

2016 Public Outcomes Report: Oncology Committee

The Commission on Cancer (CoC) is a group of professional organizations dedicated to improving survival and quality of life for cancer patients through standard-setting, prevention, research, education and the monitoring of comprehensive quality care. On Aug. 10, 2016 the team at the Virginia Piper Cancer Institute – District One Hospital was surveyed by the CoC and received accreditation with the bronze level commendation.

The Oncology Committee met four times in 2016. Committee membership is defined by the CoC and required members, or their designated alternate, and are required to attend at least three of four meetings. The required members are:

- Burton Schwartz, MD, medical oncologist, cancer committee chair 1/1/16–8/10/16
 - Bhanu Vakalankka, MD, medical oncologist, cancer committee chair 8/11/16–present
- Mary Cameron, MD, internal medicine, cancer liaison physician
- Henry Busch, MD, general surgeon
- Mark Arnesen, MD, pathologist 1/1/16–9/30/16
- Margaret Ruocco, MD, pathologist 10/1/16–present
- Timothy McKone, MD and James Leenstra, MD radiation oncology
- Stephen Hite, MD, radiologist
- Amy Selly, advanced oncology certified nurse practitioner, community outreach coordinator
- Lynette Dickson, cancer program administrator and patient care manager
- Sharon Miller, BSN, RN, oncology certified nurse, clinical research coordinator
- Jean Brazil, social worker, psychosocial services coordinator
- Rhonda Mulder, quality improvement coordinator
- Shanda Phippen, MS, CGC, genetic counselor
- Erin Ferris, BSN, RN, patient care supervisor, oncology certified nurse, cancer conference coordinator

- Leann Osada, certified tumor registrar, cancer registry quality coordinator.

The committee also includes representation from Administration, Nutrition Services, Pharmacy, Courage Kenny Rehabilitation Institute, Diagnostic Imaging and the American Cancer Society.

2016 PROJECTS

The Commission on Cancer standards and eligibility requirements need to be met annually. The following outlines some of the projects completed by the Oncology Committee in 2016.

- Multidisciplinary tumor conferences are held monthly and are attended by members of the committee listed, in addition to primary care providers, infusion nurses and support staff. Tumor conferences enable the multidisciplinary team to collaborate and discuss diagnoses and optimal treatment plans for patients.
- A prevention program focused on radon prevention and awareness in residential homes, was done by hosting a community event on March 3, 2016 at 6:30 p.m. at District One Hospital in partnership with the Minnesota Department of Health. Eight community members attended the presentation. Free radon kits were distributed. Kits were also distributed to hospital employees and cancer center patients upon request. Participants were advised during the presentation that radon levels from 2-8 pCi/L, a long term test should be performed. If long term test results indicate a level of greater than or equal to 4, the home should be mitigated. An educational brochure was provided to each attendee, “Radon, Keeping your home safe from radon” provided by the Minnesota Department of Health.
 - Radon test kits were distributed to 18 individuals. Nine test kits were returned with the following results:

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LABORATORY ANALYSIS REPORT

Kit #	pCi/L	Test Date	Zip Code
8174131	6.2 L	2016-04-13	55060
8174133	6.5	2016-04-01	55021
8174134	8.9	2016-03-11	55021
8174137	5.2	2016-04-11	55021
8174142	3.7	2016-03-14	55021
8174144	6.1 D	2016-03-19	55021
8174145	5.7	2016-03-15	55021
8174150	5.4	2016-05-04	56071
8174151	6.6	2016-03-17	55021

- A breast cancer prevention program focused on screenings and based on community need was held on Saturday, Oct. 1, from 9 a.m. to 3 p.m. at District One Hospital in partnership with the Minnesota Department of Health's Sage Program and the American Cancer Society. An invitation was mailed to 1,069 eligible women for the event offering a free mammogram and breast exam. Eligibility was determined by Sage based on access to Medicare or insurance. Eleven women participated in the event. Normal results were communicated through the radiology department. Any abnormal results were communicated through Sage protocol.
- A quality study was conducted to determine the number of oncology patients who have completed a health care directive. It is recommended that anyone age 18 or older have a health care directive. Advanced care planning is a process for patients to provide information to others about their wishes in case illness or injury prevents them from telling themselves. Nationally, it is reported less than 50 percent, and sometimes as low as 20 percent of severely or terminally ill patients have advanced care directives in their medical record.

The study found that of 19 patients with a diagnosis of stage IV cancer, twelve patients had a health care directive on file. Seven patients did not have a health care directive on file. The study resulted in the following actions:

- During initial oncology consult visit, patients will be asked if they have completed a health care directive.
- If the patient has a health care directive, he or she will be asked to bring it and meet with a social worker to review, update and add to his or her electronic medical record.

- If the patient does not have a health care directive, he or she will be scheduled to meet with a social worker who will assist in providing education and completion of a health care directive. The completed health care directive will be added to the patient's electronic medical record.
- A quality study evaluating the number of surgical breast cancer patients receiving screening and assessment of lymphedema was conducted in 2015. Breast cancer treatment places individuals at a lifelong risk of lymphedema. Early identification allows for early intervention that can prevent or slow progression to a chronic, more difficult-to-treat stage of lymphedema. Patient education regarding the signs and symptoms of developing lymphedema is needed to promote early detection and improve patient outcomes.

The study found that of 18 women who had breast surgery, eight had lymphedema assessment completed. Of these eight women, five had lymphedema assessment performed within 60 days of surgery and three after 60 days.

- A quality improvement project aimed at increasing the number of breast cancer surgical patients receiving patient education, evaluation and treatment of lymphedema was a focus in 2016. The actions associated with these improvement include:
 - At time of diagnosis, patients with breast cancer will receive lymphedema risk information from the oncology care coordinator.
 - A referral will be made for lymphedema evaluation by a certified lymphedema therapist before or at time of surgical consult.
 - Appointment will be completed within 30 days of surgical lumpectomy and will include:
 - baseline measurements
 - review of National Lymphedema Network risk reduction practices
 - signs and symptoms of lymphedema
 - follow-up and treatment recommendations.
 - Appointment will be completed within 30 days of surgical mastectomy and will include:
 - baseline measurement
 - range of motion exercises
 - review of National Lymphedema Network risk reduction practices
 - signs and symptoms of lymphedema
 - follow-up and treatment recommendations.

VIRGINIA PIPER CANCER INSTITUTE – DISTRICT ONE HOSPITAL

Lymphedema Summary on New Breast Patients, 2015-2016

Stats Based on Breast Cancer Patients Having Surgery between 5/1/2016 and 9/30/2016

Year of Diagnosis	Total Patients		Total Patients Having Lymphedema Assessment Completed		Total Patients Having Lymphedema Assessment within 30 Days of Surgery	
	#	%	#	%	#	%
2015	18		8	44.4%	1	12.5%
2016*	9		8	88.9%	6	75.0%

* 5/1/2016- 9/30/2016

