

2013 Annual Report





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2013 Cancer Committee

Thomas Sunnenberg, MD, *Medical Oncology, Chairman, Cancer Conference Coordinator*

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James Pennington, MD, *Cancer Liaison Physician, ENT*

Leo Villegas, MD, *Surgical Oncology*

Charles Mayfield, MD, *Pathology*

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Lavonda Harrison, RN, *Manager, Ann L. Baroco Center for Breast Health (Mammography), Community Outreach Coordinator*

Patti Dye, RN, *Breast Cancer Nurse Navigator*

Nancy Davis, RN, *Quality Management*

Hayley Craft, RN, *Palliative Care*

Jeanie Sherman, MSN, *Social Work, Psychosocial Services Coordinator*

Brittany Parker, PharmD, *Pharmacy*

Tammy Tamayo, CCRC, *Cancer Research*

Betsy Brou, RN, *Cancer Research, Clinical Trials Coordinator*

Linda Wall, RN, *MD Anderson Cancer Center Liaison, Quality Improvement Coordinator*

Edith Baker, RD, *Dietary*

Wendy Williams, RHIT, CTR, *Cancer Registry Coordinator*

Julie Manley, RHIT, CTR, *Cancer Registry*

Laura Kindergan, RHIT, CTR, *Cancer Registry*

Jill Pait, *American Cancer Society*



Dr. Thomas Sunnenberg: Chair, Cancer Committee; Medical Director, Sacred Heart Cancer Center

2013 Chairman's Report

I am pleased to present the 2013 Annual Report summarizing the accomplishments of the Cancer Program at Sacred Heart Hospital.

This has been a year of growth and many quality improvements. This year our Cancer Registry recorded the highest number of new cancer cases ever at Sacred Heart Hospital. Our total new cases were 1,605 with 1,250 of those being analytic cases representing 78%.

We continue our affiliation with MD Anderson and continue to work to improve quality of care and adherence to evidence based clinical guidelines. This year, through this affiliation we have implemented Peer to Peer consultation, where our physicians can consult by phone with an MD Anderson physician in real time to affect patient care. We have also established a medical oncology peer review program. This allows physicians to get quick feedback on how concordant their care is to the MD Anderson Guidelines for care.

Our ability to bring the latest treatments to our patients has also expanded through our clinical research program. During this past year we have placed 110 patients on clinical trial representing 9% of our new cancer cases.

The hallmark of our care at Sacred Heart is our physicians working together in development of the plan of care for patients. At Cancer Conference/Tumor Board in 2013 a total of 601 cases were presented. We hold a general tumor board, breast tumor board, hepatobiliary/GI tumor board, GYN tumor board, pediatric oncology tumor board and a MD

Anderson tumor board. We have also seen an increase in the multidisciplinary participation in our Cancer Conferences resulting in better care for patients.

Having clinical data to improve care to our patients is very important. To this end we have started participating in the “Rapid Quality Reporting System” of the American College of Surgeons. This allows us to track our performance on the six national quality indicators on a monthly basis. This allows our Cancer Committee to focus on improvements.

Our Cancer Program goals for 2013:

- **Clinical Goal:** Improve/reduce time from diagnosis to treatment planning for women with breast cancer from 21 days to 14 days. We have achieved this goal with our average time being 6 days.
- **Programmatic Goal:** To implement our new Gamma Knife Program at Sacred Heart Hospital. We started treating patients in March of 2013.

Our Quality Improvements for the year included:

- Improving medication management in the oncology clinic. We have added additional clinical pharmacists in our clinics to assure that all orders and products are checked by a pharmacist.
- Developed a new policy and procedure for handling large chemotherapy spills safely. We trained all inpatient and outpatient staff on this procedure.
- We have expanded our support services to include the C.L.I.M.B. (Children’s Lives Include Moments of Bravery) Program. This program assists children who have a parent with cancer. This is a 6 week program to assist children to cope with a parent’s cancer.
- Working with surgeons to improve the care of colon cancer patients to assure that 12 or more lymph nodes are removed at the time of surgery.

We also completed two Quality Studies

- Lung Cancer Study- Our community needs assessment showed that both Escambia and Santa Rosa County have higher than usual smoking rates as compared to other counties in the state. Our counties also have a high incidence of lung cancer. In looking at our registry data it shows that over 50% of lung cancer patients present with stage IV disease. During this year our Hospital has implemented a policy of not hiring associates who smoke. This data has also resulted in clinical improvements for our lung cancer program that will be implemented in 2014.

- We have worked with the Ascension Health Oncology Affinity Group to look at high cost hematology/oncology treatment to see what is the most appropriate setting for this care to take place. This will result in high quality care in the most appropriate setting.

We have participated in many community events over this past year to promote healthy behaviors and to celebrate survivors. Some of these events include:

- Camp Bluebird- a cancer camp for adults
- Look Good Feel Better
- Relay for Life - Survivor Dinner
- Cattle Barons Ball
- Provided free mammograms for uninsured or underinsured in the Ann Baroco Center

The Nemours Children's Clinic at Sacred Heart Hospital cares for children with cancer. During this past year a total of 36 pediatric cancer cases were accrued into the Cancer Registry. Weekly there is a multidisciplinary Pediatric Tumor Conference where patients are presented for discussion regarding further treatment and evaluation.

This has been a year of growth and development for the Cancer Program at Sacred Heart Hospital. As we look to the future, we anticipate a new Thoracic Surgeon joining us in 2014 with significant expansion to our lung cancer program. We continue to see our research program grow, as well as the continuation of our affiliation with MD Anderson Physician Network and improved service to our community and the patients we serve.

Thomas Sonnenberg, MD
Chair, Cancer Committee
Medical Director, Sacred Heart Cancer Center



Accountability and Quality Improvement Measures

Cancer Committee ensures that patients with cancer are treated according to nationally accepted quality improvement measures. Our performance rates below reveal the number of breast, colon and rectal patients treated according to recognized standards of care.

Data reported from 2012 and 2013 utilizing the Rapid Quality Reporting System (RQRS).

*****Note: Not all patients in reporting cycle have completed treatment.**

Breast

Radiation therapy is administered within one year of diagnosis for women under age 70 receiving breast conserving surgery.

Performance rate: 88.9%

Compared to Florida: 83.9%

Goal: 90%

Combination chemotherapy is considered or administered within four months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, Stage II or III, and ER/PR negative.

Performance rate: 100%

Compared to Florida: 89.2%

Goal: 90%

Tamoxifen or third generation aromatase inhibitor is considered or administered within one year of diagnosis for women with T1cN0M0 or stage II or III, ER and/or PR positive breast cancer.

Performance rate: 93.2%

Compared to Florida: 82.5%

Goal: 90%

Colon

Adjuvant chemotherapy is considered or administered within 4 months of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer.

Performance rate: 88.9%

Compared to Florida: 80.7%

Goal: 90%

At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.

Performance rate: 84.2%

Compared to Florida: 92.3%

Goal: 80%

Rectum

Radiation therapy is considered or administered within 6 months of diagnosis for patients under age 80 with clinical or pathologic AJCC T4N0M0 or Stage III receiving surgical resection for rectal cancer.

Performance rate: 100%

Compared to Florida: 83.9%

Goal: N/A



Cancer Registry

By Wendy Williams, RHIT, CTR; Julie Manley RHIT, CTR; Laura Kindergan, RHIT, CTR, *Sacred Heart Cancer Center*

The Cancer Registry is a vital component of the Community Hospital Comprehensive Cancer Program at Sacred Heart Hospital. The registry's reference date is January 1, 2000. The registry receives and maintains data on patients diagnosed and/or receiving treatment for cancer at our facility. This data is used to monitor cancer incidence and cancer care management. It also serves as a source for tracking outcomes and survival statistics of patients through annual follow-up on all analytic cases.

In 2013, the Cancer Registry accessioned 1,605 new cases into the database with 1,250 (78%) representing analytic cases and 355 (22%) representing non analytic cases. The top five sites represented breast (15.33%), lung (13.96%), prostate (7.35%), colorectal (5.24%) and bladder (4.36%).

As required by state law, cases are submitted to the Florida Cancer Data System (FCDS). All analytic cases are reported annually to the National Cancer Data Base (NCDB) as required by the American College of Surgeons, Commission on Cancer as an approved cancer program.

The Cancer Registry currently conducts annual follow-up on over 11,000 patients and has a current follow-up rate of 86% for all analytic patients and a 91% follow-up rate for analytic patients diagnosed within the last five years.

CANCER

2013 Cancer Sites Diagnosed at Sacred Heart Hospital Pensacola

(Representing analytic and non-analytic cases.)

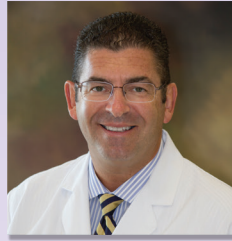
Breast	246
Respiratory System	240
Digestive System	234
Female Genital	187
Urinary System	138
Male Genital	124
Blood & Bone Marrow	109
Lymphatic System	65
Brain & CNS	63
Oral Cavity	60
Skin	54
Endocrine	45
Unknown Primary	19
Connect/Soft Tissue	9
Bone	6
Other/III-Defined	6
Total	1605



Yazan Alsayed, MD



Mark Boatright, MD



Paul Chomiak, MD



Steven DeCesare, MD



*Ranjith
Dissanayake, MD*



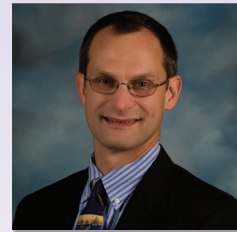
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