

2015 Public Reporting of Outcomes Annual Report

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)

Skin Cancer Prevention & Education Event- The CHRISTUS St. Patrick Hospital Cancer Committee focused on skin cancer prevention and education for current patients receiving treatment and survivors of cancer. Risk of skin cancer is linked to exposure of the sun's UV rays. Patients under treatment have elevated risk of skin cancer developing. Our community has high rates of skin cancer which can be linked to modifiable lifestyle factors. Using the American Cancer Society's guidelines "How do I protect myself from UV Rays" the outreach sub-committee designed a skin cancer prevention kit for 100 participants. Invitations were mailed to current and former chemotherapy patients for an event to happen on June 5, 2015. Eighty-five kits were issued and 16 evaluations were returned completed by the participants. The returned evaluations indicated the participants were educated on skin cancer prevention and intended to use the kit and practice skin cancer prevention.

Oral Cancer Screening Event – The CHRISTUS St. Patrick Hospital Cancer Committee recognizes SWLA has a demonstrated high rate of concurrent tobacco and alcohol use. The Cancer Committee chose to move forward with an oral screening event held at a local casino on August 13, 2015. The USPTF supports otolaryngologists and dental providers conducting a comprehensive examination of the oral cavity and pharynx during a clinical encounter. Eighty-six participants were screened by local otolaryngologist Keith DeSonier, MD. Of those screened one participant was noted for follow-up. All participants were given educational information on tobacco cessation and informed of nurse navigation services.

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 accountability and quality measures reviewed by the Cancer Committee.

Measures	Benchmark	CHRISTUS SPH	All Accredited Programs
BSC-RT- Radiation is administered within 1 yr of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer	90%	100%	91.5%
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	90%	100%	91.2%
MAC - Combination chemotherapy is considered or administered within 4 months of diagnosis for women under 70 with AJCC T1c or stage II of Stage III hormone receptor negative breast cancer	90%	100%	92.3%
MASTRT- Radiation Therapy is considered or administered following any mastectomy within 1 year of diagnosis of breast cancer for women with >= 4 positive regional lymph nodes.	90%	No Data	87.6%
nBx - Image or palpation-guided needle biopsy (core or FNA) is performed to establish diagnosis of breast cancer	80%	84.8%	90.3%
ACT- Adjuvant chemotherapy is considered or administered within 4 months of diagnosis for patients under the age of 80 with AJCC stage III colon cancer	90%	100%	89.3%
12 RLN- at least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer	85%	68.4%	89.9%

Quality Improvement (Standard 4.7 & 4.8)

The oncology nurse navigator recognized patients were having limited access to face-to-face genetic counseling due to the lack of genetic counselors in the local community, transportation difficulties, time constraints, and financial limitations.

The committee wanted to collect the following information for a study of quality: 1) Number of patients identified for genetic testing/counseling, 2) Number of patients that follow through with genetic testing without genetic counseling, and 3) Number of patients that follow through with both genetic testing and genetic counseling. The quality coordinator performed a baseline assessment of genetic counseling received by patients undergoing genetic testing, reviewing 6 cases referred. The 6 cases revealed the following: 1) 3 of the 6 patients followed through with genetic testing without genetic counseling and 3 of the six declined all services due to one of limiting access factors identified.

The committee recommended that 3 actions be taken for improvement: 1) A contract was signed with Informed DNA to provide genetic counseling over the phone, 2) the genetic counselor is able to speak with the patient over the phone before testing is done to educate, answer questions, and provided support, 3) the genetic counselor is available once results are received to review and explain results, as well as educate patient regarding follow-up and treatment recommendations.

The same information was collected on 12 referrals following the above improvement actions. The percentage of patients receiving genetic counseling increased from 0% to 25%. The National benchmark recommendations by ASCO cite that 14% of the referred breast cases should result in genetic counseling/testing.