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Published December 2017
AtlantiCare Cancer Care Institute
A Fox Chase Cancer Center Partner

ONCOLOGY PROGRAM LEADERSHIP AND STAFF

**James Wurzer, M.D., Ph.D.**
Medical Director, Oncology Program
Medical Director, Radiation Oncology
Adjunct Associate Member, Radiation Oncology, Fox Chase Cancer Center

**Lacey Peterman**
Director, Oncology Operations

**John D. Lorenzetti, M.D., FACS**
Medical Director, Breast Health Program

**Desiree Jangha, Ph.D., DABR**
Director, Medical Physics,
Radiation Therapy Services

**Maria Hendricks, M.S.N., R.N., CCRP**
Assistant Vice President,
Oncology Services
Regional Administrator, Central Market

**Maria Victoria Roque, B.S.N., R.N., OCN**
Clinical Manager, Medical Oncology

**Frank Carpenter**
Corporate Director, Oncology Operations

**DeAnnette Stanton-Cross, B.A., OPN-CG**
Oncology Program Manager
Community Outreach Coordinator
A COMPREHENSIVE APPROACH TO QUALITY CARE

The AtlantiCare Cancer Care Institute, a Fox Chase Cancer Center Partner, provides comprehensive screening, diagnosis, treatment and survivorship planning for the most common types of cancer we see in our community — including breast, lung, prostate, colorectal and women's reproductive cancers. As a trusted partner in the fight against cancer, we continue to sharpen our focus on treating this disease with a multidisciplinary team approach.

Our approach brings together specialists from each patient care discipline to collaboratively develop site-specific treatment plans for every patient using current evidence-based medical guidelines. This approach also incorporates the respective expertise of our oncology nurse navigators, clinical nutritionists, social workers, palliative care, behavioral health and pain management specialists and other disciplines to address the various needs of patients with cancer. In 2016, we instituted a dedicated Financial Counselor to assist patients and families with access to financial resources. The Financial Counselor is a direct point of contact for patients' questions related to out-of-pocket costs and navigation of available financial resources.

In 2016, we enhanced our oncology services with the addition of a new specialty program dedicated to the treatment of complex gastrointestinal (GI) malignancies. In addition to colon and rectal cancers, this program provides all-encompassing, expert care for tumors diagnosed in the gallbladder, pancreas, esophagus, liver, appendix and other areas of the GI tract.

In 2017, we also initiated an expansion of our oncology nurse navigator program to provide dedicated support to patients diagnosed with GI cancers, as well as those with lung cancer and prostate cancer. This site-specific navigator program allows us to better serve patients by providing one point of contact throughout the treatment process to make it easier for patients to follow through on the recommendations of their treatment team.

Another key area of growth for us last year was the enhancement of our survivorship program, which supports patients in the months and years after their treatment ends. Cancer survivors have special needs for follow-up (surveillance), testing and lifestyle considerations. Our survivorship program is designed to meet those needs through individualized health monitoring and wellness care. Through this program, patients receive a personalized plan of follow-up care.

The oncology team at AtlantiCare is proud to have earned national accreditation from the American College of Surgeons Commission on Cancer and the American College of Radiology. We believe in providing the quality, cutting-edge cancer care that our patients need and deserve.

Sincerely,

James C. Wurzer, M.D., Ph.D.
Medical Director, Oncology Program;
Medical Director, Radiation Oncology,
AtlantiCare Cancer Care Institute,
a Fox Chase Cancer Center Partner

Adjunct Associate Member, Department of Radiation Oncology, Fox Chase Cancer Center

Maria Hendricks, M.S.N., R.N., CCRP
Assistant Vice President, Oncology Services
AtlantiCare Cancer Care Institute,
a Fox Chase Cancer Center Partner
Over the past year, the AtlantiCare Cancer Care Institute, a Fox Chase Cancer Center Partner, has seen significant advances. In 2016, we invested in new technologies, infrastructure and expertise to support the continued growth of our oncology programs and services.

To ensure our patients have access to the latest treatment technologies, we purchased two of the latest-generation linear accelerators for our Radiation Oncology department last year. AtlantiCare radiation oncologists use these devices to deliver precisely focused beams of X-ray energy to shrink or eliminate solid-tumor cancers in major organs and other areas within the body. In particular, external-beam radiation therapy is widely used for prostate, breast and lung cancer, three of the most common malignancies in our community.

In addition, as part of our whole-person approach to treating cancer, we hired a financial counselor to join our multidisciplinary team in 2016. This individual is dedicated to working closely with pharmaceutical companies to ensure our patients have access to the medicines and treatments they need, without regard for an individual’s financial abilities.

It’s important that our patients have even greater choices of qualified providers for their care. To meet this need, we also recently expanded our team with the addition of a new medical oncologist in the Department of Medical Oncology. In the coming year, we will be adding more specialists, medical oncology and hematology to this growing team.

The launch of a cancer survivorship program in partnership with Carevive Systems was another key accomplishment of the AtlantiCare Cancer Care Institute last year. This program is focused on the follow-up care and future needs of patients once they have completed treatment.

In every area of its clinical operations, AtlantiCare remains committed to bringing the best cancer treatments and doctors to southern New Jersey. We believe you should be close to home and your loved ones when you are being treated for cancer. With AtlantiCare as your partner, you don’t have to drive to another state or outside the region to find the specialty cancer care you need.

Sincerely,

Frank Carpenter
Corporate Director, Oncology Operations

Lacey Peterman
Director, Oncology Operations

Maria Victoria Roque, B.S.N., R.N., OCN
Clinical Manager, Medical Oncology
2016 - 2017 HIGHLIGHTS AND ACHIEVEMENTS

• The Oncology Program achieved:
  - American College of Surgeons Commission on Cancer (ACOS) re-accreditation, including four commendations.
  - Association of Community Cancer Centers (ACCC) program membership.
  - CEO (Chief Executive Officer) Cancer Gold Standard workplace wellness accreditation.

• AtlantiCare continued its participation in the Centers for Medicare & Medicaid Services (CMS) Innovation Center’s Oncology Care Model (OCM), which focuses on care coordination appropriateness and access for Medicare beneficiaries receiving chemotherapy.

• All eligible RNs have earned or maintained certification as an Oncology Certified Nurse (OCN®).

• AtlantiCare expanded its nurse navigation services to further enhance transition of care.

• Our oncology nursing team participated in the Healing Arts for Nurses week.

• Maria Hendricks presented an AtlantiCare case study at the Oncology Service Line Management and Optimization Q1 Productions Conference. Her presentation was titled “Case Study: Delivering Oncology Service Line Excellence in the Community Setting.”
7TH ANNUAL RELAY FOR LIFE
DR. WURZER WAS PRESENTED WITH
THE HONORARY HEALTHCARE CHAMPION AWARD.
June 9, 2017 – Mainland High School, Linwood

Relay For Life is not just an event, but a life-changing experience. This year, Relay For Life of Linwood raised over $50,000, with 500 participants and 50 survivors, all of which was made possible by the support of AtlantiCare.

SURVIVORS ARE OUR SUPERHEROES EVENT
AtlantiCare Cancer Care Institute Celebrates and Honors Survivors
June 13, 2017 – Egg Harbor Township | June 14, 2017 – Cape May Court House
ONCOLOGY DATA SERVICES

AtlantiCare Cancer Care Institute is accredited by the American College of Surgeons Commission on Cancer (CoC). The CoC is a consortium of professional organizations dedicated to improving the survival and quality of life for cancer patients by establishing evidenced-based national standards and by monitoring the quality of cancer care at accredited programs. The National Cancer Database (NCDB) is a nationwide cancer database of patients treated at CoC-accredited programs.

The Cancer Registry team at the AtlantiCare Cancer Care Institute is responsible for capturing a complete history, diagnosis, first course of treatment and health status for every cancer patient at AtlantiCare in a timely manner. Each patient is followed for the course of his or her lifetime after diagnosis. The Cancer Registry team also organizes and participates in multidisciplinary oncology conferences and supports the AtlantiCare Cancer Committee in addition to the cancer program.

AtlantiCare uses registry data for research and to evaluate patient outcomes and the allocation of resources within the cancer program. In addition, we use the data in our community health needs assessments and in our community education and outreach activities to address identified needs in the area. Registry data is submitted to the NCDB and to the New Jersey State Department of Health Cancer Registry for reporting of National Quality Measures.

The AtlantiCare Cancer Committee utilizes the NCDB’s accountability reporting tool to monitor our quality performance and outcomes, and to serve as a benchmark to focus quality improvement opportunities that support high-quality care.

Cheryl Eget, CTR
Supervisor, Oncology Data Services
**CANCER REGISTRY DATA – 2016 ANALYTIC CASES**

<table>
<thead>
<tr>
<th>PRIMARY SITE</th>
<th>TOTAL</th>
<th>MALE</th>
<th>FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ORAL CAVITY &amp; PHARYNX</strong></td>
<td>23</td>
<td>17</td>
<td>6</td>
</tr>
<tr>
<td>Tongue</td>
<td>11</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Salivary Glands</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Gum &amp; Other Mouth</td>
<td>2</td>
<td>2</td>
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</tr>
<tr>
<td>Nasopharynx</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Tonsil</td>
<td>4</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Hypopharynx</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Other Oral Cavity &amp; Pharynx</td>
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<tr>
<td><strong>DIGESTIVE SYSTEM</strong></td>
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<td>65</td>
<td>75</td>
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<tr>
<td>Esophagus</td>
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</tr>
<tr>
<td>Stomach</td>
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<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Small Intestine</td>
<td>8</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Colon (excluding Rectum)</td>
<td>53</td>
<td>19</td>
<td>34</td>
</tr>
<tr>
<td>Cecum</td>
<td>15</td>
<td>5</td>
<td>10</td>
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<tr>
<td>Appendix</td>
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<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Ascending Colon</td>
<td>10</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Hepatic Flexure</td>
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<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Transverse Colon</td>
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<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Splenic Flexure</td>
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<td>1</td>
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<tr>
<td>Descending Colon</td>
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<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sigmoid Colon</td>
<td>10</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Large Intestine, NOS</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Rectum &amp; Rectosigmoid</td>
<td>25</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td>Rectosigmoid Junction</td>
<td>5</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Rectum</td>
<td>20</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Anus, Anal Canal &amp; Anorectum</td>
<td>4</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Liver &amp; Intrahepatic Bile Duct</td>
<td>12</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>Gallbladder</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Other Biliary</td>
<td>6</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Pancreas</td>
<td>11</td>
<td>4</td>
<td>7</td>
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<tr>
<td>Retroperitoneum</td>
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<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Other Digestive Organs</td>
<td>2</td>
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<td>2</td>
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<tr>
<td><strong>RESPIRATORY SYSTEM</strong></td>
<td>123</td>
<td>74</td>
<td>49</td>
</tr>
<tr>
<td>Larynx</td>
<td>9</td>
<td>7</td>
<td>2</td>
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<tr>
<td>Lung &amp; Bronchus</td>
<td>114</td>
<td>67</td>
<td>47</td>
</tr>
<tr>
<td><strong>BONES &amp; JOINTS</strong></td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Bones &amp; Joints</td>
<td>1</td>
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<tr>
<td><strong>SOFT TISSUE</strong></td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Soft Tissue (including Heart)</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>SKIN EXCLUDING BASAL &amp; SQUAMOUS</strong></td>
<td>9</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Melanoma – Skin</td>
<td>7</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Other Non-Epithelial Skin</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>BREAST</strong></td>
<td>183</td>
<td>2</td>
<td>181</td>
</tr>
<tr>
<td>Breast</td>
<td>183</td>
<td>2</td>
<td>181</td>
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</table>
## CANCER REGISTRY DATA – 2016 ANALYTIC CASES*

<table>
<thead>
<tr>
<th>PRIMARY SITE</th>
<th>TOTAL</th>
<th>MALE</th>
<th>FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FEMALE GENITAL SYSTEM</strong></td>
<td>58</td>
<td>0</td>
<td>58</td>
</tr>
<tr>
<td>Cervix Uteri</td>
<td>12</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>Corpus &amp; Uterus, NOS</td>
<td>37</td>
<td>0</td>
<td>37</td>
</tr>
<tr>
<td>Corpus Uteri</td>
<td>35</td>
<td>0</td>
<td>35</td>
</tr>
<tr>
<td>Uterus, NOS</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Ovary</td>
<td>7</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Vulva</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Other Female Genital Organs</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>MALE GENITAL SYSTEM</strong></td>
<td>75</td>
<td>75</td>
<td>0</td>
</tr>
<tr>
<td>Prostate</td>
<td>73</td>
<td>73</td>
<td>0</td>
</tr>
<tr>
<td>Testis</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td><strong>URINARY SYSTEM</strong></td>
<td>20</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>Urinary Bladder</td>
<td>9</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Kidney &amp; Renal Pelvis</td>
<td>11</td>
<td>5</td>
<td>6</td>
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<tr>
<td><strong>EYE &amp; ORBIT</strong></td>
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<td>1</td>
</tr>
<tr>
<td>Eye &amp; Orbit</td>
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<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>BRAIN &amp; OTHER NERVOUS SYSTEM</strong></td>
<td>23</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>Brain</td>
<td>11</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Cranial Nerves, Other Nervous System</td>
<td>12</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td><strong>ENDOCRINE SYSTEM</strong></td>
<td>14</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>Thyroid</td>
<td>12</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Other Endocrine including Thymus</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>LYMPHOMA</strong></td>
<td>42</td>
<td>21</td>
<td>21</td>
</tr>
<tr>
<td>Hodgkin's Lymphoma</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Non-Hodgkin's Lymphoma</td>
<td>38</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>NHL - Nodal</td>
<td>29</td>
<td>16</td>
<td>13</td>
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<tr>
<td>NHL - Extranodal</td>
<td>9</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td><strong>MYELOMA</strong></td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Myeloma</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td><strong>LEUKEMIA</strong></td>
<td>11</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Lymphocytic Leukemia</td>
<td>7</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Myeloid &amp; Monocytic Leukemia</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Acute Myeloid Leukemia</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Chronic Myeloid Leukemia</td>
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<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>MESOTHELIOMA</strong></td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Mesothelioma</td>
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<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>MISCELLANEOUS</strong></td>
<td>22</td>
<td>9</td>
<td>13</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>22</td>
<td>9</td>
<td>13</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>753</td>
<td>303</td>
<td>450</td>
</tr>
</tbody>
</table>

*Cases for which AtlantiCare provided the initial diagnosis of cancer and/or for which AtlantiCare contributed to the patient's first course of treatment.
CANCER REGISTRY DATA – 2016 ANALYTIC CASES* (continued)

Top Six Primary Sites
2006 - 2016 Analytic Cases

Analytic vs. Non-Analytic Cases
2014 - 2016

2014
Analytic: 936
Non-Analytic: 223

2015
Analytic: 939
Non-Analytic: 269

2016
Analytic: 753
Non-Analytic: 220
QUALITY PERFORMANCE MEASURES
Below are the American College of Surgeons Commission on Cancer (CoC) quality performance benchmark standards comparing AtlantiCare with other CoC organizations in New Jersey and the United States.

---

**CoC standard for breast-conserving surgery and radiation therapy in breast cancer**

<table>
<thead>
<tr>
<th></th>
<th>AtlantiCare</th>
<th>All CoC in NJ</th>
<th>All CoC in US</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoC Benchmark</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>AtlantiCare</td>
<td>98%</td>
<td>94%</td>
<td>93%</td>
</tr>
</tbody>
</table>

Radiation is administered within 1 year (365 days) of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer.

---

**CoC standard for image or palpation-guided needle biopsy (core or FNA) in breast cancer**

<table>
<thead>
<tr>
<th></th>
<th>AtlantiCare</th>
<th>All CoC in NJ</th>
<th>All CoC in US</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoC Benchmark</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>AtlantiCare</td>
<td>90%</td>
<td>90%</td>
<td>93%</td>
</tr>
</tbody>
</table>

Image or palpation-guided needle biopsy (core or FNA) is performed to establish diagnosis of breast cancer.
OUTCOMES (continued)

CoC standard for regional lymph nodes in surgically resected colon cancer

At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.

CoC standard for systemic chemotherapy in surgically resectable lung cancer

Systemic chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is considered for surgically resected cases with pathologic, lymph node-positive (pN1) and (pN2) NSCLC.
QUALITY IMPROVEMENT: CERVIX CARCINOMA REVIEW

Reporting year: 2017
Accession year reviewed: 2015/2016
Number of cases reviewed: 8
Guideline: NCCN Guidelines® for Cervical Cancer Version 1.2018
Reviewer: Vasthi Christensen Wilson, M.D., MSc
Date presented: December 7, 2017

Vital to the success of the AtlantiCare Cancer Care Institute is continuous evaluation of performance in order to improve patient outcomes, emphasizing a professional commitment to safety and quality. This year, the Cancer Committee designated cervical carcinoma for an in-depth analysis to assess and verify if cancer program patients are evaluated and treated according to evidence-based national treatment guidelines. Cancer of the uterine cervix is the third most common cancer diagnosis and cause of death among gynecologic cancers in the United States. This formal review with analysis results represents a full evaluation of patients diagnosed with cervical cancer between July 2015 and November 2016. Results are presented to the Cancer Committee and documented in Cancer Committee minutes.

Initial evaluation of patients presenting to the AtlantiCare Cancer Care Institute with the diagnosis of cervix carcinoma was considered appropriate when the following criteria were documented/met: history/physical examination (including documentation of pelvic examination results), cervical biopsy, standard imaging and standard blood work. Patients were staged appropriately utilizing American Joint Committee on Cancer (AJCC) and/or Fédération Internationale de Gynécologie et d’Obstétrique (FIGO) staging methods. Review of the workup of these patients was concordant with evidence-based national guidelines in all cases.

Treatment for this patient cohort included standard systemic chemotherapy consisting of either single-agent cisplatin or carboplatin delivered weekly during the course of the radiation. Pelvic external beam radiation therapy (EBRT) was prescribed to a dose of 45Gy, followed by intracavitary high-dose-rate (HDR) brachytherapy for an additional 25 to 30Gy. Treatment plan criteria were considered met if the recommended chemoradiotherapy was documented as administered, or as recommended but not administered for reasons stated in the medical record (i.e., contraindication, comorbidities, patient refusal or noncompliance). Review of treatment plans for these patients was concordant with evidence-based national guidelines in all cases.

In summary, this analysis confirms compliance with national guidelines. Documentation of collaborative coordination of care between medical oncology, gynecology and radiation oncology was evident. High-quality clinical services, including state-of-the-art pretreatment evaluation, staging, individualized treatment and clinical follow up, were verified as provided for AtlantiCare cervical cancer patients.
DEPARTMENT OF MEDICAL ONCOLOGY AND INFUSION SERVICES STUDY
Improving Documentation of Adverse Reactions

INTRODUCTION
Reports of hypersensitivity/allergic reactions are quite rare and occur 5% of the time across all drugs. Signs and symptoms of hypersensitivity/allergic reactions include throat or tongue swelling, wheezing, increased respiratory rate, decreased blood pressure, rash and itchiness. These signs and symptoms could be representative of a life-threatening reaction that requires the prompt attention of a healthcare team. Preventive strategies should be implemented to assess, treat and manage these patients. Appropriate documentation and follow-up of the event is also essential. The purpose of this performance improvement project was to validate if an improvement in adverse reaction documentation occurred at our cancer centers following implementation of the revised electronic documentation tool.

METHODS
This retrospective evaluation included patients at the cancer center who were reported to have a hypersensitivity reaction during chemotherapy, biotherapy or premedication administration from March 2015 to June 2017. A documentation tool was revised for adverse reactions and implemented in November 2016 with the help of informatics, pharmacy and nursing. The oncology clinical manager worked with the pharmacists to assess the adverse reaction documentation tool for optimization. Nurses and providers were educated by the oncology clinical nursing manager on the appropriate documentation process to include adverse reactions in the electronic health record. Progress notes in the electronic health record were reviewed for compliance.

RESULTS
A total of 48 patients were included in this evaluation. Prior to implementation of the electronic documentation tool from March 2015 to October 2016, there were 36 patients with a reported hypersensitivity reaction. The hypersensitivity protocol was followed for all 36 patients (100%). Only 3 patients (8.3%) had the adverse reaction documentation completed. Nursing documentation was completed for 31 patients (86.1%), and physician documentation was completed for 12 patients (33.3%). Nursing and provider education was completed by the oncology nursing manager. From November 2016 to June 2017 adverse reaction and progress notes in the electronic health record were reviewed. Only 12 patients with hypersensitivity reactions were documented. Eleven out of 12 patients (91.6%) had adverse reaction documentation completed. Nursing documentation was completed for 6 patients (50%), and physician documentation was completed for 6 patients (50%).

CONCLUSION
Following the implementation of the revised adverse reactions tool, compliance for the respective documentation improved from 8.3% to 91.6%. Changes to the adverse reaction documentation made it easier to use, and education helped reinforce appropriate documentation. Deficiencies were noted in progress note documentation. The team plans to continue to strive for 100% compliance and will continue to monitor. Future improvements strive to streamline and standardize the progress note process through the use of smart templates built within the electronic health record.

OUTCOMES (continued)

PROVIDING EXCEPTIONAL CANCER CARE CLOSE TO HOME

When the diagnosis is cancer, patients don’t have to drive far to find expert quality care or to get a second opinion. From evaluation and diagnosis to treatment, psychosocial support, wellness services and recovery — everything patients and their families need is close by at the AtlantiCare Cancer Care Institute, a Fox Chase Cancer Center Partner.

AtlantiCare Cancer Care Institute is accredited by both the American College of Surgeons Commission on Cancer for our overall program and by the American College of Radiology for radiation therapy.

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<tr>
<th>CLINICAL SERVICES</th>
<th>SUPPORT SERVICES</th>
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<td>- Medical oncology and infusion services</td>
<td>- Oncology social worker</td>
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<td>- Radiation oncology</td>
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<td>- Clinical trials</td>
<td>- Nutrition counseling with a registered dietitian</td>
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<td>- Diagnostic imaging</td>
<td>- Gilda’s Club at AtlantiCare: integrated psychosocial support programs on-site, including support groups, education and healthy lifestyle workshops that promote health and well-being</td>
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SUPPORT SERVICES
- Transportation to medical appointments
- Behavioral health services
- Palliative care program
- Pastoral care program
- Respecting Choices program for Advance Care Planning
- Financial counseling
- Community education and cancer screening

ADVANCING CANCER CARE THROUGH CLINICAL RESEARCH

Clinical trials (research studies) help medical researchers understand more about cancer and its treatment. Everything we know today about how to treat cancer was learned through a clinical trial. The AtlantiCare Cancer Care Institute, a Fox Chase Cancer Center Partner, is proud to offer patients with cancer in our community the chance to take part in clinical trials that test new ways to diagnose and/or treat cancer and new ways to improve the lives of those with cancer.

Joining a clinical trial is a personal decision. People take part in clinical trials for many reasons, including gaining access to new treatments that are not yet widely available and wanting to make a difference for others who will be diagnosed with cancer in the future. Patients may choose to take part or not, and they are free to leave at any time.

The AtlantiCare Oncology Clinical Research Coordinator helps patients understand what clinical trials may be available for you and for your type of cancer. The coordinator also explains everything patients need to know to make an informed decision about whether or not to take part.

For more information about clinical trials at the AtlantiCare Cancer Care Institute, call 609-677-7735.

Kathryn Thomas, R.N., B.S.N, OCN, CCRP, Oncology Clinical Research Coordinator
Ensuring a seamless care experience for patients and their families.

When you’re fighting cancer, it’s reassuring to have an advocate in your corner to help with appointment scheduling, specialist referrals, treatment side effects and other aspects of your care. At the AtlantiCare Cancer Care Institute, a Fox Chase Cancer Center Partner, patients are personally guided through the continuum of care by oncology nurse navigators such as Tracie Rodriguez, R.N., OCN.

Rodriguez is dedicated full time to the complex GI/lung/prostate cancer program at AtlantiCare. In this role, she is an integral member of the multidisciplinary patient care team for patients with prostate cancer, as well as those with colorectal cancer and other types of malignancies in the digestive system. Rodriguez works one on one with patients and their loved ones to coordinate all the necessary details before, during and after treatment.

“My passion for oncology nursing was inspired after my mother was diagnosed with breast cancer. That made it personal for me,” Rodriguez says. “The role of oncology nurse navigator allows me to spend more time with patients and to direct them to the resources they need at the hospital or in the community.”

In addition to providing individualized patient education, her specific responsibilities include enhancing access to services and helping patients overcome any barriers to care, such as transportation, insurance issues or language translation. Rodriguez is also there to promote the emotional and physical well-being of patients in addition to focusing on their medical needs.

“A lot of times,” she adds, “people do not know where to turn or what to do when they first find out they have cancer. I am their go-to person to find them the answers they need. We have an amazing team of people, in addition to myself, here to support patients every step of the way. I am so fortunate to have the opportunity to make a difference in people’s lives through this role.”

“I have dedicated myself to providing individualized care to patients and their family members through the treatment, journey and beyond. I want those in my care to feel part of a family with me and with our team to help decrease their fear and heal with less worry during this stressful time.”

Tracie Rodriguez joined AtlantiCare Regional Medical Center (ARMC) in 2002 and has provided patient care in various clinical areas, including the Oncology department at ARMC Mainland Division, the outpatient and inpatient operating rooms and recovery room at ARMC Surgery Center and the Radiation Oncology department of the AtlantiCare Cancer Care Institute. Most recently, she was the lead registered nurse working directly with James Wurzer, M.D., Ph.D., medical director of Radiation Oncology.
TAKING CARE AND GIVING BACK

In addition to specialized medical services for the diagnosis and treatment of cancer, community education and outreach are important elements in the service continuum at AtlantiCare Cancer Care Institute. AtlantiCare’s community outreach in 2017 included support groups, cancer prevention and screening programs, and support of events and nonprofit organizations that benefit community members in the fight against cancer.

Community Education and Screening
• Health fair, workshops and educational lectures on various cancer-related topics
• Screening mammograms
• Skin cancer health assessments and prevention education events
• Low-dose CT lung cancer screenings
• “Survivors Are Our Superheroes” community event
• Somers Point Beach Concerts

Event Sponsorship and Participation
• American Cancer Society events
• American Heart Association
• Dean Randazzo Cancer Foundation, Paddle for a Cause
• Every Breath Counts, Lung Cancer Walk/Run
• Gilda’s Club South Jersey events
• Ladies Invitational Blue Fish Tournament
• Ribbons of Hope
• Ruth Newman Shapiro Cancer and Heart Fund events
• Shirley Mae Run and Michael J. Walk
• Susan G. Komen events
• Tara Miller Melanoma Foundation Gala
ATLANTICARE CANCER COMMITTEE MEMBERS

The AtlantiCare Cancer Committee is composed of primary and specialty care physicians, as well as hospital staff and providers with a direct role in caring for our oncology patients. The multidisciplinary committee meets regularly to review and evaluate the quality and direction of the overall oncology program and makes recommendations for improvement.

**Required Physician Members**

- **Mitchell Brezel, M.D.**
  Diagnostic Radiologist
- **Anjeanette Brown, M.D., FACS**
  Surgeon
- **Neha Chawla, M.D.**
  Medical Oncologist
- **William Todd, M.D.**
  Pathologist
- **James Wurzer, M.D., Ph.D.**
  Medical Director, Oncology Program
  Medical Director, Radiation Oncology
  Cancer Committee Chairman
  Cancer Liaison Physician
- **Janine Sooy, R.N.**
  Quality Management Representative
- **DeAnnette Stanton-Cross, B.A., OPN-CG**
  Oncology Program Manager
  Community Outreach Coordinator
- **Kathryn A. Thomas, R.N, B.S.N., OCN, CCRP**
  Oncology Clinical Research Coordinator
- **Mary Law, M.S.N, R.N.**
  Assistant Vice President of Quality/Accreditation
- **David Levi, M.D.**
  Diagnostic Radiologist
- **John Lorenzetti, M.D., FACS**
  Medical Director of Breast Program
  Breast Surgeon
- **Alice Malfi, R.N., OCN**
  Radiation Oncology Nurse
- **Maria Marine**
  Oncology Data Services
- **Debra Meredith, R.N.**
  Hospice
- **Hien T. Nguyen, Pharm. D., BCPS**
  Pharmacist
- **Lacey Peterman**
  Director, Oncology Operations
- **Hannah Rizzo, RD**
  Registered Dietitian
- **Tracie Rodriguez, R.N., OCN**
  Nurse Navigator
- **Cheryl Rush, M.S.N., A.P.N.**
  Palliative Care
- **Cathy Sutman, M.S.W.**
  Psychosocial Services Coordinator
  Social Worker
- **Vasthi Wilson, M.D., MSc**
  Radiation Oncologist

**Required Non-Physician Members**

- **Elizabeth Eble, D.N.P., A.P.N.**
  Palliative Care
- **Cheryl Eget, CTR**
  Cancer Registry Quality Coordinator
  Supervisor, Oncology Data Services
- **Maria Hendricks, M.S.N., R.N., CCRP**
  Assistant Vice President, Oncology Services
  Regional Administrator, Central Market
- **Samantha Hill, M.S.W.**
  Psychosocial Services Coordinator
  Social Worker
- **Nancy McGrath, RHIT, CTR**
  Cancer Conference Coordinator
- **Maria Victoria Roque, B.S.N., R.N., OCN**
  Quality Improvement Coordinator
  Clinical Manager, Medical Oncology
- **Frank Carpenter**
  Corporate Director, Oncology Operations
- **Carolyn Courtney, R.N.**
  Oncology Clinical Research Associate
- **Bruno Dantas, M.D.**
  Pathologist
- **Vicki DiStephano, R.N., OCN**
  Radiation Nurse
- **Kelly Filchner, M.S.N, R.N., OCN, CCRC**
  Fox Chase Cancer Center Liaison
- **Audrey Heist, M.P.H., RD**
  Director of Health Engagement
- **Juliann Henry, M.Div.**
  Pastoral Care Representative
- **Desiree Jangha, Ph.D, DABR**
  Director, Medical Physics,
  Radiation Therapy Services
- **Taryn Jones, M.Ed.**
  American Cancer Society Representative