2017 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 2017 prevention and screening events. The subcommittee focused on skin cancer based on statistics released by the Centers for Disease Control and Prevention. Per the Centers for Disease Control and Prevention, skin cancer is the most common form of cancer in the United States. In 2014 (the most recent year numbers are available) – 76,665 people in the United States were diagnosed with melanomas of the skin (45,402 men and 31,263 women)

**Evidence Based National Guidelines:** Research supports behavioral counseling that focuses on improving multiple behaviors to reduce UV exposure rather than solely promoting sunscreen use. Physicians should counsel patients to avoid the sun by limiting environmental factors or physical activity. This is an underemphasized area of skin cancer prevention. A recent systematic review of behavioral counseling strategies to decrease skin cancer showed consistent evidence from RCTs that primary care counseling combined with computer support can modestly affect self-reported sun-protection behaviors over 1 to 2 years. In another study of children and young adolescents, such counseling decreased midday sun exposure and increased sunscreen use, and it may have a modest effect on development of new melanocytic nevi. Among parents of newborns, physician counseling integrated into a series of well-child visits increased composite scores of sun-protection behaviors at 3 years.

**2017 Prevention Event - A community activity was held during the Children’s Miracle Network Annual Fundraising event “Dragon Boat Race” at the Lake Charles Civic Center on April 22.**

**Process:** The purpose of this activity was to educate and promote early detection of skin cancer by providing overarching information on skin cancer, risk factors for the disease and the ABCDE’s of Melanoma. With the high prevalence of this disease in the Southwest Louisiana market, our team recognized the importance of reaching as many people as possible prior to the summer months with this prevention and detection messaging.

**The target audience:** 250 males and females (adults and children)

**Event Promotion and Messaging**

This event was promoted with 15 second public service announcements with a potential touch of 115,000+. There was a local midday TV interview and event was placed on social media ad well as in workplace flyers and emails. The event utilized the ACS’s awareness campaign for skin cancer prevention promoting the slogan “Slip, Slop, Slap and Wrap”.
**Evaluation:** Each person attending was asked to indicate if they would use the items handed out to protect themselves from the harmful effects of sun exposure.

**The outcome:**

- 250 participants received: ball cap, sunscreen, lip balm, and educational handout
- 200 participants indicated they will protect themselves from the sun

**2017 Screening Event – Skin Cancer Screening – A community screening activity was held at McNeese State University.**

**Process** - The purpose of this activity was to educate and promote early detection of skin cancer by providing overarching information on skin cancer, risk factors for the disease and the ABCDE’s of Melanoma.

**The target audience:** Males and Females asked if they had an area of concern (i.e. change in mole, specific lesion, etc) and if they had a history of previous skin cancer - and if so, what treatment they received.

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

**The outcome:**

- 22 participants were screened (16 females 6 males) Average age: 50
- 12 were identified as needing further evaluation and possible treatment
- 22 indicated they will protect themselves in the sun

**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 October 23, 2017 and reviewed by the Cancer Committee.
<table>
<thead>
<tr>
<th>2015 Breast Measures Reported Oct 2017</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>80%</td>
<td>91%</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>92.9%</td>
<td>91.4%</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>100%</td>
<td>86.5%</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>100%</td>
<td>90.8%</td>
</tr>
</tbody>
</table>

**Quality Improvement (Standard 4.7 & 4.8)**

While preparing for the National Accreditation Program for Breast Centers, one area of Cancer Committee discussion has been management of the patient through the breast continuum. There has been a previous focus on turnaround of the breast biopsy recommendation with very little discussion of
the turnaround of a diagnostic workup based on incomplete screening evaluation (BiRAd 0). The NAPBC Breast Program Leadership (BPL) felt a need to create a reflex order for the entire workup cycle. It would start at the inconclusive findings of a screening exam and end at the point of diagnosis and referral to treatment. The BPL wanted more information regarding the TAT of the BiRad 0 recommendation, knowing that the TAT of the Biopsy is between 7-10 days.

Breast Program Leadership met on Oct 23, 2017 to discuss the current patient management process. In conversation discovered that there was no baseline information regarding the TAT of Diagnostic workup. The group asked Susan Patterson, Navigator of Women’s Health Center to pull a 30-day sample of TAT of BiRad 0 recommendations.

A sample of 42 BiRad 0 recommendations were collected in September 2017 revealing an average turnaround time of 9.95 days. The BPL reviewed possible causal factors resulting in longer TAT.

Causal factors were narrowed to 1) the navigator not managing the order for a diagnostic follow-up and 2) no time was set aside or blocked off for the diagnostic workup to take place without delay.

Opportunities for improving turn-around-time were focused on the navigator managing the responding order for a BiRad 0 recommendation and opening up time slots for the diagnostic workup.

With the new processes in place, a sample of 24 BiRad 0 recommendations were collected in November 2017 revealing an average turnaround time of 6.29 days. This is a 37% percent improvement in turnaround time.