

The Cancer Institute at St. Joseph Medical Center, Towson, Maryland

State-of-the-art care at Maryland's only NCCCP site

St. Joseph Medical Center is a 300-bed acute care regional medical center serving Towson, Baltimore, and a surrounding five-county area. In 2007 the Cancer Institute opened in a new 33,400-square-foot, free-standing facility adjacent to the main hospital. While the new building centralized all outpatient cancer services in one facility, the Cancer Institute's vision of providing exceptionally patient-centered, multidisciplinary care was already well underway. "Every aspect of the Cancer Institute is built around the patient's comfort and a multidisciplinary approach to care," said Mark Krasna, MD, medical director, The Cancer Institute.

Over the past several years, the Cancer Institute has expanded and refined its approach to disease-site specific multidisciplinary care. Today, the Cancer Institute encompasses the:

- Breast Center
- Colorectal Oncology Center
- Gynecologic Oncology Center

Select Support Services

- Disease-site specific nurse navigators/coordinators
- Survivors Offering Support (SOS) breast cancer support network
- LUNGS, support for patients with lung and esophageal cancers
- Spiritual Care
- Lymphedema Management Program
- Palliative Care
- Hospice Care

Vital Statistics

- Total licensed hospital beds: 300
- Dedicated inpatient cancer unit beds: 32
- Number of new analytic cases seen in 2009: 1,369

- Hepatobiliary Oncology Center
- Inflammatory Bowel Disease Center
- Medical Oncology Center
- Neuro-Oncology Center
- Orthopaedic Oncology Center
- Radiation Oncology Center
- Thoracic Oncology Center
- Urologic Oncology Center.

Approved with Commendation by the ACoS Commission on Cancer, The Cancer Institute sees approximately 1,400 new cases each year.

Dr. Krasna points to three pro-



**Medical Director
Mark Krasna, MD**



**Medical oncologist
Rima Couzi, MD,
talks with a patient
in The Cancer
Institute's sunny
infusion center.**

grammatic features that distinguish the Cancer Institute's growth and development: 1) dedication to a multidisciplinary approach to care 2) participation as an NCCCP site, and 3) most recently, institutional commitment to implement a dedicated oncology EMR.

A Tour of the Facility

On the ground floor is the Radiation Oncology Center, housing state-of-the-art radiotherapy equipment, including a hybrid Trilog linear accelerator with a Clinac IX stereotactic radiosurgery arm. Since beginning SRS treatment in 2008, primary applications have been for brain metastases, meningiomas and other benign brain tumors, cerebral AVMs, and pituitary adenomas. Recently, SRS applications have expanded to treating inoperable lung cancer, soft tissue cancers, and liver

metastases. To date, use of this treatment modality has reached more than 100 percent of predicted patient volumes. In addition to SRS, radiation treatment modalities available include MammoSite, prostate brachytherapy, HDR brachytherapy, IGRT, IMRT, respiratory gating, cone beam CT, and CT simulator.

Also located on the ground floor are cancer research offices, social work, genetic counseling, supportive care staff, the Comfort Care Boutique (including physical therapy), community outreach offices, and the cancer registry.

Medical oncology and the multidisciplinary clinics are located on the first floor. Here, 16 exam rooms are organized into four pods, with one pod designated for the disease-site multidisciplinary clinics that are held each week. Every exam room is equipped with a comfortable recliner-style chair that converts to an exam table. Adjacent to the exam room pods is a large conference room for the Cancer Institute's disease-site-specific, multidisciplinary cancer conferences, which are now scheduled nearly every day of the week. Also on this level, patients can access the Serpick Infusion Center, a uniquely beautiful space designed to maximize natural lighting and create an open, calming care environment. The infusion area curves around the front of the facility, providing a garden view. The 18 chemotherapy infusion recliners, designed and patented by Dr. Krasna, offer the comfort and amenities associated with first-class airline seats—roominess, a retractable lap desk, and individual DVD players.

The second floor is home to the NAPBC-accredited Comprehensive Breast Center, expanded in 2009 to include space for the new Women's Oncology Center, which includes GYN Oncology. Services include outpatient evaluation and biopsy programs with advanced imaging diagnostics, nutrition services, social work, and genetic counseling. Breast Center director Michael J. Schultz, MD, developed the rapid-response No More Sleepless Nightssm program

that streamlines pathology reports and follow-up consultations to approximately 24 hours following an abnormal mammogram or biopsy.

A Multidisciplinary Approach

The Cancer Institute holds weekly disease-site specific multidisciplinary prospective case conferences



Dedicated nurse navigators and coordinators.

for thoracic, breast, colon, GI, urology, gynecology, and orthopaedic oncology. These are attended by surgeons, medical oncologists, pathologists, radiation oncologists, disease-site-specific nurse navigators/coordinators, social workers, and other members of the care team. "The prospective case conference as a routine has completely changed the patient's care experience because every patient now gets automatically three consults—even if they are not seeing all these specialties that day," said Dr. Krasna.

The Cancer Institute offers seven disease-site-specific multidisciplinary clinics—breast, thoracic, colorectal, hepatobiliary, GU, GYN, and orthopedic. Dedicated nurse navigators/coordinators manage these clinics, which are scheduled in a four-hour block. During the multidisciplinary clinic, the patient meets with a medical oncologist, radiation oncologist, and surgeon, as well as other team members as needed—all in one place, in one day. Nurse navigators/coordinators keep the clinics running on schedule. If patients are deemed eligible for a clinical trial, the clinical trial research nurse can be scheduled into the clinic or discussed at conference that day. Likewise, if psychosocial or financial issues emerge, the social worker can visit with patients during the clinic.

"Three things make a success-

ful multidisciplinary program," said Dr. Krasna, "Dedicated physicians, dedicated space, and dedicated nurse navigators/coordinators." Monica Fulton, RN, BSN, MBA, director of operations for The Cancer Institute, adds a fourth essential element: "a physician champion for the multidisciplinary approach."

Support Services

The Cancer Institute offers an array of support services for patients and their families including social work, nutrition, genetic counseling, and pastoral care. New chemotherapy patients and their caregivers are scheduled for a free one-hour chemotherapy teaching class, and provided with patient education binders. In 2009 the Cancer Institute began offering End-of-Treatment classes as part of its NCCCP Survivorship Pillar. During these free sessions, patients receive an end-of-treatment summary and care plan.

NCCCP Participation

St. Joseph Medical Center is one of the 16 original pilot sites in the NCCCP network, which has grown to 30 hospitals nationwide. The Cancer Institute delivers multidisciplinary care and collaborates with NCI to provide access to sophisticated NCI clinical trials. Additionally, St. Joseph Cancer Institute was awarded a \$2.9 million stimulus grant through NCI to strengthen its survivorship program, increase participation in clinical trials, increase minority outreach and education concerning clinical trials, and expand the nurse navigator/coordinator staff.

Next Step: Oncology EMR

Implementation of a dedicated-oncology EMR is the next step for this dynamic community cancer program. Just as the Cancer Institute facility unifies services physically, the new EMR will interface all oncology services electronically—medical oncology, radiation oncology, surgical oncology—along with clinical trials, nurse navigators/coordinators, and supportive care staff. A survivorship EMR module will allow for creation of a portable end-of-treatment summary for patients. 