ASSOCIATION OF COMMUNITY CANCER CENTERS

Treating Small-Population Cancers in the Community Setting: A Model for CML

Helping Our Patients Access the Care They Need

Sierra Nevada Comprehensive Community Cancer Center, at a Glance

Sierra Nevada Memorial Hospital is a 121-bed acute hospital, serving a small rural area in northern California. Our cancer center received American College of Surgeons Commission on Cancer approval as a community hospital comprehensive cancer program in 1998. We have a caseload of 300-499 cancer patients, of which 10-24 are CML patients. Our cancer registry follows 2,000 patients.

Sierra Nevada Comprehensive Community Cancer Center is one of four ACCC Community Resource Centers (CRCs) that are available to act as mentors and to assist ACCC-member programs by providing timely information, advice, and responses to questions about care for patients with chronic myelogenous leukemia (CML). ACCC members can contact any CRC through the CML ASK (Answers, Solutions, Knowledge) online community by logging on to ACCC's MyNetwork at: www.accc-cancer.org/myNetwork.



Our Model

We are a relatively small cancer center, so everyone is part of the team. Patient familiarity with the staff and staff familiarity with our patients ensure continuity of care. During chart rounds, the entire team comes together to discuss a patient, compare notes, and discuss issues that have arisen. Our social worker meets with the physician to discuss each CML patient and identify specific needs and/or challenges. We also offer a pain management team, which includes a palliative care physician. Our weekly tumor board is routinely attended by 50 healthcare professionals (25 physicians, 25 allied health professionals), including non-oncology physicians.

Staff Training

Annual CML training for clinical and support professionals keeps staff up-to-date on new therapies and processes and up-to-speed on existing ones. Direct patient experience is more limited for small-population cancers, making training an important component of remaining current.

Learn more about this project and explore resources, including podcasts and webinars at: www.accc-cancer.org/education/ education-SPC-landing.asp.



Drug Therapy Management

Our patients bring in their medications and our nurses count pills. Nutrition consults, timely lab tests, and easy access to the physician and social worker are three effective ways we address side effects.

Meaningful Use of Health IT

Our entire provider team, including support staff, can access the hospital's medical record system. Clinicians enter notes, as do the nutritionist and the social worker. All lab and radiology reports are available; so are ER visits. We were able to increase the number of patients who visited with the nutritionist by flagging the records for the receptionist. The receptionist would remind the patients. Nutrition consults increased 15 percent (the target) almost immediately.

Support Services

Both our social worker and nutritionist are located onsite,

so patients can receive the support services they need right away. We use a distress scale (modified from one provided by the American Cancer Society) to assess a patient's support needs. All new patients are asked to complete this tool. Cancer center volunteers are also trained to monitor for signs of depression or distress and report to staff. Our nutritionist sees all new patients and monitors patients throughout the course of their treatment and recovery. Nutritional and psychological services are provided to our patients free of charge. Our patients have access to 19 support groups. Some are disease focused; others, such as those devoted to writing and art, are not.

We make extensive use of the free resources from the **National Cancer** Institute and other organizations. For example, Johns Hopkins Medicine: Patients' Guide to Leukemia is helpful to our CML patients. We are updating our webpage so patients will have a single portal to access a range of educational materials.





