

Standard 1.12: 2016 Public Reporting of Outcomes:

Each calendar year, the cancer committee develops and disseminates a report of patient or program outcomes to the public.

In 2016 standards 4.2, 4.7 and 4.8 outcomes were made public via the St. Mary's Regional Medical Center website. Annual reports are printed and placed in the waiting areas for patients to view.

Standard 4.2: Each calendar year, the committee organizes and offers at least one cancer screening program that is designed to decrease the number of patients with late-stage disease and is targeted to meet the screening needs of the community. Each screening program is consistent with evidence-based national guidelines and interventions and must have a formal process developed to follow up on all positive findings.

The community that St. Mary's Regional Medical Center serves has a high incidence of lung cancer diagnosed at late stage. To help decrease the incidence of late stage diagnosis, St. Mary's Regional Medical Center implemented CT screenings for lung cancer in patients at high risk. Any abnormal findings are followed up by their primary care provider who is then responsible for coordinating appropriate diagnostic services or ordering follow up testing. Thirty-three patients were screened. Twenty-one patients received negative results and twelve patients had positive findings and two patients diagnosed with cancer were treated. In total 68 patients were treated for lung cancer in 2016, representing 24.7% of total oncology cases annually.

St. Mary's Regional Medical Center provided 9,868 mammograms with a call back rate of 12.32%. Five Saturday screening events were offered, completing a total of 31 mammograms, with no positive findings. A total of 41 patients were treated for breast cancer representing 14.9% of total oncology cases annually.

St. Mary's Regional Medical Center performed 1919 colonoscopies and 33 flexible sigmoidoscopies. Of these, 11 were diagnosed with colon cancer which is 4% of total cancer cases seen. During the month of March, two Saturday screening events were offered. On these days 10 screening colonoscopies were performed with no positive findings.

Standard 4.7: Each calendar year, the cancer committee, under the guidance of the Quality Improvement Coordinator, develops, analyzes, and documents the required number of studies (based on the program category) that measure the quality of care and outcomes for cancer patients.

At St. Mary's Center for Cancer and Blood Disorders, we are committed to providing high-quality and distinguished care. The evaluation of care with patients provides the opportunity to implement quality and correct and/or improve care. Quality or performance improvements are the actions taken, processes implemented, or services created to improve patient care, which is the center of our quality improvements. At the Center for Cancer and Blood Disorders, many quality enhancements were completed in 2016 to help improve patient safety and outcomes.

A study was performed (using the NCCN guidelines: OAO-1 Version 2.2015) to determine if patients over the age of 65 are at a greater risk for developing severe toxicities from chemotherapy side effects. The intent of this study is to provide education for the elderly population to make a more informed decision about whether to proceed with chemotherapy for treatment based on the level of side effects they may encounter. After review of data and using NCCN guidelines to determine risks by a calculation the results were inconsistent. Some patients that were at high risk (based on their chemotherapy treatment) did not develop severe toxicities and those that were classified as low risk (based on their chemotherapy treatment) developed severe toxicities. In conclusion of this study, regardless of the type of chemotherapy treatment, patients over the age of 65 need to be aware of their risks for higher toxicity due to age and comorbidities when making an informed decision.

Another study addressed establishing a patient acuity system to base nursing staff needs daily. Prior to the implementation of an acuity system, patients were randomly assigned to nurses which increased wait time for patients as well as staff dissatisfaction. A literature search was performed on how patient acuities are classified. Based on that search patients were classified as an acuity of 1-4 based on time needed to spend with the patient and administration of medications. This process has produced even patient assignments among nursing and allows for a maximum acuity level of 15 per nurse per day. Evenly dispersed assignments have decreased wait time for patients and increased staff satisfaction.

Standard 4.8: Each calendar year, the cancer committee, under the guidance of the Quality Improvement Coordinator, implements two cancer care improvements. One improvement is based on the results of a quality study completed by the cancer program that measures the quality of cancer care and outcomes. The other improvement can be based on a completed study from another source. Quality improvements are documented in the cancer committee minutes and shared with medical staff and administration.

The NCR picker survey indicated that patients surveyed were not feeling like they were being heard by staff. An RN provided active listening skills and tips to enhance communication and listening skills when interacting with patients. These tips included sitting down while communicating, allowing time for any questions and simply just listening without interruption. All staff attended the education session and implemented these tips while communicating with patients.

The infusion center nurses recognized the importance of being able to assess if patients were taking their oral cancer medications correctly. The infusion center nurses reviewed literature for an evidence based way to assess oral chemotherapy adherence. A new electronic tool was developed in collaboration with the Informatics team to create an assessment documentation tool specific to patient adherence to oral chemotherapy medications. This implementation has enabled nurses to assess barriers to adherence and address those barriers with the patient.