2018 Cancer Committee Program Outcomes

Cotton O'Neil

2018 Chairman's Report

On behalf of the multidisciplinary Cancer Committee of Stormont Vail Health, we are pleased to present our 2018 program outcomes. This report reflects work of the committee for the 2018 calendar year.

The cancer program is directed by a multidisciplinary Cancer Committee. This committee meets every two months to plan, assess and implement cancer-related programs and activities. The Committee strives to continually improve patient survival and outcomes to enhance the quality of life for all cancer patients. This is accomplished by an emphasis on wellness, education, prevention, survivorship and monitoring quality cancer care.

This report would not be complete without thanking the members of the Cancer Committee and the Cancer Registry for their help throughout the year.

Camille Adeimy MD
Cancer Committee Chair
Medical Oncology

Adult Medical Oncologists

Camille Adeimy, M.D.

Medical Degree: American University of Beirut, Faculty of Medicine, Berirut, Lebanon
Residency: Internal Medicine, St. Louis University, School of Medicine; VA St. Louis Health Care System, St. Louis, Mo.
Fellowship: Hematology and Oncology, Loyola University, School of Medicine, Maywood, Ill., Edward Hines, Jr. VA Hospital, Hines, Ill.

Adeimy has been a Cotton-O'Neil physician since 2015.

Karissa W. Boyd, D.O.

Medical Degree: University of Health Sciences College of Osteopathic Medicine, Kansas City, Mo.
Residency: Internal Medicine, University of Mississippi Medical Center, Jackson, Miss.
Fellowship: Hematology and Oncology, University of Mississippi Medical Center, Jackson, Miss.

Dr. Boyd has been a Cotton-O'Neil physician since 2009.

David E. Einspahr, M.D.

Medical Degree: University of Nebraska School of Medicine, Omaha
Residency: University of Kansas Medical Center, Kansas City
Fellowship: Medical Oncology and Hematology; University of Kansas Medical Center, Kansas City

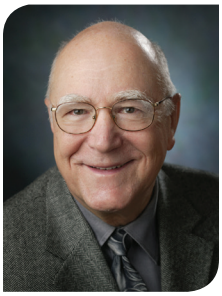
Dr. Einspahr has been a Cotton-O'Neil physician since 1991.

Mehmood Hashmi, M.D.

Medical Degree: Dow Medical College, Karachi, Pakistan.
Residency: Internal Medicine, University of Oklahoma Health Sciences Center, Oklahoma City, Okla.
Fellowship: Hematology/Oncology, University of Kansas Medical Center, Kansas City

Dr. Hashmi has been a Cotton-O'Neil physician since 2012.

Adult Medical Oncologists



Edwin L. Petrik, M.D.

Medical Degree: University of Kansas School of Medicine Internship at Wesley Medical Center, Wichita
Residency: University of Kansas Medical Center Clinical Associate Professor in the Department of Medicine Oncology at the University Of Kansas School Of Medicine

Dr. Petrik has been a Cotton-O'Neil physician since 1988.

Muhammad A. Salamat, M.D.

Medical Degree: Rawalpindi Medical College, University of Punjab, Pakistan
Residency: (Internal Medicine): Vanguard West Suburban Medical Center and Rush Oak Park Hospital, Chicago, Ill.
Fellowship: Hematology/Oncology, Saint Louis University School of Medicine,
St. Louis, Mo.

Dr. Salamat has been a Cotton-O'Neil physician since 2013.

Pediatric Medical Oncologists/Hematologists

Youmna Othman, M.D.

Medical Degree: American University of Beirut, Beirut, Lebanon
Internship/Residency Pediatric: Women and Children's Hospital of Buffalo, Buffalo, N.Y.
Fellowship Pediatric Hematology/ Oncology: University Hospitals, Case Medical Center/Rainbow Babies and Children's Hospital, Cleveland, Ohio

Dr. Othman has been a Cotton-O'Neil physician since 2012.

Jakica Tancabelic, M.D.

Medical Degree: University of Rijeka Medical School, Rijeka, Croatia Internship: Ogulin General Hospital, Ogulin, Croatia
Pediatrics Residency: University of Wisconsin, Marshfield, Wis.
Pediatric Hematology/Oncology Fellowship: Columbia University, New York City

Dr. Tancabelic has been a Cotton-O'Neil physician since 2010.

Radiation Oncologists*

Ajay Tejwani, M.D., MPH

Medical Degree: Tulane University School of Medicine, New Orleans, LA
Internship: Transitional Year Intern, Lemuel Shattuck Hospital, Jamaica Plains, MA
Residency: Radiation Oncology, New York Methodist Hospital, Weill Cornell Medical College, Brooklyn, NY

Dr. Tejwani has been at Stormont Vail Health in 2017.

Shalina Gupta-Burt, M.D.

Medical Degree: University of Missouri - Kansas City School of Medicine, Kansas City, MO
Internship: Transitional Internship Michigan State University, Blodgett Medical Center, Grand Rapids, MI.
Residency: Radiation Oncology, National Cancer Institute, Division of Cancer Treatment, Bethesda, MD.

Dr. Burt has been at Stormont Vail Health in 2018.

*Stormont Vail Health's radiation oncology services are provided in partnership with The University of Kansas Cancer Center.

Standard 4.1 & 4.2 Prevention & Screening Programs

Each calendar year, the cancer committee organizes and offers at least one cancer prevention and screening program designed to reduce the incidence of a specific cancer type and targeted to meet the prevention needs of the community.

Colon Cancer Screening

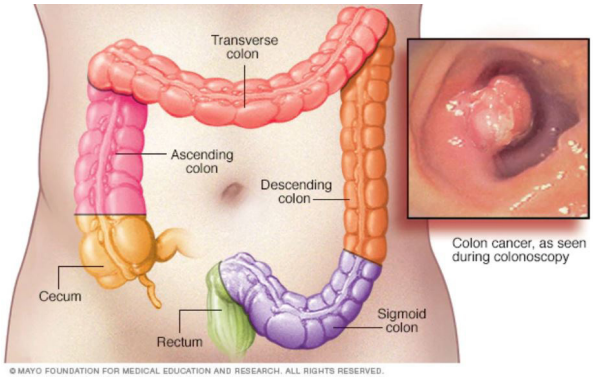
Community Need/Problem:

Shawnee County has obesity rates at 37.3%. Research demonstrates a strong correlation between obesity and risk for colon cancer. Cancer incidence & mortality in 2018 is greater for Blacks/African Americans. Kansas cancer of the colon incidence rate is at 41.2% compared to US at 39.8%. Colon cancer screening rates within Stormont Vail Health at 69%.

Activity:

Members of the committee had vendor tables at local farmer markets on two occasions. Information was provided on healthy eating, basic exercise and the importance of colon cancer screening.

On two occasions members of the committee had vendor tables at the local University home football game and a collaborative wellness event with the local Parks and Recreation. Information was provided on health eating, basic exercise and the importance of colon cancer screening. During these events our inflatable colon was able to be displayed that allows participants to walk through and visualize colon polyps and how they appear in different stages of disease.



Effectiveness:

113 participants were reached at all four events. The majority of participants reported that they had completed colon cancer screening. Due to this we were unable to meet our projected goal of 50 scheduled colonoscopies. Committee felt the activities didn't target the right population of participants. Suggestions were to focus on the disparate populations such as the Hispanic, African-American and individuals being seen at local health department.

Strategies Identified:

Hold screening & prevention events at the following:

- Mexican Fiesta
- Antioch Missionary Baptist Church / Life Center
- Grace Med (health department)
- Prairie Band Pottawattamie Nation
- Increase community awareness of events (marketing)

Skin Screening

Community Need/Problem:

Mortality & incidence rates are increasing for melanoma according to the Kansas Department of Health & Environment.

Activity:

Our annual skin screening event was held on May 12, 2018 with 215 participants. This is a community event and is supported through collaborative efforts with local dermatologist.

Effectiveness:

This is a well attended event each year. Seventy four participants were referred for skin abnormality. Sixty participants completed a follow-up visit with a local dermatologist with 3 melanomas, 15 basal cell carcinomas and 1 squamous cell carcinoma identified. The Cancer committee supports continuation of this annual screening event.

Standard 4.4 Accountability Measures

Each calendar year, the expected Estimated Performance Rates (EPR) is met for each accountability measure as defined by the Commission on Cancer.

Accountability Measure	Goal	Performance
Radiation is administered within 1 year (365 days) of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer	90%	97.60%
Tamoxifen or third generation aromatase inhibitor is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1c or stage IB-III hormone receptor positive breast cancer	90%	95.80%
Radiation therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with >= 4 positive regional lymph nodes	90%	100%

Three accountability measures identified all meeting EPR.

Standard 4.7 Studies of Quality

Problem:
For end stage oncology patients receiving care at Stormont Vail Health, hospice is not being utilized appropriately.

Background:
Hospice care is considered the model for quality compassionate care for those facing a life-limiting illness, whose prognosis is felt to be 6 months or less. Hospice care provides comprehensive palliative care by an interdisciplinary team at the end of life. However, hospice utilization continues to be an issue in the United States among oncology patients.

Study findings:
As part of an observational study and routine data collection, first quarter data for 2018 was reviewed from tumor registry database to examine hospice utilization. To assess an endorsed measure of quality in oncology, the committee examined NQF and ASCO endorsed palliative measures 0215: Proportion not admitted to hospice and 0216 Proportion admitted to hospice for less than 3 days.

Data was collected and examined for first quarter of 2018 utilizing the cancer center registry for a sampling of patients. The total number of patients who passed away during that time-frame was 63. Of those, 46 were eligible to be included in this data measure.

Data collection revealed that of those 46 eligible patient deaths, 16 were not referred to hospice prior to their death (35%), and an additional 3 were referred to hospice for less than 3 days prior to their death. The total number of patients whose death occurred with either no hospice care or hospice care less than 3 days was 19 (41%).

Of the patients referred for hospice care, mean length of stay eliminating the 2 outliers at 118 days and 235 days was 21 days. The median length of stay for these patients was 15 days.

Action:

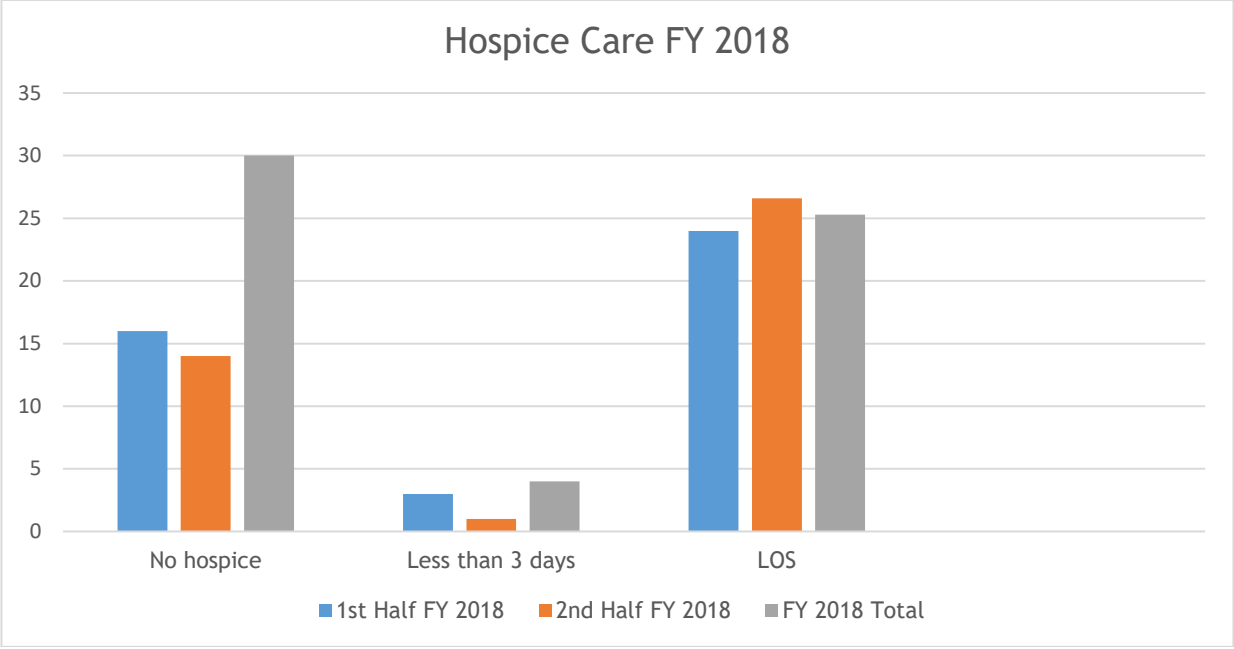
A pilot trial was initiated for automatic referrals to palliative medicine on all stage IV patients with two of our oncologist patient population. This plan will seek to implement discussions of goals of care early in the treatment process, and facilitate ongoing discussions of prognosis and quality of life throughout treatment, with the goal of earlier referral to hospice. We will follow the trend of hospice utilization by examining 3rd and 4th quarter data of 2018 to compare after standard referrals for Stage IV patients has been implemented for several months.

Follow-Up Findings:

Analysis of 3rd and 4th quarter FY 2018 data showed that there were 39 eligible patient deaths included in data collection. Of these, 14 were not referred to hospice prior to death, and 1 was referred but length of stay was less than 3 days, for a total of 39% of patients in 3rd and 4th quarter.

Of the patients referred to hospice, average length of stay was 26.6 days. Overall for FY 2018, there were 85 eligible patient deaths, 30 of which were not referred to hospice, and 4 referred for less than 3 days, for a total of 34 patients, or 40% who did not have hospice care.

The number of patients not receiving hospice care improved from 41% in first half of FY 2018 to 39% in second half, but we still have room to improve on hospice referrals prior to death. The average length of stay on hospice improved from 24 days prior to death to 26.6 days.



Standard 4.8 Quality Improvements

Each year the cancer committee has at least 2 quality improvement activities affecting cancer patients implemented each year. One quality improvement project is implemented based on the result of a quality study.

#1 Project

Problem:

CEA's are not being ordered and completed prior to all colon cancer surgeries as recommended by NCCN.

Plan:

Based on a previous evaluation & treatment study from 2016 if was determined that CEA's were not being ordered and completed prior to colon cancer surgeries. Discussions were held with surgeons at that time to remind of the NCCN guidelines and recommendations. This has continued to be monitored into 2018 without a tremendous improvement:
Q1 2018 - 40% completion
Q2 2018 - 43% completion
After our cancer committee meeting in June Dr. Dixon again reminded surgeons of the importance and this is considered standard of care.
Q3 2018 did reflect an improvement at 75% but was still not meeting goal of 90%.

Do:

- Meet with nurse manager from surgeon office
- Meet with Epic build team
- Submit request for build to clinic SUOC

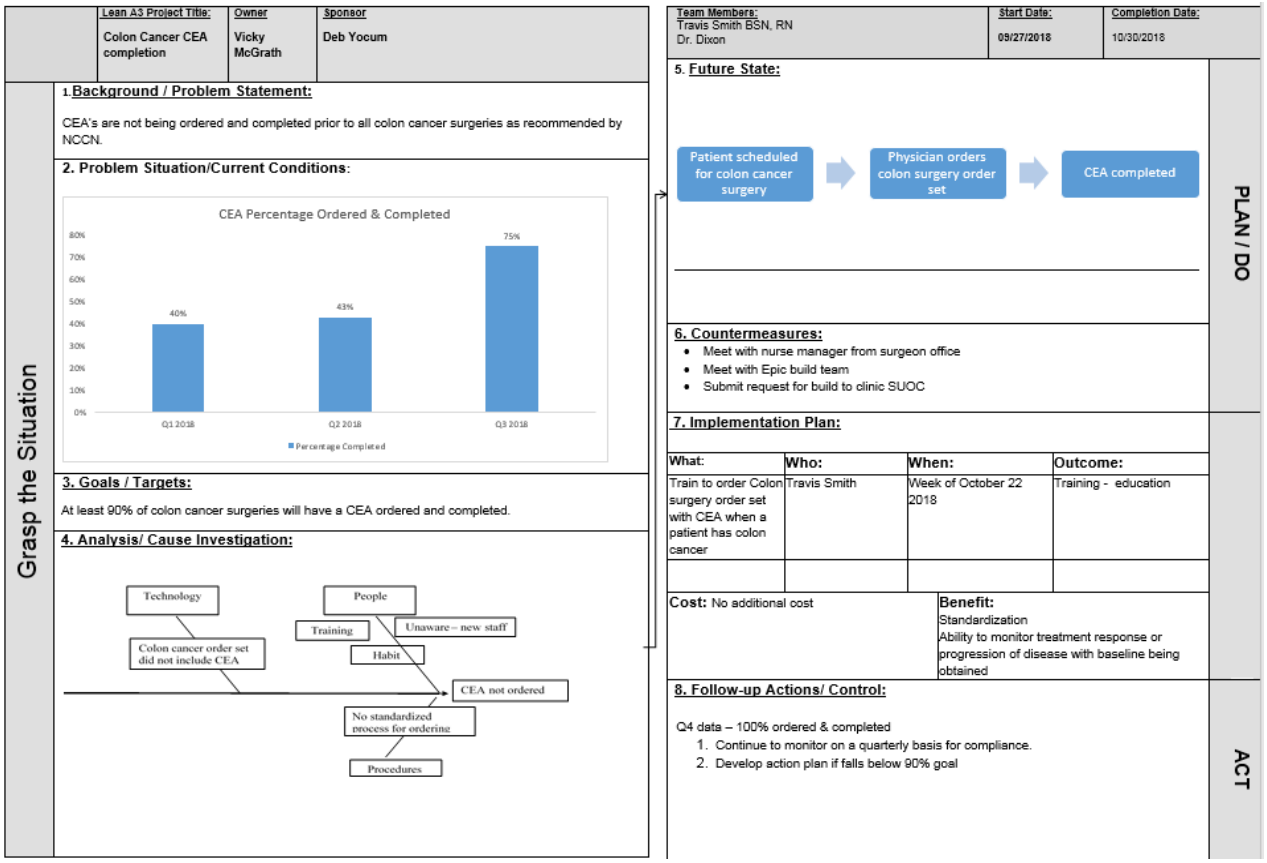
Study:

Currently there is no standard process or policy regarding ordering a CEA prior to colon cancer surgery. Nor is there any type of template within the electronic medical record.
A colon cancer surgery order set was built that included a CEA in October. Training was completed by surgeon office nurse manager. Q4 data showed 100% completion rate.

Act/Follow-up:

Continue to monitor on a quarterly basis for compliance.

Develop action plan if falls below 90% goal



Lean A3 Project Title:	Owner	Sponsor
Colon Cancer CEA completion	Vicky McGrath	Deb Yocum

Grasp the Situation

1. Background / Problem Statement:

CEA's are not being ordered and completed prior to all colon cancer surgeries as recommended by NCCN.

2. Problem Situation/Current Conditions:

3. Goals / Targets:

At least 90% of colon cancer surgeries will have a CEA ordered and completed.

4. Analysis/ Cause Investigation:

Team Members:	Start Date:	Completion Date:
Travis Smith BSN, RN Dr. Dixon	09/27/2018	10/30/2018

PLAN / DO

5. Future State:

6. Countermeasures:

- Meet with nurse manager from surgeon office
- Meet with Epic build team
- Submit request for build to clinic SUOC

7. Implementation Plan:

What:	Who:	When:	Outcome:
Train to order Colon surgery order set with CEA when a patient has colon cancer	Travis Smith	Week of October 22 2018	Training - education

Cost: No additional cost

Benefit:
Standardization
Ability to monitor treatment response or progression of disease with baseline being obtained

8. Follow-up Actions/ Control:

Q4 data – 100% ordered & completed

1. Continue to monitor on a quarterly basis for compliance.
2. Develop action plan if falls below 90% goal

ACT

#2 Project

Problem:

Physicians are not using staging forms to document staging

Plan:

Effective January 2018 tumor registrars are not able to document cancer stage which has been our practice for some time. Staging forms are available within Epic in the problem list but not completed consistently. It is difficult to run reports based on staging out of Epic due to forms not being completed. There also was an issue related to staging and a report that was being generated for meaningful use purpose.

Baseline data was collected using patients with a visit type of new treatment in Q1 2018. Results revealed a 24% completion rate.

Do:

1. Meet with physicians to discuss proposal for completion of staging forms.
2. Meet with Kristina Gurera to build BPA in EPIC.
3. Educate physicians on new workflow.

Study:

Currently there is no standardized process or policy for completion of staging form. Physicians would inconsistently document in various places within patient medical record. Physicians were also unaware of the impact that not completing the form has on ability to run reports and submission of accurate information for meaningful use.

BPA built when initiating a treatment plan that reminds physicians to complete staging form. Education provided to physicians along with new workflow. Go-live was November 1 2018. Data collection 11/01-11/27 revealed 54% completion rate.

Act:

1. Met with physicians to discuss importance of completing staging forms.
2. Continue to monitor on a quarterly basis for compliance.
3. Develop action plan if falls below 90% goal

Although not at the goal yet, significant improvement noted.