

2019 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)

Standard: 4.1: 2019 Prevention – Colon Cancer: Health and Preventive Education

Background – According to the CDC and United Satted Cancer Centers Statistics in Calcasieu Parish from 2011-2015, there were 550 new cases of colon cancer. For every 100,000 people, 51 cases were reported. Over those years, there were 193 who died (104 males and 89 females- 137 white and 56 African American). For every 100,000 people in Calcasieu Parish, 18 died of this disease.

Aim of the Project – Utilize public and social media and community seminars to educate the public.

Targeted Audience – 45+ men and women

Timeframe – March – June 2019

Outcome – Measured by the number reached by efforts of the Communication Plan* during the timeframe = 95,200 and number of scheduled colonoscopies = 42 (26 females and 16 males)

Communication Plan – Estimated total reach 95,200 people

Target, educate and encourage males and females age 45+ to schedule a colonoscopy.

Health Talks – Audiences identified through workplace and community events.

Health education distribution to reach an estimated 4200 people:

- CSPH and CLAH Emergency Rooms (300 x 2)
- Calcasieu Community Clinic (100)
- Calcasieu Health Unit (100)
- OB/GYN Physicians (100 x 5)
- Primary Care Physicians (100 x 25)
- Southwest Louisiana Health Services (100)
- Urgent Care Clinics (100 x 3)

Media distribution to reached 91,000 households

- Newspaper – Thrive Magazine (90,000)
- Social Media (1,000)

Standard: 4.2: 2019 Screening – Lung Cancer

Background - According to the CDC and United States Cancer Statistics in Calcasieu Parish from 2011-2015 there were 729 new cases of lung and bronchus cancer. For every 100,000 in Calcasieu Parish, 55 died from this cancer.

Targeted Audience– Men and Women who are current or former smokers; and/or between the ages of 55-77

Targeted Physician Audience –Provide education and referral forms for these services in the hope they will identify candidates who meet the qualifications.

Aim of the Project – Identify high risk candidates who have or currently smoke and encourage enrollment in smoking treatment program and to schedule a low dose CT lung screening for those age 55-77. Note: A cash pay price will be offered to candidates who are not on Medicare. Workplace Nurse Navigators will navigate appointments and monitor program and screening outcomes.

Timeframe – September 2019 – Date TBD

Outcome – Measured by the number of candidates who:

- Enroll and complete a smoking treatment program
- Number scheduled for a low dose CT lung screening
- Number identified out of the screening with early stage cancer

Nurse Navigators will referred high risk participants to medical professionals for further evaluation/treatment.

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 November 2018 and reviewed by the Cancer Committee.

2016 Breast Measures Reported Nov 2018	Benchmark	CHRISTUS SPH	All Accredited Programs
<p>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</p>	<p>90%</p>	<p>85.70%</p>	<p>91%</p>
<p>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</p>	<p>90%</p>	<p>93.80%</p>	<p>91.4%</p>
<p>MASTR- Radiation Therapy is considered or administered following any mastectomy within 1 year of diagnosis of breast cancer for women with >= 4 positive regional lymph nodes-Accountability</p>	<p>90%</p>	<p>No Data</p>	<p>86.5%</p>
<p>nBx - Image or palpation-guided needle biopsy (core or FNA) is performed to establish diagnosis of breast cancer-Quality</p>	<p>80%</p>	<p>100%</p>	<p>90.8%</p>

Quality Improvement (Standard 4.7 & 4.8)

Date reported: 9/6/19

STUDY of QUALITY – Follow up phone call 48-72 hours after initial chemotherapy treatment reduces anxiety regarding managing side effects and understanding when to call provider.

Problem statement – Most chemotherapy treatments are done in the outpatient setting and/or at home. Patients and caregivers report anxiety regarding when to call provider to report symptoms as well as how to manage common side effects. Ensuring that patients receive a follow-up phone call after the initiation of chemotherapy may alleviate anxiety and allow prompt follow-up care.

Criteria –

- 1.) Patients receive education regarding new chemotherapy/IO therapy, including schedule, expected duration of treatment, possible side effects, and when to call the doctor.
- 2.) Patients are informed at first visit that they will receive a follow-up phone call to discuss any issues/concerns. Contact information and next visit date/time is reviewed with patient during call.
- 3.) Phone call f/u note is faxed to oncology office for review and f/u if necessary

Findings: Baseline assessment of patient's anxiety level regarding management of side effects in the home setting was performed by brief evaluation at beginning of f/u call

- Baseline data reveals that patients are often seen in oncology clinic for f/u regarding symptom management and may require hospitalization.
 - Causal factors are patients may try to manage side effects on their own and uncertainty about when to report side effects.
- Baseline data reveals that patients have more anxiety when they present for first treatment.
 - Cause factors are unfamiliar environment and processes, unfamiliar staff and uncertainty regarding what to expect with treatment and possible side effects.
- Baseline data reveals that patients' anxiety level increases once patient is in home setting following initial treatment.
 - Causal factors are patients unsure when to call the doctor, uncertainty of what side effects they may have, and worry about being able to manage symptoms at home.
- Follow up sample measured level of anxiety regarding symptom management after completing phone f/u assessment of side effects. At the beginning of the phone call, the average anxiety level was 6.25, and at the end of the call, the anxiety level was 1.25.

Period	Average anxiety level
Baseline Outcomes	6.25
Improved Outcomes	1.25

National Benchmark: As stated in the Journal of Oncology Practice, ensuring that patients received a follow-up phone call 24-48 hours after the initiation of

chemotherapy may alleviate anxiety, knowledge deficit, and provide prompt follow-up of symptoms and concerns along with reinforcement of the care plan.

Std. 4.8 Quality Improvement – Decreased wait time and increased patient satisfaction for chemotherapy patients once chemotherapy can be prepared on-site at Christus Ochsner Lake Area campus.

Reported 12/20/19

Patients now have significantly less wait time to begin their chemotherapy infusion because:

- 1.) Chemotherapy is prepared by on-site pharmacy
 - a. There are fewer steps in the preparation process now that the Christus Ochsner Lake Area pharmacy no longer forwards the request to Christus Ochsner St. Patrick to prepare.
 - b. The wait time for transportation from another facility is no longer a factor.
- 2.) The infusion nurses are able to more accurately schedule chair time for all patients
 - a. Once chemotherapy is requested, the patients can be brought to outpatient unit to begin process. This includes preparing IV access, vital signs, gathering needed equipment, etc.
 - b. Patients are able to be more accurately scheduled due to more consistent delivery time.
- 3.) Nursing staff is able to provide timely, efficient care to larger volume of patients
 - a. All outpatient infusion patients are able to be scheduled more appropriately to best utilize the limited chair space in the infusion center
 - b. More patients can be scheduled daily with less delay in patient treatment.

Date this was discussed in Cancer Committee – December 20th, 2019

Improvements implemented as result of Quality Plan - yes

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