



Torrance Memorial Medical Center

**CANCER SERVICES
REPORT
2014**



TORRANCE MEMORIAL
HUNT CANCER INSTITUTE



HUNT CANCER INSTITUTE

CANCER SERVICES REPORT

2014

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 2012 and resulted in not only achieving all the required standards but we also excelled in all standards where Commendation was available. As a result of the survey, the Torrance Memorial Hunt Cancer Institute achieved the Commission on Cancer's Outstanding Achievement Award. We were one of only 79 cancer programs nation-wide, and 3 in California, to receive this recognition.

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 2014, Dr. Son Nguyen, our Cancer Liaison Physician, conducted an evaluation of the assessment and treatment of pathological stage 3 colon cancers diagnosed in 2013. A total of 29 charts were reviewed.

SURGERY		ADJUVANT CHEMOTHERAPY	
≥ 12 lymph nodes at surgery	27	NCCN-recommended regimen	15
< 12 lymph nodes at surgery	2 One patient=11 One patient=10	Single agent (Oxaliplatin)	2
		Patient refused	5
		Not recommended due to comorbidities	4
		Lost to follow-up/left community	3

Conclusions of the data analysis included:

1. 93% of stage III colon cancer patients have ≥ 12 lymph nodes examined at surgery per National Comprehensive Cancer Network guidelines
2. 88% of stage III colon cancer patients who received adjuvant chemotherapy received an NCCN-recommended regimen; the remaining patients who received adjuvant chemotherapy received an NCCN-recommended regimen that was modified based on the patient's overall health status.

Dr. Nguyen will collaborate with GI surgeons to achieve goal of 100% of patients undergoing colectomy for colon malignancy will have a minimum of 12 lymph nodes for pathological analysis.

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.

In 2013 the Oncology Committee conducted an Oncology Community Needs Assessment. The Los Angeles County Department of Public Health Service Planning Area (SPA) 8 was used as the best approximation of the Torrance Memorial Medical Center service area. The full report can be found on the Torrance Memorial website at www.torrancememorial.com.

Findings of the Oncology Community Needs Assessment revealed that too many SPA 8 residents have problems with obesity and engaging in regular exercise. Cigarette

smoking and excessive alcohol consumption were also identified as areas for improvement. Obesity, physical inactivity and poor diet have been implicated as risk factors for several types of cancer including breast, colorectal, endometrial and others. Smoking is well-known to be a preventable risk factor for development of lung cancer, as well as other cancers including oropharyngeal cancer and bladder cancer. Excessive alcohol intake is associated with an increased risk of oropharyngeal and esophageal cancers.

The Torrance Memorial Health Education department continues 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.

Smoke-Free Campus

To encourage healthy lifestyle choices that can lead to a reduction in the incidence of these cancers, the medical center institute its Smoke-Free Campus policy. The smoking and tobacco policy is publicized throughout the campus with signs and flyers and on the hospital website. Patients and visitors can learn more about smoking cessation classes, books and products in HealthLinks.

Vitality Program

In 2014 the Vitality Program, an interactive and personalized wellness and rewards program for Torrance Memorial employees and their children, was implemented. The program makes it easy for users to set and track personal goals and measure their progress. To date, approximately 1300 employees and family members are participating in the program.

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.

Breast Diagnostic Center Patient Navigation Patient Satisfaction Survey

To assess breast cancer patient satisfaction with navigation services provided by the Breast Diagnostic Center breast navigator RNs, a 12-item patient satisfaction survey was developed. The survey also included an area for handwritten comments. The survey was mailed to all patients post-surgery who were diagnosed at the Breast Diagnostic Center from March through September 2014. A self-addressed stamped envelope was included with the survey and surveys did not include any patient identifiers. A total of 50 surveys were returned by August.

Analysis of the surveys showed a very high level of patient satisfaction with all evaluation criteria. Handwritten comments reflected the positive impact the nurse navigators and the navigation program have on women newly diagnosed with breast cancer.

Oncology Patient 30-Day Readmission Rate

A PI study was conducted to learn more about 2 North oncology patients who had one or more unplanned inpatient readmissions within thirty days of their last discharge. 2012 oncology patient admissions data was used. Thirty-eight (38) oncology patients who had a total of 75 unplanned inpatient readmissions were identified.

Summary of Patient Characteristics

Cancer Type	# of patients readmitted	Readmission time & day of week	# of patients
GYN	8	Monday – Friday 9 am to 5 pm	35
Lung	5	Sat/Sun/legal holiday	22
Hematologic malignancy/MDS	6	Monday – Friday 5 pm to 12 MN	10
Colorectal	4	Monday – Friday 12 MN to 9 am	8
Breast	3		
Lymphoma	3		
Other	9		
TOTAL	38		
Patient gender		Current Cancer Treatment	
Male	15	Currently receiving chemotherapy	25
Female	23	Currently receiving radiation therapy	4
Primary C/O leading to readmission		Primary co-morbidities	
Pain	34	Impaired renal function	11
Weak	27	Obese/diabetes	11
SOB/other respiratory	20	Impaired cardiac function/on anticoagulants	11
Nausea/vomiting/other GI	19	Pulmonary problem/smoking history	4
Fever/infection	12	H/O chronic infection	4
Abnormal CBC	12		

Patient current status			
Deceased or hospice	33	Unknown or alive	5

The study revealed that oncology patients at increased risk for readmission include:

1. Nearing or at end of life
2. Advanced disease
3. Chemotherapy
4. Gynecologic or hematologic malignancy
5. Renal failure, cardiac condition, on anticoagulant therapy, obese or diabetes

Future efforts to reduce oncology patient readmissions include promotion of the Ambulatory Care Management Program and Comprehensive Care Clinic, and referral to inpatient and outpatient Palliative Care.

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.

Stereotactic Radiosurgery

In 2013 the Radiation Oncology department implemented the TrueBeam system for radiotherapy. The technology is used to administer radiation therapy to patients with prostate, head and neck, brain, lung and breast cancers. The system allows high dose deliver with tighter margins which can help reduce some potential side effects of treatment. The system includes a sophisticated couch that allows for advanced patient positioning, automated accuracy checks every 10 milliseconds, and respiratory gating to control for normal chest movements. TrueBeam is integrated with the department's Aria electronic medical records system which simplifies patient scheduling and improves recordkeeping accuracy.

In 2014 the radiation oncology physicians and staff began training to use the TrueBeam system to treat patients with stereotactic radiosurgery. Appropriate candidates are patients with low-volume brain, lung, liver and spinal tumors. Stereotactic radiosurgery treatment of eligible patients with brain and lung lesions has started.

Oncology Rehabilitation Program Improvements

In 2013, a performance improvement study was undertaken to assess patient satisfaction with the Oncology Rehabilitation Program, and outcomes of therapy. The study consisted of patient surveys and a post-treatment follow-up call. Responses from 30 patients were included in the data analysis. Results of study revealed high levels of patient satisfaction with the therapy received as well as the post-treatment recommendations for self-care at home. The surveys revealed opportunities to improve

the patient experience with referral for services and scheduling of the patient's first appointment.

As a result of the study, several front office improvements in the Rehabilitation department were implemented including: staff re-assignment, expanded customer service training, improved workflow, increased manager oversight, and identification of a department champion for each discipline to improve prioritization of patient scheduling. For ongoing quality control, all new patients are queried regarding their experience with registration and 1st appointment scheduling.



TORRANCE MEMORIAL
HUNT CANCER INSTITUTE

www.TorranceMemorial.org