

Texas Health Harris Methodist Hospital HEB 2017 Cancer Program Annual Report*

Caring for Our Community



*Using 2016 data

At Texas Health Harris
Methodist Hospital HEB, we
are committed to improving
the care of cancer patients in
the communities we serve.



From the Chair



Dear Members of the HEB Community

Another year is coming to its end and the cancer program at Texas Health HEB continues its tireless efforts to provide comprehensive cancer care. A wide variety of projects and programmatic modifications have been made to optimize the quality of cancer care during the past year. In the Oncology Unit Patient Advisory Council has been implemented in an effort to continuously learn from the experiences of patients treated there. This has been well received and the feedback obtained is being used to improve the ongoing patient care experience. Dietary services has implemented a program aimed at properly identifying and addressing cancer patients with malnutrition. The pathology department has modified the standard molecular testing panel for non-small cell lung cancer to allow for routine detection of rare, but highly treatable, subtypes of lung cancer. The Pharmacy department has implemented routine testing and documentation for hepatitis B prior to start of certain types of immunosuppressive therapy to prevent potentially severe reactivation of chronic or latent infection. These are just a few highlights of the ongoing cancer care improvements taking place at Texas Health HEB.

The changes and programmatic improvements implemented last year deserve ongoing recognition. Patients and families continue to benefit from the highly successful Palliative Care Program implemented under the leadership of Dr. Melissa Johnson. The new Interventional Radiology suite and refurbished Intensive Care Unit continues to ensure quick and accurate diagnostic and therapeutic interventions as well as intensive care support for cancer patients.

The Tumor Registrars continue their relentless efforts to update and maintain the National Cancer Database. They also help orchestrate and coordinate several community outreach programs including mobile mammography, well woman screening and sun safety events. I am truly honored to be part of this outstanding program and look forward to serving in 2018.

Sincerely,
Henrik Illum, M.D.

Cancer Committee

The Cancer Committee at Texas Health HEB, under the leadership of Dr. Henrik Illum, is responsible for goal setting, planning, initiating, implementing, evaluating, and improving all cancer related activities in the program.

The Cancer Committee at Texas Health HEB worked diligently on the following projects:

- Implementation of a Patient Advisory Council on the Oncology Unit
- Addition of Tumor Markers for Non-Small Cell Lung specimens. (ROS-1, PDL-1)
- Addition of a Palliative Care Service line
- Evaluation of Hep-B testing prior to first dose monoclonal antibody
- Review of Oncology HCAHPS
- Adverse reactions during monoclonal antibody infusion
- Malnutrition in patients receiving chemotherapy.
- Teen/Preteen tobacco use prevention
- Review of Anthracycline-based chemotherapy regimens
- Mobile Mammography and Well-Woman screening event
- Sun Safety event

2017 Cancer Committee Membership

Henrik Illum, MD
Medical Oncologist, Cancer Committee Chair

Lance Driskill, MD
Interventional Radiologist

Ted Powell, MD
Pathologist

Mark Messing, MD
Surgeon, Cancer Liaison Physician

Ajay Dubey, MD
Radiation Oncologist

Alice Landers
Cancer Program Administrator

Tammy Quattrochi, RN
Oncology Nurse

Kathy Hanson, MSW/LMSW
Psychosocial Services Coordinator

Mildred Jordan, CTR
Certified Tumor Registrar,
Cancer Conference Coordinator

Kimberly Willis, CTR
Certified Tumor Registrar

Melissa Johnson, MD
Palliative Care Professional

Paige Jumper, RN
Quality Improvement Coordinator

Janice Tomberlin, MD
Cancer Registry Quality Coordinator

Brenda Whitley
Community Outreach Coordinator

Sandy Mathews, RN
Clinical Research Coordinator

David Damaske, Pharm D
Director of Pharmacy

Stephanie McMillan
Registered Dietitian Nutritionist

Tim Kotera
Rehabilitation Services Representative

Siobhan Cole
American Cancer Society Representative

Cancer Conference Summary

Cancer conferences are a treatment planning approach in which a number of doctors who are experts in different medical specialties review and discuss the medical condition and treatment options of a patient with cancer. Conferences are attended by Pathology, Radiology, Medical Oncology, Radiation Oncology, Surgery, Cancer Registry, and Nursing.

Conferences are held every Wednesday morning at 7:30A.M. in Conference Room F. Physicians receive 1 continuing medical education hour for attending. Below is a summary of the annual activity.

2017 Cancer Conference Report | December 2017

Conference	Schedule	Conference Presentation Requirement	Number of Weekly Conferences	Required Attendance	Percentage Attendance Recommended	Percentage Attendance
General Cancer Conference	Every Wednesday 7:30 am	15% of annual analytic caseload must be presented	Total: 42	Surgeon	75%	75%
				Pathologist	100%	100%
				Rad. Oncologist	75%	80%
				Diagnostic Radiologist	100%	100%
				Medical Oncologist	75%	100%
Breast	Every 2nd & 4th Thursday 12:30 pm	Per standard, 100-250 cases with bi-weekly conferences	Total: 21	Surgeon	75%	96%
				Pathologist	75%	90%
				Rad. Oncologist	75%	90%
				Diagnostic Radiologist	75%	94%
				Medical Oncologist	75%	100%

Reference:

Standard 1.7 - Annually, cancer committee, or other appropriate leadership body, monitors and evaluates the cancer conference frequency, multidisciplinary attendance, total case presentation, and prospective case presentation, discussion of stage, including prognostic indicators, and treatment planning using evidence-based treatment guidelines and options for clinical trials.

Accession Year	# Analytical Cases	# Cases Presented (all conferences)	# Prospective Presentations (all conferences)	Total Cases Eligible for Clinical or Working Stage Discussion	#/ % Staging Discussed	#/ % Treatment Guidelines Discussed	Prognostic Indicators Discussed	Options for Clinical Trials Discussed	Didactic Conferences
2016	607	242	241	236	236/100%	242/100%	242	65	1
2017	Estimated 600 cases	232	231	225	225/100%	232/100%	232	34	1

Cancer Conference Case Presentation

Standard E3 - The cancer committee, or other appropriate leadership body, ensures that the required number of cases is discussed at the cancer conference on an annual basis, and that of those 15% of analytic cases, at least 80 percent of those discussed are presented prospectively and that AJCC or other appropriate stage of the cases is discussed and documented.

Breast Conference	GI Conference
# of Conferences – 21	# of Conferences – 11
# of Cases Presented – 104 HEB Patients	# of Cases Presented – 25

Community Outreach



The Cancer Program at Texas Health HEB sponsors and promotes prevention and screening activities targeting patients across the spectrum. Data from the Cancer Registry is used to determine what sites need to be targeted. Breast, lung, and gynecological cancers remain the primary cancers diagnosed at our facility, therefore continuing to be the sites addressed annually in our Community outreach. Registrars and employees participate in hosting:

- Sun Safety Event at Bluebonnet Retreat Kick-off
- Teen/Preteen tobacco use prevention
- Mammography and Well-Woman exams in partnership with the Wellness For Life™ Program at Texas Health Harris Methodist Hospital Fort Worth

Below is an annual summary and findings for each event.

Texas Health HEB 2017 Community Outreach Events

Event	Category	Topic	Target Audience	Location	Date	Participants (#)
Hillwood Middle School Tobacco Prevention Education	Prevention	Teen/Preteen Tobacco Use Prevention	Middle school students at risk for smoking-related malignancies	Hillwood Middle School, Fort Worth	4/18/2017	63
Texas Health HEB Mobile Mammography & Well-Woman Exams	Screening	Breast & Cervical Cancer Screening/ Colon Cancer Screening	Women over 40/ Underserved and underinsured women in the community	Texas Health HEB, Bedford	9/28/2017	15
Texas Health HEB Bluebonnet Retreat Kickoff	Prevention	Sun Safety & Skin Cancer Education	Patients diagnosed with Cancer within the Last 5 Years	Texas Health HEB, Bedford	10/13/2017	64

Review from the Commission on Cancer Program Standards:

Each calendar year, the program fulfills all of the following compliance criteria:

1. The Cancer Committee monitors the effectiveness of the prevention, screening, and outreach activities on an annual basis.
2. The activities and monitoring results are documented in an annual community outreach activity summary.
3. The annual community outreach activity summary is shared with the Cancer Committee.
4. The review of the annual community outreach activity summary is documented in the Cancer Committee minutes.



Bluebonnet Retreat

North Texas' Only Cancer Camp for Adults

Bluebonnet Retreat offers, at no charge, a unique experience for adult cancer patients. During the three-day, two-night camp, attendees are provided a creative, educational atmosphere of support with a focus on wellness.

The retreat provides:

- A time for laughing, learning and listening
- Arts and crafts
- Physical activities
- A time for sharing and caring
- Cancer education

Who sponsors the retreat?

Bluebonnet Retreat is a special project of Texas Health Harris Methodist Hospital Hurst-Euless-Bedford. It is funded through donations.

Who can attend?

Ambulatory adults age 18 or older who have been diagnosed with cancer within the past five years are invited to attend.

Who are the camp buddies?

Camp buddies are members of the Texas Health HEB team, Texas Health Resources family and community volunteers. Camp buddies and visitors include physicians, nurses, social workers, dietitians, physical and occupational therapists, radiation therapists, chaplains, cancer survivors, and volunteers.

What is the campsite like?

Star Brand Ranch is an 8,000-acre ranch that boasts many amenities, including a fitness center and a wide array of outdoor activities, such as fishing, hiking, hayrides and tennis. Indoor



Bluebonnet Retreat - April 2017 | Star Brand Ranch

activities include ping pong, card games and billiards. Campers and camp buddies stay in comfortable guest rooms with relaxing accommodations. A list of items campers should bring is provided. The camp is non-smoking and an alcohol-free facility.

How do I get there?

Transportation is provided from Texas Health HEB to and from the ranch on the first and last day of camp. If you wish, you may provide your own transportation.

Who do I contact?

Bluebonnet Retreat is held twice a year, during the spring and fall. You will be notified when we have received your application. Since attendance is limited to 24, selection of campers may be based on participation in previous camps. First time campers will receive priority. Applicants are notified two weeks prior to camp if they have been selected.

For more information, contact Traci Burnett at 817-848-4855 or via email at TraciBurnett@texashealth.org.

Volunteer Services

Volunteer Services sponsors the Pet Partners Program at Texas Health HEB which was established in 2014. Each Thursday morning, Molly, Max, Duke, Chance, Duchess and their handlers visit patients, employees and guests.

THHEB Pet Partners goal is to touch lives, decrease pain, reduce stress, and improve overall mood and health through their visits. Patient response to pet visits have been overwhelming. They've seen nearly 4000 patients at THHEB and logged more than 500 volunteer hours.



Volunteer Services has a survey in the implementation stages to capture the patients feedback and determine the difference in their mood before and after the visit.

Another courtesy provided to our oncology patients through Volunteer Services to help enhance the patient's experience is "The Cart". The Cart is stocked with a variety of treats including snacks, drinks, hard candies, comfort pillows and knitted hats. Both the comfort pillows and hats are made by volunteer auxiliary members.

Service Area Reports

Cancer Liaison's Report

Mark Messing, MD



CoC Measures for Quality of Cancer Care

Cancer Liaison Physicians (CLP's) are the link between the Cancer Committee and the cancer data. RQRS is a reporting and quality improvement tool which provides real clinical time assessment of hospital level adherence to quality of cancer care measures. RQRS

was developed to assist Commission on Cancer (CoC) accredited cancer programs in promoting evidenced-based cancer care at the local level. It is a Web-based, systematic data collection and reporting system that advances evidenced-base treatment through a prospective alert system for anticipated care which supports care coordination required for breast and colorectal cancer patients at participating cancer programs. Review of the Rapid Quality Reporting System (RQRS) is done at each Cancer Committee meeting. If measures fall below the expected, a plan is devised to correct. Below you will find the results of measures reported in November for Texas Health HEB. Please be advised these are real time numbers and change constantly.

Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer (BCSRT) **Texas Health HEB – 88.6%**

Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or Stage IB – III hormone receptor negative breast cancer. (MAC) **Texas Health HEB – 100%**

Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0, or Stage IB – III hormone receptor positive breast cancer. (HT) **Texas Health HEB – 100%**

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. (MASTRT) **Texas Health HEB – 100%**

Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer. (ACT) **Texas Health HEB – 83.4%**

At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer. (12RLN) **Texas Health HEB – 91.0%**

Pathology

Ted Powell, M.D.



The Pathology Department at Texas Health HEB currently utilizes the 7th Edition of the American Joint Committee on Cancer (AJCC) Staging Manual, reported in synoptic format, to characterize the morphology and extent of various malignant tumors resulting in a pathologic TNM classification but major changes have been in process

in our field. As of January 1, 2018, we will begin utilizing the 8th Edition of the AJCC Manual. This revision represents a major expansion and reconfiguration of cancer staging classifications to incorporate advances in molecular testing, and a recognition of the importance of these prognostic factors in the staging and treatment of cancer. The Pathology Department at Texas Health HEB, with the support of the oncologists have been proactively adding these molecular markers with our most recent inclusion being ROS-1 and PD-L1, the results of which provide guidance to physicians as concerns treatment options and prognosis for lung cancer. These tests join EGFR and ALK testing implemented previously for this site. AJCC 8th edition staging with the incorporation of prognostic groups based on our molecular testing, is making personalized cancer staging a reality.

Interventional Radiology

Lance Driskill, M.D.



2017 was a busy yet exciting year in Interventional Radiology (IR). In late 2016, Texas Health HEB finished construction on the new IR fluoroscopy suite. This state of the art IR suite has seen a steady increase in IR volume throughout the year with similar increases in volume for CT and ultrasound guided IR procedures. The IR staff works

closely with the Oncology department to facilitate patient care from the time of the patient's diagnosis to the completion of their treatment. There are a host of oncologic procedures offered and performed on a daily basis including image-guided minimally invasive biopsies, fluid drainages, and port and line placements to name a few. Moving forward into 2018 and beyond, we are excited about the opportunities that lie ahead in the realm of Interventional Oncology (IO) with an array of IO procedures that can be offered to our oncology patients in the hospital and for outpatients in the nearby HEB community.

Oncology Care Unit | Marla Grant, MSN, BSN, RN, OCN



NCCN Guidelines Version 1.2011 Distress Management

The Distress Management Screening Tools were completed for 167 patients during 2017. The Texas Health Hurst Eules Bedford, Oncology Care Unit (THHEB, OCU) staff assisted patients in filling out the distress screening and patient reported scores were

entered into CareConnect. Distress scores were reviewed by Social Services staff members and referrals were made to the appropriate facility resource and/or physician. Physicians are able to access CareConnect and view patients' reported scores. A copy of the Distress Management Tool is placed in the patients' physical chart for staff who need to review details of what categories each patient has selected. An Excel spreadsheet was maintained to collect data regarding most frequent stressors related to patients with a cancer diagnosis. Collected data is used to evaluate methods being used to reduce anticipated stress for patients and their family members. The top five answers in order of stress are:

Distress Management Top Five Answers 2016	Distress Management Top Five Answers 2017
1. Fatigue	1. Fatigue
2. Worry	2. Pain
3. Pain	3. Eating
4. Memory and Concentration	4. Worry
5. Treatment Decisions	5. Getting Around

Staff nurses, Care Transition Management personnel, and the Oncology Nurse Navigator address the specific concerns identified by the patients on the Distress Management Screening Tool in several ways. The first method is a colorful, one page (double-sided) handout prepared for the patient by the U.S. Department of Health and Human Services, National Cancer Institute. Each handout describes a side effect related to chemotherapy/biotherapy and lists methods to reduce or eliminate the intensity of the side effect. In addition, the handouts provide the patient and family with warning signs that help to identify when the side effects have become significant enough to seek physician intervention. Nurses and the Nurse Navigator discuss the handouts with patient and their families, encourage questions, and use a teach-back method to verify learning and understanding has been achieved.

The second method used by oncology nurses and the Nurse Navigator is to encourage patients to attempt and maintain a mild to moderate level (15 to 30 minutes) of exercise and activity.

Recent studies have found that oncology nurses are in an ideal position to educate and empower patients who are receiving chemotherapy and biotherapy to begin/maintain regular exercise. Regular exercise has been shown to alleviate common side effects of treatment including fatigue and depression which can be debilitating to oncology patients. Some studies have also shown that exercise has an indirect effect on enhancing tumor-suppressing processes.

Nursing Competencies for 2017 include:

Two Oncology nursing competencies were designed and completed by all nurses working on the Oncology care Unit:

1. Recognizing signs and symptoms of Oncologic Emergencies
2. Demonstrate the ability to prevent Central Line Associated Bloodstream Infections (CLABSI).

Recognizing signs and symptoms during Oncologic Emergencies was completed through written educational materials. To promote a safe environment under emergency circumstances, a teach-back worksheet was completed by all nurses, including those not currently chemo/bio certified. Worksheets were collected by the Clinical Nurse Specialist to be reviewed and discussed with any nurses that had additional questions and/or any incorrect answers. Demonstration of the ability to prevent Central Line Associated Bloodstream Infections (CLABSI) consisted of reviewing Evidence Based Practices utilized in the oncologic settings to help prevent infection. Nursing staff incorporated peer to peer observation to discuss and review maintaining sterile technique.

This year a Pre-Chemotherapy/Biotherapy Administration Checklist was added to create higher reliability to the process. Nurses worked together to determine the task items necessary prior to starting the chemo/bio infusion. The 13 item checklist was created to ensure no steps were left out or overlooked prior to starting chemo/biotherapy infusions. The checklist has helped to reduce errors/oversights that occur as a result of interruptions during paperwork preparation and/or shift changes. The staff has provided positive feedback regarding the checklist. Chemotherapy administration audits have consistently improved since the introduction of the checklist.

Nursing Staff Oncology Certifications

Texas Health HEB Oncology Care Unit employs a total of 36 nurses. In an effort to promote patient safety, nurses are encouraged to study for and achieve certification through the National Oncology Nursing Society. To date, 24 nurses have achieved the Chemotherapy/Biotherapy Certification. Additionally, 16 of the 36 nurses are currently Oncology Certified Nurses (OCN).

Patient Advisory Board Programmatic Goal for 2017

The THHEB, OCU initiated a Patient Advisory Board during 2017. The goal was to collect feedback from patients who have completed inpatient chemotherapy/biotherapy treatment. A questionnaire was created to obtain actual patient responses to improve the care that patients receive during the hospitalization experience. Patients agreed to meet with the staff and share any concerns they had during their stay. The responses were studied by the OCU Unit Base Council members and used to generate methods that could improve patient care and reduce stress associated with a patient's initial cancer diagnosis and subsequent treatment.

Patients identified 3 areas that had the potential for improvement. (1) Two patients requested more information regarding

neutropenia. Both patients reported understanding that their blood counts were reduced and there was an increased risk for infection. However, patients and family members expressed some perplexity regarding whether their door should remain closed at all times. (2) The second opportunity identified included reducing the number of interruptions by hospital staff members during family and personal time. Staff committed to delaying blood pressure checks and rounding by 30 minutes to 1 hour when family members were present and the patient's condition was stable. (3) Patients identified that the oncoming nurse during shift change did not always have all the information necessary to make a smooth transition. Nurses collaborated to produce a checklist to improve shift change hand-off for patients who are receiving chemotherapy/biotherapy.

Cancer Registry

The Cancer Registry, under the direction of the Cancer Committee, maintains a database of all cancers diagnosed and or treated at Texas Health HEB. Cancer Registrars capture a complete summary of patient history, diagnosis, treatment, and status. Cancer is the second leading cause of death among Americans. Because cancer registries provide this type of data, they are valuable research tools for those interested in the etiology, diagnosis, and treatment of cancer.

Cancer Registries provide information to assist public health officials and agencies in the planning and evaluation of cancer prevention and cancer control programs. Data is submitted to the Texas Cancer Registry and the National Cancer Data Base. 706 analytic cases were accessioned for 2016. Total caseload was 1,249.

- Certified Tumor Registrars (CTRs) organize and participate in Community Outreach activities.
- CTRs attend local, state and national educational conferences.
- CTRs assist physicians by providing data for studies.

Texas Health HEB Top Five Sites 2016

Site	THHEB	Texas	US
Female Breast	174 – 25%	16,800 14%	246,660 15%
Lung	116 – 16%	14,620 13%	224,390 13%
Corpus Uteri	69 – 10%	3,700 3%	52,630 4%
Colon/ Rectum	61 – 9%	9,680 8%	134,490 8%
Non-Hodgkin Lymphoma	34 – 5%	5,120 4%	72,580 4%

*American Cancer Society US Cancer Facts & Figures 2016 estimated 116,690 total new cancer diagnoses in Texas
 *American Cancer Society US Cancer Facts & Figures 2016 estimated total 1,685,210 new cancer diagnoses in US



Texas Health HEB Primary Site Table 2016

Diagnostic Site			GENDER		CLASS OF CASE		Dominant Stage Group*						
	Total	%Total	Male	Female	Ana	NonA	0	I	II	III	IV	N/A	Unk
Breast	296	23.7	1	295	175	121	25	93	41	10	6	0	0
Lung/Respiratory	158	12.65	82	76	116	42	1	31	17	17	49	1	0
Colorectal/ Anus	94	7.53	50	44	61	33	1	16	15	16	11	0	2
Lymphoma - Hodgkin & NHL	85	6.81	43	42	40	45	0	9	6	9	16	0	0
Corpus Uteri	81	6.49	0	81	69	12	0	48	5	8	5	0	3
Prostate/Other Male Genital	55	4.41	55	0	8	47	0	2	0	0	6	0	0
Leukemia	49	3.92	24	25	17	32	0	0	0	0	0	17	0
Multiple Myeloma	40	3.2	18	22	15	25	0	0	0	0	0	15	0
Ovary	38	3.04	0	38	25	13	0	5	1	12	6	0	1
Pancreas	38	3.04	15	23	24	14	0	6	12	1	5	0	0
Thyroid	34	2.72	10	24	31	3	0	19	5	2	2	0	3
Oropharyngeal	28	2.24	16	12	9	19	0	3	1	0	3	0	2
Liver/Gallbladder/Bile Duct	27	2.16	16	11	15	12	0	3	0	1	5	4	2
Urinary Bladder/Other Urinary	26	2.08	17	9	16	10	6	3	4	0	1	1	1
Cervix	21	1.68	0	21	12	9	0	8	2	2	0	0	0
Kidney	20	1.6	13	7	4	16	0	0	1	1	2	0	0
Stomach	18	1.44	8	10	10	8	0	5	2	0	2	0	1
Brain/CNS Benign & Malignant	17	1.36	6	11	6	11	0	0	0	0	0	6	0
Other Digestive	14	1.12	2	12	12	2	0	0	0	8	1	2	1
Other Connective Tissue	13	1.04	10	3	3	10	0	0	0	2	0	0	1
Esophagus	10	0.8	9	1	1	9	0	0	0	0	0	0	1
Melanoma/ Other Skin	8	0.64	7	1	1	7	0	1	0	0	0	0	0
Other Female Genital	8	0.64	0	8	6	2	3	2	0	0	0	0	1
Small Intestine	7	0.57	2	5	4	3	0	1	0	1	2	0	0
Larynx	4	0.32	4	0	2	2	0	1	0	1	0	0	0
Miscellaneous/ Other	60	4.8	36	24	24	36	0	0	0	0	1	23	0
TOTALS	1249	100	444	805	706	543	36	256	112	91	123	69	19

Analytic: First diagnosed and/or all or part of first course therapy at Texas Health HEB

Non-analytic: First diagnosed and all first course therapy received prior to admission at Texas Health HEB

*Includes only analytic cases: patients diagnosed or receiving 1st course treatment at THHEB

Patient Navigation | Sharon M. Overath, RN, BSN, OCN



Patient navigation is a process by which an individual- a Patient Navigator- guides patients with a suspicious finding or test that shows they may have cancer through and around barriers in the complex cancer care system to ensure timely diagnosis and treatment. Texas Health HEB has one full-time navigator who meets with patients who are newly diagnosed. Sharon Overath, RN, OCN can be reached at 817-848-4171 or email her at sharonoverath@texashealth.org.

2016 Navigation Report

Total number of navigated patients in 2016 This number reflects the following:	443
Total number of carry-over patients initially placed on service in 2015	142
Total number of NEW patients placed on service 1/16-12/16	301

Obstacles:

The biggest barrier to care has been cost of treatment – chemotherapy and/or radiation therapy. That barrier includes the issue of physicians not being on the patient’s insurance plan,

as well as delays in having insurance authorization for diagnostic tests that include Oncotype testing, genetic testing and PET scans with all of these issues being trumped by the astronomical cost of chemotherapy drugs and supportive care (growth stimulating factor injections, blood transfusions and hospital admissions for side effect management).

Measures Taken:

I have researched patient assistance programs including those through drug manufacturers, the American Cancer Society, Catholic Charities and Cancer Care of Fort Worth. While some of my patients have qualified for assistance, most insured patients have greater difficulty receiving help than those without any insurance coverage at all. Additionally, many patients are extremely concerned about insurance premium increases occurring at the start of the year.

With regard to insurance approval for additional tests, I do follow up with the central scheduling office of Texas Oncology in an attempt to keep the patient at the top of their radar screen, so to speak. Ultimately, though, it is the physician’s office that puts the pressure on.

Insurance companies will typically not discuss any patient issues without a written release from the patient to disclose information, so that becomes an issue as well.



Palliative Care | Dr. Melissa Johnson



What is Palliative Care?

Palliative Care is specialized medical care for people with serious illness. This type of care is focused on providing relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family.

What is the difference between Palliative Care and Hospice care?

Both palliative care and hospice care provide comfort. But palliative care can begin at diagnosis, and at the same time as treatment. Hospice care begins after treatment of the disease is stopped and when it is clear that the person is not going to survive the illness.

The Palliative Care team at Texas Health HEB is staffed by Dr. Melissa Johnson and Eshelle Francis, LSW.

Consider a Palliative Care Consult When:

- The patient, family, or healthcare team need help with complex decisions
- A patient with a serious illness has unacceptable pain or symptom distress > 24-hours
- A patient with a serious illness has been admitted two or more times with the same problem in the past six months
- The patient has a prolonged length-of-stay without evidence of progress
- Decisions regarding tracheostomy, PEG placement, mechanical ventilation, or dialysis are on the horizon
- There is unaddressed spiritual or psychosocial distress
- The patient, family, or staff need assistance with withdrawing life support
- The patient is in the ICU with a documented poor prognosis
- A patient with a serious illness has frequent ED visits for the same diagnosis
- There is a need for advanced care planning or goals of care discussions with the patient and family
- The patient, family or physician needs information regarding hospice appropriateness
- There is a new diagnosis of a life-limiting illness with a need for symptom control or patient/family support.



How do I order a Palliative Care Consult and what will happen next?

- Place an order under "Consult Palliative Care" in Care Connect.
- The palliative care physician is available on the Palliative Care hotline at 817-201-5444; 24-hours a day, 7-days-a-week to receive the consult.
- The consult will be completed within 24-hours during the weekday, 48-hours if over the weekend. If you have an emergency, you can discuss the situation over the hotline and every attempt will be made to address the concerns as quickly as possible.
- When the consult is completed, you will find outcomes and recommendations in a note headed "Palliative Care Consult" in Care Connect. There may also be a note from the palliative care chaplain and palliative care social worker.
- The palliative care team will follow up on patients as needed.

Study 1

Hep-B Testing Prior to First Dose

Patients treated with Rituxan based chemotherapy are at high risk (>20%) for reactivation of pre-existing latent or chronic hepatitis B virus infection. Per national guidelines it is recommended to check hepatitis B surface antigen and hepatitis B core antibody at the time of initiation of Rituxan for all patients. For patients with evidence of latent or chronic active hepatitis B, prophylaxis with antiviral medications, such as entecavir, is a routine consideration to prevent potentially fatal reactivation. A concern has been raised from various members of the cancer committee that hepatitis B serologies are not routinely being documented before administering Rituxan based therapy. The Quality Improvement Coordinator and Cancer Committee therefore set out to study the documentation of hepatitis B serologies in association with Rituxan based therapy for the year of 2016.

Criteria for evaluation:

The hospital pharmacy was asked to identify the individual patients who received Rituxan based therapy during the year 2016. A chart review was thereafter performed with specific attention to documentation of performed hepatitis B serologies in patients treated with Rituxan.

Summary of findings:

A total of 15 patients were identified who had received Rituxan as an inpatient during 2016. The underlying indication was non-Hodgkin Lymphoma with exceptions for 1 patient with ITP, 1 patient with neuromyelitis optica and 1 patient with nephrotic syndrome. No hepatitis B serology documentation could be found for 3 patient's including 1 patient with non-Hodgkin's lymphoma, one with neuromyelitis optica 1 patient with nephrotic syndrome. Partial hepatitis B serology documentation was found in a total of 4 patients. All of these had documented hepatitis B surface antigen but no documentation of hepatitis B core antibody. One patient had a positive hepatitis B core antibody but negative hepatitis B surface antigen and negative hepatitis B core IgM. This patient was monitored closely by the treating provider as an outpatient with no evidence of reactivation. No cases of documented hepatitis B reactivation were identified.

Comparing data with national benchmarks:

No published national benchmarks are available for comparison. American Society of Clinical Oncology and National Comprehensive Cancer Network however recommend routine documentation of hepatitis B serologies at the onset of Rituxan based therapy. An overall fair but less than optimal documentation was noted on this study. Documentation was missing in 3 patients and only partially performed in another 4 patients.

Action plans based on evaluation of the data:

The data and findings were presented to the Cancer Committee as well as to Tumor Board and will be used to guide a performance improvement project for 2018 intended to ensure routine adequate documentation of hepatitis B serology in association with Rituxan based treatment.



Study 2

Texas Health HEB Patient-Reported Outcomes: HCAHPS Post-Discharge Survey Scores

Commission on Cancer Program Standard 4.7: *Study topics must be selected based on a problematic quality-related issue relevant to the cancer program and local cancer patient population, and used as a means to identify a potential issue or understand why a problem is occurring.*

Background:

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is a standardized method for measuring patient-reported perspectives on their hospital care. Prior to HCAHPS there was no national standard for collecting or publicly reporting patients' own perspectives of care—information that would allow meaningful comparisons to be made across hospitals. Public reporting of survey results is designed to create incentives for hospitals to improve their quality of care by enhancing public accountability and increasing the transparency of the quality of hospital care provided. The HCAHPS survey provides credible, useful, and practical data and the information it generates is easily available to the public online. Facilities are rated overall using a 5-star system. Currently, over 4,000 hospitals participate in HCAHPS with data collected in the following domains:

- Communication with Doctors
- Communication with Nurses
- Responsiveness of Hospital Staff
- Pain Management
- Communication About Medicines
- Care Transition
- Cleanliness of Hospital Environment
- Quietness of Hospital Environment
- Discharge Information
- Overall Hospital Rating
- Likelihood to Recommend

In partnership with Press Ganey, surveys are provided to all eligible patients after discharge.

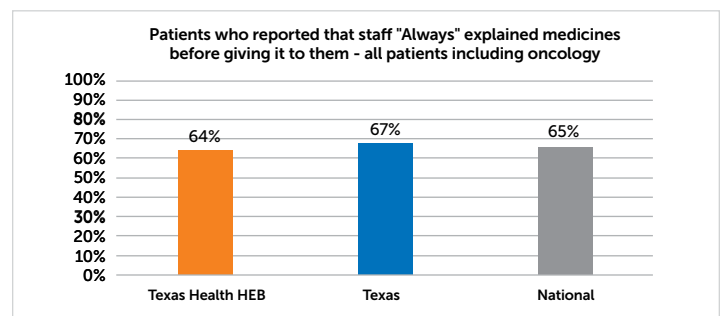
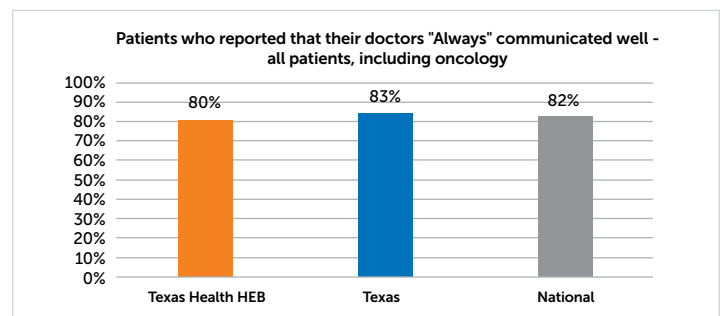
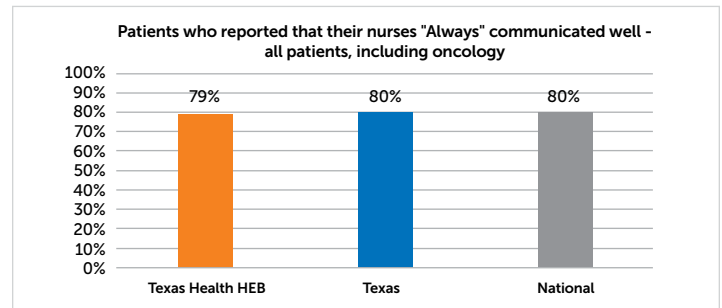
Texas Health HEB Overall Star Rating: 4 stars (of 5 total)

National Distribution of Star Ratings

Rating	Number of Hospitals (N=4,598, %)
5 stars	83 (1.81%)
4 stars	946 (20.57%)
3 stars	1,794 (39.02%)
2 stars	694 (15.09%)
1 star	112 (2.44%)
N/A	969 (21.07%)

Problem:

Oncology Unit staff and administration noted patients who responded to the post-discharge survey reported their care to be substandard (defined as scores below the 60th percentile). This was in particular contrast to overall facility scores in 3 key areas identified during the study (graphs below), and prompted a focused effort to improve patient satisfaction scores on the Oncology Unit.



Study:

Determine the root causes of the low HCAHPS scores on the Oncology Unit.

Methodology:

Data set: Inpatients on the Oncology Unit meeting HCAHPS criteria including:

- 18 years or older at the time of admission
- At least 1 overnight stay in the hospital as an inpatient
- Alive at the time of discharge

Data type:

Data will be obtained from HCAHPS surveys. Baseline will be December 2015. Oncology unit manager or her designee will collect and organize the data.

Method:

Staff met to plan ways to impact perceptions as well as actual care provided. After review of the NCAHPS survey domains with the lowest scores- the areas of Nurse Communication, Physician Communication and Medication Information- it was determined that the following queries would be made of each patient at least once per shift:

- Has the doctor rounded?
- Can you tell me what he/she said?
- Is there anything I can help to explain?
- Is there anything we could do better?
- Let's talk about your new medications.
- Can you tell me about any of the side effects of your new medication?
- Would you like to watch a short video about xyz?
- Do you need to go to the bathroom?
- Are you sure you don't need to go to the bathroom while I am here?

Preferences based on patient response will be written on the patient's care board to insure continuity in care across shifts and allow patients to review including examples like:

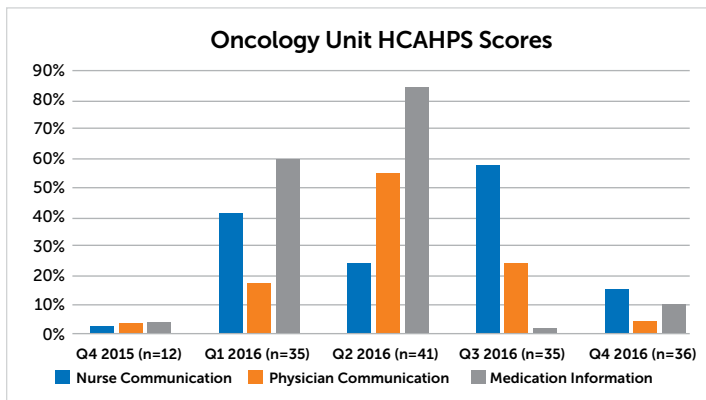
- Morning bath
- Door open/closed
- Ice in water

Room will be left on the care board for family messages, too.

Summary of Findings:

Our data source was the monthly HCAHPS scores provided by Press Ganey. As suspected, the root cause of the low scores was related to communication. Once staff focused on asking the questions outlined above, patient satisfaction scores increased significantly. Anecdotally, staff's job satisfaction increased due to better communication. As noted in the graph below, this process is not yet hard-wired. We will continue to educate staff on the importance of this endeavor and its positive effect on patient care.

Results from Quarterly Review:



<https://www.facs.org/quality-programs/cancer/coc/standards>
<https://www.medicare.gov/hospitalcompare/compare.html#vwgrph=1&cmprTab=1&cmprID=450639%2C450563%2C450039&cmprDist=1.6%2C8.5%2C16.8&dist=25&loc=BEDFORD%2C%20TX&lat=32.844017&lng=-97.1430671; data current to 12/2016>

Study 3

A Nutritional Consult Is Ordered For Oncology Patients Receiving Chemotherapy

Problem:

Patients who met criteria for a diagnosis of malnutrition do not have said diagnosis added to the problem list. This is necessary to ensure these patients are recognized on subsequent visits as malnourished and thus should be treated appropriately from the first day of their stay. Determine the barriers to accomplishing this task.

Study methodology:

Population:

Oncology patients receiving chemotherapy

Data collection:

Number of patients who were diagnosed with malnutrition and did not have that diagnosis added to the problem list.

Interview the medical oncologists to determine their informational needs in order to accomplish this task.

Consult with ITS training personnel to find out if there are specific screens in the EMR that will assist the physician.

Consult members of the coding team and obtain information regarding specific codes.

A registered dietitian will conduct the study and compile the results.

Preliminary Results:

ITS training personnel recommended that the oncologists use a specific order set "Oncology-Admission-System" which contains orders for chemotherapy and they can order "Consult Dietitian" The ITS trainers will meet with the oncologists 1:1 and assist them with this. Once the determination of malnutrition has been made by the registered dietitian she/he can add a note to the chart which includes the appropriate diagnosis code. This will ensure that it gets on the patient's problem list.

Final Results:

The final study to determine if our efforts are working is ongoing at the time of publication.

Cancer Care Continuum

Prevention

Screening

Early Detection

Staging

Treatment Planning

Treatment

SURGERY

CHEMOTHERAPY

RADIATION

THERAPY

BIOLOGICALS

Rehabilitation

PHYSICAL

PSYCHOSOCIAL

SPIRITUAL

FINANCIAL

Continuing Care/Cure

Home Care

PALLIATIVE CARE

HOSPICE

BEREAVEMENT