

CANCER CARE

By John W. Hoyt, MD
Cancer Committee Chair

Cancer care continues to have a strong foundation at WGH. Dr. Kenny Koo retired as Chairman of the Cancer Committee in March after 13 very productive years at the helm. I was asked to assume the role as Chairman effective

2010 CANCER CARE GOALS

- Restructuring of the Tumor Board format to better address educational and care management needs of community caregivers
- Continued education offerings for medical staff
- Development of an improved Cancer Care Navigation program
- Development of a Cancer Survivorship Program
- Assessment and planning for electronic medical records in MAC/Oncology

We welcome suggestions for improvement and constructive criticism by patients and fellow care providers. We are grateful for the privilege of serving the citizens of Whidbey Island and look forward to a continually improving program of cancer care.

those patients with a relentless disease course. We will seek continuous improvements in our standards of care, ease of access, care in follow up, appropriate referrals when necessary, educational offerings and collaboration with other groups and institutions dedicated to improving cancer therapy. Dr. Gabe Barrio continues to serve in the capacity of Cancer Liaison physician with the Commission on Cancer.

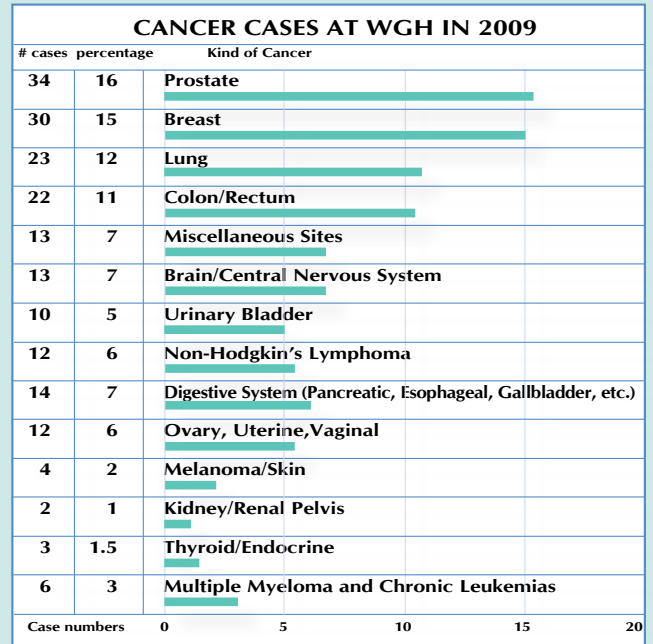
April 1, 2009. It is a great privilege to be able to serve in this capacity, flanked by so many talented care providers.

My goals for the WGH cancer program reflect my belief that through prevention, early detection and appropriate therapy, cancer should not become the controlling force in one's life. Our purposes as a Committee will be to assist cancer patients to live long and productive lives; care for as many as possible on the Island (to minimize the impact of cancer on daily life); provide improved navigation of the care system, and to help with end of life issues for

This chart represents the number of cases seen at Whidbey General in 2009. There were 198 new cases of cancer, with the proportions of types of cancer generally following national trends. At WGH, the 4 top cancers are Prostate, Breast, Lung and Colon cancer, in that order.

WGH offers chemotherapy and coordinates radiation therapy with the Providence, United General and Skagit Valley Cancer Centers. This minimizes travel for patients. The addition of Drs Leah Oman and Fru Bahiraei have strengthened the surgical services for cancer care. Dr. Leah Oman has a special interest and training in breast cancer surgery.

Although the total number of cases treated last year decreased somewhat, a strengthening economy and broadened health care programs should affect future case loads.



CANCER COMMITTEE OF WHIDBEY GENERAL HOSPITAL



Wendy Wang MD, Katie Carr RN, Robert Hawkins MD, Nick Muff MD, John Hoyt MD, Lynda Walrath CTR, Teresa Fulton RN, Ben Hu MD, Susan Johnson, Robert Burnett MD, Wylie Vracin MD, Ginger Wacker RN, Renee Yanke ARNP, Gabe Barrio MD, Lori Taylor RD and Jerri Woods of the American Cancer Society. Not Pictured: Carla Jolley, ARNP

Several highlights of our 2009 efforts are listed below:

- Successful accreditation by the American College of Surgeons Commission on Cancer, following an in-depth inspection on August 7th, 2009. The program received commendations in 5 areas of operation. This was our 30th year of having a cancer program and the 20th year of operation of the Medical Ambulatory Care/Oncology Clinic.
- Susan Johnson is making the successful transition to Tumor Registrar, replacing Lynda Walrath who served as Tumor Registrar for 17 years. New tumor registry software is being implemented to

CANCER CARE continued next page

PALLIATIVE CARE

By **Carla Jolley ARNP, MN, AOCN, CHPN Oncology/
Palliative Care Advanced Practice Nurse**
Laura Renninger, RN Palliative Care Resource Nurse

For persons and their families living with a serious life threatening illness, a debilitating chronic illness, or a terminal illness, interfacing with the medical community can be overwhelming. Thus, when a cure is improbable, focus on quality of life becomes imperative.

Applying a palliative care approach does not depend on a person's diagnosis, but on relieving suffering and the symptoms that impact quality of life. *"Palliative care affirms life by supporting the patient and family's goals for the future, including hopes for life-prolongation as well as hopes for peace and dignity throughout the course of illness, the dying process, and death"* (National Consensus Project 2009).

Focusing on quality of life means different things to different people. The holistic approach of palliative care recognizes the individual's physical needs, as well as psychological, social, and spiritual needs. Pain and symptom management are key to good care, as is addressing depression, role changes, financial burdens, and finding meaning in living with illness. Open communication with the health care team allows for the understanding of realistic expectations and outcomes, finding hope, and being able to individualize the plan based on that person's values and goals. Hospice care can become part of the palliative care continuum as well. Hospice care is focused on patients who are no longer seeking any curative treatment and have a limited prognosis of six months or less.

At WGH we are committed to integrating an interdisciplinary palliative care approach for our patients and families who would benefit. The focus has been to develop our understanding of the philosophy of palliative care (PC). Our hope is to facilitate this approach and communicate with patients and families who need this support. We do this by initiating timely and appropriate referrals for services and resources needed in ALL of our departments.

CANCER CARE continued from previous page

enhance data collection and analysis.

- WGH supported two American Cancer Society Relays for Life on the Island (North & South).
- WGH added two general surgeons in 2009 – Dr. Fru Bahiraei and Dr. Leah Oman. Both are well trained in cancer surgery and Dr. Oman has completed a breast surgery fellowship.
- WGH participated in a clinical trial with Bastyr which was a pilot study evaluating the effectiveness of acupuncture on peripheral neuropathy.
- Tumor Board continued to enjoy excellent participation by community care providers, including all specialties with direct cancer care responsibilities.

Two hundred forty clinical staff members, representing all our clinical departments, have graduated from an intensive two day PC workshop. Since 2005, we have continued to offer this workshop twice a year for new clinical employees. A follow up course expanding on the PC principles is being offered and currently has eighty graduates. We recognize that interactions with patients and families occur in all areas of the hospital, not just clinical. One hundred and one non-clinical staff from twenty four departments have also attended a 1-day PC workshop. Graduates of our PC trainings are easily spotted by the special teal pin with the heart in the hand. This represents our commitment to care for patients and family.



An innovative idea that evolved from this training process is the creation of an inpatient nursing team of "Palliative Care Resource Nurses" who have chosen to further develop their skills and knowledge base through a year of intensive training. They serve as a resource for patients and families on the inpatient units and to the clinical team. They assist in clarifying goals with the patient and family, facilitating communication with the interdisciplinary team, and providing emotional and spiritual support for optimizing quality of life in the overwhelming situation of an acute stay. It has been such a successful venture that a second team recently began its training.

Implementing a palliative care approach requires that WGH listens to you and your family about what quality of life means to you when you are facing a difficult unknown course with a life threatening illness. It means we support and implement interventions to assist you to create and meet your own unique goals, address symptoms that hinder you from meeting these goals, and ultimately support you in creating an environment where quality of life closure will happen on your terms when that time comes.



Palliative Care Resource Nurses: Annette Fly RN, Pam Miller RN, MN, CHPN (mentor), Laura Renninger RN, Belinda Hawkins RN, Carla Jolley ARNP, MN, AOCN, CHPN (mentor) Not pictured: Ellen Giles RN, Linda Spencer RN, Karen Gschwend RN, Patsy Kolesar RN/Manager