2014 Cancer Services Report
Ensuring Patient-Centered Care for Cancer Patients at Alvarado Hospital
Alvarado Hospital Medical Center is proud to publish the 2014 report of cancer services. A great deal of effort by many individuals has gone into the continued growth and progress of the Cancer Center at Alvarado Hospital.

The Cancer Center is comprised of many excellent services offered throughout the Alvarado campus with the same objective: to provide the best care to cancer patients in the community. The Cancer Resource Center provides important information regarding the diagnosis, treatment and how to live with cancer. Each oncology-related service is supported by a group of highly trained and qualified staff members committed to delivering quality services with compassion and care.

The medical staff at Alvarado Hospital is key to the success of our cancer program. Their skills and commitment have enabled the continued growth of our Cancer Center. Our physicians provide leadership and the medical direction that is necessary in the provision of oncology services. The Cancer Committee members, who have volunteered to lead our cancer activities, bring with them the expertise that allows the Cancer Center to benefit many people with this disease in our community.

This year’s annual report features cancer outcomes which are compared to national benchmarks. By providing this information to the community, we hope others may learn from our experience and successes.

Finally, we hope this report can be used as a tool by the medical and allied health providers in the community as it outlines the fine services available at Alvarado Hospital. The report identifies and summarizes each service that plays a significant role in the care of our cancer patients.

Alvarado Hospital is pleased to be part of the national effort to discover ways to more rapidly identify and more effectively treat cancer. We extend our thanks to the leadership of our medical staff, and the efforts of everyone who has been actively involved in our cancer program. We look forward to the continued growth, development and expansion of cancer services at Alvarado Hospital in a manner consistent with Prime Healthcare Services by constantly enhancing the services we provide to those patients we serve.

Peggy Jezsu, RN, BSN, MHA
Chief Nursing Officer & Cancer Program Administrator
Chairman's Report
By John Wilkinson, MD

The Cancer Committee is a standing committee of Alvarado Hospital’s medical staff. The committee meets quarterly to plan, assess and implement all cancer-related programs and activities at the hospital. The committee’s goals ensure a coordinated, multidisciplinary approach to cancer prevention and treatment supported by state-of-the-art technology and specially trained staff.

In 2014, the committee continued to address and improve patient survival and outcomes in order to enhance the quality of life for all cancer patients, regardless of diagnosis. The cancer committee quarterly reviewed and monitored the quality of patient care using the Commission on Cancer quality reporting tools, the Cancer Practice Profile Reports (CP3R) for breast, colon and rectum cancers to ensure concordance with each of the measures. The results of these measures are displayed in this annual report.

The committee also addressed the 2014 Commission on Cancer Standards “Ensuring Patient-Centered Care”, and how to continue to meet these standards. Additional goals were accomplished with emphasis on wellness, education, prevention, research, stringent monitoring of comprehensive quality cancer care.

Since February 1995, cancer services at Alvarado Hospital have been accredited by the American College of Surgeons Commission on Cancer. This tradition of quality cancer care lives on today. The accomplishments of our cancer center are summarized this annual report and includes our five major cancer sites. The purpose of this report is to measure progress toward our goals, and to educate our staff physicians and other health care professionals regarding the full range of resources in the diagnosis, staging and treatment of cancer at our hospital.

Our Cancer Center continues its multidisciplinary team approach to meet the needs of the patient and family. Comprehensive cancer care includes surgery, radiation therapy and medical oncology. A highly motivated professional team on the dedicated medical oncology unit provides specialized care in a competent, caring and compassionate manner.

A strong program of support services is also available. Through the Cancer Resource Center, patients and families are provided guidance and support, such as the “Look Good Feel Better” Program. The center also provides referrals to community cancer support services and wellness programs about cancer awareness, cancer prevention and early detection such as the San Diego Wellness Community and the “Reach to Recovery” Program for mastectomy patients.

This year, cancer prevention activities included supporting education, awareness, smoking cessation and skin cancer prevention again to veteran participants at “Stand Down San Diego”. The Smoking Cessation Link on the Alvarado website continues to offer an information packet containing ACS literature. Cancer screenings for attendees were offered with a physician who provided screenings focusing on healthy habits and cancer risks.
# 2014 Cancer Committee Members

**Cancer Committee Chair**  
John Wilkinson, MD  

**Cancer Liaison Physician/Radiation Oncology**  
Reza Shirazi, MD  

**Diagnostic Radiology**  
Glen Tsukada, MD  

**General Surgery**  
Leslie Giesemann, MD  

**Medical Oncology**  
Charles Kossman, MD  

**Pathology**  
Harper Summers, MD  

**Urology**  
Mohamed Bidair, MD  

**Cardiothoracic Surgery**  
Frederick Howden, MD  

**Cancer Program Administrator**  
Peggy Jezsu,RN, BSN, MHA. CNO  

**Oncology Nurse**  
Karen May, RN, OCN  

**Cancer Care Coordinator**  
Anne Graheck, RN, BS, OCN, CHP  

**Cancer Registry Coordinator**  
Catherine Serrato, CTR  

**Performance Improvement/QI**  
Karin Berntsen, RN, BSN, CPHQ  

**Rehabilitation Services**  
Jay Flaherty, MA, CCC  

**Social Services**  
Janice Bowman, PsyD, CPHM  

**Nutrition Services**  
Stuart Reznick, MPH, RD  

**Palliative Care**  
Anne Graheck, RN, BS, OCN, CHPN  

**Medical/Surgery Unit**  
Peggy Tilley, RN  

**American Cancer Society**  
Selina Travers  

**Program Activity Coordinators**  

**Cancer Conference**  
Harper Summers, MD  

**Quality of Cancer Registry Data**  
Catherine Serrato, CTR  

**Quality Improvement**  
Karin Berntsen, RN, BSN, CPHQ  

**Community Outreach**  
Anne Graheck, RN, BS, OCN, CHPN  

**Clinical Research**  
Charles Kossman, MD  

**Psychosocial Services**  
Janice Bowman, PsyD, CPHM
Compliance with National Comprehensive Cancer Network (NCCN) Guidelines for Colon Cancer
By John Wilkinson, MD

In accordance with AcoS CoC guidelines, an audit of 2009-2013 colon cancer cases was conducted looking at compliance with NCCN guidelines for diagnostic evaluation and treatment.

A total of 15/123 cases were reviewed in this audit, and the findings were discussed with the Cancer Committee to fulfill Standard 4.6 of the accreditation standards.

**Diagnostic evaluation included:**

- Colonoscopy with pre-op tattoo if polyp, Carcinoembryonic Antigen (CEA), and CT abdomen and pelvis
- OP Criteria: Resectable non-obstructing and resectable obstructing
- AJCC TNM stage of disease
- Prognostic Factors: Perineural invasion and tumor deposits
- First course treatment

**Results indicated:**

- **% Appropriate Diagnostic Evaluation:**
  1. CEA not done or not recorded in chart 4/15 @27%.
  2. Prognostic Factors not recorded in path report 3/15 @20% in 2009 and 2012 cases. Since then, the pathology template includes the prognostic factors (perineural invasion and tumor deposits).

- **% Appropriate Treatment:** 15/15 @100%.

The audit demonstrated compliance was met for treatment based on the stage of disease and the appropriate NCCN guidelines.

Results of the study are documented in the Cancer Committee minutes, and can be reviewed in the Cancer Registry office.
Cancer Program Practice Profile Reports (CP3R) for Breast, Colon and Rectal Cancers 2009-2011
Diagnoses
By Reza Shirazi, MD, Cancer Liaison Physician

Breast Cancer CP3R

- Breast conservation surgery rate for women with AJCC clinical Stage 0, I, or II breast cancer (BCS).

<table>
<thead>
<tr>
<th>AHMC</th>
<th>Expected Performance Race*</th>
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<tbody>
<tr>
<td>2009 @44.4%</td>
<td></td>
</tr>
<tr>
<td>2010 @60%</td>
<td></td>
</tr>
<tr>
<td>2011 @50%</td>
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*This is a surveillance measure to inform CoC accredited programs of their BCS rate for early stage breast cancer. There is no expected rate at this time of breast conserving surgery, no right or wrong answers.

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

<table>
<thead>
<tr>
<th>AHMC</th>
<th>Expected Performance Rate*</th>
</tr>
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<tbody>
<tr>
<td>2009 @37.5%</td>
<td></td>
</tr>
<tr>
<td>2010 @83.3%</td>
<td></td>
</tr>
<tr>
<td>2011 @100%</td>
<td></td>
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</tbody>
</table>

(6) patients in 2009 and 2010 did not have a needle biopsy, and are included in the “Breast nBx Exclusions”.

* This is a quality improvement measure to inform CoC accredited programs of their nBx rate. There is no expected rate at this time.

- Radiation therapy is considered or administered following any mastectomy within 1 year (365 days of diagnosis of breast cancer for women with >=4 positive regional lymph nodes (MASTRT).

<table>
<thead>
<tr>
<th>AHMC</th>
<th>Expected Performance Rate*</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009 @0%</td>
<td></td>
</tr>
<tr>
<td>2010 @50%</td>
<td></td>
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<tr>
<td>2011 @100%</td>
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</table>

There was no data reported. One custody patient was deported back to Mexico, unknown if RT given.

*This is a surveillance measure to Inform CoC accredited programs of their MASTRT rate. There is no expected rate at this time.
Cancer Program Practice Profile Reports (CP3R)
for Breast, Colon and Rectal Cancers
2009-2011 Diagnoses
By Reza Shirazi, MD, Cancer Liaison Physician

- Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer (BCS/RT).

<table>
<thead>
<tr>
<th>AHMC</th>
<th>Expected Performance Rate for 2010, 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009 @83.3%</td>
<td></td>
</tr>
<tr>
<td>2010 @88.9%</td>
<td>90%</td>
</tr>
<tr>
<td>2011 @100%</td>
<td>90%</td>
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</tbody>
</table>

*Close observation was recommended for the 2010 patient due to small size and low grade with (2) foci of non-invasive ductal cancer.

- Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or Stage II or III hormone receptor negative breast cancer (MAC).

<table>
<thead>
<tr>
<th>AHMC</th>
<th>Expected Performance Rate for 2010, 2011</th>
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</thead>
<tbody>
<tr>
<td>2009 @75%</td>
<td></td>
</tr>
<tr>
<td>2010 @100%</td>
<td>90%</td>
</tr>
<tr>
<td>2011 @100%</td>
<td>90%</td>
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</table>

- Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0, or Stage II or III hormone receptor positive breast cancer (HT).

<table>
<thead>
<tr>
<th>AHMC</th>
<th>Expected Performance Rate for 2010, 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009 @90.9%</td>
<td></td>
</tr>
<tr>
<td>2010 @90.9%</td>
<td>90%</td>
</tr>
<tr>
<td>2011 @100%</td>
<td>90%</td>
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</table>
Colon Cancer CP3R

- Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer (ACT).

<table>
<thead>
<tr>
<th>AHMC</th>
<th>Expected Performance Rate for 2010, 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009 @85.7%</td>
<td></td>
</tr>
<tr>
<td>2010 @60%</td>
<td>90%</td>
</tr>
<tr>
<td>2011 no data</td>
<td>90%</td>
</tr>
</tbody>
</table>

There was no data reported in 2011.

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

<table>
<thead>
<tr>
<th>AHMC</th>
<th>Expected Performance Rate for 2010, 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009 @76.2%</td>
<td></td>
</tr>
<tr>
<td>2010 @100%</td>
<td>80%</td>
</tr>
<tr>
<td>2011 @83.3%</td>
<td>80%</td>
</tr>
</tbody>
</table>

Rectal Cancer CP3R

- Radiation therapy is considered or administered within 6 months (180 days) of diagnosis for patients under the age of 80 with clinical or pathologic AJCC T4N0M0 or Stage III receiving surgical resection for rectal CA (REC/RT).

<table>
<thead>
<tr>
<th>AHMC</th>
<th>Expected Performance Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009 @100%</td>
<td></td>
</tr>
<tr>
<td>2010 @100%</td>
<td></td>
</tr>
<tr>
<td>2011 no data</td>
<td></td>
</tr>
</tbody>
</table>

There was no data reported in 2011.
## 2014 Community Outreach
### Annual Goals Prevention

| What community needs were identified by the cancer committee? | 1. Healthy life-style choices.  
2. Sun safety and sun screen.  
3. Early detection and education on breast and prostate cancer.  
4. Smoking cessation. |
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Date community needs were assessed by the cancer committee:</td>
<td>01/22/15</td>
</tr>
<tr>
<td>Activity offered:</td>
<td>Supported education, awareness, smoking cessation and skin cancer prevention to veterans at &quot;Stand Down San Diego.&quot;</td>
</tr>
<tr>
<td>Date activity held:</td>
<td>07/18/14</td>
</tr>
<tr>
<td>Number of participants:</td>
<td>100+</td>
</tr>
<tr>
<td>Evidence-based guideline or intervention used (Ex: ACS, NCI, CDC, etc.):</td>
<td>American Cancer Society (ACS)</td>
</tr>
</tbody>
</table>
# 2014 Community Outreach
## Annual Goals Screening

| What community needs were identified by the cancer committee: | 1. Healthy lifestyle choices.  
2. Sun safety and sun screen.  
3. Early detection and education on breast and prostate cancer.  
4. Smoking cessation. |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date community needs were assessed by the cancer committee:</td>
<td>1/22/2015</td>
</tr>
<tr>
<td>Activity offered:</td>
<td>Community event was offered with a physician providing screenings focusing on healthy habits and cancer risks.</td>
</tr>
</tbody>
</table>
| Cancer site(s) that were the focus of the screening: | Breast  
Colorectal  
Lung  
Prostate  
Prostate  
Other  
Bladder |
| Date activity held: | 8/16/2014 |
| Number of participants: | 50 |
| Evidence-based guidelines or intervention used: | American Cancer Society (ACS)  
Colon Cancer Alliance |
| Follow-up process: | 22 participants who were screened had lifestyle risks. Low-cost or sliding scale fee clinical referrals made as appropriate. |
### Describe the problem that is being studied.

Pain assessment and re-assessment on 3 North/South oncology unit to improve compliance with policy and appropriate documentation of pain; ensure staff are documenting the pain assessment every 6 hours on the pain assessment flow sheet; and that re-assessment is documented appropriately. Staff is required to be 95% compliant.

### Describe the criteria used to study the problem

1. Pain should be documented on a standard tool every 6 hours which includes comprehensive pain assessment.
   - (a) Number of observations charted using the standard tool for pain assessment/reassessment.
   - (b) 20 chart reviews for accurate documentation.

2. Re-assessment & tracking of pain relief after an intervention is evident in the documentation.
   - (a) Number of re-assessments documented appropriately.
   - (b) Review of 20 charts for accurate documentation.

### What were the study findings?

Quarter 1: 60% compliance with documentation of full pain assessment every 6 hours. Re-assessment is documented via MAK yielding 88% compliance.

Quarter 2: 96% compliance with documentation of pain assessment using pain flow sheet every 6 hours.

Quarter 3: Full pain assessment documentation noted 88% of the time.

Quarter 4: Documentation of full pain assessment reached benchmark at 97% and will continue to monitor to maintain the gains. Re-assessment is at 93%.

### What national benchmarks were used?

Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS)

### What action was taken at the completion of the study?

While it shows improvement, continues to need reinforcement and vigilance for increased compliance.
## 2014 Quality Improvement
### Annual Goals Summary

<table>
<thead>
<tr>
<th>Date the QI was discussed and documented in Cancer Committee minutes:</th>
<th>01/22/15</th>
</tr>
</thead>
</table>
| Describe the cancer-related quality improvement. | 1. Goal is to raise awareness of staff and the patients to consistently answer call lights, "never" pass a call light that is on.  
2. Introduce self and oncoming staff.  
3. Meet the patient needs in a timely manner.  
In Q3 observations for “No Pass Zone” are at 100% compliance and scripting observations are at 77%. Reminders sent to staff and education done on the spot during audits.  
By Q4 observations of call lights for “No Pass Zone” are at 98% and scripting observations are at 68%. |
| This QI implemented as a result of a quality study? | Yes |
| If yes, provide name of study. | Responsiveness to oncology patient needs on 3North/South unit |
| Date improvements were communicated to the medical staff and administration: | 01/22/15 |
Cancer Program Services

Cancer Resource Center
The Cancer Resource Center in association with the American Cancer Society (ACS) is open for patients, families and the public. Located on the Alvarado campus, the center provides guidance and support to patients and families through special programs such as “Reach for Recovery.”

The center also provides information about the diagnosis and treatment of cancer, prevention, early detection, risk reduction, a library, educational programs and assistance in locating resources. Visitors have free access to online cancer information and related publications and periodicals from the National Cancer Institute, the Centers for Disease Control and other reliable sources. Alvarado Hospital is able to provide breast prostheses, bras, wigs, hats and turbans to women who are dealing with the physical affects of their cancer treatment.

Support Services
"Reach for Our Hand" is a proactive outreach program that links cancer patients and their families with information, counseling and community resources.

Inpatient Medical Oncology
Medical oncology services, located on the third floor, provide specialized multidisciplinary care to cancer patients. The multidisciplinary team which includes physicians, nurses, thanatologist, pharmacy, social services, nutritionist, hospice care and chaplaincy. The continuing goal of the Oncology Unit is to meet the physical, emotional, cultural and spiritual needs of the cancer patient and family throughout the continuum of care. Nursing staff education and professional growth continues and follows the standards set by the National Oncology Nursing Society. Our nurses are trained in cancer pain management and chemotherapy administration.

Outpatient Infusion
The outpatient infusion rooms are located on the medical oncology unit, and provide a setting for patients to receive chemotherapy, blood transfusions and other intravenous therapy on an outpatient basis. All treatment is administered by experienced intravenous and chemotherapy certified registered nurses.
Medical/Surgical Specialists

Our highly trained medical oncologists are available for consultation and treatment of all types of cancer. Consultations are also available from specialty physicians. Patients have access to the newest drugs to lessen toxicity and reduce bone marrow suppression from chemotherapy. Staff oncologists have access to local and national clinical trials.

Surgery is provided by a wide variety of skilled surgeons who are specialized in cancer surgery. This comprehensive team of respected physicians provide individualized care for our cancer patients using the state-of-the art surgical technique available. Surgeons are key members of the multidisciplinary team of physicians at Tumor Board Conferences.

Diagnostic Imaging

The Imaging Department provides a wide variety of imaging for both inpatients and outpatients. Board Certified Radiologists are available at all times for four consultations and interpretations of diagnostic procedures. The department includes diagnostic conventional radiography, special procedures, including angiography and interventional procedures, ultrasound, mammography, needle localizations, nuclear medicine, cardiac spect imaging, computerized tomography (CT), magnetic resonance image (MRI) and Positron Emission Tomography (PET). Radiologists are staffed 24 hours a day, and are always on call for emergency procedures. Radiologists are key members of the multidisciplinary team of physicians at Tumor Board Conferences.

Alvarado Breast Center

The Alvarado Breast Center is a fully accredited facility by the American College of Radiology. Offering over 30 years of imaging services experience, Imaging Healthcare Specialists has earned an outstanding reputation for providing the highest quality medical imaging technology, highly specialized expertise and exceptional customer service to physicians and patients. Their experienced staff of board certified radiologists, technologists and support personnel are committed to providing the most accurate, safe, timely and caring medical imaging and interventional radiology services which includes ultrasound, digital mammography, breast MRI, stereotactic and ultrasound-guided
Cancer Program Services (continued)

biopsies. The mammography screening program encourages patients to follow the American Cancer Society guidelines, and offers Breast Self Examination (BSE) instruction in video form and in brochures given to each patient at the time of appointment. Reminders are sent to patients prior to the date of the next recommended mammography screening.

Nutrition

Nutrition services are provided for oncology patients with the goal of maintaining or improving the nutritional status of the high risk cancer population. Patients are assessed early in their hospital stay to identify potential or actual nutrition problems. Follow-up assessments and care plans are completed based on the medical treatment plan, patient’s needs, and/or changes in the patient’s condition/status. The clinical dieticians work in concert with the health care team to implement and monitor the care plans.

Patients and their families are educated on ways to optimize their nutrition after discharge. This often includes a meal with suggestions of a variety of food choices, nutrition recipes, and a guide of nutrition supplements for patients with inadequate oral intake or increased calorie or protein needs. Similar nutrition counseling is available to outpatients on a referral basis. The clinical dietician is also involved in providing community nutrition education regarding diet and cancer prevention through displays, handouts and lecture presentation.

Pathology Services

The pathology department provides full anatomic and clinical pathology services for the cancer patient which includes routine surgical pathology, immunohistochemistry staining (IHS), flow cytometry, tumor markers, mutation and cancer genetic testing. Board-certified pathologists are available at all times for intra-operative consultations, interpretation of complex clinical testing, evaluation of blood smears and bone marrow testing. Also a full array of more routine testing is always available through the laboratory 24 hours a day. Pathologists are key members of the multidisciplinary team of physicians at Tumor Board Conferences.
Pharmacy Services

The pharmacy department prepares chemotherapeutic agents for both inpatients and outpatients. Antineoplastic agents for cancer are prepared in a Biological Safety Cabinet that provides a sterile environment in which to prepare injectable medications.

Clinical pharmacists are available to support the medical and nursing staff in meeting the special needs of the cancer patient. Primary clinical services include pharmacokinetic antibiotic dosage calculation, dosage adjustment in the renal compromised patient, and the total parenteral nutrition support. The Pharmacy and Therapeutics Committee addresses the challenges of new biotechnology. The committee’s responsibilities include drug evaluation and selection, drug usage review and patient education. A clinical pharmacist is a key member of the multidisciplinary team of physicians at Tumor Board Conferences.
Radiation Oncology

The radiation oncology division of Genesis has some of the country's most accomplished cancer specialists, the latest treatment breakthroughs, and a fully integrated, multidisciplinary approach to cancer care. The team of highly skilled professionals is ready to assist with every aspect of cancer care, including prevention, diagnosis, treatment and recovery. Genesis understands the challenges faced by people with cancer and their families.

Their expert team includes specially trained physicians, physicists, therapists, nurses, and complementary therapists, who will work together with you to design a customized plan of care that aims to effectively and comfortably treat your cancer while preserving healthy tissue and minimizing side effects. This multidisciplinary team approach helps to ensure that the cancer patient’s experience is as comfortable, pain-free and clinically successful as possible.

Each patient is evaluated and a customized treatment plan is developed to effectively treat their cancer while reducing as many of the side effects as possible. Headed by the radiation oncologist, the team consists of several professionals who each play a vital role in the treatment process.

As cancer specialists, the radiation oncologists are board certified with training and experience in using radiation equipment and radioactive materials for the treatment of cancer. Medical physicists, who are specially trained in radiation physics, are responsible for calibrating and monitoring of all the radiation equipment used in treatments. Additionally, they assist the physician in formulating treatment plans that focus radiation on the tumor and limit the exposure of other organs to radiation.

After the radiation oncologist has prescribed the treatment, a radiation therapist, who has undergone extensive technological training, delivers the radiation treatments each day to the patient. Patients are regularly monitored by a physician, and in addition, a radiation therapy nurse may assist the patient with questions and any special needs throughout the course of treatment. The radiation oncologist is a key member of the multidisciplinary team of physicians at Tumor Board Conferences.
Rehabilitation Services

The San Diego Rehabilitation Institute (SDRI) at Alvarado Hospital provides a comprehensive interdisciplinary program designed to maximize the patient’s physical, cognitive, social, psychosocial and vocational functioning. The program benefits those who have experienced the loss or decrease of function as a result of their cancer treatment. Physical medicine and rehabilitation physicians direct the treatment.

The rehabilitation team consists of rehabilitation nurses, physical, occupational, speech and recreational therapists. Other health care providers include case managers, psychologists, social workers and dietitians. In addition to restoring the physical and cognitive skills, attention is given to education, nutrition, pain management and coping skills. These services are available on an inpatient and outpatient basis.

Cancer Care Coordinator

The cancer care coordinator is a registered nurse experienced in addressing the unique needs of oncology patients and their families and assists with all aspects of the treatment plan. Working closely with members of the multidisciplinary team, patients and family members are connected with community and hospital resources for education, support and care.

The coordinator plans community outreach programs for screening and prevention, and acts as a liaison for the American Cancer Society’s fundraising and educational events. The coordinator is also a member of the American Cancer Society and the Wellness Community Board of Directors. The cancer care coordinator is a key member of the multidisciplinary team at Tumor Board Conferences.

Thanatology Nurse

The thanatology nurse provides emotional support and education to patients at time of diagnosis and as needed along the course of their illness and treatment. Recognizing that patients and their families tend to view cancer as a life-threatening illness regardless of prognosis, the nurse assists patients in coping with that view, and guiding the cancer patient to acceptance of an accurate and positive view of the disease. She serves as a resource for the professional staff, and provides formal education regarding end of life issues, psychosocial, and spiritual care of oncology patients and their families.
Clinical Research
Access to clinical trials on new cancer treatments is available for staff physicians and their patient through their respective offices. Patients have the opportunity to benefit from the latest research advances as well as contribute to the research effort that helps all cancer patients.

Social Services
The social services staff works closely with other members of the multidisciplinary team to provide for the psychosocial needs of the cancer patient and their family. They participate in case conferences to share pertinent information and plan for the best post-hospital care of the patient.

Services provided to the patient and family may involve provision of emotional support, information and referral to community resources, discharge planning, education regarding advance directives, assistance in coping with the non-medical worries related to illness and treatment, and financial concerns.

Hospice Care
When appropriate, patients are referred to a hospice program. Alvarado Hospital maintains an agreement to provide care for the acute needs of San Diego Hospice patients. The specialized multidisciplinary team provides physical, emotional, intellectual and spiritual care needed by physicians and families facing end of life issues.

Palliative Care
Palliative care services are available to patients on-site. Palliative care refers to patient and family centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care services is an essential component of cancer. Beginning at the time of diagnosis and being “continuously available” throughout treatment, surveillance, and when appropriate during bereavement. Alvarado Hospital’s palliative care team includes the physician, nurse, pharmacist, social worker, and chaplain or spiritual counselor.
Presented to Cancer Committee 01/22/15

Prepared by

Catherine Serrato, CTR

Cancer Coordinator