</td>
<td>13.3%</td>
</tr>
<tr>
<td>Lung</td>
<td>11.4%</td>
<td>13.0%</td>
<td>13.3%</td>
</tr>
<tr>
<td>Colon</td>
<td>9.2%</td>
<td>7.1%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Bladder</td>
<td>5.6%</td>
<td>5.1%</td>
<td>4.4%</td>
</tr>
</tbody>
</table>

* CT & National statistics from ACS Facts and Figures (estimated cases for 2015).
2016 Cancer Data Summary

During 2016, a total of 243 analytic cases were accessioned into the registry database. Analytic cases are patients whose cancers have been diagnosed and/or received treatment at Bristol Hospital.

<table>
<thead>
<tr>
<th>2016 Site Incidence – Bristol Hospital</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Cavity &amp; Pharynx</td>
<td>3</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Lip</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Salivary Glands</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Gum &amp; Other Mouth</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Digestive System</td>
<td>57</td>
<td>28</td>
<td>29</td>
</tr>
<tr>
<td>Esophagus</td>
<td>5</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Stomach</td>
<td>3</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Small Intestine</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Colon Excluding Rectum</td>
<td>22</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td>Rectum &amp; Rectosigmoid</td>
<td>7</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Other Biliary</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Pancreas</td>
<td>16</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>Other Digestive Organs</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Respiratory System</td>
<td>36</td>
<td>11</td>
<td>25</td>
</tr>
<tr>
<td>Lung &amp; Bronchus</td>
<td>36</td>
<td>11</td>
<td>25</td>
</tr>
<tr>
<td>Soft Tissue</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Soft Tissue (Including Heart)</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Skin Excluding Basal &amp; Squamous</td>
<td>9</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Melanoma - Skin</td>
<td>8</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Other Non-Epithelial Skin</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Breast</td>
<td>80</td>
<td>0</td>
<td>80</td>
</tr>
<tr>
<td>Female Genital System</td>
<td>5</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Corpus &amp; Uterus, NOS</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Ovary</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Vulva</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Male Genital System</td>
<td>9</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Prostate</td>
<td>6</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Testis</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Penis</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Urinary System</td>
<td>15</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>Urinary Bladder</td>
<td>13</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Kidney &amp; Renal Pelvis</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Endocrine System</td>
<td>8</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Thyroid</td>
<td>8</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Lymphoma</td>
<td>7</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Hodgkin Lymphoma</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Non-Hodgkin Lymphoma</td>
<td>6</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Myeloma</td>
<td>3</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Myeloma</td>
<td>3</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Leukemia</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Lymphocytic Leukemia</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Myeloid &amp; Monocytic Leukemia</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Mesothelioma</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Mesothelioma</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>6</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>6</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>243</strong></td>
<td><strong>83</strong></td>
<td><strong>160</strong></td>
</tr>
</tbody>
</table>
Cancer Program Practice Profile Reports (CP3R) for Lung Cancers Diagnosed in 2014

The Cancer Program Practice Profile Report (CP3R) offers local providers and clinicians’ cooperative information to assess adherence to and consideration of care therapies for major cancers. This reporting tool provides a platform from which to promote continuous practice improvement to increase the quality of patient care at the local level and also permits hospitals to compare their care to these patient populations relative to that of other providers. The performance rate for lung cancer in 2014 shown below provides our cancer program with information of the proportion of patients concordant with measure criteria.

<table>
<thead>
<tr>
<th>Lung Measures</th>
<th>Estimated Performance Rate 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung</td>
<td></td>
</tr>
<tr>
<td>Systemic chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is recommended for surgically resected cases with pathologic lymph node-positive (pN1) and (pN2) NSCLC</td>
<td>100%</td>
</tr>
<tr>
<td>Lung</td>
<td></td>
</tr>
<tr>
<td>Surgery is not the first course of treatment for cN2, M0 lung cases</td>
<td>100%</td>
</tr>
<tr>
<td>Lung</td>
<td></td>
</tr>
<tr>
<td>At least 10 regional lymph nodes are removed and pathologically examined for AJCC stage IA, IB, IIA, and IIB resected NSCLC</td>
<td>No Data</td>
</tr>
</tbody>
</table>

Rapid Quality Reporting Systems (RQRS)

Monitoring adherence to quality cancer measures in real time.

In order to facilitate quality improvements that will have the ability to encourage evidence-based care in a timely manner, the CoC has developed a mechanism called the Rapid Quality Reporting System (RQRS). RQRS enables accredited cancer programs to report data on patients concurrently to provide hospitals notification of treatment expectations, and show a hospital its year-to-date concordance rate relative to the state and national levels. The primary objective of RQRS is to promote evidence-based cancer care at the local level.
Studies of Quality
Each calendar year, the cancer committee, under the guidance of the Quality Improvement Coordinator, develops, analyzes, and documents the required number of studies (based on the program category) that measure the quality of care and outcomes for cancer patients.

2016
4.7: Studies of Quality; Improvement # 1
Better tracking of no show patients

(Plan) – Problem Statement:
Cancellation of appointments and/or ‘no shows’, can interfere with the provision of patient centered care. To accommodate the complex medical and psychosocial issues which arise from our patient population, the length of our initial visit and follow-up visits are scheduled accordingly. Cancellations and ‘no shows’ impact our ability to efficiently provide this service to all patients. The reasons vary as to why patients abruptly cancel or do not show up for a scheduled visit. Frequently, these are issues we can address, or in the case of disease or treatment related illness and toxicity these are issues we must address. Our interdisciplinary approach allows us to address barriers to care such as transportation complications. Most importantly, if a patient feels ill and opts not to come to the clinic to be evaluated, the results can potentially be devastating.

(Do) – Criteria used to study problem
Based on different practices the rate of no shows can vary from none to 20% of visits. Different practices adopt different ways for decreasing the number of their no shows. MGMA in collaboration with health care industry has published 30 different ways that can be utilized to decrease no shows. (Baginski, Caren. MGMA In Practice blog July 9, 2010. http://blog.mgma.com/blog/bid/34426/30-ways-to-reduce-patient-no-shows (accessed November 25, 2011).

In our office based on the data collected over six months from July to December 2015 the no show rate is about 5%. These include physician visits including new consultation, laboratory work, intravenous infusions and injections. This information is collected by administrative staff and analyzed by clinical staff.

(Study) - Findings
Our policy includes administrative staff calling the patients the day before the appointment as a reminder. Our staff also calls the patients on the day of their appointment if they fail to show up.

(Act) – Action taken at completion of study
To further track our no shows, we intend to increase phone calls to patients who miss appointments both on the day and 48 hours after their missed scheduled appointment. For patients on active treatment, a registered letter will be sent out if we do not hear back from patients within a week. For patients who are not on active treatments, we intend to send out a card reminding them to schedule an appointment if we do not hear back from them within 14 days.
We have started making the extra calls to the patients. We have also started sending out reminder cards as well as the registered letters. Our intention had been to collect data from July to December 2016 but this might be a little deferred due to a delay in the delivery of the reminder cards.

After implementing these changes, we intend to collect data over six months again to see if there has been a change in our no show rate.

**T: Date of evaluation with committee**
January 14, 2016; April 14, 2016; July 14, 2016; October 20, 2016

**National Benchmarks Used**

2016

4.7: Studies of Quality #2

**Studying the Documentation of Oral Chemotherapy**

(Plan) – Problem Statement:
With the increase in the use of oral chemotherapy, specific challenges have been identified including patient education, documentation, adherence, compliance and toxicity.

The increased use of oral chemotherapy prompted the American Society of Clinical Oncology (ASCO) and the Oncology Nursing Society (ONS) to update chemotherapy administration guidelines to include standards for the safe administration and management of oral chemotherapy (Oncology Nursing Forum Vol. 40, No. 3, May 2013). The ASCO –ONS chemotherapy safety standards recommend that a clear and concise oral chemotherapy care plan be documented in the medical record.

We want to look at our process to ensure quality care and safety of oncology patients at Bristol Hospital Cancer Care Center who are taking oral chemotherapy agents at home. We looked at our current process for managing and documenting patients on oral chemotherapy as our center needs to be in compliance with the ASCO-ONS guidelines for safe management of patients on oral chemotherapy.

(Do) – Criteria used to study problem
The ASCO –ONS chemotherapy safety standards recommend that a clear and concise oral chemotherapy care plan be documented in the medical record and those patients receive comprehensive education regarding the risks and benefits of the proposed chemotherapy agent.
(Study) - Findings
In November of 2015 we had 26 patients taking an oral chemotherapy. At that time we did an audit of the charts of 20 patients who were taking oral chemotherapy at home. We found that five of these patients had documentation under a general oral therapy flow sheet. This is used for medications such as Coumadin but is not specific to oral chemotherapy. Ten patients had documentation on a narrative note. Five patients had no documentation. The documentation that existed showed only that the prescription had been re-filled and the prescription dosage. There was no documentation regarding drug cycles, patient adherence, compliance, patient education, or toxicities. There was no formal process for educating patients regarding the risks and benefits of the drugs. There was no formal process for follow up with the patients to assess for adherence, compliance, or toxicities.

Our center has seen a 50% increase in 1 year (from 6/15- 6/16) in the number of patients taking oral chemotherapy at home. This trend is expected to continue.

Our study found that we were not presently in compliance with the ASCO-ONS guidelines for safe management of patients on oral chemotherapy.

(Act) – Action taken at completion of study
We have developed and implemented a care plan into the medical record that incorporates all the safety standards published by ASCO-ONS regarding the administration of oral chemotherapy.
Patient Story: Support From Loved Ones Is The Best Medication Available

By Robert Allen

Never before have I had such an appreciation for everyone in my life as I do now.

In the summer of 2015, I began feeling more and more tired and could not even mow my entire lawn. I went to my doctor and after some blood work, a CT scan and a biopsy, I was diagnosed with stage IV colon cancer which had quickly metastasized to my liver.

There were no warning signs. And it came on very fast.

I immediately began chemotherapy which would continue into the spring of 2016. During that time, I sought a second opinion from the doctors at Yale New Haven's Smilow Cancer Hospital.

The experts at Yale agreed with Dr. Sapna Khubchandani's treatment plan which assured me that I was receiving the best care possible right in my own backyard here in Bristol. Dr. Khubchandani is very supportive and forthcoming, and follows up with the resources available to her at Yale.

Lynn is my primary nurse in the center and she is wonderful. The prep nurses are exceptional. The staff is the greatest from Dr. Driola Brahaj and Dr Khubchandani right down to Margaret the receptionist and Judy the treatment scheduler.

So there is a light at the end of the tunnel for me.

My wife Claire has been my rock through this most traumatic time. She has been there every step of the way with me, going to every consultation and procedure. I would not be able to do this without her loving support. Claire and I became grandparents for the first time last January and as little Hunter turns one, I am just so grateful to be a part of his life. He is our little angel and every time we see him, it just boosts our spirits. Our three grown children Sarah, David and Nick, provide something to me that no doctor could ever prescribe.

“Despite this being a very scary experience, having all these caregivers by my side is very comforting.”

I also am very lucky to have the tremendous support of my employer, Connecticut Spring and Stamping, which is where I serve as vice president of operations. The leadership team there, including Owner Peter Youmans and President Bill Stevenson, allows me the flexibility to work from home. Their support is a privilege that is just not available to every cancer patient.
Patient Story: “Phenomenal” Is The Best Word To Describe My Care

By Tina Bernarda

Although I am a retired elementary school teacher, there are still lessons for me to learn as a patient of the Bristol Hospital Cancer Care Center. I have learned how patients like me are made to feel comfortable and safe in this extraordinary environment despite a long and often difficult journey.

My journey began in late 2014. I had been experiencing a shortness of breath as well as an irregular heartbeat. I went to my primary care physician, and he found that I was actually missing over half of my blood. After undergoing a CT scan as well as a long series of tests, I was diagnosed with stage IV cancer. The cancer was present in my breasts, liver and the beginning section of my small intestine which is known as the duodenum.

I underwent chemotherapy which began in January 2015 and I would continue with those treatments until the summer of 2016. During this time, I continued to lose significant amounts of blood and spent time in the Intensive Care Unit as well as the hospital’s Beekley Center for Breast Health and Wellness.

Early on, my doctors said that I would have only two to four years to live, but now that appears to be off the table. The care that I received in the Bristol Hospital Cancer Care Center was phenomenal. The staff is incredibly knowledgeable yet caring. This includes all the doctors, nurses and support staff.

“I love crocheting blankets and afghans and as a simple token of appreciation, I have been making them for the doctors and nurses in the center. Gifts like these are always given to the patients but I wanted to give something to the Cancer Center staff who give so much of themselves to others.”

“Everyone gives me their full attention and they make me feel like I am the only patient in the world. They laugh at all of my jokes, too.”
Focus On
Lung Cancer

Is Lung Cancer Screening Right For You?

Lung Cancer Screening:
Bristol Hospital offered the Lung Cancer Screening Tool developed internally based on NCCN guidelines for low-dose CT lung cancer screening. The screening tool was offered at Survivor’s Day on September 17. During this event, staff offered a screening tool to determine if patients were candidates for the low dose CT exams. The materials and screening tool promoted a discussion within the community on screening options for Lung Cancer that are available to patients locally. The Cancer Committee felt that this education was important in our community due to the elevated incidence level that our program sees of Stage IV Lung Cancer. This program is supported by the Director of Pulmonary Disease and (5) board certified pulmonologists, The Director of Oncology Services and (2) board certified medical oncologists and (1) nurse navigator, the Director of Imaging Services and (5) board certified radiologists, the Director of Radiation Oncology and (1) board certified radiation oncologists and thoracic surgery is provided on a consultative basis through the Bristol Hospital/Yale University Smilow Cancer Centers affiliation.

Is Lung Cancer Screening Right for You?
More people in the US die from lung cancer than any other forms of cancer. This is due to the fact that most people discover lung cancer too late. Now there’s an exam that can help detect lung cancer at its earliest stage, when it’s most treatable. At Bristol Hospital, we offer a broad range of medical imaging and related services, including CT lung cancer screenings. Most insurers and Medicare will cover the cost of a lung cancer screening exam as long as you meet the eligibility criteria.

Who can have the screening?
You may be eligible if you:
- Are 55-80 years old
- Are a current smoker
- Are a former smoker who has quit in the past 15 years
- Have a history of at least 30 pack years’ of smoking
- Currently do not have signs of symptoms of lung cancer
- You may also qualify if you are non-smoker who has had occupational exposure to environmental hazards such as asbestos

How does CT lung cancer screening work?
- Your doctor or other qualified provider must evaluate you and provide a referral for lung cancer screening. We encourage you to check with your insurance provider before having the CT scan.
- Lung cancer screening exam is done using a CT scan (computed tomography). A CT scan is a painless exam that can find even the tiniest of lung nodules long before they cause symptoms.

If you have a referral from your provider you may schedule your screening by calling 860.585.3400.

*Pack years means: (number of packs smoked per day) x (number of years smoked). For example, a person who smoked two packs of cigarettes per day for 20 years has a history of 40 pack years of smoking. This person would be eligible for lung cancer screening.
Community Outreach; Cancer and Diet

In 2007, the American Institute for Cancer Research (AICR) with the World Cancer Research Fund (WCRF) issued eight recommendations relating to diet and lifestyle to reduce the risk of cancer. These recommendations are also recommended for cancer survivors. Subsequent studies confirm that adherence to these recommendations can reduce the risk of certain common cancers. A follow-up study performed by the AICR revealed that less than 50 percent of the American population was aware of a dietary link to cancer.

In the Bristol community, priorities in two areas were identified by the most recent community needs assessment dated 2016. These areas include the prevalence of obesity and incidence of cancer. Based on the identified needs of the Bristol community, we offered a lecture relating to improving nutrition to members of the community.


**Topics/Content:**
- American Cancer Society’s (ACS) guidelines for nutrition and physical activity
- Obesity/overweight link to cancer development
- Plant-based diet benefits
- Antioxidants potential preventative role
- Organic produce
- Artificial sweeteners
- Handouts provided: The Clean 15/Dirty Dozen, Phytonutrients, Fruits and Vegetables, MyPlate and a physical activity pamphlet from the ACS.

**Outcomes:**
- Five people requested an appointment with the RD at the Wellness Center for a variety of conditions (Diabetes, weight loss, GERD, etc.).
- Questions included; how to identify whole grain products, how to calculate BMI, and specific questions about fiber, soda, honey, and stevia.
- Positive comments about the program were “very helpful” and “makes a huge difference”. The attendees were very receptive to the information provided.

The event was a success for the community.
Focus On Lung Cancer

Lung Cancer Screening
Focus on Lung Cancer Education, Prevention and Screening: Community Outreach (education, prevention, and screening) is an essential component in our commitment to provide ongoing quality cancer care to our patients and the surrounding area. The Cancer Committee continually assesses and organizes educational events that address our community’s needs.

On Sept. 17, 2016, we held a lung cancer screening event at the Cancer Care Center for the Bristol Hospital community. At this event, a talk was given by pulmonologist Dr. Caminiti so that patients at high risk for lung cancer can understand the consensus recommendations, and potential interventions for screening. The ninety-three attendees were given a screening tool. Of those, eight attendees who met the screening eligibility were offered an appointment with one of the board certified pulmonologists to discuss screening. This appointment will include a risk assessment and balanced discussion of the potential benefits and complications reported in the screening studies. Smoking cessation was offered if appropriate.

Based on the eight patients we were potentially able to help as well as numerous positive comments from the screening evaluation, this event was considered a success for the community.

Cancer and Smoking Cessation
The Bristol Hospital Respiratory Therapy Department has begun smoking cessation led clinics for local residents. The seven week program takes place in affiliation with the American Lung Association and its Freedom from Smoking Cessation Clinic. The sessions are led by respiratory therapist Tom Beryl, BA, RT. Day sessions take place at the Bristol Hospital Counseling Center and evening sessions take place at Ingraham Manor.

Participants learn about lifestyle changes to make quitting easier, avoiding weight gain, replacement strategies for nicotine, stress management and medicines that can aid in stopping smoking. The clinics are led by certified American Lung Association facilitators.

On 10/18 the Nutrition department attended a fun run/walk at ESPN for cancer prevention. A dietitian was there to provide nutrition information.

On Monday, Oct. 24, a physician and nurses from the Bristol Hospital Cancer Care Center provided head and neck cancer education and screenings to ESPN employees. This event took place in partnership with the Connecticut Head and Neck Cancer Alliance, Bristol Hospital and Yale-New Haven Health, Smilow Cancer Hospital. It was attended by more than 180 employees of ESPN.