

2010 Cancer Center Report

Robert C. Rosenlof, M.D., Cancer Registry



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NCI COMMUNITY
CANCER CENTERS
PROGRAM

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Good Samaritan
CANCER CENTER

Kearney, Nebraska www.gshs.org

Good Samaritan Hospital Cancer Center



Introduction

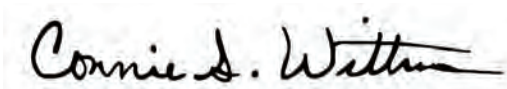
We invite you to take a look at our 2010 report of the Cancer Program at Good Samaritan Hospital. It has been an exciting year for us as we continue to grow our services and programs to meet the needs of those we serve.

2010 marked the fourth year of our participation in the NCI Community Cancer Centers Program (NCCCP). We are one of five CHI hospitals that was selected to participate in this program along with eleven other U.S. hospitals. In 2010 as part of the NCCCP program, we received funding from the American Recovery and Reinvestment Act (ARRA) which allowed us to develop new positions to expand our programs and services. We have added ten fantastic people to our Cancer Center Team! These new staff and their positions are:

Lynne Beckstead, RN – Multidisciplinary Care Coordinator
Kim Burr, MS, LIMHP – Smoking Cessation Counselor
Melissa Florell, RN – State Cancer Partnership Project Coordinator
Shanna Gillming, RN – Cancer Disparities Nurse Coordinator
Josh Hanshaw – Cancer Center Communications Manager
Elizabeth Laursen, RN – Cancer Disparities Clinical Trials Coordinator
Jill Loshonkohl, RN – Special Projects Coordinator
Carol O'Neill, RN – Cancer Disparities Outreach Coordinator
Pat Smith, RN – Special Projects Coordinator
Kim Verrell, MS – Cancer Genetics Counselor

We are excited about the services we are able to provide and very proud of our staff and physicians who provide these services. Our Cancer Center team is truly committed to the communities we serve.

Please take some time to review our accomplishments and let us know if you have any comments or suggestions.



Connie S. Wittman, RN, MN, AOCN, MHA
Director of Oncology Services

Registry Perspective: Lifetime Follow-up

Robert C. Rosenlof, M.D., Cancer Registry

A diagnosis of cancer requires that a patient be medically followed for life. To assure the best continuity of care and evaluation of treatment, the Cancer Registry will obtain and document updated information for our records annually.

The Cancer Registry is a system for maintaining data, which involves cancer patients as well as those with certain blood disorders and select benign tumors. Nebraska State Law requires hospitals with more than 50 of these cases per year to collect information on cancer for scientific studies and prevention programs. This information must be reported to the State Department of Health and Human Services.

The American College of Surgeons Commission on Cancer (ACoS CoC) requires that all living analytic patients be followed as part of the accreditation process. Their standards require an 80% follow-up rate for all eligible patients from the cancer registry reference date (the date we began collecting data). GSH's reference date is January 1, 1979. Due to the ongoing assistance of physicians, physician office staff, and patients, our

follow-up rate is currently 94.5%

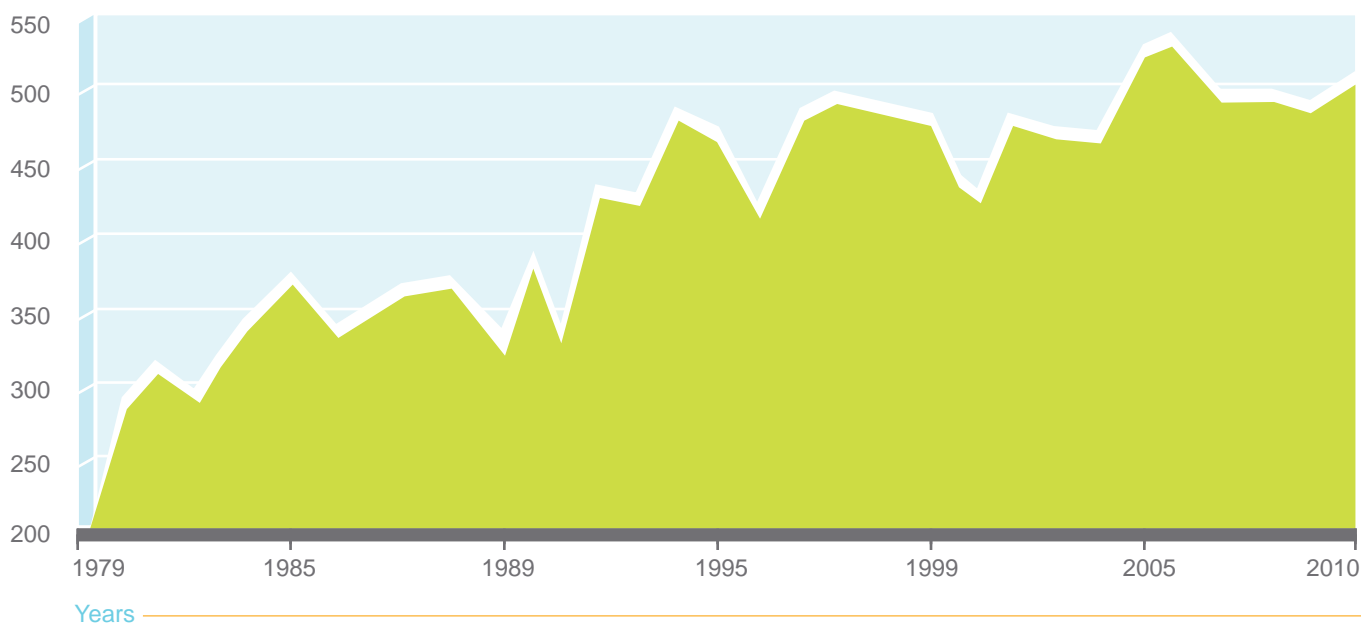
One purpose of this requirement is to serve as a reminder to the physician that the patient is due for an annual check-up. Regular appointments allow the patient's physician to identify disease progression, recurrence, or early detection of new malignancies.

Another reason is to help us improve the quality of care provided to our patients. Quality improvement is considered a health care operation that is necessary for us to remain accredited by the ACoS. Registry data is submitted to the National Cancer Data Base (NCDB), who in turn reports back to our facility on national practice patterns in cancer care and how that practice compares to our facility and those similar to ours. We use this report as the basis of our quality improvement program.

Follow-up is permissible under HIPAA regulations as a health care operation. The collection of this information assures evaluation of outcomes to improve cancer care. In all cases, confidentiality is maintained.

Good Samaritan Hospital Total Analytical Cases Per Year 1979-2010

Number of Cases



Cancer Registry Report – 2010 Data

2010 Cases

Analytic cases	500
Invasive	445
In situ	29
Benign/borderline	26
Non-analytic cases	77

Class of Case – Analytic

Diagnosed here, part, or all treatment here	65%
Diagnosed elsewhere, part, or all treatment here	22%
Diagnosed here, all treatment elsewhere	13%*

*Reflects a change in coding rules for Class of Case; cases that were diagnosed here and had all treatment in a staff physician office were previously considered diagnosed here and treated here but as of 1/1/10 are considered diagnosed here and treated elsewhere.

Major Site Distribution

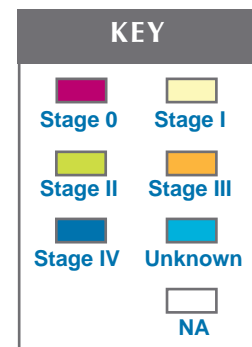
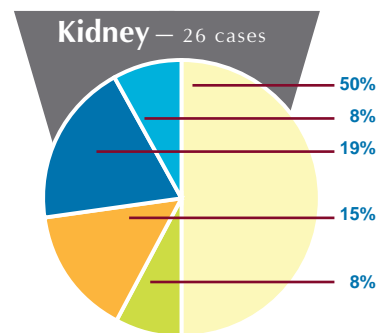
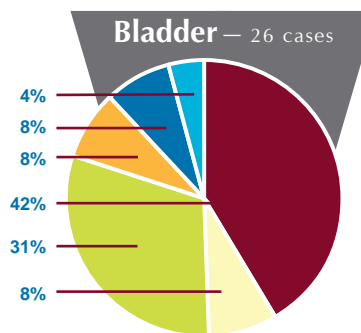
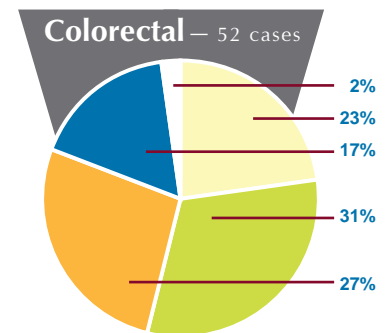
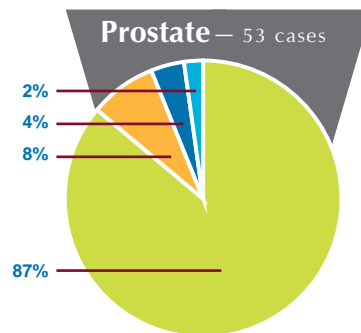
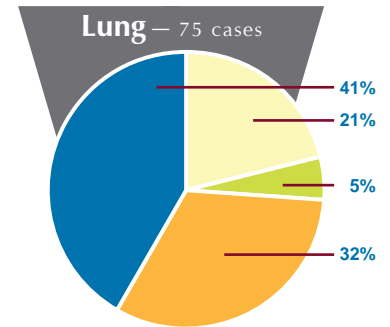
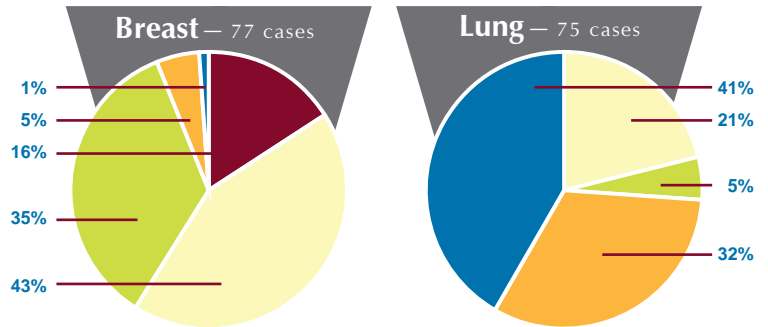
Female		Male	
Breast	30%	Prostate	22%
Lung	13%	Lung	17%
Colorectal	11%	Colorectal	10%
Brain	5%	Bladder	8%
Other	41%	Other	43%

Gender/Age

Females	51%	Mean Age	66
Males	49%	Mean Age	67

Stage at Diagnosis – All Sites

In situ	6%
Localized	42%
Regional	21%
Distant	21%
Unknown	5%
NA	5%

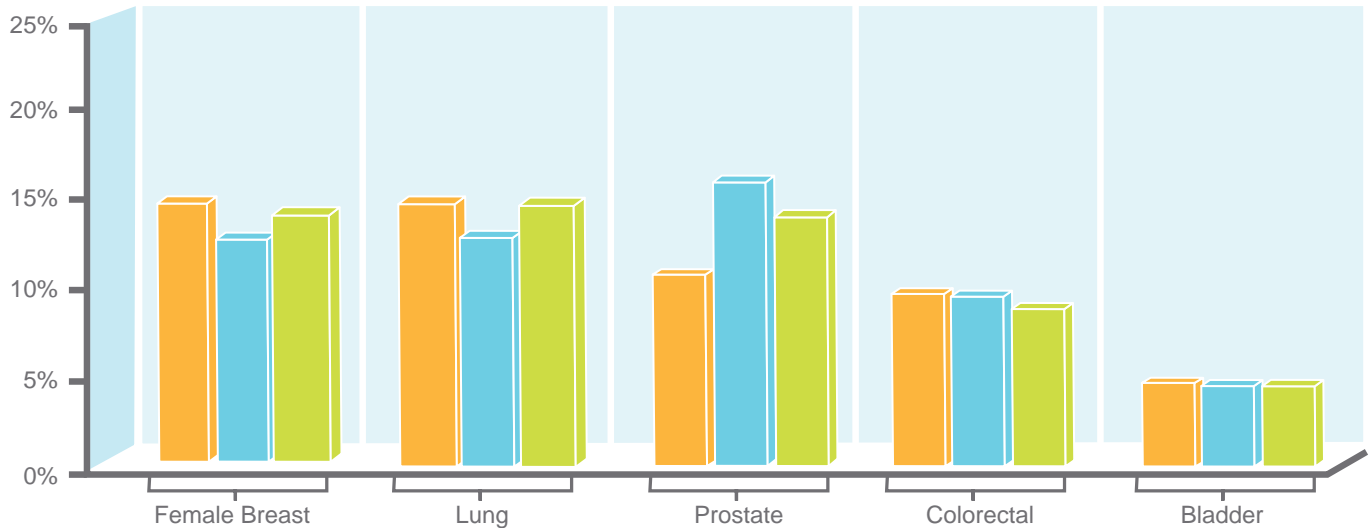


*Percentages have been rounded and may not equal 100 percent.

Cancer Registry Report

2010 Comparison of Data*

Percentage of Cases

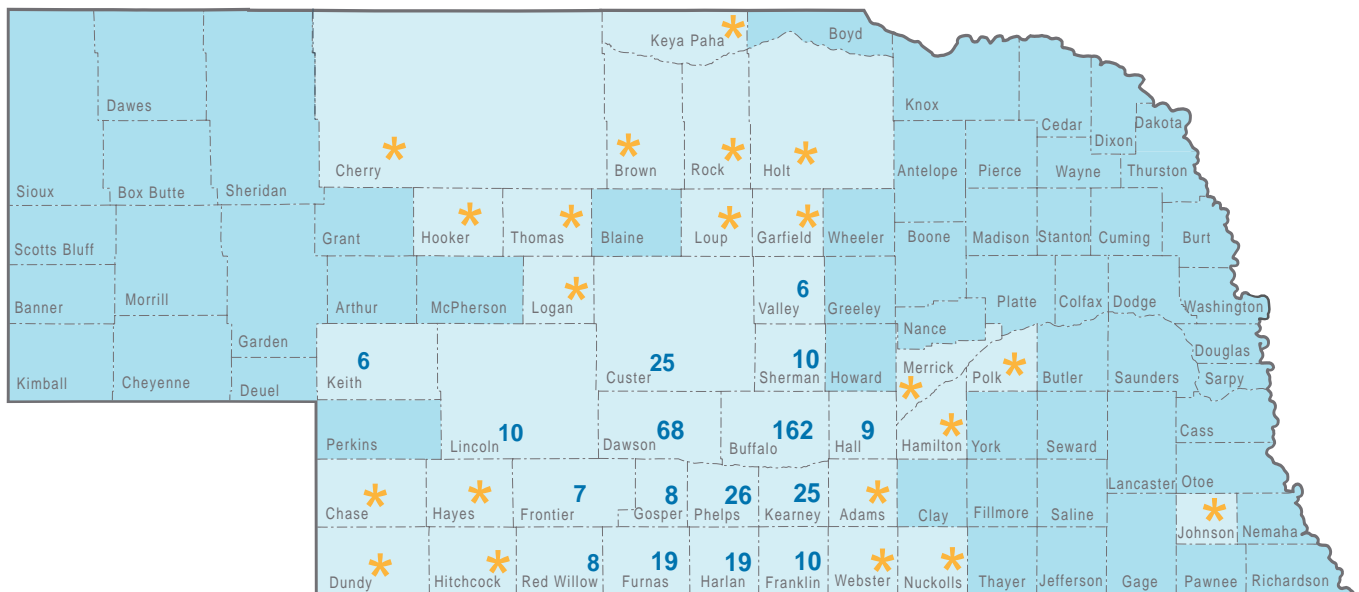


Primary Site

- GSH
- Nebraska
- National

*Excludes benign/borderline malignancies and in situ carcinomas, except urinary bladder. Good Samaritan totals are actual analytic cases for 2010. Nebraska and national totals are estimates for 2010, from Cancer Facts & Figures 2010, published by the American Cancer Society. Percentages have been rounded and may not equal 100%.

2010 Number of Analytical Cases, Geographic Distribution



*To protect patient confidentiality, counties with five or fewer cases are marked by an asterisk.

Kansas - 40 Other States - 4

2010 Cancer Registry Summary Report

Primary Site	% of Analytic Cases	Analytic Cases	Non-Analytic Cases	Gender		AJCC Stage							
				M	F	0	I	II	III	IV	UNK	N/A	
Lip	0.4%	2	4	2	0	0	2	0	0	0	0	0	0
Tongue	0.8%	4	2	2	2	0	2	0	0	2	0	0	0
Major Salivary Gland	0.4%	2	0	0	2	0	0	1	0	1	0	0	0
Gum & Other Mouth	0.2%	1	0	1	0	0	1	0	0	0	0	0	0
Nasopharynx	0.2%	1	0	1	0	0	0	0	0	1	0	0	0
Tonsil	0.2%	1	0	1	0	0	0	0	0	1	0	0	0
Oropharynx	0.2%	1	0	1	0	0	1	0	0	0	0	0	0
Esophagus	2.0%	10	2	9	1	0	2	2	3	3	0	0	0
Stomach	0.2%	1	0	0	1	0	0	0	1	0	0	0	0
Small Intestine	0.2%	1	1	0	1	0	0	0	0	0	1	0	0
Colon	6.4%	32	4	17	15	0	7	10	8	6	1	0	0
Rectosigmoid & Rectum	4.0%	20	2	8	12	0	5	6	6	3	0	0	0
Anus	0.2%	1	1	0	1	0	0	0	1	0	0	0	0
Liver	0.6%	3	0	2	1	0	0	0	2	0	1	0	0
Gallbladder	0.2%	1	0	0	1	0	0	0	0	1	0	0	0
Biliary Tract	0.4%	2	0	1	1	0	1	0	0	0	1	0	0
Pancreas	1.6%	8	1	2	6	0	1	2	1	3	1	0	0
Nasal Cavity/Sinus	0.4%	2	0	0	2	0	0	2	0	0	0	0	0
Larynx	1.2%	6	0	5	1	0	2	1	2	1	0	0	0
Lung	15.0%	75	8	41	34	0	16	4	24	31	0	0	0
Bones & Joints	0.0%	0	1	0	0	0	0	0	0	0	0	0	0
Soft Tissue	0.6%	3	1	2	1	0	0	2	0	0	1	0	0
Melanomas	2.0%	10	6	6	4	4	1	0	2	2	1	0	0
Other Skin	0.2%	1	0	1	0	0	0	1	0	0	0	0	0
Breast	15.4%	77	5	1	76	12	33	27	4	1	0	0	0
Cervix Uteri	0.8%	4	1	N/A	4	0	1	1	1	1	0	0	0
Corpus Uteri	1.4%	7	4	N/A	7	0	5	1	1	0	0	0	0
Ovary	0.8%	4	1	N/A	4	0	0	0	1	3	0	0	0
Vulva	0.4%	2	0	N/A	2	0	1	0	1	0	0	0	0
Other Female Genital Organs	0.2%	1	0	N/A	1	0	0	0	0	0	1	0	0
Prostate	10.6%	53	5	53	N/A	0	0	46	4	2	1	0	0
Testis	0.8%	4	0	4	N/A	0	2	0	1	0	1	0	0
Urinary Bladder	5.2%	26	3	19	7	11	2	8	2	2	1	0	0
Kidney & Renal Pelvis	5.2%	26	1	17	9	0	13	2	4	5	2	0	0
Ureter	0.4%	2	0	1	1	2	0	0	0	0	0	0	0
Brain	3.2%	16	2	4	12	N/A	N/A	N/A	N/A	N/A	N/A	N/A	16
Other Nervous System	3.4%	17	3	4	13	N/A	N/A	N/A	N/A	N/A	N/A	N/A	17
Thyroid	2.0%	10	1	4	6	0	8	1	1	0	0	0	0
Other Endocrine	1.0%	5	1	4	1	0	0	0	0	0	5	0	0
Hodgkin Lymphoma	0.2%	1	2	0	1	0	0	1	0	0	0	0	0
Non-Hodgkin Lymphoma	3.2%	16	6	8	8	0	7	2	3	4	0	0	0
Multiple Myeloma	1.4%	7	3	6	1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	7
Leukemias	1.4%	7	2	4	3	N/A	N/A	N/A	N/A	N/A	N/A	N/A	7
Other, Ill-defined & Unknown	5.4%	27	4	13	14	N/A	N/A	N/A	N/A	N/A	N/A	N/A	27
All Sites	100%	500	77	244	256	29	113	120	73	73	18	74	0

Physician Focus: “Non-small Cell Carcinoma of the Lung”

Michael C. Bibler, D.O.



When a review of cancers is compiled by the American Cancer Society (ACS), lung cancer continues to account for more cancer deaths, in both men and women, than any other cancer. Lung cancer is the second most common cancer in the United States, with an estimated 222,250 new cases diagnosed in 2010 (52% male, 48% female), or 15% of

all new cancer diagnoses.

Nebraska is not spared in these diagnoses with 1,200 new cases expected in 2010, and an estimated 900 deaths in 2010.

Lung cancer is commonly divided into two categories, small cell carcinoma (14%), and non-small cell carcinoma (85%), for treatment purposes. Non-small cell carcinoma (NSCCA) will be the focus of this review. NSCCA is commonly subdivided further by histologic subcategories of adenocarcinoma, squamous cell carcinoma, large cell carcinoma, and broncho-alveolar type carcinoma.

At Good Samaritan Hospital (GSH), 58 cases of NSCCA were diagnosed or treated in 2010 with 1,561 cases having been diagnosed or treated since 1979 (Figure 1). Since we began collecting data in 1979,

Figure 1

GSH Analytic Non-Small Cell Lung Cancer 1979-2010

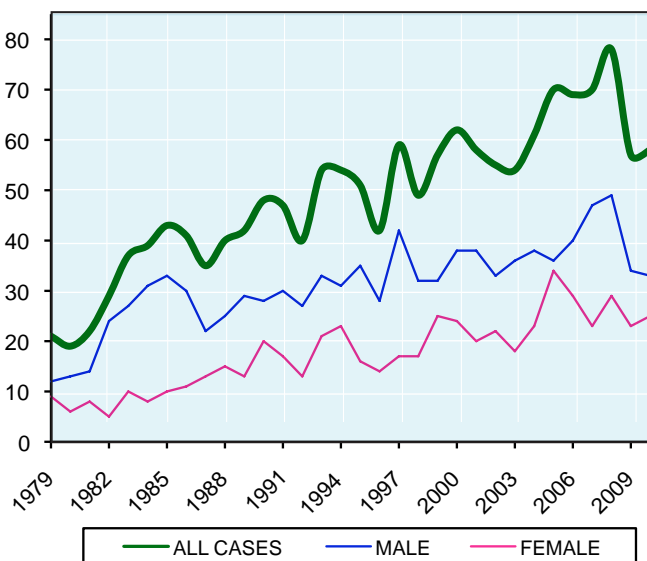
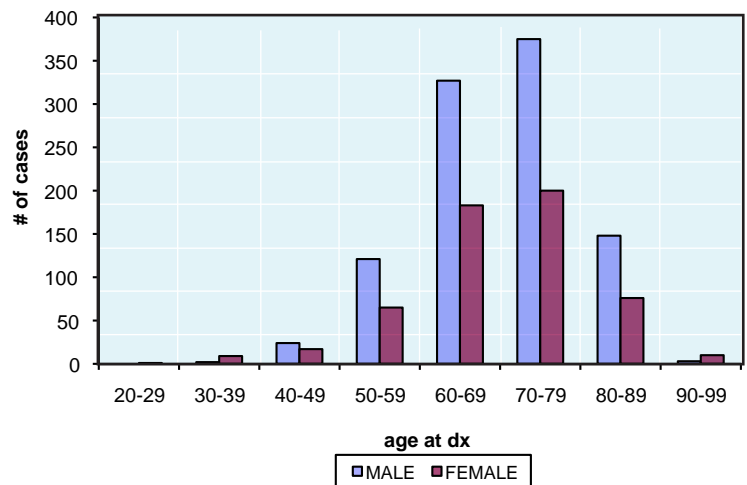


Figure 2

GSH Analytic Non-Small Cell Lung Cancer Age at Diagnosis 1979-2010



the majority of NSCCA cases at GSH have been in the 60-79 age groups; 64% of all GSH cases have been male, while 36% have been female (Figure 2).

Obviously, as with all cancers, when NSCCA is found in early stages, survival is improved; however, screening for early lung cancer detection has not reduced mortality. Even with newer technologic advances, such as low dose radiation spiral CT scanning and molecular markers in sputum having shown promising results in detecting cancer at earlier, more operable stages, mortality rates remain high.

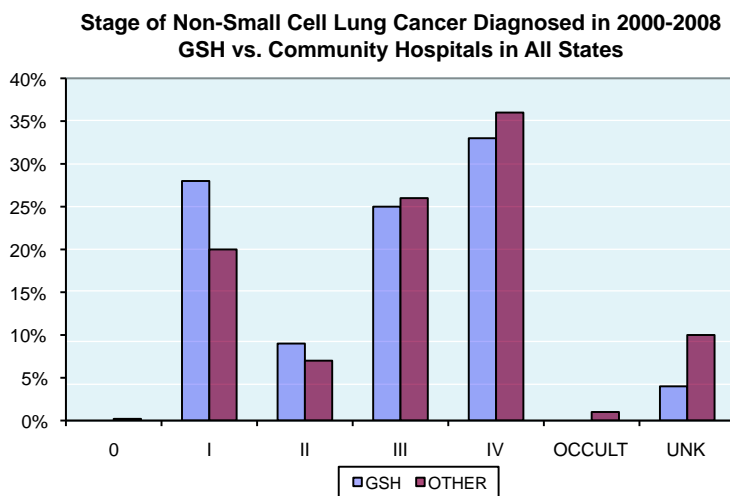
At GSH, despite having the availability of the latest in CT scanning technologies, bronchoscopic evaluation, and consultations from pulmonologists, medical and radiation oncologists, and thoracic surgeons, more than 50% of NSCCA diagnoses are at advanced stages, III or IV, limiting these patients' treatment options and long-term survivability (Figure 3).

While surgical treatments offer excellent results for early, localized cancers, especially when followed with chemotherapy, giving five-year relative* survival rates of 53% from 1999-2005, only 15% of cases nationally are diagnosed at these levels of disease (28% at GSH from 2000-2008) (Figure 3). Nationally, the overall 5-year relative survivability for all stages is 16%. Five-year observed* survival rates at GSH are nearly identical to those seen at other community cancer centers (Figures 4 & 5).

Chemotherapeutic treatments and radiation therapies are evolving as well, becoming more focused on

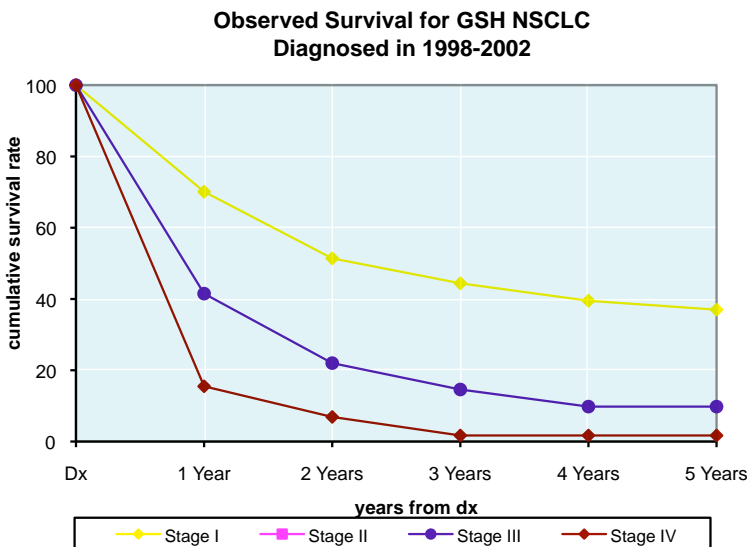
“Non-small Cell Carcinoma of the Lung”

Figure 3



Source: NCDB, Commission on Cancer

Figure 4

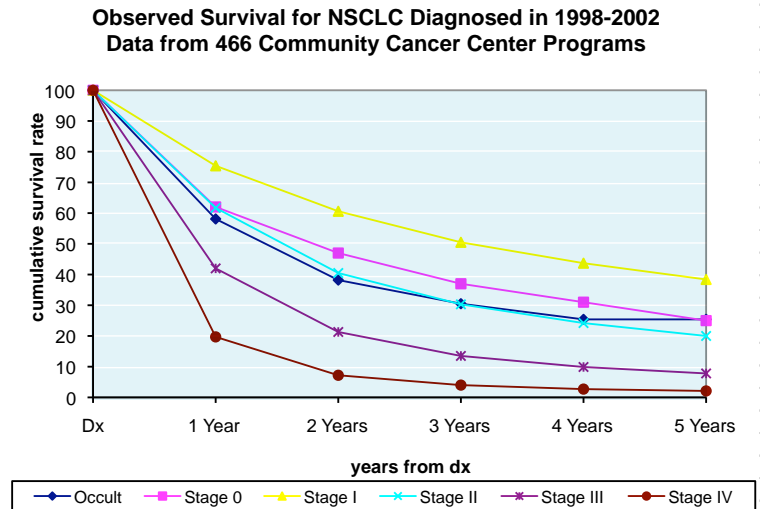


Source: NCDB, Commission on Cancer

targeting cancer cells via molecular targeting and limited field radiation, all while trying to limit side effects. Treatment modalities employed at GSH are comparable to those used in other community cancer centers across the US, with GSH having a slightly higher percentage of surgery only cases (20% vs. 15%) and a slightly lower percentage of cases that received no first course treatment (17% vs. 24%) (Figure 6). A possible reason for this is our higher percentage of Stage I cases, which are more amenable to surgical intervention.

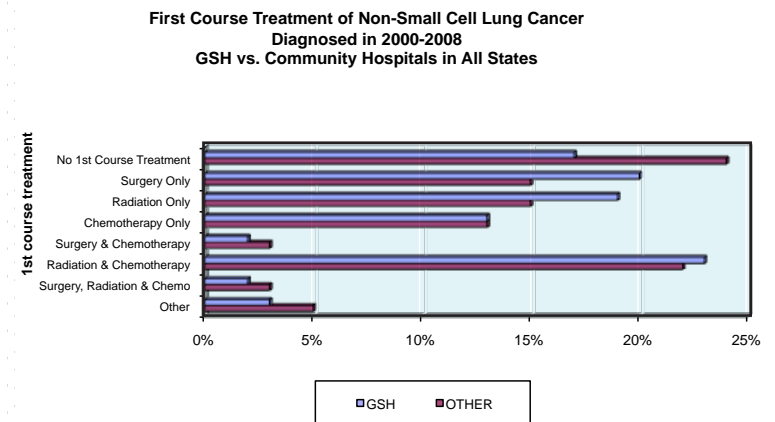
The most important, and possibly the most preventable risk factor for lung cancer is tobacco use, most specifically cigarette smoking. Smoking cigarettes, as related to cancer, reveals some

Figure 5



Source: NCDB, Commission on Cancer

Figure 6



Source: NCDB, Commission on Cancer

startling statistics; 87% of all lung cancer deaths are smokers or previous smokers (30% of all cancer deaths are smokers or previous smokers), risk of developing lung cancer is 23 times higher for male smokers and 13 times higher for female smokers as compared to lifelong nonsmokers. At GSH in 2010, 92% of patients diagnosed with NSCCA were current or previous smokers (Figure 7).

Other significant risk factors include cigar and pipe smoking, exposure to secondhand smoke, radon, asbestos exposure (especially among smokers), and certain metal exposures including cadmium, chromium, and arsenic.

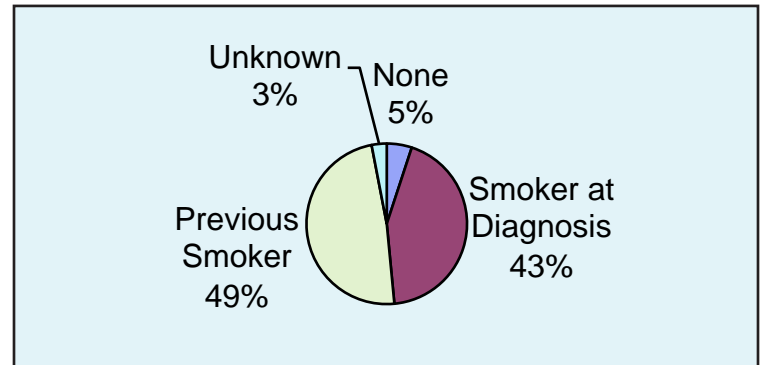
Smoking cessation programs, such as the one at GSH, have shown excellent benefits to overall health,

“Non-small Cell Carcinoma of the Lung” (cont.)

Figure 7

including a longer life for nonsmokers. Quitting before age 50 reduces risk of dying within 15 years by 50%, and decreases the risks for developing heart disease and stroke, and also substantially reduces the risks for developing not only lung cancer, but laryngeal, esophageal, oral, pancreatic, bladder, and cervical cancers.

GSH 2010 Analytic Non-Small Cell Lung Cases Tobacco History



*Relative survival is an estimate of the percentage of patients who would be expected to survive the effects of their cancer. Observed survival is the actual percentage of patients still alive at some specified time after diagnosis of cancer; it considers deaths from all cancers, cancer or otherwise.

References:

American Cancer Society Cancer Facts & Figures 2010

American College of Surgeons Commission on Cancer National Cancer Database (NCDB)

National Cancer Institute definitions of Relative and Observed Survival, <http://www-surveillance.cancer.gov/statistics/types/survival.html>

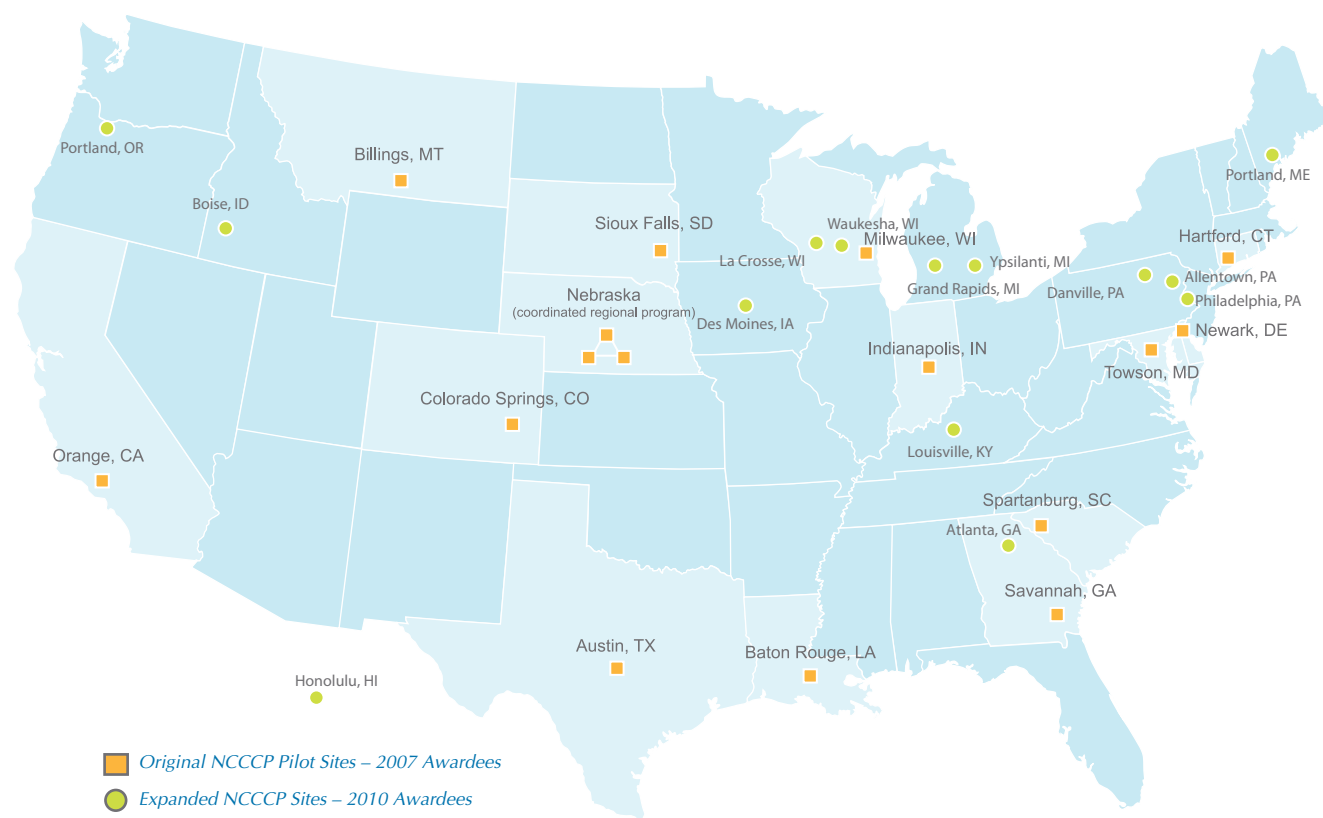
The Good Samaritan Hospital Cancer Center tobacco cessation program has grown extensively over this last year with a 73% increase in patients served since inception. A total of 189 patients have been identified and offered tobacco cessation assistance utilizing individual, group, and telehealth sessions since the addition of a full-time Tobacco Cessation Counselor. The program is effectively supporting people from Buffalo and surrounding counties who want to quit using tobacco products. Approximately 74% of our patients are from rural/disparate areas. We expect the program to continue to grow and look forward to serving even more people in the months ahead.

NCI Community Cancer Centers Program Update

New knowledge and advanced technology are enabling complex cancer treatments to be provided by community hospitals like ours, where the vast majority of people with cancer in the United States are diagnosed and treated. To enhance and expand upon these capabilities, the NCI Community Cancer Centers Program (NCCCP) was piloted in 2007, seeking ways to improve patient access to the latest scientific advances at community hospitals.

In 2010, NCI expanded the program with funds from the American Recovery and Reinvestment Act (ARRA), adding 14 new cancer centers and enabling the original 16 sites to take on new initiatives. Today, the 30 NCCCP sites in 22 states are developing and evaluating programs to enhance community-based cancer care and creating a community cancer center network to support cancer research.

NCI Community Cancer Centers Programs Map



Multidisciplinary Oncology Conferences

Multidisciplinary Oncology Conferences are held for the benefit of patients, medical staff, nurses and allied health professionals. Cases selected for prospective presentation encompass the major cancer sites seen at Good Samaritan Hospital, as well as unusual presentations of malignancies. The conferences provide a patient service through discussion of the patient's medical history, physical findings, clinical course, radiographic studies and pathologic findings. The clinical and/or pathologic stage of each case is reviewed, as are treatment options and recommendations according to

NCCN guidelines when appropriate.

A General Oncology conference is held the first and third Wednesday of each month at 12:30 pm. Neuro-oncology conferences are held on the fourth Thursday of each month at 12:30 pm. Conferences are held in the Conference Center of Good Samaritan Hospital. Physicians may place cases on the agenda by contacting the Cancer Registry at (308) 865-7952.

Clinical Trials

New treatments for cancer are being developed at a very rapid pace. In order for the treatments to become a standard of care, they need to be tested for safety and effectiveness through a clinical trial. The Cancer Center has the ability to offer adult clinical trials for the treatment and prevention of cancer. Registry studies are also offered to gather data before or after a cancer diagnosis. Good Samaritan Hospital Cancer Center is an affiliate member of the Southwest Oncology Group through the University of Kansas Medical Center, and the Radiation Therapy Oncology Group through the Univer-

sity of California San Francisco. The Cancer Center is also a member of the Cancer Trials Support Unit through the National Cancer Institute. Pharmaceutical trials are also offered through the Center for Clinical Trials Oncology Trial Network. Currently there are 28 trials open to enrollment through the Cancer Center. Locally there are 405 patients enrolled in treatment, prevention or registry trials

Cancer Genetic Counseling

The Good Samaritan Hospital Cancer Center offers cancer genetic counseling. The genetics counselor sees patients who have a personal or family history of breast, ovarian, colon, or other heritable cancers. Sessions involve a detailed family history as well as an in-depth discussion of cancer heritability and genetics. The counselor

works closely with patients and their families to determine who meets and desires genetic testing. Self-referrals or physician referrals are welcome. The hope of this program is that patients can identify their cancer risk so that they may be proactive about their cancer care.

Tobacco Cessation

The Good Samaritan Hospital Cancer Center offers a tobacco cessation program at no charge. It is designed to assist cancer survivors and families with developing the tools needed to succeed in becoming tobacco-free. Recently diagnosed cancer patients who are considering quitting, trying to quit, or recently quit using tobacco are encouraged to access tobacco cessation services. In addition, family members trying to become tobacco-free are also welcome to get involved in the process. For patients who live a long

distance from Good Samaritan Hospital, the Nebraska Telehealth Network is available through local hospitals across the state and provides a link to our service provider through a videoconference.

Contact our tobacco cessation educator by calling (308) 865-7291 or by emailing nosmoke@catholichealth.net.

Community Education

The staff from Good Samaritan Cancer Center provide community educational programs to Kearney and surrounding communities with an emphasis on prevention and early detection. This is done through various activities including health fairs, community screening programs, cancer awareness activities and speaking engagements. Topics in 2010 included prevention and early detection of breast cancer; education to elementary, middle school and high school youth on lung cancer prevention and the hazards of tobacco use, and several programs on skin cancer prevention and aware-

ness utilizing our DermaScan machine. If you are looking for speakers on cancer related topics, contact the Cancer Center at 1-800-277-4306.

Breast Cancer Awareness Program

The fifth annual Simply Pink Breast Cancer Awareness Style Show was held on the evening of October 5, 2010 at the Mertryman Performing Arts Center. This fun and uplifting event is designed to honor breast cancer survivors and to raise awareness concerning early detection and prevention. Breast cancer survivors, their family members and oncology nurses modeled a wide variety of clothing loaned by local merchants. Members of the Tri-city Storm Hockey team served as escorts. Special guest was Melinda Ferree, a Patsy Cline Tribute Artist. The Pink Panther was also in attendance. An estimated 450 guests attended with greater than 60 people

directly participating in the show. After the show, guests were served elegant desserts, which were donated by local restaurants, and punch from a champagne fountain. Each guest was presented with a long stemmed pink rose and awareness card. A Breast Cancer Awareness Kiosk was set up at the Hilltop Mall during October. The booth provided information on breast health and breast cancer. Visitors were encouraged to place the first name and last initial of a breast cancer survivor or non-survivors on a vibrant pink ribbon, each ribbon was then placed on a Wall of Honor.

Cancer Survivors Day

Good Samaritan Hospital hosted its 23rd annual Cancer Survivors Day "Celebrate with a Song in your Heart" celebration on Sunday, May 2, 2010 in Kearney at the Events Center. Cancer Survivor's Day is a celebration of hope and inspiration for people living with cancer. Approximately 200 people participated in the day's events.

The celebration of hope kicked off with lunch and music by local artist, Lanny Fuller. Inspirational speaker for the event was Jennifer Johnson.

Colorectal Screening

The Colorectal Screening program was conducted beginning in March 2010. Fifteen area hospitals and clinics participated in the community screening. Seven of the 15 participating hospitals utilized the Good Samaritan Hospital lab to conduct the testing. These seven hospitals distributed 1,887 kits and there were 1,324 kits returned for a 70% return rate. Combining all fifteen hospitals, we distributed 2,886 kits.

With the consent of the participants, the primary care providers of the participants were notified of the results. Participants who were found to have a positive exam were recommended for further evaluation. Sixty positive test results were noted which was 5% of the total participants. There

were 4 cases of stage 1 colon cancer diagnosed. Eleven participants had polyps removed. Five patients had no abnormalities identified or a negative colonoscopy; seven did not have further evaluation due to physician recommendations or too high risk; eight repeated FOBTs that were negative; one did not see a physician; seven did not respond to two follow-up requests and a phone call. Other abnormalities found were diverticulosis, diverticulitis, gastritis, ulcer, and hemorrhoids.

Healing Garden

Our Cancer Center has long been providing medical treatment for cancer patients balanced with spiritual nurturing at the patient's request. That spiritual care has now been expanded beyond the Cancer Center's physical walls.

With the help of many community members, in honor and memory of loved ones, Good Samaritan Cancer Center's new healing garden has become a reality. Located in the courtyard, the healing garden provides an outdoor sanctuary for patients, family and staff during their time at the Cancer Center.

Representing various types of cancer, are flowers of different colors, such as blue for prostate cancer and pink for breast cancer. The well-designed fountain and birdbath provide a natural environment for visitors to enjoy while sitting on the stone benches located throughout the garden. Also included in the area will be stone-replicated speakers that will add soothing music to the atmosphere.

The new healing garden was blessed during a dedication ceremony on October 6, 2010.



Kearney Tackles Cancer

For the past two years students from Kearney High and Kearney Catholic, along with UNK, have teamed up to raise funds for Good Samaritan Hospital cancer patients in need. T-shirt sales, a kickoff barbeque with auction and a variety show have helped the students raise more than \$45,000 for the cancer patient assistance fund. We appreciate the hard work of these students and the generosity of the community to help our patients when they need it most.



Good Samaritan Hospital Oncology–Related Services

Service	Local Phone #	Toll Free Phone #
Aircare / Long Distance Emergency Medical Service		1-800-474-7911
Breast Cancer Support Group	308-865-7985	1-800-277-4306
Breast Health Specialist	308-865-7883	1-800-277-4306
Cancer Fund	308-865-2700	
Cancer Genetics Counselor	308-865-7290	1-800-277-4306
Cancer Registry	308-865-7952	1-800-277-4306
Care Management	308-865-7408	
Clinical Trials	308-865-7963	1-800-277-4306
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Inpatient Cancer Care	308-865-7987	
Leukemia & Lymphoma Telephone Support Group	308-865-7985	1-800-277-4306
Look Good, Feel Better	308-865-7985	1-800-277-4306
Medical Oncology	308-865-7199	1-800-277-4306
Nutrition Services	308-865-7505	
Oncology Multidisciplinary Care Coordinator	308-865-7295	1-800-277-4306
Oncology Nurse Navigator	308-865-7294	1-800-277-4306
Oncology Outreach Coordinator	308-865-7886	1-800-277-4306
Ostomy Support Group	308-865-7048	
Palliative Care Coordinator	308-865-7090	
Pastoral Care	308-865-7100	
Pathology	308-865-7975	1-800-658-3282
Pharmacy	308-865-7021	
Radiation Oncology	308-865-7985	1-800-277-4306
Reach to Recovery	308-865-7985	1-800-277-4306
Rehabilitation Services	308-865-7183	
Surgery Service	308-865-7990	
Telehealth Services	308-865-7742	
Tobacco Cessation	308-865-7291	1-800-277-4306
Transitional Care Unit	308-865-7169	
Wound, Ostomy & Continence Nursing	308-865-7048	

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