

Standard 1.12: 2017 Public Reporting of Outcomes:

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

In 2017 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.

In total, St. Mary's Regional Medical Center treated 36 breast cancer patients in 2017, representing 14.7% of total oncology cases. 10,009 mammograms were provided with a call back rate of 13.8%. (The National Mammography Quality Standards Act (MQSA) bench mark is between 12-14%. We offered two Saturday screenings for members of the community that may have limited time during the standard offered dates and times to have appropriate breast cancer screenings. A total of 9 patients were screened.

St. Mary's Regional Medical Center performed 76 CT screenings for those at high risk for lung cancer. Any abnormal findings are followed up by their primary provider who is then responsible for coordinating appropriate diagnostic services or ordering follow up testing. Sixty patients received negative results and eleven patients had positive findings. In total, 38 lung cancer patients were treated in 2017, representing 15.5% of total oncology cancers.

St. Mary's Regional Medical Center was the first member of the MaineHealth Cancer Care Network to meet the pledged goal with the American Cancer Society of 80% of patients screened for colorectal cancer by 2018. In total, 1772 colonoscopies and 17 flexible sigmoidoscopies were performed. Of these, 14 were diagnosed with colon cancer which is 5.7% of total cancer cases seen at St. Mary's Regional Medical Center and five were diagnosed with rectal cancer which is 2% of total cancer cases seen.

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 2017 to help improve patient safety and outcomes.

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.

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.

The following studies were studies of quality that resulted in improvement:

A study was performed on creating a healthy work environment for all staff at the Center for Cancer and Blood Disorders. Employee Engagement Survey Scores from 2016 were reviewed. All survey results revealed that staff were engaged in their work, therefore, as a team, we chose to improve the lowest score. The lowest score reported was: 81% of staff responded positively to: " The amount of job stress I feel is reasonable". A self-care curriculum were created for staff that included stress reduction and relaxation techniques by the social worker. Pastoral care works with staff to minimize caregiver fatigue to improve engagement. Staff are encouraged to attend Schwartz rounds and monthly staff outings as planned. With these implementations teamwork and communication have improved. Employee Engagement Survey scores will be reviewed again in 2018.

A study was performed on whether patients were offered the use of their port for access when seen in the emergency department. Forty patients utilized the ED for various reasons. Of those, 32 patients were not offered the use of their port for blood draws or intravenous medications. The nurse navigator revealed in the study that education needed to be provided to the ED staff on the importance of offering the use of the port for obtaining blood draws and administering intravenous medications. Port education was given at the annual skills fair for all nurses and the nurse navigator and manager worked with the ED for enhanced education on ports, accessing and use. In nonemergent situations port access will be offered to patients in the Emergency Room.