

# Cancer Annual Report 2017

# Jefferson Healthcare



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## A message from Mike Glenn, CEO

Jefferson Healthcare's mission is working together to serve our community with personalized care and medical excellence. Our goal is to provide as many services locally as possible. Expanding our Oncology Services is one way to meet this goal as traveling for cancer services puts both a physical and financial strain on our patients.

This year it is with great pleasure I announce Jefferson Healthcare has received National Accreditation with commendation from the Commission on Cancer of the American College of Surgeons. This will help us to deliver quality, comprehensive care to patients undergoing oncology treatment right here at home.

This accreditation process has been a journey, and I want to thank everyone who played a role in the process.

The Oncology staff has always provided quality, patient centered care to our patients needing cancer care. Having the new Oncology Clinic, Infusion Clinic and Wound Center will give them more of the tools they need to take this service to a higher level.

## 2016 Cancer Committee Membership

*Jefferson Healthcare's Cancer Committee plays a very important role. Cancer program success depends on an effective multidisciplinary committee. The cancer committee is responsible for goal setting, planning, initiating, implementing, evaluating and improving all cancer related activities in the program. Below is a list of committee members.*

Marc Koenig, MD Diagnostic Radiology	John Hoyt, MD Pathology	Kelly Lloyd, MD Pathology
Ann Murphy, MD Medical Oncology	Heath Foxlee, MD Radiation Oncology	Joseph Mattern, MD Cancer Liaison Physician
Jackie Osland, MD General Surgery	Gene Robinson, MD General Surgery	Lisa Holt, PHD(c), MS, RN Chief Ancillary Officer
Carla Woodward, MSW, CTR Cancer Registry	Jeinell Harper, RN Director Oncology	Rebecca Strona, RN Quality/Patient Safety
Lanny Turay, R.PH. Pharmacy	Irene Marble, BS, CDN Dietician	Mitzi Hazard, DPT Rehabilitation
Amy Dzisenu ACS Representative	Mary Fortman, LICSW Social Work	Tina Herschelman Community Outreach
Rebecca Kimball, ARNP Oncology	LuAnn Rogers, RN, OCN Clinical Research	Lisa Lawrence, LICSW Social Work
Brittany Huntingford Cancer Conference Coordinator	John Nowak Community Outreach	Deb Kaldahl Palliative Care
Bernie Ward-Crixell Pastoral Care		

*Recent statistics from the American Cancer Society estimate that one out of every two American men and one out of every three women will be diagnosed with cancer at some point in their lifetime.*

*Cancer is and has remained the leading cause of death in Jefferson County as it is in the whole of Washington State. (Community needs assessment 2014)*

## Jefferson Healthcare Oncology Services-

The Cancer Program at Jefferson Healthcare treats many types of cancer each year. In 2016 there were 180 new cancer patients seen for diagnosis or treatment at Jefferson Healthcare, with the most common primary sites of Breast, Prostate, Colorectal, Bladder, and Hematopoietic.

It is the goal of the Jefferson Healthcare's Cancer Program to provide high quality patient centered cancer care. Jefferson Healthcare strives to offer as many cancer treatment services as possible so patients do not have to travel outside of their community for their cancer care.

In 2017 Jefferson Healthcare provided medical oncology and infusion services on the third floor in its brand new Cancer Center. The new Cancer Center offers a warm, caring and supportive environment to patients and families, as well as expanded services such as a survivorship program, on site radiation oncology consultation, genetic counseling and support groups all at one convenient location.

Jefferson Healthcare's Cancer Center believes in a team oriented approach that includes board certified medical oncologists, an oncology ARNP, oncology certified nurses, pharmacists, social workers, dietitians, and physical therapist.

# Support Services

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*Jefferson Healthcare offers many support services to help patients with a diagnosis of cancer deal with their cancer.*

- **Cancer Navigation Services** – Available to all cancer patients throughout and after their treatment. Our Medical Social Workers provide support and resources through cancer diagnosis, treatment and recovery.
- **Genetic Counseling – In partnership with Myriad Labs.** For cancer patients and those at risk for the disease. Results are shared by a certified genetic counselor in coordination with the patient's physician.
- **Oncology Resource Center** – Located on the oncology unit. This library is available to all patients.
- **Lymphedema Treatment** – A Certified Lymphedema Therapist helps patient experiencing this side effect of the disease and treatment.
- **Nutrition Services** – A registered Dietician helps patients experiencing difficulty with nutrition during cancer treatment.
- **Home Health Services** - Provides skilled nursing, social work and rehabilitation services in the home
- **Look Good Feel Better** – A program supported by the American Cancer Society helps women cope with the appearance-related side effects of cancer treatment.
- **Palliative Care** – Helps improve a patient's quality of life by lessening the physical, emotional and spiritual pain he or she is experiencing.
- **Cancer Support Groups** – Offer cancer patient emotional support and education.
- **Pain Management Services** - Patients receive pain management services through the Oncology Clinic but can also be referred for consultation.
- **Rehabilitation Services** - Includes physical, occupational and speech therapy to assist patients with strengthening and activities of daily living.
- **Survivorship Program** – Offered to all patients as they complete treatment to disseminate a treatment summary and follow-up plan.
- **Tai Chi**- A specially designed 8-form Tai Chi class focusing on balance, strength and function movement, also a chance to build a social network over the 12 week series.
- **Harmony Hill** – Offers retreats for cancer patients, their loved ones and care givers to help cope with the effects of cancer.
- **Hospice** – Offers holistic care to patients with a terminal diagnosis. Supports both the patient and their family at the end of life.

# Clinical Trials

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In 2015 Jefferson Healthcare's Cancer program joined the Northwest NCI Community Outreach Research Program (NW NCORP) spearheaded by MultiCare Health System, Virginia Mason Medical Center, Intermountain Healthcare and other health partners from Alaska to Utah. Jefferson Healthcare's participation in NW NCORP allows patients to be entered into cancer clinical trials without leaving our community.

Cancer clinical trials are research studies or protocols that test how well detection methods and therapies work in people, with the goal to find better ways to treat and eventually prevent cancer. Through clinical trials, researchers can determine the safety and effectiveness of new treatments under the supervision of a physician and other research professionals.

Volunteers who participate in clinical trials receive new, innovative research treatments before they are widely available. Knowledge on treatments gained from clinical trials can influence cancer care and help prevent cancer or treat people with cancer in the future.

NW NCORP brings researchers together with community based physicians to conduct high quality studies for cancer patients and people at risk of cancer in their local setting, where most people receive their care.

Jefferson Healthcare is proud to be able offer this option for our local community.

Learn more about NW NCORP at [www.nwncorp.org](http://www.nwncorp.org).



## Cancer Conference (Tumor Board)

The goal of Cancer Conference is to provide current information to the medical staff and to provide consulting services to the clinicians about specific cancer cases presented at the conference. Physicians present a brief medical history of the patient, presenting symptoms and staging evaluations. Radiology and Pathology discuss the pertinent information of the diagnostic work-up. This multidisciplinary approach and discussion is important to improving the care of the cancer patients.

The cases presented can include:

- Newly diagnosed patient where treatment has not yet been initiated
- Newly diagnosed patients where treatment has been initiated but additional treatment is needed
- Previously diagnosed where initial treatment is completed but discussion about treatment to prevent reoccurrence is needed
- Previously diagnosed cases and discussion of palliative care is needed

Cancer Conference is held monthly. In 2017 One hundred fifteen cases were presented.





# Performance Improvement

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The cancer program, under the direction of the Cancer Committee, continued to take on performance improvement work during 2017. Our goals focused on continuing improvements to patient satisfaction and the clinical care given.

This year the committee wanted to continue our commitment to enhancing the patient experience. We began by evaluating our Picker Patient Satisfaction Survey results for the Oncology clinic. We noted that there was room for improvement in our response to a patient's medical question the same day that they call us. For 2016 our Picker survey showed this at 66%. We decided to study this area further with an internal audit and found that 58% of calls were currently answered the same day. We met with staff to get their input on why calls are not responded to more quickly. Next we audited all calls for a month and analyzed the data in more detail to better understand our current processes. It was felt that a simplified and standardized process for calls with medical questions would address most of the issues. This was developed, education was done and it was implemented. To date an audit of our same day response to medical calls has improved to 76% and our commitment to continued improvement on this is ongoing.

Our committee and nursing staff also wanted to focus on an area of clinical care for improvement during 2017. It was felt that we could better meet national standards for education and documentation of that patient education following infusion of blood or blood products. Initially, we studied the current process in our oncology clinic. We found that in 2016 2% of our patients met the standard based upon a medical record documentation study. We also surveyed nursing staff to determine what the barriers were to completion of this task. Then the team worked together to create a new workflow for educating patients. Additionally, "smart phrases" (a technology tool in the electronic medical record) were created to facilitate the documentation of the education. Staff were educated and their progress monitored and shared monthly. Presently, our monthly average is at 87%.

We believe these changes have had a positive impact on our patients and we will continue to look for ways to make patient experience for patients receiving cancer treatment at Jefferson Healthcare as positive as possible.

# Cancer Registry Data

## From 2016 Data

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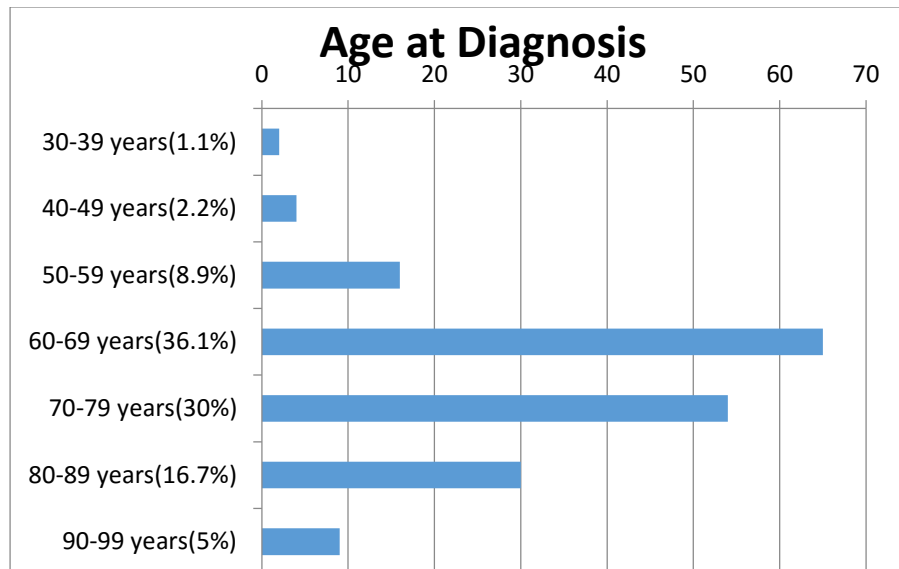
Commission on Cancer accreditation challenges cancer programs to enhance the care they provide by addressing patient-centered needs and measuring the quality of the care they deliver against national standards. Like all CoC-accredited facilities, Jefferson Healthcare maintains a cancer registry and will make its first contribution of data to the National Cancer Data Base (NCDB) in early 2018. The NCDB is a joint program of the CoC and American Cancer Society. This nationwide oncology outcomes database is the largest clinical disease registry in the world. Data on all types of cancer are tracked and analyzed through the NCDB and used to explore trends in cancer care.

CoC-accredited cancer centers, in turn, have access to information derived from this data analysis, which is used to create national, regional, and state benchmark reports. These reports help CoC facilities with their quality improvement efforts.

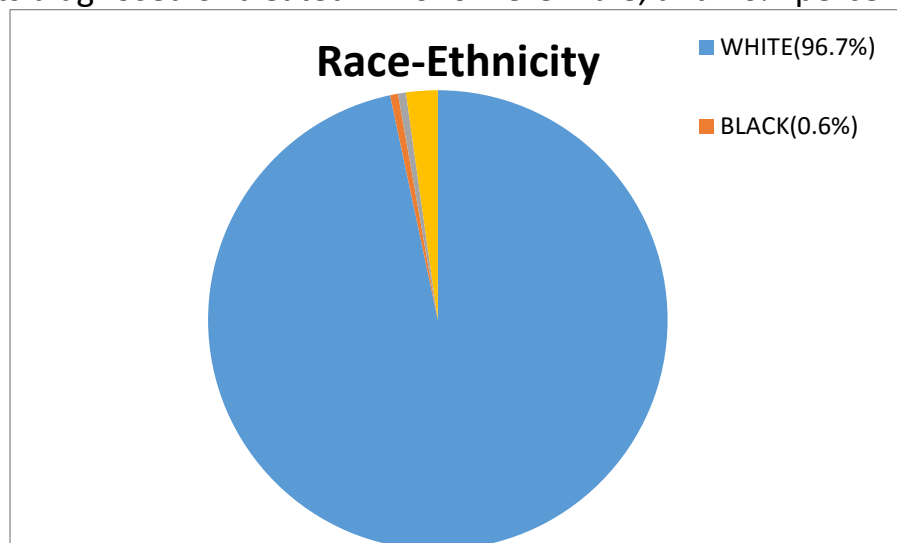
The Jefferson Healthcare cancer registry currently contains records of 793 individual tumor occurrences, and is growing at the rate of approximately 170 new case accessions per year. Complete, computerized abstracts containing demographic, diagnostic, treatment, and outcome information on all cases diagnosed since January 1, 2014 are maintained in the registry and updated annually.

In 2016, 180 new analytical cancer cases were added to the JHC registry. Analytical means that the patient's cancer was diagnosed or received all or part of their first course of treatment at Jefferson Healthcare. The most frequent primary sites of cancer diagnosed or treated at JHC in 2016 were: Breast (29,) Prostate (27,) Colorectal (19,) Bladder (16,) Hemeretic (14,) Pancreas (11,) and Lung (11).

The age of patients ranged from 30s (1.1%) to age 90 or older (5%). The majority of patients were older than age 60, with the greatest number of cases clustered in the age range of 60-69 (36.1%). Patients under age 50 constituted only 3.3% of all patients.



54% of patients diagnosed or treated in 2016 were male, and 46% percent were female.



Over 96% of patient diagnosed with or treated for cancer at JHC in 2016 were white. Four percent of patients identified themselves as being of Spanish/Hispanic ethnic origin.

American Joint Commission on Cancer (AJCC) TNM staging distribution shows that approximately 95 of the analytical patients had stage 0, I, or II cancers (52.8 percent). Patients with stage III disease represented 13.9 percent of cases, while 16.7 percent had stage IV cancers at diagnosis. AJCC staging information was insufficient for 1.7 percent of all analytical patient cases, and not applicable for 15 percent of cases.

# Cancer Prevention Program

## Standard 4.1 Cancer Prevention 2017 Project Increase rates of HPV Vaccine

### Program Rationale

The 2014 Jefferson County Community Needs assessment revealed immunization rates for Human papillomavirus (HPV) among 13 to 17 year olds in the county are below statewide rates for both initiation and completion, and both are well below the Healthy People 2020 goals.

Area	= or > 1 HPV	= or > 2 HPV
Jefferson Co.	39%	29%
Washington State	46%	36%
Healthy People 2020 goal	80%	80%

The Committee selected to address HPV immunization rates in accordance to CDC guidelines and evidence based interventions because:

- HPV causes most cervical cancers, as well as some cancers of the vagina, vulva, penis, anus, rectum, and oropharynx (per CDC);
- HPV vaccines are recommended for preteen girls and boys to protect against HPV infection;
- 11 and 12 year olds should get the HPV vaccine, and teens that have not yet gotten the vaccine or did not complete the series, should get it immediately (per CDC).

### Program Summary

According to the CDC the most effective intervention to increase the rate of the 1<sup>st</sup> dose of immunization is through strong, routine, physician recommendation at age 11-12 years. Patient reminder and recall systems are the most effective strategies for completing the series. Combined interventions are the most effective for overall completion and timeliness.

### Program Goals:

- Provide 1<sup>st</sup> dose HPV immunization to 30 youths in Jefferson County at an all-day clinic for HPV vaccinations.
- Identify and provide reminder messages to 100 patients who have initiated, but not completed the series.

Goals would be accomplished through the following activities:

- Use social media to educate our community and to increase awareness about importance of the HPV vaccine;
- Standardize the messaging our providers give to patients and families about the HPV vaccine;

- Create an opportunity for the HPV vaccination outside the Well Child check-up, which many families skip during the tween & teen years; hold a convenient, all-day, no-appointment necessary clinic to deliver vaccines; and finally
- Make reminder calls to patients who have received the 1<sup>st</sup> dose but have not completed the series.

### Outreach and Coverage

- Sent press releases (attached) to all local traditional media outlets: *Peninsula Daily News*, *Port Townsend Leader*, and *KTPZ*.
- Created an online HPV immunization resource page targeting Jefferson Healthcare's primary care providers, which included specifics about the immunization clinic event, American Cancer Association's presentation for physicians on HPV, CDC's one page HPV fact sheet, and an HPV vaccine video for providers from the MN Dept. of Health. Jefferson Healthcare's Medical Director of Population Health sent a peer-to-peer email (attached) to her colleagues encouraging them to access the materials, which were available for review at their convenience from any location. The core message of this outreach to providers: an effective recommendation from you is the main reason parents decide to vaccinate.
- Distributed flyers throughout the East Jefferson County, including libraries, grocery stores, and other public places frequented by families (attached).
- Launched a social media campaign (demographics attached): Facebook posts reached a combined 3552 people; Facebook "event" listing reached 1514 people. Targeted population were women between ages 25 and 44 because they are the most often the person in the family making healthcare decisions.
- Reminder calls to parents or guardians of patients who had received the first dose but not yet completed the series.

### Program Outcomes

Per CDC recommendations, a combined approach was implemented for our outreach, consisting of reminder calls to eligible patients' parent or guardians and provider involvement, combined with a convenient, stop-in clinic scheduled on an "early release" day for the Port Townsend school districts – in other words, on a day and during a time when kids were not in school and would not be scheduled for after school activities.

On the day of the event, Wednesday, November 15, 2017, four kids were immunized against HPV at the clinic event.

### Conclusion

Immunizing only four kids was well below our goal of 30, and none of the four received a first, initial dose, rather those four patients were completing the series. Factors which may have contributed to the low turnout:

- The number of reminder calls was below our goal of 100; calls were made to 53 families of patients who had received the first dose but not yet completed the series. The number was limited by the number of patients eligible to receive the 2<sup>nd</sup> dose; and

- The HPV vaccine is not required for school attendance in Washington State.

With such a low turnout of families, it would be difficult to argue the stand-alone, one-day clinic approach is an effective outreach to increase HPV vaccination rates. In fact, a similar clinic was held at the same location on November 28, 2017 offering pediatric Influenza vaccines and only three patients attended and were immunized. Therefore it is tempting to conclude low turnout was not specific to the HPV vaccine, but to the approach. Rather than a hosting a discrete event, no matter how convenient for busy families, an on-going dialog with parents about the importance of immunizations might prove more effective, especially when coupled with an emphasis on scheduling Well Child visits with their primary care providers during the tween years and combined with reducing missed opportunities during other visits.

## Standard 4.2 Cancer Screening 2017 Project FluFit Colon Cancer Screenings in Quilcene

### Program Rationale

Of the Jefferson Healthcare patients diagnosed with cancer in 2015, colorectal cancer was the third most common primary site grouping, after breast and prostate cases. While our age adjusted incidence rate of colon cancer remains low when compared to state and national rates, county residents in the 65 and older demographic comprise almost 32% of our population, more than double Washington State's rate of 14%, making colon cancer screening and early detection uniquely critical to our community.

Area	Year	Age adjusted colorectal cancer rates per 100,000
Jefferson Co.	2011-2013	34.1
Washington State	2013	36.2
United States	2012	41.4

The 2014 Jefferson County Community Needs Assessment reported 75% of residents over the age of 50 had been screened for colorectal cancer, which does not differ statistically from the State rate. The National Colorectal Cancer Roundtable set a goal of screening 80% of the eligible population.

The Jefferson County identified the FluFit (Fecal Immunochemical Test) Program as an appropriate screening tool because:

- FluFIT increases access to screening because it does not require bowel preparation, anesthesia, or transportation to and from the screening exam (test is performed at home)
- FluFit home test increases access to screenings because it is offered during patient's annual influenza vaccine with the message, "just like a flu shot, you need FIT or FOBT every year."
- The program was specifically designed to increase rates of colorectal cancer screening among adults and was developed through research funded by the American Cancer Society; it is a National Cancer Institute Research-tested Intervention Program.

## Program Goals:

- Provide instruction and FIT tests to 50 eligible patients through a 2 day FluFit drive during annual flu shot season.

Goals would be accomplished through the following activities:

- Hold two flu immunization clinics in Jefferson Healthcare's Quilcene Clinic in October;
- Provide information about colorectal cancer screening options to all patients seeking flu shots;
- Offer FOBT/FIT to eligible patients meeting criteria (over 50 years of age and under 86 years and has not had a colonoscopy in the last 10 years nor a FIT/FOBT in the last year); and finally
- Make reminder calls to patients who took cards and did not return them.

## Outreach and Coverage

- Sent press releases (attached) to all local traditional media outlets: *Peninsula Daily News*, *Port Townsend Leader*, and KTPZ.
- Identified a "provider champion" for the program in Merrily Mount, ARNP, Family Medicine, in the Jefferson Healthcare South County Medical Clinic in Quilcene. She prepared her clinic staff, promoted the event to patients, and guided efforts.
- Distributed flyers throughout the Quilcene area (attached).
- Rented and staffed a booth at the Quilcene Fair and Parade on September 16 and 17, 2017. Distributed flyers and talked to residents about the upcoming event.
- Launched a social media campaign (demographics attached): Facebook "event" listing reached 627 people. The event information was also shared on the public Facebook group "I've Heard of Quilcene" which has 3605 members.

## Program Outcomes

Per the NCI evidence-based guidelines, during flu vaccine clinics held on October 11 and October 18, 2017, 46 patients were counseled about options for colorectal screenings and eligible patients were offered FIT kits to take home.

Nine eligible patients took home the FIT kits, representing 82% of eligible patients, and eight returned them. Of those eight kits, three tested positive and follow-up consultations were arranged through their primary care providers.

## Conclusion

Although we fell short of reaching the goal of providing 50 FIT kits to our patients, we had an engaged community who were grateful for the information and the colorectal cancer information and screening opportunity. 93% of patients who arrived for a flu immunization opted to receive information about colon cancer screenings.

The medical order and billing for the FIT testing was problematic and should be carefully considered if we repeat this type of event.

Most of the patients that qualified for a FIT did participate; to increase the number participating we would need to offer testing to a larger pool of patients.

## Testimonials



I have been a patient at the Jefferson Healthcare Oncology Clinic since 2014. Being unexpectedly diagnosed with cancer is like being suddenly thrown into a stormy sea. I found an island of safety, calm, compassion, and expert care where everyone spoke “human,” not the new foreign language of “cancer and cancer treatment.” I found my island at the Oncology Clinic at Jefferson Healthcare. I have received the highest level of expertise, professionalism, skill, education, and experience from the physicians and staff who provide state of the art treatment with compassion and comfort.

No one wants cancer treatment and chemotherapy, but that’s what I needed to do. I have always received first class medical treatment. Because of the compassionate care provided on chemo days, I actually enjoy my afternoons of quiet peacefulness. I listen to music in my recliner with my pillow and warm blanket, with my husband of 54 years quietly reading his book in his recliner beside me, while the entire staff takes kind, professional care of both of us. The staff always responds to every need or request from either of us to make chemo day easier. Whatever will make the day better and more pleasant for us, the staff will do. I’m starting to call my chemo afternoons my time at the day spa.



The staff knows me, knows Joel, knows about us, knows my cancer history. They are our neighbors and friends who have also shared their lives with us. Chemo day is certainly not all about cancer. I don't know how chemo day and chemo treatment could be made any better or easier.

We are truly blessed to have this first class Jefferson Healthcare Oncology Clinic right here at home. My deepest thanks to all who have worked over the years to make this miraculous clinic happen.

With sincerest thanks,

Rose-Ellen Leonard

Jefferson Healthcare's concept of health care is FAMILY care. I have been welcomed to spend as much time as possible with my wife as she has her oncology procedures and recoveries during the past three years. I think that much of her success in dealing with cancer is due to the family friendly attitude of the hospital staff. They have made my wife and me comfortable and have considered treatment of us as a family unit. This has been a major element in her confidence to become healthy again. Her family has been with her in every step of her recovery.

Jefferson Healthcare Oncology is a family and we feel like we're a family within their larger one.

Joel Leonard