



## **2018 Quality and Outcomes Report**

### **TABLE OF CONTENTS**

**Quality Review** – *page 2*

Quality Accreditations – *page 2*

Quality Measures – *page 3*

Quality Improvements – *page 4*

**Community Outreach Activities and Outcomes** – *page 6*

Clinical Education Activity – *page 6*

Screening Programs and Outcomes – *page 7*

Prevention Programs and Outcomes – *page 8*

**Summary** – *page 8*

## Quality Review

### *Quality Accreditations*



### **Commission on Cancer (CoC)**

The American College of Surgeons' Commission on Cancer is the accrediting body for cancer programs in the United States. Accreditation is a voluntary process and measures a cancer program in comparison with like institutions across the country.

The CoC cites these five components as essential elements of accredited cancer programs:

1. The clinical services provide state-of-the-art pretreatment evaluation, staging, treatment and clinical follow-up for cancer patients seen at the facility for primary, secondary, tertiary or end-of-life care.
2. The cancer committee leads the program through setting goals, monitoring activity, evaluating patient outcomes and improving care.
3. The cancer conferences provide a forum for patient consultation and contribute to physician education.
4. The quality improvement program is the mechanism for evaluating and improving patient outcomes.
5. The cancer registry and database is the basis for monitoring the quality of care.

The Alliance Community Hospital Cancer Program has been accredited by the CoC continuously since 1994.

# Quality Measures

## Cancer Program Practice Profile Reports

Cancer Program Practice Profile Reports (CP3R) are published by the American College of Surgeons and consist of accountability and quality improvement measures. Accountability measures have a high level of evidence that supports the measure, including multiple randomized controlled trials. Quality improvement measures are used for internal monitoring of performance and have supporting evidence from experimental trials, not randomized controlled trials.

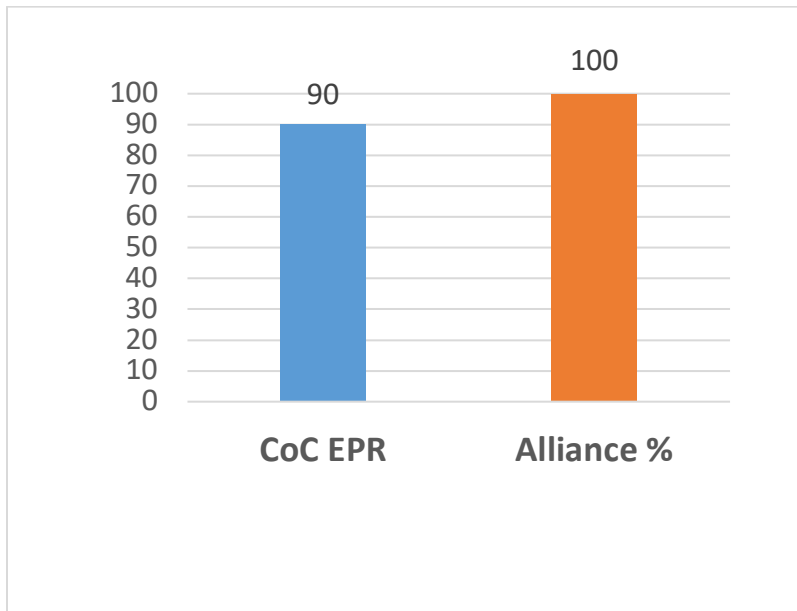
The measures set the standard of care and compare Alliance Community Hospital with our national peer group of CoC-accredited hospitals. We have met or exceeded all of the available national comparison measures for the last five years. Standards are added and requirements are updated regularly.

These are the most current and complete year of standards that compares all the CoC accredited centers' outcomes with Alliance Community Hospital outcomes.

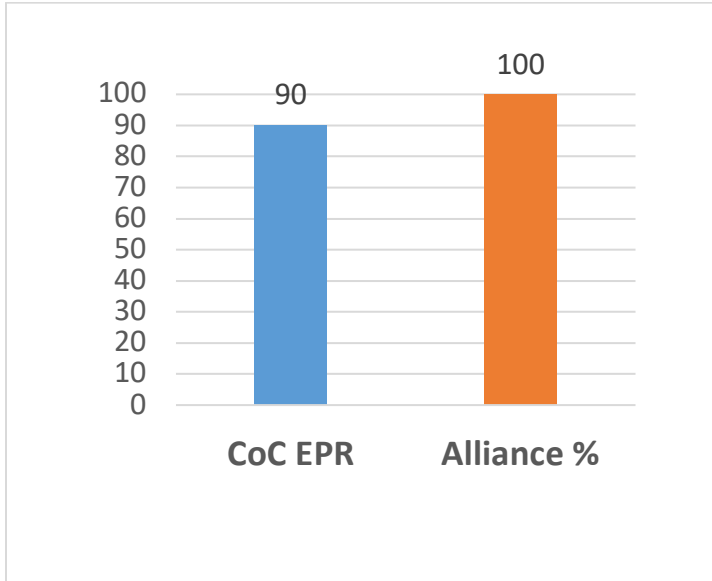
## CP3R measures for 2016

### Accountability Measures

A high level of evidence supports the measure, including multiple randomized control trials. Alliance Community Hospital's estimated performance rate is compared with all CoC-accredited programs below.



Radiation is administered within 1 year (365 days) of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer



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.

***Quality Improvement Measures***

Evidence from experimental studies, not randomized control trials, supports the measure. These are intended for internal monitoring of performance within an organization.

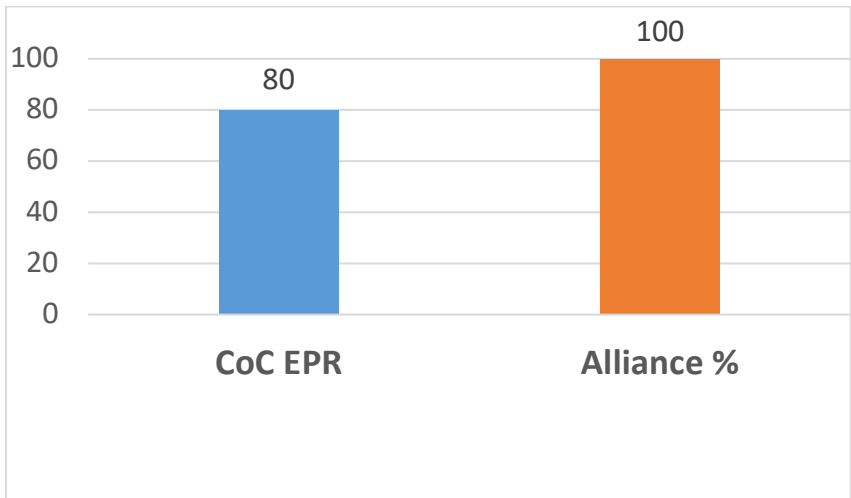
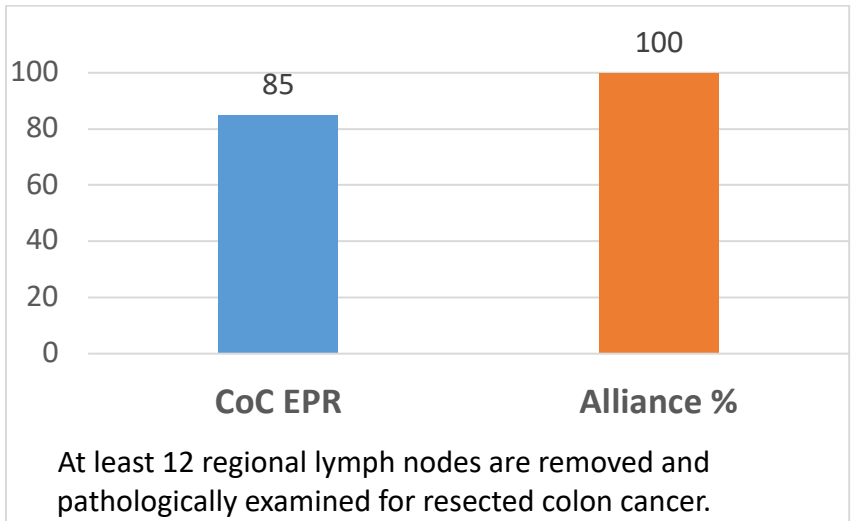
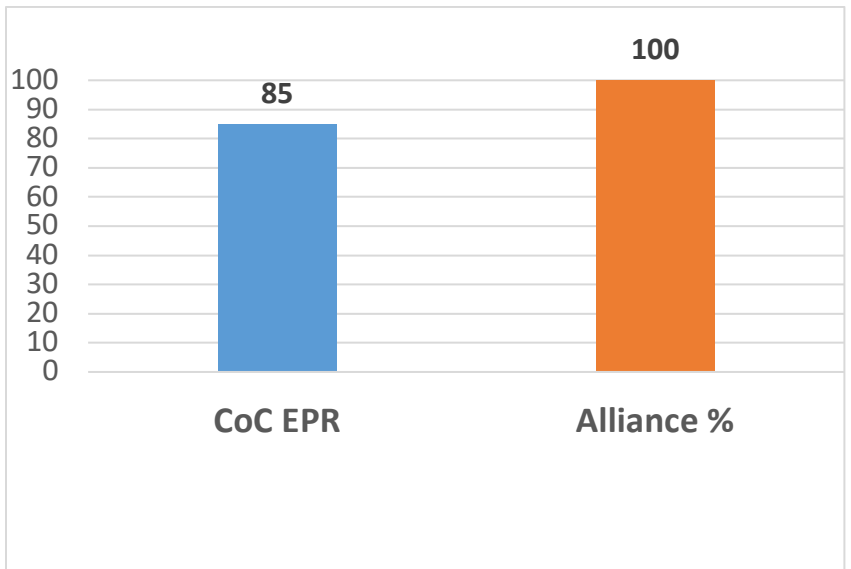


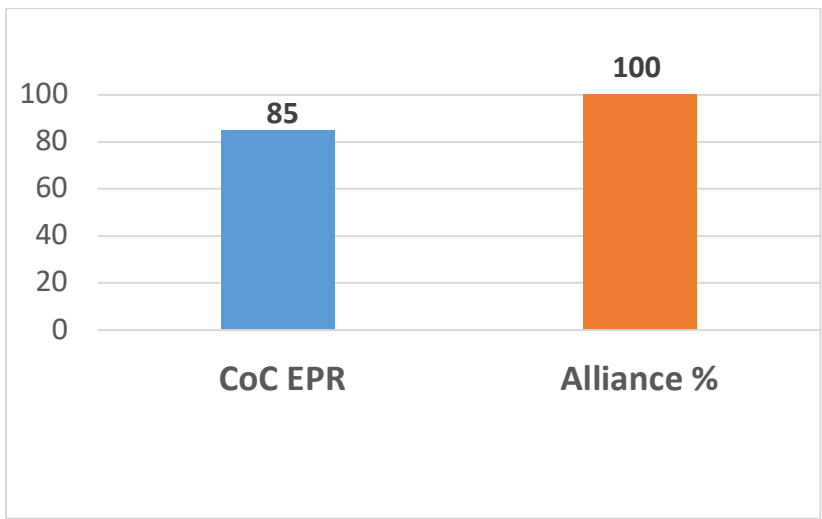
Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer.



At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.



Surgery is not the first course of treatment for cN2, M0 lung cases.



Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or Postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0, or Stage III; or treatment is recommended; for patients under the age of 80 receiving resection for rectal cancer.

## ***Quality Improvements***

**Listed below are our Cancer Program Quality Improvements achieved in 2018:**

- Developed a process to instill chemotherapy into the bladder for early stage bladder cancer
- Changed the process for documentation regarding anti-coagulation prior to biopsies.
- Developed a Cancer Support Program for cancer patients and their caregivers.
- Introduced new educational videos for patients with feeding tube placement.

*Additional Program Improvements*

- Developed a Palliative Care Clinic within Alliance Community Hospital

## **Community Outreach Activities and Outcomes**

### ***Aultman Cancer Center Clinical Education Activity Outcomes***

<i>Date</i>	<i>Title</i>	<i>Speaker</i>	<i>Target Audience</i>	<i>Attendance</i>
2/27	Breast Cancer Staging – AJCC Eighth Edition	Shruti Trehan, MD Aultman Medical Group, Hematology & Oncology	MD, RN, ASRT, CMD	69 Alliance MD: 3 Alliance RN: 2
3/1	A 3-D View of Novel Targeted Agents in Metastatic, Hormone-Receptor Positive, HER-2 Negative Breast Cancer	Adam Brufsky, MD, PhD Magee-Women’s Cancer Program, part of the UPMC Hillman Cancer Center	MD, RN	MD: 32 APN/RN: 6
5/10	Choosing Therapies for Patients with EGFR-Mutant Lung Cancers: More Options ... More Decision ... Better Outcomes	Nathan Pennell, MD, PhD Lung Cancer Medical Director of Cleveland Clinic	MD, RN	MD: 10 APN/RN: 8

### **Cancer Screening Activities**

Annual Community Outreach Screening Summary 2018 Provided Free Screenings to 12 participants					
Name of Activity	Type of Cancer	Date of Activity	Participants	Outcomes/Follow-up process for participants with positive findings	Effectiveness of Activity (value, lessons learned, recommendations for improvements)
Breast Cancer Screening Day	Breast	10/6/2018	13 patients, 12 screened	2 call backs, 1 positive finding Navigators facilitate recommended follow up	Well attended, continue to find opportunity to assist uninsured individuals with screening opportunities

### **Cancer Prevention Activities**

Annual Community Outreach Prevention Summary 2018 Provided Education Information to 676 attendees					
Name of Activity	Community Need Addressed	Type of Cancer	Date of Activity	Attendees	Effectiveness of Activity (value, lessons learned, recommendations for improvements)
Alliance Middle School (AMS); Smoking Prevention	Middle school age youth are at a critical stage of development and are making health behavior choices that will impact their lifetime cancer risk.	Lung	10.10.18	205 +	* Kids unaware hazards of Vaping/ECigs * Many didn't know Chew was tobacco *Unaware of other health issues with smoking – vascular disease. * School requested this information be presented in 2019 with emphasis on Vaping.
AMS; HPV Vaccination Education	Increase awareness regarding vaccination, appropriate age for vaccination and increased population of HPV related cancers	Cervical & Head and Neck	8.21.18	400	*Several stated child already had vaccine or planning to get with 7th Grade Shots. *School nurse confirmed many have vaccine *Asked appropriate age to receive and how many injections 2 or 3

Breast Cancer Educational	Diagnosis, Treatment, Genetics & Healthy Lifestyles to Decrease Risk	Breast	10.19.18	27	*88% getting routine Mammograms. *66% reported going to make change – mainly eating habits/weight loss **Learned weight loss, smoking, ETOH affects risk and about 3-D mammo
Smoking Cessation Class	Increased population in the community and at the employer smoking	Lung	Every Quarter or Monthly	Community = 4 Employee = 35-40	*4 participants have stopped smoking. *1/3 are on a nicotine replacement

## *Summary*

### *Quality Cancer Care Close to Home*

We believe that all cancer patients should be able to receive up-to-date quality care in their own community. This drives our commitment for excellence, quality, value and service. Please visit our website at [www.achosp.org](http://www.achosp.org) for more information about our cancer program.