

Standard 1.12: 2018 Public Reporting of Outcomes:

In total St. Mary's Regional Medical Center diagnosed 235 patients with cancer. The top five cancers diagnosed were as follows:

Site	Count	Percent (%)
Lung & Bronchus	52	22.13%
Breast	38	16.17%
Prostate	29	12.34%
Colorectal	18	7.66%
Urinary Bladder	17	7.23%
Other	81	34.47%
Total Cases	235	100%

In total St. Mary's Regional Medical Center treated 38 breast cancer patients in 2018, representing 16.17% of total cancer cases. 4,280 screening mammograms were provided with a call back rate of 18.1% (the national Mammography Quality Standards Act MSQA bench mark is 11.57%). We offered one Saturday screening and increased evening screening availability on Mondays, Tuesdays and Wednesdays.

St. Mary's maintained our pledged goal with the American Cancer Society of 80% patients screened for colorectal cancer in 2018. In total, 81% of patients were screened; 1589 colonoscopies and 19 flexible sigmoidoscopies were performed. Of these, 18 patients were diagnosed with colorectal cancer which is 7.66% of total cancer cases seen at St. Mary's.

Each calendar year, St. Mary's Regional Medical Center 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. A weekend mammogram screening event was held for the employees of Patient's Advocates. Eight participated in the screening event and no positive findings were found.

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. Qualities of study and performance improvements are actions taken, processes implemented or services created to improve patient care, which is the center of quality improvements. In 2018 many quality enhancements were completed to help improve patient safety and outcomes.

Studies of quality performed in 2018:

1. **Decrease patient wait time by 25% from point of RN ordering the medication to point of administration.** Patient wait times for medication administration is the most reported patient dissatisfaction. Patients can wait from 1-3 hours from the point of RN ordering chemotherapy to the point of administration. Data was collected on a monthly to bimonthly basis and tracked on a spreadsheet that tracked the date and time medications were requested from the pharmacy, time the medication arrived from the pharmacy and the types of medications being ordered. Study indicated median wait time of 75minutes and average wait time of 71 minutes. Peak hours were between 1000 and 1400 which is when “bottlenecking” occurred. Most chemotherapy agents cannot be sent via the tube system therefore, more time is spent hand delivering to the Infusion Center. This study indicated opportunities for improvement and is being used as a quality improvement.
2. **Patient care documentation audits for EPIC.** St. Mary’s converted their EMR from Meditech to EPIC in May of 2018. A study of quality was performed to monitor patient care documentation following the transition. Monthly at least 4 random charts were selected to be reviewed by an RN that also served as a superuser for EPIC. Each chart was assessed to ensure an episode was linked to the encounter, correct charges captured, medication end times are documented, AVS forms printed, education assessments are completed and schedule notes are added to appointments. Results included: 94% of episodes were linked, charges were captured 96.67% of the time, 100% reviewed had medication end times, AVS was printed 70% of the time, only 26.67% of education assessments were complete and 80% of charts reviewed had correct scheduler notes. Results of the audits are reviewed with the nursing staff at bimonthly staff meetings. At the October 31st staff meeting education was provided on the importance of documenting education assessments. This will be an ongoing quality study.

Quality Improvements created in 2018:

1. **Increasing Pet Scan appointment availability.** A quality study was done 3rd and 4th quarter of 2017 which resulted in patients waiting for a pet scan appointment on average of 16.375 days due to limited appointment availability. Data was tracked on number of patients that needed to be referred out of the organization for a scan and the number of days they waited for an appointment. National benchmark wait time is 24 hours for emergent and 7 days for urgent. Based on this study Pet Scan appointment availability was increased from ½ day every Monday to a full day every Monday. Since implementation of increased appointment times the average wait time for a Pet Scan is less than 7 days.

2. **Decrease patient wait times from point of RN ordering medication to administration of medication.** This improvement resulted from a 4.7 quality study performed in 2018. Data was collected on monthly and bimonthly basis to track the date and time medication was ordered, type of medication ordered and the time medication arrived in the infusion center. After reviewing data average wait time was 61 minutes and median wait time was 75 minutes. The median wait time was 75 minutes. “Bottlenecking” of medication requests were occurring between 1000 and 1400, significantly increasing patient wait times. Opportunities for improvement were recognized and implemented. Chemotherapy appointments were spread throughout the day to decrease “bottlenecking” of medication requests. Collaborated with volunteer services for dedicated transport assistance to decrease wait time during the transportation of medications. Pre-medications were changed from IV premix to IV push so they can be available in the Pyxus rather than waiting for pharmacy staff to mix and transport to the infusion center. These three changes decreased the average wait time to 53 minutes and the median wait time to 45 minutes. The results of this improvement decreased median wait time by 33.75% and average wait time by 13.11%.