Mount Sinai Hospital: Annual Cancer Report 2013
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A Message from Sinai Leadership

Sinai Health System, through Mount Sinai Hospital, has been serving the West and South Sides of Chicago for almost 100 years. Over the past near century, Sinai has sponsored a nursing school, a medical school, and the country’s largest federally qualified health center system, and has set the national standard for community engagement.

This engagement is manifested by the applied research conducted by Sinai Urban Health Institute that has highlighted cancer disparities across the U.S. More precisely, the disparities in breast cancer mortality between Caucasians and African-Americans between 1990 and 2009 have gotten worse. There are 1,710 excess deaths in the African-American population annually due to this disparity. For Sinai, this is unacceptable.

Sinai’s 4,000 caregivers are committed to making lives better while caring for the entire community and providing a broad range of partnerships and treatments in a caring, compassionate manner. My thanks to all of Sinai’s oncology caregivers for their work every day.

Karen C. Teitelbaum
President and CEO, Sinai Health System
Quality Oncology Practice Initiative (QOPI®) Certification: The Process

Mount Sinai Hospital’s Oncology practice is now a QOPI® Certified Practice. With the help of a dedicated team of nurses, nurse educators, physicians, mid level providers, social workers and many other disciplines working together to provide comprehensive oncology care for our patients we were able to get this certification in January of 2014. It is a distinct milestone for us to be included amongst a mere 200 such practices nationally.

I would like to proudly share information regarding QOPI certification with our patient and physician community.

The following is the official statement from ASCO regarding QOPI:

The Quality Oncology Practice Initiative (QOPI) Certification serves as a designation from the QOPI Certification Program (QCPTM), an affiliate of the American Society of Clinical Oncology, for hematology-oncology practices that the care in this practice meets quality and safety standards. QCP provides a three-year certification to high performing practices, and requires ongoing participation in the QOPI® program throughout the 3-year term.
In order to achieve QOPI® Certification, we have participated in QOPI® and met or exceeded a benchmark score on measures that compared the quality of our care against national standards.

To maintain and earn QOPI® Certification, a practice undergoes an on-site review and peer review by a select team of oncology professionals, such as physicians and nurses, at least once every three years. The purpose of the review is to evaluate the practice’s performance in areas that affect patient care and safety. Through an assessment of a practice's processes and policies, and as well as interviews with its staff, the practice is evaluated. This review fosters excellence in care through self-study and external review by one's professional peers. Certification is awarded when a practice meets the QCP’s standards.

Measures and Standards

QOPI® Certified practices are evaluated against a comprehensive set of Quality measures and standards.

QOPI Certification Program measures, performance thresholds, and site standards are publicly available. Standards and measures are continually re-assessed to maintain rigor. All standards and measures are dated.
Measures

To be eligible for the QOPI Certification Program (QCP™) we first participated in a QOPI data collection in five modules (Care at the End of Life, Symptom/Toxicity Management, Non-Small Cell Lung Cancer, Breast Cancer and Colorectal Cancer) and met the scoring criteria. At Sinai we started submitting data to QOPI in 2008 electively.

The five modules are composed of different measures, each assessing a specific aspect of care. A subset of 26 measures in the modules required for Certification is used to calculate the practice's Overall Quality Score.

Certification Standards

When we applied for certification in November of 2013, our policies and procedures were assessed against the Certification Safety Standards. Documentation of compliance with the Certification Standards and an on-site review was done in January of 2014. A practice must be compliant with all of the Certification Safety Standards before Certification can be awarded.

The Certification Safety Standards are based on the ASCO/ONS Standards for Safe Chemotherapy Administration. The address key areas of patient care including:

- Staffing
- Treatment Planning & Chart Documentation
- Informed Consent
- Chemotherapy Orders
- Drug Preparation
- Chemotherapy Administration
• Patient Monitoring and Assessment
• Preparedness for Emergencies
• Oral Chemotherapy
• Patient Education

Our overall quality Score was 91.5% for spring 2013 and 92.8 % for spring 2014. The minimum requirement for certification eligibility is 75%. Detailed score report is included in this annual report.

With Commission on Cancer accreditation gold award in 2013 and QOPI certification in 2014, we feel we can fully assure the community we serve that they have access to state of the art cancer treatment at their neighborhood hospital.

Pam Khosla MD
Cancer Committee Chair
Chief of Hematology Oncology
Final QOPI® Certification Report, Fall 2013
Mount Sinai Hospital Medical Center

Your site’s QOPI Certification Overall Quality Score is: 92.91%

Congratulations! Your site may be eligible to apply for Certification based on your QOPI Certification measures scores, provided the module selection and chart sampling methodology was followed. Contact qopicertification@asco.org with any questions.

The application is available at http://qopi.asco.org/application.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Site Rate (%)</th>
<th>Percentile¹</th>
<th>QOPI Aggregate (%)</th>
<th>Difference from QOPI Aggregate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core 1: Pathology report confirming malignancy</td>
<td>65</td>
<td>65</td>
<td>100</td>
<td>N/A</td>
<td>98.88</td>
<td>+1.12</td>
</tr>
<tr>
<td>Core 2: Staging documented within one month of first office visit</td>
<td>52</td>
<td>65</td>
<td>80</td>
<td>22.02</td>
<td>86.03</td>
<td>-6.03</td>
</tr>
<tr>
<td>Core 6: Pain addressed appropriately (defect-free measure, 3, 4a, and 5)</td>
<td>55</td>
<td>65</td>
<td>84.62</td>
<td>52.15</td>
<td>77.55</td>
<td>+7.07</td>
</tr>
<tr>
<td>Core 9: Documented plan for chemotherapy, including doses, route, and time intervals</td>
<td>47</td>
<td>48</td>
<td>97.92</td>
<td>69.21</td>
<td>81.35</td>
<td>+16.57</td>
</tr>
<tr>
<td>Core 10: Chemotherapy intent (curative vs. palliative) documented</td>
<td>47</td>
<td>48</td>
<td>97.92</td>
<td>64.07</td>
<td>89.50</td>
<td>+8.42</td>
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<tr>
<td>Core 21a: Smoking status/tobacco use documented in past year</td>
<td>57</td>
<td>65</td>
<td>87.69</td>
<td>13.74</td>
<td>95.10</td>
<td>-7.41</td>
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<tr>
<td>Core 24: Patient emotional well-being assessed by the second office visit</td>
<td>61</td>
<td>65</td>
<td>93.85</td>
<td>59.77</td>
<td>76.70</td>
<td>+17.15</td>
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<tr>
<td>Symptom/Toxicity Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Symptom 27: Corticosteroids and serotonin antagonist prescribed with moderate/high emetic risk chemotherapy</td>
<td>43</td>
<td>43</td>
<td>100</td>
<td>N/A</td>
<td>98.47</td>
<td>+1.53</td>
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<tr>
<td>Symptom 33: Infertility risks discussed prior to chemotherapy with patients of reproductive age</td>
<td>6</td>
<td>6</td>
<td>100</td>
<td>N/A</td>
<td>31.62</td>
<td>+68.38</td>
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<tr>
<td>Care at End of Life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EOL 38: Pain addressed appropriately (defect-free measure, 35, 36a, and 37)</td>
<td>1</td>
<td>1</td>
<td>100</td>
<td>N/A</td>
<td>74.90</td>
<td>+25.10</td>
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<tr>
<td>EOL 45a: Hospice enrollment and enrolled more than 7 days before death (defect-free measure, 42 and inverse 45)</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>4.07</td>
<td>38.90</td>
<td>-38.90</td>
</tr>
<tr>
<td>Breast Cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast 53: Combination chemotherapy received within 4 months of diagnosis by women under 70 with AJCC stage I (T1c) to III ER/PR negative breast cancer*</td>
<td>1</td>
<td>1</td>
<td>100</td>
<td>N/A</td>
<td>95.20</td>
<td>+4.80</td>
</tr>
<tr>
<td>Breast 54: Test for Her-2/neu overexpression or gene amplification</td>
<td>35</td>
<td>35</td>
<td>100</td>
<td>N/A</td>
<td>98.64</td>
<td>+1.36</td>
</tr>
<tr>
<td>Breast 56a: Trastuzumab not received when Her-2/neu is negative or undocumented (inverse of 56)</td>
<td>31</td>
<td>31</td>
<td>100</td>
<td>N/A</td>
<td>99.13</td>
<td>+0.87</td>
</tr>
<tr>
<td>Breast 57: Trastuzumab received by patients with AJCC stage I (T1c) to III Her-2/neu positive breast cancer*</td>
<td>2</td>
<td>2</td>
<td>100</td>
<td>N/A</td>
<td>97.79</td>
<td>+2.21</td>
</tr>
<tr>
<td>Breast 59: Tamoxifen or AI received within 1 year of diagnosis by patients with AJCC stage I (T1c) to III ER or PR positive breast cancer*</td>
<td>4</td>
<td>4</td>
<td>100</td>
<td>N/A</td>
<td>93.03</td>
<td>+6.97</td>
</tr>
</tbody>
</table>

**Colon/Rectal Cancer**

| Colon/Rectal 66: CEA within 4 months of curative resection for colorectal cancer | 7 | 8 | 87.50 | 22.50 | 92.22 | -4.72 |
| Colon/Rectal 68: Adjuvant chemotherapy received within 4 months of diagnosis by patients with AJCC stage III colon cancer* | 2 | 2 | 100 | N/A | 95.11 | +4.89 |
| Colon/Rectal 72: Adjuvant chemotherapy received within 9 months of diagnosis by patients with AJCC stage II or III rectal cancer* | 2 | 2 | 100 | N/A | 96.82 | +3.18 |
| Colon/Rectal 73: Colonoscopy before or within 6 months of curative colorectal resection or completion of primary adjuvant chemotherapy | 9 | 9 | 100 | N/A | 88.25 | +11.75 |
| Colon/Rectal 74: KRAS testing for patients with metastatic colorectal cancer who received anti-EGFR MoAb therapy | 0 | 1 | 0 | 1.82 | 88.43 | -88.43 |
| Colon/Rectal 75a: Anti-EGFR MoAb therapy not received by patients with KRAS mutation (Inverse of 75) | 2 | 2 | 100 | N/A | 87.57 | +12.43 |

**NSCLC**

| NSCLC 81: Adjuvant cisplatin-based chemotherapy received within 60 days after curative resection by patients with AJCC stage II or IIIA NSCLC* | 0 | 0 | 56.25 |
| NSCLC 84: Performance status documented for patients with initial AJCC stage IV or distant metastatic NSCLC | 5 | 5 | 100 | N/A | 78.70 | +21.30 |
| NSCLC 85: Platinum doublet first-line chemotherapy or EGFR-TKI (or other targeted therapy with documented DNA mutation) received by patients with initial AJCC stage IV or distant metastatic NSCLC with performance status of 0-1 without prior history of chemotherapy | 3 | 4 | 75 | 4.83 | 94.97 | -19.97 |
| NSCLC 88: Positive mutation for patients with stage IV NSCLC who received first-line EGFR tyrosine kinase inhibitor or other targeted therapy | 0 | 0 | 81.33 |

| QOPI Certification Overall Quality Score | 537 | 578 | 92.91 |
| Adjuvant Measure Score | 11 | 11 | 100 |

*Indicates how your site’s score ranks relative to other participating practices. For example, a percentile of 75 would indicate that your site’s score is equal to or better than 75% of the scores achieved by other participating practices. If your site scored 100% on a measure, ‘N/A’ will appear for the percentile.

*Indicates a measure used in the Adjuvant Measure scoring; Green text for a value indicates a performance better than the QOPI aggregate; Red text for a value indicates a performance worse than the QOPI aggregate.

Certification Requirements: QOPI Certification Overall Quality Score required for Fall 2013: 75%
Minimum Adjuvant Measure Score needed for Fall 2013: 80%

For more details regarding the QOPI Certification scoring requirements, go to: [qopi.asco.org/certification](http://qopi.asco.org/certification)

Final QOPI® Certification Report Disclaimer
Primary Report (Practice and Aggregate Data)
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Executive Summary: Avon Report
Helping Her Live
Selected Highlights: January – December 2013

History

The Helping Her Live (HHL) program was conceived to decrease breast cancer disparities in Chicago by addressing the three keys to breast health: routine mammography, timely resolution of abnormal mammograms, and timely treatment for women with cancer. In 2013, the HHL team expanded from just four full time and two part time staff members to six full time and two part time staff members. With gracious funding from the Lynn Sage Cancer Research Foundation, we were able to hire two more Community Health Educators/Navigators (CHE) and expand our program into the Southwest Side of Chicago.

Outreach and Education

From January to December 2013, HHL staff presented 13 workshops, attended 19 health fairs, and participated in 37 woman-to-woman outreach activities (e.g., table set-ups, food pantries). HHL encountered 781 women in the community who have shared their demographic information with us by filling out a “pink sheet.” Of these women, 91 percent were 40 years old or older, 49 percent were African American, 4 percent were Puerto Rican, 39 percent were Mexican, and 3 percent were Other Hispanic. Sixty-four percent self-reported that they had either never had a mammogram or had not had a mammogram within the past 2 years and 77 percent were living in our target area.
Navigating Women to Services

In 2013, HHL navigators closed a total of 1,641 requests. Of these 1,641 closed requests, 1,066 doctor’s appointment requests and 575 mammogram reminder requests were completed. In 2012, our completion rate for doctor’s appointments was 60 percent (number successfully navigated to mammograms/total number of requests). In 2013, our completion rate was 73 percent (See Figure i). Of the 575 completed mammogram reminders, 418 new requests for either another reminder or a doctor’s appointment were generated.

Due to our success, we have raised our goal from completing 42 to completing 50 mammograms per month, for a total of 600 per year. Since 2010, we have helped almost 2,000 women receive mammograms.

We now average 61 mammograms per month with nearly half of the staff we had in 2012, far surpassing our goal.

Mammogram parties have helped us meet and exceed our goals to allow us to navigate our target population more quickly and easily because appointment times are already reserved. Women attending these parties get a chance to socialize and draw strength from each other to face any fears they may have about getting their mammograms. In 2013, our average attendance rate for our mammogram parties is 78 percent. This is extremely impressive when compared to Mount Sinai Hospital’s daily attendance rate that is near 50 percent for mammograms scheduled outside of a party. We have had four mammogram parties at CDPH-West Town, with 26 women attending.
Project News and Funding Updates

Helping Her Live has become a more prominent and well-known patient navigation program in the city. This combined with decreasing funding for state and federal mammography services and increasingly complex requirements for receiving a free or low-cost mammogram has resulted in HHL seeing an influx in referrals from other navigation programs, clinics and fellow Avon grantees including the Metropolitan Chicago Breast Cancer task Force (Screen to Live) and Westside Health Authority (Every Woman Counts). In 2013, three breast navigation programs and one clinic referred 337 people to us! This has been an exceptional collaboration considering that for the entire year of 2012, we only had 88 people referred to us in total.

We are constantly looking for new ways to reach women in need of the services we provide and to complete navigation for those who may present particularly challenging cases. Our goal is to give every woman we navigate the tools and sense of empowerment to share her breast health knowledge and experience with her mother, sisters, friends and neighbors. We are confident that our proven metrics will help other navigation programs in Chicago and across the county prevent breast cancer and save women’s lives.

Chandra Sproles, PhD, MPA
Program Director, Helping Her Live at Sinai Urban Health Institute
Neulasta Project: Nursing

Neulasta® (pegfilgrastim) is used to prevent infection in patients with malignancies receiving myelosuppressive chemotherapy associated with a clinically significant incidence of febrile neutropenia. The package insert and oncology literature support Neulasta® (pegfilgrastim) dosing at least 24 hours after administration of cytotoxic chemotherapy. Administration of Neulasta® (pegfilgrastim) less than 24 hours after completion of chemotherapy can have both clinical and financial consequences.

In June 2013, the clinical pharmacist observed a Neulasta® (pegfilgrastim) dose that was given less than 24 hours after the completion of chemotherapy. A group from pharmacy, nursing and information systems met to address the issue of early Neulasta® (pegfilgrastim) administration. The agreed-upon action plan included nursing education and an inquiry screen to be created for Meditech. The inquiry screen requires nursing to input the time and date of the last chemotherapy administration prior to Neulasta® (pegfilgrastim) administration. Nursing education took place in early July 2013, and the inquiry screen was implemented on July 9, 2013. Following implementation, pharmacy completed a Medication Use Evaluation (MUE) each month to assess progress.

Describe the problem that is being studied

Describe the criteria used to study the

Each month during the study, a report of all Neulasta® (pegfilgrastim)
Problem:

Doses given in both inpatient and outpatient settings at Mount Sinai Hospital was utilized to identify patients. Patient records were pulled for identified patients, and Neulasta® (pegfilgrastim) timing was compared with the end of chemotherapy via Meditech records. A standard form was used for data collection.

<table>
<thead>
<tr>
<th>What were the study findings?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>July 9, 2013 – July 31, 2013</strong>: 0 of 14 administered doses of Neulasta® (pegfilgrastim) were &lt;24 hours after end of chemotherapy</td>
</tr>
<tr>
<td><strong>August 2013</strong>: 3 of the 25 administered doses of Neulasta® (pegfilgrastim) were &lt;24 hours after end of chemotherapy</td>
</tr>
<tr>
<td>o RN documented that it had been &gt;24 hours since end of chemotherapy in all patients</td>
</tr>
<tr>
<td>o Education for involved nurses completed</td>
</tr>
<tr>
<td><strong>September 2013</strong>: 3 of 22 administered doses of Neulasta® (pegfilgrastim) were &lt;24 hours after end of chemotherapy</td>
</tr>
<tr>
<td>o All were &lt;30 minutes from the correct time</td>
</tr>
</tbody>
</table>

![Neulasta MUE](image)

- # of Neulasta doses given <24 hours after chemo
- **October 2013**: 4 of 29 administered doses of Neulasta® (pegfilgrastim) were <24 hours after end of chemotherapy
  - All were <20 minutes from correct time
  - Education for involved nurses completed

- **November 2013**: 0 of 25 administered doses of Neulasta® (pegfilgrastim) were <24 hours after end of chemotherapy

- **December 2013**: 0 of 28 administered doses of Neulasta® (pegfilgrastim) were <24 hours after end of chemotherapy

### What national benchmarks were used?
- NCCN Guidelines
- Neulasta® Package Insert

### What action was taken at the completion of the study?
After two months with zero patients identified (November and December 2013), Nursing and Pharmacy jointly decided that the nursing education and the inquiry screen were reducing early Neulasta® (pegfilgrastim) doses. It was mutually decided to stop monthly data collection in 2014. Random audits will continue to be completed in 2014.

### The cancer committee review the study results?
Yes.
Neulasta Project: Pharmacy

Neulasta® (pegfilgrastim) is a medication used to reduce the risk of infection in patients who are on certain highly toxic chemotherapy regimens. Due its mechanism of action, Neulasta® (pegfilgrastim) needs be given at least 24 hours after chemotherapy. If given before 24 hours, there can be both clinical and financial consequences.

In the summer of 2013, the clinical pharmacist noted a patient who received this medication less than 24 hours after chemotherapy. In response to this information, nursing, information systems, and pharmacy quickly worked together to devise a solution. Education was provided to the nursing team, and a new alert was created for our electronic medical records system. The new alert was implemented on July 9, 2013.

To follow up, the pharmacy department completed a Medication Use Evaluation to assess the use of Neulasta® (pegfilgrastim) and the new alert at Mount Sinai Hospital. In this initial audit (from July 9, 2013, to August 31, 2013), 42 patients had received Neulasta® (pegfilgrastim). Of these 42 patients, three patients received their medication before 24 hours. Education was provided to the appropriate nursing staff, and the pharmacy department continued to track the progress of this project monthly. Due to the hard work of the entire team, no patients received their medication before 24 hours after chemotherapy in November 2013 and December 2013 at Mount Sinai Hospital.
Thanks to the collaboration of pharmacy, nursing and information systems, we continue to improve the health of the individuals and communities we serve at Mount Sinai Hospital.

Valerie Caroselli, PharmD

Smitha Anu George, BSN, RN, OCN
Psychosocial Distress Study

Mount Sinai Hospital Cancer Center

The Commission on Cancer of the American College of Surgeons has added Standard 3.2 for implementation by 2015. For the first time, the psychosocial needs of cancer patients are being seen as a vital part of comprehensive cancer care. According to the National Comprehensive Care Network (NCCN), as noted within this standard, “distress should be recognized, monitored, and documented and treated promptly at all stages of the disease.” The purpose of initiating this study was to navigate this standard and set Mount Sinai Hospital into action to be in full compliance. More importantly, this study was aimed at discovering where, when, and how our patients experience the greatest levels of distress, to help us as a department capture those patients and be able to meet their needs in a comprehensive and timely manner.

In order to develop a baseline on our patients’ needs, this study was focused on our clinic and infusion center. Our center chose to use the NCCN Distress Thermometer, as it is already a standardized and validated instrument. With a focus on “pivotal appointments,” we administered the distress scale, with the support of our Medical Assistants, in the clinic at the patients’ first visit and every six months going forward. Our nurses assisted in the infusion center by administering the scale at the date of first chemo, at three-month intervals, and on the final date of treatment. For the duration of this study, from July 2013 through September 2013, staff copied every distress scale given for the social worker to evaluate and provide appropriate interventions for patients.
Findings

Infusion

<table>
<thead>
<tr>
<th>Pt's Screened</th>
<th>1st chemo, % above 5</th>
<th>Last Chemo, % above 5</th>
<th>3 months, % above 5</th>
<th>6 months, % above 5</th>
<th># Contacted</th>
<th>Assessment</th>
<th>Advocacy</th>
<th>Edu. and info.</th>
<th>Referral and linkage</th>
<th>Counseling</th>
<th>Coord. Of Care</th>
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<tbody>
<tr>
<td>50</td>
<td>36.6%</td>
<td>10%</td>
<td>0</td>
<td>50%</td>
<td>41</td>
<td>20</td>
<td>20</td>
<td>33</td>
<td>17</td>
<td>16</td>
<td>7</td>
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</tbody>
</table>

Clinic

<table>
<thead>
<tr>
<th>Pt's Screened</th>
<th>1st clinic, % above 5</th>
<th>6 months, % above 5</th>
<th>12 months, % above 5</th>
<th>Long term/ongoing</th>
<th># Contacted</th>
<th>Assessment</th>
<th>Advocacy</th>
<th>Edu. and info.</th>
<th>Referral and linkage</th>
<th>Counseling</th>
<th>Coord. Of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>63</td>
<td>70.3%</td>
<td>50%</td>
<td>0</td>
<td>53.1%</td>
<td>39</td>
<td>15</td>
<td>22</td>
<td>10</td>
<td>10</td>
<td>13</td>
<td>5</td>
</tr>
</tbody>
</table>

Results of our study were compiled, and indicated to us when our patients experience the greatest levels of distress. According to the National Cancer Institute, though studies are relatively few, it is estimated that between 22 and 58 percent of patients experience distress. Our patients fall within this range, indicating that we are likely doing well in identifying those patients in our center. It was decided that maintaining this schedule for when we give the distress scale would most effectively capture our patients at times of distress while not overwheleming them with this scale at too many visits. Additionally, our nurses and medical assistants are asking patients their approximate distress level at every visit and are referring to appropriate support services when these levels are above a five.

Cancer Committee Review

Results of this study were shared and discussed with the members of Mount Sinai Hospital Cancer Committee at the November 2013 meeting. The social work representative will continue to
monitor progress, will report annually (every November) on the process, and will utilize the Committee as needed. Our Cancer Committee, and our entire department, has continued to show their commitment to caring for the whole patient, and meeting more than simply their medical needs. It is only when we address the psychosocial needs of the patient, as well as treating their cancer, that we can fully support survivors.

Nicole Marcouiller, LCSW
Oncology Social Worker