

2017 Public Reporting of Outcomes Annual Report (Standard 1.12)

Each year the Cancer Committee at CHRISTUS Spohn develops and disseminates a report on 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.

Studies of Quality Standard 4.7

Management and Documentation of Radiation Skin Toxicities

Radiation induced skin toxicity is a prominent clinical problem affecting the majority of breast cancer patients receiving adjuvant RT and can lead to temporary or permanent cessation of treatment. Severe skin reactions may be painful, lead to localized or occasionally systemic infection, and cause permanent scarring.

Approximately 85% of patients treated with radiation therapy will experience a moderate-to-severe skin reaction. Acute radiation-induced skin reactions often lead to itching and pain, delays in treatment, and diminished aesthetic appearance—and subsequently to a decrease in quality of life.

In order to properly treat and assess skin reactions, it is recommended that toxicities are graded and documented, and that patient education is provided in order to prevent and/or reduce severity of toxicities. In order to track and monitor outcomes, data should be available for assessment and analysis of skin toxicities.

For a 2017 Quality Study, the documentation for all breast cancer patients receiving radiation during 4th quarter of 2016 through 2nd quarter of 2017 were reviewed to review skin reactions, documentation and interventions that took place.

Results:

Documentation was variable, as no standard tool was in place to document skin toxicities, and no single skin scoring tool was being utilized. 43 total patient records reviewed and analyzed.

- 17 patients (40%) had no mention in their chart on skin issues, no missed treatments, and no interventions noted.
- 26 patients (60%) had various forms of documentation regarding skin breakdown, erythema, dry desquamation, etc.
 - No formal documentation process, information hard to location
 - 0 of these 26 had mention of a "score or grade" of skin breakdown
 - 13 noted use of steroid cream
 - 8 had physician notes regarding educating patient on skin care
 - 13 were prescribed pain medication (Tylenol #3, Hydrocodone, "pain meds")
 - 13 required at least one day away from treatment for "skin break" with maximum days off from treatment being 8

Cancer Committee Recommendations:

- Implement skin assessment sheet utilizing RTOG skin scoring tool to consistently document patient skin issues using a pre-defined mechanism.
- Capturing photos of skin breakdown if score is 3 or above, if patient requires a break from treatment, or if physician intervention is required. Photos should be in treatment position and documented in EMR for physician review and signature.
- Weekly documentation through questionnaire in EMR that notes: RTOG score, necessary treatment breaks, and interventions.

Follow-up:

- Due to the inconsistency with documentation of skin toxicities, the above recommendations will be put into place to ensure proper procedures are completed to document and address this patients' population needs.
- Proper skin care and intervention should be proactive and frequent and should include intensive symptom management as necessary, thus, weekly documentation in the EMR through standardized assessments will be put into place.
- Only a limited number of studies have demonstrated a significant benefit of specific topical agents.
- There is a need for additional objective and prospective recording of skin toxicity to collect meaningful comparative data on which to base recommendations.

Quality Improvements Standard 4.8

Radiation End of Treatment Summaries

The Radiation department took an opportunity to evaluate and analyze the end of treatment summaries that were being completed when a patient finished their course of radiation therapy. Q1 & Q2 2017, EOTs were not completed on the majority of patients. Those that were completed lacked key tx data points.

A standardized template for patient EOTs was created within EMR with physician input. Physician will complete treatment summary within a week of patient finishing their course of radiation therapy. Unit clerk pulls report of all treatment completions each week, and ensures EOTs are completed timely, and are sent to referring physician as well as other physicians to ensure coordination of care.

Cancer Screening & Prevention Programs Standard 4.1

Breast Cancer Education & Awareness

The Cancer committee is committed to assess the cancer prevention needs of the community and patient population. It was determined by the Cancer Committee that there was a need to educate and target those who could be affected by breast cancer in order to meet the prevention needs of the community and patient population. On June 10, 2017, a "Talk Pink" educational conference was held at the Holiday Inn Downtown Marina in Corpus Christi. Dr. Swetha Panati, Medical Oncologist, along with several other local physicians held a panel discussion and educated the community on the importance of self-breast exams, appropriate scheduled mammograms, and resources available to those diagnosed with breast cancer. The event was held in conjunction with the American Cancer Society. Those in attendance noted they were more likely to complete their annual exams and more likely to discuss and educate their family on breast cancer screenings.