



Excelsa Health
ANNUAL CANCER REPORT
(based on 2013 data)

2014

We have Excellence in health care.

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Health

EXCELA HEALTH CANCER COMMITTEE

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Co-Chairman,
Radiation Oncology

Daniel Clark, MD
Co-Chairman and Cancer
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General Surgery

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Primo Bautista, MD
Pathology

Maged Shenouda, MD
Pathology

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Inpatient Oncology

Anne Marie Scekeres, MSN, RN,
CPHQ
Quality Services

Teresa Segelson, BASW
American Cancer Society

Lori Tkach, BS
Cancer Registry

Diane Trout, RN
Clinical Research

CHAIRMEN'S REPORT

The Cancer Committee was fairly active in 2013. We continued to follow the new standards implemented in 2012 by the American College of Surgeons Commission on Cancer which focus on enhancing patient centered functions and defining performance criteria in quality measurements and outcomes. We also continued to make progress toward implementing three of the new standards related to continuum of patient care focused on patient navigation, psychosocial distress screening and survivorship that will be required in 2015. This clearly supports the goals of Excelsa Health which constantly strives to improve patient care and outcomes.

In 2013, Excelsa Health partnered with the United Way of Westmoreland County to conduct a Community Health Needs Assessment (CHNA) to identify what the top health needs and/or barriers to care are in the surrounding community. A few of the top needs identified included access to care (including preventive care), limited awareness of available services and coordination of services. A few of the key findings related to cancer patients in Westmoreland County included: breast cancer incidence and mortality rates are increasing, lung cancer incidence rates are increasing and colorectal cancer incidence and mortality rates are trending downward. Related to breast cancer screening, it was found that approximately 60% of women in Westmoreland County have appropriately received mammogram screenings. In order to ensure women have better access to mammograms, Excelsa Health instituted the Walk-in Wednesday program where women can receive a screening mammogram without a prescription or appointment provided it has been one year since their last mammogram. To date, this program has been successful and continues to grow in the number of women utilizing this service.

Also to address the needs of the community, Excelsa Health continued to work with the American Cancer Society (ACS) to provide programs and services such as the ACS Survivorship Conference, Look Good...Feel Better, Reach to Recovery, Road to Recovery, the free wig salon, distribution of information on prevention and early detection at multiple health fairs and events in the community and transportation and financial assistance.

The Excelsa Health System also continued to be involved in the community by participating in the Relay for Life and Making Strides Against Breast Cancer Walk.

Through cancer conferences, we offered physician, nursing and ancillary staff education along with presentations on Genetic Testing in Breast Cancer and Beyond by Dr. Daniel Clark and Controversies in Preventive Care: Cancer Screening and Beyond by Dr. Richard Wender.

Above are just a few examples of how Excelsa Health continues to advance cancer care in Westmoreland County and continues to make strides in all aspects of patient care. We will continue to work with the American Cancer Society to provide supportive services. Additionally, Excelsa Health will continue to strive for excellence in cancer care.

Sanjeev Bahri, MD, FACRO, Cancer Committee Co-Chairman

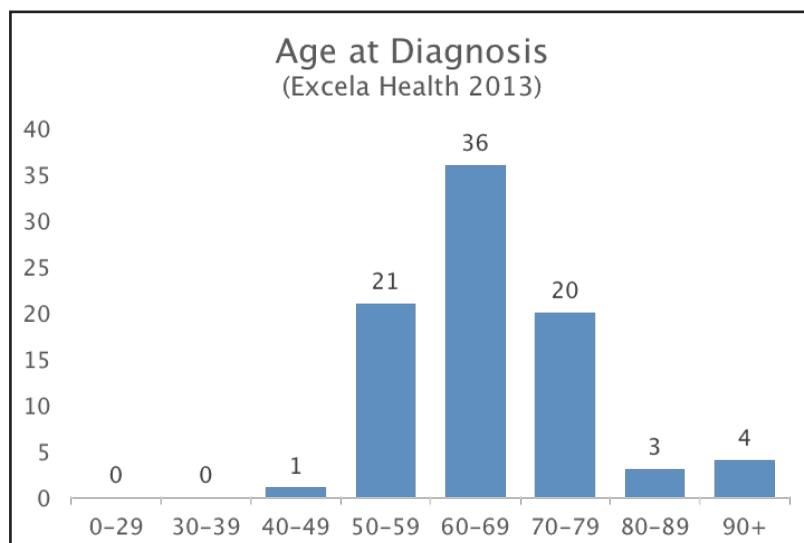
Daniel Clark, MD, FACS, Cancer Committee Co-Chairman



PROSTATE CANCER

OVERVIEW

Prostate cancer is the second most common cancer in American men after skin cancer. The American Cancer Society estimates about 233,000 new cases of prostate cancer will be diagnosed in 2014. About 29,480 men in the United States will die of prostate cancer in 2014. Prostate cancer is the second leading cause of cancer death in American men. One in seven men will be diagnosed with prostate cancer during his life time. Prostate cancer occurs mainly in older men with about 6 of 10 prostate cancer patients being diagnosed after 64 year old. Prostate cancer is rarely diagnosed in men before 40 years old. In 2013, the Excela Health database shows 85 men were diagnosed and the majority treated for prostate cancer with surgery or brachytherapy.



DIAGNOSIS and STAGING

Once prostate cancer is suspected based on PSA blood testing or digital rectal exam, a prostate biopsy is the next step to establish a tissue diagnosis. The prostate cancer pathology includes the number of positive biopsies and percent of cancer present in each biopsy as well as the Gleason score. The Gleason score is important to determine the aggressiveness of the prostate cancer. The Gleason score is a measurement of the differentiation of the prostate cancer cells and is usually a number from 6 to 10. A Gleason score of 7 or higher and/or a PSA level above ten indicates a higher risk of advanced prostate cancer. Patients with a higher risk of advanced prostate cancer are further evaluated with a CT scan and bone scan. The prostate cancer is staged according to the American Joint Committee on Cancer (AJCC) TNM guidelines.

American Joint Committee on Cancer Prostate Cancer Staging 7th Edition Primary Tumor (T)

TX	Primary Tumor cannot be assessed
T0	No clinical evidence of primary tumor
T1	Clinically inapparent tumor not palpable or visible by imaging
T1a	Tumor incidental histologic finding in 5% or less of tissue resected
T1b	Tumor incidental histologic finding in more than 5% of tissue resected
T1c	Tumor identified by needle biopsy (because of elevated PSA)
T2	Tumor confined within prostate found in 1 or both lobes but not palpable
T2a	Tumor involves one-half of 1 lobe or less
T2b	Tumor involves more than one-half of 1 lobe but not both
T2c	Tumor involves both lobes

T3	Tumor extends through the prostatic capsule or invasion into prostate apex
T3a	Extracapsular extension (unilateral or bilateral)
T3b	Tumor invades seminal vesicle(s)
T4	Tumor is fixed or invades adjacent structures other than seminal vesicles

Pathologic (pT)

pT2	Organ confined
pT2a	Unilateral, involving one-half of 1 lobe or less
pT2b	Unilateral, involving more than one-half of 1 lobe but not both lobes
pT2c	Bilateral disease
pT3	Extraprostatic extension
pT3a	Extraprostatic extension or microscopic invasion of bladder neck
pT3b	Seminal vesicle invasion
pT4	Invasion of bladder and rectum

*Positive surgical margin is indicated by an R1 descriptor

Regional lymph nodes (N)

Clinical

NX	Regional lymph nodes were not assessed
N0	No regional lymph node metastasis
N1	Metastasis in regional lymph node(s)

Pathologic

pNX	Regional nodes not sampled
pN0	No positive regional nodes
pN1	Metastasis in regional node(s)

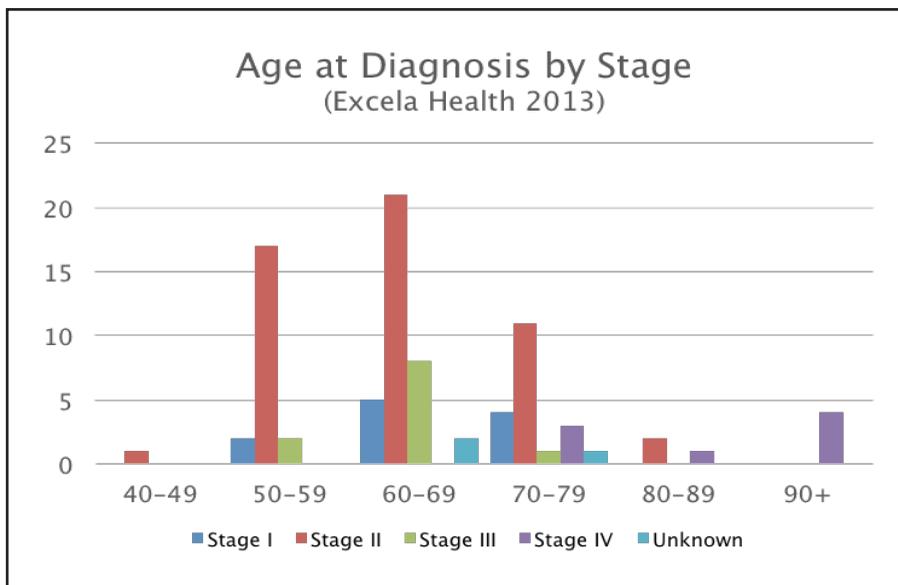
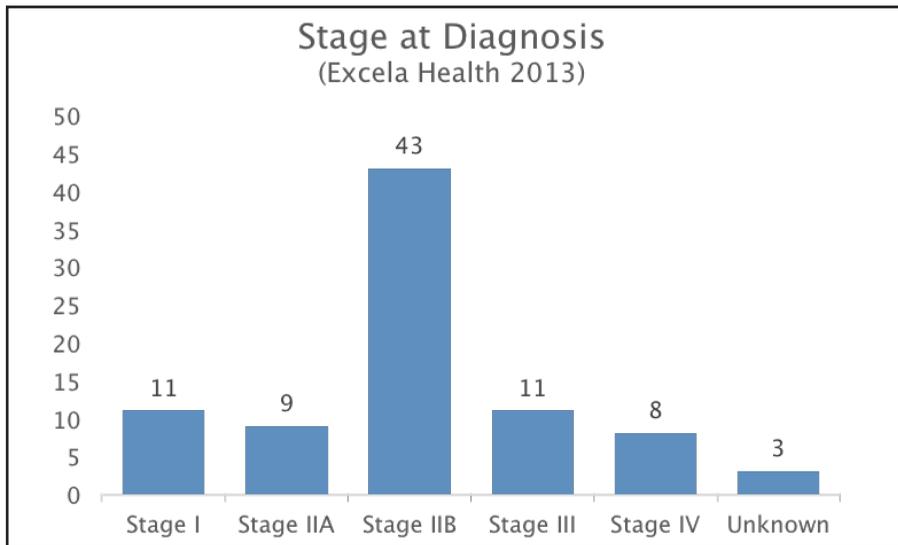
Distant metastasis (M)

M0	No distant metastasis
M1	Distant metastasis
M1a	Non-regional lymph node(s)
M1b	Bone(s)
M1c	Other site(s) with or without bone disease

Histopathologic grade (G)

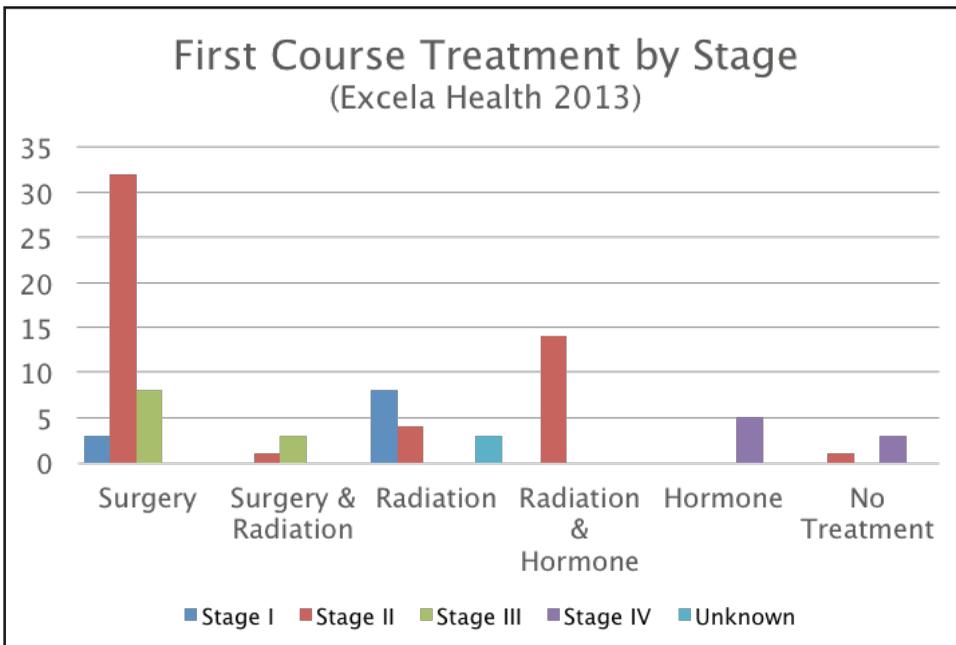
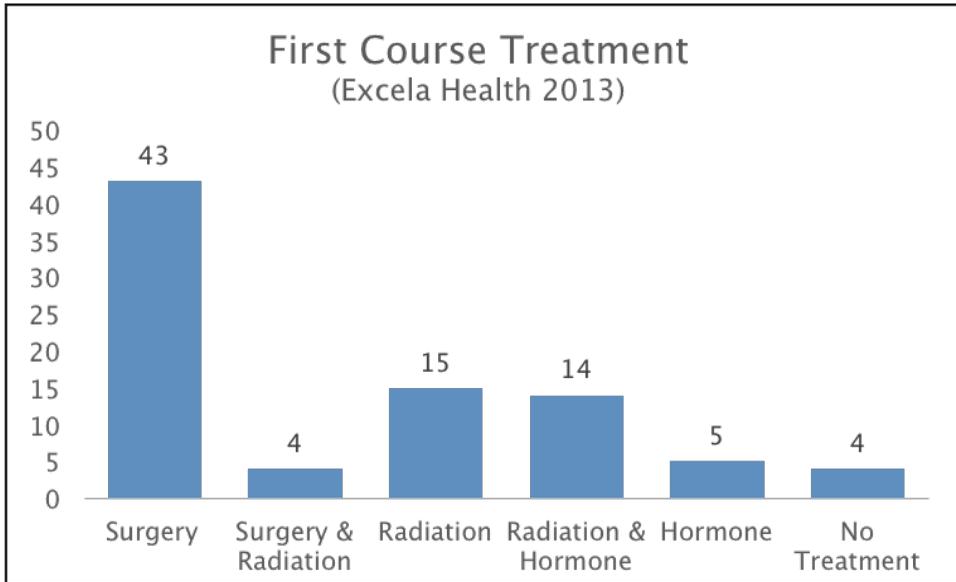
GX	Gleason score cannot be assessed
Gleason <6	Well differentiated (slight anaplasia)
Gleason 7	Moderately differentiated (moderate anaplasia)
Gleason 8-10	Poorly differentiated or undifferentiated

Stage	Anatomic Stage			PSA	Gleason
	T	N	M		
I	T1a-c	N0	M0	<10	≤ 6
	T2a	N0	M0	<10	≤ 6
	T1-T2a	N0	X	X	X
IIA	T1a-c	N0	M0	<20	7
	T1a-c	N0	M0	≥10 but <20	≤6
	T2a	N0	M0	<20	≤7
	T2b	N0	M0	<20	≤7
	T2b	N0	M0	X	X
IIB	T2c	N0	M0	Any	Any
	T1-2	N0	M0	≥20	Any
	T1-2	N0	M0	Any	≥8
III	T3a-b	N0	M0	Any	Any
IV	T4	N0	M0	Any	Any
	Any	N1	M0	Any	Any
	Any	Any	M1	Any	Any



TREATMENT OPTIONS

Treatment of prostate cancer depends on the stage and aggressiveness of the prostate cancer as well as the size of the prostate, voiding symptoms and the age and health of the patient. Prostate cancer treatment options include active surveillance, surgical removal of the prostate, radiation techniques (including conformal radiation therapy, intensity modulated radiation therapy, seed brachytherapy, high dose brachytherapy and proton beam radiation), cryotherapy, hormonal therapy and high intensity focus ultrasound. At Excela Health in 2013, 47 patients underwent radical prostatectomy surgery and 29 patients underwent radiation brachytherapy treatment.



For localized prostate cancer, radical prostatectomy is considered an effective way to remove cancer. Removing the cancerous prostate helps the physician to see the extent of the cancer. This information can be important and in clinical studies, up to 35% of tumors are more aggressive than the pre-op prostate biopsy results showed. In most cases it is easier for the doctor to detect a cancer recurrence after a radical prostatectomy than after radiation therapy. Surgery can also help preserve the ability to undergo radiation if the prostate cancer recurs. Radiation can cause significant changes in the tissue surrounding the prostate causing surgery to no longer be a good option. However, radiation usually remains an option for patients who have undergone a radical prostatectomy.

At Excela Health Latrobe Hospital we have been fortunate to have access to the latest surgical technology. In 2009, Excela Health Latrobe Hospital became the first western Pennsylvania hospital to use the da Vinci Si surgical robotic system. With the da Vinci surgical system, surgeons operate through a few small incisions instead of a large incision. The da Vinci system features a magnified 3D high-definition vision system and special wristed instruments that bend and rotate far greater than the human wrist. The da Vinci system allows the surgeon to operate with enhanced vision, precision, dexterity and control. The da Vinci surgical robot filters any tremor from the surgeon's hand and their motions, translating them into more precise movements of the instruments' tips. High-definition 3D vision and up to 10x magnification enables the urologist to see nerves, muscle, cancer and healthy tissue that are not able to be seen with traditional open surgery. At Excela Health in 2013, 30 patients underwent robotic assisted laparoscopic radical prostatectomy using the da Vinci Si system and in 2014, the number of patients undergoing this procedure increased to 42. Excela Health has recently purchased the latest da Vinci Xi surgical system and will begin use in December of 2014 at Excela Health Westmoreland Hospital. Again, an Excela Health hospital is the first hospital in western Pennsylvania to obtain this latest technology. Many studies have shown the da Vinci robotic assisted laparoscopic prostatectomy has measurable advantages compared to outcomes using open or conventional laparoscopic prostatectomy surgery. The da Vinci laparoscopic prostatectomy results have shown better cancer control, less blood loss, shorter length of stay and improved urinary function and sexual function.

CONCLUSION

Prostate cancer is a very common cancer diagnosed and treated at Excela Health with the most recent and advanced technology. The best prostate cancer treatment depends on multiple factors and an individual decision considering all these factors is necessary in each case.

Geoffrey Bisignani, MD
Urology

Aldo Prosper, MD
Prostate Cancer Survivor, and son, Blaise

A Father's Day Message From Excela Health

One of every six men will be diagnosed with prostate cancer. What if you're one of them?

Chances of developing prostate cancer rise as you age, but early detection and treatment are key. We know facing a prostate cancer diagnosis is never easy. So if you need surgery, da Vinci robotic surgery offers many patients an effective way to control cancer with:

- A quicker return of continence and sexual function
- Shorter hospital stay
- Less scarring
- Faster recovery
- Less pain

Just ask Aldo Prosper, MD, Chestnut Ridge Family Medicine in Latrobe, who opted for robotic surgery with the highly trained robotic surgeons at Excela Latrobe Hospital. After successful prostate surgery, he returned to his busy medical practice and, more importantly, looks forward to spending Father's Day with his wife and sons.

For more information about robotic surgery, visit our Web site, www.excelahealth.org, or contact our Call Center, 1-877-771-1234.

Read more about Dr. Prosper's story at www.excelahealth.org.

excelahealth.org

We have Excellence in health care. You have **Excela Health**



BREAST CENTER REPORT

EXCELA HEALTH BREAST IMAGING SERVICES 2013

Screening mammograms performed	26,550
Diagnostic mammograms performed	5,617
Breast ultrasounds performed	2,949
Breast MRI's performed	184
Stereotactic breast biopsies performed	271
Ultrasound guided cyst aspirations/biopsies performed	520
MRI guided biopsies performed	7

CANCER CONFERENCES

The cancer conferences at Excelsa Health offer a multidisciplinary patient-oriented forum with the goal of exchanging information among participating physicians to guide ongoing patient therapy. This is done to improve the care of cancer patients, to identify treatment options, make recommendations for patient care and to educate treating physicians. Often, at these informal and interactive conferences, nearly every specialty is represented. This allows the local specialists to share their expertise, based on their own experience, as well as knowledge of current literature. The primary care physicians are invited to attend and can take advantage of the opportunity to discuss a case prospectively with their colleagues. At the conference, computerized audio-visual equipment is used, which allows all participants to view high quality radiological images and laboratory slides. The images and slides are presented, and a radiologist and/or pathologist discuss the findings. In addition to the treating physicians and specialists, family practice residents, medical students and allied health care professionals attend the conferences. This further facilitates consistent and comprehensive care of cancer patients.

In 2013, 138 cases were presented at Latrobe Hospital, representing 34% of the total number of new analytic cancer patients and 112 (18%) were presented at Westmoreland Hospital.

Physicians wishing to present or suggest cases or topics for discussion may contact the Cancer Registry at:

Frick Hospital	724-547-1072
Latrobe Hospital	724-537-1286
Westmoreland Hospital	724-832-4064

CONFERENCE SCHEDULE:

Frick Hospital	Every Thursday via WebEx with Latrobe Hospital Board Room, Noon
Latrobe Hospital	Every Thursday Alex G. McKenna Education Center South Conference Room, Noon
Westmoreland Hospital	Every Tuesday Memorial Conference Center, Noon

Conferences are also offered via WebEx.

CANCER REGISTRY REPORT

The Cancer Registry is an information system designed to collect, manage and analyze data on patients with a diagnosis of malignant or neoplastic disease. The intent of the registry is to encourage lifetime medical followup of cancer patients and to provide a database for epidemiological, clinical, research and cancer program management. Information is abstracted from the medical record. Data collected includes demographic and historical data, tumor characteristics, therapies received, diagnostic procedures, responses to treatment, duration of disease and length and quality of survival.

The Cancer Registries at Frick Hospital, Latrobe Hospital and Westmoreland Hospital are under the Quality Division at Excelsa Health. The reference date for the registry is 1985 for Westmoreland Hospital, 1987 for Latrobe Hospital and 1990 for Frick Hospital. The registry at Latrobe was first accredited by the American College of Surgeons in January 1974 and has maintained accreditation since that time. Confidentiality of patient data is strictly maintained and information is only provided to those individuals with a legitimate need for the information.

The registry staff consists of three full-time registrars that utilize METRIQ registry software. In 2013, there were 1,226 analytic patients, or those who were diagnoses and/or treated at Excelsa Health, accessioned into the registries and 160 patients added that were seen for recurrent or progressive disease. In addition to collecting data for the cancer database, the registry staff also completes the Pennsylvania state data collection abstract mandated by Act 224, the Pennsylvania Cancer Control, Prevention and Research Act. This provides epidemiological data for analysis by the Pennsylvania Department of Health. Cancer registry staff also provide the clerical support for the weekly Cancer Conferences and the quarterly Cancer Committee, coordinate the publication of the annual report and assist with internal registry auditing processes.

The registry staff have continued to meet the changing regulations and requirements of the American College of Surgeons, the Pennsylvania Cancer Program, and the software vendor, ELEKTA IMPAC. To maintain current information and skills, the registrars attended the Pennsylvania Association of Cancer Registrars (PACR) Annual Conference, the PA Cancer Planning Summit, hospital lectures on cancer screenings/preventative care and genetic testing for breast cancer, and multiple on-line webinars offered by the Commission on Cancer and software vendor.

Excelsa Health Cancer Registry staff:
Beth Janoski, MS-HSL, RHIA, CTR, CHTS-IS
Diane Bartels, BS, CTR
Lori Tkach, BS



CLINICAL TRIALS REPORT

Clinical trials have been the foundation on which the most advanced diagnosis, treatment, and care of patients with cancer have occurred. These advances have led to cures for patients with some types of cancer and for others, better ways to treat their cancer.

Clinical trials study the effects of cancer treatments such as chemotherapy, biological therapy, radiation therapy and surgery. A trial may improve an existing treatment (standard of care), test a new drug, or find a new/better way to treat patients with cancer.

Through a partnership with the Arnold Palmer Pavilion and the University of Pittsburgh Cancer Centers, Excelsa Health patients have the opportunity to participate in Phase I, Phase II, and Phase III clinical trials. Available disease specific clinical trials include chemotherapy, targeted therapy, radiation or a combination.

- Phase I Trials determine the highest dose of a new drug/agent that is safe and learn/monitor the drug's side effects. These trials usually include those patients who have advanced cancer that cannot be treated effectively with an existing treatment.
- Phase II Trials evaluate the effectiveness of the new drug/agent in controlling/stopping tumor cell growth. These trials include those that may or may not have already received the standardized method of care.
- Phase III Trials evaluate whether the new or standard of care treatment is better. These trials include both a control group of patients receiving the method of care, and a research group of patients receiving the trial treatment.

Research staff at Arnold Palmer includes two full-time Clinical Research Coordinators (CRC), who are RNs, and one full-time Research Associate (RA). A third CRC is available for support when needed. The CRC coordinates the care while the patient is on a clinical trial; direct oversight is provided by the Medical Oncologist and/or Radiation Oncologist. Data collection and submission is provided by the RA.

In 2013, 31 patients enrolled in a clinical trial at the Palmer site, with more than 250 patients continuing to be followed for survival. Trial enrollment at this site was about 5 percent, which is within the national average of 5-7 percent.

Clinical trials play a key role in the progress against cancer. These trials are one of the final stages in a long, careful research process and provide an important tool for the development of new approaches to prevent, detect, diagnose and treat cancer.

Diane L. Trout, RN
Clinical Research Coordinator
Arnold Palmer Pavilion



COMMUNITY OUTREACH

(July 2013 through June 2014)

COMMUNITY INVOLVEMENT

Health Fairs Special Events
Community Festivals Support Groups
Speakers Bureau

SUPPORT GROUPS

Breast Cancer Education and Support Group

- 1st Tuesday of the month
- Meet at Westmoreland Hospital
- Support for those recovering from breast cancer

Stay Smart Tobacco Cessation Support Group (Telephone)

- 4th Tuesday of the month
- Members call into meetings
- Support for those who have quit smoking or are trying to quit

Tobacco Cessation Support Group

- 6 week programs
- Meet at Westmoreland Hospital
- Support for those actively trying to quit smoking

Look Good Feel Good Support Group

- Scheduled as patients express interest
- Meet at various locations
- Support for female cancer patients that teaches women how to understand and care for changes in skin and hair that may occur during treatment
- Program is offered in partnership with the National Cosmetology Association and The Personal Care Products Council Foundation

Us Too Prostate Cancer Support Group

- 4th Thursday of the month
- Meet at Westmoreland Hospital
- For prostate cancer patients, survivors and their spouses/partners and families

FIRST QUARTER

July-September 2013

- Sears Retirees Group
- Senator Don White and State Representative Tim Krieger Senior Expo
- Ligonier Valley YMCA Golf Outing
- 3rd Annual Building Bodeez/Keystone State
- Concert in the Park
- Downtown Irwin Jazz Night
- Parent Wise Ice Cream Social
- Pittsburgh Cure Sarcoma Gold Outing
- Downtown Irwin Jazz Night
- Mall Walkers
- Blairsville Ladies Auxiliary Wellness Check
- Genre's Run for Cancer Kids
- George Dunbar Health Fair
- Scottdale Fall Festival
- Greensburg Rotary Wellness Check and Health Fair
- Senator Kim Ward Senior Expo
- Mt. Pleasant Glass Festival
- White Oak Rotary Wellness Check (PSA)
- Second Chance Walk, Twin Lakes Park

Lives Touched: 57,211

SECOND QUARTER

October-November 2013

- Breast Cancer Awareness Month throughout Community – Marketing Campaign
- United Way Women's Leadership Breakfast
- Westmoreland Walks, Twin Lakes
- Murrysville Rotary Wellness Check
- Flip Flop Walk For Breast Cancer Awareness, WH
- Access Abilities Walk
- Flip Flop Walk For Breast Cancer Awareness, Norwin
- Fort Ligonier Days
- Scottsdale Wellness Checks (PSA)
- Flip Flop Walk for Breast Cancer Awareness, Medicare
- Flip Flop Walk for Breast Cancer Awareness, LH
- Flip Flop Walk for Breast Cancer Awareness, FH
- Flip Flop Walk for Breast Cancer Awareness, Laurel Surgical Center
- Westmoreland County Children's Bureau
- Ligonier VFD Wellness Check (PSA)
- New Alexandria Senior Center
- Flip Flop Walk for Breast Cancer Awareness, O&M
- Senator Kim Ward Senior Expo Hempfield
- Redstone Highland EMS Fair
- Mountain View Wellness Check (PSA)
- Breast Health Presentation
- Rep. Mike Reese Senior Expo
- Area on Aging Health and Education Expo
- Latrobe Aid Society, Positively Posh, Fred Rogers Center

Lives Touched: 19,911

THIRD QUARTER

January-March 2014

- Breast Cancer Education and Support Group (Breast Cancer-Dept. of Pathology)
- Coaches vs. Cancer Basketball
- American Cancer Society Class
- Breast Cancer Education and Support Group, WH
- First Responders Wellness Check (PSA)
- Women's Expo, Ramada Inn – Walk in Wednesday display
- My Excela Story Launch
- Career Fair at Norwin Chamber of Commerce
- Children's Health Fair, St. Vincent
- Scottsdale Rotary Wellness Check (PSA)
- Miracles from Maggie \$1,000 sponsorship
- American Cancer Society Class
- Blairsville Ladies Auxiliary Wellness Check (PSA)
- 7th Annual Race for Grace

Lives Touched: 6,388

2014

FOURTH QUARTER

April-June 2014

Breast Cancer Education and Support Group
Norwin School District Health & Wellness Expo
SRAPAHA 2014 Spring Luncheon
Greensburg Rotary Wellness Check (PSA)
Ligonier VFD Wellness Check (PSA)
PA Breast Coalition Reception
PA Breast Coalition Exhibit
Angels With Attitude Breast Cancer Awareness
Latrobe Rotary Wellness Check (PSA)
Breast Cancer Education and Support Group
Latrobe Rotary Wellness Check (PSA)
Murrysville Rotary Wellness Check (PSA)
American Cancer Society Class
Multiphasic Blood Analysis
Mt. Pleasant Rotary Wellness Check (PSA)
American Cancer Society Relay for Life
Breast Cancer Education and Support Group
Mall Walkers at Excelsa Square, Dr. Rupam Sharan
White Oak Wellness Check
Mall Walkers, Dr. Ricardo Po

Lives Touched: 11,505

Total Lives Touched: 95,015



2014

HOSPICE AND PALLIATIVE CARE

The Excelsa Health Hospice and Palliative Care Program continues to serve patients throughout Westmoreland County and in parts of Allegheny, Fayette and Indiana Counties as well. The program provides a holistic approach encompassing physical, psycho-social and spiritual care for not only the patient but also the patient's entire support system.

The hospice program includes all four levels of Hospice Care (Routine Care, Continuous Care, Inpatient Care and Respite Care). The inpatient level of care is provided to our patients at the three Excelsa Hospitals as well as contracted skilled nursing facilities in the area. The Hospice Team is comprised of an interdisciplinary group which includes: Physicians, Nurses, Social Workers, Bereavement Counselors, Spiritual Care Counselors, Home Health Aides, Therapists, Volunteer Coordinator and currently 115 volunteers.

Dr. Rachel Shipley serves as the Hospice Medical Director. We currently have two physician extenders, Maryann Dowling, CRNP and Mandee Mikeska, CRNP.

Care is available 24 hours a day, 7 days a week. This past fiscal year we served a total of 682 Hospice patients. The average length of stay for these patients was 37.5 days. Of the Hospice patients, 284 (41.6%) were comprised of patients with a cancer diagnosis. We also served a total of 609 Palliative Care patients. Of the Palliative Care patients, 442 (72.6%) were comprised of patients with a cancer diagnosis.

Education is a large priority and we provide many in-services to our staff and the community, skilled nursing facilities, personal care homes and assisted living facilities, acute care settings, physician and resident education, funeral directors and staff across the entire health system.

Our bereavement program follows the families and caregivers for 13 months after the hospice patient's death. In addition we hold an annual Memorial Service which was attended by more than 300 people on October 20, 2013. This year's Memorial Service will take place on October 26, 2014. We held a program for the Parade of Trees on December 3, 2013, and decorated trees with ornaments made by patients' loved ones in memory of those who have passed this past year. Close to 350 ornaments were sent in and more than 100 people were in attendance at the program.

Throughout the year there are multiple support groups to assist in coping with loss that run for six weeks at a time. These include: Adult Child Loss, Widows/Widowers, Loss of Parents, Holiday Support Group, Grief Book Clubs, Cooking for One, Help to Heal Teen Loss Program and many community in-services offered to local schools, churches, colleges, seminary students, and cancer survivors. For the first time this year, bereavement support groups were offered to children and teen-agers through a six-week children's grief support group as well as a one-day children's grief camp called Camp Courage.

We offer lovely photos done in black and white of hands being held with the patient and are presented to the family in a frame for remembrance. In addition, through our Bear Buddies Program, volunteers sew bears with the external material/clothing belonging to the patient for remembrance sake and something tangible for the family to hold. In FY2014, volunteers created more than 800 Bear Buddies for the families of our former hospice patients.

We continue to expand our volunteer services to support and honor our patients. Some highlights of our volunteer programming include our veteran programming where we have been able to recognize and thank more than 100 veterans since the program's inception in November 2013; and our programming centered on celebrating our patients' birthdays with a homemade birthday cake where we have been able to celebrate the birthdays of almost 200 patients since the program started in May 2011.

One new program that was started this year is our Pet Helpers program. This program is designed to allow hospice patients the ability to keep their beloved pets in their home for as long as possible by providing additional pet care assistance (walking, feeding, grooming, transportation to vet appointments) to ease the burden of pet care for the hospice patient. Additional volunteer programming

includes massage therapy/reiki services, music therapy, art therapy and patient life reviews/legacy building exercises. Many of these new programs were strengthened by ongoing relationships with local colleges and universities including St. Vincent College, Seton Hill University, and University of Pittsburgh at Greensburg.

Our program within the Excelsa Hospitals to create a more “home-like” setting for patients and families who access the inpatient hospice benefit at an Excelsa Health Hospital continues to be well received. With some simple room modifications, we transform the room from a “normal” hospital room to a room that feels much more inviting. These modifications include more comfortable furniture for family members who may be staying overnight, softer lighting in the room, availability of compact disc players and compact discs with soothing music, light refreshments for family members who are visiting the patient, and donated blankets and journals to add a certain level of comfort to the room. Since January 2013, more than 500 blankets have been donated to the program by Excelsa Health Hospice Volunteers.

Our Palliative Care program is offered to patients who have chronic illnesses such as cancer who continue to seek active treatment. Many times these patients transition into Hospice Care. We have been doing aggressive education to explain to many entities the difference between Hospice and Palliative care. With the education, the hope is to have better utilization of services and in a more timely fashion. We are also contracted with Highmark currently which has an Advanced Illness Services Program specifically intended to reach out to patients who are in the true Palliative Stage of their illnesses and offers support and counseling during this time to help guide and educate them about their illness path.

Over the course of the last year, Excelsa Health has been working to develop an inpatient palliative care consultative service.

In the first quarter of 2014, a palliative care steering committee was formed and was tasked with the following goals:

- Accept primary responsibility for development of the Excelsa Health Palliative Care Program.
- Assure the role of mission alignment in program design, budgeting, implementation, and sustainability.
- Develop a compelling case demonstrating how palliative care will contribute to patient care delivery, hospital priorities, and system initiatives.

As a component of the Steering Committee, work groups were established including: 1) System and Needs Assessment; 2) Stakeholder Input; 3) Consultation Process; 4) Education, Marketing and Communications, and 5) Evaluation. Each work group met throughout the year and reported findings as well as recommendations back to the palliative care steering committee.

Through the hard work of all the members involved, the inpatient palliative care program continues to move forward within the Excelsa Health system. A palliative care nurse practitioner will start working within the health system in November 2014 and should be available to see palliative care patients before the end of the year. The inpatient palliative care program will be piloted at Westmoreland Hospital with plans to expand the services to Latrobe Hospital and Frick Hospital in the near future.

The palliative care steering committee will continue to explore opportunities to advance palliative care services throughout the Excelsa Health system.

Jim Joyce, MBA, MHA
Hospice and Palliative Care Manager



FOOD AND NUTRITION SERVICES

In 2013, nutrition therapy was provided through the Arnold Palmer Cancer Pavilion to outpatients diagnosed with head and neck, lung and other cancers. Patients are seen by referrals from physicians, ancillary services, registered nurses or patient request for nutrition services. Dietitians from Excelsa Health hospitals provide 16 hours of weekly nutrition services including initial assessments, revisits and classes.

Move More, Eat Less, Find Success classes for breast cancer survivors have continued to be offered to all breast cancer patients. The program provides participants with tools and support to decrease dietary fat, weight loss and encourage exercise in an effort to decrease relapse rate of breast cancer. Participants receive education on exercise from an exercise physiologist and a pedometer is provided. Two special topics are offered quarterly by dietitians.

Ask the Dietitian, an informal question and answer class conducted monthly in the lobby of Arnold Palmer Cancer Pavilion, provides educational material and support. Also, nutrition education material was provided at the Relay for Life event.

Goals for 2014 are:

- Implement screening criteria for dietitian referrals.
- Expand services to Oakbrook and Mt. Pleasant offices of the Arnold Palmer Cancer Pavilion.
- Dietitian involvement in the Nutrition Beyond Cancer segment for Our Clubhouse.
- Expand hours from 16 to 22 hours per week.

The primary goal of nutrition intervention is to prevent or correct nutritional deficiencies, achieve and maintain optimal body weight and improve tolerance to treatment. Dietitians enhance the quality of life and the outcomes of oncology patients through assessment, care planning, appropriate nutrition education and reassessment. Continuity of nutrition care for the oncology patients is provided during their treatment at the hospital, at the Arnold Palmer Cancer Pavilion and in the patient's homes via telephone conversation. A dietitian continues to serve on the cancer committee.

Diane M. Coleman, RD, LDN
Anita Gallagher, MS, RD, LDN, CNSC
Paula Piper, RD, LDN, CDE
Food and Nutrition Services, Excelsa Health

REHABILITATION SERVICES

The Physical Medicine and Rehabilitation Services at Frick, Latrobe and Westmoreland Hospitals and at all 12 outpatient centers offer comprehensive therapy by skilled professionals. Patients receive rehabilitation services during the acute phase of their illness. Continued care is then offered on an outpatient basis or as an inpatient on the inpatient rehab unit.

Our specialized services include lymphedema management, treatment of head and neck cancers, post mastectomy and breast reconstruction care. Patients who have lost function related to all types of cancers may benefit from exercise and mobility training on land or in the aquatics pool. Education about lymphedema is offered to the general public at Arnold Palmer Cancer Pavilion.

The Excelsa Health team of Occupational, Physical and Speech therapists work collaboratively with the patients and their caregivers, physicians, nurses and case managers to ensure quality service provision.

Joni Beckman, OTR/L CLT

SOCIAL WORK SERVICES

Social work services through Excelsa Health are comprised of multiple staff members in different settings. Social workers can be seen or requested to be seen in the hospital setting, through home care or palliative care or at the health system's joint venture, the Arnold Palmer Cancer Pavilion.

A majority of our oncology patients come in contact with the social worker at the Arnold Palmer Cancer Pavilion at Mountain View. On average the social worker at the treatment center had contact with 134 patients a month throughout 2013. The goal of the social worker in any setting is to link patients with the resources they need to be successful before, during and after treatment. These resources may address financial concerns, educational information, allocating local supports, care giving resources or insurance concerns. The social worker also can help a patient navigate the health care system or even help to coordinate care between the different disciplines or health care settings.

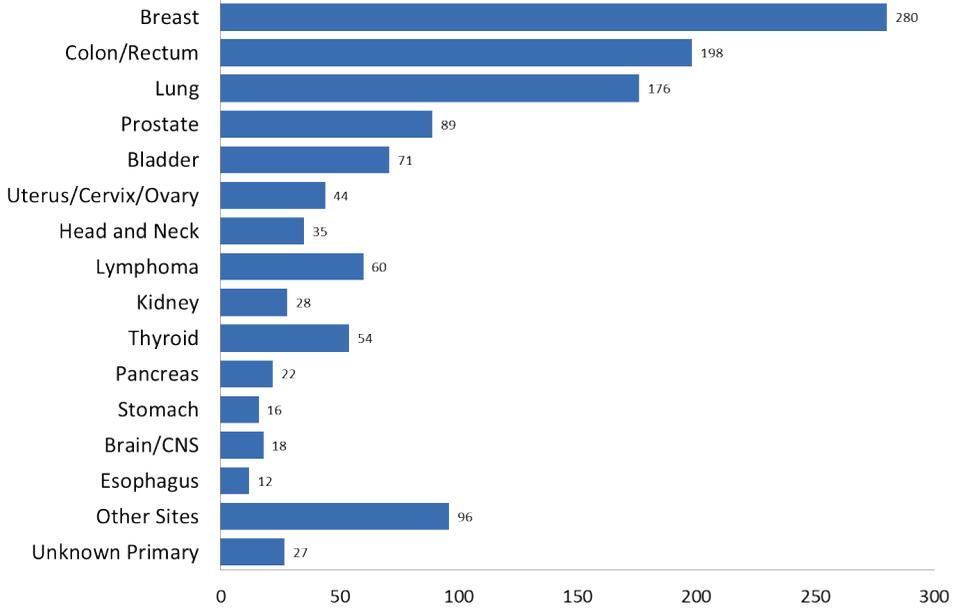
Social work services at the Arnold Palmer Cancer Pavilion are performed by Katie Kalp, MSW, LSW. Sixteen hours a week are spent at the treatment center and are covered on Monday, Wednesday and Friday from 9 a.m. to 4 p.m. Contact information and education on social work services are given to each patient in the initial consult packets. Patients have the contact information to reach the social worker by phone or e-mail even on days when she is not at the treatment facility.

Current projects to help improve patient care include psychosocial distress screening, a patient navigation system and creation of a survivorship care plan for each individual patient. These program goals are being coordinated with the Commission on Cancer standards. A general support group was also held throughout 2013 at the Arnold Palmer Cancer Pavilion.

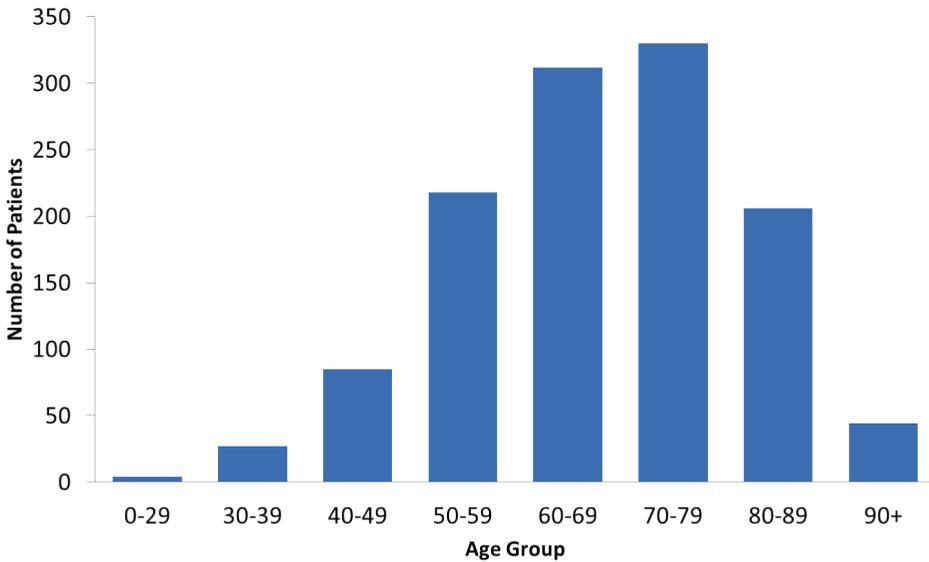
Katie Kalp, MSW, LSW



Combined Primary Site Distribution 2013 Excelsa Health Analytic Cases



Combined Age Distribution 2013 Excelsa Health Analytic Cases



NATIONAL CANCER DATABASE

The National Cancer Database (NCDB), a joint program of the Commission on Cancer (CoC) and the American Cancer Society (ACS), is a nationwide oncology outcomes database that collects data from CoC accredited cancer programs. This data is used to track trends in cancer care, create regional and state benchmarks for participating hospitals, and serves as the basis for quality improvement. CoC accredited cancer programs can evaluate and compare the cancer care delivered at their facilities with that provided at state, regional, and national levels. Quality tools currently available for CoC accredited facilities through the NCDB focus on the quality of care provided to breast and colorectal cancer patients. The NCDB is in the process of expanding these current measures by adding quality tools that focus on gastric and non-small cell lung cancer patients.

As part of the accredited program at our Latrobe Campus, data is submitted annually to the NCDB from the registry. Each year, the data that is submitted has been error-free on initial submission which indicates the quality of the data collected in the registry. This has earned our program commendation consistently when surveyed by the CoC.

For the most recent data collection (2012), the quality tool for colon cancer related to adjuvant chemotherapy being considered or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC stage III (lymph node positive) colon cancer shows that our program's performance rate is 100% which is above the expected rate set by the CoC as well as above other programs in the state and on the national level. We are committed to monitoring these tools on an ongoing basis as well as new measures as they become available to ensure that we are providing the highest level of quality care to our cancer patients.

Beth Janoski, MS-HSL, RHIA, CTR, CHTS-IS
Lead Cancer Registrar

