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Cancer research studies on the campus of Baylor Regional Medical Center at Grapevine are conducted through Baylor Research Institute, Texas Oncology, and US Oncology. Each reviews, approves, and conducts clinical trials independently. Their clinical trials are listed together, in this publication, for the convenience of patients and physicians.

Physicians are members of the medical staff at one of Baylor Health Care System's subsidiary, community, or affiliated medical centers and are neither employees nor agents of those medical centers, Baylor Regional Medical Center at Grapevine, or Baylor Health Care System.

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Photographs may include models or actors and may not represent actual patients.
President’s Letter

The past year has been exciting for oncology services at Baylor Regional Medical Center at Grapevine. Through active collaboration with the cancer committee, physicians on the medical staff, board members and staff, we continued to experience extraordinary growth and provide better quality outcomes to our community.

Baylor Grapevine joined the Baylor Charles A. Sammons Cancer Center network by meeting the stringent criteria established by Baylor Health Care System. The Oncology Unit, located on the fifth floor of the Carter Building, was rebranded Baylor Charles A. Sammons Cancer Center at Grapevine. The name Baylor Charles A. Sammons Cancer Center carries a reputation for offering quality clinical care, advanced technology and clinical research to patients, along with comprehensive support services and programs for patients and their families. This affiliation expands our breadth of advanced cancer care treatments and offers patients increased access to a multidisciplinary team of specialists.

The American College of Surgeons granted the oncology program with the Commission on Cancer (CoC) designation with commendation. The Baylor Breast Center at Grapevine also earned accreditation by the National Accreditation Program for Breast Centers (NAPBC), a subsidiary organization of the American College of Surgeons’ Commission on Cancer. These accreditations attest to the dedication of the medical staff and health care team to deliver quality, personalized care to every patient, every time.

Great work is being performed at Baylor Grapevine. Our team remains focused on providing compassionate care through integrated services and programs. We look forward to further advancements in the delivery of cancer care and truly making a difference in the lives of patients and their families.

Regards,

Steven R. Newton, FACHE
West Region President
Baylor Health Care System
The Future of Cancer Care is Here | Baylor Charles A. Sammons Cancer Center at Grapevine

Baylor Regional Medical Center at Grapevine has served our community for more than four decades. During this time, our understanding of the causes and therapeutic options for cancer has grown at an exponential rate. Today, we can identify specific gene mutations that will render a tumor sensitive to a targeted therapy, identify families that are at risk for developing cancer and offer them life-saving screening tools. We can also provide treatments before cancer strikes and help those afflicted with cancer live a longer life.

An extremely important milestone for Baylor Grapevine’s Oncology Program in 2012 was becoming Baylor Charles A. Sammons Cancer Center at Grapevine. This designation brings the full array of Baylor Health Care System’s cancer diagnostic and treatment resources to Grapevine and surrounding communities. In addition, being a part of the Baylor Charles A. Sammons Cancer Center network provides cancer patients with highly specialized medical expertise and access to advanced clinical trials.

The year 2012 was momentous for Baylor Grapevine. Nursing care excellence was recognized by the American Nurses Credentialing Center with the prestigious Magnet® Recognition designation. This means that patients at Baylor Grapevine are receiving their care from a nursing staff that ranks in the top 7% of hospitals in the nation.

The hospital oncology program was recognized and accredited with commendation by the American College of Surgeons’ Commission on Cancer (CoC). The Baylor Breast Center at Grapevine was recognized and accredited by the National Accreditation Program for Breast Centers (NAPBC). Additionally, the oncology program joined the Baylor Charles A. Sammons Cancer Center network by meeting stringent criteria. Participating in this means patients in our community will be able to draw upon the strength of the entire network, including national experts and clinical trials.

These national accreditations, accolades and collaborations serve to underscore that patients battling cancer can be confident they will receive quality, multidisciplinary care that is comprehensive and compassionate…all right here in our community.

Our breadth of oncology services continues to include a dedicated inpatient unit, outpatient diagnostic testing, surgical services, nutritional services, advanced cancer therapeutics and patient navigation. These varied services reflect a deep commitment to providing our cancer patients with quality care.

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Cancer Committee Report

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Our breadth of oncology services continues to include a dedicated inpatient unit, outpatient diagnostic testing, surgical services, nutritional services, advanced cancer therapeutics and patient navigation. These varied services reflect a deep commitment to providing our cancer patients with quality care.
The Cancer Committee actively supported two tumor boards during 2012. The general cancer conference met monthly and the breast cancer conference met twice per month. The conferences reviewed a total of 167 cancer cases in 2012. This equaled 39.4% of the 2011 analytic caseload seen at Baylor Grapevine, which surpassed the Commission on Cancer standard of 15%.

While we enjoyed great success in 2012, we continue to look ahead to meeting the needs of our patients and community. We look forward to further growth in several areas, including:

• Increased participation in clinical research trials
• Expanded patient navigation program
• Enhanced educational opportunities for physicians on the medical staff and health care providers
• Improved access to cancer support groups.

I hope that you enjoy this review of 2012 for Baylor Charles A. Sammons Cancer Center at Grapevine. We look forward to serving our community this year and beyond.

Vikas Aurora, MD
Cancer Committee Chairman
**Programs of Focus 2012**

**Cancer Conferences Review Variety of Cases in 2012**

Cancer conferences are an essential forum to provide multidisciplinary, consultative services for oncology patients, as well as to offer education to physicians and allied health professionals. To provide a consultative service to patients and physicians, 80% of the cases presented must be discussed prospectively, that is, address patient management issues. Prospective cases are presented by physicians on the medical staff to the multidisciplinary team and include, but are not limited to the following:

- Cases requiring an adjustment or change in the original treatment plan
- Cases requiring consideration of adjuvant treatment or palliative care
- Cases with treatment complications or disruptions
- Cases with recurrent cancer requiring/needing further treatment consideration.

General cancer conference meets monthly with the following multidisciplinary composition: medical oncology, radiation oncology, surgery, pathology and diagnostic radiology.

Site conference case presentations include, but are not limited to:

- Case summary with prospective and interdisciplinary discussions
- Image projections with radiologic findings
- Pathology slides and pathologic findings, including special stains
- Molecular studies/prognostic indicators
- Clinical and pathologic staging (AJCC or other specific staging)
- Treatment planning
- Citation of national treatment guidelines (e.g., NCCN)
- Citing of clinical trials availability
- Discussion of need to refer for genetic testing
- Discussion for referral to palliative care services.

Two cancer conferences were active at Baylor Grapevine in 2012. The general cancer conference met monthly and the breast cancer conference met twice a month. The conferences reviewed a total of 167 cancer cases; this equaled 39.4% of the 2011 analytic caseload seen at Baylor Grapevine, which surpassed the Commission on Cancer standard of 15%.
Baylor Grapevine Strengthens Ties with American Cancer Society in 2012

With nearly a century of experience, the American Cancer Society has collaborated with Baylor Regional Medical Center at Grapevine to deliver life-saving results. Together, the hospital and the ACS were a relentless force fighting cancer in 2012. All Baylor Grapevine cancer patients received guidance on ACS programs that may have been of help to them, including transportation and lodging assistance, wigs and cancer information. An ACS representative worked closely with the oncology staff to provide patients with the resources and support they needed. The ACS representative also served on the hospital’s cancer committee, helping Baylor Grapevine fulfill American College of Surgeons’ accredited facility requirements. In 2011, the year for which the latest figures are available, 487 ACS services were provided to 118 cancer patients at Baylor Grapevine. In addition, 93 newly-diagnosed patients received a personal health manager kit from the ACS, which provided personalized information on their specific cancer type, resource information and an organizer for appointments, test results and prescriptions throughout their treatment.

Two of the most successful ACS programs hosted at Baylor Grapevine were Reach to Recovery and Look Good, Feel Better®. ACS-trained volunteer survivors mentored women faced with a breast cancer diagnosis and helped them with information from the ACS. In 2011, 46 women who visited the Baylor Breast Center at Grapevine benefitted from Reach to Recovery. Women who faced all types of cancer attended the ACS’ Look Good, Feel Better classes at Baylor Grapevine. Developed in cooperation with the Personal Care Products Council Foundation, the ACS sponsored four classes at Baylor Grapevine in 2012. Female cancer patients learned how to deal with the appearance-related side effects of cancer treatment. Women who attended a Look Good, Feel Better class enjoyed a day of beauty while connecting with other cancer survivors.

Other ACS resources provided to Baylor Grapevine cancer patients included books on nutrition and caregiving, tools to help children cope with a parent in treatment and access to the ACS’ phone-based navigation program.
Comprehensive Breast Center Sees Increasing Demand in 2012

Baylor Breast Center at Grapevine performed more than 11,000 screening mammograms and more than 4,000 diagnostic mammograms in 2012 at its facilities on the hospital’s main campus in Grapevine and at a satellite facility in Keller. The Baylor Breast Center at Grapevine also grew its patient navigator program. The patient navigator met with all patients who were referred for a biopsy and continued to coordinate their follow-up exams and referrals throughout their cancer journey at Baylor Grapevine. The breast center received accreditation status from the American College of Radiology as a Center of Excellence and from the American College of Surgeons’ National Accreditation Program for Breast Centers.

Oncology Staff Wants Patients and Loved Ones to Feel Like They Are Among Family

“Our philosophy is simple, we cherish our patients and their family members and we want them to feel that they are getting safe, quality and compassionate care,” said Adam Kegg, RN, BSN. “We want them to feel comfortable and to trust us as though we were their family.”

For Kegg, his fellow nurses and the oncology patient care team, the inpatient Oncology Unit extends far beyond the hospital’s 5th floor, it is an integral part of the entire cancer care continuum at Baylor Grapevine. In fact, in 2012, Baylor Grapevine’s Oncology Program was designated as Baylor Charles A. Sammons Cancer Center at Grapevine and the Oncology Unit was renamed to reflect this designation. More information about the Baylor Charles A. Sammons Cancer Center network is included in another article in this report.

“In 2012 we launched a survivorship luncheon where we recognized and honored all of our patients who defeated the disease,” explained Kegg. “We also started the Remembrance Circle to celebrate the lives of those patients who passed away from the disease. We invited their families to come together to share stories about their loved ones and to light candles in their memory.”

Interdisciplinary rounding was integrated into the care plan for cancer patients in 2012. Kegg said a team of professionals who interacted with and cared for the cancer patients did daily rounding on all patients who were on the unit. The team included nurses, chaplains, dietitians, physical and occupational therapists, pharmacists, social workers, care coordinators and the patient and family, if they wanted to be involved. The rounding helped keep all team members on the same page in terms of care for the patient and it provided a means to begin discharge planning that included input from the team about aspects of the patient’s future care.

Baylor Grapevine’s oncology program was recognized in several ways in 2012, including accreditations from the National Accreditation Program for Breast Centers and the Commission on Cancer of the American College of Surgeons. In addition, the hospital was designated with Magnet® Recognition status, one of the highest levels of recognition a hospital can achieve.

“For patients, the Magnet designation means that their care is provided by a nursing staff that ranks in the top 7% of hospitals in the country,” said Kegg.
Cancer Program Overview

Baylor Regional Medical Center at Grapevine’s advanced oncology care services were recognized with three national accreditations. The American College of Surgeons provided recognition with a three-year accreditation as an approved cancer care program from its Commission on Cancer (CoC). Recognition from the National Accreditation Program for Breast Centers (NAPBC), also administered by the American College of Surgeons, reflected the quality of care offered at the comprehensive Baylor Breast Center at Grapevine. The American College of Radiology designated Baylor Grapevine as a Breast Imaging Center of Excellence (BICOE), based on accreditations in mammography, stereotactic breast biopsy and breast ultrasound.

These accreditations reinforced to cancer patients who came to Baylor Grapevine that they would receive comprehensive, multidisciplinary care, including the opportunity to participate in ongoing clinical trials with new treatment options, and that they would receive this care close to home.

In addition to expanding the services provided by the comprehensive Baylor Breast Center at Grapevine, the hospital continued to increase the number of site-specific tumor boards to examine complex cancer cases.

A full-time patient navigator continued working primarily with breast cancer patients, helping to arrange appointments, making sure all questions were answered and helping to arrange access to clinical trials and support groups. Plans began in 2012 to expand this service to patients battling other types of cancer.

In 2012, a 64-slice CT scanner was added to Baylor Grapevine’s diagnostic imaging services. The CT scanner provided capabilities for virtual colonoscopy. In addition, a small bowel camera was added in the endoscopy lab for standard colonoscopy procedures. Other diagnostic imaging technologies included advanced lung analysis, MRI, ultrasound, nuclear medicine and PET/CT (made available through a collaboration with Texas Oncology).

The hospital also made a significant investment in expanding surgical services. More complex surgeries were performed and the da Vinci® Surgical System was used for select gynecologic and prostate cancer procedures.

Vikas Aurora, MD, hematologist and medical oncologist on the medical staff as well as chairman of the Cancer Committee at Baylor Grapevine, said, “We are working to be at the forefront of community cancer care by integrating physician and nurse enthusiasm with administrative support,” he said. “It takes time and resources to fuel growth but we have it here, with the strong support of Baylor Health Care System.”

Baylor Charles A. Sammons Cancer Center at Grapevine

Baylor Regional Medical Center at Grapevine is proud to be a member of the Baylor Charles A. Sammons Cancer Center network. For more than 35 years, Baylor Charles A. Sammons Cancer Center has been providing quality cancer care to patients at Baylor University Medical Center. Baylor Health Care System (BHCS) has extended the Baylor Charles A. Sammons Cancer Center quality of care to its medical centers throughout North Texas, including Baylor Grapevine.
Being a part of the network means that Baylor Grapevine oncology programs and services meet or exceed the stringent criteria established by Baylor Health Care System. These criteria include:

- Achieving accreditation by the Commission on Cancer (CoC) of the American College of Surgeons as an approved cancer program; accreditation by the CoC indicates that a cancer program provides high-quality care as measured against national standards and continuously strives to address each patient’s needs while improving outcomes.
- Meeting specific requirements demonstrating active participation by their Cancer Committee physician leader, administrative director/representative, and oncology nursing leader in BHCS oncology strategic initiatives.
- Meeting specific requirements demonstrating active participation in BHCS oncology safety and health care improvement projects.
- Meeting specific requirements demonstrating active participation in BHCS oncology educational efforts in nursing, medicine or other ancillary education related to oncology.
- Demonstrating participation in research initiatives, either within the facility or by supporting other Baylor facilities and their oncology research by making clinical trials available to patients, regardless of the location of the trials.
Patient Support

Baylor Grapevine Takes Cancer Prevention, Screening and Support Groups into the Community

Baylor Regional Medical Center at Grapevine’s oncology outreach efforts touched thousands of people in 2012 thanks to a variety of activities, including presentations, morning talk show appearances, screenings and sponsorships. The following activities comprised Baylor Grapevine’s outreach program in 2012:

- Breast cancer education and screening
- Women’s health education and screening
- Colorectal cancer education
- Lung cancer education
- Prostate cancer education
- Skin cancer screenings
- Men’s health education and screening
- Ovarian cancer education
- Gynecological cancer education.

These activities were accomplished in a variety of settings, including:

- The City of Keller
- The City of Grapevine
- Hospital-sponsored CME courses for physicians on the medical staff and clinicians
- Appearances on Good Morning Texas
- Evergreen Keller.

Baylor Grapevine’s oncology program was pleased to sponsor these events in 2012:

- American Cancer Society Relay for Life®
- National Ovarian Cancer Coalition Walk to Break the Silence.

Baylor Grapevine also hosted several cancer-related events for the community in 2012:

- For Women, for Life™— women’s health event
- Look Good, Feel Better®
- Hope for Women Facing Cancer
- I Can Cope
- It’s A Guy Thing—men’s health event
- Digital mammography spa days
- Smoking cessation education
- Women’s health and ethics.

Doug Johnson’s Story

Doug Johnson had a cough—a really bad cough. He also had problems breathing. After one particularly bad spell, Johnson began to experience pain during and after coughing, so he decided to go to his doctor.

After undergoing several diagnostic tests, including PET scans and CT scans, Johnson was told that he had advanced stage lung cancer. The initial diagnosis was daunting for Johnson and his family—a large tumor in his right lung and cancer that had spread to his left lung. At the time of his diagnosis, the 65-year-old Grapevine resident thought about his 35-year history as a smoker—a habit he gave up five years ago.

“The doctor told me because the cancer was in both lungs, it was inoperable,” remembers Johnson. “The only chance I had was to undergo an aggressive treatment regimen of chemotherapy and radiation. The doctors were honest with me about the chances of survival and that the side effects of the treatment were going to be very harmful to me. But, what choice did I have?”

Then, Johnson says, the group of doctors involved in his care did something he considers remarkable, something that ultimately saved his life. “My doctors gathered together and discussed my case,” says Johnson. “Before they subjected me to the rigorous treatment regimen, they decided to do a biopsy to confirm what they saw on the diagnostic images. The physicians on the medical staff working on my case were instrumental in making the decision to do the biopsy. What they found from the biopsy was that I didn’t have cancer in my left lung. Instead, I had sarcoidosis, something I had never heard of.”

Sarcoidosis is a disease of unknown cause that leads to inflammation and generally affects the body’s organs. In people with sarcoidosis, the immune system cells that gather to protect organs that are in danger, form lumps called granulomas. That’s what the images were showing in Johnson’s left lung.

With this information, Johnson immediately underwent surgery to remove the tumor.
from his right lung. “After surgery, I woke up in my room and my surgeon was at the foot of my bed with a big grin on his face, doing a little dance. He told me they had gotten all of the cancer. I’ll never forget that moment,” admits Johnson.

But for Johnson, his hospital experience wasn’t over. It was discovered that he had a hole in his heart, a problem that was repaired without surgery.

After recovering from his surgery and his heart issue, he underwent several rounds of chemotherapy to make sure that any free radicals that might be present were eliminated. Today, two years later, Johnson is cancer-free.

“All of my doctors were terrific,” says Johnson. “The support my family and I received from the entire oncology team at Baylor Grapevine was outstanding. They tended to all of my needs—physical, emotional and spiritual.”

In addition to the memory of his surgeon smiling and doing a dance in his room, the other thing that stands out in his mind is waking up after undergoing the procedure to repair the hole in his heart. “I went into the procedure having to lie flat on my back to breathe and I woke up sitting up, breathing normally. It was pretty amazing.”

Johnson says that after his initial diagnosis, he and his wife had many friends give lots of advice about where to go to get treatment. “Some said go to Mayo and others said go to M.D. Anderson,” explains Johnson. “We decided to go to Baylor Grapevine and it was such a blessing to be so close to the hospital and to my doctors, having the benefit of great facilities and doctors right here in Grapevine. As far as I’m concerned, there’s no place in the country that could have exceeded the level of care that I received.”

Johnson, married for 27 years with two daughters and four grandchildren, volunteers at Baylor Grapevine as a patient ambassador. “My duties are to visit with all patients who have been admitted overnight or on the weekends,” says Johnson. “I chat with them, make sure that all of their needs are being met, arrange for a chaplain to visit them if that’s what they want, alert the nursing staff if the patient has a question. I think it’s important that every patient gets a visit from someone representing the hospital that is not clinical.”
Cancer Registry

The year 2012 brought positive changes in the Baylor Health Care System (BHCS) Cancer Registry. The BHCS Cancer Registry includes nine (9) hospitals with seven (7) of the facilities’ cancer programs accredited by the American College of Surgeons’ Commission on Cancer (Baylor University Medical Center at Dallas, Baylor Medical Center at Waxahachie, Baylor All Saints Medical Center at Fort Worth, Baylor Medical Center at Irving, Baylor Regional Medical Center at Grapevine, Baylor Medical Center at Garland, and Baylor Regional Medical Center at Plano).

This year has seen the Registry grow with the addition of three certified tumor registrars. New processes have been added to our program as well as new informational technologies.

The Registry has developed the Remote Registrar Program in which Baylor has recruited several certified tumor registrars who live outside the Dallas/Fort Worth area. Our registry team welcomes the following remote registrars: Susanna Arias, CTR, from Fort Lauderdale, Fla; Bonnie Stewart, CTR, Spokane, Wash.; and Briana McCants, CTR, Bessmer, Ala. The addition of these experienced registrars brings the Cancer Registry staff to a total of seven full-time certified cancer registrars. These numbers include the Cancer Registry manager, supervisor, and Cancer Registry staff. This new recruitment process has brought a positive way of staffing our Registry team.

In 2012, the Cancer Registry has embarked on a new informational technology. The ePath application of Artificial Intelligence in Medicine has been approved for installation. The application will save each Cancer registrar time due to the manual case-finding review of 100% pathology reports. This automation will “read” each pathology report and choose only those cases applicable to the Cancer Registry. Upon electronic review by a registrar that each case requires abstracting, the case will be automatically downloaded into the suspense of our database for abstracting. This will save not only time, but also increase efficiency in the Cancer Registry.

The primary duties of the Cancer Registry include, but are not limited to, the abstracting of cancer data (including site, histology, stage and treatment) on all reportable cancers, and to provide lifetime follow-up for patients. In addition, the cancer...
registrars are responsible for collecting the data elements for the Cancer Program Practice Profile Reports (C3PR) required by the American College of Surgeons’ Commission on Cancer with a goal of 90% completion rate. To maintain quality of the registry abstract, each cancer registrar works with the medical staff in completing quality review of greater than 10% of annual analytic abstracts.

With the cooperation of physicians on the medical staff at all Baylor facilities, the Cancer Registry was able to submit data to the National Cancer Data Base during the Annual Call for Data not only error free, but also submitted data that met the goals of 90% treatment completion rate for the CP3R.

The staff attends monthly state webinar meetings which include presentations from the North American Association of Certified Cancer Registrars, as well as the annual Regional Quality Seminar sponsored by Baylor Charles A. Sammons Cancer Centers. All Registry staff attended the Texas Tumor Registrars Association (TxTRA) Annual Educational Conference in Bedford, Texas.
## Baylor Regional Medical Center at Grapevine Analytic Cases Diagnosed 2011

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<th>Total Analytic Cases</th>
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Number of cases excluded: 0
This report INCLUDES CA in-situ cervix cases, squamous and basal cell skin cases, and intraepithelial neoplasia cases
Benign includes: Gastrointestinal stromal tumors, benign meningiomas, benign brain, and other cns benign.
Other/ill-Defined includes: ill-defined sites and hematopoietic diseases not included in the leukemia/lymphoma/myeloma category.
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Meeting the Nutritional Needs of At-risk Oncology Patients

At the beginning of 2012, Baylor Regional Medical Center at Grapevine expanded nutritional rounding to all patients on the hospital’s Oncology Unit. Jennifer Oleson, RD, LD, CNSC, a clinical dietitian at Baylor Grapevine, approached Adam Kegg, RN, BSN, unit manager of the oncology area, with the idea of focusing on the nutritional needs of cancer patients.

“I thought our patients could benefit from that,” said Oleson. “We were already rounding on the other patients in the hospital and I knew that oncology patients had specific challenges when it came to nutrition. Adam was so supportive and we began rounding on the Oncology Unit in April.”

Although an informal study, Oleson and Kim Ramsay, RD, LD, director, Nutrition Services for Baylor Grapevine, decided that the rounding should be designed to identify cancer patients who were at nutritional risk—that they weren’t eating, had experienced weight loss or who were having problems with nutrition.

“Cancer patients are at nutritional risk for a number of reasons, such as taste changes, nausea and vomiting, thrush and more,” explained Oleson.

The nutritional rounding occurred as part of the weekly rounding that was already being conducted by a multidisciplinary team—nursing, nurse manager, pharmacist, physical therapist, occupational therapist, pastoral care staff member, social worker, care coordinator, speech therapist and clinical dietitian.

During rounding on the Oncology Unit, each nurse would present information about his or her patients. The nurse would review the patient’s medical history, his or her cancer history and the patient’s current condition, including any challenges or nutritional risk the patient might be facing. This opportunity for first-hand observation and communication supported the study’s goal of identifying current or new patients who were at nutritional risk.

A total of 79 patients were identified during the nine-week study. Preliminary screening based on established nutritional criteria and discussions during rounding revealed that 20 of the patients had no nutritional needs. Fifty patients were being monitored by the Nutrition Department. The remaining nine patients were identified as being high risk during rounding sessions, which resulted in an 18 percent increase in oncology patients being assessed by the dietitian. Throughout the study period, the clinical dietitian continuously monitored the patients evaluating factors such as feeding modality, nutrition care orders, condition and diagnosis. Information gained during the interdisciplinary rounding produced 14 nutrition recommendations.

“By participating in multidisciplinary rounding on the Oncology Unit, the dietitian was able to benefit the patients and the entire team because of increased communication about what was going on with the patient,” said Oleson.

Because the study produced positive results for the patients and the care team, Ramsay said the rounding will continue in 2013. “We also plan to educate the multidisciplinary team on evidence-based research regarding food and neutropenic diets.”