



Leaning toward excellence

The HHC Cancer Institute embraces the Lean philosophy of eliminating obstacles to patient care

Mohamed Saleh used to design seats for airplanes. Today, the quality improvement expert is designing a better way to deliver cancer care. There is not as much difference as you might think.

Saleh is a performance improvement facilitator for Hartford HealthCare and an expert in Lean principles, the philosophy that guides both continuous improvement and respect for people in the development of practices for the Hartford HealthCare Cancer Institute. Saleh said the HHC Cancer Institute has excelled so far in establishing the groundwork for a Lean Management System, and he is confident that the system will be embraced at all levels. As a result, he said the Institute will

be able to avoid many of the challenges other organizations are subjected to when adopting this philosophy from scratch.

Lean principles have their roots in the manufacturing industry. Lean encourages organizations to thoroughly and systematically analyze their practices to eliminate waste and reduce variability. As Saleh explains with enthusiasm, Lean originated with the Japanese car builder Toyota, which skyrocketed to success in the 1980s due to the company's underlying principles, tools and building blocks.

Since then, many industries and companies have emulated the "Toyota Way," as the Lean management philosophy has

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More opportunities for clinical trials

Clinical trials are research studies involving patients that are vital for making advances in cancer care. Yet patients receiving cancer care in the community may not have access to the types of clinical trials under way at cancer centers like Memorial Sloan Kettering (MSK).

To address this issue and give these patients a chance to participate in clinical trials, the MSK Cancer Alliance is working to designate one or more Hartford HealthCare (HHC) hospitals as MSK Clinical Trials Sites and has hired a senior clinical research manager who will be based in Connecticut.

MSK's Office of Clinical Research is now evaluating the HHC system to see what changes would need to be made to bring MSK-directed clinical trials to Connecticut, closer to the homes of HHC patients.

Broadening the pool of patients for clinical trials has a number of other advantages. Many clinical trials today are assessing highly targeted drugs that zero in on specific molecular abnormalities in tumors, such as faulty proteins. Patients' tumors need to have the particular abnormality targeted by the drug for them to participate in the study. It can be difficult to enroll enough people in a study that requires patients' tumors to have certain abnormalities.



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— Richard Barakat, MD,
Memorial Sloan Kettering



Including eligible patients in Connecticut in a clinical trial could make it easier to register the required number of patients for such a study.

In addition, federal budget cuts have reduced funding for large-scale clinical trials, particularly large, randomized phase III clinical trials comparing a new treatment with a standard one. Pooling MSK resources with those from HHC may make some of these studies possible.

"Since it's harder now to get trials funded, we are looking to conduct some of these studies with other centers, including Hartford HealthCare," says Dr. Richard Barakat, deputy physician-in-chief for Memorial Sloan Kettering's Regional Care Network and Alliances. "Doing research together

is a real collaboration with potential benefit for patients not only at our own institutions, but everywhere."

MSK and HHC will also collaborate to perform "outcomes research" to demonstrate that the MSK Cancer Alliance is making a difference. "We will be looking for evidence that what we're doing together is changing how patients are cared for," says Wendy Perchick, MSK chief of strategic planning and innovation.

"If we can demonstrate a change in outcomes, we'll be doing something that nobody else has done. And that's really exciting."

The information for this story comes directly from Memorial Sloan Kettering and is used with MSK's permission.



How to reach us

- **By phone:** Call the Cancer Connect line at 855-255-6181.
- **Online:** Visit www.togetherahead.org
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On the cover

Mohamed Saleh, an HHC performance improvement facilitator and a well-known expert in Lean practices, regularly provides training for leadership and staff at the HHC Cancer Institute, which is taking the lead across the organization in implementing the Lean philosophy.

Best seats in the house



Regional leaders with the Hartford HealthCare Cancer Institute were recognized at the March 10 American Athletic Conference women's basketball tournament at Mohegan Sun Arena. From left, Kristoffer Popovitch (Central Region); Abbi Bruce (Hartford Region); and James O'Dea (Eastern Region) were recognized while standing at half court during a break in the game.

Twenty-three-year cancer survivor Mary Clarke of Norwich gets her survivor's pin at the start of Cancer Survivors Day at Backus Hospital on Oct. 5, 2013.



Living healthy after cancer

Survivorship programs are becoming more important as treatments and outcomes improve

When Cindy Dubay completed her final round of treatment for breast cancer earlier this year, she was understandably elated at having recovered after months of uncertainty and arduous therapies. But it didn't take long for her to find herself asking, "What next?"

"During treatment, you spend so much of your time in the moment, focusing on what you need to do to get better, you don't stop to think about what will happen when you get out of treatment," said Dubay, who was diagnosed in late May 2013 and completed treatment in February. "I was thrilled to have that process behind me, but I also found myself determined to make sure I did what I needed to do to stay healthy for a long time."

Dubay, like many other cancer patients across Connecticut, turned to the survivorship programs of the Hartford

HealthCare Cancer Institute to help guide her to a healthy life post-treatment. The Institute offers some of the most progressive and comprehensive post-treatment programming available today, with an emphasis on individualized counseling and mentoring.

"We recognize that this is a time of great change and transition for our patients, and that's why it's important to help them get on a good track for healthy living as soon as possible," said Ellen Dornelas, director of quality of life programs for the Institute. Dornelas said high quality survivorship programs exist at each of the five cancer center campuses within the Institute.

That programming includes a pioneering individualized care plan that is created for each patient after they complete treatment. At the Harry & Helen Gray Cancer Center in Hartford, such care plans are created after a dedicated ad-

vanced practice nurse meets one-on-one with patients in a counseling session that will set the course for the patient's health choices in the future, Dornelas said.

Dubay said the two-hour session she had with her post-treatment counselor, Debbie Walker, APRN, was crucial in helping her transition.

"That really made a big difference for me, knowing there was someone there who would be able to listen to my concerns and address them," Dubay said. "It made me feel better knowing I wasn't out there on my own trying to figure it out."

Similar post-treatment programs have been established at cancer centers at both The Hospital of Central Connecticut and MidState Medical Center, and the cancer centers at Backus Hospital and Windham Hospital are well-known for the strength of their survivorship public education and support group campaigns.

In general, the survivorship care plans emphasize the critical importance of maintaining a healthy lifestyle through diet and exercise, as well as ongoing rehabilitation. Because survivors are susceptible to recurrence, the care plans include frequent examinations and checkups to make sure old cancers have not returned and no new ones have arrived.

Survivorship programs offer more than practical assistance, however. They also provide emotional and social support, as evidenced in the many survivor reunions and celebrations that routinely take place within the Institute.

"When you get all these people together to share their stories, it is a powerfully reinforcing experience," said James O'Dea, the Institute's director for the East Region.

Dornelas said survivorship programs will continue to grow in importance as cancer treatments and survivorship rates improve. She pointed to the most recent statistics from the American Cancer Society showing that the five-year survival rate for breast and prostate cancer patients is now in the high 90s, percentage-wise.

Those statistics are both encouraging and motivating for patients like Dubay, who underwent surgery, radiation and chemotherapy during her treatment at the Harry & Helen Gray Cancer Center.

"I do not want to go through that again, so I will do whatever I need to do," she said. "These survivorship programs are a wonderful resource and the people who helped me through this process have been equally wonderful."

Making a ‘valuable and meaningful contribution’

Q. What is your vision for your new role as senior clinical research manager?

A. My vision is to provide responsive leadership for the day-to-day and long-term operations of our membership in the MSK Cancer Alliance. My goal is to establish a productive and educational environment that fosters creativity and excellence within the field of research. I intend to engage and encourage our talented research staff from both institutions to openly and fluidly exchange innovative and practical ideas on how to maximize our resources and deliver efficient, high-quality results.

Q. How will you define success?

A. Within the context of this partnership, I want all members of the team to know that they are making a valuable and meaningful contribution to our patients and to the greater body of cancer research. I am confident that we will evoke the true spirit of professional collaboration by combining our strengths and technical abilities.

Q. Why is this role important to the mission of the HHC Cancer Institute?

A. My role is important to HHC’s mission to provide comprehensive care in that I will be initiating the research and care delivery training programs of this program across different types of major cancers and disease management teams. In addition, the scope of my role will require that I help establish the lines of communication and the avenues for bi-directional learning to take place.

Q. What are some of the most recent



with
Catherine ‘Cat’ Enero
*Senior Clinical Research Manager,
Hartford HealthCare Cancer Institute*

trends and developments within cancer research that you find most promising?

A. I find the advances in immunotherapy and genomics to be very promising. Both fields have a more targeted and individualized approach to treating cancer. Given my background in immunotherapy, I have seen firsthand how incredible it is to be able to deliver nontoxic cancer treatment that doesn’t cause long-term side effects and organ damage.

Q. How did you get drawn to the field of oncology and cancer research? Did you have a personal experience involving cancer that inspired you to go into this field?

A. My pediatric cancer patients and their parents were my inspiration for committing myself to this field. I felt so humbled to be in a position to care for, heal, and nurture them during the most difficult ordeal of their lives. My experience with them has helped me put things, both professionally and personally, into good perspective.

Q. What has been your experience working at Memorial Sloan Kettering?

A. Working at MSKCC has been very

fulfilling. The neuroblastoma team was very supportive over the years. We had mutual respect for and trusted each other very much. More importantly, we held each other to a high standard and always kept our patients’ best interests at the forefront. Looking back, I consider myself very lucky thus far to have had an opportunity to do such meaningful work.

Q. How do you feel this partnership between the MSK Cancer Alliance and HHC Cancer Institute will help patients?

A. The challenges of undergoing cancer treatment can be disruptive enough for patients and their families. Those hardships can pile up very quickly — costs, time away from work, time away from family and friends, not having access to support systems. The MSK Alliance will allow patients served by Hartford HealthCare to have easier access to the newest advances in cancer treatment and continue to have their care provided in their community hospital.

Catherine “Cat” Enero, RN, BSN, MS, is the new senior clinical research manager for the partnership between the Hartford HealthCare Cancer Institute and the Memorial Sloan Kettering Cancer Alliance. Enero will assist in training research staff, supporting research infrastructure and facilitating bi-directional learning of research staff. Enero previously spent more than 11 years as a clinical research nurse for the neuroblastoma service in the Department of Pediatrics at MSK. There, she specialized in the delivery and management of investigational biologic agents, including monoclonal antibody therapy, radioimmunotherapy, cytokines and vaccines.

Nurses team up



A team of oncological nurses from the Hartford HealthCare Cancer Institute visited the Memorial Sloan Kettering Cancer Center on March 19 to help kick off “Delirium Week,” a special week sponsored by the MSK geriatric task force dedicated to the study and management of delirium among oncology patients. The HHC team met with an MSK nursing research committee to discuss research and quality improvement projects, and also presented at nursing grand rounds on the role of nurses in delirium prevention, screening, assessment and management. About 80 MSK staff members attended the grand rounds, including nurses, nurse practitioners, geriatricians and psychiatrists. Shown here at the presentation are, from left: Heidi Yulico, GNP-BC (MSK); Wioletta Chrostowski, RN, BSN, GRN (HHC); Christine Waszynski, RN, MSN, GNP-BC (HHC); Mary Kate Eanniello, RN, MSN, OCN, CHPN (HHC); Susan Mullin, RN, BSN, GRN (HHC); Jeanne Kessler, RN, BSN, GRN (HHC); and Yesne Alici, MD (MSK).

