Welcome to the fifth Douglas County Hospital Oncology Annual Report. We are proud to announce our reaccreditation with the Commission on Cancer (CoC). We were resurveyed for accreditation in July 2014 and received a 3 year full accreditation award. Our reaccreditation is a reflection of our dedication to serve cancer patients and our community. “The Commission on Cancer is a consortium of professional organizations dedicated to improving survival and quality of life for cancer patients through standard-setting, prevention, research, education, and the monitoring of comprehensive quality care.” We are proud to be a part of this elite recognition of quality, evidence-based, and data driven care. Each year Douglas County Hospital summarizes the previous year’s activity in the Cancer Program, sharing statistics, goals, measures, improvements, and outcomes. In this report, our cancer topic focus highlights Breast Cancer, which is one of the top five common cancer sites in our program.

The providers and staff at Douglas County Hospital Cancer Center have both pride and joy in serving the needs of our community across the whole continuum of cancer care. The professional team works across all disciplines to meet the needs of patients and their support systems close to home. We have a highly-trained and skilled staff working on scene and behind the scenes making sure we give the highest quality of care available each and every day to each and every patient. Some of the areas of focus work in 2014 were around navigation, survivorship, lymphedema prevention, and Hospice services. This focus will continue in 2015 and beyond.

On behalf of our Cancer Care Team, I hope you find this report informative and a demonstration of our Commitment to Excellence.

Barbara J. Friederichs, RN
Douglas County Hospital Cancer Program Administrator
Commission on Cancer (CoC):
The CoC was established by the American College of Surgeons in 1922, with an aim to improve survival and quality of life for cancer patients and their families. This is achieved through setting standards, prevention, research, education, support, navigation, and monitoring quality of care. DCH achieved its first accreditation with the CoC in 2011 with an Outstanding Achievement Award (OAA) recognizing the efforts to meet and exceed the CoC expectations. The accreditation is a three year accreditation. In July 2014 DCH underwent the re-accreditation process and again achieved full CoC accreditation for three years.

American College of Radiology:
CentraCare Radiation Oncology services are on-site at DCH and collaborate with DCH ongoing with the same desire to improve survival and quality of life for cancer patients and their families. CentraCare was accredited with the American College of Radiology in 2011 and is on a three year accreditation cycle. Reaccreditation occurred in Fall 2014 to affirm continued service of excellence to patients needing radiation therapy.

CoC New Standards:
The CoC revised and implemented an entirely new set of standards effective 2012 with one exception phasing in by 2015. "CoC New Standards:"

Other Accreditation:
DCH is a community-based hospital located in West Central Minnesota, accredited by the Healthcare Facilities Accreditation Program (HFAP). HFAP was founded by the American Osteopathic Association (AOA) and is nationally recognized by the federal government, state governments, insurance carriers and managed care organizations. 2012 accredited with the next site survey due Summer 2015.

DCH Pride:
• DCH merged with Heartland Orthopedic Specialists in July 2011.
• #1 in the State for Joint Replacement Medical Excellence in 2011 by CareChex.
• Excellence in Birth Registration Award in 2011 by the MDH.
• DCH merged with Alexandria Clinic in July 2012.
• 2012 and 2013 DCH was sited in Consumer Report receiving the highest rating in safe site surgical procedures.
• Telestroke implementation February 2014.
• Stroke Ready designation through the Minnesota Department of Health, November 2014.
• 2014 DCH received the Trauma Team Excellence Award from Hennepin County Medical Center.
• DCH Laboratory received their two-year accreditation from HFAP (2010, 2012, 2014).
• The DCH Emergency Room maintains a Level III Trauma Designation through the Minnesota Department of Health (MDH) and recognized by them as a "Jewel in the State".

By Barbara J. Friedrichs RN, CoC Program Administrator and Senior Clinical Director
The CentraCare Radiation Oncology Program is among only five centers in Minnesota to hold accreditation from the American College of Radiology. For more information on CentraCare Radiation please visit, www.centracare.com.

Meet Our Oncologist
Marion B. Raflores, MD, Oncologist & Hematologist
Sanford Health Broadway Clinic
Marion B. Raflores, MD received her bachelor and medical degree from the University of the Philippines. She completed her Internal Medicine and Hematology Oncology fellowship at the Western Pennsylvania Hospital/Allegheny General Hospital in Pittsburgh, PA. She is board certified in Medical Oncology and Hematology. She treats adults with cancer, bleeding and clotting disorders, and other hematological problems. She is married with two children and enjoys traveling, snorkeling, and swimming.

The Cancer Services at Douglas County Hospital
Medical Oncology

The medical oncology unit features:
- Eight private, comfortable, individual treatment areas
- Oncology-Certified Nursing Staff
- Nutritional Counseling
- Navigation and Survivorship Services
- Individual Patient and Family Education
- Rehabilitation Services
- Onsite Laboratory Services
- Psychosocial Support and Services
- Access to Research Programs
- Referrals for Clinical Trials
- Referrals for Other Services

CDI Imaging Services
A variety of diagnostic and interventional radiology studies are available at the Alexandria Center for Diagnostic Imaging (ACDI) which is located at the Douglas County Hospital. The following advanced imaging services are available:

- High Field 1.5T MRI (Magnetic Resonance Imaging) – ACR Accredited. Services include Neuro, Spine, Orthopedic, Body, Breast, Prostate Scans and Prostate Biopsies.
- 64 slice CT (Computed Tomography) – ACR Accredited. Some of our CT services offered include Neuro, Spine, Body, Cardiac, Orthopedic and Biopsy procedures.
- Nuclear Medicine – ACR Accredited. Including Cardiac, Bone, Lymphangography and Thyroid.
- PET/CT (Positron Emission Tomography/Computed Tomography) – ACR Accredited. PET/CT can be used to assist your physician with initial staging and restaging of certain types of cancer.
- Ultrasound – ACR Accredited. Some ultrasound services include Body, Breast, Vascular, Biopsy procedures, Paracentesis and Thoracentesis.
- Digital Mammography – ACR Accredited.
- Stereotactic Breast Biopsy
- X-Ray

Radiation Oncology
CentraCare Radiation Oncology at Douglas County Hospital is a collaborative relationship between CentraCare Health System-Melrose and Douglas County Hospital. Our professionals are committed to providing patients with personal care and treatment.

CentraCare Radiation Oncology uses leading edge cancer treatment planning and technology:
- Varian iX Linear Accelerator – Delivers dual energy photon and electron therapy. The accelerator has the capability to perform 3-D conformal imaging, intensity modulated radiation therapy (IMRT) and image guided radiation therapy (IGRT)
- GE LightSpeed Computed Tomography (CT) Simulator
- Philips Pinnacle Treatment Planning System
Focus on Breast Cancer

Each year DCH makes an effort to raise awareness about one of the top five sites of cancer seen in our Cancer Center. In 2014, based upon DCH activity reports, DCH chose to highlight breast cancer. Our hope is to educate the community and reduce the incidence of a late-stage breast cancer diagnosis. Breast cancer is the most common cancer women may face in their lifetime. It can occur at any age, but more likely to occur after age 40.

The Importance of Early Detection

Breast cancer is the leading cancer diagnosis within the DCH Cancer Program in 2013. A total of 53 new patients were diagnosed with breast cancer. 94 percent had early stage breast cancer at diagnosis (23 percent in situ, 56 percent Stage I and 15 percent Stage II). Only one patient had metastatic breast cancer (Stage IV) at diagnosis and only two patients had Stage III disease. Breast cancer patients treated at the DCH Cancer Program had better overall survival rates compared to other cancer programs of similar size nationwide.

Breast cancer Study

Monitoring treatment of patients according to evidence based National Comprehensive Cancer Network (NCCN) guidelines, axillary staging in patients with Stage I-II breast cancer, 37 cases were reviewed for 2011. 92 percent received recommended surgical axillary evaluation per NCCN guidelines. Two patients/families refused surgical staging of the axilla due to advanced age. Only one patient had axillary dissection without sentinel lymph node biopsy; and, this patient had metastatic cancer in two axillary lymph nodes.

2014 Professional Education and Community Outreach

Professional Education:

Professional Training is an essential component in DCH’s commitment to providing ongoing quality cancer care to individuals in our surrounding area reliant upon our Cancer Center for the best care. The DCH Cancer Program has a sub-committee who organizes annual professional educational events, based upon identified needs, targeting diagnoses, current treatment modalities and best practice guidelines related to breast cancer in 2014. Training was held October 30, 2014 titled “Breast Cancer Symposium.”

Community Outreach: Focus on Breast Cancer Education, Prevention and Screening:

Community Outreach (education, prevention, and screening) is an essential component in our commitment to provide ongoing quality cancer care to our patients and the surrounding area. We are continually assessing and organizing educational events as a Cancer Committee that addresses the community needs. In 2014 both professional and community education were targeted to address the diagnosis, current treatment modalities, and best practices related to breast cancer. The community outreach efforts for 2015 will be focused on lung cancer prevention, screening, diagnosis and treatment.

To promote breast cancer awareness in the community, and prevent late-stage breast cancer diagnosis, DCH organized the Cancer Program representatives attending various area activities during 2014. At these events, the focus was to provide educational materials, teach proper self-breast examinations, and encourage screening and annual mammograms:

- March 1 & 2, 2014 at the KXRA Radio Spring Home and Garden Show
- March 22 & 23, 2014 at the Viking Plaza Mall Home, Garden and Health Show
- March 29, 2014 at the Life-Home-Health and Family Expositions in both Alexandria and Melrose
- July 11, 2014 at the American Cancer Society Relay for Life Event (3 referrals made to SAGE)
- August 14 through 17, 2014 at the Douglas County Fair (50 referrals made to SAGE)
- September 24, 2014 at the Women’s Health Screening Event (SAGE Event) in collaboration with the Minnesota Department of Health and American Cancer Society (8 Screening Mammograms were done with all negative results)
- October 2, 2014 at the Women’s Showcase

Breast Cancer Screening:

It is proven breast cancer found early (with mammography and physical breast examination) reduces the risk of dying from breast cancer. Early detection is more likely to find smaller and confined breast cancer. Early detection generally yields better patient outcomes with more treatment options, less extensive surgery, and ultimately more likely to be curable.

How to accurately complete a monthly Breast Self-Exam (BSE):

- Once a month, timing about seven to ten days after the start of a menstrual cycle.
- If no longer having menstrual flow, pick a day each month for consistency.
- Look for changes in your breasts: something new or different from the previous month:
  - Stand in front of a mirror, or lie down.
  - Arms by side, raised over your head, and tightening your chest muscles.
  - Look for change in size, shape, contour, dimpling, rash, redness, scaliness of nipple or breast skin.
  - Exam your left breast with your right hand, and your right breast with your left hand.
  - Feel each underarm area
  - Use finger pads (not fingertips) in circular and up-and-down motion
- See your doctor or nurse if you notice any changes.

The American Cancer Society’s current Breast Cancer Screening Guidelines recommend:

- Yearly mammogram at age 40 and continuing for as long as a woman is in good health.
- Clinical breast exam about every three years for women in their 20s and 30s; and, every year for women 40 and over.
- All women should know how their breasts normally look and feel and should report any breast change promptly to their doctor or nurse. Breast Self Exam (BSE) is an option for women starting in their 20s, recommended on a monthly basis.

The American Cancer Society offers a free screening reminder, to remind women to get their breast exam and mammogram by signing up on www.cancer.org/healthy/toolsandcalculators/remind-me

Although breast cancer is more common in women, breast cancer can occur in men. Men actually have breast tissue also, even though their breast ducts are less developed than those of women. Any breast changes in a man, should be checked by his doctor or nurse promptly.

2014 Professional Education and Community Outreach

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- October 2, 2014 at the Women’s Showcase

Douglas County Hospital was excited to form a collaboration with the American Cancer Society (ACS) and the Minnesota Department of Health (MDH) and offering our first ever SAGE event in September focusing on reduction of late stage breast cancer diagnosis. The SAGE Screening Program is a statewide, comprehensive breast and cervical cancer control program whose primary objective is to increase the number of women who are screened for breast and cervical cancer. Services are free to eligible women. The screening covers the office visit for the breast and cervical examination, screening mammogram, and Pap smear. SAGE is intended for women 40 years and older and with some exceptions determined by special situations. To learn more about the SAGE program: www.MNSage.com
Bonnie Chan
Patient Testimonial

Bonnie Chan is a victim of breast cancer; that’s true. But Bonnie is much more than that. She is a wife and mother, a teacher and coach, a grandmother and a friend. Most importantly, Bonnie is an inspiration to those who choose to fight against their cancer diagnosis.

To know Bonnie Chan now, it is important to know where she came from. Bonnie grew up on a grain and dairy farm in Page, ND where she and her four siblings helped their mother and father driving combine, hauling grain, milking cows and even crop dusting. If that wasn’t enough, Bonnie and her four sisters were also quite accomplished singers, well known in the community as The Conrad Sisters.

After high school, Bonnie attended Moorhead State University and received her degree in elementary education. Bonnie’s first teaching position was teaching 4th grade at Glenwood Elementary. While shopping for her father’s Christmas present one year, she went into Bob’s Clothes Shop in downtown Alexandria where she met her husband, Jim Chan. Jim, interestingly enough, has an identical twin brother, Bob, who ended up marrying Bonnie’s younger sister making the romance quite a family affair!

Bonnie took time away from the world of education to raise their children Jimmy, Suzanne (husband Landry Streich), and Kate (husband Jason Anderson). Once the children were grown, Bonnie felt there was something missing from her life and went back to the classroom, this time as a substitute teacher for the Special Education Department for the Alexandria School District— a position she’s kept for the last 20 years.

At the Alexandria Clinic, family medicine physician, Dr. Sandra Johnson saw concerning tissues in her test results and encouraged Bonnie to see Dr. Gary Paulson, general surgeon at the Alexandria Clinic. Dr. Paulson preferred a biopsy on the suspicious growths and confirmed it was breast cancer. Call her stubborn, brave or idealistic but Bonnie was not going to sit by idly while cancer was attacking her, she was determined to beat it. After hearing the diagnosis she asked Dr. Paulson, “I’ve got it. What’s next?” It is that attitude that Dr. Paulson said would carry Bonnie through all of the hard times ahead.

Two days after Christmas in 2005, Bonnie had a double mastectomy. In February of 2006, she continued to fight, beginning with chemotherapy and following up with radiation therapy in March. The following 2½ years found Bonnie in good health and spirits as she was still taking oral medications as prescribed by her oncologist, Dr. Marion Raflores. Then, Bonnie was dealt another body blow.

In October of 2008, during a CT Scan a spot was found on Bonnie’s liver. Bonnie traveled to the Mayo Clinic in Rochester to have a biopsy done. Under the care of Dr. Lynn Hartmann, who in collaboration with Dr. Raflores, confirmed the breast cancer had moved to Bonnie’s liver. At this time, the cancer was in stage 4.

Bonnie has been living with stage 4 breast cancer for the past six years. She is routinely on and off of chemotherapy – on when she is able, but off when she wants to enjoy her friends and family.

Bonnie remains active in the community still substituting at school as well as enjoying time with her family. Bonnie and her family have enjoyed vacations to Florida and California, and a cruise since her diagnosis in 2005 – demonstrating her resolve to not let her diagnosis keep her from living a full life.

Bonnie is a vigilant advocate for the Cancer Center at Douglas County Hospital, encouraging people to utilize the services provided in the community. The support network of the care providers in the community is what impresses Bonnie the most. The doctors, nurses, imaging technicians, and admitting staff that have collaborated for a common goal have become a second family to Bonnie and keep her going with their encouragement and kindness.

Bonnie’s four words of wisdom for anyone diagnosed with cancer: faith, courage, hope and attitude. Bonnie has these in spades.

Bonnie’s four words of wisdom for anyone diagnosed with cancer: faith, courage, hope and attitude*

Social Services Department
Recognizing that cancer affects the whole person, supportive services are provided on-site or coordinated with local agencies and facilities to our patients and their families.

Licensed Social Workers/Discharge Planners are part of the Multidisciplinary Cancer Center Care Team. They assess the patient’s coping skills, support systems and family dynamics.

They manage the discharge process, and assess in-home services, hospice or other facilities next steps. Patients and their families can rely on the planners to educate and inform them about community resources available.

By connecting with Licensed Social Workers patients can better understand their own needs and the resources available to support quality of life. Community resources that may be available to them include but are not limited to:

- Home Health Services
- Financial Resources
- Meals on Wheels
- Durable Medical Equipment
- Transportation Needs
- Health Care Directives
- Psychosocial Needs
- Nursing Home Placement
- Hospice and Palliative Care Services

A Community of Care
Reach to Recovery
Reach to Recovery volunteers are specially trained individuals who are available to provide support and education from breast cancer diagnosis throughout the continuum of care for breast cancer. Patients are matched to volunteers based on similar breast experience, age, language or other important personal characteristics. A Reach to Recovery visit can be scheduled upon a request for a visit or by referral.

www.cancer.org/Treatment/SupportPrograms/Services/reach-to-recovery

Look Good Feel Better
Look Good Feel Better is a free service program for women with cancer to manage appearance related side effects from treatments such as chemotherapy, radiation or other forms of treatment and help restore their appearance and self-esteem through the use of makeup, wigs, scarves and other accessories. This service is available as a referral. In 2013, 18 women from our service area went through the program. 14 have participated since January 2014.

www.lookgoodfeelbetter.org

Relay for Life
Relay For Life is not a race – it is a celebration and awareness-raising event for cancer survivors. It is a wonderful source of inspiration for thousands of people year after year. Resourced by volunteers and supported by many community-minded businesses, Relay For Life unites the community in the fight against cancer. In 2014, Douglas County Hospital raised $14,000 and reached over 500 residents to increase educational efforts around breast health and early detection at the event. In total, $133,290 was raised at the 2014 Relay For Life of Douglas County in Alexandria. Dollars raised enable more cancer patients to receive programs, services and resources and increased health and wellness messaging in our local community.

www.relayforlife.org
Treating the Whole Patient

Supportive services expand our care to encompass more than just the physical needs of our patients.

Supportive services expand our care to encompass more than just the physical needs of our patients. Rehabilitation Services

There are a variety of rehabilitation services available on site. These services are directed to maintaining function and mobility, reducing pain, and assisting the individual to return to previous levels of functioning and independence.

The following rehabilitation services are available:

- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Lymphedema Program

Palliative Care

Palliative Care can be offered simultaneously with life prolonging curative therapies designed to improve symptoms and quality of daily life for patients living with serious illness. Palliative care guides patients and their families as they journey through the changing goals of care and assists in better understanding of treatment options. Palliative care nurse visits are not direct-care skilled nurse services, but rather focus on assessment, information, referral, and teaching.

Pathology

The pathologist assists the cancer team by diagnosing the tumor and defining important tumor characteristics as they relate to prognosis and likely response to treatment. For breast cancers, some of the questions answered when examining the biopsied or resected tissue include whether tumor is invasive, how large and how high grade is the tumor, has the tumor been completely resected and have some of the tumor cells entered the lymph system. These questions are important to proper staging, which in turn, directs therapy. Additionally, the laboratory can perform specialized testing for the presence of hormone receptors to estrogen and progesterone, for protein overexpression as well as for gene amplification and other genetic mutations. This data assists the oncologist in determining whether to use hormonal therapy and chemotherapy and can be used to select patients for appropriate clinical trials.

Community Needs Assessment-Targeting Resource Use Effectively (TRUE) Grant

TRUE is a one-year Hospice Utilization Improvement Project lead by Stratis Health with a commitment to making care better by improving hospice-utilization in communities. The Douglas County-area participated in this grant from July 2013-July 2014. The goal was to increase appropriate hospice referrals, improve access and increase length of stay in the Hospice programs. This initiative was supported by the federal Centers for Medicare and Medicaid Services (CMS). Community-based organizations came together as teams for learning, sharing, and networking.

As a part of this grant initiative, a focus on provider training in “end of life conversations” occurred at multiple sites. This initiative actually seemed to grow wings, taking off and spreading to other Minnesota communities. Training for providers was well received and tracking of the impact is still on-going. Thus far, comparison and outcomes can be made with statistics from pre-Provider training to the quarter following the training. The national average days of hospice care is 70 days per patient. In 2011, MN Medicare hospice patients received only an average of 56 days per patient. Statistical analysis continues following the completion of this area grant.
The Douglas County Hospital Cancer Center Registry collects data on each cancer case occurrence for patients who are diagnosed or receive their initial course of treatment at DCH. The data collected includes the type, location, and extent of each cancer site. The registry also collects data on the initial treatment course plan and tracks patient outcomes, including survival and reoccurrence.

Quality/Outcomes Data
For the year 2013, the top five cancers at Douglas County Hospital include breast, prostate, colorectal, lung, and bladder cancer. Colon cancer incidence at DCH is higher compared to what is found in Minnesota and Nationwide. Likewise, lung cancer incidence is lower at DCH.

2013 Site Incidence of Top Five Cancers: Compared to total number of cases diagnosed

<table>
<thead>
<tr>
<th>Site</th>
<th>DCH</th>
<th>Minnesota*</th>
<th>Nationwide*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast (Female)</td>
<td>20.4%</td>
<td>15.0%</td>
<td>14.1%</td>
</tr>
<tr>
<td>Prostate</td>
<td>14.2%</td>
<td>14.4%</td>
<td>14.4%</td>
</tr>
<tr>
<td>Colorectal</td>
<td>12.7%</td>
<td>7.8%</td>
<td>8.6%</td>
</tr>
<tr>
<td>Lung</td>
<td>9.6%</td>
<td>13.6%</td>
<td>13.7%</td>
</tr>
<tr>
<td>Bladder</td>
<td>6.9%</td>
<td>4.2%</td>
<td>4.4%</td>
</tr>
</tbody>
</table>

* MN & National statistics from ACS Facts & Figures (estimated new cases for 2012)

Tumor Registry Activity: Patients diagnosed and/or receiving the first course of therapy at Douglas County Hospital

<table>
<thead>
<tr>
<th>2011-2013 Site Incidence Data - DCH</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ears, Nose &amp; Throat</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Digestive</td>
<td>49</td>
<td>57</td>
<td>51</td>
</tr>
<tr>
<td>Esophagus</td>
<td>5</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Gastric</td>
<td>1</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Small Intestine</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Colon</td>
<td>25</td>
<td>24</td>
<td>23</td>
</tr>
<tr>
<td>Rectum/Anus</td>
<td>11</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Pancreas</td>
<td>2</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>Liver</td>
<td>2</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
</tbody>
</table>

Respiratory
- Pleura, Bronchus, Lung
- Bone, Connective Tissue, Skin
- Connective, subcutaneous and other
- Bone
- Skin (excluding basal and squamous cell carcinoma)

Female Genital
- Uterus
- Cervix
- Ovary
- Other female genital

Breast
- Male Genital
- Prostate
- Testis
- Penis
- Other male genital

Urinary
- Bladder
- Kidney
- Ureter

Nervous System
- Brain
- Meninges, other nervous system

Hematopoietic/Reticuloendothelial
- Hodgkin’s and Non-Hodgkin’s Lymphoma
- Leukemia
- Multiple Myeloma
- Other

Other
- Thyroid, other endocrine glands
- Eye
- Unknown/ill-defined sites

Total
- 249
- 302
- 260
2013 Summary of colorectal cancer screening efforts for DCH
Twenty-two colorectal cancer screenings were completed with 2 positive results. Both resulted in follow up with his/her primary provider, with screening colonoscopies, which ultimately resulted in negative findings.

2013 Summary of breast imaging statistics for DCH
Douglas County Hospital/ACDI did 493 mammograms and 134 breast ultrasounds in 2013. Fifty-five resulted in biopsies, fifteen (27.27%) diagnosed with breast cancer, three (16.67%) Ductal Carcinoma In Situ, twelve (75%) Invasive Carcinoma.

Studies of Quality
For Stage I-III Colon Cancer patients, a study was completed to determine the number of patients receiving follow-up colonoscopies within one year after diagnosis. Results: On average, patients received follow-up colonoscopies in one year and 16 days which scores well when compared to PubMed National Data. *Based on 2010 data, compared to PubMed Data.*

Patient Satisfaction
The Cancer Center’s Commitment to Excellence continues long after patients leave our care. To ensure the highest quality, patient-centered care, DCH’s Cancer Center surveys patients on their satisfaction with the oncology program and care from staff.

A few highlights from 2013:
• 72 patients were surveyed
• The highest rating was achieved in four out of seven categories:

Quality Improvement
Based on a study completed in 2012, a Lymphedema Referral Program was implemented in 2013; this program is complimentary to the Reach to Recovery Program for ACS (American Cancer Society).

Psychosocial Screening
To help meet the psychological, social and financial complexities experienced by patients, and to provide the highest quality cancer care, a psychosocial distress screening needs assessment was completed in 2013. This screening evaluates patient distress that can interfere with treatment plans or adversely affect a patient’s outcome. Psychosocial distress should be recognized, monitored and treated promptly. The initial needs assessment in 2013 is the framework for systematic follow-up and reevaluation.
Professional Education & Community Outreach

Professional education along with community outreach are essential components in the commitment to provide ongoing quality cancer care to individuals in Douglas County and surrounding communities. A sub-committee organizes these educational events with direction from the Cancer Committee. In 2013, professional and community education events were targeted to address diagnosis and current treatment modalities related to colorectal cancer. In 2014, the educational efforts were directed towards breast cancer prevention, diagnosis and treatment.

Douglas County Hospital Cancer Committee

The DCH Cancer Committee is a multidisciplinary committee which provides leadership to maintain quality cancer care to patients and their families. The Cancer Committee works in conjunction with a sub-committee to establish and implement annual goals, improvements and ensure compliance with CoC accreditation standards and evidence-based best practice.

DCH 2014 Cancer Committee

Marion Raflores, M.D.
Medical Oncologist, Cancer Liaison Physician, Cancer Committee Chairperson
Barbara Friederichs, RN
Cancer Program Administrator, Community Outreach Coordinator
Bonnie Freudenberg, RN, CPHQ
Quality Improvement Coordinator
Mandy Larum, RHTT, CTR
Cancer Registry Quality Coordinator
Jacqueline Ebensteiner
Cancer Conference Coordinator, Cancer Registrar
Merry Luchau, LSW
Psychosocial Services Coordinator
Janet Hamilton, RN, OCN
Clinical Research Coordinator

Gary Paulson, M.D.
General Surgery
Mark Spanbauer, M.D.
Pathology
Jonathan Dehart, M.D.
Pathology
Ramon De Guzman, M.D.
Radiology
Steven Ferguson, M.D.
Family Practice
Kathy Fredin, RN, OCN
Oncology Clinical Nurse Manager
Jason Peterson, RTT
Radiation Oncology Manager
David Pence, M.D.
Radiation Oncologist
David Gray, RPh
Director of Pharmacy
Margaret Kalina, RN, PhD
Chief Nursing Officer
Carl Vaagenes, CEO
Douglas County Hospital Administrator
Roberta Strom, RD, LD
Dietician
Sue Quist, RN
Hospice and Palliative Care of Douglas County
Barbara Schneider, RN
Associate Director of Nursing
Pamela Mason
American Cancer Society Representative
Thank You. The Cancer Center staff at Douglas County Hospital understands that your cancer experience is unique. Our staff is here to guide you and your family through your cancer journey. Your cancer treatment may include medical oncology (chemotherapy), radiation oncology, diagnostic and interventional radiology, surgery, and possibly consulting or supportive services.

Our Mission is to provide personal care and treatment which includes both the physical and emotional needs of you and your family.