



Cancer care  
close to home.

# Cancer Program

ANNUAL REPORT - 2016

 FAIRVIEW  
RANGE MEDICAL CENTER

## MISSION

Fairview is driven to heal, discover and educate for longer, healthier lives.

## VISION

Fairview is driving a healthier future.

## VALUES

+ Dignity      + Service      + Innovation  
+ Integrity    + Compassion

### Our Commitment to You

Our goal is to provide you with the best possible experience at Fairview Range Medical Center. We strive to exceed your expectations, and we encourage you to be an active participant in your care. We will treat you with courtesy and respect. We will listen carefully to you. We will address your needs. We will respond to your concerns. We will answer your questions to keep you informed. We will provide a safe and clean environment. We will include you and your family in your Plan of Care. We will be sensitive to your cultural needs. We will work together as a team to care for you.



Patrick Sharp, MBA

Thomas Uncini, MD

## A message from the Cancer Committee Chair and the Cancer Program Administrator

Accredited as a Community Cancer Program by the Commission on Cancer (CoC) of the American College of Surgeons (ACS) since 2006, Fairview Range is proud to provide cancer care close to home. CoC accreditation is a voluntary commitment by a cancer program which ensures patients will have access to a full scope of services required to diagnose, treat, rehabilitate, and support patients with cancer and their families. Accreditation is awarded after a rigorous on-site evaluation and performance review of our program's scope of services, organization, and activity which demonstrates Fairview Range Medical Center's commitment to providing high quality cancer care. This accreditation demonstrates our commitment to improving survival and quality of life for our cancer patients by meeting the CoC requirements of standard-setting, prevention, research, education, and the monitoring of comprehensive quality care.

We strive to give hope to every cancer patient who comes through our doors. Local residents do not have to travel hours to a specialized cancer center, as we can diagnose and treat all forms of cancer right here in our own community. Because we are part of the community, our patients can receive personalized care and an unparalleled connection with the providers and staff. 2016 saw an increase in the number of patients we serve as well as the realization of several of our clinical, programmatic, and quality goals. Fairview Range serves the community through our full spectrum of cancer services—prevention, diagnosis, treatment, and wellness—to provide our patients with the power of community-based cancer care.

We are pleased to present the 2016 Annual Report for the Fairview Range Cancer Program. This report contains data from our cancer registry which summarizes the volumes and types of cancers treated at Fairview Range. We hope you find this report helpful and informative. We continue to look to the future and the opportunities ahead as we build on our already strong program and continue to serve the needs of our communities by providing high-quality cancer care close to home.

Thomas Uncini, MD  
Cancer Committee Chair  
Fairview Range

Patrick Sharp, MBA  
Cancer Program Administrator  
Chief Operating Officer  
Fairview Range

## Multidisciplinary Care

The cancer program of Fairview Range Medical Center offers a collaborative approach to cancer care. Developing a patient's optimal treatment often necessitates the opinion and contribution of multiple specialists. Our physicians include surgeons, medical oncologists, and radiation oncologists, all specializing in cancer treatment. Additionally, pathologists, and radiologists provide critical information needed to accurately diagnose and

stage cancer to assist in developing individualized patient treatment plans. Other important members of our multidisciplinary team include oncology nurses, radiation therapists, laboratory technicians, pharmacists, registered dietitians, nurse navigators, care coordinators, social workers, rehabilitation therapists, who, along with our administrative team, are all key contributors to quality patient care.



*Dr. Hanson  
General Surgery*



*Dr. Williams  
General Surgery*



*Dr. Marchuk  
General Surgery*



*Dr. Park-Skinner  
General Surgery*



*Dr. Fredrickson  
Otolaryngology (ENT)*



*Dr. Lindholm  
Radiation Oncology*



*Dr. Provas  
Medical Oncology/  
Hematology*



*Dr. Copeman  
Palliative Care Physician*



*Kim Pettinelli, FNP  
Medical Oncology*



*Shannon Slatten, FNP-BC  
Palliative Care*

## 2016 Cancer Committee Members:

**Tom Uncini, MD**

Pathology and Chairperson

**Danette Brandstrom**

Manager Materials & Regulatory

**Cheryl Bisping, RN**

Community Outreach

**Crystal Caudullo, RN**

Radiation Therapy

**Jeffrey Copeman, MD**

Palliative Care Physician

**Sheila Doering, BS, RT(R)(T)**

Radiation Therapy

**Jacquelyn Haigh, MSN, RN, ACNS-BC**

Manager Fairview Mesaba Clinics

**Sandra Hanson, MD**

Surgery

**Nancy Hukka, OTR/L**

Rehabilitation Services

**Barbara Johnson, RHIA, CTR**

Cancer Data

**Heidi Lahti, MHA, BSRS**

Director of Clinical Support

**Paul Lindholm, MD**

Radiation Oncology

**Sara Madden, Pharm D**

Pharmacy Manager

**Anne O'Keefe**

American Cancer Society

**Angela Olson, RN**

Quality

**Karly Olson, RN**

Cancer Services Coordinator

**Amy Ortiz, LGSW**

Social Worker

**Kim Pettinelli, FNP-BC**

Medical Oncology

**Anastas Provasas, MD**

Medical Oncology/Hematology  
Cancer Liaison Physician

**Rebecca Rutherford, MSW**

Social Work and Hospice

**Jessica Schuster, BS**

Marketing

**Patrick Sharp, MBA**

Sr. Vice President / Chief Operating  
Officer

**Shannon Slatten, FNP-BC**

Palliative Care

**Frank Suslavich, MD**

Diagnostic Imaging

**Stacy Wesley, RN**

Quality

**Michael Williams, MD**

Surgery

## Cancer Registry

A cancer registry is an information system designed for the collection, management, and analysis of data on persons with the diagnosis of a malignant or neoplastic disease (cancer). Maintaining a cancer registry ensures that health officials have accurate and timely information, while ensuring the availability of data for treatment, research, and educational purposes. These data are then used to inform a wide variety of public health decisions and provide information for cancer diagnosis, treatment and prevention programs.

Lifetime follow up is an important aspect of the cancer registry. Current patient follow-up serves as a reminder to patients to schedule regular clinical examinations and provides accurate survival information.

## 6 | Fairview Range Medical Center Cancer Program 2016

Here at Fairview Range Medical Center we provide community education, screenings, and patient and family support. We support a monthly support group as well as a quarterly **Look Good Feel Better** program in conjunction with the American Cancer Society.

### Cancer Support Group

This ongoing support group is open to all cancer patients. We gather the fourth Tuesday of every month to discuss the latest treatments, stress management, coping, nutrition, where and how to find resources, and much more.

Where: Fairview Range Radiation Therapy Center  
750 E. 34th Street  
Hibbing, MN 55746

When: 4th Tuesday of every month

Time: 6 p.m. – 7:30 p.m.

### Look Good Feel Better®

**Look Good Feel Better** is a free program from the American Cancer Society designed for women dealing with hair loss and skin changes from chemotherapy and radiation. You will learn specific techniques to make the most of your appearance while undergoing treatment. You will also receive a makeup package valued at \$200.

Classes Held in Hibbing at Fairview Range, 750 E. 34th St., Hibbing, MN

Registration is required, please call the American Cancer Society at 1-866-460-6550.

#### Scheduled dates for 2017:

**Jan 16, April 10, July 10, Oct 16**

Please visit [www.range.fairview.org](http://www.range.fairview.org) for additional dates and times related to community education and screening opportunities.

### Cancer Conference

Our Cancer Conference is held on the first Tuesday of every month. During Cancer Conference, patient's cancer cases are discussed, enabling the physicians coordinating the patient's treatment to gain input from a number of healthcare professionals who represent a variety of specialties. Recommendations relevant to the patient's care are thoroughly evaluated before a treatment plan is created.

### Survivor Reception

We, at Fairview Range feel it is important to celebrate the cancer survivors in our communities. We hosted our third annual reception on June 29, 2016 at Fairview Plaza. This is a celebration for those who have survived, an inspiration for those recently diagnosed, a gathering of support for families, and an outreach to the community.



## 2016 Community Screening, Prevention and Education Programs

### SCREENINGS

Each year, the Cancer Committee provides at least one cancer screening program that is targeted to decreasing the number of patients with late stage disease. The program is based on community needs and is consistent with evidence based national guidelines. A process is in place for follow up of all abnormal results.

#### PROGRAM

Breast Screening – SAGE Program  
Lung Cancer Screening

### PREVENTION PROGRAMS

Prevention and Wellness: Each year, the Cancer Committee provides at least one cancer prevention program that is targeted to meet the needs of the community. This program is designed to reduce the incidence of a specific cancer type.

#### PROGRAM

Fairview Range Health Expo  
Smoking Cessation  
3D Mammography

### PATIENT AND FAMILY SUPPORT SERVICES

Nutrition Counseling	Cancer Rehab
Lymphedema Therapy	Pharmacy Consults
Look Good Feel Better	Therapy Dogs in Oncology Unit
Cancer Support Group	Chaplain Services
Cancer Education Lending Library	Palliative Care
Care Coordination	
Cancer Survivor Reception	

## “Trust your journey, fight like a girl, and kick cancer’s butt.”

A dream that woke Michelle Chamernick would end up saving her life.

“My husband’s alarm went off for work and I woke up from a dream about doing a breast exam,” said Chamernick of Chisholm.

The 47-year-old had always been good about getting regular mammograms and had just had one a few months earlier. She usually did self-breast exams, too, but hadn’t recently.

“I kept hearing this voice telling me that I needed to do a self-exam. It was almost haunting me,” Chamernick recalled. “I don’t know if it was divine intervention, but I figured I’d better listen.”

That’s when she discovered a lump in her breast and made an appointment with her OB-GYN.

Her OB-GYN referred her to another doctor in Duluth.

“That was a mistake,” Chamernick said. “I’m not sure why I was sent there when we have such great care right here at Fairview. I drove all the way to Duluth to basically have them tell me I had a lump.”

That led Chamernick to schedule an ultrasound and 3D mammogram at Fairview Range Breast Center in Hibbing. She had a biopsy on December 28.

Chamernick’s doctor in Duluth called her on December 31 to tell her the lump was cancer. The scheduler told her the earliest she could be seen by the doctor was January 18.

“I wasn’t told what kind of cancer I had or what grade or anything,” said Chamernick. “I needed to know more. I wanted to know if I could wait that long to see the doctor. When I talked to the doctor’s office in Duluth, they told me ‘The doctor will see you when he will see you.’”

On New Year’s Day, Chamernick received a phone call from her family physician Dr. Mark Versich at Fairview Mesaba Clinic in Hibbing that completely changed the course of her cancer treatment.

“He told me my appointment was not going to be January 18,” said Chamernick. “I needed to be seen sooner.”

Versich explained she had invasive ductal carcinoma, grade 3 - an aggressive form of breast cancer. She was immediately scheduled to see surgeon Dr. Sandra Hanson at Fairview in Hibbing on January 11.

“Dr. Versich was instrumental in getting me the best possible care I could get,” Chamernick said. “I can’t thank him enough. To call me at home on a holiday and put my mind at ease and explain my diagnosis was incredible.”

Chamernick was happy to get additional answers at her appointment with Dr. Hanson.

“Dr. Hanson explained everything – all the procedures and options and what you have to think about,” Chamernick said. “It was really helpful.”

By January 18, Fairview Range had already done all her pre-surgery blood work, a brain MRI, a breast MRI and a PET scan. She also met with surgeons Dr. Audrey Park-Skinner and Dr. Andrew Baertsch to plan her mastectomy and later reconstructive surgery.

“Fairview was awesome,” said Chamernick. “They have a no-nonsense approach when it has to do with breast cancer.”

“Even though Dr. Hanson wasn’t able to do my surgery, she came down to see me that morning to wish me well and tell me I was in good hands,” said Chamernick. “It was really nice of her to do that.”

Her February 5 surgery went well, and Chamernick said the high quality of her care continued throughout her hospital stay.

“Everyone was wonderful. I had great doctors and nurses for my surgical experience,” said Chamernick. “They made me feel so comfortable.”

In March Chamernick began a total of 16 rounds of chemotherapy at Fairview Range. She said the oncology department was very thorough and did a good job explaining everything.

“I felt like everyone at Fairview treats me like family,” said Chamernick. “I felt extremely special to them and that they really cared.”

The care she received went beyond the hospital walls. Chamernick found comfort in being able to call the nurse navigator with questions and appreciated it when they checked in on her. Fairview Range staff also directed her to additional resources like Fairview’s cancer support group and the Look Good, Feel Better program that provides professional hair and make-up advice for cancer patients.

“One of the hidden blessings of cancer is that I’ve made good friends through this,” Chamernick said. “It was really good to connect with others who were going through the same experience.”

Chamernick said she was fortunate in that she didn’t experience many side effects from the treatment and didn’t miss much time from her job as an academic adviser at Hibbing Community College.

“I had the best cancer experience anyone could have once I went to Fairview,” said Chamernick. “I think it’s important for people to know we have a top-notch breast center and oncology department here in Hibbing with highly skilled and competent people.”

“I truly am blessed,” Chamernick said. “The support and care I have received from everyone is overwhelming and so appreciated! There are just so many people to thank: My family, friends, coworkers, and especially my medical team.”

Chamernick’s prognosis is good and she continues to have a positive attitude. She focuses on three mantras: Trust your journey, fight like a girl, and kick cancer’s butt.

She encourages other women to have regular mammograms and do self-breast exams.

“Catching it early is key,” said Chamernick. “It’s better to find out it’s nothing than to wait until it’s too late.”



Michelle Chamernick of Chisholm

## Cancer Program Highlights

The Fairview Range Cancer program features a support team of specialized individuals who understand that patients need to be treated as a whole person, not just a cancer diagnosis. Developing a patient's optimal treatment often necessitates the opinion and contribution of multiple specialists. We are able to accomplish this through discussions at monthly tumor board meetings and bi-weekly inter-disciplinary team meetings.

Fairview Range is dedicated to improving the overall health of our community and provides an array of customized services including care coordination, education, and prevention programs. Cancer support groups, as well as Reach to Recovery® and Look Good Feel Better® programs in conjunction with the American Cancer Society are integral elements of our program.

Fairview Range Radiation Therapy Center treats approximately 250 patients per year. Our radiation therapy center accepts referrals from all care systems. We offer the following radiation therapy services: external beam radiation therapy, intensity modulate radiation therapy (IMRT), image guided radiation therapy (IGRT), Rapid Arc, deep inspiration breath-hold, and stereotactic body radiation therapy (SBRT).

In 2016 we achieved status as a Certified Participant in the National Quality Measures for Breast Centers™ (NQMBC). The NQMBC is a voluntary quality program that identifies quality care measures, provides immediate access to information, and allows breast centers to compare their performance with other centers across the United States. Quality measures can be used to drive improvement and to measure and address disparities in how care is delivered. Participation in a quality program demonstrates commitment to the care we provide to our patients.

Fairview Range is proud to offer 3D Mammography for breast cancer screening, a revolutionary new screening tool for detecting breast cancer at its earliest, most treatable stage. This new technology produces a 3D image of a patient's breast, allowing doctors to examine breast tissue layer by layer and to see the

fine details more clearly. It is clinically proven to be superior to traditional 2D mammography in extensive research published by the Journal of American Medical Association. The 3D mammography screening experience is similar to a traditional mammogram in which multiple, low-dose images of the breast are acquired at different angles. These images are then used to produce a series of one-millimeter thick slices that can be viewed as a 3D reconstruction of the breast.

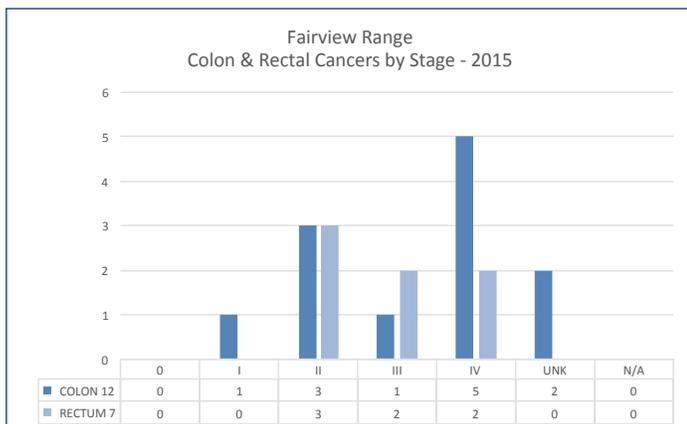
In an effort to support our patients and families in a larger, more comfortable environment, in 2016, we co-located our chemotherapy, infusion, and medical oncology services. Although medical oncology, chemotherapy and infusion services were already offered at the clinic, the relocation and renovation allows for expanded care of our community. The renovation project created a larger treatment area which will expand services and better serve patients. The new area includes six treatment rooms which open to a central nursing area for improved patient observation and ease of patient access. In addition, renovations will ensure a patient and family friendly experience in a more comfortable and relaxed environment while undergoing infusion treatments, such as chemotherapy.

Fairview Range hosted a Cancer Survivor Reception with the theme "Hope Grows Here" for cancer survivors, their families, and their caregivers to celebrate life. This was an opportunity for those who have survived cancer, those recently diagnosed, and the families and communities who support them, to mingle and honor each survivor's personal journey of strength, courage, and determination. We chose the "hope" theme because hope is an important part of the cancer journey. Hope is not necessarily the blind or rigid optimism that usually passes for hope, rather hope is meant as an openness to possibility (optimism), acceptance of risk, and a determination to work things out. The hopeful person looks at reality, and then arrives at solutions. If a hoped for outcome becomes impossible, the hopeful person finds something else to hope for.

PRIMARY SITE	TOTAL	CLASS		SEX	
		Analytical	Non-analytical	M	F
<b>ALL SITES</b>	<b>299</b>	<b>255</b>	<b>44</b>	<b>156</b>	<b>143</b>
<b>ORAL CAVITY</b>	<b>7</b>	<b>7</b>	<b>0</b>	<b>4</b>	<b>3</b>
LIP	0	0	0	0	0
TONGUE	2	2	0	1	1
OROPHARYNX	1	1	0	1	0
HYPOPHARYNX	1	1	0	1	0
OTHER	3	3	0	1	2
<b>DIGESTIVE SYSTEM</b>	<b>38</b>	<b>33</b>	<b>5</b>	<b>24</b>	<b>14</b>
ESOPHAGUS	4	4	0	2	2
STOMACH	5	5	0	5	0
COLON	12	9	3	5	7
RECTUM	7	6	1	5	2
ANUS/ANAL CANAL	2	2	0	0	2
LIVER	3	2	1	3	0
PANCREAS	3	3	0	2	1
OTHER	2	2	0	2	0
<b>RESPIRATORY SYSTEM</b>	<b>62</b>	<b>54</b>	<b>8</b>	<b>33</b>	<b>29</b>
NASAL/SINUS	0	0	0	0	0
LARYNX	4	4	0	3	1
LUNG/BRONCHUS	57	49	8	29	28
OTHER	1	1	0	1	0
<b>BLOOD &amp; BONE MARROW</b>	<b>12</b>	<b>12</b>	<b>0</b>	<b>6</b>	<b>6</b>
LEUKEMIA	4	4	0	2	2
MULTIPLE MYELOMA	4	4	0	3	1
OTHER	4	4	0	1	3
<b>BONE</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>CONNECT/SOFT TISSUE</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>1</b>
<b>SKIN</b>	<b>13</b>	<b>12</b>	<b>1</b>	<b>8</b>	<b>5</b>
MELANOMA	12	12	0	7	5
OTHER	1	0	1	1	0

PRIMARY SITE	TOTAL	CLASS		SEX	
		Analytical	Non-analytical	M	F
<b>BREAST</b>	<b>64</b>	<b>62</b>	<b>2</b>	<b>2</b>	<b>62</b>
<b>FEMALE GENITAL</b>	<b>9</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>9</b>
CERVIX UTERI	1	1	0	0	1
CORPUS UTERI	5	5	0	0	5
OVARY	1	1	0	0	1
VULVA	2	2	0	0	2
OTHER	0	0	0	0	0
<b>MALE GENITAL</b>	<b>44</b>	<b>25</b>	<b>19</b>	<b>44</b>	<b>0</b>
PROSTATE	42	24	18	42	0
TESTIS	2	1	1	2	0
OTHER	0	0	0	0	0
<b>URINARY SYSTEM</b>	<b>22</b>	<b>16</b>	<b>6</b>	<b>19</b>	<b>3</b>
BLADDER	13	8	5	11	2
KIDNEY/RENAL	8	8	0	7	1
OTHER	1	0	1	1	0
<b>BRAIN &amp; CNS</b>	<b>11</b>	<b>10</b>	<b>1</b>	<b>5</b>	<b>6</b>
BRAIN (BENIGN)	2	1	1	0	2
BRAIN (MALIGNANT)	7	7	0	5	2
OTHER	2	2	0	0	2
<b>ENDOCRINE</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>2</b>
THYROID	2	2	0	0	2
OTHER	0	0	0	0	0
<b>LYMPHATIC SYSTEM</b>	<b>6</b>	<b>4</b>	<b>2</b>	<b>3</b>	<b>3</b>
HODGKIN'S DISEASE	0	0	0	0	0
NON-HODGKIN'S	6	4	2	3	3
<b>UNKNOWN PRIMARY</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>0</b>
<b>OTHER/ILL-DEFINED</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>4</b>	<b>0</b>

## Colorectal Cancer



Colorectal cancer is a cancer that starts in the colon or the rectum. These cancers can also be named colon cancer or rectal cancer, depending on where they start. Colon cancer and rectal cancer are often grouped together because they have many features in common. Most colorectal cancers begin as a growth on the inner lining of the colon or rectum called a polyp. Some types of polyps can change into cancer over the course of several years, but not all polyps become cancer.

Colorectal cancer is the third most common cancer diagnosed in men and women in the United States, excluding skin cancers. The American Cancer Society estimates that there will be 95,270 new cases of colon cancer and 39,220 new cases of rectal cancer in 2016. Overall, the lifetime risk of developing colorectal cancer is about 1 in 20. The risk is slightly lower for women than men. Colorectal cancer is the second leading cause of cancer deaths when both sexes are combined. It is estimated that there will be approximately 49,190 colorectal related deaths in 2016. The death rate of colorectal cancer has been dropping for several decades. One reason for this is that today, colorectal polyps are more often found by screening and removed before they can develop into cancers.

It can take as many as 10 to 15 years for a polyp to develop into colorectal cancer. Regular screening can prevent many cases of colorectal cancer altogether by finding and removing certain types of polyps before they have the chance to turn into cancer. Screening can also help find colorectal cancer early, when it's small, hasn't spread, and is easier to treat.

Starting at age 50, men and women at average risk for developing colorectal cancer should use one of the screening tests as follows:

Tests that find polyps and cancer

- Flexible sigmoidoscopy every 5 years
- Colonoscopy every 10 years
- Double-contrast barium enema every 5 years
- CT colonography (virtual colonoscopy) every 5 years

Tests that mainly find cancer

- Guaiac-based fecal occult blood test every year
- Fecal immunochemical test every year
- Stool DNA test every 3 years

If any of the above tests are positive, a colonoscopy should be performed.

## Stages of Cancer

The stage of a cancer describes how far it has spread. This is very important because your treatment and the outlook for your recovery depend largely on the stage of your cancer.

There are really 2 types of staging.

- The clinical stage of the cancer is based on the results of the physical exam, biopsies, and tests like CT scans, chest x-rays, and PET scans.
- If you have surgery, your doctor can also assign a pathologic stage. It is based on the same factors as the clinical stage plus what is found as a result of the surgery.

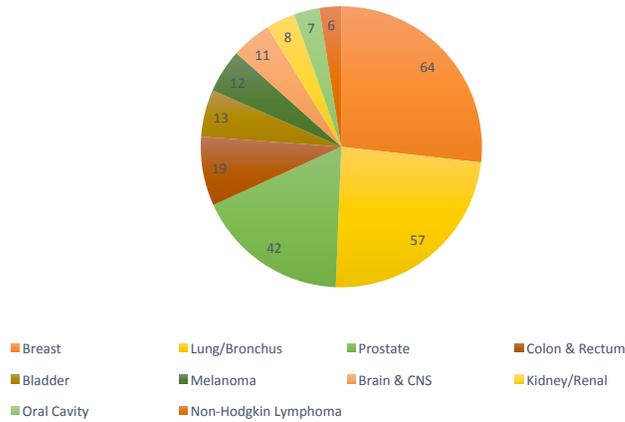
In some cases, the clinical and pathologic stages may be different. For instance, during surgery the doctor may find cancer in a place that did not show up on the tests, which might give the cancer a more advanced pathologic stage.

Because most patients with lung cancer do not have surgery, the clinical stage is used most often. The system used to stage non-small cell lung cancer is the AJCC (American Joint Committee on Cancer) system. It is based on 3 key pieces of information:

- The size of the main tumor and whether it has grown into nearby areas
- Whether the cancer has reached nearby lymph nodes
- Whether the cancer has spread to other parts of the body

Stages are described using Roman numerals from 0 to IV (0 to 4). Some stages are further divided into A and B. As a rule, the lower the number, the less the cancer has spread. A higher number, such as stage IV (4), means a more advanced cancer.

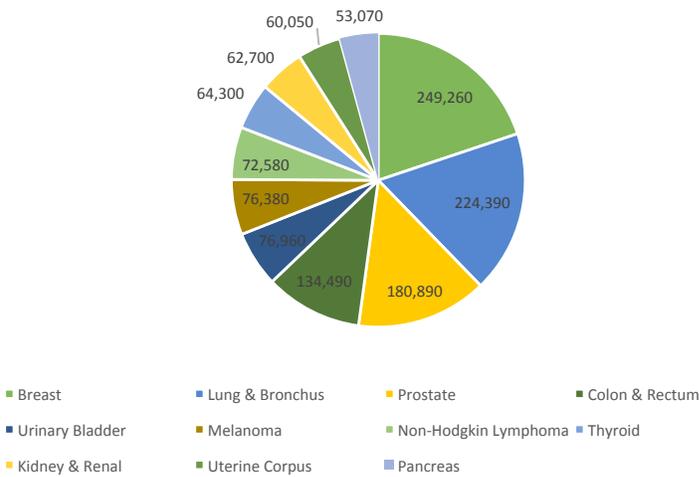
**Top Primary Cancer Sites Diagnosed/Treated - 2015 at Fairview Range**



**2015 Top Primary Cancer Sites Diagnosed/Treated in 2015 at Fairview Range**

Breast	64
Lung/Bronchus	57
Prostate	42
Colon & Rectum	19
Bladder	13
Melanoma	12
Brain & CNS	11
Kidney/Renal	8
Oral Cavity	7
Non-Hodgkin Lymphoma	6

**Estimated Number of New Cases in the United States 2016**

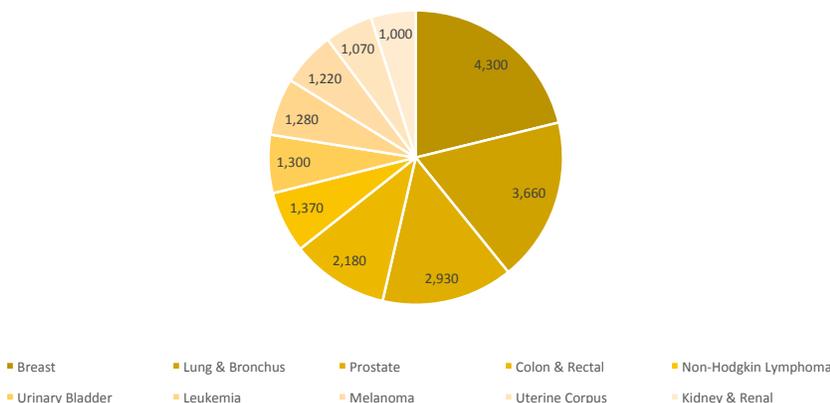


**Estimated Number of New Cases in the United States 2016**

Breast	249,260
Lung & Bronchus	224,390
Prostate	180,890
Colon & Rectum	134,490
Urinary Bladder	76,960
Melanoma	76,380
Non-Hodgkin Lymphoma	72,580
Thyroid	64,300
Kidney & Renal	62,700
Uterine Corpus	60,050
Pancreas	53,070

American Cancer Society: Cancer Facts and Figures 2016. Atlanta, GA: American Cancer Society, 2016

**Estimated New Cases by Cancer Type for MN 2016**



**Estimated New Cases by Cancer Type for MN 2016**

Breast	4,300
Lung & Bronchus	3,660
Prostate	2,930
Colon & Rectal	2,180
Non-Hodgkin Lymphoma	1,370
Urinary Bladder	1,300
Leukemia	1,280
Melanoma	1,220
Uterine Corpus	1,070
Kidney & Renal	1,000

American Cancer Society: Cancer Facts and Figures 2016. Atlanta, GA: American Cancer Society, 2016

## Catani Applauds Team Effort at Fairview Range

By Christina Brown

Frank Catani of Hibbing knows a thing or two about teamwork.

The retired Hibbing Community College hockey coach led the Cardinals to eight conference championships, six state championships, and two national titles.

So recognizing the hard work of a team is easy for him as he reflects on the medical care he's received from Fairview Range in Hibbing and Mountain Iron.

"It is really a total team effort," Catani said. "The people who are running this team are running it right, and I would recommend it to everyone."

Starting with a serious car accident years ago and leading through his diagnoses with atrial flutter, an enlarged prostate, and leukemia, Catani, now 76, said every person he's encountered at Fairview has taken good care of him.

The team approach to Catani's care even extended beyond Fairview Range when Catani was transferred to the University of Minnesota Medical Center (UMMC) for specialized care. Once back in Hibbing, Fairview Range continued to work with Catani's specialists at UMMC to ensure his care.

"I've gotten such good care. If I could shake every single person's hand who helped me, I think I would," said Catani. "I think I've tried."

He credits his Fairview doctors and nurse practitioners, Dr. St. George, Anne Flaim, Janean McCue, Dr. Sharp, Dr. Dahlberg, Dr. Provas, Dr. Anderson, Dr. Weight, Dr. Devathi from Essentia Health – Duluth and Dr. Ordonez at UMMC for his healing process, but he also remembers those who don't often get recognized for their roles on the health care team.

From Beth and everyone in reception to Tim at Baron's Pharmacy to nurses and caregivers Tracy, Holly, Kim, Karly, Jeanne, Brittany, Tasha, Natalie, and Doris to Susie in the cafeteria and the entire emergency room staff and ambulance service, he said they've all made his experience at the clinic and hospital a positive one. Catani said he also receives great care from Kate and Vanessa who are part of his palliative care team at home.

Catani said there are three things that make the quality of care he's received from Fairview Range stand out.

"It's about compassion, professionalism and dedication," said Catani. "Everyone here shows compassion. The nurses take good care of you and they really take good care of each other and support each other, too."



*Frank Catani, retired Hibbing Community College hockey coach.*

Catani said the Fairview team shows a high level of professionalism that makes him feel reassured in his choice of medical care provider.

"They do everything they can do to help you," said Catani. "The doctors give you all the time you want to ask questions. They want to solve things."

Catani said Fairview's dedication to their patients is clear, both in the staff's continuing education, and their follow-up care once the patient is home.

He's doing much better now and his numbers look good, thanks to his Fairview team.

"If things go bad for me, it's not going to be because of a lack of effort," Catani said of the health care professionals at Fairview. "They make me want to take care of myself. I feel like I owe that to them."

Catani is a relatively private man when it comes to his health issues, but he said he felt compelled to share his positive experience with Fairview publicly.

"I don't want anyone to have concern for me. Everyone has something," said Catani. "Instead, I want people to be grateful for the hospital that's here and the incredible care that anybody can get here."

Catani's wife, Juanita, said it's that quality of care that's kept them coming back to Fairview for all their health care needs. The fact that it's close to home helps too.

"We don't need to go elsewhere because they are solving the problem here," said Juanita. "They're hiring good quality people here."

Catani agreed.

"I tell everyone that I don't go here because it's convenient," said Catani. "I go here because of the care."

## Studies of Quality and Quality Improvements

Fairview Range Cancer Committee commissioned two quality studies. Both studies were conducted using the Plan, Do, Check, Act (PDCA) methodology. The following are the identified measures, results, implications, and recommendations reviewed by the Cancer Committee:

Treatment of cancer patients in the Emergency Department (ED) with fever or neutropenia.

Per the Infectious Disease Society of America (IDSA) guidelines "Clinical Practice Guideline for the Use of Antimicrobial Agents in Neutropenic Patients with Cancer":

Fever is defined as a single oral temperature measurement of  $\geq 38.3$  C (101F) or a temperature  $\geq 38$  C (100.4F) sustained over a one hour period.

Neutropenia is defined as an ANC  $<500$  cells/mm<sup>3</sup> or an ANC that is expected to decrease to  $<500$  cells/mm<sup>3</sup> during the next 48 hours.

### Study 1A – Antibiotic selection for cancer patients with fever or neutropenia in the ED.

### Study 1B – Time from ED arrival to antibiotic administration for cancer patients with a diagnosis of fever or neutropenia.

Per review of the "Clinical Practice Guideline for the Use of Antimicrobial Agents in Neutropenic Patients with Cancer: 2010 Update by the Infectious Disease Society of America" the recommended time for administration of antibiotics is within two hours of presentation.

A review of 47 patients who presented to the ED from October 1, 2014 to December 31, 2014 with a diagnosis of fever or neutropenia in addition to a

cancer diagnosis resulted in the following information:

- Of the 47 charts reviewed, four patients met the criteria of having a cancer diagnosis as well as a fever or neutropenia diagnosis. Three of the four patients received antibiotics. In reviewing "Clinical Practice Guideline for the Use of Antimicrobial Agents in Neutropenic Patients with Cancer: 2010 Update by the Infectious Disease Society of America" and the algorithm "Initial management of fever and neutropenia" from Up To Date, it was determined that none of the patient's received the appropriate antibiotic selection.

#### Goal:

One hundred percent of our cancer patients seen in the ED for fever and neutropenia will receive the correct recommended antibiotic within the recommended timeframe.

#### Action Steps:

- Initiate Sepsis order sets and Best Practice Alert (BPA) in the Emergency Department
- All patients that trigger the BPA in triage will be sent to the ED for the appropriate antibiotic coverage for sepsis and neutropenic care.
- Low risk algorithm for Neutropenic patients discharged to home from the ED posted. 06-19-2015
- Education on triple antibiotics coverage that are compatible to infuse together (cefazadime, vancomycin and Levaquin) 06-19-2015
- Education on the ED to Hospitalist Handoffs for continued antibiotics upon admission.

#### Outcome:

Follow up review of cancer patients meeting criteria related to ED presentation with fever or neutropenia at 30, 60, 90, and 120 days demonstrates 100% compliance.

## Important Contact Information

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### Cancer Services Care Coordinator

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### Cancer Support Group

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### Medical Oncology & Hematology

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