

PRESBYBULLETIN

PENN PRESBYTERIAN MEDICAL CENTER

JULY/AUGUST 2023

New Oncology Diagnostic Clinic at PPMC FILLS A CRITICAL NEED

► Once a patient receives a diagnosis from oncologists **Christopher D'Avella, MD**, inset, bottom, or **Christine Ciunci, MD, MSCE**, top, left, they are referred to the appropriate subspecialist, such as hematologist **Shivani Bakhshi, DO**, at far right.



A patient went to a non-Penn Medicine emergency department (ED) following a trauma. The hospital ordered CT scans to look for fractures or other internal injuries and found something surprising: a pancreatic mass.

“A lot of times when pancreatic cancer is discovered, it’s more advanced. In this case, it was an incidental finding,” said **Christopher D’Avella, MD**, one of two oncologists who run the new Oncology Diagnostic Clinic at the Penn Presbyterian Medical Center (PPMC) Abramson Cancer Center (ACC). “The question then becomes: What does that patient do next?”

In this case, the patient visited the new clinic where, “as oncologists, we know if someone comes in with a pancreatic mass, they’ll need blood work and testing for tumor markers. We’ll also check their liver and kidney function, and order an endoscopic ultrasound,” D’Avella said. “Because we have connections and relationships with providers across Penn Medicine, we can set that up within a reasonable amount of time to get the diagnosis.”

The diagnostic clinic, which opened in March 2023, is an outgrowth of a collaboration between ED providers at the Hospital of the University of Pennsylvania (HUP) and the ACC’s team of oncology nurse navigators to smooth the path to diagnosis and treatment for patients with a suspected cancer (read more about that program in this month’s issue of *System News*). By early June, the diagnostic clinic had seen roughly 30 patients.

Addressing a Need

Typically, when cancer is suspected following a screening such as a mammogram or skin check, there are protocols in place to guide the patient’s next steps, such as a biopsy or handoff to a surgeon or oncologist. It’s the mysterious lumps, troubling scans, atypical labs, and unexplained pains discovered at home, in the ED, or by a primary care physician, that can leave patients and their families scared, anxious, and unsure of where to turn next.

“Patients find out they may have cancer in different ways. It’s not always through an emergency room or oncologist,” said oncology nurse navigator **Megan Roy, MSN, RN, OCN**. “Sometimes it’s from a community doctor who may not know how to order a cancer workup.”

Previously, patients would call the ACC after learning they might have cancer; however, the process of getting them to the right expert was challenging if they didn’t already have a confirmed diagnosis. Because Penn Medicine’s cancer program is largely structured by disease site, matching patients with the right team of experts often required that the type of cancer be known at the time of scheduling.

One of the ACC’s biggest strengths—its subspecialty expertise—was unintentionally creating that gap in care for patients. Roy was among a group of oncology nurse navigators who noticed the gap in care when patients discharged from the ED at HUP with a referral for the ACC needed their expert navigation to obtain a diagnosis before they could be connected to the appropriate care team.

The oncology nurse navigators first worked with ED leaders at HUP to establish a new referral system to connect those patients with a navigator to help schedule tests and address symptoms. The program was so successful it was extended to HUP–Cedar Avenue and PPMC, and led to the creation of the Oncology Diagnostic Clinic, run by D’Avella and oncologist **Christine Ciunci, MD, MSCE**.

“When it’s up to the patient or their primary care doctor to figure out how to get a biopsy and any other tests they need, it can lead to delays in treatment,” D’Avella said. “That’s the big advantage to this clinic. Patients with incidental findings or highly concerning symptoms [no longer] have to navigate the system by themselves to figure out how to get a diagnosis and facilitate care. We can use our expertise to essentially do that for them.”

Getting a Diagnosis

Clinic patients may be referred by a physician or self-refer, but must have a high suspicion of cancer: either abnormal findings in labs or imaging, or clinical symptoms.

Patients initially speak with a new patient coordinator who collects information and helps them gather records. The clinic also provides access to experienced oncology nurse navigators who answer questions, offer guidance, and give emotional support.

Typically within a few days, either D’Avella or Ciunci will see the patient, determine the workup needed to expedite a diagnosis, and refer them to the right subspecialist for treatment.

Roy said navigating an academic medical center, with its many moving parts, can be challenging, which is why the clinic is so important.

D’Avella added that the clinic also helps improve health equity for patients from underserved populations who may lack a primary care doctor or the knowledge or experience to access care on their own.

Programs like these are part of Penn Medicine’s ongoing commitment to enhancing the patient experience and expanding services to meet the needs of the community.

GOWNS GALORE! PPMC GRANTS PROM WISHES

This spring, the Community Outreach Council at Penn Presbyterian Medical Center (PPMC) helped make dreams come true by collecting from staff and donating 21 prom gowns and three suits to the third annual dress drive at Transfiguration Baptist Church in West Philadelphia. It was the first year PPMC participated in the drive, with efforts led by **Kaitlyn Koste, BSN, RN**, Trauma Surgical ICU nurse and Community Outreach Chair, and **Helena Pittman, MSN, RN, CCRN-K**, nurse manager on Scheie 4 and Community Outreach Administrator.



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Spotlight: INTERVENTIONAL RADIOLOGY (IR)

Unless you've worked directly with the Interventional Radiology (IR) department, you may not realize their scope of services or impact on patient care.

In the most simple terms, **Maia Wrice, BSN, RN**, the team's assistant nurse manager, describes IR this way: "We do minimally invasive procedures using fluoroscopy (real-time moving X-rays), ultrasound, and other modalities to guide us." A closer look reveals the complexity and depth of their work.

"A large majority of what can be done in the operating room (OR) we can do minimally invasively in our labs," said **Joseph Saunders, BS, RT(R)**, lead IR technologist on the Penn Presbyterian Medical Center (PPMC) team. Saunders explained that his team doesn't just place abscess drainage tubes, but also stops trauma patients from hemorrhaging by intentionally blocking blood vessels (embolization), removes clots from patients with DVT, and re-establishes arterial blood flow to extremities (recanalization) to help heal wounds.

Utilizing advanced skills and innovative technology, IR provides a variety of diagnostic, therapeutic, and emergent procedures—including chemoembolization for liver cancer, thrombolysis (blood clot removal) and angioplasty for arterial and venous disease, tumor ablations, kyphoplasty for spinal compression fractures, uterine artery embolization for symptomatic fibroids, and much more. The team is at the ready 24/7 to handle any situation, including emergencies.

Consider a patient who arrives with a gunshot wound. "The trauma physician has a choice: OR or IR. With IR, our team will prepare the patient, find the bleed, and embolize the source," Wrice said. "We can puncture the femoral artery and using catheters, wires, and imaging, go all over their vascular system without having to make an incision."

Located on Wright-Saunders 4, the PPMC team includes a scheduler, nine nurses, eight technologists, two physician assistants (PAs), and two attending interventional radiologists—IR Director **Timothy Clark, MD, FSIR**, and **Ansar Vance, MD, MSED**. The team collaborates daily with other departments, from Oncology and Nephrology to Trauma, Neurosurgery, and Vascular.

A Highly Trained Team

IR nurses are required to have a nursing degree plus two years of critical care experience before completing a six-to-eight-week orientation. Technologists must have a degree in radiology and experience in another imaging modality before undergoing the 8-to-12-week training program.

"Our techs play a critical role in all our procedures. At other hospitals, IR techs typically set up the table, prepare supplies, and circulate through the room. But at PPMC, they also scrub in and assist. They have to understand the procedures so they can anticipate what the doctor needs. They're very involved," Wrice added.



Naomi Willis, BSRT, RT,
radiologic technologist

"With the use of live fluoroscopy, catheters, and wires, we have the ability to navigate throughout the body from a small incision. You can get treated for cancer and literally walk out the door with a simple bandage."



Joseph Saunders, BS, RT(R),
lead radiologic technologist

"IR is a very dynamic department and the technology is always changing. Working at Penn Medicine, we have access to this cutting-edge technology."



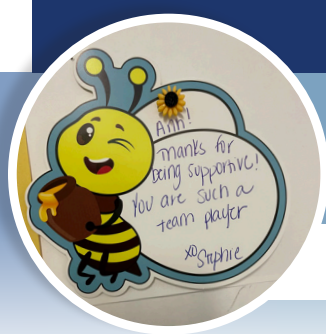
Melissa Montefiore, RN, BSN,
nurse

"I like that I do something different every day. We do many procedures and working here gives me the opportunity to keep important skills. I'm still able to utilize my critical care training, and with PPMC's Trauma Center, we get the opportunity to save lives daily."



Tyesha Crenshaw, MSN, RN,
nurse

"What I like most about IR is working with a great team of people. We work together well and show respect. I also enjoy the autonomy of making informed clinical decisions when caring for our patients."



The Kindness Campaign

CREATING A BUZZ IN THE ED

Bees are commonly associated with hard work, cooperation, and community. In the PPMC Emergency Department, they also represent kindness. Since November 2022, images of bees have served as a reminder to "Bee Kind"—an initiative that has sweetened interactions among the staff.

Nurse Manager **LeighAnn Mazzone, MSN, RN, CEN**, who co-created the Bee Kind campaign with Assistant Nurse Manager **Diane Maccarone, MSN, RN, CEN**, said many in their department had been feeling the cumulative effects of the pandemic and working in the fast-paced, high-stress environment of an ED.

The two attended a nursing conference in Atlantic City and were inspired by presentations about kindness and workplace civility. They did some research and discovered Bee Kind, a concept that originated in elementary schools as an anti-bullying campaign. Mazzone believed the message could be adapted for use at work. "What it boils down to for us is just being nice to one another," she said.

Mazzone and Maccarone enlisted volunteer "Bee Kind Ambassadors" from the ED to help develop messaging that would be meaningful to the department. The group surveyed the staff and established an etiquette guide, defining the behaviors that contribute to kindness and cooperation, such as accountability, mindfulness, and encouragement. The campaign also included a Bee Kind Pledge, biweekly emails featuring a specific Bee Kind theme, departmental signage, small treats from leadership to reward kindness, and an Acts of Kindness bulletin board.

The Bee Kind campaign has been embraced throughout the department, from doctors and nurses to registration and security staff, resulting in a noticeable cultural shift toward respect, inclusion, and positivity. Mazzone said she believes it's had an impact on overall patient satisfaction as well, citing increases in Press Ganey patient experience scores between Fiscal Year 2022 and Fiscal Year 2023 Year-to-Date for both ED nurses and doctors.

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