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**Annual Cancer Report from MedStar Southern Maryland Hospital Center**

MedStar Southern Maryland Hospital Center offers a comprehensive approach to cancer care that includes prevention, state-of-the-art testing, expert cancer treatment and aftercare. It also highlights some of MedStar Southern Maryland Hospital Center’s accomplishments during 2018.
Dear Friends,

MedStar Southern Maryland Hospital Center (MSMHC) is proud to present its 2018 Cancer Report. As we look forward to our survey for accreditation by the Commission on Cancer in 2019, we have had a very busy year.

Before mentioning our accomplishments and future goals, I’d like to recognize the continuing and remarkable efforts of the Cancer Committee members. We are a collection of health care professionals who, together, provide the entire spectrum of cancer care for patients in the Southern Maryland region. I am proud to say that the care provided at MSMHC is state-of-the-art, and rivals that of any community cancer program in the metropolitan area.

In 2018, MSMHC’s oncology team grew. We recruited medical oncologist Dr. Stephen "Eric" Rubenstein and pulmonologist Dr. Vishal Mungal. With these new team members, our ability to provide comprehensive cancer care has expanded significantly.

It is an exciting time for us at MSMHC. In 2018, radiation oncology saw the initial steps in upgrading our therapy equipment. We are expecting to complete installation of a Halcyon linear accelerator, which is Varian’s flagship treatment machine, in early 2019. We are also preparing for an ambitious expansion of cancer treatment services, constructing a new cancer center to be completed by the end of 2019. This center will feature imaging, surgery, chemotherapy, infusion, pathology, and radiation oncology services, as well as the availability of patient advocates and navigators. Our patients’ oncology needs will be met in one integrated location, which will optimize our multidisciplinary care, and help empower our patients to stay current and active in their care.

Thank you for your interest in MSMHC’s work to treat patients with cancer. Our team is engaged, motivated, and committed to staying on the forefront of the latest innovations in cancer treatment, while providing a comprehensive, collaborative and individual treatment plan for each unique patient.

Kindest regards,

Andrew Satinsky, MD
Medical Director, Radiation Oncology Center at Southern Maryland
Chair, MSMHC Cancer Committee
The MedStar Southern Maryland Hospital Center (MSMHC) Cancer Care Program is committed to improving the survival and quality of life for cancer patients by providing excellent health care and promoting wellness through trusting relationships, cancer prevention, education, and cutting-edge treatments. In 2018, cancer prevention, screening, and other outreach activities were held to serve our community. Additionally, our community outreach service focused on empowering individuals with information on the most common types of cancer in our area: breast cancer, prostate cancer, and lung cancer.

**Breast Cancer**

Breast cancer was the most frequently diagnosed cancer in our hospital last year. During October, Breast Cancer Awareness Month, several community outreach events were held to heighten awareness of this disease. These events served to educate all participants and inform them about the need for cancer screening and prevention, and to help lower the risk of getting breast cancer. The target audience included women and church communities. Breast cancer awareness panel discussions were held at Woodstream Church in Bowie and the Central Baptist Church of Camp Springs. Over 100 people attended these two events. Additionally, an “Ask-A-Doctor” activity was held at MSMHC with 19 associates from the hospital community participating. Finally, the MedStar Mall Walkers group participated in a breast cancer awareness fitness walk.

**Prostate Cancer**

Across the nation, prostate cancer remains the most commonly-diagnosed cancer in men. African-American men are more than twice as likely to develop prostate cancer than Caucasian men, and African-American men make up more than 60 percent of the population in Prince George’s County, Maryland, where MSMHC is located.

MSMHC provided prostate cancer information to the community through four health fairs and a local presentation to 266 church patrons. On September 15, 2018, MSMHC offered free prostate screenings to 17 men at the MedStar Southern Maryland Transitional Care Clinic. Each man who attended received two tests: A Digital Rectal Examination (DRE) and a Prostate-Specific Antigen (PSA) blood test. Educational consultations were made available to these participants, who were informed of the risks and potential benefits of the tests. Of those tested, two men were recommended for further testing, either because of lumps found or enlargements identified on the DRE, or elevated levels identified in the PSA tests. Both men in need of further testing pursued consultation with urologists.

To serve the community in an ongoing capacity, the hospital hosts a free Prostate Cancer Support Group, on the second Tuesday of every month from 6:30pm-8:30pm.

**Lung Cancer**

Lung cancer was the third leading cancer diagnosed in the nation in 2018. The lung cancer rate in Prince George’s County was lower than the national and state rate; unfortunately, lung cancer is often detected late, because symptoms do not manifest until later in the disease. When it was diagnosed in our patients, it was most often in a more advanced state (stage 3 or greater).

When lung cancer is caught early, it is more likely to be curable. To encourage earlier detection in our community, MSMHC provided free low-dose CT lung cancer screenings for three hours per day, six days a week, in September. Seventeen individuals were screened, resulting in two follow-up appointments for positive findings. The participants were provided a written report with recommendations and a follow-up phone call. Conversations were documented by a departmental registered nurse who followed-up with the patients by telephone for one year.

MSMHC also provided lung cancer information during health fairs and church presentations that included the American Cancer Society’s lung cancer screening guidelines.

**Smoking Cessation**

MSMHC offered smoking cessation classes at the MedStar Brandywine Community Room. Tips on how to quit were offered to those unable to attend. The table below show results for three sessions held in 2018.

<table>
<thead>
<tr>
<th>Date</th>
<th># of Classes</th>
<th># Registered</th>
<th># Attended</th>
<th># Completed</th>
<th># Quit</th>
<th>Quit rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 26, 2018</td>
<td>8</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>100%</td>
</tr>
<tr>
<td>April 26, 2018</td>
<td>8</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>67%</td>
</tr>
<tr>
<td>July 18, 2018</td>
<td>8</td>
<td>5</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>40%</td>
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Cancer Committee Presents Breast Cancer Educational Event

MSMHC’s Cancer Committee regularly brings together the hospital’s experts to consult on cases. They also meet regularly to discuss goals and milestones, and on October 1st, they met to host an educational event on breast cancer.

At this event, Cancer Committee Chairman and Clinical Director of radiation oncology Andrew Satinsky, MD, presented on MSMHC’s work in cancer care and trends in treatment, including utilizing the technique of patients holding their breath during radiation treatments, which helps push the breast forward, allowing the heart to remain unaffected by radiation.

Breast surgeon Ekaterini Tsiapali, MD, discussed MSMHC’s multidisciplinary approach to cancer care, including screening guidelines, by presenting brief synopses on several successfully treated cases of MSMHC patients with tumors, and the practice of personalizing breast cancer treatment, taking into account such factors as the biology of the breast tumor.

Radiologist and Breast Imaging Specialist Gina Kim-Ahn, MD, presented radiology guidelines, including the recommendation that women over 40 should have yearly mammograms, which is in line with the advice of the American College of Radiology, or at age 30 for women with additional risk factors, such as being African-American, having genetic-based breast mutations or having been previously diagnosed with cancer. Kim-Ahn also spoke about the three-dimensional technology used at MSMHC, a process that is able to penetrate all layers of breast tissue with minimal radiation.

Finally, Dr. Nicholas DeMonaco spoke on tailoring treatment for early-stage breast cancer in the era of precision medicine. He also discussed the latest National Cancer Institute’s trial examining survival rates for cases with and without accompanying chemotherapy, and how to determine the right amount of chemotherapy.

After this event, MSMHC’s Cancer Committee Chairman Satinsky said, “MedStar Southern Maryland Hospital Center’s cancer program is committed to providing the highest level of care to our patients. This includes access to state-of-the-art cancer treatment in the fields of medical, radiation and surgical oncology. It also includes a collaborative, multi-disciplinary approach as exemplified by this program and our frequent cancer conferences. It is my ongoing honor to be a member of this team.”

MSMHC would like to welcome oncologist Eric Rubenstein, MD, to the team. Please be sure to check the December issue of Connections for a full length article about Dr. Rubenstein.
Please join us for an informative, interactive seminar “Breast Cancer Awareness; What you Need to Know,”
Presented by Ekaterini V. Tsiapali, MD Board-Certified Breast Surgeon

Breast cancer continues to be the most common cancer among American women, but thanks to advances in cancer research and treatment, millions of women have survived breast cancer and are continuing to lead active and fulfilling lives.

Please join Dr. Tsiapali for a discussion on this important women’s health issue. The seminar will cover exciting new developments in breast health, including breast cancer prevention and early detection, risk factors, genetic testing options and advances in breast cancer surgery. Dr. Tsiapali will also take questions at the end of her presentation.

The seminar will be held on:

**Tuesday, October 16, 2018**
from 6:30 p.m. to 8 p.m., at the MedStar Southern Maryland Hospital Center Multi-Purpose Room 7503 Surratts Road, Clinton, MD

Admission is free, but you must reserve a seat in advance. Register online today at MedStarSouthernMaryland.org/Calendar or call 855-211-8405.
CANCER REGISTRY GENERAL SUMMARY

MSMHC has three Certified Tumor Registrars (CTRs). These individuals are data information specialists who capture patients’ complete history, diagnosis, treatment, and health status from all medical facilities for the Cancer Registry. They are kept up to date on the latest trends through Cancer Registry education on a national, regional, and state level. The CTR’s find information that can be used to help detect cancer earlier, improve treatments, and increase overall survival rates. CTRs also assist with physician quality audits (QA), case finding, quality studies, and external audits. Health officials and researchers use Cancer Registry data to determine cancer prevalence; they can also use it to evaluate and control interventions.

In 2018, MSMHC CTRs abstracted hundreds of cases for the Cancer Registry. Registry data was also used to support the Cancer Committee quality study on unplanned hospital readmissions in the cancer population.

Data abstracted by the CTRs revealed that the top five cancers at MSMHC were breast, lung, colon, prostate, and renal. The Disease Index audit by the Maryland Cancer Registry revealed we had a 95% accuracy rate. Physician QA, as well as peer-to-peer QA, demonstrated an accuracy rate of 97%.

CANCER CONFERENCE (TUMOR BOARD)

The MSMHC Tumor Board is a multidisciplinary team made up of surgical, medical oncology, radiation oncology, pathology, and radiology disciplines. The Tumor Board met frequently in 2018 to discuss cancer cases, particularly those cases related to the hospital’s five major cancer sites: breast, prostate, lung, colon, and renal. The team served to provide consultation services, to formulate evidence-based treatment plans, and to offer education to physicians and other allied health providers. These conferences also provided learning opportunities for other non-physician staff, such as nursing and pharmacy.

During cancer case review, discussion included content on cancer staging, prognostic indicators, and treatment planning. Eligibility regarding clinical trial options were also considered.

Participation was excellent in 2018, exceeding all cancer conference goals. Attendance was monitored by a conference coordinator who helped ensure the reportable and prospective cases were presented and discussed according to the National Comprehensive Cancer Network (NCCN) and American Joint Commission on Cancer (AJCC), staging and prognostic factors.

MSMHC conducted a total of 30 cancer conferences in 2018. In these sessions, 137 reportable and prospective cases were presented and discussed. Because of a strong breast cancer program and a high rate of newly diagnosed patients, the case mixes often favored breast cancer. The multidisciplinary team held 11 general cancer conferences and 19 related to the breast specialty.

Some of the outcomes from the conferences included recommending 38 patients for genetic counseling and six patients for clinical trials. This activity led to referrals to MedStar Georgetown University Hospital, MedStar Washington Hospital Center, and Anne Arundel Medical Center. Four referrals to palliative care also resulted from these case discussions.

80% of the cancer conferences in 2018 had complete representation from all five disciplines. The table below shows the attendance breakdown by each discipline.

<table>
<thead>
<tr>
<th>2018 Multidisciplinary Cancer Conference Attendance (Total = 30 Meetings)</th>
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<tbody>
<tr>
<td>Provider Discipline</td>
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<tr>
<td>---------------------</td>
</tr>
<tr>
<td>Pathology</td>
</tr>
<tr>
<td>Medical Oncology</td>
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<tr>
<td>Radiation Oncology</td>
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<td>Surgery</td>
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<td>Radiology</td>
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ONCOLOGY NURSING CARE

Oncology nursing care is provided by nurses with specialized knowledge and skills. To ensure optimal care and quality, MSMHC evaluates nursing competency each year; the results of competency evaluations are reported to the Cancer Committee.

One method for nurses to demonstrate competency is through nursing specialty certification. Certification is a means to recognize a distinct level of professional nursing experience and skills. It requires a foundation of specialty practice hours and education, verified through strict examination by a certifying body, where the organizations who offer certification have established nationally recognized standards and principles. There are eight distinct nursing certifications currently offered by the Oncology Nursing Certification Corporation (ONCC). In addition to professional certification, the Oncology Nursing Society (ONS) provides a chemotherapy and biotherapy course. Nurses who successfully complete this course receive a certificate of completion and provider card.

In 2018, MSMHC had 12 nurses providing oncology-specific care. One of our nurses was an Oncology Certified Nurse (OCN) as well as a Certified Breast Care Nurse (CBCN). Seven nurses held a certificate for successfully completing the ONS course in chemotherapy and biotherapy. The remaining five nurses were actively working on obtaining the ONS certificate and were anticipated to receive it in early 2019.

PALLIATIVE MEDICINE AND SUPPORTIVE CARE

The Palliative Medicine and Supportive Care Team is staffed by a board-certified hospice and palliative medicine physician and a palliative care social worker, as well as a part-time nurse practitioner. In 2018, these dedicated individuals provided inpatient palliative care services to oncology patients admitted to the critical care units and the general medical floors at MSMHC.

Many hospitalists, critical care physicians, and other providers from our contracted US Oncology Group referred patients to palliative care. Last year, our palliative care team received requests for 405 consultations; 117 of those referrals were for patients with a primary diagnosis of cancer.

The palliative care team provided education to physicians, nursing staff, case managers, and other medical staff about the role of palliative care. They helped clarify the differences between palliative care, comfort care designations, and hospice care.

The team also presented information on pain management using opioids. Partnering with the pharmacy, they reviewed and made recommendations to policies that ensured the most effective treatment for patients in need of high-dose opioid medication, optimizing patient pain relief and symptom control.

Additionally, the Palliative Medicine and Supportive Care Team assisted with hospice education and made recommendations for hospice care. Case Management coordinated referrals to several agencies tasked with providing our inpatient hospice care. These part-time, specially-contracted agencies included Capital Caring, Heartland Hospice, Seasons Hospice, and Hospice of the Chesapeake. The in-house presence of our Palliative Medicine and Supportive Care Team assured high quality end-of-life care by closely following our hospice patients and caring for their families.
STUDY: MONITORING COMPLIANCE WITH EVIDENCE-BASED GUIDELINES

During 2018, the MedStar Regional Breast Health Program at MSMHC performed an in-depth analysis to examine the evaluation and treatment of patients and ensure compliance with evidence-based national guidelines.

MedStar Southern Maryland Hospital Center Genetic Assessment - Triple Negative Breast Study 2018

Problem: According to the National Comprehensive Cancer Network (NCCN) Guidelines Version 1.2019 Breast and/or Ovarian Cancer Genetic Assessment, patients less than or equal to 60 years of age with triple negative hormone (ER-, PR-, HER2-) breast cancer should be referred for genetic counseling for genetic risk evaluation.

Goal: The purpose of this study was to determine how often patients <60 y diagnosed with a triple negative breast cancer were referred to a genetic counselor for further risk assessment at MSMHC.

Scope: The scope included all patients with triple negative breast cancer that were diagnosed and/or treated at MSMHC during the 2018 calendar year.

Referral to Genetics Counseling Made: (n=8 Applicable cases)

MSMHC-8 Applicable Cases

Summary

In summary, a retrospective sample of patients with triple negative breast cancer was taken in 2018 to analyze findings about patients who were diagnosed and/or treated at MSMHC.

- There were eight patients with triple negative breast cancer at MSMHC.
- The patients ranged from 41 to 53 years of age.
- There were seven African American female patients and one Caucasian patient included in this study.
- Five patients were referred to MedStar Georgetown University Hospital, one patient was referred to MedStar Washington Hospital Center, and two patients were referred to outside providers.
Risk Noted in the Chart:
MSMHC, Medical Oncology, Radiation Oncology and Surgical Oncology records were reviewed to ascertain whether the risk and need for further evaluation was documented.
- Risk noted was in the record 100% of the time throughout MSMHC.

Referral Made to Genetics Counselor:
MSMHC, Medical Oncology, Radiation Oncology and Surgical Oncology records were reviewed to ascertain whether the patients were referred for genetic counseling.
- Referral was made 100% of the time throughout MSMHC.
- 8/8 cases were referred for Genetic Counseling.
- Five patients referred to MedStar Georgetown University Hospital, one patient referred to MedStar Washington Hospital Center, and two patients referred to providers.

Testing Done:
- Testing was done on 87% of the cases referred.
- MSMHC-87% 7/8 cases that were referred received testing.
- MSMHC- 13% 1/8 cases that were referred, did not receive testing due to lack of medical insurance at the time of appointment.
- Three patients received 9-gene panel testing, including BRCA 1/2 testing, which was negative.
- One patient was positive for pathogenic mutation of the PALB2 gene. This carries an increased risk for developing a second primary breast cancer, although this risk is not yet well-defined. This result is also associated with an increased risk of developing pancreatic cancer (up to a 10% increased risk over the course of a lifetime).
- One patient underwent genetic testing and BRCA2 mutation was identified.
- One patient had genetic panel testing, which was negative. A variant of unknown significance (VUS) in the PMS2 gene was seen.
- One patient had extended panel testing that showed no deleterious mutations. A variant of unknown significance was seen in the MSH2 gene.
- There does not appear to be an internal opportunity for improvement regarding the documentation of risk in the medical record, or referral of patients for genetic counseling. Once the patients were referred to genetic counseling, testing was performed 87% of the time (as stated previously, only one patient did not receive testing due to issues with medical insurance).

Other Considerations:
Review of these cases demonstrated that the breast surgeon, medical oncologist, and radiation oncologist had standardized documentation that captured the patients who warranted genetic testing. The patient records for the study group included documentation of patient risk, referral, and test results.

The only patient referred who did not receive testing, understood the risk and had cause for not pursuing the genetic counseling and testing at that time. This patient was anticipated to pursue genetic counseling and testing once medical insurance issues were resolved.

Improvement/Modification: MSMHC is evaluating the findings of this study to determine need for performance improvement. If necessary, MSMHC will perform additional study to evaluate the effectiveness of any corrective measures.
The MedStar Regional Breast Health Program at MSMHC provided onsite psychosocial distress screening services and referrals for the provision of psychosocial care to breast cancer patients. A distress screening tool was used to measure distress levels ranging from 0 to 10 (with 0 representing no distress and 10 representing extreme distress). This screening tool was administered to breast cancer patients at the time of initial diagnosis, during post-operative encounters, and during any medical visits up to the first year of care.

During 2018, a total of 317 distress screenings were administered; 118 patients (37%) scored 4 and above, an indicator of moderate to high degree of distress. These patients were offered an opportunity to receive psychosocial service. A social worker provided counseling, either in the office or by telephone, to 104 patients (33%). In addition, referrals for various resources were provided to 82 patients (26%). These resources included help in the following areas: finance, referrals for behavioral health, insurance, transportation services, energy assistance, housing, home health care, food supplemental programs, and more.

The social worker for The Medstar Regional Breast Health Program at MSMHC provided these direct psychosocial services to 186 patients, 58% of the total number of patients screened. Services also addressed extenuating circumstances and other problems having an impact on the overall quality of care.

The MedStar Radiation Oncology Department administered separate distress screenings to 214 new patients. These screenings were administered by radiation oncology nurses. During subsequent treatment, these patients each received two additional screenings, providing 642 distress screenings in all. Their patients were provided with resources and guidance when they presented with a high distress score of 4 and above. Referrals were made to service providers to assist patients with resources. Because psychosocial distress may have a significant impact on care, screenings were made available to patients with all types of cancers.

In summary, these distress screenings served 959 patients in the MedStar Regional Breast Health Program at MSMHC and the Medstar Radiation Oncology Department in 2018. Because it is a best practice to address a patient's psychosocial concerns with any type of treatment, our associates will continue to monitor patient distress levels and provide appropriate resources.
In 2018, 31 patients were treated in the Lymphedema Clinic at MSMHC for secondary lymphedema. This represented 67% of all patients who were evaluated throughout the year.

Lymphedema is a clinical condition that arises when either a loss of function or structural damage to the lymphatic circulation occurs. It results in a build-up of fluid in soft body tissues, leading to swelling. Secondary lymphedema is most often caused by the removal of or damage to lymph nodes as a part of cancer treatment. The patients that were treated in our Lymphedema Clinic had a variety of cancers including breast, groin, head and neck. Patients were also treated following lymph node transfer. Breast surgeons and radiation oncologists were the primary source of referrals for patients receiving lymphedema treatment.

During 2018, there was an increase in the number of patients presenting with chest and breast lymphedema. These patients responded well to manual lymph drainage. When appropriate, compression bras were recommended for symptoms.

Patients who were treated for lymphedema returned for an average of 15-20 follow-up appointments involving manual lymph drainage, compression bandaging, skin care, patient education, therapeutic exercise, Kinesio Taping (KT), and recommendations for daytime and nighttime compression garments and compression pumps.

There was an increase in the number of patients with range-of-motion (ROM) and strength deficits from cording, (also known as axillary web syndrome [AWS]) after breast cancer surgery and treatment. Patients with ROM deficits typically received 8-10 treatment sessions and were able to improve the functional use of the upper extremity involved.

Because all lymphedema patients are required to obtain a daytime compression garment post-treatment, the Lymphedema Clinic established a list of referral sources to outside vendors for compression garments and compression pumps. Patients were encouraged to return for a yearly follow-up to monitor for any changes in the girth of their upper extremity that would require new compression garments from the vendor.

The numbers of referrals and inquiries to the Lymphedema Clinic increased in 2018. This, in part, may be due to a reduction in the availability of external lymphedema therapists in Southern Prince George's County and Charles County. The Lymphedema Clinic sees an average of 8-10 patients per week. Patient feedback has been very positive in regards to the treatment received in the clinic and the skills of the lymphedema specialist. Due to the high demand of this service and part-time schedule of the lymphedema specialist, evaluations are scheduled out through September 2019.

Through December 2018, a total of 22 patients with head and neck cancer were referred for outpatient speech therapy at MSMHC, a 38% increase in referrals since last year. Of that number, 12 patients were referred for both a Modified Barium Swallow Study (MBSS) and follow-up treatment. An additional 9 patients were referred for a Modified Barium Swallow Study (MBSS) without requiring follow-up treatment. The majority of these patients were referred by MedStar oncologists and radiation oncologists. Four patients with head and neck cancer on the acute care units were also treated.

Of the 12 patients referred for MBSS and other therapy, nine agreed to treatment. These patients were treated for difficulty swallowing (dysphagia) and/or a speech disorder (dysarthria). Dysphagia therapy often employs the use of expiratory muscle strength training (to strengthen the muscles used for breathing forcefully, coughing, and swallowing), along with other evidence-based swallow exercises. The exercises were customized to each patient based on the physiologic deficits observed during the MBSS.

Every patient seen for head and neck cancer received education about the potential for swallowing difficulties following radiation treatment. Handouts were provided with information on exercises to help prevent swallowing problems (dysphagia). Patients received this education even if they were not referred for treatment. Eight out of the nine patients who received therapy in 2018 made progress, meeting all their goals or resuming oral nutrition intake.
NUTRITION SERVICES

MSMHC’s policy requires that ALL patients receive an initial nutritional assessment screening. This screening is performed on each patient as a part of the nursing admission assessment. Registered dietitians perform additional checks to search electronic health record data for patients at high-risk for nutritional problems. When they looked specifically at cancer patients, many were considered high-risk. Results of these screenings identified patients in need of nutrition interventions, triggering a dietitian consultation within 48 hours of admission. Dietitian consultation was also ordered directly by medical and nursing staff and also offered to patients by request.

The Nutrition Care Process and Model (NCPM) was initiated for patients identified at nutrition risk or those referred to the registered dietitians within 48 hours of notification. The NCPM is a systematic and problem-solving method that dietitians use as a framework to deliver quality and evidence-based nutrition care safely and effectively. It includes four distinct steps:

- Nutrition Assessment (based on new or existing data)
- Development of a Nutrition Diagnosis
- Identification of Nutrition Prescription and Interventions
- Monitoring and Evaluation of the nutrition indicators

Nutrition assessment and reassessments were documented using the International Dietetics and Nutrition Terminology (INDT). Further policy details are outlined in the Operational Standard: Nutrition Assessment and Re-Assessment, which has been submitted and pending MSMHC approval in 2019.

In the inpatient setting, the clinical dietitians saw approximately 5-15 oncology patients each week over the last year. Dietitians addressed and treated all nutrition-related problems in consideration of a patient’s type and stage of cancer, treatment modality, and background. A variety of nutrition services were offered that included medical nutrition therapy for unintentional weight loss, malnutrition, gastrointestinal complaints, difficulty chewing/swallowing, and nutrition support, etc. Services included nutrition education and counseling. Referrals were also available for outpatient nutrition services located at our other MedStar-affiliated hospitals.
PATIENT NAVIGATION PROCESS

Patient navigation encompasses all phases of the patient experience at MSMHC. Cancer care patient navigation helps the patients, their families, caregivers, and the community overcome disparities and barriers to receiving quality medical and psychosocial care in a timely manner. Common barriers include a lack of social support, insurance concerns, financial roadblocks, and potential problems with healthcare communications.

Each year, the patient navigation process is modified or enhanced to identify and address new or additional barriers identified by a triennial Community Needs Assessment (CNA). A person’s health is influenced by physical, social, and economic factors in their community. Health and wellness, access to care and services, and social determinants of health were identified as critical factors in MSMHC’s most recent CNA. Evidence-based methodologies were used to select new programs and provide appropriate resources.

The results of our CNA raised an awareness of the need for creating opportunities to partner with patients, community residents and leaders, as well as local and national health organizations to set goals for improving our community health care services.

In 2018, the hospital implemented new initiatives and programs to address the health disparities and barriers prevalent in our population and in Prince George’s County. In addition to the resources and programs mentioned previously in our 2018 Cancer Report, we offered numerous services to our MSMHC cancer population:

- A plastic surgeon specializing in breast reconstruction, who worked closely with the breast surgeon to provide cosmetic improvements, positively influenced the mental and physical health of many patients.
- A list of community resources was offered to our patients and their families. The information available included offerings from the American Cancer Society and other charitable and nonprofit organizations (such as The PINK Fund, The RED Devils, and Aunt’s Bertha, Hope Connections for Cancer Support, and the Calvert County Health Department grant for Marylanders).
- Local partnerships were strengthened with the Prince George’s County Health Department, Maryland’s Department of Human Services Office of Home Energy Programs, Greater Baden Medical Services, and other area health care providers, such as US Maryland Oncology and Hematology and the MedStar Medical Group.
- MedStar Southern Maryland Hospital Center published a magazine “Health” as a community service for the friends and patrons of the hospital. It provided awareness about health and resources.
- The hospital began partnering with Prince George’s County in 2017 and brought “TheBus” to our hospital campus in 2018 to meet local transportation needs of residents and visitors.

- The MedStar Regional Breast Program at MSMHC was fully-staffed with a nurse navigator, breast surgeon, nurse practitioner, practice manager, medical assistant, receptionist, and part-time social worker. The nurse navigator conducted follow-up calls to all patients that underwent surgery, the next day. The nurse navigator worked in conjunction with other departments to coordinate scheduling for services.
Dr. Andrew Satinsky  
Radiation Oncologist, Cancer Committee Chair

Dr. Nicholas DeMonaco  
Medical Oncologist

Dr. Ekaterini Tsiapali  
Breast Surgeon

Dr. Yahia M. Tagouri  
Pathologist, Cancer Conference Coordinator

Dr. Alan Oroxom  
Pathologist

Dr. Anna Choi  
Diagnostic Radiologist

Dr. Gina Kim-Ahn  
Diagnostic Radiologist

Dr. Alvin Reaves III  
Palliative Medicine

Dr. Stephen "Eric" Rubenstein  
Medical Oncologist, Cancer Liaison Physician (CLP)

Dr. Chiledum Ahaghotu  
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Graciela de L. Perez Ph.D  
Director of Quality, Accreditation, HIM & MSO

Chantal Tuell, MPA  
Community Outreach Coordinator

Valarie Barnes, MHA, CPHM, ACM-RN  
Director of Case Management and Population Health

Jamila Miller, RN, MSN, MHA  
Clinical Research Coordinator

Anne Johnson, MSN, RN  
Director of Nursing, Coordinator

Pamela Trombero, MBA, CTR, TTS  
Cancer Registry Quality Coordinator

Sallie Echols, LCSW, LICSW  
Psychosocial Coordinator & Cancer Committee Coordinator

Susan Simpson, RN  
Regulatory Specialist

Susan Estes, MS, RN-BC  
Quality Improvement Coordinator

LaDonna Dingle, PT, CLT  
Rehabilitation Services Coordinator

Teresa Barnes, RN  
Survivorship Care Plan Coordinator

Jennifer DuMont, MA  
Public Reporting of Outcomes Coordinator

Anne-Marie Williams, RN, BSN, CBCN  
Regional Breast Health Manager

CANCER COMMITTEE MEMBERS