2018 Public Reporting of Outcomes Annual Report (Standard 1.12)

Each year the Cancer Committee at St. Patrick Hospital develops and disseminates a report or program outcomes to the public as required by the American College of Surgeons (ACOS) Commission on Cancer (CoC) standards. The content of the report includes outcome information on one or more of the Patient Outcomes standards:

Prevention & Screening Programs (Standard 4.1 & 4.2)

Community Screening Needs Assessment: The outreach subcommittee held a meeting in January to plan the 2018 prevention and screening events. The subcommittee focused to increase provider recommendation for vaccination and to provide education based from the CDC on HPV through a variety of communication opportunities.

Evidence Based National Guidelines: Human papillomavirus (HPV) is the most common sexually transmitted infection (STI) in the United States, with an estimated 14 million Americans newly infected each year (Centers for Disease Control and Prevention (CDC). HPV is spread through skin-to-skin sexual contact and is likely to infect almost all sexually active people at some time in their lives, usually in their teens or early twenties. Despite the body often ridding the virus without help, some cases of persistent HPV can develop into genital warts or cancer. Approximately 26,000 new cases of cancer each year, including vaginal, vulvar, penile, cervical, and oropharyngeal, can be attributed to HPV. Although genital warts are not life threatening, they can cause emotional distress and pain during treatment to the 1 in 100 Americans afflicted with them. In many cases, genital warts and HPV related cancers could be prevented with vaccination against HPV (Centers for Disease Control and Prevention (CDC_2014). The vaccination “Gardasil 9” approved by the United States Food and Drug Administration (FDA) to help prevent nine strains of HPV. The vaccine is approved for females and males ages 9-26 years to prevent cervical, oropharyngeal, vaginal, anal, and vulvar cancers caused by HPV strains 16, 18, 31, 33, 45, 52, and 58. In addition, Gardasil 9 provides coverage against strains 6 and 11, which cause genital warts (U. S. Food and Drug Administration (FDA_2014).

2017 Prevention Event –

Process: A community initiative was rolled out on March 12 and will continue through November, 2018 targeting and encourage medical groups to recommend and administer the HPV Vaccine to adolescents 11-26. An educational handout providing talking points to the patient and/or parent about HPV and the vaccination.

HPV vaccinations are available in the four CHRISTUS St. Patrick School Based Health Centers, the nurse practitioners educated students and obtain parental consent to administer the vaccinations.
The target audience: Adolescents 11-17

Event Promotion and Messaging: Health education was distributed to primary care physicians, specialists (OB/GYN), community centers, emergency rooms and urgent cares. The distribution is estimated to reach 4,550. In addition to hands on education a media campaign, which included a television public service announcement (PSA), print advertising and social media. The media distribution is estimated to have reach 1,208,100 people.

The outcome:

Measured by the number of vaccinations administered from March 1 – November 30, 2018

Combre Fondel Elementary – 13
Molo Middle – 29
South Cameron High School - 22
Washington Marion – 103

TOTAL: 167

2018 Screening Event – Cervical Cancer Screening – A community screening activity was held at the Lake Charles Civic Center.

Process - The purpose of this activity was to provide access to medical care to people who can’t afford a visit to the doctor or who do not have access to one.

The target audience: Women ages 21 - 64

Event Promotion and Messaging – The event was promoted with Handout Flyers and public service announcements

The outcome:

Measured by the number of physical exams for women and PAP smears performed. There were 20 physical exams for women and 15 pap smears performed. There were 10 positive pap smears and these follow-up consultations were performed at Moss Memorial Hospital.
Accountability & Quality Measures (Standard 4.4 & 4.5)

The Web-based Cancer Program Practice Profile Reports (CP3R) offer local providers comparative information to assess adherence to and consideration of standard of care therapies for major cancers. This application provides cancer programs with the opportunity to examine data to determine if these performance rates are representative of the care provided at the institution. Below are the latest breast accountability and quality measures released on November 27, 2018 and reviewed by the Cancer Committee.

<table>
<thead>
<tr>
<th>2016 Breast Measures Reported Nov 2018</th>
<th>Benchmark</th>
<th>CHRISTUS SPH</th>
<th>All Accredited Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSC-RT- Radiation is administered within 1 yr of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer – Accountability</td>
<td>90%</td>
<td>84.6%</td>
<td>90.2%</td>
</tr>
<tr>
<td>HT- Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year of diagnosis for women with AJCC T1c or stage II of stage III hormone receptor positive breast therapy- Accountability</td>
<td>90%</td>
<td>87.5%</td>
<td>90.4%</td>
</tr>
<tr>
<td>MASTRT- Radiation Therapy is considered or administered following any mastectomy within 1 year of diagnosis of breast cancer for women with &gt;= 4 positive regional lymph nodes- Accountability</td>
<td>90%</td>
<td>(No Data)</td>
<td>100%</td>
</tr>
<tr>
<td>nBx - Image or palpation-guided needle biopsy (core or FNA) is performed to establish diagnosis of breast cancer-Quality</td>
<td>80%</td>
<td>95.8%</td>
<td>88.4%</td>
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Quality Improvement (Standard 4.7 & 4.8)
The cancer committee this year focused on improving side-effect management after completion of radiation therapy by providing patient education regarding follow up care, what to expect after treatment, when to call physician, and general self-care information for wellness.

A study from The Journal of Oncology Practice found that the anxiety level for cancer survivors often increases once they are no longer undergoing active treatment, even when survivorship care plan is given. If used alone, the survivorship care plan would be insufficient to ease the transition to follow-up care. Further education is needed in addition to the care plan.

- A post-treatment survey was performed for baseline assessment of patients’ comfort level in managing their symptoms following active treatment phase. Baseline data revealed that 11 out of 11 patients reported that their side effect management during active treatment was excellent.
  - Causal factors that may have attributed to high level of patient satisfaction was close monitoring of patients’ tolerance to treatment and early identification of problems. During every treatment visit the Radiation Oncologist was notified of any new concerns and patient is assessed at that time.
- Baseline data reveals that 8 out of 11 patients at completion of treatment had concerns about their ability to manage side effects into survivorship due to uncertainty about what to expect.
  - Causal factors that may have attributed to the increased anxiety level for a majority of these patients are limited information about side effect management available in Survivorship care plan, confusion about follow up care with other providers, and worry about not knowing when to contact their provider about issues/concerns.
- Follow up sample measured percentage of patients that reported increased knowledge regarding side effect management and wellness care following active treatment after receiving the survivorship resource “Cancer Survivorship: A Guide for Patients and Their Families.” Before patients received a guide for follow up care following treatment, 64% of patients reported anxiety and uncertainty regarding post-treatment side effect management, determined by level 4 or higher rating using distress thermometer. After the resource was provided, 100% of patients reported increased confidence level in managing side effects post-treatment.

<table>
<thead>
<tr>
<th>Period</th>
<th>% of patients reporting high level of satisfaction regarding side-effect management during active treatment</th>
<th>% of patients reporting decreased anxiety regarding side-effect management following active treatment (level 3 or lower rating) with resource</th>
<th>Average anxiety level rating using distress thermometer r/t side effect management following active treatment</th>
</tr>
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<tbody>
<tr>
<td>Baseline Outcomes</td>
<td>100%</td>
<td>36.4%</td>
<td>4.5</td>
</tr>
<tr>
<td>Improved Outcomes</td>
<td>100%</td>
<td>100%</td>
<td>1.8</td>
</tr>
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Patients now have decreased anxiety about side effect management because:
1) **Close monitoring during active treatment**
   a. Patients continue to see Radiation Oncologist at least once weekly during active treatment
   
   b. Side effects are addressed as soon as they present

2) **Patients are given the resource “Cancer Survivorship: A Guide for Patients and Their Families” at the completion of treatment**
   a. The resource has detailed information covering 25 aspects of survivorship care and follow up
   
   b. Patients are encouraged to contact radiation oncology department for concerns/issues at any time following active treatment

3) **Patients receive their survivorship care plan at first follow up visit**
   a. Care plan is reviewed with patient and any questions answered
   
   b. The Cancer Survivorship resource given at completion on treatment provides further education on the care plan and how it can best be utilized

4) **Patients’ anxiety level related to ability to manage post treatment side effects, rated from a scale of 0-10, decreased from an average rating of 4.5 before receiving the survivorship resource to 1.8 with the addition of the resource being given along with survivorship care plan.**