

CHI Saint Joseph Health Cancer Care 2018 Public Quality Report

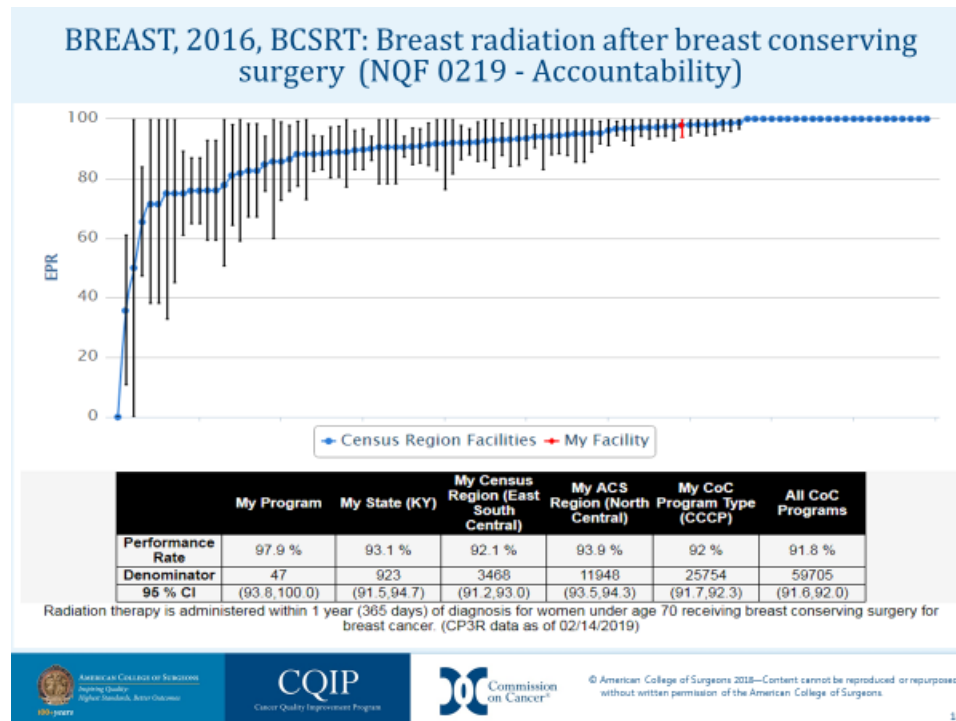
Saint Joseph Hospital

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 Hospital.

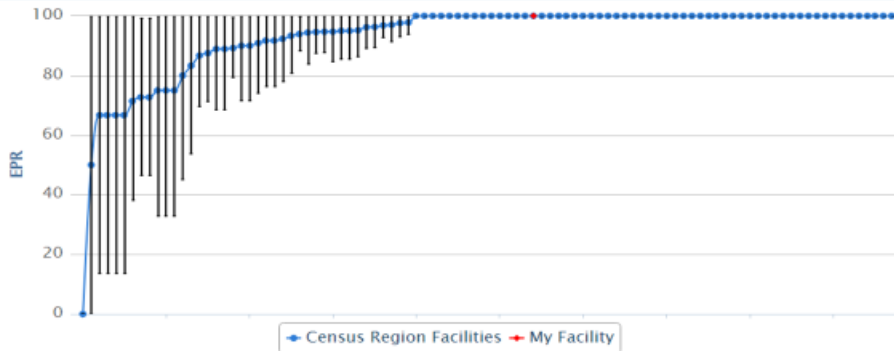
Breast Cancer

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, and avoidance of unnecessary mastectomies.

For all measures, Saint Joseph Hospital 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)



	My Program	My State (KY)	My Census Region (East South Central)	My ACS Region (North Central)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	100 %	96.8 %	95.7 %	95.4 %	93.3 %	93.2 %
Denominator	11	222	944	2577	5039	12245
95 % CI	(100.0,100.0)	(94.5,99.1)	(94.4,97.0)	(94.6,96.2)	(92.6,94.0)	(92.8,93.6)

Combination chemotherapy is recommended or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or Stage II or III hormone receptor negative breast cancer. (CP3R data as of 02/14/2019)



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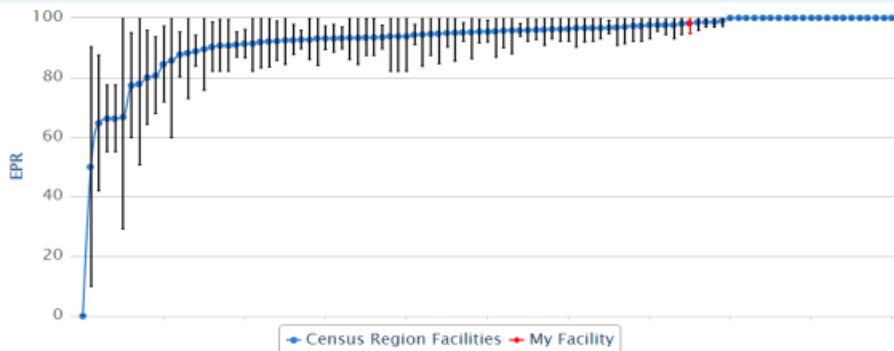


Commission
on Cancer

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



	My Program	My State (KY)	My Census Region (East South Central)	My ACS Region (North Central)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	98.2 %	96.9 %	94.3 %	95.7 %	93.1 %	93 %
Denominator	55	1244	4987	15546	35097	78878
95 % CI	(94.7,100.0)	(95.9,97.9)	(93.7,94.9)	(95.4,96.0)	(92.8,93.4)	(92.8,93.2)

Tamoxifen or third generation Aromatase inhibitor is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0, or stage IB - III hormone receptor positive breast cancer. (CP3R data as of 02/14/2019)



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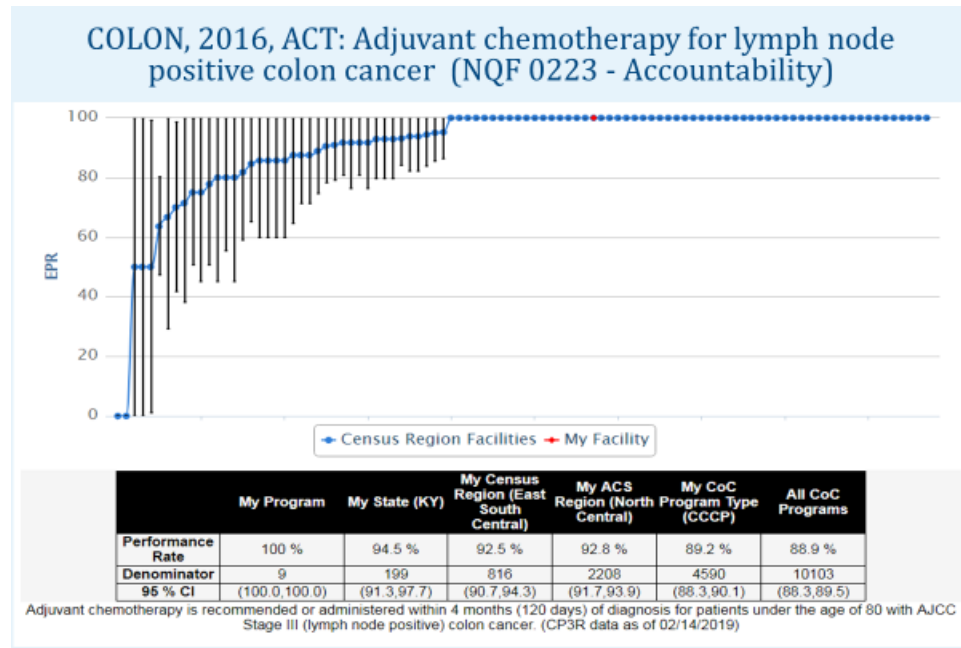
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Colon Cancer

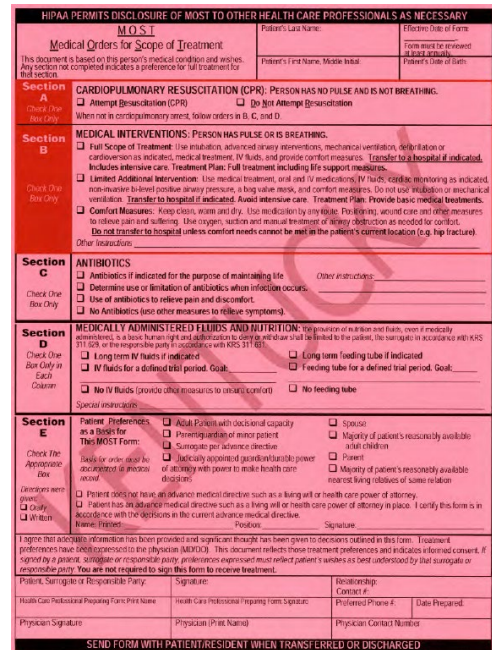
For colon cancer, the Commission on Cancer identifies post-operative chemotherapy for high risk patients as a quality indicator, and Saint Joseph Hospital exceeded all comparison groups.



KY Medical Orders for Scope of Treatment. In 2018, Saint Joseph Hospital 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 fluid 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.

The implementation of a KY MOST form is entirely voluntary, and it may be withdrawn or reimplemented 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>.



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 person's medical condition and wishes. Any section not completed indicates a preference or full treatment for that section.

Section A: **CARDIOPULMONARY RESUSCITATION (CPR): PERSON HAS NO PULSE AND IS NOT BREATHING.**

Section B: **MEDICAL INTERVENTIONS: PERSON HAS PULSE OR IS BREATHING.**

Section C: **ANTIBIOTICS**

Section D: **MEDICALLY ADMINISTERED FLUIDS AND NUTRITION:**

Section E: **Patient Preferences as a Backup for This MOST Form:**

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

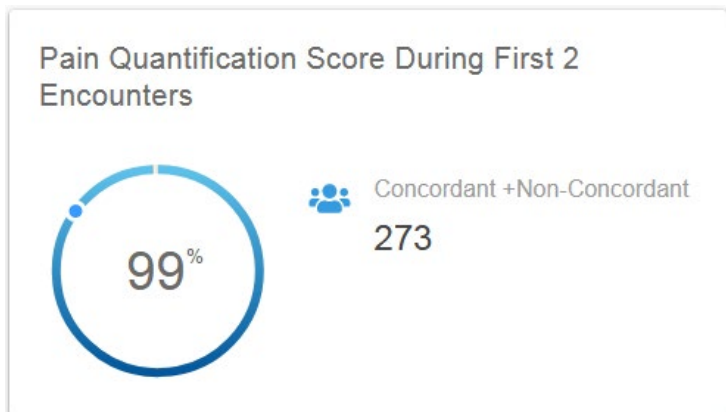
Physician Signature: _____ Date Prepared: _____

Physician (Print Name): _____ Physician Contact Number: _____

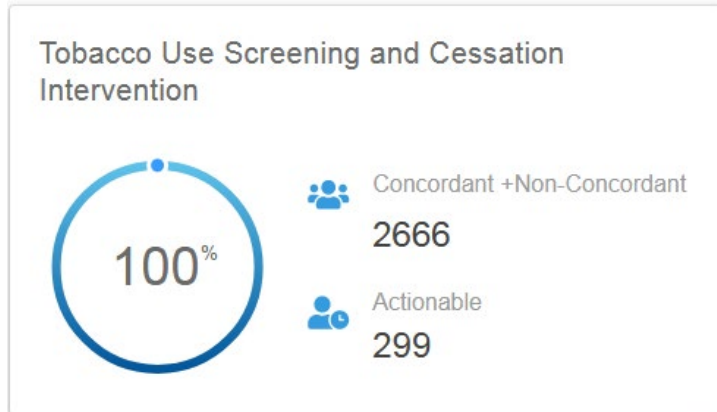
SEND FORM WITH PATIENT/RESIDENT WHEN TRANSFERRED OR DISCHARGED

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 270 of 273 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 2666 patients qualifying for this measure during 2018, 2666 were screened and 299 received an intervention to stop using tobacco.

Conclusion

We are proud of the quality care we provide to our Saint Joseph Hospital 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