



Jack C. Montgomery VA Medical Center

# Cancer Program

2013 Annual Report

*Journey to Curing Cancer*

—  
*One Veteran at a Time*



**VA**  
HEALTH  
CARE

Defining  
**EXCELLENCE**  
in the 21st Century

# 2013 Cancer Committee

**James Smith, MD (Chair)**  
*Chief of Surgery, Specialty Oncology*

**Bonnie Folkerts, MS RHIT**  
*Cancer Program Manager*

**Vijay Aggarwal, MD**  
*Chief of Radiology/Nuclear Medicine*

**Atulkumar Dave, MD**  
*Medical Oncology*

**Dusti Johns, LCSW**  
*Oncology/Hospice/Palliative  
Care Social Work Service*

**Laurence Kandel, MD**  
*Urology*

**Earl Grandberry**  
*Chaplaincy*

**Manjula Krishnamurthi, MD**  
*Medical Oncology*

**Glenda Mayfield, BA, CTR**  
*Cancer Registry*

**Judy Walker, RHIT, CTR**  
*Cancer Registrar*

**Joyce Sparks, RN, BSN**  
*Oncology Case Management*

**Alicia Irvin, PhD**  
*Psychology - Hospice/Palliative Care/GEC*

**Harold Ginzburg, MD, JD, MPH**  
*Research and Clinical Trials*

**Susie Hartsell, RN, BSN**  
*Women Veterans Program Manager*

**Leslea Jernigan, RN, BSN**  
*Quality & Performance Improvement*

**Chetna Purohit, MD**  
*Laboratory/Pathology*

**Jane Walta, MBA, RD, LD**  
*Nutrition Service*

**Pamela Benson, ARNP-CPN, FNP, MS**  
*Health Promotion Disease Prevention  
Program Manager*

**Dianne Presley, RN, OCN**  
*Oncology Nurse*

**Nash Purohit, MD**  
*Chief of Medicine*

**Jennifer Morgan**  
*American Cancer Society*

**Karen Scott, ARNP**  
*Oncology Nurse Practitioner*

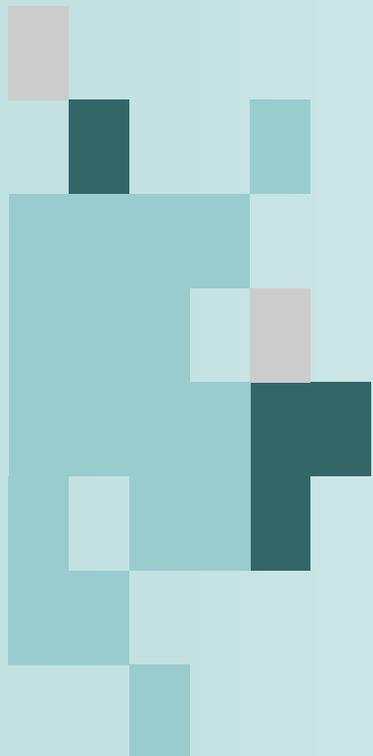
## Executive Team

**James R. Floyd, FACHE**  
*Medical Center Director*

**Richard L. Crockett, MBA**  
*Associate Director*

**Thomas Schneider, DO, FCAP**  
*Chief of Staff*

**Bonnie Pierce, MSN, RN**  
*Associate Director – Patient Care  
Service*



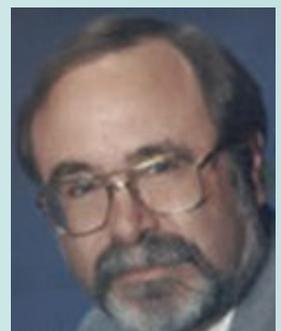
The Jack C. Montgomery VA Medical Center's Cancer Program continued to change and grow in 2012 and into 2013. As an American College of Surgeons (ACoS) Commission on Cancer (CoC) accredited facility, our program implemented several changes in the past year in response to the new 2012 standards that were released. In order to provide top quality and continuously improving care, we stay abreast with the frequent changes with both the CoC and other experts in cancer diagnosis and treatment so we are able to provide our nation's Veterans the best care anywhere.

Our facility is proud to be located in the heart of Oklahoma's "Green Country". We serve 26 counties in eastern Oklahoma of which 25 are classified as rural or highly rural areas with Tulsa county being the lone exception. We take pride in serving these areas and realize our Veterans have unique needs not seen in larger cities. These unique needs include long traveling distance to our facility, difficulty driving in large cities, strong sense of family, and responsibilities at home just to name a few.

Our program continues our pursuit of creating a comprehensive cancer center aimed at meeting the needs of our Veterans. By providing this patient centered care modeled after the national initiative of a Patient Aligned Care Team (PACT) design, we will be able to be more proactive on the new standards that will be implemented in 2015.

Our program is directed by Dr. James W. Smith and the Cancer Committee which continues to meet quarterly; discussions are documented in minutes and available for review on the JCMVAMC Intranet site. Our Cancer Committee is comprised of a multidisciplinary team whose primary concern is to improve the lives of our patients diagnosed with cancer and serves as a resource for both them and their families or caregivers.

In August 2013, our facility was re-surveyed by Dr. Joel Ohlsen with the ACoS CoC, receiving a full 3-year reaccreditation with four commendations.



Dr. Joel Ohlsen

# ***Introducing your Cancer Program Staff...***

## ***Surgical Oncology***



***James W. Smith, M.D., FAES***

Dr. Smith serves as the Chief of Surgery as well as the Cancer Committee Chair and the Cancer Physician Liaison. He is Board Certified in General Surgery, specializing in Oncology Surgery. Dr. Smith is a graduate of the Universidad Autonoma de Ciudad in Juarez, Mexico. He served internship and residency at the New Rochelle Hospital and his fellowship training at Memorial Sloan-Kettering in New York, NY. In addition, Dr. Smith has served as a Commission on Cancer (CoC) surveyor for the American College of Surgeons since 2011

***Manjula Krishnamurthi, M.D.***

Dr. Krishnamurthi, better known as Dr. K by her patients, has been with Jack C. Montgomery VA Medical Center since 1991. She attended medical school in Madras, India, and obtained post-graduate training in several centers in Madras with resident training in Pediatrics and Neurology. In 1988, Dr. Krishnamurthi began residency training John Hopkins University in Baltimore, MD, and at the University of Oklahoma College of Medicine in Tulsa, OK, where she obtained her Fellowship in Oncology and is an Assistant Professor of Medicine. Dr. K is Board Certified in Oncology and in Internal Medicine.



## ***Medical Oncology***



***Atulkumar Dave, M.D.***

Dr. Dave joined the staff at Jack C. Montgomery VA Medical Center in 2007. Prior to this, Dr. Dave was on staff at both Cancer Treatment Centers of America and Cancer Specialists, Inc., in Tulsa, OK. Dr. Dave attended the H&HB Kotak Science College, D.K.V. Science College and M.P. Shah Medical College in Gujarat, India. He received his post-graduate training in Hematology/Oncology at the Allegheny University of Health Sciences in Philadelphia, PA, where he also served as the Assistant Professor of Hematology/Oncology from 1997-1999. Dr. Dave also completed his residency in Internal Medicine at the Kingsbrook Jewish Medical Center in Brooklyn, NY.

## ***Oncology/Infusion Clinic ARNP***

### ***Karen Scott, ARNP***

Karen Scott received her RN in 1972 and her Masters in Business Administration in 1988. Ms. Scott has been a nurse practitioner since 1995 with experience in cardiology, rheumatology, endocrinology, oncology, emergency medicine as well as home and hospital based primary care. Ms. Scott looks forward to working with the Cancer Program and develop a Survivorship Clinic. Karen believes that great things can come from a multiple disciplinary approach to care, listening to our shareholders and promoting advocacy.



## ***Oncology/Infusion Nurse Manager***

### ***Jere' Shear, MSN, RN, CMSRN***

Jere' has over 30 years working as an RN in Medical, Surgical, Oncology, and Hospice areas. Ms. Shear has been with JCMVAMC for five years, serving as the nurse manager of the Oncology/Infusion Clinic as well as the Hospice/Palliative Care Unit for almost two years. Jere' received her ADN from Rogers State College in Claremore in 1983 and her BSN from NSU in 1992. In January of 2012, Jere' earned her MSN from the University of Phoenix. In addition, Ms. Shear has been certified in Biotherapy & Chemotherapy for 10 years. Currently, Jere' is pursuing her OCN certificate which will be completed by the end of 2013. For 18 years, she has also been a CPR instructor as well as an ACLS instructor.





## ***Infusion Clinic Nurses***

Left to Right: Dianne Presley, Debbie Boyattia, and Julie Hanselman

### ***Dianne Presley, RN, OCN***

Dianne Presley received her Associates of Nursing in 1997 through Connors State College. Ms. Presley obtained her OCN certification in 2009. Dianne joined the staff at Jack C. Montgomery VA Medical Center in October 2006 as a staff nurse for the Chemotherapy/Infusion Clinic. Prior to joining the VA, Dianne was employed at St. Francis Hospital in Tulsa as a clinical nurse in their Oncology/Medical and Bone Marrow Transplant Unit for ten years. In 2012, Dianne received the honor of being nominated by one of her patients for Nurse of the Year in CURE Magazine.

### ***Debbie Boyattia, BSN, RN***

Debbie Boyattia received her Associate Degree of Science in Nursing from Connors State College in 2001, and her Bachelor of Science in Nursing from Oklahoma Wesleyan University in 2007. She came to Jack C. Montgomery Medical Center in February of 2002 as a nurse on the In-Patient Medical/Surgical floor. In 2005, she joined the staff of the Outpatient Chemotherapy/Infusion Clinic. Debbie holds a current ONS Certificate for Biotherapy/Chemotherapy administration. Ms. Boyattia has served on the PICC Team, Career Development/Retention Committee, Black Emphasis Committee and the Nurse Professional Standards Board.

### ***Julie Hanselman, RN, CCRN***

Julie Hanselman received her Associate Degree in Nursing at Tulsa Community College in 2005 while working as a nurse technician and LPN. She began working as a cardiovascular nurse at St. Francis Cardiac ICU in 2006. During that time she completed her Bachelor in Nursing at OU-Schusterman in 2009. She began working at the Jack C. Montgomery VA Medical Center ICU in 2011 and in 2012 transferred to the Outpatient Chemotherapy Clinic. She also has six months nursing experience at the Orthopedic Hospital of Oklahoma. She enjoys working in nursing clinics at the Tulsa Day Center for the Homeless and in country at the Northwest Haiti Christian Mission and at the Immanuel Navajo Mission in Arizona. Julie enjoys learning and has a passion for working with chemotherapy patients. She holds the ONS certification and is studying for her OCN certification.

## ***Psychology***



### ***Alicia Irvin, PhD***

Dr. Alicia Irvin is a psychologist with Jack C. Montgomery VAMC. Dr. Irvin earned her PhD in Counseling Psychology from Oklahoma State University in 2008, and her MS in Counseling Psychology from Northeastern State University in 2003. Dr. Irvin has been with the VA for three years. Currently, she is a psychologist for home-based primary care but assists hospice/palliative care. Dr. Irvin's primary areas of interest include working with geriatric populations, individuals with chronic and debilitating illnesses, and assessment of mental illness.

## ***Social Services***



### ***Dusti Johns, LCSW***

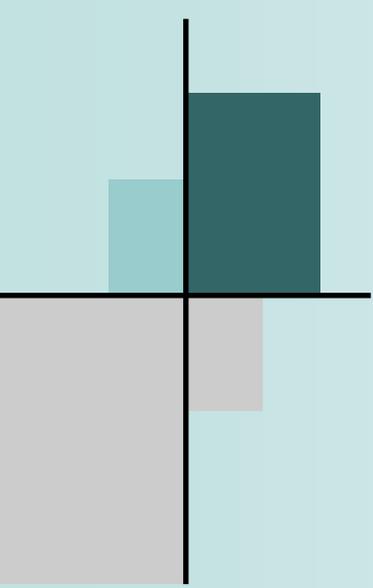
Dusti Johns received her Bachelor of Social Work in 2005 from Northeastern State University and Master of Social Work in 2006 from University of Oklahoma. Dusti has been with the VA for over four years and shares her time between Oncology and the Hospice/Palliative Care unit. Although she has experience with mental health, community hospice, and acute rehabilitation, Dusti is eager to continue her work with Oncology and help build the psychosocial aspects of care for our Veterans and their family.

## ***Cancer Case Manager***



### ***Joyce Sparks, BSN, RN***

Joyce Sparks received her nursing degree in 1993 from Connors State College, then continued her education at Oklahoma Wesleyan, receiving her Bachelor in Nursing in 2002. She worked as a staff nurse, beginning her service in November 1990. Ms. Sparks has been with the VA for over 22 years. She spent seven years as a staff nurse, followed by ten years in ICU but has spent the last five years as a Case Manager, specializing in Oncology during the last three years.



# ***Cancer Registrars***

## ***Judy Walker, RHIT, CTR***

Judy Walker graduated from Connors State College in 1983, with an Associate in Science. Judy obtained her Registered Health Information Technician (RHIT) in 1991, and Certified Tumor Registrar (CTR) in 2007. Ms. Walker has worked in the VA since November 2002. Prior to the VA, Judy worked at Muskogee Regional Medical Center for ten years as a medical records coder. Judy is an active member of the American Health Information Management Association (AHIMA) and National Cancer Registrars Association.



## ***Glenda Mayfield, BA, CTR***

Glenda Mayfield earned her Bachelor of Science in Business Management from the University of Phoenix. She passed her examination to receive her CTR in March 2013. Glenda has worked in for the VA for 5 years. Prior to that, she worked at Muskogee Regional Medical Center for 15 years as an admission registrar and cancer registrar.. Ms. Mayfield is active in the Black Emphasis Committee, Cancer Committee, Oklahoma Cancer Registrar's Association and the National Cancer Registrar Association.

# ***Cancer Program Manager***



## ***Bonnie Folkerts, MS, RHIT***

Bonnie Folkerts received her Associate of Science in Health Information Technology (2005) from Hutchinson Community College in Hutchinson, KS, her Bachelor degree in Technology Leadership (2009) and Master in Instructional Technology (2011) from Fort Hays State University in Hays, KS. Ms. Folkerts has worked in the healthcare field since 1988 in for-profit, non-profit and government hospitals (medical and psychiatric). Bonnie joined the VA in 2008 as a Cancer Registrar and accepted the position of Cancer Program Manager in 2011.

# Cancer Conference/Tumor Board

The Cancer Conference (Tumor Board) meets weekly and consists of a multidisciplinary team. This team discusses various cancer cases, including staging and treatment and clinical trials. All treatment recommendations follow appropriate national guidelines and this is noted on the consult report in the patient's chart.

The goal of this multidisciplinary team is to improve patient outcomes and provide education to the medical staff and other allied health professionals. Although the team requires specific participants, staff throughout the hospital are encouraged to attend these weekly conferences.

At the end of 2012, the Tumor Board had completed its third year of using the virtual teleconference equipment. This continues to be advantageous to our Veterans by allowing the Radiation Oncologists from Houston and Oklahoma City VA hospitals to visually participate

in the discussion while viewing radiology exams and pathology slides. In addition, our providers use this equipment to participate in Houston's specialized and general conferences.

In 2012, 43 conferences were held with 124 cases being presented, 100% of which were presented prospectively. All of the required staff members exceeded the minimum 90% attendance requirement as set forth in our policy.

The current policy states the weekly conference format will remain facility wide and at least 10% of total number of analytic cases will be presented each year. Of these cases, at least 80% should be presented prospectively\*. These requirements meet the standards set by the American College of Surgeons Commission on Cancer (ACOS/CoC).

The following are required participants and their compliance percentage:

Year	%
2005	52.4%
2006	46.6%
2007	38.3%
2008	21.4%
2009	35.4%
2010	39.5%
2011	27.1%
2012	25.6%

Percentage of analytic cases presented to Cancer Conference

2012 Attendance Compliance	
Medical Onc	100%
Radiology Onc	100%
Surgery	100%
Pathology	100%
Diagnostic Rad	100%
Tumor Registry	100%
Case Mgmt	100%
Social Services	91%

# Cancer Registry Data

The Cancer Data Registry plays a vital role in establishing and maintaining standards set by the American College of Surgeons for the Jack C. Montgomery VA Medical Center. The Cancer Registry manages an extensive data system that collects, analyzes and reports information on all cancer patients diagnosed and/or treated at this facility.

Data collection and lifetime follow-up on each cancer patient seen at the facility began in 2005. To date, our Registry contains more than 2,800 cases in the database and more than 2,000 are actively followed.

Each cancer site is staged on its own set of criteria based on the American Joint Commission on Cancer 7<sup>th</sup> Edition staging (AJCC). This staging system is an expression of the anatomic extent of disease and involves the assessment of three components:

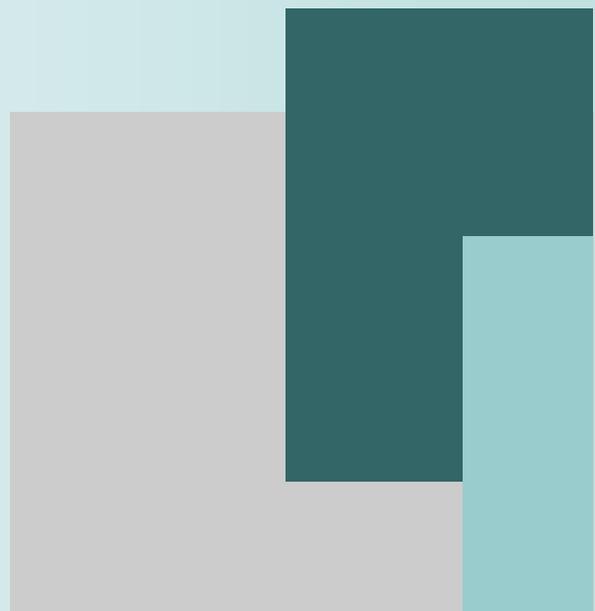
- T – the extent of the primary tumor
- N – the absence, presence and extent of regional lymph node metastasis
- M – the absence or presence of distant metastasis.

Documentation of staging is required by the American College of Surgeons for facilities accredited or pursuing accreditation by the Commission on Cancer (CoC) and must be coded in accordance with the International Classification of Disease for Oncology (ICD-O-3) system, the Facility Oncology Registry Data Standards and

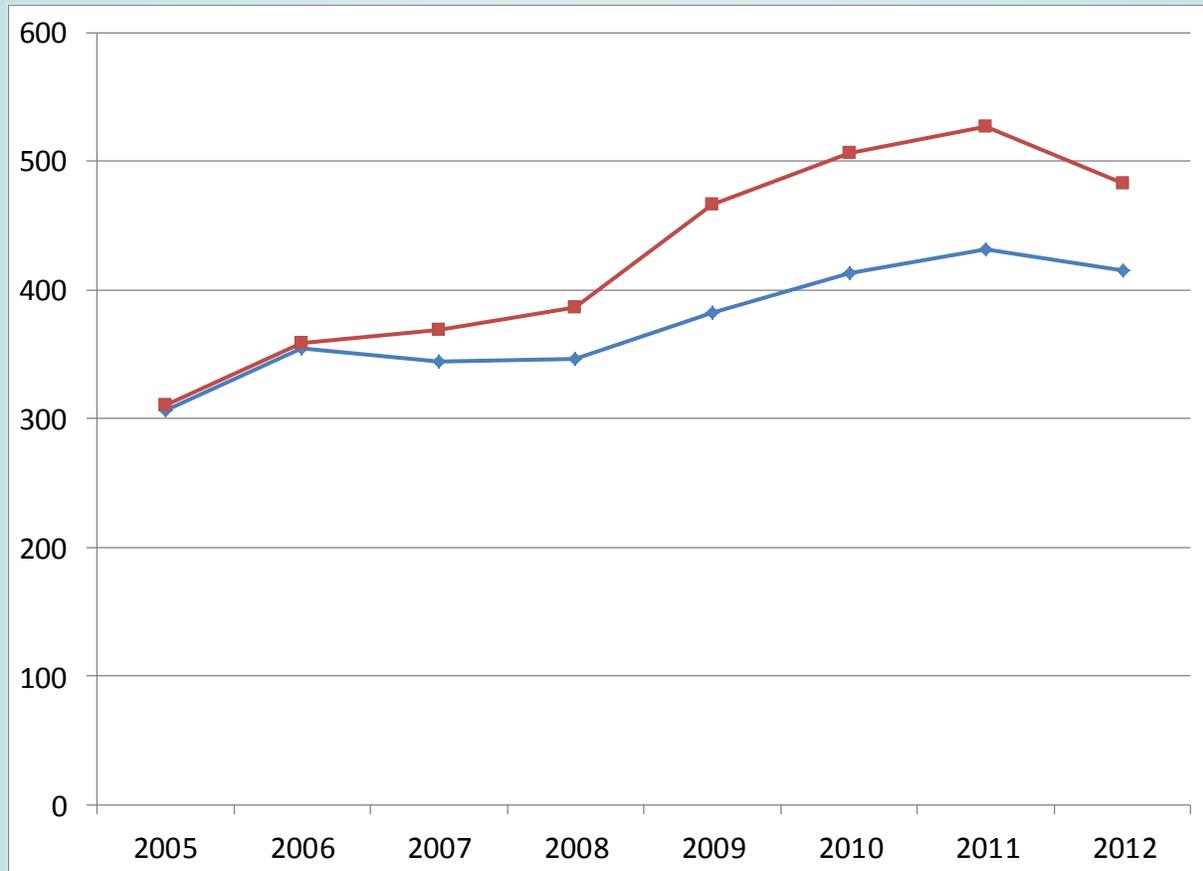
AJCC Staging manual. Other resources used are SEER Extent of Disease and College of American Pathologist cancer protocols.

The registrars abstract cases into the OncoTrax package. This abstract is a minimum of 15 pages summarizing the patient's information, including demographic, diagnostic, treatment and staging data. The data is entered through a series of nearly 200 questions that the registrars are required to input. Each case takes a minimum of 45 minutes to complete with more complex cases taking considerably more time.

The information entered into the registry is then available to be extracted and used to generate reports that offer valuable insight into the program in regard to statistics, quality control, cancer study and analysis, as well as provides data for annual data submissions to the National Cancer Data Base (NCDB).



# *New Cancer Diagnosis per Year*



As shown above, the number of new cancer cases diagnosed and/or treated at our facility each year has increased since our reference date of January 1, 2005. The red line (top) indicates both analytic and non-analytic cases. The blue line (bottom) is only analytic cases.

A portion of the non-analytic cases include prostate cases that are diagnosed as High Grade Prostatic Intraepithelial Neoplasm

(PIN III). This diagnosis is not cancer but information is gathered to track the number of High Grade PIN III cases that become cancer.

Also included in the non-analytic cases are those who were diagnosed and treated elsewhere but come to our facility for additional treatment or a recurrence.

## Cancer Registry 2012 Statistical Analysis Table

	Cases	Gender		AJCC Stage at Diagnosis									
		M	F	O	I	II	III	IV	Unk	NA	Inc		
<b>Oral Cavity/Pharynx</b>	Lip	8	8	0		3							5
	Tongue, Base.	2	2	0			1		1				
	Tongue, Other, NOS	2	2	0		1			1				
	Gum	1	1	0									1
	Floor of Mouth	1	1	0					1				
	Palate	2	2	0	1								1
	Other/NOS Mouth Parts	1	1	0					1				
	Parotid Gland	1	1	0						1			
	Tonsil	5	5	0		1	1	1	1				1
	Oropharynx	1	1	0					1				
	Pyriform Sinus	1	1	0			1						
<b>Digestive</b>	Esophagus	6	6	0		1	1	2	1	1			
	Stomach	11	11	0		1	2	3	3	1			1
	Small Intestine	3	3	0				2		1			
	Colon	23	23	0	2	2	6	2	8	3			
	Rectosigmoid Junction	1	0	1				1					
	Rectum	7	7	0		1	3		1	1			1
	Liver	8	8	0		1	3		2				2
	Pancreas	6	6	0		2	2		1	1			
	Other Digestive Organs	1	1	0		1							
	<b>Respiratory</b>	Larynx	12	12	0	1	2	3		5			
Lung/Brachus		91	90	1		18	9	17	32	9	1		5
<b>Hematopoietic</b>	Hematopoietic	24	24	0					2			19	3
<b>Skin/Subcutaneous</b>	Skin	23	23	0	4	9	3		4	3			
	Connective/Subcutaneous	4	3	1		1				1	1	1	
<b>Breast</b>	Breast	1	0	1					1				
<b>Female Genital</b>	Cervix Uteri	1	0	1				1					
<b>Male Genital</b>	Prostate Gland	182	182	0		41	69	14	11	38			9
	Testis	1	1	0		1							
<b>Urinary</b>	Kidney	12	12	0		6	1	2	3				
	Bladder	21	21	0	14	2	3			1			1
	Urinary Organs-Other	2	2	0			1		1				
<b>Central Nervous</b>	Brain	1	1	0									1
<b>Glands</b>	Thyroid Gland	5	4	1		2	1		1	1			
<b>Lymph Nodes</b>	Lymph Nodes	8	8	0				2	3	2			1
<b>Unknown</b>	Unknown Primary Site	4	4	0									4
		<b>483</b>	<b>477</b>	<b>6</b>	<b>22</b>	<b>96</b>	<b>111</b>	<b>47</b>	<b>84</b>	<b>64</b>	<b>26</b>	<b>33</b>	

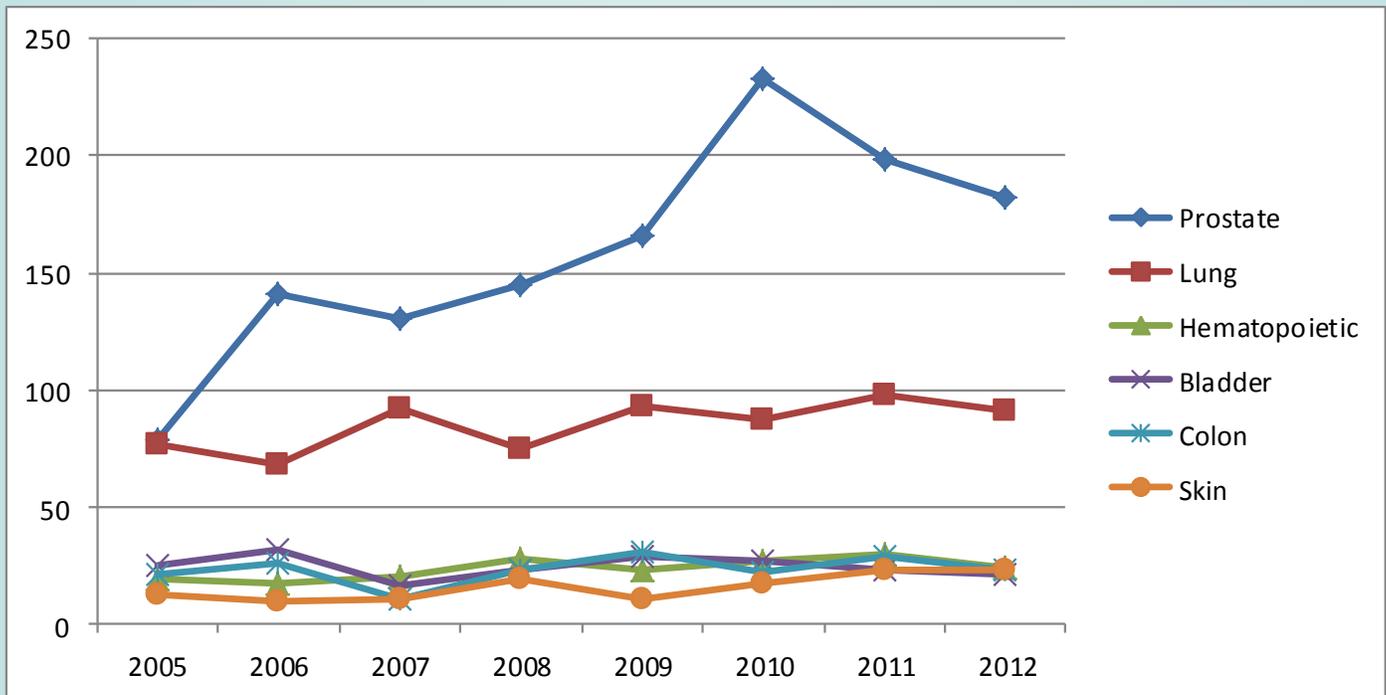
### FOLLOW-UP RATE FOR ALL PATIENTS (LIVING AND DEAD)

Total patients from registry reference date (2005—current)	3508	100%
1. Less benign/borderline cases	1	
2. Less carcinoma in situ cervix cases	0	
3. Less in situ/localized basal and squamous cell carcinoma of skin cases.	0	
4. Less foreign residents	0	
5. Less non-analytic cases	375	
6. Less 2006+ Class of Case 00 cases	464	
<b>SUBTOTAL CASES = ANALYTIC CASES</b>	<b>2668</b>	<b>100%</b>
<b>Class of Case 00-22</b>		
1. Less number expired cases	1223	46%
<b>SUBTOTAL CASES = NUMBER LIVING</b>	<b>1445</b>	<b>54%</b>
1. Less number current (known to be alive in the last 15 months)	1309	49%
<b>TOTAL LOST TO FOLLOW UP OR NOT CURRENT</b>	<b>136</b>	<b>5%</b>
<b>* should be less than 20%</b>		
<b>NUMBER SUCCESSFUL FOLLOW-UP CURRENCY (ALL PATIENTS)</b>	<b>2532</b>	<b>95%</b>
<b>**should be at least or greater than 80%</b>		

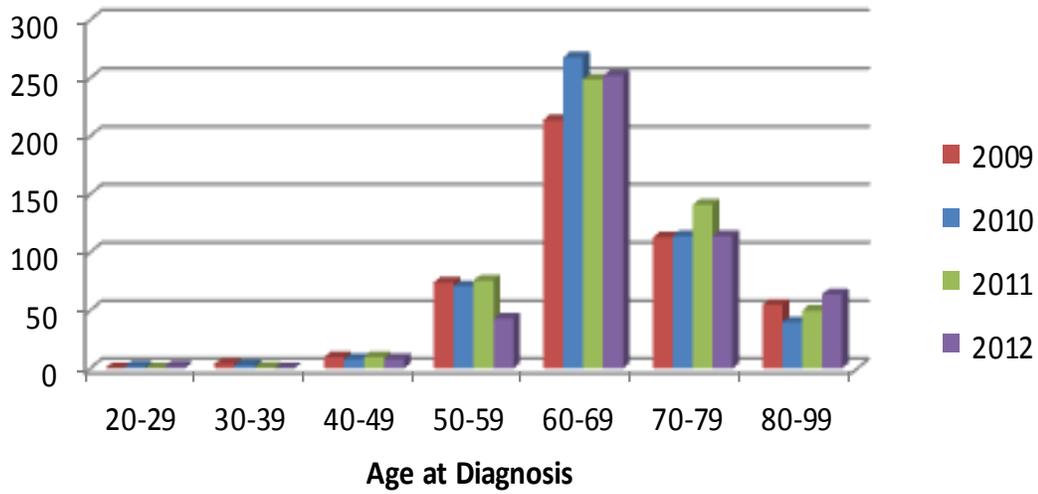
# Our Top Cancer Sites

The top cancer sites for this facility have remained relatively consistent since the reference date of our cancer program (2005). Although the last four are close enough in totals to change places each year, the two primary sites remain consistent with substantially greater totals

The six sites are: prostate, lung, hematopoietic, bladder, colon and skin.

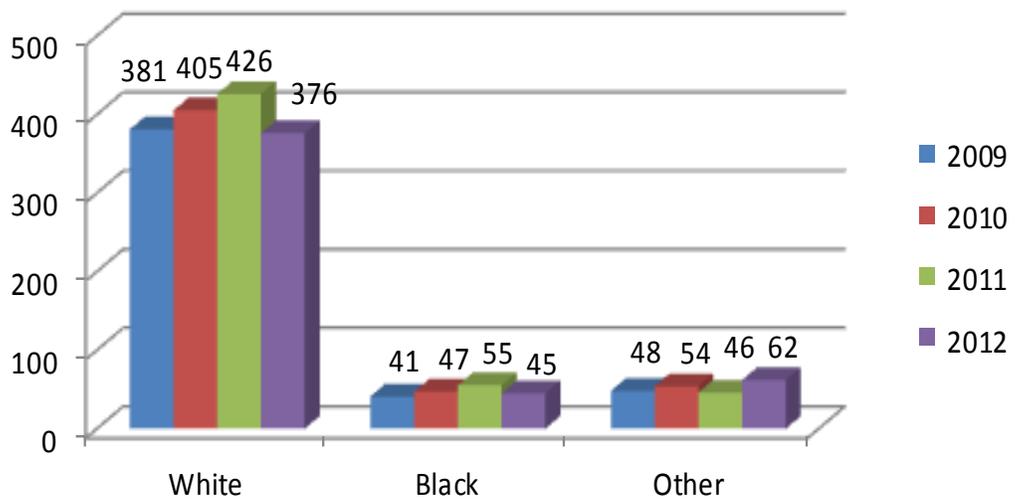


## Cases by Age



## Four-year Statistical Comparison

### Cases by Race



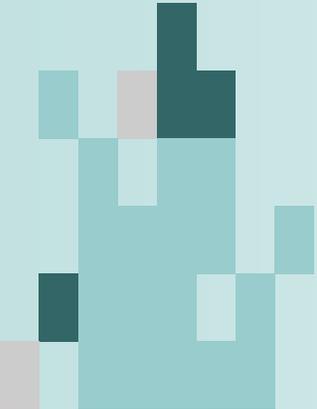
# Medical Oncology Statistics

The Medical Oncologists continue to see over 2,000 patients per year in the Muskogee and Tulsa outpatient clinics. Each Oncologist spends one day during the week at the Tulsa clinic for the convenience of our Veterans.

<i>Outpatient Clinic Visits</i>					
	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
<i>Muskogee</i>	<b>1975</b>	<b>1548</b>	<b>1481</b>	<b>1478</b>	<b>1426</b>
<i>Tulsa</i>	<b>0</b>	<b>403</b>	<b>737</b>	<b>662</b>	<b>660</b>

# Chemotherapy Clinic Statistics

The nursing staff in the chemotherapy/infusion clinic work with Veterans, family and caregivers to provide chemotherapy in a comfortable, friendly environment. Depending upon the type of treatment regimen prescribed, the Veteran may be in the Infusion clinic up to eight hours. In addition, many Veterans take multiple courses of therapy and will frequent the infusion clinic for several months.



<i>Outpatient Visits</i>			
	<b>2010</b>	<b>2011</b>	<b>2012</b>
<i>Chemotherapy Clinic</i>	<b>2348</b>	<b>2531</b>	<b>2435</b>

It has been shown that prevention, education and early detection are the key factors in reducing cancer. The National Center for Health Promotion and Disease Prevention (NCP) works with our VA to provide valuable resources to our Veterans. As a VA facility, the U.S. Preventative Services Task Force has made recommendations regarding Veteran-related issues such as smoking and alcohol cessation. However, we have expanded our focus to include weight management, healthy eating, and annual screening programs.



Pamela Benson, ARNP-CPN, FNP, MS  
Health Promotion Disease Prevention  
Program Manager

## ***Education, Prevention and Early Detection***

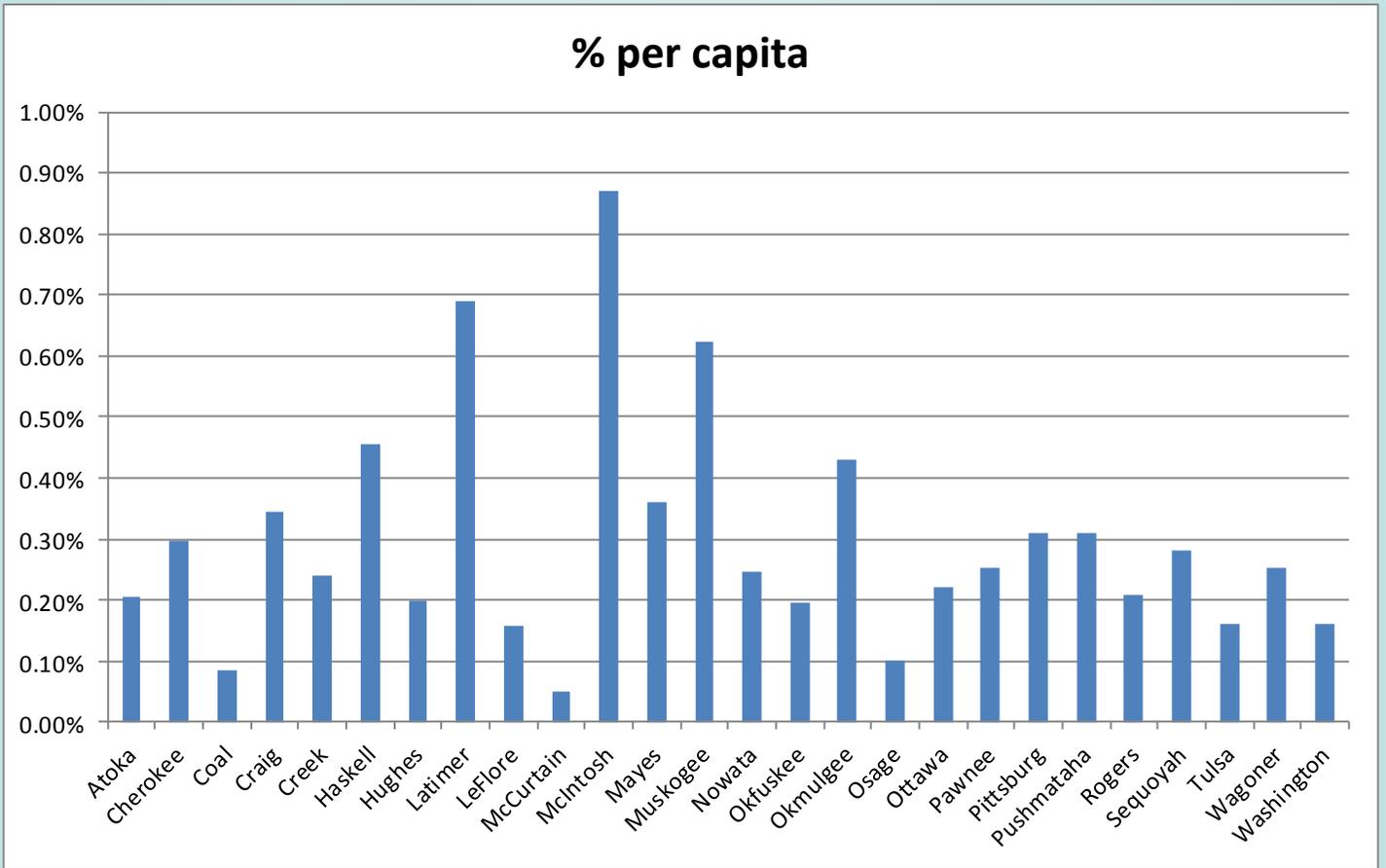
2012 Totals	
<b>MOVE</b>	<b>1235</b>
<b>Smoking Cessation</b>	<b>132</b>

Cancer prevention and early detection is a main focus of our Cancer Program. Working closely with the Health Promotion—Disease Prevention Program Manager and the Women’s Veterans Program Manager, we work to educate our veterans on annual screening recommendations (prostate, colon, cervical and breast) as well as provide education on self breast exam and skin cancer self screening.



Susie Hartsell, RN, BSN  
Women Veterans Program  
Manager

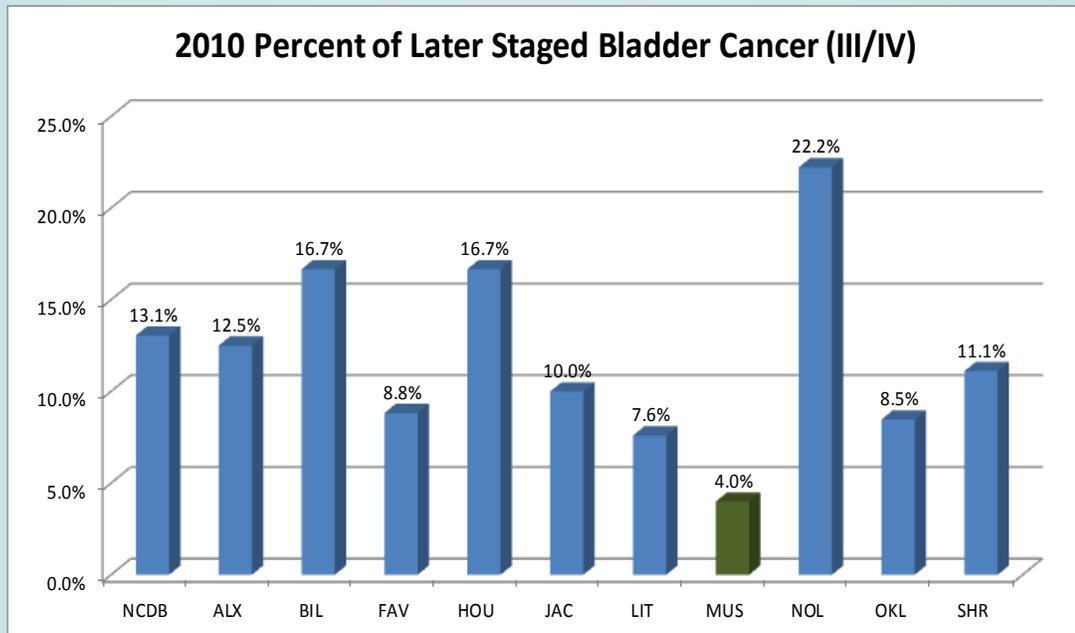




As a Veteran-centered healthcare facility we are proud to serve 26 counties in Oklahoma. Of these 26 counties, 25 are considered rural or highly rural with Tulsa County counting as our only urban area. In order to provide a picture of our entire cancer patient population, the

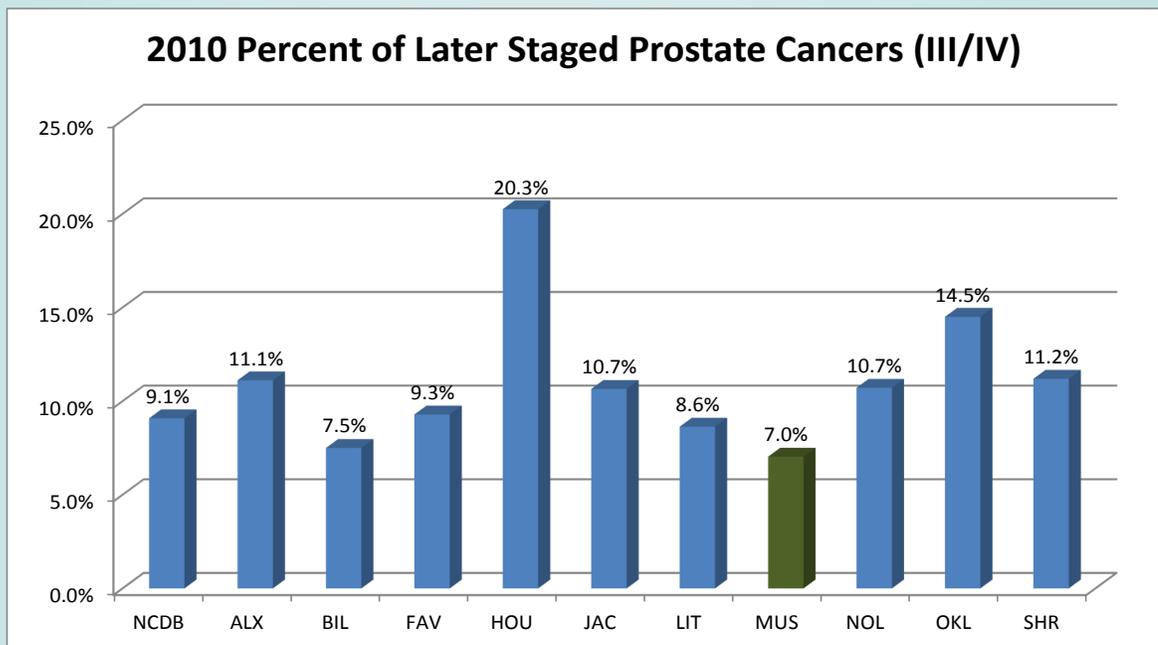
graph above shows each county and the percentage of overall the population (according to the 2010 US Census) that have been diagnosed and/or treated at our facility since 2005. Our Cancer Program is dedicated to providing excellent, accessible healthcare to all our Veterans.

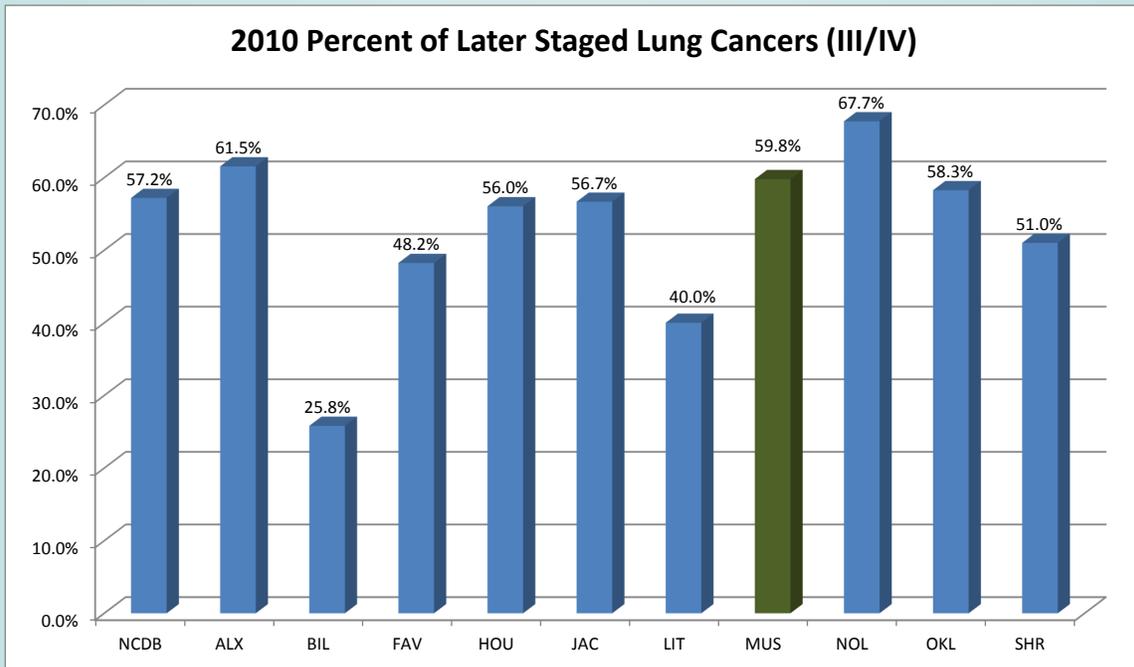
# Comparison of Cancers—Stages



It is known that the earlier in the disease process that a cancer is diagnosed, treatment options and survival rates are better. On these facing pages, is data focusing on four of the top six cancers we see at JCMVAMC and the percent of those diagnosed in the later

stages. We also compare our results to that of other VA facilities in our area and the National Cancer Data Base (NCDB). The NCDB provides an national average of all CoC accredited facilities. As noted on these charts, our rate of diagnosis of



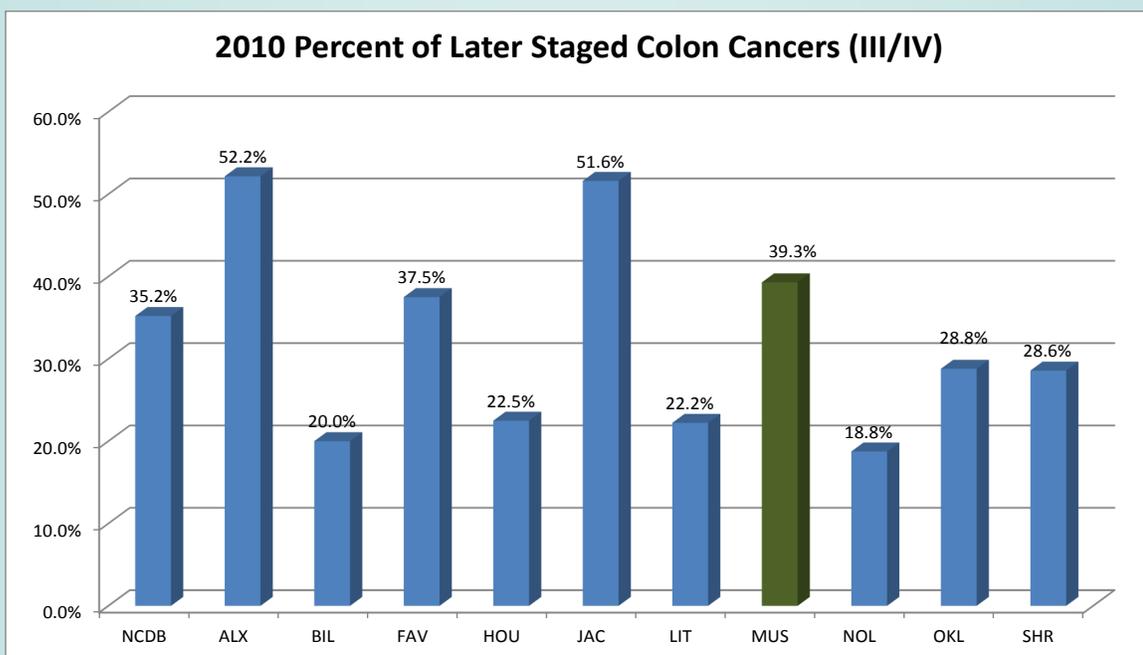


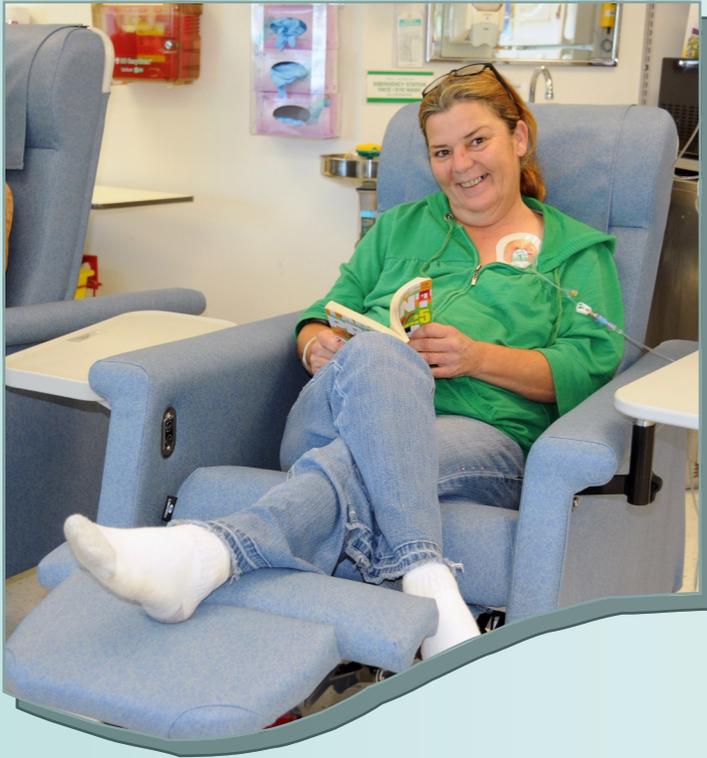
late stage bladder cancers is better than the national average and our sister VA facilities. We also show good results with prostate cancer. However, results show we diagnose more later staged lung cancers and colon cancers than the national average and a portion of our sister facilities.

Because of this, our improvement goals for this year have been to examine current

processes in these two areas to decrease the number of later staged cancers.

To do this, we are tracking the time from abnormal chest x-ray and positive fecal occult blood test to the time of diagnosis and treatment. By doing this, we hope to identify areas for process improvement that will have a positive impact on the treatment options and survival rates of our Veterans.





In August of 2013, our Cancer Program underwent a 3-year re-accreditation survey with the Commission on Cancer. We are pleased to say that we passed our survey with four commendations.

## 2012 Improvement Goals

Redesign infusion clinic. We redesigned the infusion clinic to allow better access and space for our Veterans that use our facility. In addition, we purchased 12 chairs (see photo left) that are equipped with heat and massage as well as two side tables—one of which swivels to the front. This enhances patient safety and comfort.

Increase the percentage of patient follow-up on prostate cancers where active surveillance is the chosen treatment. By redesigning the process we were able to increase our follow-up rate from 40% to 93%.

Included Oklahoma City Radiation Therapist on Virtual Tumor Board meetings. With our facility partnering on more treatment methods with Oklahoma City, this was a positive step to shorten time to treatment.

Check out our webpage at: [http://www.muskogee.va.gov/Cancer\\_Program.asp](http://www.muskogee.va.gov/Cancer_Program.asp)



# Looking ahead...2013 and beyond

As we look at our facility patient's rising cancer rates and reflect on the projected number nationwide in the coming decades, we recognize that our goal to establish a patient-centered comprehensive cancer facility is imperative. Although this is a difficult process, we continue to recognize who we are serving and realize that our Veterans deserve our best.

Our goals for our program in the coming years include:

- Align Cancer Program staff in one area to improve patient access and treatment.
- Commitment from nursing staff for one nurse each year to obtain her/his OCN designation.
- Add an ARNP to the Cancer Program staff to work with survivorship and assist with navigation process.
- Shorten the time between abnormal chest x-ray to treatment for Veterans diagnosed with lung cancer.
- Shorten the time from positive fecal occult blood test to treatment for those Veterans diagnosed with colon cancer.

## Contact Information

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