



2017

CANCER
PROGRAM
ANNUAL
REPORT



ELKHART
REGIONAL CANCER CENTER

ONCOLOGY PROGRAM LEADERSHIP



LAUREN DAS, MD

Radiation Oncologist
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of the 2017 Cancer Program Annual Report,
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Beacon Health System Marketing Department
at **574.647.7350**.

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MESSAGE FROM MEDICAL LEADERSHIP

Our mission continues to focus around creating healthier communities and providing excellence in cancer care close to home for our patients.

We recognize providing strong support systems, including the opportunity to remain close to family while receiving cancer treatments, significantly eases the physical, mental and financial burdens that is so often experienced by the patient during their cancer journey.

Recent Highlights of our Elkhart Regional Cancer Center include:

- Continued growth and national recognition by American College of Radiology (ACR) for our Thoracic Oncology Clinic. Incorporating the unique approach of inviting the patient to attend the clinic promotes the opportunity for unified patient/physician collaboration in the treatment planning process. The ACR is working on completing a video of our Thoracic Oncology clinic to be shared nationally recognizing our program for excellence in a successful multidisciplinary approach including the patient.
- Ongoing physician recruitment to increase availability of specialty physicians in our community.
- Addition of the monthly joint neuro-oncology cancer conference combined with Memorial Hospital.
- Providing outreach activities regarding education to the local high schools and Elkhart Area Career Center to help inform young adults on the dangers of tobacco use and effects of second hand smoke and offering mammograms to our Amish population to help raise awareness of Breast Cancer.

We have focused this year on standardizing services across Beacon Health System for our oncology patients. Our radiation department has made great strides in aligning our documentation system between Elkhart General Hospital and Memorial Hospital and even established a process for sharing staff between the two facilities. We continue our efforts to align our programs in order to offer great services for our community.

Survivorship Care Plans (SCP) continue to be a service we offer to our patients to assist and guide them in their care after they have completed treatment for their cancer. As we learn more in general about how best to support our cancer survivors these care plans will continue to evolve and be more user friendly for the patient, care-giver and health care provider.

Our program is positively impacting the lives of cancer patients and their families throughout our community. Our goal continues to focus on being the provider of choice for our patients. Without the dedicated teamwork and energy put forth by our physicians and staff this would not be possible. It is exciting to see what 2018 has in store for our oncology program. As we look to standardize services, strive to grow the availability of highly-skilled specialty physicians in our community, we can continue to enable our cancer patients to remain close to home for their care surrounded by their family and support systems.

Respectfully submitted,



Lauren Das MD, Radiation Oncologist
Chair, Cancer Committee



Lauren Das, MD

CANCER PROGRAM Highlights



Medical Oncology Unit

The Medical Oncology Unit is a 20-room inpatient unit that specializes in the treatment of cancer and medical patients. Our goal is to support patients and their families through their cancer journey by offering state-of-the-art medical care, up-to-date treatments and medications and access to the latest in imaging technology, along with personal and spiritual guidance. We have oncology-certified nurses who ensure that high-quality care is delivered to our patients. With 20 private rooms, convenience and comfort have been “built in” for patients, families, physicians and nurses. Relaxing, pleasant earth tones with a living room decor reinforce the home-like atmosphere. Just as you have complete freedom to come and go in your own home, so it is with our unit. Family can visit 24 hours a day or stay 24 hours with the patient, as the unit has a bathroom with a shower, kitchen and large living room with fireplace.



Cancer Survivorship Clinic

Appointments in the Cancer Survivorship Clinic are one-on-one with an experienced oncology nurse practitioner. The patient and oncology nurse practitioner review the detailed cancer treatment summary together as well as an individualized survivorship care plan. The survivorship care plan outlines short-term and long-term follow-up, how to monitor for late side effects, routine screening for other cancers and recommendations for health promotion. At the end of the visit, the patient receives a copy of the cancer treatment summary and survivorship care plan to keep for their personal records and all members of the patient’s care team receive a copy as well. The visit to the Survivorship Clinic also includes an appointment with a registered dietitian for a personalized evaluation, if desired.



**JACKIE LENFESTEY,
MSN, FNP, APRN-BC**

Oncology Nurse Practitioner
Cancer Survivorship Clinic
Thoracic Oncology Clinic &
Lung Screening

Ambulatory Infusion Center

The Ambulatory Infusion Center provides a comfortable, convenient and safe environment to receive treatment as an outpatient. The center is monitored by oncology certified registered nurses along with supervision by an experienced oncology nurse practitioner or Advanced Practice Registered Nurse, APRN. In our eight-chair infusion clinic we offer flexible hours seven days a week to meet the needs of our patients. Some of the treatments available are:

- Chemotherapy infusions
- Blood transfusions
- Inserting and removing of different types of IV devices
- Central line care
- Antibiotic therapy
- Injections

Radiation Oncology Center

The Radiation Oncology Center offers leading-edge technology and the most advanced radiation equipment available under the direction of board-certified radiation oncology physicians. Enabling patients to have the best care close to home, specialized therapies such as Rapid Arc, Tandem and Ovoid Brachytherapy and Stereotactic Body Radiation Therapy (SBRT) are available to patients. The center offers flexible appointment times, allowing patients to continue a normal personal schedule while going through their radiation treatments.





Ribbon of Hope staff members from (L to R): Cheryl DeJohn, Loretta Salchert, Mona Conrad

Ribbon of Hope

Ribbon of Hope is a nondenominational cancer support ministry with a mission to provide emotional and spiritual support for cancer patients, caregivers and family members. Volunteers log over 8,000 patient service hours annually, with patient interactions that complement the technical side of cancer care through encouragement and practical acts of kindness, such as phone calls, uplifting notes, transportation to appointments and occasional meals and household assistance. Each year concludes with the annual Holiday Adopt a Family project. Through the support of Elkhart General staff and community members, Ribbon of Hope provides Christmas gifts, food items and non-food care boxes to families and seniors.



TRISH COATIE, RN, BSN, OCN

Oncology Clinical Research Associate

Clinical Trials and Research

There are numerous cancer clinical trials offered at Elkhart General that seek to improve the care and outcomes for cancer patients worldwide. Some of these trials involve only our patients, while other trials include people from across the United States or other countries. All oncology patients are screened as possible candidates for clinical trials.

Palliative Care

The intra-disciplinary team includes nurses, a physician and social worker, chaplains and pharmacists who assist patients in symptom management who are currently or previously have undergone anti-cancer therapies. They provide spiritual and emotional support to patients and families while coordinating care and assisting in communication. The service is consult-based in the hospital and also follows patients in their outpatient clinic. In providing support to both inpatient and outpatient, the service works to improve patient satisfaction, and reduce readmissions to the hospital.



Palliative Care staff from (L to R): Angie Poorman, Dr. Amberly Burger, MiChelle Redding



Oncology Care Coordinators

Oncology Care Coordinators are available to patients who need education, encouragement, financial assistance referrals, resource identification, support and advocacy. Our coordinators communicate with patients throughout their treatment, providing understanding and reassurance to them and their family members as well.

CANCER PROGRAM Highlights



Community Outreach

In 2017, Community Outreach made significant contributions through cancer education and screening events to the community.

- In collaboration with the American Cancer Society, three “Look Good...Feel Better” programs were held at Elkhart General.
- Monthly editorials were submitted to *The Elkhart Truth* regarding information on the importance of cancer prevention, awareness and screenings.
- Attended quarterly meetings for the Tobacco Control of Elkhart County.
- Cancer education to Elkhart Area Career Center students on the topic of the “Dangers of Tobacco Use” in helping with prevention of lung cancer.
- Provided free clinical breast exams to 18 uninsured women.
- Provided information and free colorectal kits to a number of people in the community. Spoke to women from the Chamber of Commerce, as well as Amish women at a Women’s Health Fair on colorectal cancer. Also spoke at Council on Aging and the Salvation Army, as well as three business health fairs regarding the importance of getting a colonoscopy.
- Distributed information on breast cancer and the importance of mammograms at a minority health event.



SPIRITUAL CARE TEAM

Chaplains offer a wide range of spiritual care and support to patient, families and staff.

We respect all faith traditions.

Chaplains are available 24 hours a day, 7 days a week.



CHAPLAIN DEAN



CHAPLAIN DORCAS



CHAPLAIN DOUG



CHAPLAIN DONNIE



CHAPLAIN VERA



JIM, INTERN



CANCER COMMITTEE

The Cancer Committee is comprised of primary and specialty care physicians, as well as hospital department staff members involved in the care of cancer patients. The multidisciplinary committee meets regularly to review and evaluate the quality and direction of the overall cancer program and makes recommendations for improvement.

Edwin Annan, MD

Pulmonology

Rachelle Anthony

American Cancer Society

Luis Benavente, MD

General Surgery

Amberly Burger, MD

Medical Director, Palliative Care

Trish Coatie, RN, BSN, OCN

Clinical Research Coordinator

Lauren Das, MD

Radiation Oncology
Cancer Committee Chair

Stephen Dickson, Jr., MD

Cardiothoracic Surgery

Laurie Dubois

Community Outreach Coordinator

Deanna Emmons, RD, CD, CNSC

Oncology Dietitian

Nazar Golewale, MD

Interventional Radiology

Pam Green, RN

Oncology Care Coordinator

Kim Greising, RN, BSN

Director of Oncology
Quality Improvement Coordinator

Patty Gremaux

Director, Community Outreach

Walter Halloran, MD

Cardiothoracic Surgery

Ahsanul Haque, MD

Medical Oncology

Stacy Hirst, RN, CTR

Cancer Registrar

Kristen Jacobs, MD

Pathology

James Jin, MD, PhD

Medical Oncology
Cancer Liaison Physician

Russell Johnson, MD

Radiation Oncology
Cancer Conference Coordinator

Allison Lamont, MD

Radiology

**Jackie Lenfestey-DeMont, MSN,
FNP, APRN-BC**

Oncology Nurse Practitioner
Cancer Survivorship Clinic
Thoracic Oncology Clinic & Lung Screening

Judy Libera, CTR

Cancer Registrar & Cancer Registry Data
Quality Coordinator

Amy Luebbehusen, PharmD

Oncology, Pharmacy

Heather Macklem, MD

Family Medicine Physician

Dawn McCandless, MSW, LCSW

Oncology Case Coordinator
Psychosocial Services Coordinator

Cindie McPhie

Vice President of Operations
Cancer Program Administrator

Emily Mitchell, DO

General Surgery

Rolan Pascual, MD

Medical Oncology

Roberta Pope

Account Executive Marketing Department

Kelly Puster, MD

General Surgery

Carl Risk II

Elkhart General Hospital President

Michael Rotkis, MD

General Surgery

Loretta Salchert

Ribbon of Hope

Leah Schrock, LCSW

Inpatient Case Manager

Joyce Simpson, MD

Pathology

Elkhart General Hospital GENERAL CANCER CONFERENCE, BREAST CLINIC, THORACIC ONCOLOGY CLINIC (TOC) AND NEURO- ONCOLOGY ROUNDS SUMMARY 2017

Attendees include radiologists, pathologists, general surgeons, thoracic surgeon, medical oncologists, radiation oncologists, pulmonologists, palliative care and other specialists along with ancillary and/or support staff. This format provides a forum in which experts from varied oncology disciplines are able to collaboratively discuss the clinical stage of disease, the different treatment options mandated by national treatment guidelines, availability of clinical trials when applicable and referral for genetic counseling. Patients and family members are routinely invited and attend the conferences. Elkhart General Hospital is the only facility in the area that invites patients to attend their own case presentation. This open forum provides the patient a unique and intimate opportunity to interact with each clinician during the discussion. Patients exit the conference with full knowledge and understanding of their cancer diagnosis, disease staging, treatment options and referral processes. Elkhart General Hospital's strong commitment to patient satisfaction and support of these open forums is yet another way to provide a positive experience as the patient begins their cancer journey.

In 2017, a Neuro-Oncology Rounds video conference every 3rd Friday of the month was initiated. Physicians at Elkhart General Hospital and Memorial Hospital of South Bend attend a video conference to discuss cases with a diagnosis of a brain or central nervous system cancer or metastatic disease to the brain or central nervous system.

Analytic cases presented throughout the year are determined by incidence volume and tracked statistically as the "Top Five Sites." Based on the last completely abstracted volume year 2016 the sites rank in order by volume as Breast, Lung, Colon, Prostate & NHL. These cancer sites along with many others were presented at the various conference and clinics throughout the year to provide an opportunity to determine stage and treatment for the patient as well as education to physicians and ancillary staff. Occasionally, a presentation may be of a didactic nature and provides education on unusual and/or rare cancers. The Commission on Cancer, a governing body that oversees the cancer program at Elkhart General Hospital, requires a 15% benchmark of analytic cases be presented per calendar year. As of 12/31/16 Elkhart General Hospital exceeded that benchmark at 39% case presentations from the combined conferences.

Breast Clinic every 2nd and 4th Wednesday of each month at 7 a.m., TOC every Thursday at 7 a.m. & Neuro-Oncology Rounds every 3rd Friday of the month in the Prenatal Classroom in the Decio Pavilion (West Wing). General Cancer Conference is held every 2nd and 4th Wednesday of each month at noon in the Patel Family Auditorium (West Wing). Several speakers are invited annually to provide cancer-focused presentations outlining the most up to date cancer treatments and/or trends; this element of expertise is of educational value to our physicians as well as ancillary staff. Cases relevant to the speaker topic follow the presentation.

All General Cancer Conference, Breast Clinic & Neuro Oncology Rounds cases should be directed to the EGH Cancer Registry at **574.389.4822**. All TOC cases should be directed to the EGH Radiation Oncology Department at **574.389.4887**.



Elkhart General Hospital CANCER REGISTRY REVIEW

By Judy Libera, CTR, Cancer Registry Coordinator

Registry Accomplishments for 2017:

- Maintained bimonthly General Cancer Conferences & Breast Conferences along with a once-a-month Neuro-Oncology Rounds conference. These are multidisciplinary case presentations and lectures.
- Submitted required data to the National Cancer Data Base in a timely manner and free of errors; achieved standard commendation status.
- Reported required incidence of cancer to the Indiana State Cancer Registry within six months of diagnosis on a monthly basis.
- Maintained Rapid Quality Reporting System (RQRS) per Commission on Cancer contract guidelines.
- Collaborated with abstracting software provider (METRIQ) to incorporate system upgrades.
- Maintained on-going quality review of data via annual physician review of 10% analytic cases inclusive of monthly state edits and periodic internal audits.
- Instrumental in supplying data for Continuous Quality Improvement ("benchmark"), Physician requests for research, Administration, Marketing and Planning, Community Outreach, Education and Cancer Conferences.
- All Registrars participated in educational webinars for professional development.
- All Registrars participated in local, regional or national conferences for professional development.

The Cancer Registry at Elkhart General Hospital has a beginning reference date of January 1, 1998 and is under the management and direction of Oncology Administration, Cancer Committee as well as strict adherence to the Commission on Cancer (CoC) Program Standards. The Cancer Registry is charged with the collection of data, which provides the whole picture of a patient's disease. The data is maintained and inclusive of, but not limited to: patient demographics; date of diagnosis; primary site; histology; stage of disease; treatment; clinical trial, recurrence; and follow-up data and provides physicians and hospital administration with statistics for research, education and strategic planning. In recent years, higher education and certification standards for Cancer Registrars were mandated to ensure the accuracy of the collected data and ultimately impact the overall care of the patients at Elkhart General Hospital.

In 2016, a total of 748 cancer incidences were accessioned by a team consisting of three Certified Tumor Registrars. The data from the registry is submitted to the Indiana State Department of Health Cancer Data System as well as to the National Database in accordance with guidelines. Reliable data is essential in the evaluation of cancer prevention, treatment programs, quality of care and outcomes. Confidentiality of patient identification and related medical data are strictly maintained and only aggregate data are analyzed and published.

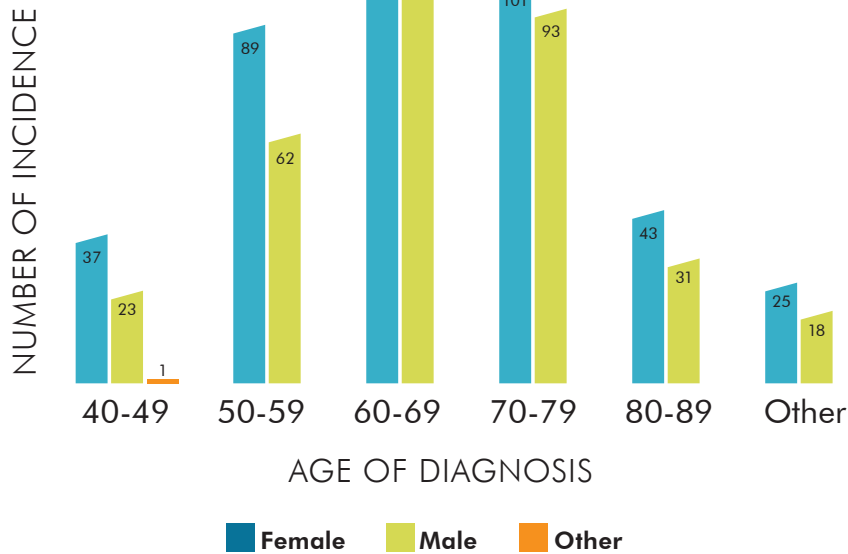
Our cancer patient receives lifetime surveillance to determine treatment outcomes so that we can assess and improve the efficacy of the treatments we administer. The Cancer Registry is responsible for maintaining lifetime follow-up on all analytic patients. The current rate of 97.65% (90% or greater required) is based on patients diagnosed within the past five years. Additional required follow-up is based on all patients within the database with the current rate at 94.93 (80% or greater required). The respective rates significantly exceed the established benchmarks mandated by the CoC and attests to the continued teamwork approach to patient care at Elkhart General Hospital.



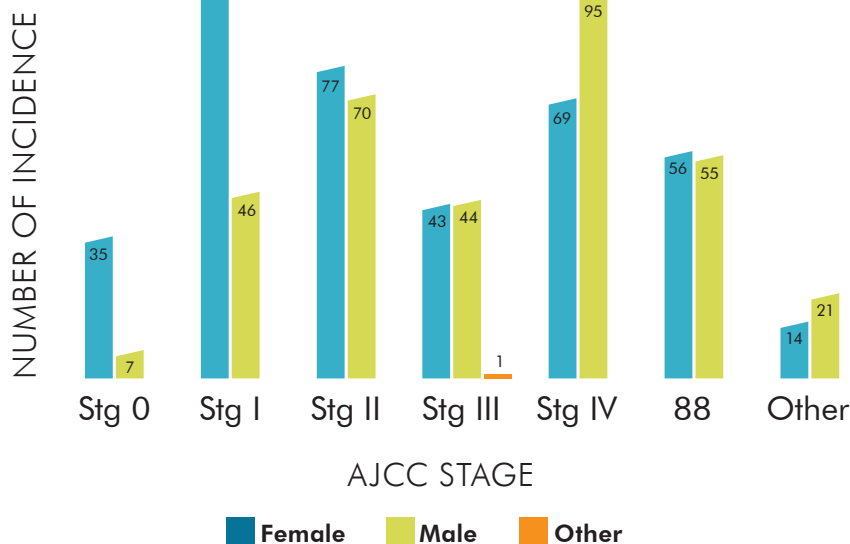
Left to Right: Cancer Registrars Stacy Hirst, RN, CTR and Judy Libera, CTR

CANCER INCIDENCE BY AGE, STAGE AND DISTRIBUTION

**Male vs. Female Age at Diagnosis
2016* Cases**

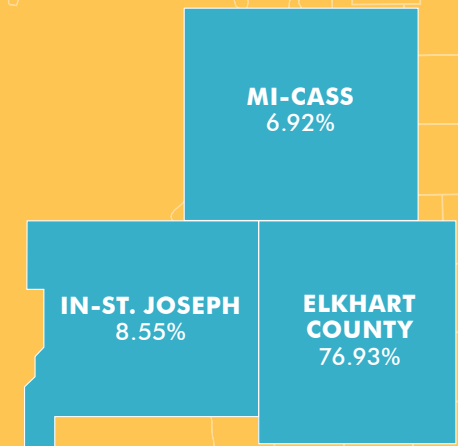


**Male vs. Female by Best AJCC Stage
2016* Cases**



**Distribution by State/County
2016* Cases**

NOTE: 7.60 percent of patients reside in counties outside of the service areas shown.

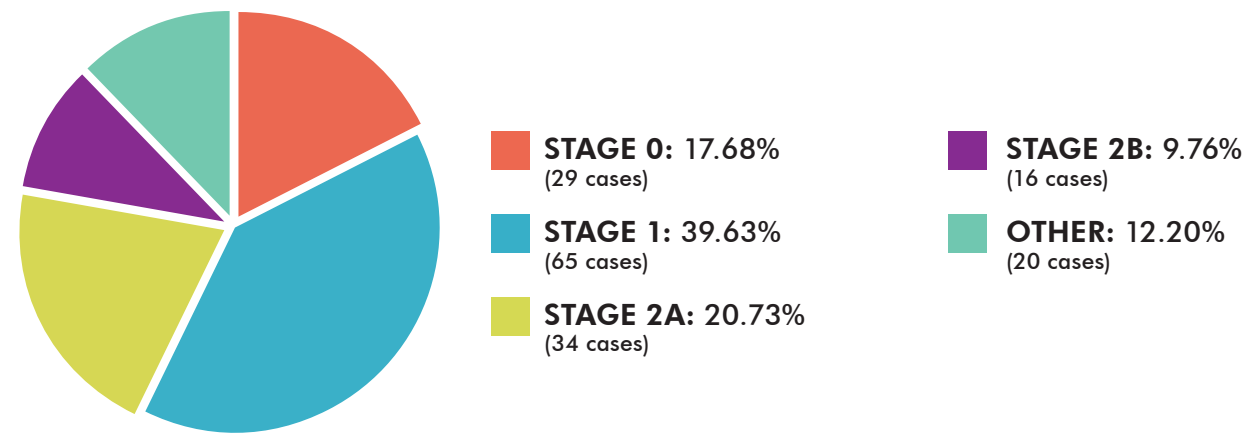


*Based on 2015 Cancer Registry Data

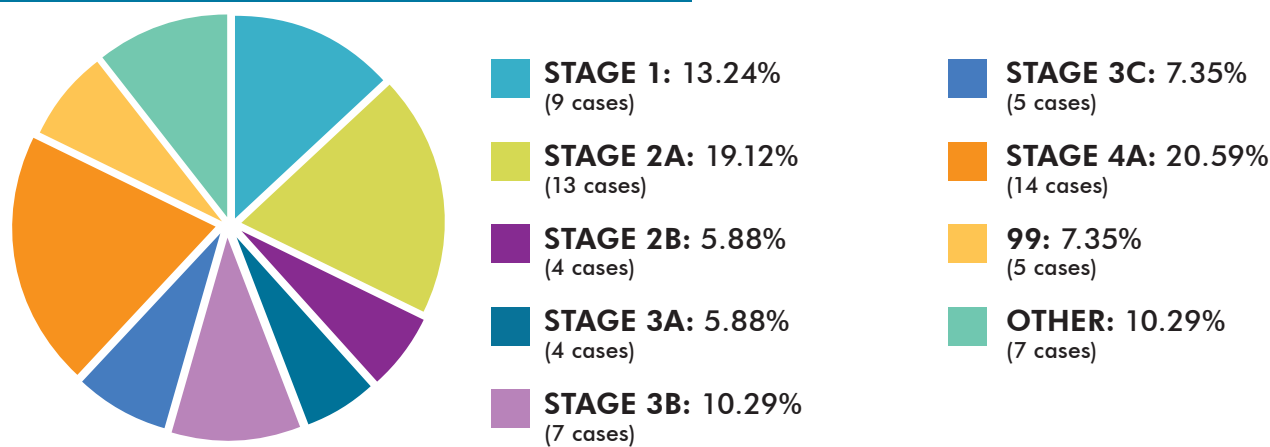
BREAST, COLON AND LUNG CANCER INCIDENCE BY STAGE

**Based on 2015 Cancer Registry Data*

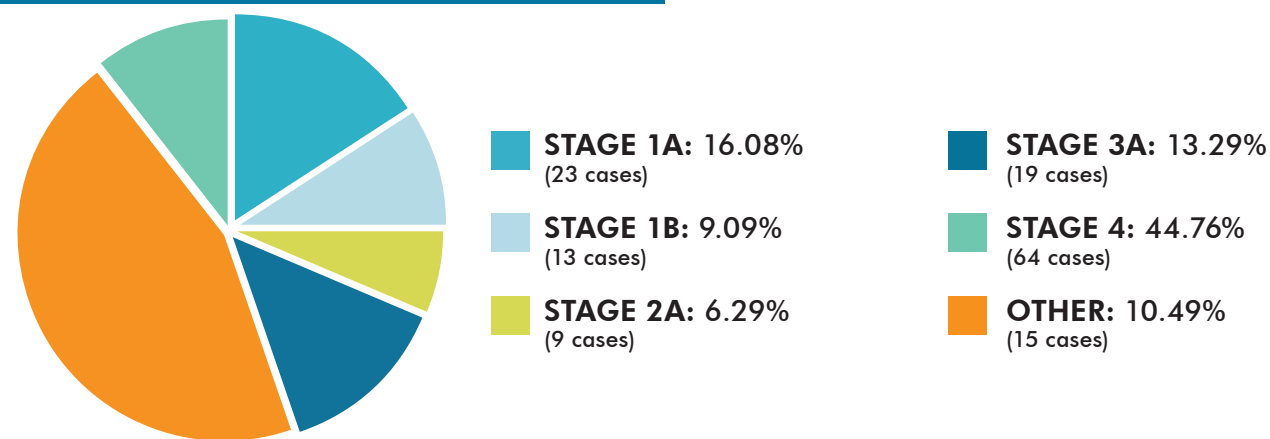
BREAST CANCER STAGE OF DIAGNOSIS



COLON CANCER STAGE OF DIAGNOSIS



LUNG CANCER STAGE OF DIAGNOSIS



Primary Site Table

BASED ON 2016 STATISTICS

Primary Site	Total	Male	Female	Class of Case		Stage at DX				
				Analytic	Non-Analytic	In-situ	Stg I	Stg II	Stg III	Stg IV
ORAL CAVITY & PHARYNX	14	12	2	10	4	0	1	1	2	6
Tongue	9	9	0	7	2	0	0	1	1	5
Floor of Mouth	1	1	0	1	0	0	0	0	1	0
Nasopharynx	3	2	1	1	2	0	0	0	0	1
Tonsil	1	0	1	1	0	0	1	0	0	0
DIGESTIVE SYSTEM	146	74	72	134	12	1	14	35	29	39
Esophagus	5	5	0	5	0	0	0	0	4	1
Stomach	7	4	3	7	0	0	0	1	1	4
Small Intestine	5	2	3	4	1	0	0	0	1	0
Colon Excluding Rectum	66	30	36	63	3	1	9	17	15	16
Cecum	13	5	8	13	0	0	3	3	5	2
Appendix	4	0	4	4	0	0	0	0	0	1
Ascending Colon	11	6	5	11	0	0	5	4	1	1
Hepatic Flexure	3	1	2	3	0	0	0	0	1	2
Transverse Colon	7	2	5	7	0	0	0	3	4	0
Splenic Flexure	2	1	1	2	0	0	0	1	0	1
Descending Colon	1	1	0	1	0	0	0	0	0	1
Sigmoid Colon	20	12	8	20	0	1	1	6	4	6
Large Intestine, NOS	5	2	3	2	3	0	0	0	0	2
Rectum & Rectosigmoid	16	6	10	15	1	0	1	5	5	2
Rectosigmoid Junction	2	1	1	2	0	0	0	0	1	1
Rectum	14	5	9	13	1	0	1	5	4	1
Anus, Anal Canal & Anorectum	4	1	3	4	0	0	1	2	1	0
Liver & Intrahepatic Bile Duct	14	13	1	12	2	0	3	2	0	6
Liver	10	10	0	10	0	0	3	2	0	4
Intrahepatic Bile Duct	4	3	1	2	2	0	0	0	0	2
Gallbladder	1	0	1	1	0	0	0	1	0	0
Other Biliary	5	5	0	5	0	0	0	3	0	0
Pancreas	21	8	13	18	3	0	0	4	2	10
Peritoneum, Omentum & Mesentery	2	0	2	0	2	0	0	0	0	0
RESPIRATORY SYSTEM	146	80	66	125	21	2	33	8	22	56
Larynx	3	3	0	2	1	0	0	0	0	2
Lung & Bronchus	143	77	66	123	20	2	33	8	22	54
SKIN EXCLUDING BASAL & SQUAMOUS	17	10	7	14	3	2	3	2	1	3
Melanoma -- Skin	16	10	6	13	3	2	3	2	0	3
Other Non-Epithelial Skin	1	0	1	1	0	0	0	0	1	0

Continued next page

Primary Site Table BASED ON 2016 STATISTICS

Continued

Primary Site	Total	Male	Female	Class of Case		Stage at DX				
				Analytic	Non-Analytic	In-situ	Stg I	Stg II	Stg III	Stg IV
BREAST	164	0	164	149	15	28	65	43	9	4
FEMALE GENITAL SYSTEM	14	0	14	9	5	0	1	2	1	2
Corpus & Uterus, NOS	8	0	8	6	2	0	1	2	0	0
Ovary	5	0	5	2	3	0	0	0	1	1
Other Female Genital Organs	1	0	1	1	0	0	0	0	0	1
MALE GENITAL SYSTEM	67	67	0	37	30	0	2	22	5	6
Prostate	60	60	0	33	27	0	2	22	3	6
Testis	7	7	0	4	3	0	0	0	2	0
URINARY SYSTEM	35	25	10	27	8	5	8	0	2	9
Urinary Bladder	14	9	5	9	5	5	0	0	0	3
Kidney & Renal Pelvis	20	15	5	17	3	0	8	0	1	6
Ureter	1	1	0	1	0	0	0	0	1	0
BRAIN & OTHER NERVOUS SYSTEM	33	15	18	25	8	0	0	0	0	0
Brain	13	9	4	11	2	0	0	0	0	0
Cranial Nerves Other Nervous System	20	6	14	14	6	0	0	0	0	0
ENDOCRINE SYSTEM	18	4	14	18	0	0	7	2	1	1
Thyroid	14	3	11	14	0	0	7	2	1	1
Other Endocrine including Thymus	4	1	3	4	0	0	0	0	0	0
LYMPHOMA	28	19	9	26	2	0	7	6	6	6
Hodgkin Lymphoma	4	2	2	4	0	0	0	1	2	1
Non-Hodgkin Lymphoma	24	17	7	22	2	0	7	5	4	5
NHL - Nodal	19	13	6	18	1	0	5	4	4	5
NHL - Extranodal	5	4	1	4	1	0	2	1	0	0
MYELOMA	22	14	8	14	8	0	0	0	0	0
LEUKEMIA	7	5	2	4	3	0	0	0	0	0
Lymphocytic Leukemia	3	3	0	1	2	0	0	0	0	0
Myeloid & Monocytic Leukemia	4	2	2	3	1	0	0	0	0	0
Acute Myeloid Leukemia	3	2	1	3	0	0	0	0	0	0
Chronic Myeloid Leukemia	1	0	1	0	1	0	0	0	0	0
MESOTHELIOMA	1	1	0	0	1	0	0	0	0	0
MISCELLANEOUS	24	12	12	19	5	0	0	0	0	0
Total	736	338	398	611	125	38	141	121	78	132

Standard 4.1

2017 CANCER PREVENTION PROGRAMS

Each calendar year, the cancer committee organizes and offers at least cancer prevention program designed to:

- reduce the incidence of a specific cancer type;
- targeted to meet the prevention needs of the community; and
- consistent with evidence-based national guidelines.

1. The cancer screening is targeted to reduce the number of incidences of a specific cancer type:

At the February 1, 2017 Cancer Committee Meeting, it was proposed to focus this prevention on lung cancer awareness. This recommendation was based on the fact that lung cancer is still the 2nd top cancer incidence at EGH, and the smoking rate in Elkhart County is still over the State rate (State is 18.1%, Elkhart County is 20.1%).

2. The cancer committee assesses the prevention needs of the community:

Elkhart County is over the State Smoking Rate (State is 18.1%, Elkhart County is 20.1%). More education/information as well as resources should be made available to our community.

3. The cancer committee provides at least 1 cancer prevention program:

An educational segment will be performed at the local high schools and Elkhart Area Career Center to help inform young adults on the dangers of tobacco use and effects of second hand smoke.

Another target may be to partner with worksites around Elkhart County that have a high population of smokers, and if these employees meet certain criteria (low-income, no insurance, 20 pack/yr. history, etc.), offer possible classes on Smoking Cessation and determine if some of the participants qualify for LDCT at EGH.

Presentations were done at the Elkhart Career Center to Medical Assistants, Vet Techs, Internal Techs, and Cosmetology Classes. A total of 114 students took a Pre-Test as well as listened to a presentation by Linda Gonzalez, RN, EGH, who went through Smoking Certification from Mayo Clinic. Students then took a post-test.

4. The documentation includes a reference to the guidelines and interventions used and the process in place to follow up on positive findings:

www.cancer.org; www.smokingstinks.org; www.quitsmokingsupport.com; The Nemours Foundation/Kids Health. www.in.gov/isdh/tpc; www.QuitNowIndiana.com.

5. The cancer prevention program is consistent with evidence-based national guidelines and evidence-based interventions:

above.

6. The Cancer Committee discussion of review of the prevention programs and suggestions for next year:

Committee was pleased with outreach activities and the multiple programs performed throughout the year to provide lung cancer and smoking prevention education. Programs appear to have been effective as demonstrated by the pre-/post test scores. No quality improvement recommended.

Examples of organizations for acceptable evidence-based national guidelines and evidence-based interventions:

- American Cancer Society www.cdc.gov/cancer/lung
- National Cancer Institute www.cancer.gov



Standard 4.2

2017 CANCER SCREENING PROGRAMS

Each year, the cancer committee provides at least 1 cancer screening program that is:

- targeted to decreasing the number of patients with late-stage disease
- based on community needs
- consistent with evidence-based national guidelines and evidence-based interventions

1. The cancer screening is targeted to decreasing the number of patients with late stage disease:

A small sub-committee, which met after Cancer Committee, decided there was not enough good evidence to support doing a prostate screening. They decided that using data from Elkhart General Hospitals breast center, they would run reports on women who haven't had a mammogram in the last two years or more. These patients will be called and hopefully scheduled for a mammogram. We will then track the findings of these results. In combination with the work to be done in the breast center, we will also partner with the Amish community to set up a screening event for this population.

2. The cancer committee identifies the screening needs of the community:

Breast cancer continues to be one of the top three cancer sites at Elkhart General Hospital. A screening will be provided out in the community that will offer clinical breast exams to those women who are uninsured,

those who may qualify for the BCCP Program and/or the Amish community, since many of those women do not have insurance. These women will also be able to schedule a mammogram at EGH on a specific day set up for them.

3. The cancer committee provides at least 1 cancer screening program:

The new proposal is to focus this Standard on breast screening. Our target will be following up with "lost" patients who have not scheduled a mammogram in the last two years or more. These patients will be called and hopefully scheduled for a mammogram and then we will track the findings of these results. In combination with the work to be done in the breast center we will also partner with the Amish community to set up a screening event for this population and also for other woman who are uninsured or who may qualify for the BCCP Program.

A screening event and health fair took place on September 18, 2017 and September 22, 2017 at two churches. A total of 18 women received a clinical breast exam. Of those 18, 7 did not need or did not want mammogram, 6 screenings – benign – recommended annual screening mammogram, 4 screenings got called back for screening f/u – 2 recommended annual screening mammogram, 1 had biopsy, low grade cancer being treated, 1 had surgery for high-risk lesion, the surgery showed LCIS Lobular Carcinoma In-Situ-this is not considered cancer, just high risk area. One will be scheduling a mammogram in Goshen at a later date.

Regarding the "lost patient" calls; 1,666 total calls were made, with 316 scheduled to come in for a mammogram. Of those 316, 323 actually showed and had a mammogram done. 13 got called back, and of those, three cancers were found.

4. The documentation includes a reference to the guidelines and interventions used and the process in place to follow up on positive findings:

We will use data from the breast center and run reports on women who haven't had a mammogram in the last two years or more. These patients will be called and hopefully scheduled for a mammogram. We will then track the findings of these results. We will also partner with the Amish community to set up a screening event for this population, but will also be open to other women who are uninsured, and/or who may qualify for the BCCP Program. A health fair will be scheduled, where a physician will provide clinical breast exams, onsite, and will also enroll those who qualify for the BCCP Program, or those who may need insurance. EGH will then offer two specific days that any of these women can schedule their mammogram at EGH, and EGH will provide those women free transportation to their appointment. The Community Cancer Education Coordinator will also follow-up with any of those women who had their mammograms done, and report on the findings.

5. The cancer screening program is consistent with evidence-based national guidelines and evidence-based interventions:

- cancer.org (American Cancer Society)
- ahrq.gov (U.S. Preventative Services Task Force)
- ACR/NCCN

6. The Cancer Committee discussion of review of the screening and suggestions for next year:

Committee was pleased with screening event parameters. Participants were all provided adequate follow-up. General consensus screening event deemed effective and no quality improvement recommended.

Standard 4.6

2017 MONITORING COMPLIANCE WITH EVIDENCE-BASED GUIDELINES

The role of this standard is to ensure that evaluation and treatment conform to evidence-based national treatment guidelines. Each year, a physician member of the cancer committee performs a study to examine the evaluation and treatment of patients and ensure that it is compliant with evidence-based national guidelines. The study must determine that the diagnostic evaluation is adequate and the treatment plan is concordant with a recognized guideline. Any problems identified with the diagnostic evaluation or treatment planning process could serve as a source for performance improvement.

Anatomy

The rectum is a straight section of the colon found in the pelvic cavity and extending down to the anal canal. Only the upper third of the rectum is covered by serosa. The lower rectum (below the peritoneal reflection) is outside the peritoneal cavity and has no peritoneal covering (no serosa).

Risk Factors

Lifestyle factors such as smoking, drinking alcohol, obesity, limited physical activity, high-fat, low-fiber diet and type II diabetes are risk factors for rectal cancer. Genetics is also a risk factor.

Signs and symptoms

Bowel habit changes may include: diarrhea, constipation, not being able to completely empty bowel, change in size and shape of stools, & bloody stool (either bright red or very dark). Generalized symptoms may include: pain in the rectum, abdominal pain or discomfort, more frequent gas pains or stomach cramps, feeling bloated or full, change in appetite, unintended weight loss, and fatigue or tiredness.

Rectal Study

Data Pull: EGH 2016 Analytic Volume stage I-4A rectal cancer receiving Fist Course Curative Treatment.

Study: Neoadjuvant therapy for clinical Stage 2A-4A cases.

Total # Charts: 13 (in accordance to NCCN guidelines 10 of these cases fall under neoadjuvant treatment)

Physician of Review: Luis Benavente, MD (General Surgery)

Date of Review: 11/10/17

Presented to Cancer Committee: 12/6/17

Resources Associated with Review: NCCN Guidelines version 3.2017, METRIQ database.

Element Assessed: Age at DX, histology, grade, rectal site, margin status, clinical stage, pathologic stage, referral to Med Onc, chemo recommended, rational if chemo not recommended to patient, referral to Radiation Onc, radiation recommended, rational if radiation not recommended to patient.

Continued next page



Standard 4.6

2017 MONITORING COMPLIANCE WITH EVIDENCE-BASED GUIDELINES

Continued

FINDINGS: 2 Cases representing Stage I

Clinical Stage	Pathologic Stage	Best AJCC Stage	Neoadjuvant Chemo Y/N	Neoadjuvant RT Y/N	NCCN
T1a N0 M0	T1a NX	1	N	N	Y-observation
T2 N0 M0	T1 N0	1	N	N	Y-observation

FINDINGS: 4 Cases representing Stage 2A-2B

Clinical Stage	Pathologic Stage	Best AJCC Stage	Neoadjuvant Chemo Y/N	Neoadjuvant RT Y/N	NCCN
T3 N0 M0	ypT3 ypN0	2A	Y	Y	Y
T3 N0 M0	T3 N0	2A	N	N	Emergent Surgery/ obstruction
T3 N0 M0	ypT2 ypN0	2A	Y	Y	Y
TX N0 M0	T4a N0	2B	N	N	Emergent Surgery/ Perforated bowel

FINDINGS: 5 Cases representing Stage 3B

Clinical Stage	Pathologic Stage	Best AJCC Stage	Neoadjuvant Chemo Y/N	Neoadjuvant RT Y/N	NCCN
T3 N1 M0	ypT3 ypN1 M0	3B	Y	Y	Y
T3 N1 M0	ypT3 ypN0 M0	3B	Y	Y	Y
T3 N1 M0	ypT2 ypN0 M0	3B	Y	Y	Y
T3 N0 M0	ypT3 ypN2a M0	3B	Y	Y	Y
T3 N1 M0	ypT3 ypN0 M0	3B	Y	Y	Y

FINDINGS: 1 Case representing Stage 4A

Clinical Stage	Pathologic Stage	Best AJCC Stage	Neoadjuvant Chemo Y/N	Neoadjuvant RT Y/N	NCCN
TX N0 M1a	ypT3 ypN2a M1a (liver)	4A	Y	Y	Y

NCCN Compliance Rate: 80% followed NCCN guidelines for neoadjuvant Treatment.

Rational for not meeting the NCCN guidelines for Neoadjuvant Treatment: Obstruction and perforated bowel.

Action

- Continue community outreach with screening colonoscopies and rectal exams.
- Remind surgeons to document location above or below peritoneal reflection on surgical report.
- Recommend consults: GI, Medical Oncology & Radiation Oncology along with Surgery for all Stage II-III cases.
- Continue to monitor compliance with NCCN guidelines for staging and management of rectal cancer.

Standard 4.7

2017 STUDIES OF QUALITY

#1 OF 2:

Lung cancer patients undergoing concurrent chemoradiation with weight loss

Each calendar year, the cancer committee, under the guidance of the Quality Improvement Coordinator, develops, analyzes and documents the required number of studies (based on the program category) that measure the quality of care and outcomes for cancer patients.

Study Topic: Identify if lung cancer patients who undergo concurrent chemoradiation therapy (C-CRT) have a BMI loss of greater than 0.5 kg/m², which may negatively impact their survival compared to those who preserve or gain weight during treatment.

Problematic Issue: Investigate the impact of weight loss during C-CRT on clinical outcomes.

Criteria for Evaluation:

1. Include all lung cancer patients (any age) receiving concurrent chemoradiation. SBRT patients were inherently excluded as they do not receive concurrent chemotherapy.
2. Recorded BMI at date of first status check (first week on treatment) and 1 month follow-up appointment.
3. Retrospective review of patients from 2015-2016 and prospective review of all 2017 lung cancer patients receiving C-CRT.

Analysis of the Data:

	2015	2016	2017
Total Patients	11	6	17
patients lost > 0.5 BMI	6	4	13
Total Patients deceased	9	1	1
#patient's who lost weight/deceased	4	1	1
#patient's who gained weight/deceased	5	0	0

- Total patients in study: 34
- Percent of total patients losing > 0.5 kg/m² BMI: 67%
- Percent of total patients losing > 0.5 kg/m² BMI and deceased: 17%
- Percent of total patients gaining weight during C-CRT and deceased: 14%

Comparison of Data with National Benchmark:

Topkan et al. reviewed 425 cases of Stage IIIB non-small cell lung cancer patients with a goal to characterize the impact of weight loss during treatment on clinical outcomes. This study demonstrated that a reduction in BMI of 0.5 kg/m² or greater was statistically significantly associated with worse survival. This was an early study completed on this topic, and we wanted to evaluate whether our patients experience this risk factor of weight loss. We included all lung cancer patients treated with concurrent chemoradiation therapy. SBRT patients were excluded as they do not receive concurrent chemotherapy. We did not want to limit our study to those patients with stage IIIB NSCLC as we only saw five patients with this stage from 2015-2017.

In our study, were unable to demonstrate that patients who had a BMI reduction of greater than 0.5 kg/m² had worsened clinical outcomes compared to those who gained weight. See table above for specific measurements of data collected. The only conclusion we are able to clearly determine is that 67% of our patients lost a BMI of greater than 0.5 kg/m² during their C-CRT treatment. Based on this information, we can conclude that our patients do exhibit the risk factor of weight loss as defined by Topkan et al. although we cannot demonstrate the worsened clinical outcomes due to our small patient number. We need to intervene as early as possible with all of our lung cancer patients receiving C-CRT to help reduce weight loss which may worsen their overall clinical outcome.

References:

Topkan et al. Impact of weight change during the course of concurrent chemoradiation therapy on outcomes in stage IIIB non-small cell lung cancer patients: retrospective analysis of 425 patients. Int J Radiation Oncol Biol Phys, Vol. 87 No. 4, pp.697-704, 2013.

Quality Improvement Design:

Proposed interventions to ensure we minimize the weight change for lung cancer patients during C-CRT:

1. Initiate consult with dietitian before starting treatment.
2. Dietician to meet weekly with patient once they start treatment to review eating patterns, intake, and weight loss.
3. Review any 3 lb or greater weight loss in this patient population weekly during interdisciplinary team meeting.

Follow up steps:

1. Present results to Cancer Committee for review and recommendations.
2. Implement QI in 2018 with concurrent review of all lung patients.

Standard 4.7

2017 STUDIES OF QUALITY

#2 OF 2:

Bar Code scanning of medications on inpatient Medical/Oncology Unit

Each calendar year, the cancer committee, under the guidance of the Quality Improvement Coordinator, develops, analyzes and documents the required number of studies (based on the program category) that measure the quality of care and outcomes for cancer patients.

Study Topic: The intent is to study if nurses caring for inpatients are doing Barcode Medication Administration (BCMA) of medications prior to patient administration as a means to raise awareness for patient safety.

Problematic Issue:

This study aims to investigate noncompliant behaviors of hospital nursing staff while administering medications using the BCMA system.

Criteria for Evaluation:

1. Use of monthly BCMA compliance report generated from the EMR system.
2. Survey to question staff about daily practices with BCMA to create pareto chart of defects within the process.
3. Included all nursing staff as well every medication pass given to any patient on the unit Jan – September 2017.
4. Direct observation during medication passes.
5. Evaluation of all medication error reports related to BCMA noncompliance.
6. Review Hits (Hospital Incident Tracking System) reports for any medication errors related to BCMA.

Analysis of the Data:

- January-September. Data was reviewed from the EMR report for BCMA. This report has been available in our EMR but few people knew how to generate it and review the content. So our team spent time with clinical informatics to study this report and how it could assist the team in collecting accurate data to demonstrate staff compliance with BCMA. The results are shown in bar graph format, which demonstrated that we were not meeting the national benchmark of 95% compliance with BCMA. **(Chart 1)**
- A significant compliance gap was discovered when grouping the individuals that were falling below the national standard of 95%.
 - 50% of our staff was below the benchmark for scanning in medications.
 - 42% of our staff was below the benchmark for scanning the patient's wrist band. **(Chart 2)**
- Our team attempted to get staff to track data daily on any BCMA issues but it was not effective as staff would always forget to do at the end of their shift or they felt it wasn't anonymous. This lead the team to create an anonymous online survey for staff to report common issues they have with not being able to be compliant with BCMA.

See Pareto chart **(Chart 3)** for the outcomes of survey from staff on the reasons given for not doing BCMA. Technical issues with scanners and medication/patient barcode issues were the top reasons for not being compliant with BCMA. Staff made the following comments in their survey as well:

- I forgot to scan medication before damaging package to get drug out
- Patient was sleeping, didn't want to wake
- Non formulary meds don't have bar codes to scan
- Medication not showing on the task list
- Pharmacy told me to go ahead and manually chart without a bar code
- Even if there is a bar code sometimes it won't scan

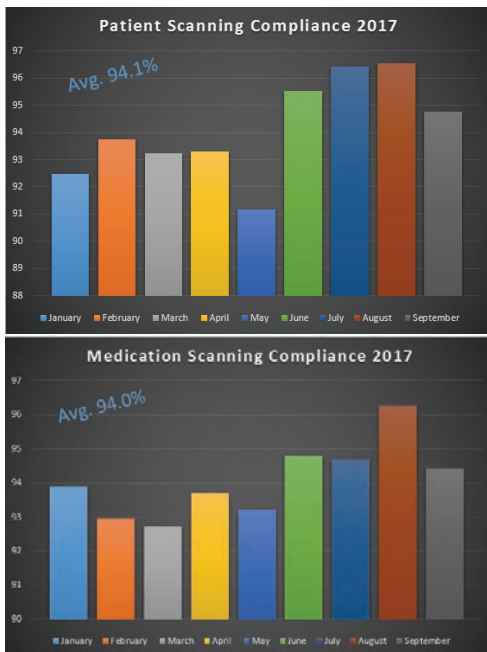


Chart 1

Comparison of Data with National Benchmark:

We are falling short at an average of 94% for Jan-Aug 2017 in comparison to the national benchmark from Leapfrog of 95%. Our data demonstrated that before we told staff we were studying this matter from Jan-May our percentage was in the low 90 percentile, but once staff was aware we were tracking this data we began to see an increase in compliance without any interventions.

References:

The Leap Frog Group. (2016). Factsheet: bar code medication administration. Washington, DC. Retrieved from: http://www.leapfroggroup.org/sites/default/files/Files/BCMA_FactSheet.pdf

Vanderboom, C. E., Scherb, C. A., Kirchner, R. B., Kohler, C. M., Ferrier, J. J., Stanchl, M. A., Suther, T. W., Cox, D. L. (2016). Leadership strategies, an interdisciplinary team, and ongoing nurse feedback: ingredients for a successful bcma project. *Nursing Economics*, 34(3), 117-125.

Quality Improvement Design:

Proposed interventions to ensure we work towards the national benchmark of 95% BCMA compliance:

1. Publically post the monthly BCMA compliance reports to generate friendly competition between staff to challenge each of them to monitor their own compliance.
2. With all Hits report follow up involving medication errors with bar code scanning, share the individual nurse compliance for BCMA to demonstrate the correlation between medication errors and BCMA compliance.
3. Share the study results with nursing staff at monthly staff meeting and educate them on how to report technical issues with BCMA either with equipment or bar codes as to minimize these factors driving down BCMA compliance.
4. Provide quarterly BCMA compliance reports of all staff to continue to raise awareness of this patient safety concern.

Follow up steps:

1. Present results to Cancer Committee for review and recommendations
2. Implement QI in 2018

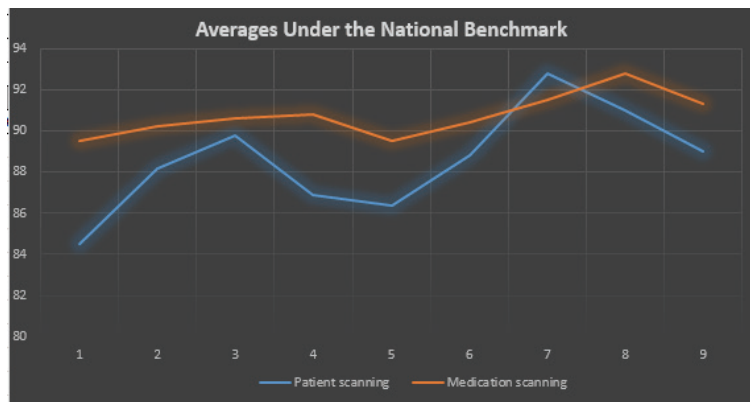
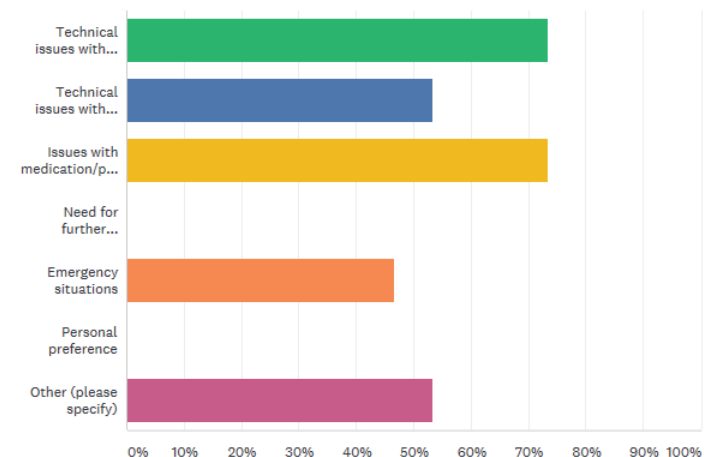


Chart 2

Staff Survey on BCMA



ANSWER CHOICES	RESPONSES	
Technical issues with barcode scanning equipment	73.33%	11
Technical issues with PowerChart	53.33%	8
Issues with medication/patient barcode	73.33%	11
Need for further training/education in medication barcode scanning	0.00%	0
Emergency situations	46.67%	7
Personal preference	0.00%	0
Other (please specify)	53.33%	8
Total Respondents: 15		

Chart 3

Standard 4.8

2017 QUALITY IMPROVEMENT

#1 OF 2

Genetic Counseling and testing for High Risk Breast Cancer Patients

Annually, the QI Coordinator, under the direction of the cancer committee, implements 2 patient care improvements.

Quality Improvement Topic

- Implement QI to ensure all eligible high-risk invasive breast cancer patients receive genetic testing.

Gap in Care

In 2016, a study was performed looking at invasive breast cancer patients who have high hereditary risk to see if they are being screened and have genetic testing ordered. In our study, we noted that we were only doing this approximately 79% of the time.

Goal of the Quality Improvement

Implement a process to increase awareness and referrals to our genetics counselor or any counselor of patients choice and continuing awareness of potential genetics testing available for patients who may be high risk.

Processes Changed

- Procure a Genetic Counselor to be available on site for our program to provide education to our physicians regarding appropriate assessment and ordering referral for genetics.
- Genetic Counselor is available to offer genetic counseling to our patients.
- Genetic Counselor present to provide physician education on improving documentation, screening eligibility and referral process with attendance at breast conferences.
- Created shared documents for physicians to use during the screening and patient history documentation process that can be shared with the genetics counselor.

- Share the genetics referral form with physician offices as a reminder for referrals.
- Education of Cancer Registry staff to ensure all appropriate capture of genetic information is documented in the patient abstract.

Quantifiable Improvements

We are actively in the process of making a genetics counselor available onsite for our facility. We do have one available within our healthcare system; we continue to work through issues with facility billing/charging of the patients for this service. Patients are referred offsite to our counselor currently for this service. Our goal was to make it convenient for patients to receive this service at Elkhart General Hospital. We continue our work on this important step of the improvement process. Team meetings are taking place to remove roadblocks on this topic. Our genetics counselor started attending breast conferences this year to raise awareness of the services she offers as well as assisting physicians in making recommendations for genetic testing for breast patients. Her presence this year has been well received by the entire team. She has counseled a total 21 patients referred from EGH since Jan – Sept 2017. Seven of these were for high risk breast cancer patients, the rest were for a variety of cancer sites needing genetic counseling. We are excited to see the referrals increasing and hope by continuing to raise awareness of her services our patients will continue to benefit from the knowledge and information she provides them. Forms used by our genetics counselor were shared with our physician's offices to help them collect pertinent medical history and genetic risks in order to guide them in making clinical decisions regarding genetics testing for their patients. A referral form for genetics services was shared with the physician offices to facilitate the referral process. One last piece of the improvement process was making sure our registry staff captures the genetic information in the patient abstract. A new field was created in the database to enter this info. Our genetics counselor is also keeping a list of all referrals from our facility. This is shared with Registry staff to ensure there is a double check of capturing genetics info. So far we are 100% in completing this info for all 21 patients the counselor has seen for 2017.

Changes in Effect

Current process of having genetics counselor at breast conference has significantly impacted the building of relationships with the counselor and physicians and thereby

increasing referrals. It has been hard to identify whether the sharing of forms has been impactful to the process as we are unable to track the physicians use of the forms. The new referral form hasn't been out long so we can't evaluate the use of it quite yet, but what we do know is with or without this form the physicians are sending their patients for this service and patient visits are increasing. Data collection in the registry is giving a more complete abstract of the total patient care being delivered to our patients.

Action Plan Implemented

Genetics counselor services available to our patients on site or by referral offsite, providing educational forms and data collection for genetics risk provided to physicians. Cancer registry to provide a more thorough data collection on genetic testing/counseling. This was completed by November 2017.

Monitoring the Effectiveness of the Action Plan

We identified in 2016 that we were only at 79% in making sure either genetic counseling or testing was completed/offered to high risk breast cancer patients. So our intent with this QI was to improve processes and provide tools to bring awareness to healthcare professionals who can order genetic testing or make referrals to our genetic counselor regardless of high risk. YTD we had 29 patients at risk needing genetic testing or counseling. Eleven of these 29 received genetic counseling; which results in 72% of at risk breast cancer patients receiving genetic testing or counseling. This did not demonstrate an improvement from 2016 being just slightly lower. It did prove beneficial in educating our staff and physicians while raising awareness of our genetic counselor and the value this adds for our patients. One discovery during our improvement process is that some patients were previously screened for a prior cancer therefore it wasn't necessary to retest the patient. Also there is not a good way to track if physicians had conversations with patients about genetic testing or counseling and they refuse these services. Therefore, our numbers only reflect what we had access to in our EMR and registry database. The quality improvement was successful in terms of raising awareness to our clinicians, even if the data collected did not show improvement from 2016.

Action Plan: QI is submitted to Diana Custer, VP of Operations for dissemination to Medical Staff to ensure awareness of genetics counseling services is made available to all high-risk breast cancer patients.

Standard 4.8

2017 QUALITY IMPROVEMENT

#2 OF 2:

Blood Transfusion Order Utilization

Standard 4.8: Each calendar year, the cancer committee, under the guidance of the Quality Improvement Coordinator, implements two cancer care improvements. One improvement is based on the results of a quality study completed by the cancer program that measures that quality of cancer care and outcomes. One improvement can be based on a completed study from another source. Quality improvements are documented in the cancer committee minutes and shared with medical staff and administration.

Quality improvement topic:

Quality improvement to reduce unnecessary blood transfusions for Oncology patients.

Gap in care:

Our hospital has been auditing blood transfusions for close to three years to ensure accuracy of required regulatory documentation. Within the random audits we identified the overutilization of blood transfusions. We identified the habitual use of the order "infuse two units of blood" had become physician practice, especially in the Ambulatory Infusion Center.

Physicians and staff had limited knowledge of the updated, recommended blood transfusion guidelines from The American Board of Internal Medicine and The American Association of Blood Banks to maintain a hemoglobin range of 7 to 8g/dL (in stable, non-cardiac adult inpatients).

Goal of Quality Improvement:

Reduce the risk to our patients from unnecessary transfusions.

Processes Changed:

1. Changed transfusion criteria to a Hgb less than 7 g/dl before transfusion.
2. Physician speaker brought in June to speak about the importance of following the Choosing Wisely Campaign (ABIM) recommendations.
3. Education provided to nursing staff in department meeting.
4. Nursing staff having more conversations with physicians about multiple transfusions if the hemoglobin rises above 7.0 g/dl in an asymptomatic patient after one transfusion.
5. Physicians modifying practices to only order 1 unit at a time or check a hemoglobin in between multiple unit to ensure Hgb is greater than 7.0 g/dl before proceeding with additional units.

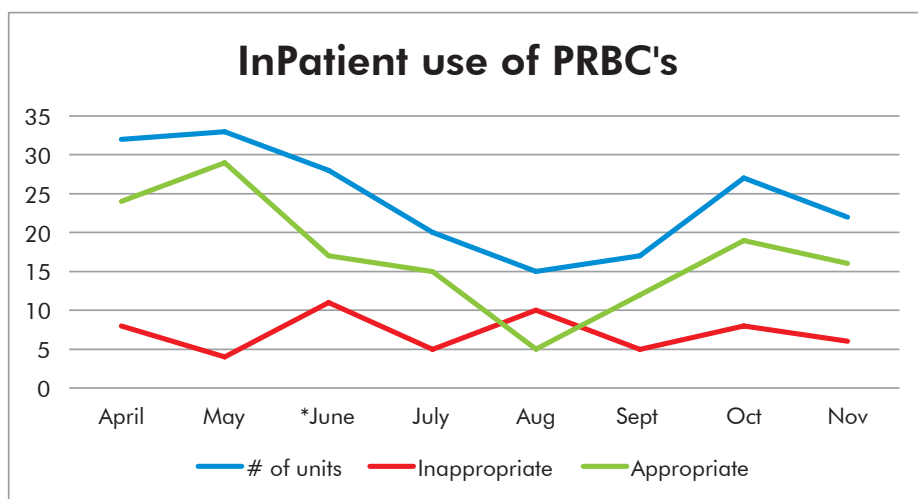
Changes in Effects: inpatient blood transfusions

% improvement in reducing unnecessary transfusions.

Comparison

1. Decrease in the total number of transfusions after education was complete.
 - a. 56% reduction on the inpatient side.
2. Slight increase in percentage of inappropriate transfusions after education (ONC change to MOU) but quick recovery in the 2nd half, once new staff and physicians were brought up to speed.

Month	# of units	Inappropriate	Appropriate
April	32	8	24
May	33	4	29
*June	28	11	17
July	20	5	15
Aug	15	10	5
Sept	17	5	12
Oct	27	8	19
Nov	22	6	16



*Physician Educ. in June

Continued next page

Standard 4.8

2017 QUALITY IMPROVEMENT #2 OF 2: Blood Transfusion Order Utilization

Continued

Quantifiable Improvements: Ambulatory infusion, ordering two units at once.

January-June (14th)

185 units of blood released to AIC.
75% were "infuse two units" orders.

June (15th) - September

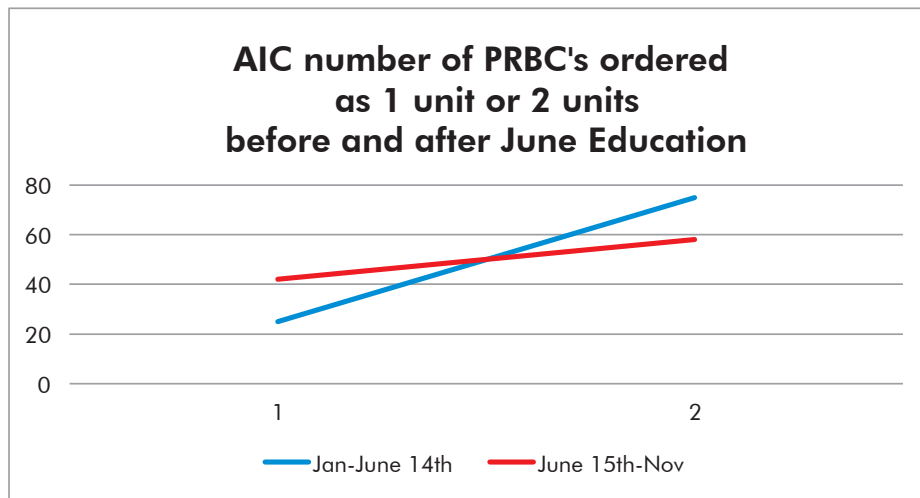
134 units of blood released to AIC.
37% were "infuse two units" orders.

Oct-Nov

50 units of blood released to AIC.
56% were "infuse two units" orders.

Changes in Effects: Ambulatory infusion, ordering two units at once.

At the start of the year, the majority of the patients getting blood in AIC were getting two units at a time. By the end of September, the majority of the patients were getting one at a time. This translates into less risk (and cost) for the patient.



Month	% of 1 unit	% of 2 units
Jan-June 14th	25	75
June 15th-Nov	42	58

Action Plan Implemented:

1. Pathologist who studies the use of transfusions brought in to speak to our physicians on the proper use of transfusions in June.
2. Staff education provided informally one-on-one in July/Aug with mandatory education of all nursing staff in October to share results of their efforts for August and September.
3. Provided handouts to physicians with stats on our auditing to demonstrate their improvement in blood transfusion utilization. Completed December 2017.
4. Continue with 100% blood transfusion audits for 2017 to provide physician and staff feedback in order to continue to improve blood utilization.

Monitoring the Effectiveness of the Action Plan:

1. QI submitted to Diana Custer, VP of Operations for dissemination to Medical Staff to ensure awareness of proper blood transfusion utilization.
2. Random blood audits will be done quarterly in 2018 to check for continued compliance.

AWARDS, ACCREDITATIONS AND RECOGNITIONS

Lung Cancer Screening Center Featured in National Professional Journal

Elkhart General was designated a **Lung Cancer Screening Center** by the American College of Radiology (ACR). Elkhart General is one of just two facilities with this designation in Indiana. The ACR Lung Cancer Screening Center designation is a voluntary program that recognizes facilities that have committed to practice safe, effective diagnostic care for individuals at the highest risk for lung cancer.

Elkhart General was named a **Center of Excellence** by the Lung Cancer Alliance. The national recognition acknowledges the comprehensive care and multidisciplinary approach of the hospital's Lung Screening Program.

American College of Radiology Accreditation

The Breast Care Center and the Radiology Department were awarded a three-year term of accreditation in ultrasound as the result of a recent survey by the ACR. The state-of-the-art equipment and board-certified medical staff received accreditation for their achievement in high practice standards after a peer-review evaluation. Evaluations were conducted by board-certified physicians and medical physicists who are experts in the field. They assessed the qualifications of the personnel and the adequacy of the facility's equipment.

NQNBC Certified Quality Breast Center of Excellence

The Breast Care Center was recognized as a Certified Quality Breast Center of Excellence, Certification Level III – the highest certification level awarded by the National Consortium of Breast Centers National Quality Measures for Breast Centers™ Program (NQNBC). In addition to meeting the highest set of certification criteria, the Breast Care Center supplied 90 percent of the measures for which their quality breast center type should be able to measure performance, and performed above the 25th percentile.

American College of Radiation Oncology Accreditation

The American College of Radiation Oncology (ACRO) granted the Radiation Oncology Department at Elkhart General a three-year accreditation. This prestigious accreditation was granted after in-depth appraisals of the facility, equipment, policies, procedures, staff and clinical treatment methods were reviewed. In addition, the Radiation Oncology Department was examined and found to be practicing within multiple nationally accepted standards of current radiation oncology practice. For decades, the Radiation Oncology Department has provided a full range of competent, compassionate radiation therapy services.

National Honor for EGH Cancer Program

Elkhart General Hospital was awarded the 2016 Outstanding Achievement Award by the American College of Surgeons Commission on Cancer. Elkhart General was one of a select group of 20 U.S. accredited cancer programs to receive this national honor for surveys performed Jan. 1 through June 30, 2016.

The purpose of the award is to encourage cancer programs to raise the bar on quality cancer care, with the goal of increasing awareness about high-quality, patient-centered care. The award is also intended to:

Recognize those cancer programs that achieve excellence meeting CoC standards.

Motivate other cancer programs to work toward improving their level of quality cancer care.

Facilitate dialogue between award recipients and health care professionals at other cancer facilities for the purpose of sharing best practices.

Encourage honorees to serve as quality-care resources to other cancer programs.



A QUALITY PROGRAM
of the AMERICAN COLLEGE
OF SURGEONS

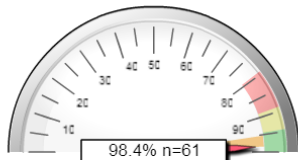
RAPID QUALITY REPORTING SYSTEM

Promoting evidence-based cancer care is of key importance to improving quality of care and patient outcomes. Rapid Quality Reporting System (RQRS) analysis allows us to actively monitor and assess compliance with six National Quality Forum endorsed measures. It assists in surveillance of care for breast and colon cancer patients in real clinical time.

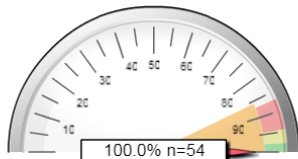


James Jin, MD, PhD
*Medical Oncologist and
Cancer Liaison Physician*

Breast Measures



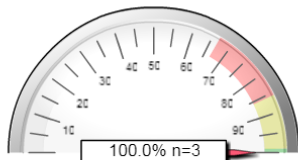
Radiation therapy is administered within one year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer. **BCSRT**



Combination chemotherapy is considered or administered within four months (120 days) of diagnosis of women under 70 with AJCC T1cN0M0 or Stage IB - III hormone receptor negative breast cancer. **MAC**



Tamoxifen or third generation aromatase inhibitor is considered or administered within one year (365 days) of diagnosis for women with AJCC T1cN0M0 or Stage IB - III hormone receptor positive breast cancer. **HT**

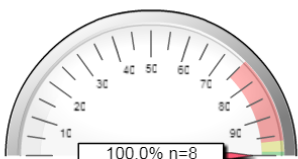


Radiation therapy is recommended or administered following any mastectomy within one year (365 days) of diagnosis of breast cancer for women with ≥ 4 positive regional lymph nodes. **MASTRT**

Colon Measures



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



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

Our Team OF ONCOLOGY SPECIALTY NURSES

Chemotherapy Certified Nurses

Brittani Beber
Marcie Carlsen
Trish Coatie
Alison Haffner

Mandy Hawkins
Myrna Hull
Emily Gilley
Moriah Moore

Brandon Penzenik
Diane Roberts
Roxy Schertz

Rachel Stewart
Nancy Timms
Tori Woods

AIC & ROC Chemotherapy Certified Nurses

Kelsey Bourdon
Heather Griffith

Kayla Grove
Amanda Huff

Elizabeth Werling
Julie Young

December 2017



Certified Oncology Nurses (L-R):

Marcie Carlsen, Heather Griffith, Trish Coatie, Julie Pollock, Emily Gilley



Certified Oncology Nurses (L-R):

Alison Haffner, Amanda Hawkins, Elizabeth Werling

Not pictured: Myrna Hull, Amanda Huff,
Jackie Lenfestey-DeMont, NP



2017 Team Member Daisy Award Winners

The DAISY Award is an international program that rewards and celebrates the extraordinary clinical skill and compassionate care given by nurses everyday. Elkhart General Hospital is proud to be a DAISY Award Partner, recognizing three of our nurses with this special honor every quarter.

Patients, visitors, nurses, physicians and employees may nominate a deserving nurse based on the nurse's dedication to exceptional patient experiences.

This past year, we are proud to have the following Daisy Award winners.



Stacie Meyers



Emily Gilley



Directory

Area Code 574 unless noted otherwise.

Treatment and Clinical Services

Ambulatory Infusion Center	296.6444
Breast Care Center	296.6571
Cancer Survivorship Clinic	523.7819
Oncology Care Unit	523.3112
Palliative Care	523.3170
Radiation Oncology Center	523.7857
Thoracic Oncology Clinic	523.7850

Ancillary Services

Cancer Registry Office	389.4822
Center for Behavioral Medicine	523.3348
Center for Pain Management	523.3232
Home Care	800.284.8999
Home Care Infusion	647.2273
Home Medical Equipment	888.517.3100
Inpatient Rehabilitation Services	523.3443
Oncology Nursing Education	523.7978
Outpatient Pharmacy	523.3101
Outpatient Rehabilitation Services	523.3242
Outpatient Scheduling	523.3444

Professional Education/Research

Cancer Conferences	389.4822
Clinical Research	296.6536

Patient and Family Support

Breast Care Financial Assistance	296.6553
Case Management	523.3364
Chaplaincy Services	523.3142
Ribbon of Hope Cancer Support & Ministry	389.7379

Community Services

American Cancer Society	800.227.2345
Cancer Care Counseling Line	800.813.HOPE
ABCD (After Breast Cancer Diagnosis)	800.221.2141
National Cancer Institute Info Line	800.4CANCER
United Cancer Services	875.5158



ELKHART
REGIONAL CANCER CENTER

800.643.5719

600 East Boulevard | Elkhart, IN 46514