2010 Cancer Program Annual Report

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2009–2010

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Chair's Report

by M.C. Theodore Mackett, MD

It is my privilege as Cancer Committee Chair to introduce you to the 2010 Cancer Program Annual Report featuring statistical data from 2009 for Adventist Medical Center (AMC). The program is an American College of Surgeons (ACoS) Commission on Cancer (CoC) approved Cancer Program. Approved Programs are involved with prevention, early diagnosis, pretreatment evaluation, staging, optimal treatment, rehabilitation, and support services. The CoC continuously recognizes our program as providing the best in cancer care and in improving the quality of life of our cancer patients.

During 2009, 388 new cancer cases were diagnosed and/or treated at our center. The most common types of cancer cases seen at AMC during 2009 were: breast (26%), lung (17%), colorectal (13%), prostate (8%), and kidney (4%). The remaining top ten cancer sites are as follows: urinary bladder, non-Hodgkin's lymphoma, stomach, and pancreas.

The Cancer Registry staff collects accurate and comprehensive cancer patient data which allows statistical analysis of cancer incidence and distribution throughout the region and nationally. Physician members of the Cancer Committee review over ten percent of cases to assure the quality of the data submitted.

The Cancer Program at AMC is a team effort, and multiple disciplines are focused on the treatment and care of individual patients diagnosed with cancer, as the report that follows attests. Extensive social and psychological support, including rehabilitation services, social work, hospice care, and support groups, serve the full spectrum of need in cancer patients at our facility.

The Cancer Committee supports the educational and patient care conferences at AMC. The multidisciplinary Cancer Conference is held twice monthly and allows the prospective presentation of cancer patients for discussion and appropriate treatment recommendations based on National Comprehensive Cancer Network (NCCN) guidelines. Often follow up review of treatment is also presented for further understanding, comment, or recommendation. Both medical staff--medical, surgical, and radiation oncologists, radiologists, and pathologists--and allied health professionals contribute their respective expertise, and facilitate care for cancer patients at AMC. The Cancer Conference also provides opportunity to review potential patient eligibility for enrollment in various investigational studies both regional and national. The bi-weekly conference provides certified continuing education for those physicians who attend. Before and after testing on the relevant topic of the day provides a tool for assessing the efficacy of the teaching effort. Adventist Medical Center is an accredited provider of *AMA PRA Category 1 Credit* for this live activity.

Each year AMC invites an expert in oncology to present a topic of current interest on cancer to the medical staff. This year, Dr. Roger Rosenquist from the Urology Clinic discussed bladder cancer.

Adventist Medical Center continues to support a number of community events such as Race for the Cure, Relay for Life, and National Cancer Survivors Day.

We have been pleased to further enhance our relationship with the American Cancer Society (ACS) in the past year by offering ACS sponsored programs such as a community gift closet that offers wigs and fitting services to patients. The ACS also provides lodging and transportation support for cancer patients in need. Look Good Feel Better classes provide female patients with makeup and a trained cosmetologist to help them feel better about their appearance during and after cancer therapy. The local American Cancer Society representative participates on the AMC Cancer Committee.

A special area of cancer care is highlighted in the Annual Cancer Report. This year Dr. Rebecca Orwoll, medical oncologist, and Dr. Arnold Petersen, gynecological surgeon, review ovarian cancer. Ovarian cancer continues to challenge and frustrate clinicians, and too many women succumb to this dreaded malignancy. Doctors Orwoll and Petersen discuss the most recent advances in the treatment of this elusive cancer.

I wish to take this opportunity to thank Dr. Lynne Dawson for her service as Chairperson of the Cancer Committee for the past ten years, and for the tremendous effort expended by her leadership to ensure the continued success of the Cancer Program at AMC. Dr. Dawson, radiation oncologist, continues as a valued member of the Cancer Committee.

The Cancer Program is also privileged to have the continuing support and active participation of both the Northwest Cancer Specialists and the Community Hematology Oncology Clinic. The latter has recently opened an on-campus clinical facility and is affiliated with Oregon Health Sciences University, which further enhances the Cancer Program at Adventist Medical Center by providing

patients with cancer and blood diseases the option to be treated in their community.

There have been other significant changes in the Cancer Program this past year. Dr. Frances Ting, MD, FACS, breast surgeon, has graciously agreed to serve as the American College of Surgeons Commission on Cancer Physician Liaison, and will be the one who is responsible for community contacts. And Laura Wallace, RHIT, CTR, who brings a rich background of experience at other programs, has joined the team as the Cancer Program Coordinator. Laura has already proved to be a dynamic and proactive team member. She is assisted by Sally Bulahao.

We look forward to a bright future. Early in the 2011, we will again be reviewed by the American College of Surgeons (ACoS) Commission on Cancer (CoC). At the last review we were recertified with commendation; let's repeat our past successes. We rededicate ourselves to providing our patients with the best, most compassionate care available anywhere!

We are extremely proud of our community cancer program. I enthusiastically recommend your perusal of this 2010 report!

M.C. Theodore Mackett, MD
Chair, Adventist Medical Center's Cancer Committee

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Acknowledgements

The mission of Adventist Medical Center and those who serve here is to demonstrate the human expression of the healing ministry of Jesus Christ.

We who serve here are dedicated to:

- Delivering health care that nurtures body, mind, and spirit through our personnel, programs and services;
- Encouraging healthful living practices consistent with optimal health and well being;
- Reflecting God's love by serving our patients, guests and each other with compassion, dignity and respect;
- Focusing outreach and planning on improving the health of our local communities while providing emergency care for anyone with an immediate health care need;
- Offering services in the most medically and financially appropriate setting;
- Continually improving through technical excellence and a highly qualified professional staff;
- Creating an environment of care that promotes trust, confidence and safety among our patients, families, employees, volunteers and physicians;
- Serving as a religious health care organization in a manner consistent with the philosophy of the Seventh-day Adventist church.

Special thanks to:
Rebecca Orwoll, M.D.

From the Cancer Data Services Staff:
Laura Wallace, RHIT, CTR
Sally Bulahao

This report is produced by Adventist Medical Center's Cancer Registry and the Marketing and Communication Department. The production of a cancer program annual report is in compliance with the requirement of the American College of Surgeons Commission on Cancer.

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Special Report: **Advances and Current Therapy of Ovarian Cancer**

by Rebecca Orwoll, MD

Ovarian cancer, though one of the less common cancers, nevertheless represents a significant proportion of fatalities. The American Cancer Society estimates that there will be 21,880 new cases diagnosed in 2010, or 3% of all non skin, non superficial bladder cancer diagnoses in women. In Oregon, 210 deaths are estimated in 2010; 13,850 nationwide are anticipated. It is encouraging to note that ovarian cancer is among those demonstrating a decreasing death rate of over 10% from 1990 to 2006, with further improvements ongoing.

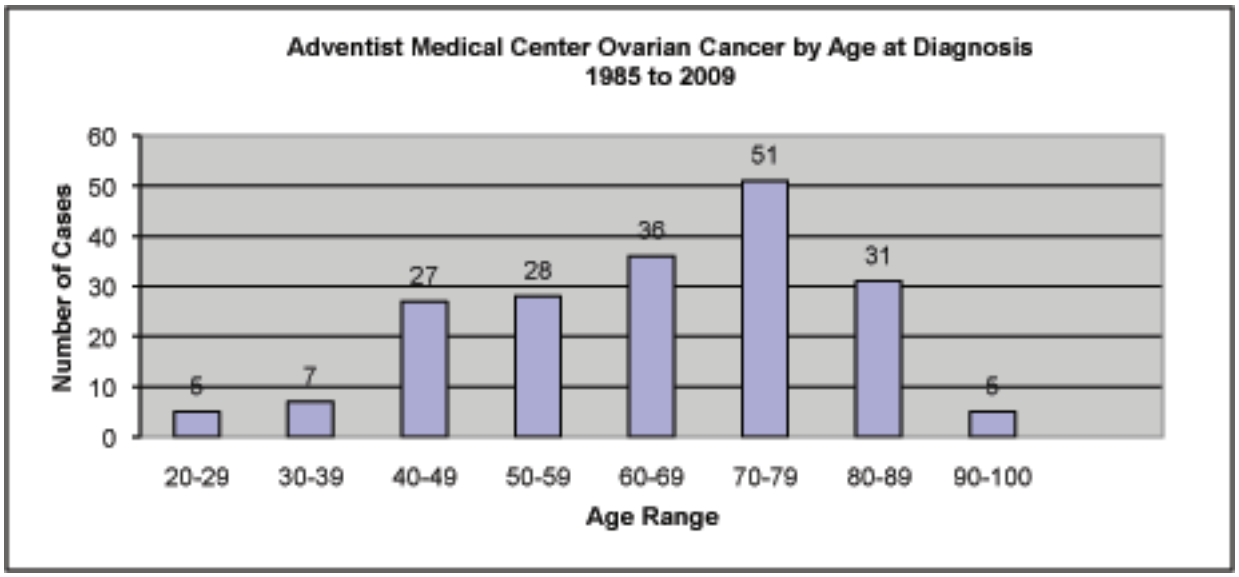
According to SEER data, there is a slightly higher risk in Caucasian, and slightly lower risk in Asian/Pacific Island women; American Native women; and Hispanic women. Median age of diagnosis is 63 years, with fewer than 1% under age 35. Incidence is also slightly decreasing, by 2.2% since 1975. Lifetime risk is 1.39% or one in 72 women. However, those with a genetic tendency, such as carriers of BRCA 1 and BRCA 2 have a markedly higher risk, which can be importantly but not completely mitigated by prophylactic oophorectomy, due to the persistent risk of primary peritoneal carcinoma. Interestingly, however, BRCA 1 carriers may have a better prognosis, stage for stage.

Nulliparity confers increased risk, as may use of fertility drugs, and perhaps even postmenopausal hormone replacement therapy, however oral contraceptives decrease risk of as much as 50% for 4 years of use.

According to the National Cancer Institute of the National Institute of Health, prognosis is influenced by several factors, including younger age, good performance status, cell type, stage, differentiation, pre-surgical disease volume, absence of ascites, and successful debulking surgery DNA analysis may add prognostic information; clear cell histology is less favorable; and a component of transitional cell histology confers a better prognosis. CA125 cancer-associated protein antigen is not related to prognosis, however is highly correlated with survival after initial therapy in Stage III and Stage IV patients.

Ovarian cancer typically presents as Stage III or IV disease because the symptoms are insidious. Nonspecific abdominal discomfort, bloating, bowel changes, and increase in girth often are not recognized as important. This fact points out the importance of a pelvic exam, and potentially other diagnostic maneuvers, in all women with such symptoms even though mild.

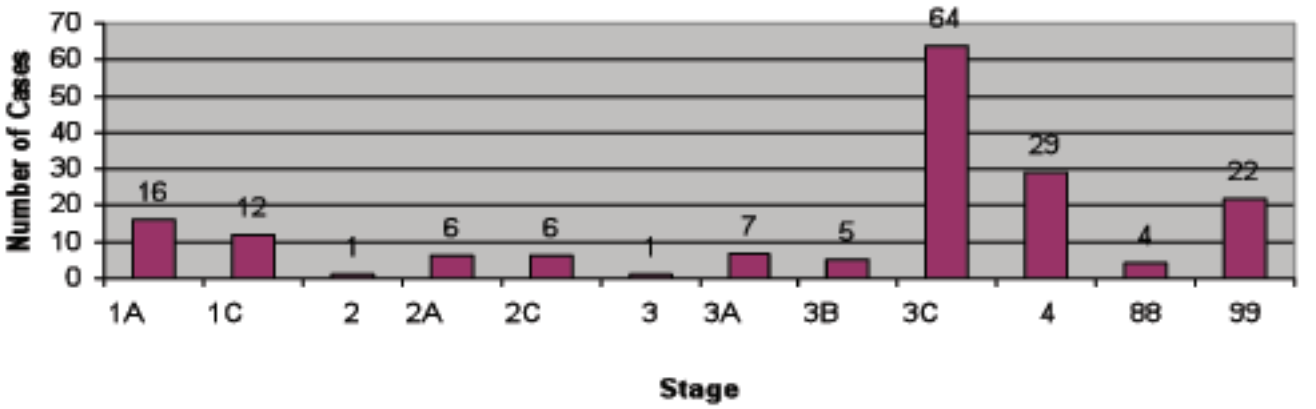
National Comprehensive Cancer Network/ NCCN guidelines as well as national associations of gynecological surgeons



agree that a thorough staging and debulking surgery performed, if at all possible, with such specialists, is necessary for optimal outcome. Thereafter Stage IA and IB patients with low grade tumors can be safely observed. All other patients, including early stage patients with higher grade or clear cell histology, are appropriately considered for chemotherapy. NCCN guidelines currently recommend measurement of CA-125 before each cycle of chemotherapy to evaluate effectiveness.

The most effective chemotherapeutic agents, with many years of data and experience, are the taxanes (paclitaxel/Taxol, and docetaxel/Taxotere); and the platinum-based agents (cisplatin/Platinol, and carboplatin/Paraplatin). Several effective regimens exist, allowing adjustment for patient characteristics and toxicity. Selected patients may benefit from the more aggressive approach of intra-peritoneal therapy; also selected patients may benefit from secondary debulking surgery. Active chemotherapy agents include etoposide, gemcitabine, liposomal doxorubicin, topotecan, and several other agents, depending on the individual response.

Adventist Medical Center Ovarian Cancer by Stage
1985 to 2009

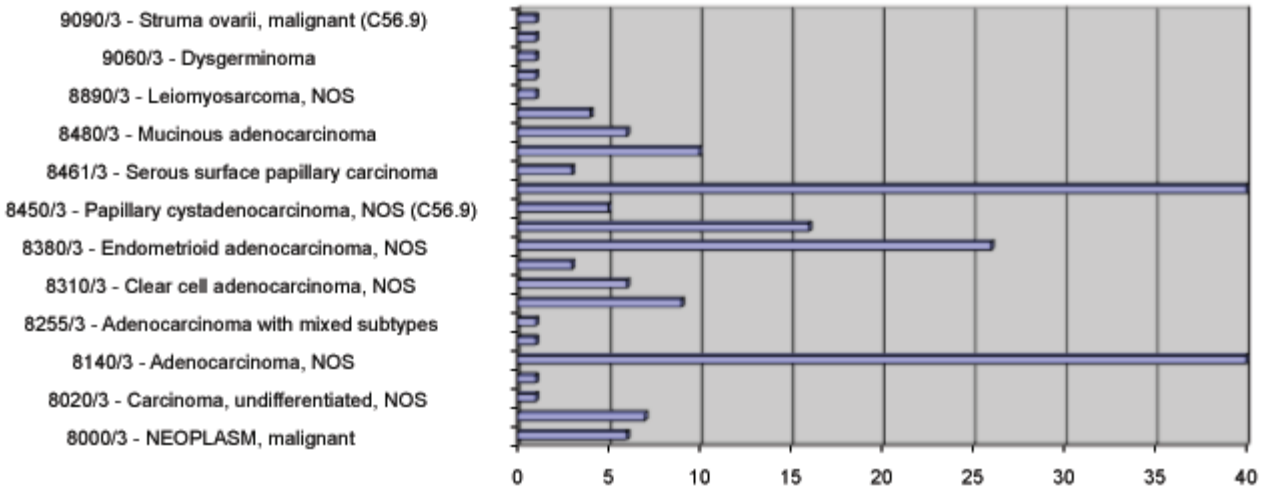


An exciting new direction in cancer therapy, applicable to ovarian cancer, is targeted therapy. An accepted definition, according to Elise Kohn, MD of the NCI, is a treatment that integrates cellular and molecular biology with therapeutics. In epithelial ovarian cancer, for example a mutation in BRCA 1 or BRCA 2 results in loss of proper function of HR double-stranded DNA repair, leaving a cell to rely upon a back-up repair mechanism. An enzyme called PARP is critical to this back-up repair mechanism. Therefore, a PARP inhibitor might lead to effective anti-cancer therapy, either alone or together with chemotherapy. PARP inhibitors, as an example, are in active study in many cancers, especially BRCA related. An example of effective targeted anti-cancer therapy, although not applicable to ovarian cancer, is tranztuzimab/Herceptin. This antibody is directed at the Her-2-neu protein produced by some breast cancers, and is remarkably effective, even as a single agent. The point, of course, is that the target is well established, and the therapy is accurately directed at the target.

A ripe area for such targeted therapy is the endothelial cell growth factor receptor/EGFR. Ovarian cancer demonstrated 50-70% overexpression at the gene or protein level. A variety of anti-EGFR medications have minimal response in ovarian cancer, such as sorafenib and gefitinib, however bevacizumab/Avastin has shown great promise, with over 20% response in single agent Phase II studies of refractory disease. This monoclonal antibody against vascular endothelial growth factor/VEGF alters blood vessel remodeling as well as neovascularization. For this reason, bevacizumab is used for treatment of recurrent disease, and is in active clinical trials for adjuvant therapy, offered by GOG (Gynecological Oncology Group) and others. Adventist Medical Center, a member of the Columbia River Oncology Program, supports offering clinical trials to all eligible patients with malignancies.

Perhaps the most interesting concept in ovarian cancer, as well as several other cancers such as lung, colon and breast, is treatment of persistent disease – "cancer as a chronic disease." Effective palliative therapies are the cornerstone of extension of life despite persistent or recurrent cancer. According to Michael Friedlander, MBChB, FRACpP, Phd of Sydney, Australia, the treatment paradigm for second-line therapy in ovarian cancer is changing. Data now show

Adventist Medical Center Ovarian Cancer Histology
1985 to 2009



that the mere elevation of CA125, though a reliable indicator of recurrence, does not require immediate intervention with chemotherapy, as the biological behavior of the individual cancer must be considered. That means that certain women can be monitored, with only the associated psychological issues, before reinstituting therapy. In addition, the armamentarium of active agents, including chemotherapy, hormonal therapy, and, now, targeted therapy, is continuing to increase. Selected patients may even benefit from surgical intervention, and a very few from radiation therapy. An increasing number of women will have marked prolongation of life, with quite good quality – 10 year survivorship despite recurrent disease is now observed in a fortunate few.

The physicians who practice at Adventist Medical Center have access to state-of-the-art surgical and medical therapies, and support clinical research for appropriate patients. Whether the goal is surgery and adjuvant therapy for possible cure; or individualized therapy for the "chronic disease" of recurrent cancer, our physicians share the mission of the best possible treatment available.

Cancer Data Services: *Overview*

by Laura Wallace, RHIT, CTR, Cancer Program Coordinator

Distribution of Primary Sites Diagnosed and Treated in 2009

Adventist Medical Center (AMC) has been an Accredited Cancer Program overseen by the American College of Surgeons, Commission on Cancer since 1985. Cancer Data Services database is an essential component of our cancer program and functions in accordance with guidelines set by the American College of Surgeons (ACoS). AMC is re-surveyed every three years to assure continuous compliance with the accreditation standards.

Under the direction of the Cancer Program, Cancer Data Services is coordinated by Laura Wallace, RHIT, CTR, contains an oncology database that integrates a complete summary of patient history, diagnosis, stage of disease, treatment, and status of every patient diagnosed and/or treated at AMC. Oncology data is entered in the database following defined standards set by the Commission on Cancer.

Cancer Data Services is involved in managing and analyzing clinical cancer data to collaborate with physicians, administrators, and health care planners to provide support for cancer program development, treatment, provide cancer incidence, and to ensure compliance of reporting standards. Cancer Data Services also serves as an essential resource for cancer information with the objectives of improving outcomes of cancer therapy as well as improving the quality of life of cancer patients through quality improvement, outcome measurements, outreach, and research activities. The Cancer Data Services database contains nearly 11,000 patients that have come to AMC for diagnosis and/or treatment of cancer since 1985.

In 2009, 464 cases were accessioned, 388 of these were new analytic cases (required by law) reported to the state and national cancer databases; 76 were non-analytic. Of the 388 analytic cases, 246 were female and 142 were male. The major sites were: 98 breast (26%) cases; 66 lung cases (17%); 49 colorectal cases (13%); 28 prostate cases (8%); and 15 kidney (4%).

Cancer Data Services has had many accomplishments for the year 2009; on the next page are some highlights of the many activities and achievements:

- 2010 Cancer Program Annual Report: complied and published to provide in depth information on AMC's Cancer Program with statistics for the prior year.

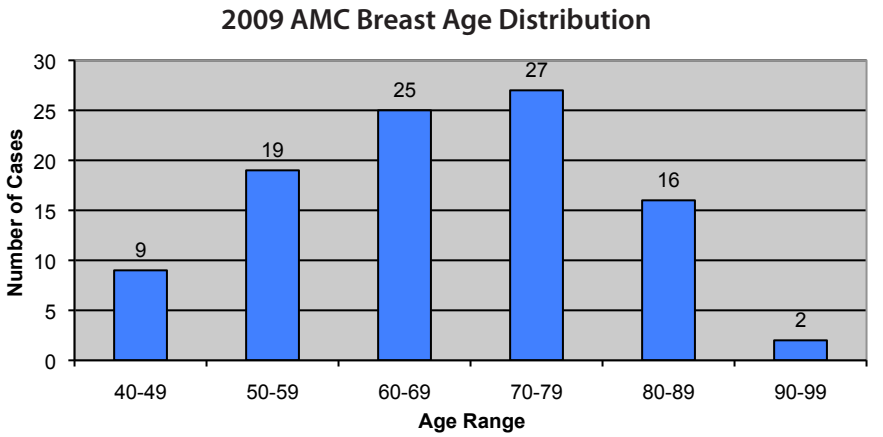
2009 AMC Primary Site Major Groups

Primary Site	Cases	% of Cases
Breast	98	25.26
Lung	66	17.01
Colon/Rectum	49	12.63
Prostate	28	7.22
Kidney	15	3.87
Bladder	14	3.61
Lymphoma-NH	13	3.35
Stomach	9	2.32
Pancreas	9	2.32
Thyroid	7	1.80
Melanoma	7	1.80
Corpus Uteri	7	1.80
Renal Pelvis	6	1.55
Ovary	6	1.55
Liver/Biliary	5	1.29
Anal Canal	3	0.77
Vulva	2	0.52
Testis	2	0.52
Mesothelioma	2	0.52
Glottis	2	0.52
Hodgkin's	2	0.52
Gallbladder	2	0.52
Esophagus	2	0.52
Soft Tissue Sarcoma	1	0.26
Skin/Non-Melanoma	1	0.26
Oropharynx	1	0.26
Salivary Gland	1	0.26
Supraglottis	1	0.26
Fallopian Tube	1	0.26
Cervix Uteri	1	0.26
Bone	1	0.26
Ampulla of Vater	1	0.26
Other Sites	23	5.92
TOTAL CASES	**388**	**100%**

- Coordination of 22 cancer conferences with over 70 patient cases presented for multidisciplinary discussion, which includes review of American Joint Committee on Cancer (AJCC) physician staging and National Comprehensive Cancer Network (NCCN) guidelines.
- 464 cases accessioned and entered into the oncology database. 388 newly diagnosed and/or treated patient analytic cases.
- Cancer Data Services staff perform systematic annual follow-up of our cancer patients. Follow-up is vital in evaluating treatment modalities and behavior of certain cancers. At 98%, AMC exceeds the 90% required follow-up rate required by the American College of Surgeons.
- The quality of cancer data is essential in monitoring cancer patient outcomes and for research. To continually ensure the quality of our data, numerous physician reviews were conducted during 2009. The Cancer Data Services database also performs systematic data review through registry oncology software, data submission to the National Cancer Data Base (NCDB) and the Oregon State Cancer Registry (OSCaR).
- To ensure that cancer services, care, and patient outcomes are measured and improved for all of our patients, Cancer Program Practice Profile Reports (CP3R) data is utilized to perform studies to measure quality and outcomes.
- More than 10% of cases reviewed by a physician for quality of registry data, AJCC staging and compliance with the College of American Pathologists (CAP) protocols per Commission on Cancer Standards.
- Cancer Data Services was responsible for many data requests and data submissions in 2009, some of which included:
  - National Cancer Data Base (NCDB)
  - Oregon State Cancer Registry (OSCaR)
  - Statistical analysis provided to AMC Cancer Committee
  - Routinely provide data for quality management analysis
  - Physician requests and studies
  - Administrative/planning analysis
  - Publications
  - Requests for treatment and follow-up information from other cancer registries
- AMC values and supports ongoing cancer-related education and training for registry staff by promoting registrar attendance to state and local educational conferences and attendance to the yearly National Cancer Registrars Association Conference.

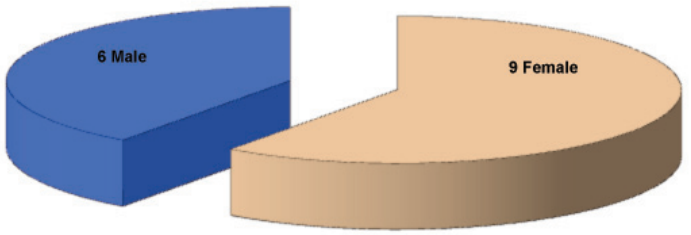
Thank you to Marsha Beal, RHIT, CTR for her continued support of Cancer Data Services and to Sally Bulahao, Cancer Data Services assistant, in her efforts to coordinate AMC's Cancer Conference and follow-up.

Breast — Major Sites Diagnosed and Treated at AMC

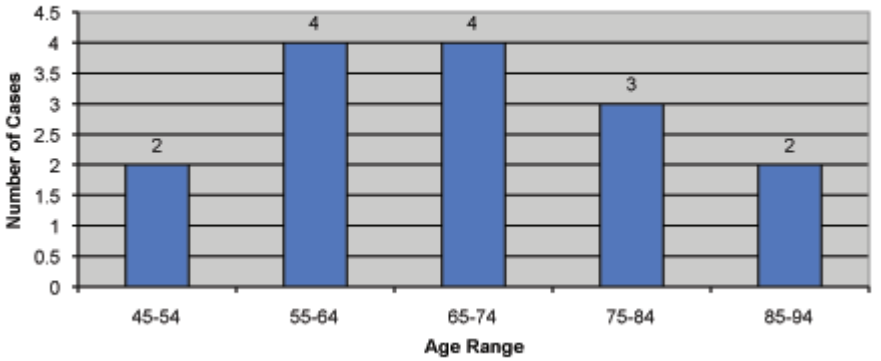


Kidney — Major Sites Diagnosed and Treated at AMC

2009 AMC Kidney Cases by Gender

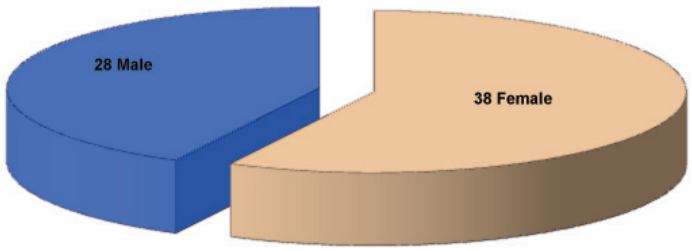


2009 AMC Kidney Age Distribution

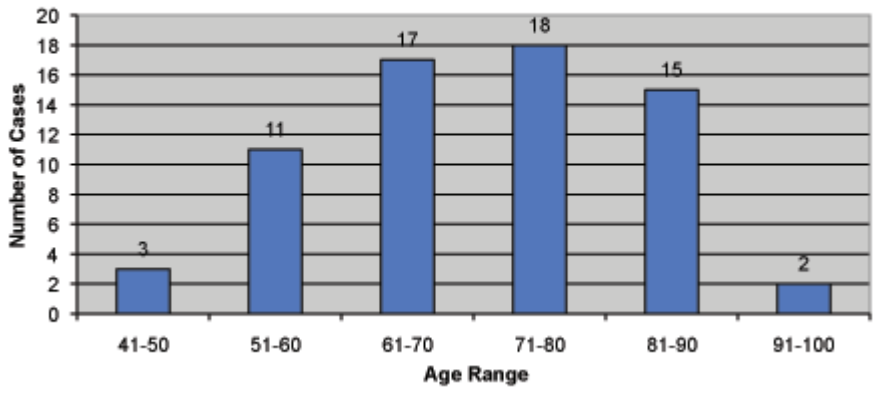


Lung — Major Sites Diagnosed and Treated at AMC

2009 AMC Lung Cases by Gender

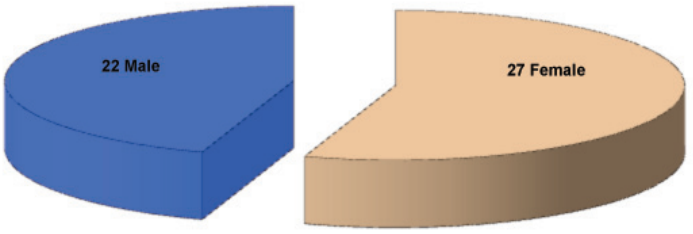


2009 AMC Lung Age Distribution

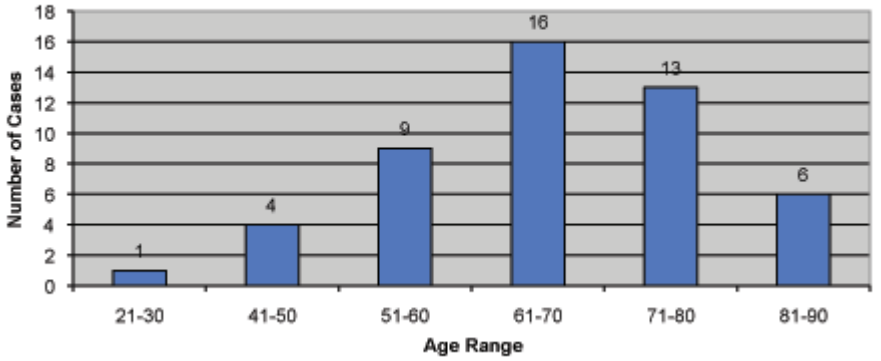


Colon / Rectal — Major Sites Diagnosed and Treated at AMC

2009 AMC Colon/Rectal Cases by Gender

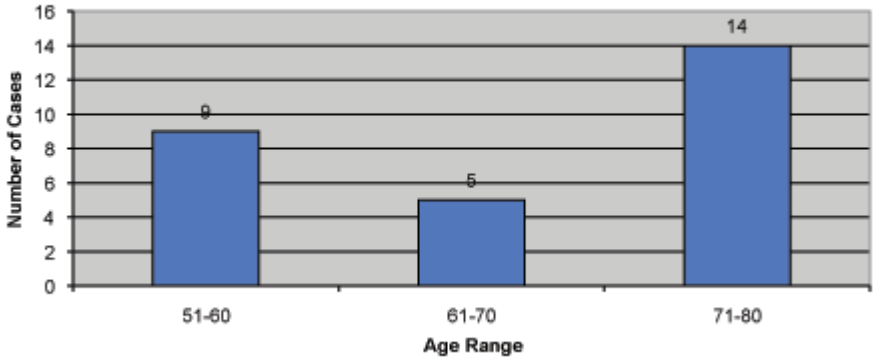


2009 AMC Colon/Rectal Age Distribution



Prostate — Major Sites Diagnosed and Treated at AMC

2009 AMC Prostate Age Distribution



Role of the Appointed Commission on Cancer Liaison Physician

M.C. Theodore Mackett, MD

Cancer Liaison Physician are leaders of the cancer program by demonstrating a strong commitment to the success of the program, by providing leadership and support to the Commission Approvals Program, and other Commission on Cancer activities at local facilities. The Cancer Liaison Physician is an active member of Adventist Medical Center (AMC) Medical Staff, Cancer Committee, and Cancer Conference member.

During the course of the 3-year term, the Cancer Liaison Physician is responsible for leading CoC initiatives in their cancer program in many ways:

- Collaborating relationships with the ACS
- Supports and works collaboratively with Cancer Data Services staff; continually monitors cancer data for quality
- Dedicated to the development and monitoring of community outreach activities, including prevention and early detection programs with the interests of cancer patients, cancer care in the community, and the overall improvement of the quality of care for the cancer patient
- Participate in the Commission on Cancer accreditation process

Adventist Medical Center wishes to express our gratitude to Dr. Frances Ting who began her term of Liaison Physician to the Cancer Program January 2010.

Cancer Conferences

Rebecca Orwoll, MD
Program Activity Coordinator

Cancer Conferences are essential to improving the care of cancer patients by contributing to the patient management process and outcomes. Bi-monthly, medical and radiation oncologists, surgeons, pathologists, radiologist, primary care physicians, other specialty medicine physicians, and supportive services join as a multidisciplinary team to review each patient's clinical and cancer history. The most current diagnostic and treatment pathways including the National Comprehensive Cancer Network (NCCN) guidelines, as well as cancer staging and clinical research trials, are actively reviewed in the decision-making management of the patient's treatment plan. Cancer Conferences also serve to provide education to physicians and other allied health professionals.

Adventist Medical Center Cancer Conferences are held on the second and fourth Tuesdays of each month, from 12:00 pm to 1:00 pm.

Medical Imaging

Dale R. Nance, MD

The Medical Imaging department continues to explore ways to better serve the attending physicians and oncology patients here at Adventist. One of the goals has been to improve convenience and access for patients to the diagnostic imaging services. Consequently, more of our services are now being provided in an outpatient setting. At Professional Building 3, we feature digital radiography, mammography, ultrasound and DEXA. This move has been well received, and has definitely improved patient convenience.

The outpatient radiology services at Gresham Station have been improved as well by a decision to have the facility staffed by a full-time radiologist. On site consultation with clinicians and patients alike is now readily available. In addition, the presence of a radiologist at Gresham Station has enabled us to offer ultrasound guided breast biopsy in addition to the MR guided biopsy procedures, which we have already been providing. This further complements a busy outpatient mammography service at the facility.

In 2009, the radiology department added a Siemens dual source CT which has enhanced the speed and accuracy of performing exams and allowed us to offer a robust CT angiography service as well.

Interventional Oncology / Radiology:
As we enter 2011, we are making a continuing effort to make the medical staff aware of the potential role of interventional radiology as part of the multidisciplinary approach to treating oncology patients. In other facilities, it is frequently used as an ancillary procedure to more traditional radiation and chemotherapy treatment protocols.

Broad categories of IR treatment options include the following:

1. Transcatheter arterial embolization: (particularly used with primary and metastatic liver disease)

- Chemoembolization in which a combination of high dose chemotherapy and an arterial occluding agent are selectively injected into vessels feeding the tumor site. Drug-eluting microspheres are another option.

- Yttrium-90 radioablation (delivered in a similar manner to chemoembolization).
- Also used to control bleeding related to tumor, regardless of site.

2. Radiofrequency Ablation (RFA):

- RFA is a non-surgical, localized treatment involving placement of an RFA probe, under CT or US guidance, which kills the tumor cells with heat
- Initially used with hepatic malignancies, it is now an option with small, exophytic renal cell carcinomas, as well as certain bone and lung tumors.

3. Pain control in oncology patients:

- The second most common indication for vertebroplasty is for pain control and vertebral body stabilization in patients with metastatic disease to the spine. Generally, this results in prompt relief and does not interfere with subsequent radiation therapy.
- CT-guided celiac plexus ablation for long-term pain control in patients with upper abdominal malignancies (including gastric and pancreatic carcinomas).

The vast majority of IR related treatment for oncology patients is available here at Adventist Health. Seldom should it be necessary to refer such patients to a separate facility for these procedures.

Pain Management

Oleg Maksimov, MD
Columbia Pain & Spine Institute

Approximately 30% to 50% of people with cancer experience pain while undergoing treatment, and 70% to 90% of people with advanced cancer experience pain (Lesage P. and Portenoy RK. Cancer Control; Journal of the Moffitt Cancer Center 1999; 6(2):136-145).

Pain is usually well controlled and managed by primary care physicians and oncologists. Some difficult cases require consultation of pain management physicians. Expert level of opioid medications management may involve significant dose advancement with strict monitoring of the side effects. When risks of side effects of opioid medications overpower the benefits of pain relief produced by opioid, other usually more invasive options are applied under the direction of pain specialist. Advanced options in treatment of uncontrollable cancer induced pain include injections of steroids around inflamed structures, chemical and electrical denervation of nociceptive or neuropathic source, and vertebral augmentations for spinal neoplastic fractures, spinal cord stimulators, and intrathecal opioid delivery devices.

Pain is a common associated cancer symptom and should be addressed diligently. With the advancement of pain management, we can further decrease pain and allow the patient to enjoy the family, hobbies, and life.

Hospice

Scott Smith, MD

2010 has been a year of change and innovation for Adventist Health Hospice.

In June we welcomed Dr. William Kennedy as Medical Director. He brings a wealth of hospice and palliative care experience to Adventist Health, as well as boundless creative energy and a vision for the future of hospice care. He follows in the footsteps of Dr. Tanya Stewart who has been a leader in promoting hospice and palliative care locally and nationally. During her six years as our Medical Director, Dr. Stewart took the role of physician leadership within the hospice team to a new level so that we are now well positioned as Medicare rules have evolved to require greater involvement of hospice Medical Directors in the care of all hospice patients. Our two full time Medical Directors are actively involved in all aspects of the day to day medical management of our patients and provide direct patient care with home visits.

Our hospice program continues to be a center of excellence in end-of-life care. The National Hospice and Palliative Care Organization surveys the families of hospice patients nationwide to evaluate their satisfaction with hospice care. Adventist Health Hospice achieved 100th percentile quality ratings in the management of pain and shortness of breath, the most common symptom management challenges at the end of life. The families we served were also 100% satisfied with our medical equipment service and pharmacy delivery time. These are crucial components of our integrated model for hospice care. Another valuable service unique to Adventist hospice is our full time Physical Therapist, MJ Paulitz. She has been instrumental in improving the safety and comfort of our hospice patients and provides excellent support and training for families, care givers and hospice team members.

This year our ability to serve more patients has come to fruition with the opening of Faithful Links, a home based outpatient palliative care program. This service was envisioned by Dr. Stewart and developed in collaboration with CareOregon. Faithful Links provides nursing, social work, chaplain and home health aide visits to patients with life limiting illness who are not yet eligible for hospice services or patients with

goals that include continuing active treatment for a terminal condition. The start up of this program has been supported by a grant of $50,000 from the Regence Foundation Sojourns Award in recognition of Dr Stewart's work as a passionate and inspirational leader in the field of palliative and end-of-life care.

Our Adventist Health Hospice team is dedicated to providing physical, emotional and spiritual comfort to patients and families with the comprehensive support that is essential to face the end-of-life journey with dignity and confidence.

Pathology/Laboratory

Meredith Peake, MD

The Adventist Medical Center (AMC) Pathology Department examines specimens to identify and classify various neoplasms, including surgical specimens, bone marrow samples and samples from various tumors obtained by fine-needle technique, with or without radiological guidance. A full range of routine and immune-mediated diagnostic tools are available, either on site or through consulting and referral laboratories, such as Oregon Health Sciences University, commercial laboratories, and others.

Staff pathologist qualifications at AMC include board certifications in Anatomic Pathology, Clinical Pathology, Cytopathology, Dermatopathology, and Hematopatholgy.

Automated immunohistochemistry is used routinely to classify and/or confirm tumor diagnoses, which usually results in far shorter turnaround times for reports than was the case in the past. Most reports are obtainable on-line, so there is no delay by paper handling.

Tests for chromosomal abnormalities found in neoplasms are increasingly in use as an aid in planning chemotherapy and radiotherapy, and are available upon request. A number of molecular studies are performed automatically to provide treatment information: Her-2 amplification in breast cancer, EGFR mutation in adenocarcinoma of the lung, and KRAS mutation in colon adenocarcinomas. Flow cytometry is also utilized to characterize hematologic abnormalities, including lymphomas, leukemias and myeloproliferative disorders.

The role of genetics is also increasingly being addressed by pathologists. Tests for mismatch repair genes are automatically performed on patients who are diagnosed with colon or endometrial cancer under the age of fifty to detect Hereditary Nonpolyposis Colorectal Cancer (HNPCC) or Lynch Syndrome. Once identified, these patients can be referred to an oncologist or cancer genetics counselor for appropriate counseling and screening tests to detect future malignancies.

Radiation Oncology

Kim Earp, MBA, RT(R)(T)

The Radiation Oncology Department at Adventist Medical Center continues to integrate medical imaging tools to provide patient-customized treatment technique. Radiation Oncology treatment planning at AMC utilizing CT, MRI and PET/CT scans in the evaluation of tumor volume is employed for all patients. This method of treatment planning assists the radiation oncologist in evaluation of the extent of disease and provides a much more accurate assessment of tumor parameters. Through use of these more accurate assessment tools and routine digital imaging of patients under treatment, the radiation oncologist can devise the most appropriate treatment fields while protecting adjacent normal structures. We have been incorporating more fused MRI and CT scans in the treatment of prostate, brain and head and neck cancers and this merging of images from multiple modalities has allowed us to more accurately define disease and protect other critical structures. Professional review of current treatment methods has revealed the increased importance of select anatomical identification as part of the planning process. As the complexity of our treatment setups and goals advance, we expect to increase utilization of these imaging and treatment resources.

In recent years we have seen many more patients receiving combined modality treatment. This approach combines chemotherapy and radiation therapy and has enhanced survival rates for many patients. In addition, more patients nationally and at Adventist Medical Center (AMC) are able to benefit from the refined tumor targeting abilities of Intensity Modulated Radiation Therapy (IMRT). This treatment approach is the standard of care for many primary cancers such as Prostate, Head and Neck and complex disease presentations. This complex approach is quickly becoming more common and is utilized in about 40% of cases at AMC.

Enhanced Care

Our patient evaluations show a continued high degree of satisfaction with the care received. The average score for all patients completing a survey was 4.7 on a 5-point scale where five is "Highly Satisfied." Our mission is to provide state of the art radiation therapy in a compassionate and supportive environment.

Integrated Support Services

The Radiation Oncology Department relies on the excellent supportive care team available at AMC. Our social worker, Teri Dion, MSW, and chaplain, Pam Proudfit, regularly attend our weekly patient care review meetings. These professionals have contributed to the whole person care that

is part of our mission. The Radiation Oncology Department is continuing in its commitment to bring the highest quality of compassionate care to our patients. We look forward to the year ahead with state-of-the-art treatment options to offer to patients and their physicians. In 2009 Radiation Oncology also became the meeting location for the bi-monthly Cancer Support Group. It has been helpful to assist this group with improved messaging in the department.

A Bright Future

Radiation Oncology saw many changes in 2009. We dramatically increased our department square footage by 80% and greatly enhanced the patient experience through improved waiting areas, larger exam rooms and dedicated consultation space. The staff also benefits with more office space, a larger conference room and staff break room. We are all very excited about the opportunity to serve our patients better and the response from patients and their families has been tremendous.

Breast Cancer Care

Teri Gilmore, RN, BSN

Breast cancer is the second most common cancer causing death in women, following lung cancer. It is also the second most common occurring cancer following non-melanoma skin cancer. One in eight women will be diagnosed with breast cancer in their life time. It seems everyone knows someone who has been affected.

Breast cancer has captured our attention. We wear our pink hats, display our pink ribbons; we walk for breast cancer and race for it. We think of breast cancer as a women's disease, but men too can get breast cancer. It's estimated 1970 men will be diagnosed in the United States during 2010. To date all patients have been women.

Breast cancer issues and breast cancer awareness month in October enjoy a momentum that we only dream of for other areas of health promotion outreach. The constant media attention works well to encourage mammograms and breast self exam. However, myths and misp erceptions about the disease abound. Women as a group are more fearful of breast cancer than any other illness and when diagnosed they are often terrified.

During the year I've contacted over 100 women within hours or days of learning their diagnosis. Usually I follow up by telephone soon after a physician, often a radiologist the patient doesn't know, has informed them of their diagnosis by phone. Each conversation is unique and can be over an hour long. Even so it is time very well spent. Fear and emotional burdens combined with fatalism about cancer are common, so relieving these present real opportunity to alleviate suffering.

My experience is that initially patients can't hear much beyond the diagnosis. What they have been most afraid of has come to pass. Many assume they've received a death sentence; even elderly women with tumors less than a cm have asked me how long I think they have left to live. With cultural sensitivity, compassion, patience and listening, I work to prepare a foundation of trust upon which to build an ongoing therapeutic relationship. Before my patient can benefit from education, coordination of care, or other assistance they must move beyond the initial phase, where like 'deer in the headlights', their mind has shut down. Having someone to lean on during the wait until an appointment with the surgeon or oncologist, makes a patient feel supported.

Once I assess they are receptive to new information, I find out what they understand and provide basic facts of their diagnosis. For example a woman with a 7 mm tumor on ultrasound, may tell me she knows she must have a mastectomy, just like their cousin fifteen years ago. Or she may believe that all women must get chemotherapy. Often their expectations are worse than reality. As a nurse my job is to make this experience as tolerable as possible and I can do so through education.

Nearly ten years ago the first breast health patient navigator program was developed and promoted by Dr. Harold Freeman, Chair of the Healthcare Association of New York State Breast Cancer Demonstration ProjectTM Advisory Board. This program has a different title but is synonymous with a patient navigation program. Following that model our program provides similar services which include:

- Connect patients with resources and support systems;
- Facilitate interaction and communication with health care staff and providers;
- Streamline appointments and paperwork;
- Help patients identify and access financial services to pay for their health care needs;
- Help patients arrive for appointments on time and prepared;
- Help decrease patient's fear and anxiety;
- Help patients identify and utilize appropriate social services; and
- Track interventions and outcomes.

This has been an exciting year with many great accomplishments. We received a mini-grant from Komen

Oregon which funded the purchase of a cancer organizer tool for 250 patients. The organizer includes a sturdy records organizer and a calendar date book plus exceptional information. Organization benefits patients by helping them cope with volumes of new information, paper and other details.

Since the program began in late 2009, in excess of 200 women have received some type of support, both for long and short term needs. These include women with suspicious results of routine screening, women who have never been screening, women requesting information or financial assistance, and others with metastatic disease or in long term follow-up.

Individuals with cancer are particularly vulnerable during these troubled economic times. Many families already are burdened with less than adequate employment and breast cancer can cause real financial hardship. With more people struggling the available resources in the community are rapidly depleted. Even so I have found exceptional gifts for patients. One woman received a grant for transportation in the amount of $400. I have helped several patients to obtain reductions in their health care costs from providers outside Adventist Health. Many women have been helped through arranging frequent transportation to medical appointments. Others have benefited from prescription discounts and foot work to locate best price alternatives for health care items.

2010 has been a hugely successful year with many patients benefiting from removal of barriers, physical, emotional, and financial that could have impacted their ability to move smoothly across the continuum of care.

Cancer Clinical Trials

Beth Johnson, RN

Adventist Medical Center continues an affiliation with the Columbia River Oncology Program (CROP). CROP is supported through the Clinical Community Oncology Program (CCOP) of the National Cancer Institute. The Columbia River Oncology Program is dedicated to the goal of enhancing the health of our community by providing and promoting cancer treatment, prevention and control research. The Clinical Community Oncology Program allows large NCI - funded studies to be implemented at the community level.

A CROP committee selects the NCI clinical trials that CROP investigators may choose to participate in. CROP had approximately 60 treatment and cancer control trials available in 2009. Three patients were followed on clinical trials at Adventist Medical Center last year.

Not all trials match the particular disease site for an investigator's patient population. Other barriers for trial participation include investigator interest, stringent eligibility requirements for patient enrollment, small number of registered investigators and fewer clinical trial tests/ procedures covered by the protocol or patient's insurance.

While there are many obstacles in place, patients continue to be screened for eligibility to participate in clinical trials. All patients presented at the twice-monthly cancer conferences have been screened for possible clinical trial accrual.

Physician and patient education about clinical trials at Adventist Medical Center continues to be a program goal. The Clinical Trials office can be reached at 503-261-6673.

Specialty Rehabilitation

Heather Saviage, OTR/L

- **Women's Health**
- **Chronic Pain**
- **Lymphedema**

Physical therapy in the Specialty Rehab clinic is designed to meet the needs of many types of cancer patients, as well as other diagnoses.

Post-surgical Breast Rehabilitation — This therapy is designed for women who have undergone any type of breast surgery including:

- Mastectomy
- Radiation
- Reconstruction
- Augmentation
- Lumpectomy
- Biopsy
- Reduction

For those now experiencing pain, discomfort, weakness or a reduction in range of motion as a result of surgery, Physical Therapy can help. Early intervention may prevent a simple problem from becoming severe. Treatment has been shown to be effective even several years after surgery.

Lymphedema Treatment — A common complication associated with cancer is the swelling of the arms or legs that results from damage to the lymph system. Lymphedema has many possible causes that include:

- Removal of lymph nodes
- Radiation therapies
- Stroke

- Vascular surgeries or conditions

The proper treatment of lymphedema incorporates the use of special wraps and massage techniques to restore normal function and reduce swelling.

Chronic Pain Therapy — Postural dysfunction and pain in the spine and sacroiliac joint and/or pelvis may be relieved through myofacial release, muscle energy techniques, soft tissue and joint mobilization. Some common diagnoses for this type of therapy are:

- Fibromyalgia
- Muscle and joint pain
- Headaches
- Post-surgical scar restrictions
- Neck/throat cancer patients

Specialty rehab services are available at the Adventist Health outpatient clinic only.

Occupational Therapy

Heather Saviage, OTR/L

Occupational therapy provides individualized treatment focused on helping cancer patients be independent with daily living skills which include work, family, and self care. Occupational therapy provides service in acute care as well as outpatient locations.

Treatment can include:

- Adaptive equipment for daily living and work
- Patient/caregiver education
- Energy conservation
- Hand therapy
- Splinting

Audiology Services

Gregory Borgmeyer, MA, CCC-A
Erika Jones, AuD, CCC-A

The Audiology Services Department provides hearing assessment services to patients who may lose their hearing due to chemotherapy. Hearing loss may be overlooked in the diagnosis and treatment of cancer and can have a significant impact on a patient's quality of life.

High frequency monitoring of hearing during ototoxic drugs or radiation therapy in the head and neck region is available for cancer patients, as are full hearing evaluations or hearing screenings.

Our services include:

- Ototoxicity monitoring
- Individual hearing screenings
- Full diagnostic hearing evaluations

Speech Therapy

Amy Burkard, MS-CCP, SLP

Speech and language pathology services include providing support for cancer patients and their families through all the service delivery areas of the Adventist Health system. These include inpatient and outpatient services at Adventist Medical Center as well as through home health services.

Treatment plans are personalized to the patient's needs which can include assistance with selecting appropriate diet textures, assistance in swallowing, as well as with assessment for a voice prosthesis or developing a nonverbal communication aid if necessary. Our goal is to keep oral intake comfortable and communication abilities functional. Services include:

- Working with dietary services to assure that food textures are easy to swallow.
- Assisting family members and caregivers in feeding techniques to avoid choking or aspiration.
- Evaluating and promoting treatment to establish a laryngeal post-laryngectomy communication.

Physical Therapy

Donald R. Montgomery, PT, DPT, OCS

The Physical Therapy Department provides individualized care for all cancer patients both in our acute care setting and outpatient service locations. Treatment techniques may include:

- Functional mobility
- Gait, balance and transfers
- Strength and endurance training
- Pain relief
- Equipment needs

Adventist Health Balance & Mobility Center is designed to evaluate those at risk for falls. Treatment programs are specific to diagnosis.

Pastoral Care

Pam Proudfit, MDiv, BS, Chaplain

A cancer diagnosis brings changes in a patient's relationships, roles, and priorities. One's strengths and fears, resources and hopes may be re-examined, and many aspects of life have new spiritual significance. In the context of living with or dying from cancer, a person's internal response can be in tension with his/her values and beliefs. Chaplains are available to help process these issues and access meaningful resources. Pastoral Care services address people's needs in some of the following ways:

Pre-Operative visits are made to patients prior to a surgery that requires an overnight stay.

In-Patient visits are made by chaplains, as part of the treatment team, unless requested not to do so.

Referrals may come from physicians, nurses and other hospital staff, as well as from a patient or family.

Cancer Conferences are attended by a chaplain twice a month. This enables the chaplain to be better informed regarding the medical challenges that confront cancer patients and to present social/spiritual considerations when appropriate.

Radiation Oncology chart rounds are attended by a chaplain, who is available to offer spiritual support as requested by a patient or staff.

Hospice chaplains are available to all of Adventist Health Hospice patients and families. Between 60 percent and 70 percent of patients request and receive continuing pastoral care. Two full-time chaplains are members of Hospice's interdisciplinary team and contribute to care planning.

Home Health patients receive a packet containing a letter of introduction and an invitation to be visited by a chaplain. Adventist Medical Center's Pastoral Care offers up to five hours per week for chaplain services to home health patients and inter-disciplinary team meetings.

Response at time of death is made as chaplains are notified, whether the patient is in the hospital or at home under hospice care. They provide emotional and spiritual support to family and friends, and to staff.

Funeral Services are sometimes officiated by chaplains, who may also attend memorial services of hospice, home health and hospital patients with whom they have become acquainted.

Bereavement Support is offered through a six-session Healing Grief class four times a year. Also, a sympathy card offering a memorial Bible is sent to families of patients who die in the hospital. Additional support is given as they respond.

Staff Orientation and Support is provided by the Pastoral Care department to nursing and ancillary personnel regarding spiritual care. Within the provisions of AMC's mission statement, the pastoral staff supports each health care giver's own spirituality and extension of that spirituality in addressing patient needs.

Oncology Nursing

Heather Goold BSN, OCN

The Medical/Oncology Nursing unit provides services for both inpatient and outpatient populations at AMC. We have two nationally certified nurses, Heather Goold and Marie Pieren. Oncology Certified Nurses (OCN) are required to complete continuing education by attending national or community conferences, online courses and hospital provided in-services. Three nurses maintain the ONS Chemotherapy and Biotherapy Certification.

In 2010 several nurses independently attended local conferences. Several staff attended the Oregon Hospice and Palliative Care Annual Conference in June.

The Palliative Care Program, developed and run by Karen Johnson BSN, CHPN, strives to meet the many complex needs of our patients and families throughout their experience with chronic illness. The program also supports the Physicians and Nursing staff with one on one education/counseling, debriefing support, and in-services.

We continually update our educational material, providing patients and families with the information related to specific cancer diagnosis, symptom management and available resources.

We maintain membership in the Oncology nursing Society (ONS), which provides our unit with up-to-date literature on standards of care, current treatments, therapy practices, and national journals. Examples of our national journals are: *Oncology Nursing Forum*, and *Clinical Journal of Oncology Nursing*.

We maintain membership with the Adventist Health Cancer Committee, Radiation Safety Committee, the Palliative Care Steering Committee, the Nurse Advisory Council, and the Oncology Work Group. These resources provide our staff with opportunities to network with other health care professionals. This valuable information then allows us to implement "best practice" with both local and national current standards.

Continuing Education Classes 2010

- » Palliative Care – Karen Johnson, Palliative Care Coordinator
- » Radiation Safety – Kim Earp, Radiation Oncology
- » Huddle In-services – Marie Pieren
- » Education Express – Health Stream (online)
- » AMC's Oncology Nursing Consortium – Heather Goold, Marie Pieren (in development)

Pharmacy

Janice Hogue, RPH

The pharmacy department provides 24-hour clinical and distributive oncology services. Pharmacists and Pharmacy IV Admixture Technicians are highly trained to safely and accurately prepare chemotherapeutic agents and associated medication therapies. Pharmacists oversee special protocols and safety procedures for preparation, dispensing, administration and disposal of chemotherapy. Clinical literature, reference manuals, and a computerized clinical information system provide the most current clinical information for pharmacy staff.

Nutritional Services

Melva Atkins, RD, LD

The Clinical Nutrition staff continues to be committed to promoting the nutritional well being of our cancer patients. Registered Dietitians routinely visit and counsel with patients and their families at the time of diagnosis through the course of their treatment. Our services cover inpatients, outpatients, home health patients and Radiation Oncology. The dietitians provide counseling and education on maintaining adequate oral intake. Help with assessing and monitoring patients for more specialized nutrition support is available should it be necessary.

Adequate nutrition is a key component to the success of many other therapies provided to the cancer patient. We work closely with the other allied health services to coordinate care plans. Our goal is for the patient to safely maintain oral intake as long as possible and be as well-nourished as possible at the end of their treatments. Our outpatient dietitians take an active role in counseling the patients receiving radiation therapy. Referrals can be made to the home infusion dietitian, to counsel and monitor patients receiving home nutrition support.

The past decade has brought increased knowledge of possible causes of cancer. It has also brought information on the potential benefit of certain nutrients that may have a protective benefit. When appropriate, our dietitians will instruct patients on how to safely incorporate these foods or supplements into their diets.

Home Health

Susan Erich, RN

Home Health provides a team of health care specialists — including nurses, Home Health aides, physical, occupational and speech therapists, and social workers — who work with patients and their families to teach them self-care or how to care for an ailing loved one. Our nurses perform both simple and complex procedures, including wound care and intravenous administration.

This program is an integral part of the continuum of care for those patients discharging from the hospital but still needing nursing or therapy services. It is also to keep those from an intermittent stay in a skilled nursing facility. All of these services are available for patients who are home bound, or find it difficult to leave home, and for whom restorative care is deemed appropriate by the physician. The goal of home health is to enable patients to stay in their homes and be as independent as possible.

Social Work

Terry Dion, LCSW

Coping with cancer is far more than a physical or medical process. Alterations in emotional well being, social relationships, and spiritual outlook often accompany the illness experience. Treatment needs may come to dominate daily life, competing with or replacing other significant activities, such as work and family time. Access to community and financial resources, such as in-home assistance and disability income, may become necessary.

Medical Social Workers are uniquely qualified to address the psychological and emotional needs presented by patients with cancer and their loved ones. Social work support is available to persons served within and beyond the hospital. Hospital discharge planners assess patient and family needs in order to facilitate optimal discharge. In the home environment, Home Health, Radiation Oncology, and Hospice Social Workers assist patients and their families with community resource linkage and much needed emotional support.

Social work support including providing emotional support as well as to provide information on community resources is now offered to patients and their families in the Radiation Oncology Clinic collaborating with/supporting the work of our Patient Navigator, Teri Gilmore.

The Social Workers are an active part of the interdisciplinary team to assure that all of the patient's needs are being met. As part of Adventist Medical Center's commitment to care for the whole person — body, mind, and spirit — there is a support group for persons with cancer, and their loved ones. The focus of this group is to provide persons with cancer and their loved ones a safe place in which to discuss concerns, share information, and offer support to one another.

Palliative Care

Karen Johnson, RN, BSN, CHPN

The Palliative Care Program provides services for our in-patient population, focusing on promoting Quality of Life for patients living with advanced, chronic and/or life limiting illnesses and their families.

Palliative Care serves those anticipating curative intervention at discharge as well as those transitioning to hospice or those dying here in the hospital.

Palliative Care offers assistance with:

- Symptom management
- Patient and family emotional or spiritual distress
- Goals of care review
- Helping patients and families understand the severity of the disease
- Information about their disease and hospitalization
- Advanced Care Planning
- Coping with new life-limiting diagnosis
- End-of-Life care
- Transitioning from the in-patient setting across the continuum of care

AMC Palliative Care also works to provide education for staff. Palliative care educational opportunities in 2010 included:

- Statewide Palliative Care Conference, "Hope and Acceptance: The Human Struggle"
- Hosting the All-City Palliative Care Conference in April entitled, "When values collide: Hope, miracles and grave prognosis," and in October entitled, "Improving the Quality of Spiritual Care is a Dimension of Palliative Care."
- Education at Medical Unit huddles (quarterly) on requested Palliative Care topics
- 1:1 staff education during patient care
- Presentation, "AMC Ethics Consultation"
- Center to Advance Palliative Care audio conference, Audio-Conferences, "The Palliative Care/Critical Care Nexus," and "The Palliative Care Social Worker: Opportunities for Collaboration,Triage, Education and Outreach."
- "Equianalgesia and Titration of Opioids," Fall Ed Ex

Wellness Services

Edward Hoover, MA

Since 1963, Adventist Medical Center has been committed to helping smokers break free from the powerful addiction to nicotine. In addition, in keeping with our Adventist Health heritage and modern research we have continued to share some of the many benefits of a plant-based diet, personal fitness and other recognized approaches to cancer risk reduction.

Smoking Cessation

Weekly Support Group Meetings: Social support is critical for the recovering nicotine addict. For nearly 30 years this one-hour support group has met on Monday evenings. Although primarily for recovering smokers, these free sessions are open to anyone considering quitting. Attendance continues to vary between five and ten people each week.

Smoke-Free Kits: For a number of years, Wellness Services has provided a special Smoke-Free Kit that is offered to hospital inpatients and to others. The kit contains practical self-help materials and information on other free/low-cost services that can help them on the journey to becoming Smoke-Free.

Nutrition & Fitness

Vegetarian Nutrition Promotion: Throughout the year, Wellness Services offers workshops, educational displays, screening events and other materials designed to help improve awareness of the benefits of a balanced, plant-based diet. These efforts are often in partnership with the National More Matters Campaign - promoting fruit and vegetable consumption, American Cancer Society, The Cancer Project, and the American Institute for Cancer Research.

Preventive Health Screening & Education: An ongoing dimension of Wellness Services has been our work with

conducting health screenings and cancer prevention education in a number of community and workplace settings. These often include a variety of cancer-related screenings including skin cancer checks, occult blood, PAP, and PSA screenings. Because of it relationship to cancer risk and the high incidence of low vitamin D levels in the region, Vitamin D screening and education continues to be popular.

Inquiries and referrals can be made by contacting Wellness Services at 503-261-6611.

Cancer Patient Transportation Program

Kimberly Earp, MBA, RT (R)(T)

The Cancer Patient Transportation program is a mission driven program for Adventist Medical Center (AMC). This service is funded substantially by charitable contributions from AMC staff.

Patients requiring transport are identified based on referrals from physicians and other staff. The program provides transportation for ambulatory patients who have no other means of transportation to and from radiation therapy appointments or other hospital imaging procedures. The program has paid, part-time employees who coordinate the transportation between the patient and Radiation Oncology.

This program helped transport 22 patients in 2010 for 313 trips. The quantitative evaluation of their efforts cannot sufficiently emphasize the tremendous impact these drivers have in the lives of patients and families. Without their help, many families would have to choose between, working income and insurance versus assisting spouses and ailing family members. This program is tremendously important in the lives of patients and also gives drivers a sense of satisfaction in helping others. We are grateful to the generous staff of AMC for supporting this program.

Clinical Nurse Specialist, Ostomy and Wound Care

Linda Henry, RN, MS, CNS, WOCN

Clinical Nurse Specialist, Ostomy and Wound Care Services for patients at Adventist Medical Center provides preoperative counseling and stoma marking; fitting of appropriate ostomy appliances; instruction and support for patients and families in ostomy care, including some of the newer ostomy surgery options; troubleshooting for appliance, skin care, and leakage difficulties; radiation skin care; and instruction and assistance for fistula problems that can be managed with ostomy pouches. Both inpatient and outpatient services are available for ostomy patients. Outpatient services, preoperative consultation, early involvement and communication with the home health and hospice team are necessary to provide care and accomplish goals in the short hospital stay.

Consultation and assistance with skin and wound care is also available for the hospital nursing staff. The department has worked with hospital staff to prevent and improve problems with skin breakdown for hospitalized patients.

our mission

. . . to demonstrate the human expression of the healing ministry of Jesus Christ.

We commit to:

- Delivering whole-person care that nurtures body, mind, and spirit;
- Encouraging living well by promoting a healthy lifestyle;
- Reflecting God's love by serving with compassion, dignity and respect;
- Improving the health of the communities we serve;
- Providing services in the most medically and financially appropriate setting;
- Delivering compassionate, high quality care with technical excellence;
- Creating a safe environment of care that inspires trust and confidence;
- Serving as a faith-based health care organization consistent with the philosophy of the Seventh-day Adventist church;

our vision

We will be the market leader in delivering innovative, accessible, cost-effective, high quality, whole-person care. We will be recognized for exceptional service consistently demonstrating our mission and values.

our values

In partnership with God, we will fulfill our mission and vision by treating others in harmony with our values:

Integrity – Ensure our actions are consistent with our values
Quality – Provide care that is safe, reliable and patient-centered
Compassion – Reflect the love of Jesus through care, respect and empathy
Wholeness – Embrace a balanced life – integrating mind, body and spirit
Respect – Recognize the God-given dignity and individuality of each person
Family – Support each other in achieving our shared purpose
Stewardship – Serve our community through responsible resource management

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Care you can have faith in.