Ensuring Patient Centered Care for Cancer Patients at Alvarado Hospital

2012 AHMC Cancer Services Report
Alvarado Hospital Medical Center is proud to publish the 2012 report of cancer Services. A great deal of effort by many individuals has gone into the continued growth and progress of the Cancer Center at Alvarado Hospital. The Cancer Center is comprised of many excellent services offered throughout the Alvarado campus with the same objective: to provide the best care to cancer patients in the community. The Cancer Resource Center provides important information regarding the diagnosis, treatment and how to live with cancer. Each oncology related service is supported by a group of highly trained and qualified staff members committed to delivering quality services with compassion and care.

The medical staff at Alvarado Hospital is key to the success of our cancer Program. Their skills and commitment have enabled the continued growth of our Cancer Center. Our physicians provide leadership and the medical direction that is necessary in the provision of oncology services. The Cancer Committee members, who have volunteered to lead our cancer activities, bring with them the expertise that allows the Cancer Center to benefit many people with this disease in our community.

This year’s annual report features cancer outcomes which are compared to national benchmarks. By providing this information to the community, we hope others may learn from our experience and successes.

Finally, we hope this report can be used as a tool by the medical and allied health providers in the community as it outlines the fine services available at Alvarado Hospital Medical Center. The report identifies and summarizes each service that plays a significant role in the care of our cancer patients.

Alvarado Hospital is pleased to be part of the national effort to discover ways to more rapidly identify and more effectively treat cancer. We extend our thanks to the leadership of our medical staff, and the efforts of everyone who has been actively involved in our Cancer Program. We look forward to the continued growth, development and expansion of cancer services at Alvarado Hospital in a manner consistent with Prime Healthcare Services by constantly enhancing the services we provide to those patients we serve.
Alvarado Hospital's cancer program was surveyed by the American College of Surgeons’ (ACoS) Commission on Cancer (CoC) on April 5, 2012. The purpose of the survey was to assess the quality of our cancer program and services. This resulted in a three-year accreditation with commendations.

Dr. Stephen Seagren, recognized Alvarado Hospital's commendation level of accomplishments in five distinct areas:

- **Standard 2.11 Outcomes analysis:** “Documentation and dissemination of more than one outcomes analysis annually by the cancer committee to the medical and administrative staff.”

- **Standard 3.7 NCDB (re-submission of) quality criteria:** For every year between survey, cases diagnosed in 2003 or more recently meet the quality criteria for the annual Call for Data on initial submission.”

- **Standard 6.2 Prevention and Early Detection:** “Three or more prevention or early detection programs were offered each year, either on-site or coordinated with other facilities or local agencies.”

- **Standard 7.2 Cancer education for cancer registry staff:** "The cancer registry staff who are Certified Tumor Registrars (CTRs) attend a national cancer-related educational activity once during the survey cycle.”

- **Standard 8.2 Cancer-related quality improvements:** “More than two improvements that directly affect cancer patient care are implemented and documented each year.”
Chairman’s Report

By John Wilkinson, MD

The Cancer Committee is a standing committee of Alvarado Hospital’s medical staff. The committee meets quarterly to plan, assess and implement all cancer–related programs and activities at the hospital. The committee’s goals ensure a coordinated, multidisciplinary approach to cancer prevention and treatment supported by state–of–the–art technology and specially–trained staff. During 2012, the committee continued to address and improve patient survival and outcomes in order to enhance the quality of life for all cancer patients, regardless of diagnosis. The cancer committee quarterly reviewed and monitored the quality of patient care using the Commission on Cancer quality reporting tools, the Cancer Practice Profile Reports (CP3R) for breast, colon and rectum cancers to ensure concordance with each of the measures. The results of these measures are displayed in this annual report. The committee also addressed the new 2012 Commission on Cancer Standards “Ensuring Patient–Centered Care”, and how to meet these new standards. Additional goals were accomplished with emphasis on wellness, education, prevention, research, stringent monitoring of comprehensive quality cancer care.

Since February 1995, cancer services at Alvarado Hospital have been accredited by the American College of Surgeons Commission on Cancer. This tradition of quality cancer care lives on today. The accomplishments of our cancer center are summarized this annual report and includes our five major cancer sites. The purpose of this report is to measure progress toward our goals, and to educate our staff physicians and other health care professionals regarding the full range of resources in the diagnosis, staging and treatment of cancer at our hospital.

Our Cancer Center continues its multidisciplinary team approach to meet the needs of the patient and family. Comprehensive cancer care includes surgery, radiation therapy and medical oncology. A highly motivated professional team on the dedicated medical oncology unit provides specialized care in a competent, caring and compassionate manner. A strong program of support services is also available. Through the Cancer Resource Center, patients and families are provided guidance and support, such as the “Look Good Feel Better” Program. The center also provides referrals to community cancer support services and wellness programs about cancer awareness, cancer prevention and early detection such as the San Diego Wellness Community and the “Reach to Recovery” Program for mastectomy patients. This year, we provided a prostate and skin cancer early detection and screening program to the community which was well attended.
Continuity of care extends from the hospital through home care and hospice. Research is accomplished through the national “Call for Data” which enables us to compare our outcomes with national, state and regional data. In addition, staff physicians offer access to clinical trials on new cancer treatments through their respective offices. A description of our cancer program's services are also summarized in this report.

A commitment to professional education includes two Tumor Board Conferences per month and at least one educational conference annually which focuses on cancer staging, prognostic indicators and treatment according to national evidence–based guidelines.

As our cancer center continues grow, our goals are to provide excellence in the care of patients with cancer in a cost–effective manner, quality continuum of care, increased community awareness of early detection and prevention of cancer, and ultimately to reduce cancer mortality.

I would like to recognized all the Alvarado Hospital health physicians and professionals who continue to support our cancer center and care for our cancer patients. Your contributions are valuable and appreciated, and are directly responsible for the success of our program.
2012 Cancer Committee Members

Cancer Committee Chair
John Wilkinson, MD

Cancer Liaison Physician/
Radiation Oncology
Reza Shirazi, MD

Diagnostic Radiology
Glen Tsukada, MD

General Surgery
Justin King, MD

Medical Oncology
Charles Kossman, MD

Pathology
Harper Summers, MD

Urology
James Fawcett, MD

Cardiothoracic Surgery
Frederick Howden, MD

Pain Management
Naga Thota, MD

Cancer Program Administrator
Peggy Bailey, RN, BSN, MHA/CNO

Oncology Nurse
Karen May, RN, OCN

Cancer Care Coordinator
Anne Graheck, RN, BS, OCN, CHPN

Cancer Registry Coordinator
Catherine Serrato, CTR

Performance Improvement/QI
Mario Lopez–Luna, MD

Rehabilitation Services
Jay Flaherty, MA/CCC

Social Services
Mariquita Ross, MSW

Nutrition Services
Jennifer Vassiliou, RD

Pending position

Clinical Research
Anne Graheck, RN, BS, OCN, CHPN

Palliative Care
Kay Clark

American Cancer Society
Peggy Tilley, RN

Medical/Surgery Manager

Program Activity Coordinators

Cancer Conference
Harper Summers, MD

Quality of cancer registry data
Catherine Serrato, CTR

Quality Improvement
Mario Lopez–Luna, MD

Community Outreach
Anne Graheck, RN, BS, OCN, CHPN

Clinical Research
Pending position

Psychosocial Services
Mariquita Ross, MSW

Members–at–Large

Hematology/Oncology
Manorama Reddy, MD

Cardiothoracic Surgery
Bernard Urlaub, MD
The cancer registry is a data system designed to collect, manage and analyze data on patients with all types of cancer diagnosed or treated in the hospital, and to perform yearly clinical follow-up on the patients identified. In 2011, 394 cancer cases were accessioned into the registry; a total of 12,360 cancer cases have been entered in the registry since January 1, 1991.

AHMC’s Cancer Committee monitors the number of cases accessioned over time to identify trends and identify any issues that may exist with casefinding. Casefinding is the function of identifying every patient treated and/or diagnosed with cancer at AHMC or at any of AHMC’s staff physician offices. In 2011, there were 252 (64%) analytic cases out of the total annual caseload that were either diagnosed and/or treated at AHMC.

Long-term follow-up of former patients is essential to evaluate outcomes of cancer care. Accurate follow-up data enables our cancer program to compare outcomes with regional, state or national statistics. Follow-up information is obtained at least annually for all analytic cases of living patients included in the cancer registry database. This is accomplished through letters to the attending physicians or by letters to patients and their family members. Occasionally phone calls will be made to patients in order to capture follow-up information including the patient’s current contact information and health status. This contact also serves as a reminder to former patients to continue their follow-up exams with physicians. Currently, AHMC has approximately 2,759 patients in active follow-up. In order to meet the ACoS CoC standards, AHMC must maintain current follow-up information on at least 80% of all patients diagnosed since 1/1/1991 and 90% of all patients diagnosed within the past five years. The cancer registry has maintained follow-up rates at 94.74% and 93.65% which exceeded the requirements.
The CoC maintains information from data submitted each year, sorting the cancer cases by site and by stage. Once the facility reviews the data and agrees it is accurate, the facility may allow the CoC to share this data publicly. The Cancer Committee reviews this data annually and has the Cancer Registry trend this data over time to see if there are any trends that could be identified. This information is then presented in graphical form for review by the Cancer Committee.

In 2011, AHMC's top five cancer sites were studied. These were breast, lung, prostate, colon and lymphoma. The results showed a marked improvement in the staging since 2000 as can be demonstrated in every graph by the decline in “unknown” stage for each of these cancers over the years. The Cancer Registry works diligently at collecting staging information since 2008, aiming for a minimum of 90% staging documentation and accuracy each year. For breast cancer, there were increases in early stage of disease. The Cancer Committee will continue to monitor this data over time to see if this is a new trend or if it is the result of more staging information being available, or if it might be related to attempts to improve screening and early prevention.
Facility Information Profile System (FIPS) by Catherine Serrato, CTR

Alvarado Hospital, San Diego CA
Stage of Lung, Bronchus Small Cell Carcinoma Cancer Diagnosed in 2000 to 2010
All Diagnosed Cases

CASES (N)

0 12 25 38 50

I II III IV UNK

Stage

Alvarado Hospital, San Diego CA
Stage of Lung, Bronchus Non-Small Cell Carcinoma Cancer Diagnosed in 2000 to 2010
All Diagnosed Cases

CASES (N)

0 50 100 150 200

I II III IV OC UNK

Stage
Facility Information Profile System (FIPS)

by Catherine Serrato, CTR
Facility Information Profile System (FIPS)
by Catherine Serrato, CTR

Alvarado Hospital, San Diego CA
Stage of NHL - Nodal Cancer Diagnosed in 2000 to 2010
All Diagnosed Cases
Compliance with National Comprehensive Cancer Network (NCCN) Guidelines
by John Wilkinson, MD

In accordance with AcoS CoC guidelines, an audit of 2007–2011 prostate cancer cases was conducted looking at compliance with NCCN guidelines for diagnostic evaluation and treatment.

A total of 32/92 cases were reviewed in this audit and the findings were discussed with the Cancer Committee to fulfill Standard 4.6 of the accreditation standards.

**Diagnostic evaluation included:**

- Digital Rectal Exam (DRE)
- Serum Prostatic Specific Antigen (PSA)
- Gleason's Score
- Bone scan if any: T1 & PSA >20 T2 & PSA >10 GLEASONS >8 T3, T4 SYMPTOMATIC
- First Course Treatment.

**Results indicated:**

- % Diagnostic Evaluation 31/32 @97% (A bone scan was not done in one patient with Gleason's score >8.)
- % Appropriate Treatment: 32/32 @100%

This audit demonstrated compliance was met for both diagnostic evaluation and treatment based on the stage of disease and the appropriate NCCN guidelines.

Results of the study are documented in the Cancer Committee minutes, and can be reviewed in the Cancer Registry office.
Cancer Program Practice Profile Reports (CP3R) for Breast, Colon and Rectal Cancers 2004-2010 Diagnoses

by Reza Shirazi, M.D.
Cancer Liaison Physician

The estimated performance rates shown on the next several pages provides our cancer program with an indication of the proportion of breast and colon/rectum cancer patients treated according to recognized standards of care by diagnosis year. These proportions are computed based on data directly reported from our cancer registry to the NCDB. This Cancer Program Practice Profile Reports (CP3R) application provides our cancer program with the opportunity to examine data to determine if these performance rates are representative of the care provided at our institution. Cancer programs have the ability to review and modify cases by clicking on “case review” for the measure of interest. Displayed performance rates are immediately updated once modifications via the CP3R are completed our cancer program staff, comparison rates are updated nightly. Any modifications made online are reflected in our local cancer registry database. Cancer programs are encouraged to resubmit reconciled cases to the NCDB.

Concordance was met for all measures in 2010 with the exception of Colon Cancer CP3R Stage III ACT. Conclusions cannot be made due to the small number of patients.
Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer [BCS/RT].

### Estimated Performance Rates and Reported Cases

<table>
<thead>
<tr>
<th>Year</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>All</th>
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<tbody>
<tr>
<td>Rate</td>
<td>66.7%</td>
<td>100%</td>
<td>81.8%</td>
<td>85.7%</td>
<td>100%</td>
<td>83.3%</td>
<td>88.9%</td>
<td>87.1%</td>
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#### Diagnosis Year: 2010
(Last Update: 10/20/12)

<table>
<thead>
<tr>
<th>Category</th>
<th>Perf. Rate</th>
<th>95% CI</th>
<th>Cases</th>
<th># Programs</th>
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<tbody>
<tr>
<td>My Cancer Program</td>
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<td>(68.4 - 109.4)</td>
<td>9</td>
<td></td>
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<tr>
<td>My State (CA)</td>
<td><strong>79.2%</strong></td>
<td>(78 – 80.4)</td>
<td>4179</td>
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<tr>
<td>My ACS Division (California)</td>
<td><strong>79.2%</strong></td>
<td>(78 – 80.4)</td>
<td>4179</td>
<td>105</td>
</tr>
<tr>
<td>My Census Region (Pacific)</td>
<td><strong>83.3%</strong></td>
<td>(82.4 – 84.2)</td>
<td>6709</td>
<td>169</td>
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<tr>
<td>My CoC Program Type (CHCP)</td>
<td><strong>86.1%</strong></td>
<td>(85.3 – 86.9)</td>
<td>8081</td>
<td>507</td>
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<tr>
<td>All CoC Approved Programs (ALL)</td>
<td><strong>87%</strong></td>
<td>(86.7 – 87.3)</td>
<td>53407</td>
<td>1394</td>
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</tbody>
</table>
2004-2010 Breast Cancer CP3R MAC Performance Rates

Combination chemotherapy is considered 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 [MAC].

Estimated Performance Rates and Reported Cases

<table>
<thead>
<tr>
<th>Year</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>All</th>
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<tr>
<td>Cases</td>
<td>83.3%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>75%</td>
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<td>90.5%</td>
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Diagnosis Year: 2010
(Last Update: 10/20/12)

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<tr>
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<th>Perf. Rate</th>
<th>95% CI</th>
<th>Cases</th>
<th># Programs</th>
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</thead>
<tbody>
<tr>
<td>My Cancer Program</td>
<td>100%</td>
<td>(100 - 100)</td>
<td>2</td>
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<tr>
<td>My State (CA )</td>
<td>81.8%</td>
<td>(79.2 – 84.4)</td>
<td>878</td>
<td>105</td>
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<tr>
<td>My ACS Division (California)</td>
<td>81.8%</td>
<td>(79.2 – 84.4)</td>
<td>878</td>
<td>105</td>
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<tr>
<td>My Census Region (Pacific)</td>
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<td>(83.9 – 87.4)</td>
<td>1424</td>
<td>169</td>
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<tr>
<td>My CoC Program Type (CHCP)</td>
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<td>(86.9 – 89.7)</td>
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<tr>
<td>All CoC Approved Programs (ALL)</td>
<td>89.1%</td>
<td>(88.6 – 89.6)</td>
<td>13519</td>
<td>1394</td>
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</tbody>
</table>
2004-2010 Breast Cancer CP3R HT Performance Rates

Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0, or Stage II or III hormone receptor positive breast cancer [HT].

### Estimated Performance Rates and Reported Cases

<table>
<thead>
<tr>
<th>Year</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>100%</td>
<td>100%</td>
<td>91.3%</td>
<td>86.7%</td>
<td>100%</td>
<td>90.9%</td>
<td>90.9%</td>
<td>94.4%</td>
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**Diagnosis Year: 2010**

(Last Update: 10/20/12)

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Perf. Rate</th>
<th>95% CI</th>
<th>Cases</th>
<th># Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Cancer Program</td>
<td>90.9%</td>
<td>(73.9 – 107.9)</td>
<td>11</td>
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</tr>
<tr>
<td>My State (CA )</td>
<td>69.2%</td>
<td>(68 – 70.4)</td>
<td>5568</td>
<td>105</td>
</tr>
<tr>
<td>My ACS Division (California)</td>
<td>69.2%</td>
<td>(68 – 70.4)</td>
<td>5568</td>
<td>105</td>
</tr>
<tr>
<td>My Census Region (Pacific)</td>
<td>75.8%</td>
<td>(74.9 – 76.7)</td>
<td>9197</td>
<td>169</td>
</tr>
<tr>
<td>My CoC Program Type (CHCP)</td>
<td>78.6%</td>
<td>(77.8 – 79.4)</td>
<td>10936</td>
<td>507</td>
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<tr>
<td>All CoC Approved Programs (ALL)</td>
<td>81.2%</td>
<td>(89.9 – 81.5)</td>
<td>72135</td>
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</tbody>
</table>
2004-2010 Colon Cancer CP3R ACT Performance Rates

Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III lymph node positive) colon cancer [ACT].

Estimated Performance Rates and Reported Cases

<table>
<thead>
<tr>
<th>Diagnosis Year: 2010</th>
<th>Perf. Rate</th>
<th>95% CI</th>
<th>Cases</th>
<th># Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Cancer Program</td>
<td>80%</td>
<td>(44.9 – 115.1)</td>
<td>5</td>
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</tr>
<tr>
<td>My State (CA)</td>
<td>80.3%</td>
<td>(77.4 – 83.2)</td>
<td>730</td>
<td>105</td>
</tr>
<tr>
<td>My ACS Division (California)</td>
<td>80.3%</td>
<td>(77.4 – 83.2)</td>
<td>730</td>
<td>105</td>
</tr>
<tr>
<td>My Census Region (Pacific)</td>
<td>85.2%</td>
<td>(83.2 – 87.2)</td>
<td>1166</td>
<td>168</td>
</tr>
<tr>
<td>My CoC Program Type (CHCP)</td>
<td>86.9%</td>
<td>(85.4 – 88.4)</td>
<td>1925</td>
<td>506</td>
</tr>
<tr>
<td>All CoC Approved Programs (ALL)</td>
<td>88.1%</td>
<td>(87.5 – 88.7)</td>
<td>10044</td>
<td>1397</td>
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</tbody>
</table>

(last update: 10/20/12)
2004-2010 Colon Cancer CP3R
12 RLN Performance Rates

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

Estimated Performance Rates and Reported Cases

<table>
<thead>
<tr>
<th>Year</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>All</th>
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<tbody>
<tr>
<td>Rate</td>
<td>18.8%</td>
<td>21.4%</td>
<td>59.1%</td>
<td>85.7%</td>
<td>90%</td>
<td>76.2%</td>
<td>100%</td>
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Diagnosis Year: 2010
(Last Update: 10/20/12)

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Perf. Rate</th>
<th>95% CI</th>
<th>Cases</th>
<th># Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Cancer Program</td>
<td>100%</td>
<td>(100 – 100)</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>My State (CA)</td>
<td>85.2%</td>
<td>(83.8 – 86.6)</td>
<td>2477</td>
<td>105</td>
</tr>
<tr>
<td>My ACS Division (California)</td>
<td>85.2%</td>
<td>(83.8 – 86.6)</td>
<td>2477</td>
<td>105</td>
</tr>
<tr>
<td>My Census Region (Pacific)</td>
<td>86.7%</td>
<td>(88.6 – 87.8)</td>
<td>3858</td>
<td>168</td>
</tr>
<tr>
<td>My CoC Program Type (CHCP)</td>
<td>81.6%</td>
<td>(80.7 – 82.5)</td>
<td>6626</td>
<td>506</td>
</tr>
<tr>
<td>All CoC Approved Programs (ALL)</td>
<td>86.4%</td>
<td>(86 – 86.8)</td>
<td>33692</td>
<td>1397</td>
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</table>
2004-2008 Rectal Cancer CP3R
REC/RT Performance Rates

Radiation therapy is considered or administered within 6 months (180 days) of diagnosis for patients under the age of 80 with clinical or pathologic AJCC T4N0M0 or Stage III receiving surgical resection for rectal cancer [Rec/RT].

<table>
<thead>
<tr>
<th>Cases</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>All</th>
</tr>
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<tbody>
<tr>
<td>50%</td>
<td>100%</td>
<td>100%</td>
<td>N/A</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>87.5%</td>
</tr>
</tbody>
</table>

Estimated Performance Rates and Reported Cases

<table>
<thead>
<tr>
<th>Diagnosis Year: 2010</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>Cases</th>
<th># Programs</th>
</tr>
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<tbody>
<tr>
<td>My Cancer Program</td>
<td>Perf. Rate</td>
<td>95% CI</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>100%</td>
<td>(100 – 100)</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>My State (CA)</td>
<td>85.5%</td>
<td>(81.5 – 89.5)</td>
<td></td>
<td></td>
<td>296</td>
<td>105</td>
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<tr>
<td>My ACS Division (California)</td>
<td>85.5%</td>
<td>(81.5 – 89.5)</td>
<td></td>
<td></td>
<td>296</td>
<td>105</td>
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<tr>
<td>My Census Region (Pacific)</td>
<td>88%</td>
<td>(85.2 – 90.8)</td>
<td></td>
<td></td>
<td>510</td>
<td>165</td>
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<tr>
<td>My CoC Program Type (CHCP)</td>
<td>89%</td>
<td>(86.5 – 91.5)</td>
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<td></td>
<td>589</td>
<td>496</td>
</tr>
<tr>
<td>All CoC Approved Programs (ALL)</td>
<td>90.1%</td>
<td>(89.2 – 91)</td>
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(Last Update: 10/20/12)
<table>
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<tr>
<th>Goal Type</th>
<th>Description of Goal</th>
<th>Date Goal Set</th>
<th>Date Goal Evaluated</th>
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<th>What is the time frame for completing the goal?</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical</strong></td>
<td>Monitor &amp; assess Oncology Unit patients under Neutropenic Precautions Protocol.</td>
<td>01/26/12</td>
<td>01/24/13</td>
<td>A process for neutropenic precautions was developed and implemented for Oncology Unit patients. The patients are screened and placed on neutropenic precautions and diet. Patients with an ANC of less than 1 are placed on neutropenic precautions 100% of the time on 3 South.</td>
<td>On or before 01/24/13 Cancer Committee meeting.</td>
<td>Goal met.</td>
</tr>
<tr>
<td><strong>Community Screening Program</strong></td>
<td>Provide skin cancer and prostate cancer PSA screening to the community.</td>
<td>01/26/12</td>
<td>01/24/13</td>
<td>Skin cancer and prostate cancer PSA screenings were held on 11/15/12. A total of twelve (12) PSA tests were provided with one (1) abnormal value. A letter was sent to the participant indicated the finding and the need for follow-up with PCP. A total of twelve (12) skin cancer screenings were performed with six (6) suspicious findings. None were biopsy proven since the participants did not follow-up with the recommendations of an office visit.</td>
<td>On or before 12/31/12</td>
<td>Goal met.</td>
</tr>
</tbody>
</table>
# 2012 Cancer Program Annual Goals Summary

<table>
<thead>
<tr>
<th>Goal Type</th>
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<tr>
<td>Community Prevention Program</td>
<td>Provide smoking cessation and other prevention and early/detection screenings to the public.</td>
<td>01/26/12</td>
<td>01/24/13</td>
<td>Smoking Cessation Link is available to the public on the AHMC website which offers an information packet containing ACS literature. During 2012, one (1) request was received. Plan to continue to monitor the number of requests.</td>
<td>On or before 01/24/13 Cancer Committee meeting.</td>
<td>Goal met. Plan to continue to monitor the number of smoking cessation requests on the AHMC Smoking Cessation Link.</td>
</tr>
</tbody>
</table>

Event was held on 11/15/12 on healthy lifestyle choices which included nutrition and blood pressure screening.

Cancer Resource Center Education Focus on Colorectal Cancer/Early Detection/Screening in March 2012 for awareness month.

Participation in event on 05/12/12 in Allied Gardens and Summer Healthcare Saturday on 06/09/12.

Cancer Resource Center Education Focus on Summer Sun Safety
# 2012 Cancer Program Annual Goals Summary

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<tr>
<td>Program Endeavors</td>
<td>Prepare a resource directory for clinicians of local access to EUS, stereotactic radiosurgery, GYN oncology, chemoembolization, gamma knife, etc. Dr. John Wilkinson will be the contact for this goal.</td>
<td>01/26/12</td>
<td>01/24/13</td>
<td>Researched and compiled a resource directory of referrals outside of AHMC for GYN oncology, endoscopic US, chemoembolization, radio-embolization, radiosurgery/gamma knife/ cyberknife, genetic counseling, nutritional counseling, ACS Reach to Recovery and Road to Recovery, orthopedic oncology, oncology rehab services and radiofrequency ablation. Resource directory was implemented as a nursing policy and procedure.</td>
<td>On or before 01/24/13 Cancer Committee meeting.</td>
<td>Goal met.</td>
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## 2012 Cancer Program Annual Goals Summary

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<tr>
<td>Quality Improvement</td>
<td>Prevention of falls on the 3rd Floor.</td>
<td>01/26/12</td>
<td>01/24/13</td>
<td>Study completed. The fall rate in 2011 was 38. The national benchmark was 3.5 falls per 1000 patient days and 2.52 for North/South (see below). The unit introduced hourly rounding which was enforced. The unit redesigned the fall process and enforced vigilance in rounding by all staff. The results indicated a decrease from 38 for 2011 to 20 in 2012 or from 3.81 in 2011 to 2.52 in 2012.</td>
<td>On or before 01/24/13 Cancer Committee meeting.</td>
<td>Goal met. Follow-up on the falls should be continued vigilance of rounding.</td>
</tr>
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<td>Goal Type</td>
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<tr>
<td>Quality Improvement</td>
<td>Improve documentation of clinical or working stage (preferably clinical) in treatment planning since compliance fell below the minimum 80% benchmark in 2011 as set by the Cancer Committee.</td>
<td>01/26/12</td>
<td>01/24/13</td>
<td>In 2012, the Cancer Registry policy and procedure was revised to ensure that the cancer staging form is in the chart at time of cancer diagnosis if it is not documented in the consult or H&amp;P. Results indicated 100% of the path reports had cancer staging forms generated by the Cancer Registry at time of cancer diagnosis. The forms were then sent to HIM for completion by the managing physician.</td>
<td>On or before 01/24/13 Cancer Committee meeting.</td>
<td>Goal met.</td>
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</table>
# 2012 Summary of Cancer Patient Care Improvements

<table>
<thead>
<tr>
<th>Date QI discussed &amp; documented in Cancer Committee Minutes</th>
<th>Describe the Cancer-Related Quality Improvement</th>
<th>Was this QI Implemented as a Result of a Quality Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/24/13</td>
<td>Researched and compiled a resource directory of referrals outside of AHMC for GYN oncology, endoscopic US, chemoembolization, radioembolization, radiosurgery/gamma knife/cyberknife, genetic counseling, nutritional counseling, ACS Reach to Recovery and Road to Recovery, orthopedic oncology, oncology rehab services and radiofrequency ablation. Resource directory was implemented as a nursing policy and procedure.</td>
<td>No</td>
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<tr>
<td>01/24/13</td>
<td>A process for neutropenic precautions was developed and implemented for Oncology Unit patients. The patients are screened and placed on neutropenic precautions and diet. Patients with an ANC of less than 1 are placed on neutropenic precautions 100% of the time on 3 South.</td>
<td>No</td>
</tr>
<tr>
<td>01/24/13</td>
<td>Study completed. The fall rate in 2011 was 38. The national benchmark was 3.5 falls per 1000 patient days and 2.52 for North/South (see below). The unit introduced hourly rounding which was enforced. The unit redesigned the fall process and enforced vigilance in rounding by all staff. The results indicated a decrease from 38 for 2011 to 20 in 2012 or from 3.81 in 2011 to 2.52 in 2012.</td>
<td>Yes</td>
</tr>
<tr>
<td>01/24/13</td>
<td>Study completed. In 2011, the use of clinical or working AJCC stage by the managing physician in treatment planning fell below the minimum 80% benchmark as set by the Cancer Committee. In 2012, the Cancer Registry policy and procedure was revised to ensure that the cancer staging form is in the chart at time of cancer diagnosis if it is not documented in the consult or H&amp;P. Results indicated that 100% of the pathology reports had cancer staging forms generated by the Cancer Registry at time of cancer diagnosis, and were sent to HIM for completion by the managing physician.</td>
<td>Yes</td>
</tr>
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</table>
Cancer Program Services

**Cancer Resource Center**

The Cancer Resource Center in association with the American Cancer Society (ACS) is open for patients, families and the public. Located on the Alvarado campus, the center provides guidance and support to patients and families through special programs such as “Reach for Recovery”. The center also provides information about the diagnosis and treatment of cancer, prevention, early detection, risk reduction, a library, educational programs and assistance in locating resources. Visitors have free access to online cancer information and related publications and periodicals from the National Cancer Institute, the Centers for Disease Control and other reliable sources. Alvarado Hospital is able to provide breast prostheses, bras, wigs, hats and turbans to women who are dealing with the physical affects of their cancer treatment.

**Support services** – "Reach for Our Hand" is a proactive outreach program that links cancer patients and their families with information, counseling and community resources.

**Inpatient Medical Oncology**

Medical oncology services, located on the third floor, provide specialized multidisciplinary care to cancer patients. The multidisciplinary team which includes physicians, nurses, thanatologist, pharmacy, social services, nutritionist, hospice care and chaplaincy. The continuing goal of the Oncology Unit is to meet the physical, emotional, cultural and spiritual needs of the cancer patient and family throughout the continuum of care. Nursing staff education and professional growth continues and follows the standards set by the National Oncology Nursing Society. Our nurses are trained in cancer pain management and chemotherapy administration.

**Outpatient Infusion**

The outpatient infusion rooms are located on the Medical Oncology Unit, and provide a setting for patients to receive chemotherapy, blood transfusions and other intravenous therapy on an outpatient basis. All treatment is administered by experienced intravenous and chemotherapy certified registered nurses.
Cancer Program Services

**Medical/Surgical Specialists**
Our highly trained medical oncologists are available for consultation and treatment of all types of cancer. Consultations are also available from specialty physicians. Patients have access to the newest drugs to lessen toxicity and reduce bone marrow suppression from chemotherapy. Staff oncologists have access to local and national clinical trials.

Surgery is provided by a wide variety of skilled surgeons who are specialized in cancer surgery. This comprehensive team of respected physicians provide individualized care for our cancer patients using the state-of-the-art surgical technique available. Surgeons are key members of the multidisciplinary team of physicians at Tumor Board Conferences.

**Diagnostic Imaging**

The Imaging Department provides a wide variety of imaging for both inpatients and outpatients. Board Certified Radiologists are available at all times for consultations and interpretations of diagnostic procedures. The department includes diagnostic conventional radiography, special procedures, including angiography and interventional procedures, ultrasound, mammography, needle localizations, nuclear medicine, cardiac spect imaging, computerized tomography (CT), magnetic resonance image (MRI) and Positron Emission Tomography (PET). Radiologists are staffed 24 hours a day, and are always on call for emergency procedures. Radiologists are key members of the multidisciplinary team of physicians at Tumor Board Conferences.

**Alvarado Breast Center**

The Alvarado Breast Center is a fully accredited facility by the American College of Radiology. Offering over 30 years of imaging services experience, Imaging Healthcare Specialists has earned an outstanding reputation for providing the highest quality medical imaging technology, highly specialized expertise and exceptional customer service to physicians and patients. Their experienced staff of board certified radiologists, technologists and support personnel are committed to providing the most accurate, safe, timely and caring medical imaging and interventional radiology services which includes ultrasound, digital mammography, breast MRI, stereotactic and ultrasound guided biopsies.

The mammography screening program encourages patients to follow the American Cancer Society guidelines, and offers Breast Self Examination (BSE) instruction in video form and in brochures given to each patient at the time of appointment. Reminders are sent to patients prior to the date of the next recommended mammography screening.
Cancer Program Services

Nutrition

Nutrition Services are provided for oncology patients with the goal of maintaining or improving the nutritional status of the high risk cancer population. Patients are assessed early in their hospital stay to identify potential or actual nutrition problems. Follow-up assessments and care plans are completed based on the medical treatment plan, patient’s needs, and/or changes in the patient’s condition/status. The clinical dieticians work in concert with the health care team to implement and monitor the care plans. Patients and their families are educated on ways to optimize their nutrition after discharge. This often includes a meal with suggestions of a variety of food choices, nutrition recipes, and a guide of nutrition supplements for patients with inadequate oral intake or increased calorie or protein needs. Similar nutrition counseling is available to outpatients on a referral basis. The Clinical Dietician is also involved in providing community nutrition education regarding diet and cancer prevention through displays, handouts and lecture presentation.

Pathology Services

The Pathology Department provides full anatomic and clinical pathology services for the cancer patient which includes routine surgical pathology, immunohistochemistry staining (IHS), flow cytometry, tumor markers, mutation and cancer genetic testing. Board-certified pathologists are available at all times for intra-operative consultations, interpretation of complex clinical testing, evaluation of blood smears and bone marrow testing. Also a full array of more routine testing is always available through the Laboratory 24 hours a day. Pathologists are key members of the multidisciplinary team of physicians at Tumor Board Conferences.

Pharmacy Services

The Pharmacy Department prepares chemotherapeutic agents for both inpatients and outpatients. Antineoplastic agents for cancer are prepared in a Biological Safety Cabinet that provides a sterile environment in which to prepare injectable medications.

Clinical pharmacists are available to support the medical and nursing staff in meeting the specials needs of the cancer patient. Primary clinical services include pharmacokinetic antibiotic dosage calculation, dosage adjustment in the renal compromised patient, and the total parenteral nutrition support. The Pharmacy and Therapeutics Committee addresses the challenges of new biotechnology. The Committee’s responsibilities include drug evaluation and selection, drug usage review and patient education. A clinical pharmacist is key member of the multidisciplinary team of physicians at Tumor Board Conferences.
Cancer Program Services

Radiation Oncology

The Radiation Oncology division of Genesis has some of the country's most accomplished cancer specialists, the latest treatment breakthroughs, and a fully integrated, multidisciplinary approach to cancer care. The team of highly skilled professionals is ready to assist you with every aspect of cancer care, including prevention, diagnosis, treatment and recovery. Genesis understands the challenges faced by people with cancer and their families. Their expert team includes specially trained physicians, physicists, therapists, nurses, and complementary therapists, who will work together with you to design a customized plan of care that aims to effectively and comfortably treat your cancer while preserving healthy tissue and minimizing side effects. This multidisciplinary team approach helps to ensure that the cancer patient’s experience is as comfortable, pain–free and clinically successful as possible. Each patient is evaluated and a customized treatment plan is developed to effectively treat their cancer while reducing as many of the side effects as possible. Headed by the radiation oncologist, the team consists of several professionals who each play a vital role in the treatment process.

As cancer specialists, the radiation oncologists are board-certified radiation oncologists with training and experience in using radiation equipment and radioactive materials for the treatment of cancer. Medical physicists, who are specially trained in radiation physics, are responsible for calibrating and monitoring of all the radiation equipment used in treatments. Additionally, they assist the physician in formulating treatment plans that focus radiation on the tumor and limit the exposure of other organs to radiation.

After the radiation oncologist has prescribed the treatment, a radiation therapist, who has undergone extensive technological training, delivers the radiation treatments each day to the patient. Patients are regularly monitored by a physician, and in addition, a radiation therapy nurse may assist the patient with questions and any special needs throughout the course of treatment. The radiation oncologist is a key members of the multidisciplinary team of physicians at Tumor Board Conferences.
Cancer Program Services

Rehabilitation Services

The San Diego Rehabilitation Institute (SDRI) provides a comprehensive interdisciplinary program designed to maximize the patient's physical, cognitive, social, psychosocial and vocational functioning. The program benefits those who have experienced the loss or decrease of function as a result of their cancer treatment. Physical medicine and rehabilitation physicians direct the treatment. The rehabilitation team consists of rehabilitation nurses, physical, occupational, speech and recreational therapists. Other health care providers include case managers, psychologists, social workers and dietitians. In addition to restoring the physical and cognitive skills, attention is given to education, nutrition, pain management and coping skills. These services are available on an inpatient and outpatient basis.

Cancer Care Coordinator

The Cancer Care Coordinator, a registered nurse experienced in addressing the unique needs of oncology patients and their families and assists with all aspects of the treatment plan. Working closely with members of the multidisciplinary team, patients and family members are connected with community and hospital resources for education, support and care. The coordinator plans community outreach programs for screening and prevention, and acts as a liaison for the American Cancer Society’s fund raising and educational events. The coordinator is also a member of the American Cancer Society and the Wellness Community Board of Directors. The Cancer Care Coordinator is a key member of the multidisciplinary team at Tumor Board Conferences.

Thanatology Nurse

The Thanatology Nurse provides emotional support and education to patients at time of diagnosis and as needed along the course of their illness and treatment. Recognizing that patients and their families tend to view cancer as a life-threatening illness regardless of prognosis, the nurse assists patients in coping with that view, and guiding the cancer patient to acceptance of an accurate and positive view of the disease. The Thanatology Nurse serves as a resource for the professional staff, and provides formal education regarding end of life issues, psychosocial, and spiritual care of oncology patients and their families.
Cancer Program Services

Clinical Research

Access to clinical trials on new cancer treatments is available for staff physicians and their patients through their respective offices. Patients have the opportunity to benefit from the latest research advances as well as contribute to the research effort that helps all cancer patients.

Social Services

The Social Services staff works closely with other members of the multidisciplinary team to provide for the psychosocial needs of the cancer patient and their family. They participate in case conferences to share pertinent information and plan for the best post-hospital care of the patient. Services provided to the patient and family may involve provision of emotional support, information and referral to community resources, discharge planning, education regarding advance directives, assistance in coping with the non-medical worries related to illness and treatment, and financial concerns.

Hospice Care

When appropriate, patients are referred to a hospice program. Alvarado Hospital Medical Center maintains an agreement to provide care for the acute needs of San Diego Hospice patients. The specialized multidisciplinary team provides physical, emotional, intellectual and spiritual care needed by physicians and families facing end of life issues.

Palliative Care

Palliative care services are available to patients on-site. Palliative care refers to patient and family centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care services is an essential component of cancer cancer. Beginning at the time of diagnosis and being “continuously available” throughout treatment, surveillance, and when appropriate during bereavement. Our palliative care team includes the physician, nurse, pharmacist, social worker and Chaplain or spiritual counselor.
Cancer Program Services

Chaplaincy Services

Hospital Chaplaincy Ministry of America (HCMA) is an inter-faith ministry serving the spiritual and emotional needs of patients and families 24 hours a day. Some of the services provided by our chaplains include assisting patients and their families in relieving anxieties associated with illness, treatment and recovery process; praying with patients; contacting the patient's own pastor or rabbi for additional support upon request; offering crisis intervention; helping patients face death; and providing both counsel and grief support for relatives and friends. Chaplains are specially trained by professional organizations such as the College of Chaplains, and have several years pastoral experience. Their expertise in current theological and bioethical issues assists in counseling patients and families facing difficult decisions. These services facilitate hope and growth toward wholeness for the sick and for other wounded in mind, body and spirit.
2012 AHMC
Cancer Services Report

Presented to Cancer Committee
01/24/13

Prepared by
Catherine Serrato, CTR
Cancer Coordinator