

## CHI Saint Joseph Health Cancer Care 2018 Public Quality Report

### Saint Joseph East

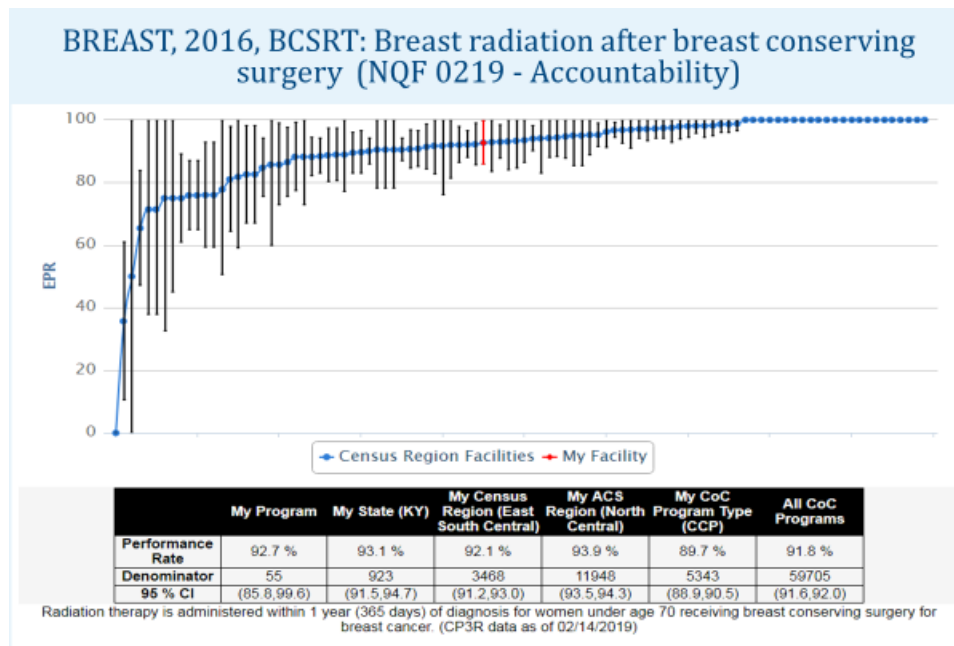
#### Quality Improvements and Outcomes

**Commission on Cancer Accountability, Surveillance and Quality Improvement Data.** Our Commission on Cancer (CoC) accreditation provides longitudinal data that helps us *assess and improve quality of cancer program*. The following graphs provide information about key quality measures in breast, colon and lung cancer at Saint Joseph East.

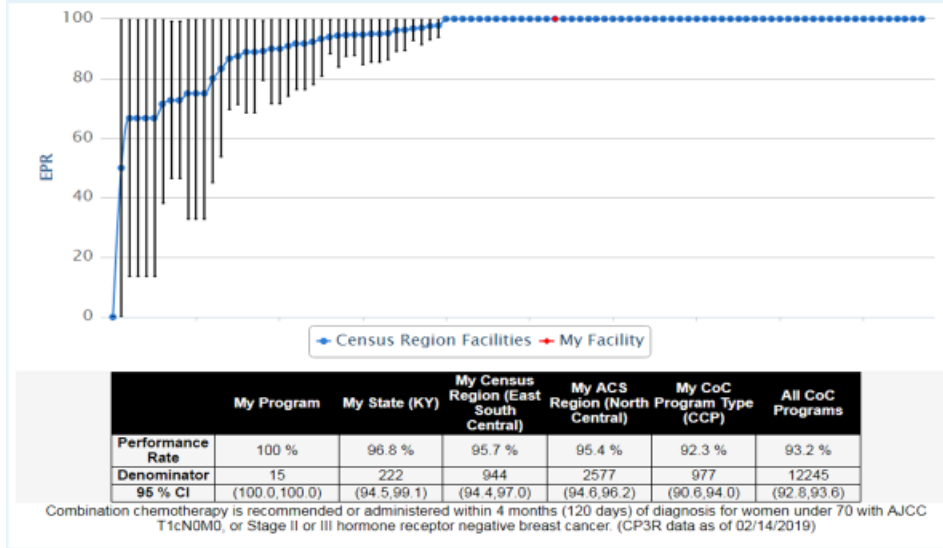
#### Breast Cancer

The Commission on Cancer has identified the following as key measures of success for a breast program – completion of radiation after breast conserving surgery (also known as lumpectomy), post-operative chemotherapy or hormone therapy to prevent recurrence, avoidance of unnecessary mastectomies, and performing less invasive image-guided biopsy for initial diagnosis of breast cancer.

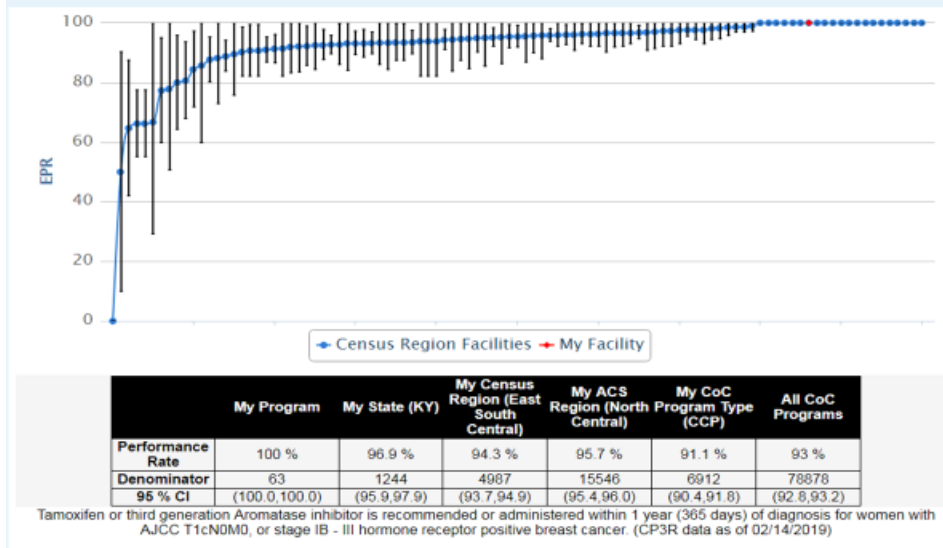
For all measures, Saint Joseph East performed as well as, or better than, the Kentucky average, all Community Cancer programs and all CoC accredited programs nationwide.



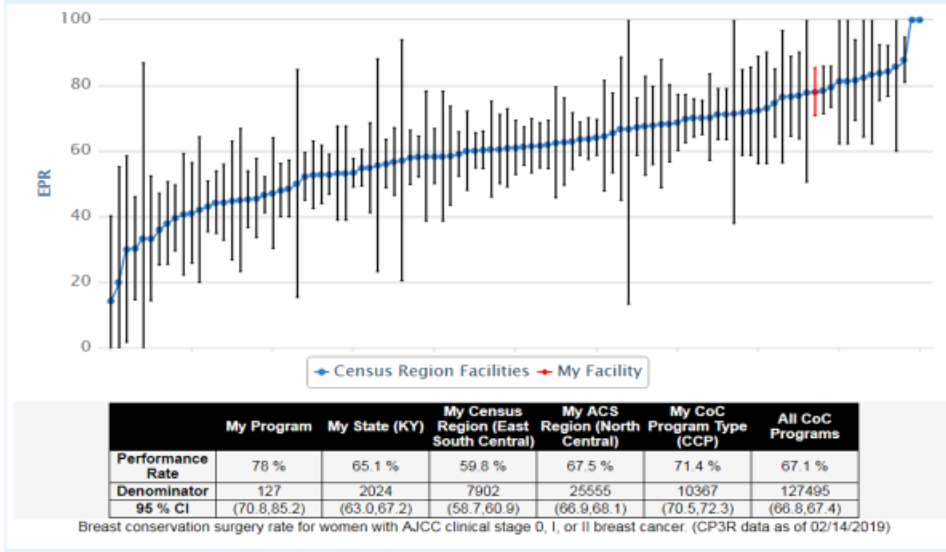
### BREAST, 2016, MAC: Combination chemotherapy for hormone receptor negative breast cancer (NQF 0559 - Accountability)



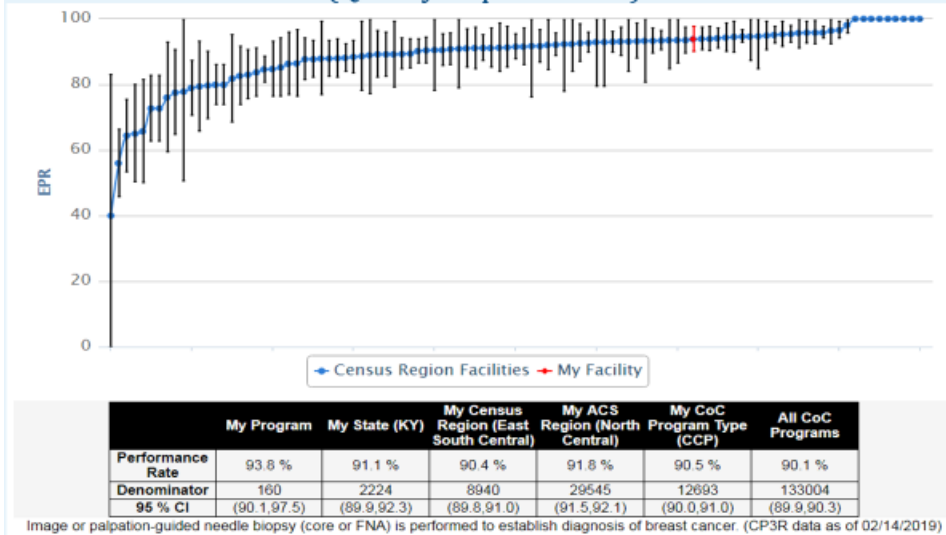
### BREAST, 2016, HT: Adjuvant hormonal therapy for hormone receptor positive breast cancer (NQF 0220 - Accountability)



### BREAST, 2016, BCS: Breast conserving surgery rate (Surveillance)

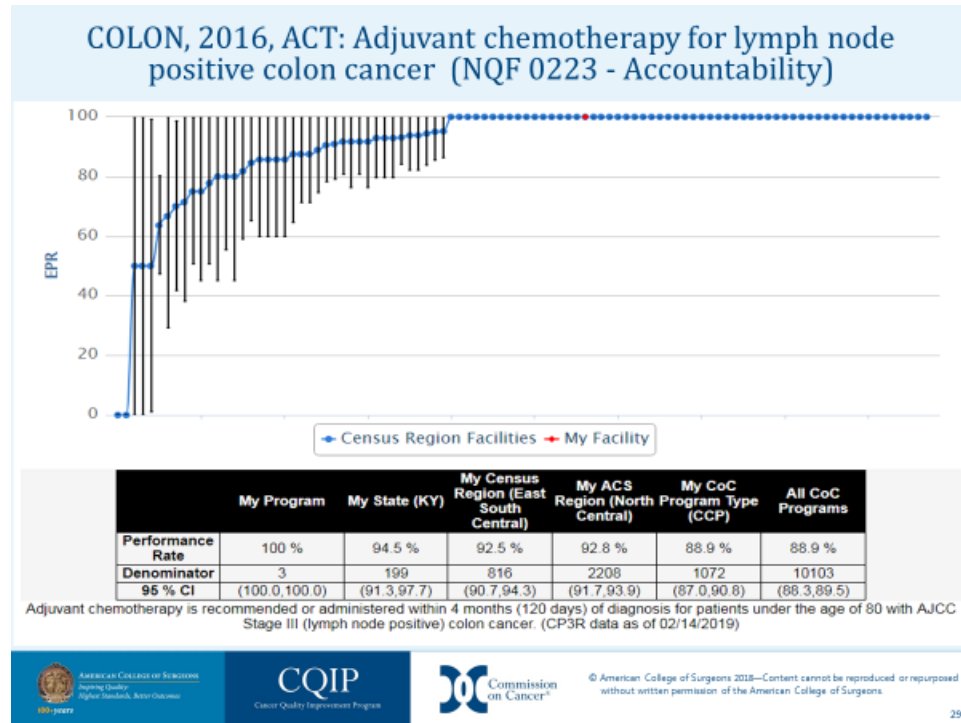


### BREAST, 2016, nBx: Image or palpation-guided needle biopsy (core or FNA) is performed for the diagnosis of breast cancer (Quality Improvement)



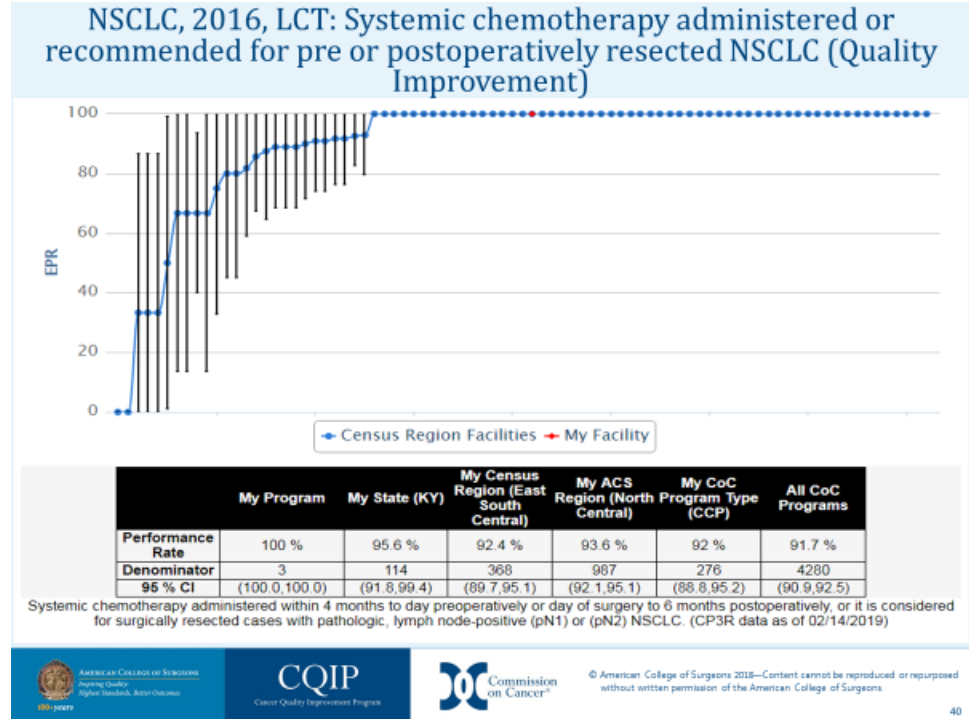
Colon Cancer

For colon cancer, the Commission on Cancer identifies post-operative chemotherapy for high risk patients as a quality indicator, and Saint Joseph East exceeded all comparison groups.



Non-Small Cell Lung Cancer

For non-small cell lung cancer, the Commission on Cancer identifies post-operative chemotherapy for high risk patients as a quality indicator, and Saint Joseph exceeds all benchmarks.



**KY Medical Orders for Scope of Treatment.** In 2018, Saint Joseph East implemented the Kentucky Medical Orders for Scope of Treatment (KY MOST) into its oncology practices for patients having advanced cancers whose life expectancy, at the time of diagnosis and initial treatment, is less than one year. This form, a set of legal physician orders, is completed through a shared decision-making discussion with the patient and, if included by the patient, significant others in their life.

The discussion between patient and physician discusses resuscitation options, medical interventions, the use of antibiotics, medical administered fluids and nutrition, and the presence of advanced medical directives such as a living will or health care power of attorney. KY MOST does not replace other advance directives, such as a living will that could be more detailed, and are recommended.

**HIPAA PERMITS DISCLOSURE OF MOST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY**

**MOST**  
Medical Orders for Scope of Treatment

This document is based on this patient's medical condition and wishes. Any section not completed indicates a preference for full treatment for that section.

Patient's Last Name: \_\_\_\_\_ Patient's First Name, Middle Initial: \_\_\_\_\_ Patient's Date of Birth: \_\_\_\_\_

**Section A**  
CARDIOPULMONARY RESUSCITATION (CPR): PERSON HAS NO PULSE AND IS NOT BREATHING.  
 Attempt Resuscitation (CPR)  Do Not Attempt Resuscitation  
 Where not in emergency setting, follow orders in B, C, and D.

**Section B**  
MEDICAL INTERVENTIONS: PERSON HAS PULSE OR IS BREATHING.  
 Full Scope of Treatment: Use analgesia, advanced airway interventions, mechanical ventilation, sedation or consciousness as indicated, medical treatment, IV fluids, and provide comfort measures. **Transfer to hospital if indicated.** Includes intensive care. Treatment Plan: Full treatment including life support measures.  
 Limited Additional Interventions: Use medical treatment, and oral or nasogastric IV fluids, while monitoring as indicated, non-invasive blood pressure, oxygen, and comfort measures. Do not use intubation or mechanical ventilation. **Transfer to hospital if indicated.** Avoid intensive care. Treatment Plan: Provide basic medical treatments.  
 Comfort Measures: Keep clean, warm and dry. Use medication by any route. Provide, around care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. **Do not transfer to hospital unless comfort needs cannot be met in the patient's current location (e.g. hip fracture).**  
 Other Interventions: \_\_\_\_\_

**Section C**  
ANTIBIOTICS  
 Antibiotics if indicated for the purpose of maintaining life. Other instructions: \_\_\_\_\_  
 Determine use or limitation of antibiotics when infection occurs.  
 Use of antibiotics to relieve pain and discomfort.  
 No Antibiotics (use other measures to relieve symptoms).

**Section D**  
MEDICALLY ADMINISTERED FLUIDS AND NUTRITION: (person or surrogate must, even if medically unresponsive, be a "best human" and authorization to carry out orders shall be linked to the patient, the surrogate in accordance with KRS 411.018, or the responsible party associated with KRS 411.018.)  
 Long term IV fluids if indicated  Long term feeding tube if indicated  
 IV fluids for a defined trial period. Goal: \_\_\_\_\_  Feeding tube for a defined trial period. Goal: \_\_\_\_\_  
 No IV fluids (provide other measures to maintain hydration)  No feeding tube

**Section E**  
Patient Preferences  
 Adult Patient with decision capacity  Spouse  
 Proxy for minor patient  Majority of patient's reasonably available adult children  
 Surrogate per advance directives  Patient  
 Judicially appointed guardian/health care decision maker  Majority of patient's reasonably available next-of-kin (relatives of some relation)  
 Patient designee has an advance medical directive such as a living will or health care power of attorney in place. I certify this form is in accordance with the decisions in the current advance medical directive.  None listed.  
 Signature: \_\_\_\_\_

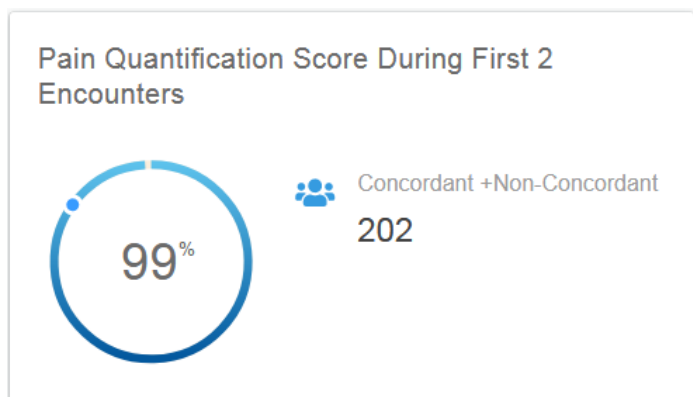
I agree that accurate information has been provided and significant thought has been given to decisions outlined in this form. Treatment preferences have been presented to the physician (M.D./D.O.). This document reflects those treatment preferences and indicates informed consent. If signed by a patient, surrogate or responsible party, preferences expressed here reflect patient's wishes as best understood by that surrogate or responsible party. You are not required to sign this form to receive treatment.

Patient, Surrogate or Responsible Party: \_\_\_\_\_ Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Health Care Professional Preparing Form Print Name: \_\_\_\_\_ Health Care Professional Preparing Form Signature: \_\_\_\_\_ Professional Phone #: \_\_\_\_\_ Date Prepared: \_\_\_\_\_  
 Physician Signature: \_\_\_\_\_ Physician Print Name: \_\_\_\_\_ Physician Contact Number: \_\_\_\_\_

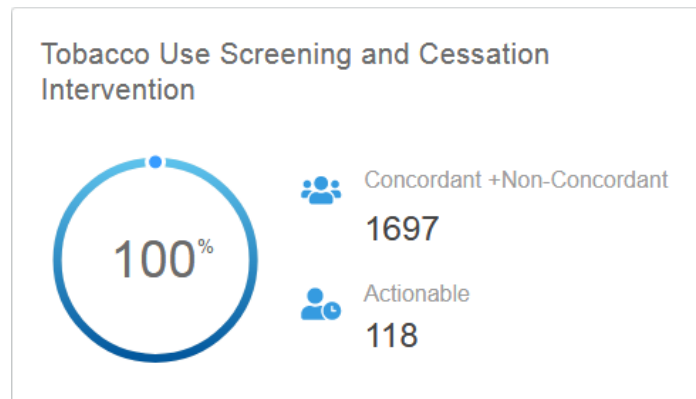
**SEND FORM WITH PATIENT/RESIDENT WHEN TRANSIT ENDED OR DISCHARGED**

The implementation of a KY MOST form is entirely voluntary, and it may be withdrawn or re-implemented with changes at the discretion of the patient at any time. KRS 311.602 requires that the patient or the patient's surrogate sign the form along with the required physician signature. The completed, original KY MOST is given to the patient or the patient's surrogate to use upon hospitalization or when seeking emergent care. A copy of the KY MOST form is available by clicking on this link: <https://kbml.ky.gov/board/Documents/MOST%20Form.pdf>.

**ASCO CancerLinQ Quality Measure Outcomes.** CancerLinQ is a quality platform with which Saint Joseph East voluntarily participates. CancerLinQ is a service provided by the American Society of Clinical Oncology (ASCO) that focuses on “conquering cancer through research, education, and the promotion of the highest quality of patient care.” Pain is a significant issue for patients with invasive cancer and assessing pain is a requirement of the The Joint Commission.



The *Pain Quantification Score During First 2 Encounters* score of 99% demonstrates that 200 of 202 patients with invasive cancers had documented assessments for the degree of pain being experienced during their first two visits with one of our Oncologists.



A well-known contributor to lung and other cancers is tobacco use whether smoking or chewing. This is particularly of concern in Kentucky where tobacco use is the leading cause of deaths related to lung cancer. The *Tobacco Use Screening and Cessation Intervention* measure determines whether cancer patients were screened for tobacco use with 24 months of evaluation by one of our Oncologists and, for those using

tobacco, an intervention for ceasing the use of tobacco was made. Of 1697 patients qualifying for this measure during 2018, 1697 were screened with 118 who received an intervention.

### Conclusion

We are proud to provide high quality care we provide to our Saint Joseph East Cancer Care patients each and every day. The quality information presented here provides you with a snapshot of what our patients experience and the quality of care we provide.

Jessica Croley, MD  
Chair, SJE/SJH Combined Cancer Committee

Kent Savage, MHA  
Cancer Program Administrator