



# SPOTLIGHT ON INNOVATION

2013 ACCC INNOVATOR AWARD RECIPIENTS



Association of Community Cancer Centers

SPONSORED BY  
GE Healthcare





## A MESSAGE FROM THE PRESIDENT

The Association of Community Cancer Centers congratulates the recipients of the 2013 ACCC Innovator Awards.

The Innovator Awards, sponsored by GE Healthcare, honor ACCC-member programs that have developed creative, impactful, and replicable solutions to the challenges they face.

This year's ten ACCC Innovator Award winners share a visionary spirit and a commitment to providing high quality, effective cancer care to their communities—as well as a commitment to sharing their innovative tools and strategies with their peers around the country. The ACCC Innovator Award recipients will present the how-to details and the impressive outcomes of their award-winning programs at the ACCC National Oncology Conference, October 2-5, 2013, in Boston, Mass., as well as online and in print.

Both ACCC and GE Healthcare are proud to honor programs that are enhancing community cancer care through progressive, patient-focused tools and strategies. We hope that they will provide inspiration and spark new innovations in your own work in cancer care.

Sincerely,

**Virginia T. Vaitones, MSW, OSW-C**  
President, Association of  
Community Cancer Centers

## ABOUT THE ACCC INNOVATOR AWARDS

Established in 2011, the annual ACCC Innovator Awards, sponsored by GE Healthcare, honor exceptional cancer programs that exhibit forward-thinking strategic planning and have developed pioneering, replicable programs. Innovator Award recipients have included small community cancer centers, large comprehensive cancer programs, academic medical centers, and cancer programs coordinating across health systems. Each has developed unique tools and processes that improve quality of care and enhance the patient experience.

An independent panel made up of members of the multidisciplinary cancer care team reviews and rates each Innovator Award application based on identified criteria. While many well-qualified programs apply each year, only a select number are chosen to receive an Innovator Award.

Each ACCC Innovator Award recipient is recognized within *Oncology Issues*, on ACCC's website, and at the ACCC National Oncology Conference, where winners share their programs with meeting attendees. ACCC and GE Healthcare highlight these innovative programs to oncology care providers as well as to the broader healthcare community across the country.



For more information and to view videos of the award winners, visit [www.accc-cancer.org/innovator](http://www.accc-cancer.org/innovator).



**AVERA MCKENNAN HOSPITAL  
AND UNIVERSITY HEALTH CENTER,  
AVERA CANCER INSTITUTE**  
Sioux Falls, South Dakota

**Rural Chemotherapy**

Ensuring consistent access to quality care for patients in rural areas remains a challenge. Avera Cancer Institute recognized a need to implement unified chemotherapy administration standards across the 45 sites to which patients are referred for chemotherapy. The goal was to establish guidelines and standards of practice in all rural sites, both within and outside the Avera system, to better ensure patient safety and quality care.

To accomplish this, Avera's Rural Chemotherapy Committee created a process that included a mandatory educational webinar and completion of a Chemotherapy Preparation and Administration checklist for all sites. The Rural Chemotherapy Committee developed action plans and supported non-compliant sites, leading to compliance across all sites that administer chemotherapy within nine months after the launch of the initiative.

**BATON ROUGE GENERAL MEDICAL  
CENTER, PENNINGTON CANCER CENTER**  
Baton Rouge, Louisiana

**Disaster Charts Provide Informational  
Security Net for Patients**

Hurricane Katrina displaced nearly two-thirds of the residents of New Orleans. Among those displaced were cancer patients whose treatments were disrupted. Located just 60 miles from New Orleans, Pennington Cancer Center received patients with no records; phone and fax lines were down and treating physicians were unreachable.

Lessons learned post-Katrina led the radiation oncology treatment team to develop an easily implemented emergency chart system. The portable electronic medical record they developed provides patients with all of their "must-have" documents in a universal format, so that they may resume care as quickly as possible if displaced by a disaster.





**THE GEORGE WASHINGTON UNIVERSITY,  
GW CANCER INSTITUTE**  
Washington, DC

**Catalyzing Patient-Centered Care to  
Exceed New Accreditation Standards**

By 2015, Commission on Cancer Standard 3.1 calls for cancer programs to have a patient navigation process to address healthcare disparities and barriers to care for patients. The GW Cancer Institute has developed a system-wide patient support program that helps to navigate patients through the cancer continuum. Lay navigators work in concert with a social worker and nurse navigators to guide patients from screening through treatment and into survivorship care, screening and supporting patients in high distress and providing nutrition services, counseling, and medication management.

Furthermore, this program has been leveraged to create a Citywide Patient Navigation Network that connects primary care, tertiary care, and community-based organizations. In the last year, this network served 2,840 individuals in the Washington, DC, metropolitan area. Of those, 86% were minority populations and nearly 30% were uninsured.

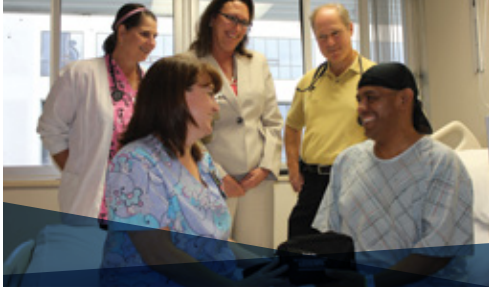
**GIBBS CANCER CENTER &  
RESEARCH INSTITUTE**  
Spartanburg, South Carolina

**Integration of Palliative Care into a  
Medical Oncology Practice**

Both ASCO and NCCN have made integration of palliative care into oncology practice a focus, and access to palliative care in both the inpatient and outpatient care setting is integral to optimizing patient care. This quality improvement initiative, begun in 2012, integrated a half-day supportive care clinic into the medical oncology practice at Gibbs Cancer Center, expanding palliative care services beyond the inpatient setting.

A nurse practitioner from the medical oncology practice and a registered nurse from the Palliative Care team collaborate to coordinate the weekly clinic with oversight from the Palliative Care medical director. Program success is being measured in terms of increased patient satisfaction, reduced distress symptoms, increased hospice LOS, and increased supportive care clinic visits.





## **METHODIST HEALTHCARE SYSTEM, METHODIST CANCER CENTER**

San Antonio, Texas

### **Emergent Care for Oncology Patients via the VIP (Very Immunocompromised Patient) Program**

Febrile neutropenia (FN) is an oncologic emergency and one of the most common indications for hospitalization of patients with cancer. The evaluation and treatment of FN patients in the emergency department (ED) often varies, and such variation may create delays in treatment. To address this issue, Methodist Cancer Center developed a best practice process for rapid assessment and management of oncology patients with a low white blood cell count presenting to the emergency department.

A multidisciplinary team at Methodist Cancer Center created the VIP Program, which includes a pathway for evaluation and treatment of oncology patients in the emergency department. A VIP Kit educates patients on when to report to the ED and improves coordination of care with community-based physicians. Data from June to August 2012 show that implementation of the VIP protocol has resulted in improvement in median time from presentation in the ED to delivery of antibiotic from 162 minutes for patients who did not receive the protocol to 108 minutes for those who did. More recent data show continued improvement.

## **ST. LUKE'S MOUNTAIN STATES TUMOR INSTITUTE**

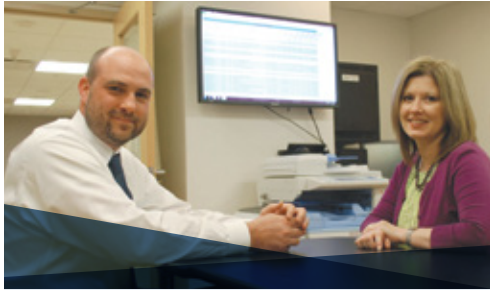
Boise, Idaho

### **Improving Oncology Genetic Counseling**

Provision of risk assessment and genetic testing and counseling is a Commission on Cancer Standard, but delivering these services to rural areas can present challenges. St. Luke's Mountain States Tumor Institute (MSTI) addressed two major barriers, access to qualified genetic specialists and patient identification, through a two-pronged approach—telehealth and weekly chart review.

The result: improved convenience and access, cost savings, and improved quality of care. Telehealth enabled MSTI to expand its genetic counseling footprint, increasing the number of appointments and dropping appointment wait times from 23 days to 16 days. Weekly new patient chart review by genetic counselors improved identification of patients and families in need of genetic counseling services, increasing the total number of applicable patients offered genetics evaluation from 58% (2010) to 70% (2011).





### TEMPLE UNIVERSITY HOSPITAL, TEMPLE CANCER PROGRAM Philadelphia, Pennsylvania

#### Creating Transparency with an Electronic Dosimetry Whiteboard

Delays in completion of treatment plans were leading to decreased patient satisfaction, patient care delays, lowered employee morale, and potential lost revenue. Analysis showed improvement was needed in communication between staff members and timely completion of tasks. To achieve this, the radiation oncology department at Temple University Hospital created an electronic dosimetry “whiteboard,” which centrally displays the status of every case.

Temple’s whiteboard not only increased transparency and communication within the radiation oncology department, it helped identify potential bottlenecks, expediting the ability to make process changes. Implementation of the whiteboard also resulted in improvements in patient satisfaction, employee morale, and accountability.

### TEXAS HEALTH HARRIS METHODIST HOSPITAL FORT WORTH, KLABZUBA CANCER CENTER

Fort Worth, Texas

#### Community/Corporate Collaborations for Mobile Health Outreach

Klabzuba Cancer Center at Texas Health Harris Methodist Hospital Fort Worth discovered that individuals accessing mobile mammography services often had healthcare needs beyond simple mammograms. To better serve its community, the hospital utilizes two mobile health coaches with full examination facilities as well as mammography suites. Staffed with nurse practitioners, these mobile clinics provide cervical cancer screening, prostate cancer screening, bone density screening, colorectal cancer screening, skin cancer screening, pelvic examinations, clinical breast examinations, and cardiovascular screening, as well as education specific to each service.

These mobile health units bring care to work sites and rural locations, removing a significant barrier to care access. Partnerships with businesses, government agencies, and other local organizations enable them to provide services to a diverse and widespread population.



**GE Healthcare** offers a wide portfolio for oncology and a strategy that combines cellular research, medical imaging, laboratory diagnostics, biopharmaceutical manufacturing technologies, and information technology. These innovative technologies help the oncology community increase their understanding of the causes and progression of cancer and can help physicians

make more personalized cancer treatment and management decisions. Recently, GE launched a global healthymagination commitment to help deliver better care to 10 million patients by 2020 through \$1 billion in dedicated R&D investment aimed at accelerating cancer treatment progress through innovation.



## UT SOUTHWESTERN MEDICAL CENTER, HAROLD C. SIMMONS COMPREHENSIVE CANCER CENTER

Dallas, Texas

### CancerGene Connect — Creating a Virtual Genetic Counseling Environment

University of Texas Simmons Cancer Center has developed CancerGene Connect, a patient-driven online genetic risk assessment program. Using CancerGene Connect, patients complete a family and medical history online prior to their appointment, often resulting in a more accurate history. The program allows genetic counselors to calculate patient risk for specific hereditary syndromes and specific cancers, and to create a complete pedigree prior to the patient's visit.

The program fulfills all the clinical documentation requirements for the new Commission on Cancer Standard 2.3 for Risk Assessment and Genetic Testing and Counseling and NAPBC Standard 2.16. Use of the CancerGene Connect program has allowed the genetic counseling program to cut evaluation and documentation time in half and to expand their program without increasing staff or compromising patient care.

**The Association of Community Cancer Centers (ACCC)** serves as the leading advocacy and education organization for the multidisciplinary cancer care team. More than 18,000 cancer care professionals from approximately 900 hospitals and more than 1,200 private practices are affiliated with ACCC. Providing a national forum for addressing issues that affect community cancer programs, ACCC is recognized as the premier provider of resources for the entire oncology

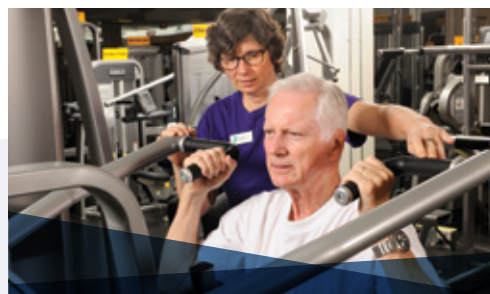
## WINSHIP CANCER INSTITUTE, EMORY UNIVERSITY

Atlanta, Georgia

### Implementation of a Community-Based Program for Cancer Survivors and Caregivers

Helping cancer survivors maintain healthy diet and exercise routines can be a challenging component of a comprehensive survivorship plan. Winship Cancer Institute implemented its community-based "Winship at the Y" program through a creative partnership with a nationally recognized and highly accessible local community resource, the YMCA of Metro Atlanta's evidence-based fitness program, THE COACH APPROACH®.

As a part of this collaboration, the cancer program's director of survivorship, a nurse practitioner, provides evidence-based educational workshops on survivorship to all YMCA wellness coaches. In the first nine months of the program, almost 100 survivors and caregivers were referred for enrollment in THE COACH APPROACH®. The program has also made it possible to offer cancer awareness and screening activities in multiple locations across Atlanta in collaboration with the American Cancer Society.



care team. Our members include medical and radiation oncologists, surgeons, cancer program administrators and medical directors, senior hospital executives, practice managers, pharmacists, oncology nurses, radiation therapists, social workers, and cancer program data managers. For more information, visit ACCC's website at [www.accc-cancer.org](http://www.accc-cancer.org). Follow us on Facebook, Twitter, LinkedIn, and read our blog, ACCCBuzz.

Association of Community Cancer Centers

# 30<sup>TH</sup> National Oncology Conference

October 2-5, 2013 • The Westin Boston Waterfront  
Boston, Massachusetts

## Spotlight on Success

Bring the best home to your patients and your program



Association of Community Cancer Centers

For more information, go to [www.acc-cancer.org/oncologyconference](http://www.acc-cancer.org/oncologyconference)