

# 2017

## St. Elizabeth Healthcare Public Outcomes for Cancer Care



St. Elizabeth Edgewood  
St. Elizabeth Ft. Thomas

# How Do We Measure Up In Treating Your Cancer?

Each year, St. Elizabeth Healthcare's Cancer Committee is charged with the important duty of reviewing the quality of patient care using Cancer Program Practice Profile Reports (CP3R).



## “What are these reports?” you may ask.

To answer this question a little background is necessary. The National Quality Forum (NQF) brought public and private payers together with consumers, researchers and clinicians to broaden consensus on performance measures for breast and colorectal cancer in April 2007. The Commission on Cancer (CoC) then endorsed and became actively engaged in the process as a regulating agency with a multitude of patient-centered standards specifically written for cancer treatment centers. As a distinction of quality, most cancer programs elect to undergo a rigorous CoC accreditation process tri-annually. As part of these standards, the CoC instituted CP3R through the National Cancer Data Base (NCDB) program as a facility feedback mechanism to promote awareness of the importance of charting, coding and treating cancer in line with evidence based treatment practice guidelines. The estimated performance rates are based on data directly reported to the NCDB from the St. Elizabeth Cancer Registry. In light of the national movement towards Pay for Performance (P4P), these reports also provide CoC-Approved programs the ability to examine program-specific breast, colon and rectal cancer care practices in comparison to local, regional and national data.

St. Elizabeth Healthcare is dedicated in assuring our patients are getting top quality care so this information is very important to evaluate. The Cancer Programs are proud to be accredited by the CoC having received the highest attainable “Golden Award” 2016-2019 for Edgewood and “Silver” status at Ft. Thomas. St. Elizabeth Edgewood was also awarded with the 2016 Outstanding Achievement Award by the American College of Surgeons' (ACS) COC. The award acknowledges cancer programs that achieve excellence in providing quality care to cancer patients. Below we would like to share with you the most recent CP3R reports for 2015\* and our treatment outcomes for breast and colorectal cancer. The regulating agencies mentioned above have collaborated and set desired goals as seen in the tables below.

Although some study measures may be technically difficult to understand, it is easy to see what is most important in the last column! St. Elizabeth's Cancer Programs rate **'better'** than the nation AND all measure percentage outcomes exceeded the expected national benchmarks.

St. Elizabeth Lung Cancer Screening Program was designated a Screening Center of Excellence with the Lung Cancer Alliance in 2015 and continues to be.

\*At first glance, one might question why we are just now reporting 2015 data? Answer - St. Elizabeth monitors data concurrently but only releases at the time national and state comparison data is available. Currently, the most recent data is from 2015.

# St. Elizabeth Edgewood Cancer Program Comparisons

| Breast and Colorectal Measures |   | Estimated Performance Rates   | National Benchmark Goals Set                  | Comparisons   |                                | Did St. Elizabeth do better or lower than the nation? |
|--------------------------------|---|---|---|---------------|--------------------------------|---|
|                                |   |   |   | My State Rate | All CoC Approved Programs Rate |   |
|                                |   |   |   | 2015          | 2015                           |   |
| 1.                             | Breast Cancer - radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery.   | 98.3%   | 90%   | 94.7%         | 91.2%                          | Better  |
| 2.                             | Breast Cancer - combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under age 70 with AJCC T1cN0M0, or Stage II or Stage III ERA and PRA negative cancer   | 100%  | Not Applicable                                | 95.4%         | 92.7%                          | Better  |
| 3.                             | Breast Cancer - 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 Stage III ER and PR positive cancer   | 98.9%   | 90%   | 97.5%         | 91.7%                          | Better  |
| 4.                             | Breast Cancer – breast conservation surgery rate for women with AJCC clinical stage 0, 1, or II   | 81%   | Not Applicable                                | 61.9%         | 66.1%                          | Better  |
| 5.                             | Breast Cancer – image or palpation-guided needle biopsy is performed to establish diagnosis of breast cancer  | 98.6%   | 80%   | 91.5%         | 91.2%                          | Better  |
| 6.                             | Breast Cancer – radiation therapy is considered or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with ≥ 4 positive regional lymph nodes  | 100%  | 90%   | 92.3%         | 87.2%                          | Better  |
| 7.                             | Colon Cancer - 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) cancer  | 100%  | Not Applicable                                | 93.9%         | 87.7%                          | Better  |
| 8.                             | Colon Cancer - at least 12 regional lymph nodes are removed and pathologically examined for resected cancer   | 81.1%<br>sneak peak at 2016 data shows<br>92.5%<br>exceeding COC goals and comparison rates | 85% or<br>*95% CI rate between<br>70.6%–91.6% | 89.6%         | 92.1%                          | Better  |
| 9.                             | Rectal Cancer – preoperative chemo and radiation therapy is administered for clinical AJCC T3-4N0; OR postoperative chemo and radiation are administered 180 days of diagnosis with clinical AJCC T1-2N0 with pathologic AJCC T3-4N0 or Stage III; OR treatment is recommended for patients under the age of 80 receiving surgical resection for rectal cancer. | 100%  | 85%   | 92.4%         | 87.2%                          | Better  |

\*Goals with too few cases to be statistically significant are based upon 95% Confidence Interval (CI) ranges – all St. Elizabeth scores met goals within range.

# St. Elizabeth Ft. Thomas Cancer Program Comparisons

| Breast and Colorectal Measures   | Estimated Performance Rates  | National Benchmark Goals Set               | Comparisons   |                                | Did St. Elizabeth do better or lower than the nation? |
|--|--|--|---------------|--------------------------------|---|
|  |  |  | My State Rate | All CoC Approved Programs Rate |   |
|  |  |  | 2015          | 2015                           |   |
| 1. Breast Cancer - radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery.   | 100%   | 90%  | 94.7%         | 91.2%                          | Better  |
| 2. Breast Cancer - combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under age 70 with AJCC T1cN0M0, or Stage II or Stage III ERA and PRA negative cancer   | 100%   | Not Applicable                             | 95.4%         | 92.8%                          | Better  |
| 3. Breast Cancer - 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 Stage III ER and PR positive cancer   | 100%   | 90%  | 97.5%         | 91.7%                          | Better  |
| 4. Breast Cancer – breast conservation surgery rate for women with AJCC clinical stage 0, 1, or II   | 74.2   | Not Applicable                             | 61.9%         | 66.1%                          | Better  |
| 5. Breast Cancer – image or palpation-guided needle biopsy is performed to establish diagnosis of breast cancer  | 100%   | 80%  | 91.5%         | 91.2%                          | Better  |
| 6. Breast Cancer – radiation therapy is considered or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with ≥ 4 positive regional lymph nodes  | 100%   | 90%  | 92.3%         | 87.2%                          | Better  |
| 7. Colon Cancer - 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) cancer  | 100%   | 90%  | 93.9%         | 87.7%                          | Better  |
| 8. Colon Cancer - at least 12 regional lymph nodes are removed and pathologically examined for resected cancer   | 78.9%<br>sneak peak at 2016 rates shows<br>96.8%<br>exceeding COC goals and comparison rates | 85% or<br>*95% CI rate between 60.6%-97.2% | 89.6%         | 92.1%                          | Better  |
| 9. Rectal Cancer – preoperative chemo and radiation therapy is administered for clinical AJCC T3-4N0; OR postoperative chemo and radiation are administered 180 days of diagnosis with clinical AJCC T1-2N0 with pathologic AJCC T3-4N0 or Stage III; OR treatment is recommended for patients under the age of 80 receiving surgical resection for rectal cancer. | 100%   | 85%  | 92.4%         | 87.2%                          | Better  |

\*Goals with too few cases to be statistically significant are based upon 95% Confidence Interval (CI) ranges – all St. Elizabeth scores met compliance.

Our Northern Kentucky community can look forward to expanded CP3R reports to include many other sites of cancer as new measures and goals are set by national regulating agencies and celebrate knowing excellent care is given right near home. St. Elizabeth looks forward to ongoing monitoring and evaluation of the reports and sharing our results to assure we are always looking for opportunities to improve care and doing the best job possible! Future care studies to include cervix, endometrium, gastric, lung and ovarian cancer.



# Cancer Screening and Prevention – Past, Present and Future!

- FREE skin cancer screening checks are offered by St. Elizabeth in partnership with the Greater Cincinnati 'Melanoma Know More' program - in 2017 three screenings were offered at our Edgewood, Ft. Thomas and Covington campuses with approximately 225 free screenings performed. In 2018 screenings will be offered on the dates listed below, call (859) 301-SCRN (7276) to schedule!
  - January 13 – St. Elizabeth Covington, 1500 James Simpson Way, Covington, KY 41017 – Suite 302
  - June 9 – St. Elizabeth Edgewood Cancer Care Center, 1 Medical Village Drive, Edgewood, KY 41017 – Entrance 3B
  - September 8 – St. Elizabeth Florence, 7370 Turfway Rd. Florence, KY 41017 – Suite 290
  - Can't make one of our screenings? Call (513) 364-6653 for locations of other screenings in the Greater Cincinnati area or visit [www.melanomaknowmore.com](http://www.melanomaknowmore.com)

- FREE Freshstart Smoking Cessation Program – are you ready to quit? Freshstart can help. Freshstart is a 4-week classroom style smoking cessation program developed by the American Cancer Society and offered to you by St. Elizabeth Healthcare. This program is designed to help you take charge of your efforts to quit smoking or using other forms of tobacco. The program will educate you about nicotine addiction and support you while **selecting a personalized quit plan** to meet your needs. For more information or to register for an upcoming session call (859) 301-5570 or visit [www.stelizabeth.com/freshstart](http://www.stelizabeth.com/freshstart). Also recommended is 1-800-QUITNOW (1-800-784-8669) or [www.QuitNowKentucky.org](http://www.QuitNowKentucky.org).

In 2017, 22 Freshstart sessions were held with over 125 registrations. With a commitment to expand this much needed service, more classes throughout Northern Kentucky were added at times convenient for everyone. Also in 2018, we will stay committed to smoking cessation by performing a multi-phasic collaborative 'Continuum of Care' assessment between all St. Elizabeth inpatient, outpatient and St. Elizabeth Physicians' offices assuring the same smoking education and cessation program referrals are offered consistently from one visit to the next. Our primary goal is to let you be the driver in a 'shared decision making' opportunity.

- CT Lung Cancer Screening – lung cancer is the leading cause of cancer death in the United States. St. Elizabeth implemented a Lung Cancer Screening Program and was designated a **Screening Center of Excellence with the Lung Cancer Alliance in 2015 and continues to be**. To meet the criteria for screening you must be age 55 to 77 and have a smoking history of 30 pack years (number of packs per day times number of years smoked). This includes current or former smokers who have quit within the past 15 years. **COST – is now covered by Centers for Medicare & Medicaid Services** as well as **most insurance carriers with no out-of-pocket expense**. The test takes less than three minutes and does not require an IV. Don't wait! If you are or have been a smoker, get screened now, **the benefit of screening is early detection of lung cancer which saves lives**. Check with your doctor to see if you meet eligibility and have a screening lung cancer CT ordered.

In 2017, it is projected more than 2000 CT lung cancer screenings will be performed, **more than doubling since 2016!** Specialized 'lung nodules' boards are held which bring all specialty physicians/professional staff together in one room to discuss suspicious CT findings in order to expedite and offer quality care quickly. The power of a radiologist, pulmonologist, thoracic surgeon and specialized nurse navigator are all in one room working specifically to care for you.

- Breast Cancer Screening – in addition to our onsite and mobile mammography mammograms, St. Elizabeth annually recommits to provide the 'Prevention Pays' program in cooperation with the Northern Kentucky Women's Cancer Coalition. The program provides a 'no cost' mammogram (insurance billed) with a \$10.00 gift certificate incentive for women age 40 and older who have never had a mammogram or have not had a routine mammogram in over two years. In 2017, the St. Elizabeth mobile mammography vans visited 26 sites and approximately 300 women took advantage of this unique community service. Check with your doctor to see when your next mammogram is due and get screened. Prevention does pay! Visit [www.stelizabeth.com/mammogram](http://www.stelizabeth.com/mammogram) for more information or [www.stelizabeth.com/mobilemammography](http://www.stelizabeth.com/mobilemammography) to look for mobile mammography dates convenient for you.



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