



Torrance Memorial Medical Center

**CANCER SERVICES
REPORT**

2015



TORRANCE MEMORIAL
HUNT CANCER INSTITUTE



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COMMISSION ON CANCER STANDARD 1.12

Hunt Cancer Institute Mission Statement

To be first in the South Bay/Peninsula communities in the provision of quality care, patient service and community support to residents experiencing cancer.

Hunt Cancer Institute Vision Statement

To provide excellent, values-driven care to cancer patients and their caregivers, we maximize quality of life opportunities through:

- *Provision of comprehensive, ethical, quality care throughout the entire continuum of cancer care*
- *Respect for individual and family values*
- *Provision of current and effective medical technologies*
- *Compassion for patients, caregivers and healthcare providers*
- *Collaboration with partners to provide access to cancer clinical trials*
- *Stewardship of resources and partnering with community agencies*

The Torrance Memorial Hunt Cancer Institute is accredited by the American College of Surgeons as a Comprehensive Community Cancer Center. Our most recent survey by the College was in April 2015 and resulted in achieving a full three year accreditation status.

CANCER TREATMENT QUALITY MEASURES

Assessment of Evaluation and Treatment Planning--Standard 4.6

Each year, a physician member of the oncology committee performs a study to assess whether patients within the program are evaluated and treated according to evidence-based national treatment guidelines. In 2016, Dr. Son Nguyen, our Cancer Liaison Physician, and Dr. Neil Bhayani, a Hepatobiliary Surgeon, conducted an assessment of the evaluation and treatment of hepatocellular cancer cases diagnosed between March 2014 and November 2015. A total of 10 charts were reviewed.

Pt	AJCC Stage	NCCN Category	1st course Treatment	Treatment per NCCN guideline
1	1	potentially resectable or transplantable	chemoembolization w/doxorubicin	Yes
2	3a	inoperable	chemoembolization w/doxorubicin	Yes
3	1	inoperable	no treatment	Yes
4	2	potentially resectable or transplantable	microwave ablation and chemoembolization (TACE)	Yes
5	1	inoperable	no treatment	Yes
6	1	unresectable	no treatment	Yes
7	1	inoperable	no treatment	Yes
8	1	potentially transplantable	TACE w/doxorubicin	Yes
9	3b	unresectable	sorafenib	Yes
10	1	inoperable	TACE w/doxorubicin	Yes

Conclusions of the data analysis included:

1. All patients were treated in accordance within the parameters recommended by the National Comprehensive Cancer Network guidelines
2. Physician evaluation of the patient's overall health status plays a significant role in determining appropriate modifications to the NCCN-recommended guidelines

Dr. Bhayani will collaborate with the appropriate physicians on improving documentation to substantiate clinical decision-making regarding patient health status that result in deviations from the NCCN-recommended guidelines.

CANCER CARE IMPROVEMENT PROJECTS

Prevention Programs—Standard 4.1

Each year, the cancer committee provides at least 1 cancer prevention program that is targeted to meet the needs of the community and should be designed to reduce the incidence of a specific cancer type. The prevention program is consistent with evidence-based national guidelines for cancer prevention.

The 2015 cancer prevention program focus for Torrance Memorial has been on smoking cessation and reduction of smoking-related health risks. Tobacco use continues to be a major risk factor for cancers of the lung, pharynx, oral cavity, esophagus, pancreas and bladder. These and other illnesses associated with tobacco use result in health care expenditures of more than \$300 billion annually in the United States. (Centers for Disease Control and Prevention, 2016). The approach to prevention of smoking-related illnesses at Torrance Memorial is multi-faceted, employing educational and awareness strategies that include

members of the community and members of the healthcare team.

Smoking Cessation Program

Torrance Memorial initiated a nurse-led 7-week smoking cessation program based on the American Lung Association's *Freedom from Smoking* course. It continues to be the only program available in the Los Angeles area. The program was initiated in August of 2015 and has been marketed through community publications, by the distribution flyers in local healthcare provider offices, as well as throughout the hospital and on the Torrance Memorial Medical Center website. By using a variety of marketing tools, it is our hope to reach everyone in the community as well as hospital employees.

Focus on Our Community

The Torrance Memorial Health Education department and HealthLinks continue to offer a full array of free- or low-cost exercise, diet and healthy living classes and lectures. These classes and lectures are widely promoted to the public in hospital publications, on the hospital website, on flyers distributed in the community, and in the local newspaper. Monitoring of attendance and participant satisfaction including suggestions for future activities is ongoing. Additionally, Torrance Memorial remains a smoke-free campus.

Focus on Our Employees

The Vitality Program, initiated in 2014 continues as a successful interactive and personalized wellness and rewards program for Torrance Memorial employees, spouses and their children. Smoking cessation and accompanying health lifestyle choices are prominent in this program. To date, over 1300 employees and family members are participating in Vitality with several enrolled in the “Living Smoke Free” smoke free text program.

Focus on Healthcare Providers

Lung cancer accounts for more deaths than any other cancer in both men and women which represents about 27% of all cancer death according to the American Cancer Society. Cigarette smoking is by far the most important risk factor for lung cancer. Supporting the increased awareness of the impact of tobacco use and smoking, The Hunt Cancer Institute sponsored the annual Oncology Nursing Symposium, which was held in April 2015 focusing on prevention, screening, diagnosis, treatment and care of lung cancer patients. Topics included *Lung Cancer Risk and Screening* presented by Melissa Gunlund, RN, MSN, OCN, Thoracic Nurse Navigator, *Surgical Management of the Lung Cancer* presented by Clark Fuller, MD, Cardiothoracic Surgeon, *Systemic Treatment of Lung Cancer* presented by Thomas Lowe, MD, Medical Oncologist and *Radiation Therapy for Treatment of Lung Cancer* presented by Bryan Chang, MD, Radiation Oncologist.

Focus on Early Detection

The National Lung Screening Trial research study examined and followed more than 50,000 current and former smokers who were determined to be at high risk of developing lung cancer. Using data gathered in this trial, scientists found that significantly fewer study participants died of lung cancer if they underwent low-dose spiral Computed Tomography (LDCT) screening compared to those who had a standard chest x-ray. The study strongly suggests that CT lung

screening leads to early detection and better survival for those at risk for the development of smoking-related lung cancer.

The Torrance Memorial LDCT program began in 2014. To enhance use of this program Torrance Memorial in 2015 lowered the out-of-pocket cost of low-dose spiral CT to a cash price of \$225. This led to an increase in the number of people screened in our community from 25 LDCT screenings in 2014 to 82 LDCT screenings in 2015.

CT Lung Screening Scans summary

YEAR	# of CT scans
2011 (July to Dec)	15
2012	15
2013	20
2014	25
2015	82
* New lower Cash price introduced in 2015	

Studies of Quality—Standard 4.7

Each year, the cancer committee develops, analyzes and documents two studies that measure the quality of care and outcomes for patients with cancer treated at the facility.

Hypofractionated Whole Breast Irradiation for Low-Risk Breast Cancer Patients

Breast conservation therapy is the most common treatment for early-stage breast cancer and accounted for 42.5% of breast cancer surgeries at Torrance Memorial in 2014. Whole breast irradiation (WBI), recommended for most women after breast conserving surgery, has been the standard of cancer as it reduces local recurrence and improves overall survival.

Hypofractionated WBI is a shorter duration treatment alternative to conventional WBI, comprising fewer but higher-dose fractions generally delivered over 3 weeks. Hypofractionation has been shown to be more convenient for the woman and can also reduce side effects such as acute pain and fatigue. The Torrance Memorial Radiation Oncology department was an early adopter of hypofractionated radiation therapy after breast conserving surgery, with 10% use of short fraction treatment in 2008, increased to 33% by 2013.

**Hypofractionated vs. conventional course XRT
after breast conserving surgery**

	2008	2013
Hypofractionated course XRT	9	33
Conventional course XRT	84	69
Percentage of patients receiving short-course XRT	9.6%	32.6%
Total pts	93	102

Implementation of Tomosynthesis 3-Dimensional Mammography

As part of Torrance Memorial’s ACR-accredited Breast Program the Vasek Polak Breast Diagnostic Center added the latest diagnostic technology available. Tomosynthesis 3-Dimensional Mammography identifies invasive tumors and reduces false positives in patients with dense breast tissue. A retrospective study conducted at the Torrance Memorial Breast Diagnostic Center over the last year noted a 14.7% decrease in patients that have to be called back for additional radiological studies. The success of this program supports the addition of Tomosynthesis Mammography units in off-site breast centers screening in 2016.

Standard 4.8—Improvements

Annually, the quality improvement coordinator, under the direction of the cancer committee, implements 2 improvements. One improvement is based on the results of a completed study that measures cancer patient quality of care and outcomes. One improvement can be identified from another source or from a completed study.

Chemotherapy Biotherapy Administration Worksheet

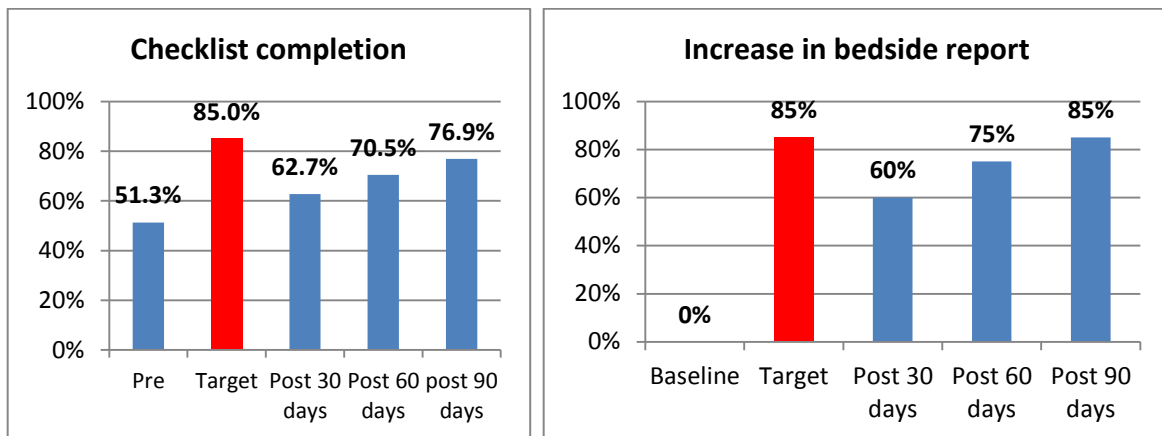
The Hunt Cancer Institute has a dedicated oncology inpatient unit consisting of 26 private rooms. The nurses on the dedicated oncology unit routinely administer chemotherapy to their patients in accordance with the Oncology Nursing Society (ONS) standards to ensure safe practice. With the goal to ensure ongoing efficient and safe practice for our patients, the continuing growth of the Hunt Cancer Institute and the number of patients treated each year demonstrated a need for all RNs on this dedicated oncology unit to be ONS Chemotherapy/Biotherapy Certified. In January of 2015, 14 (36%) of all inpatient oncology RNs were Chemotherapy/Biotherapy Certified. By July 2016 an additional 26 nurses were trained, increasing the amount of ONS Chemotherapy/Biotherapy Certified nurses on the inpatient oncology unit to 100%.

To ensure safe administration of chemotherapy to our oncology inpatients for this large group of newly certified chemotherapy nurses, and all oncology nurses, a tool was developed and implemented to assure a two-RN double check for all chemotherapy administered on the inpatient unit. Completion of the Chemotherapy Biotherapy Administration Worksheet occurs prior to all chemotherapy administration. This procedure, in addition to other safeguards in place for chemotherapy administration such as the Initial Competency Verification Form

completed by each nurse at the end of the Chemotherapy/Biotherapy course, adds another level of safety to help ensure a systematic review and verification of all the necessary steps involved in the administration of chemotherapy.

Certified Nursing Assistant Study

This study was completed to improve Certified Nursing Assistants (CNAs) rounding at shift change and improve patient satisfaction as measured by the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) patient satisfaction survey scores. CNAs are an integral part of the healthcare team at Torrance Memorial and impact many aspects of care. On the inpatient oncology unit CNAs were not rounding on patients during shift change and no standard work process for the CNAs at change of shift was in place. With the goal of improving communication with patients and promoting continuity of care during shift change a standardized process was developed and implemented for the CNA care team that included a checklist of specific patient care tasks. Results of the implementation of a standardized process (checklist completion) demonstrated improved compliance with the process and an increase in bedside reporting. Additionally there was a significant increase in the HCAHPS patient satisfaction scores. In 2014 the target scores for the identified HCAHPS were achieved or exceeded 42% of the time. This improved to 99% in 2015 demonstrating a positive effect on the patient experience.





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