



The Miriam Hospital
Comprehensive Cancer Center

Outcomes 2013

A Message from the Cancer Committee Chairman

This report is intended to provide a summary of major highlights and accomplishments of The Miriam Hospital's Comprehensive Cancer Center program for the year 2013. The Cancer Control Committee provides oversight and leadership dedicated to improving patient survival and quality of care, ensuring that ongoing clinical and research activities meet the American College of Surgeons Commission on Cancer standards.

In 2013 the Committee identified the Programmatic Goal of establishing a Patient and Family Advisory Council. The mission of the council is to ensure the voices of patients and families are represented in an effort to enhance their entire experience at The Miriam Hospital Comprehensive Cancer Center. Current and former patients and family members were recruited and interviewed. The Council meetings commenced in September of 2013, focusing on approval of the mission/bylaws, analysis of patient satisfaction results and review of best practices across the system. Future goals include hosting a spring Patient and Family Appreciation Day, development of an approval process for the annual patient education/lecture series and the formation of focus groups to improve patient satisfaction survey response rates and overall satisfaction results.

A Message from the Cancer Committee Chairman

The Committee's 2013 Clinical Goal was to improve the coordination of care and clinical outcomes for those patients being treated with oral chemotherapy. The aim was to identify, align and implement a best practice process and standard work for prescribing, financial assistance, education of patients and monitoring for compliance and side effects of oral chemotherapy. Pre and post implementation results from our Quality Oncology Practice Initiative audits were used to measure the success of the initiative. The Miriam Hospital improved its oral therapy patient education, teaching documentation and follow-up assessment/documentation from spring 2012 to spring 2013 results. Our current work includes aligning our process with the Rhode Island Hospital Comprehensive Cancer Center to promote seamless clinical practice and improved communication across our system.

Future goals include incorporating our structure for oral chemotherapy standard work and documentation into our system-wide electronic medical record, Epic. We are in the process of developing templates for prescribing which will delineate parameters for dosing, monitoring, symptom management and follow-up.

Cancer Center Highlights and Achievements

- In addition to significant progress in achieving programmatic and clinical goals, the following are some other highlights of our programs and services for 2013:
- The Miriam Hospital was notified by the American College of Surgeons in early 2013 that the program had again achieved the Outstanding Achievement Award.
- Our outpatient physician practice achieved recertification in ASCO's (American Society of Clinical Oncologists) Quality Oncology Practice Initiative, a program that benchmarks our oncologists performance in patient care and safety with thresholds of other academic and national practices. The Miriam Hospital scored significantly higher than the aggregate groups.
- The Breast Center at The Miriam Hospital remains certified by the National Accreditation Program of Breast Centers (NAPBC) and maintains membership in the National Consortium of Breast Centers.
- Oncology nursing care in our clinic is provided by nurses who are 100% OCN certified, providing specialized knowledge and skills in oncology nursing care.

Community Health Needs Assessment

Conducted between September 2011 and May 2013, to gain greater insight into the health status and health care needs of the people served by The Miriam Hospital.

Goals of The Miriam Hospital's Community Health Needs Assessment were:

- To enhance the hospital's perspective on the healthcare needs of its community
- To establish a baseline data set and analysis upon which future work can build
- To provide a resource for individuals and organizations interested in health status of the community served by Rhode Island Hospital/Hasbro Children's Hospital
- To inform creative discussions and collaborations to improve county health status
- To meet the requirements of the Patient Protection and Affordable Care Act, which calls for nonprofit hospitals to periodically assess the health needs of people living in their service area

Survey results revealed a considerable degree of community concern about access:

- Access to healthcare services, access to primary care doctors, and access to insurance.

Community Health Needs Assessment

Stakeholders expressed concern about fragmentation in cancer care and difficulty in accessing services and coordinated care.

Expand Comprehensive Cancer Center

- August 2013, all three of Lifespan's Cancer Centers—The Miriam Hospital, Rhode Island Hospital and Newport Hospital merged into one, system-wide Comprehensive Cancer Center, providing greater access to cancer specialists, psychosocial screenings with referrals to social workers and support services, enhanced patient and family education, patient navigators, genetics counselors and complementary therapies.
- A new location for adult oncology services in East Greenwich became operational in the Fall 2013, expanding the geographic availability of the CCC in southern Rhode Island.
- Lifespan is building a system that provides comprehensive care for cancer patients and opportunities for prevention. Specifically, Lifespan plans to initiate or continue the following programs: Avenues of Healing, Cancer Survivors Day, SunSmarts, Kickbutt Day, Tobacco Prevention Programs, Lectures about smoking, smoking cessation, and cancer.

Patient Care Improvements

- The development of an online statewide survivorship care plan that will be used to provide cancer survivors and their care givers a summary of their treatment and a plan for continued surveillance. The team at The Miriam Hospital is now working on a template for the disabled community.
- The addition of a genetics physician and counselor onsite to assist patients and families in identifying their risk for developing certain cancers so that they will be able to make informed decisions about genetic testing, cancer screening and prevention.
- Expanded nutrition counseling to assist patients during therapy and contribute to better health in survivorship
- In addition to our many support programs, The Miriam Hospital initiated a Kids Program where children with parents or grandparents undergoing cancer care can learn about cancer and cancer treatments.

Patient Centered Care: Social Work Support Groups

- Men's Cancer Wellness Group, a support and education group for men diagnosed with prostate, kidney, testicular, bladder and penile cancers, met every 3rd Monday of the month from September to May.
- Families and Cancer Survivorship, a 4-week program held in conjunction with The Counseling Center at Jewish Family Services. Topics included: talking with your kids about cancer, intimacy, parenting when you don't feel well and engaging your support team.
- Kids Group, a group for kids from the ages of 5 to 17 who have a significant adult in their life going through cancer treatment. The kids were able to meet the health care team, tour the facility, make a tree of strength and ask questions of the doctor. Snacks and gifts were provided. The group is funded by the Flanagan Foundation and Tasca Racing. The group met quarterly.

Community Outreach: Community Survivorship and Educational Events

- In the spring of 2013, a 5-week cancer survivorship lecture series was held on consecutive Thursday evenings in April and May from 7:00p.m to 8:30p.m. The lecture and parking were free and open to the public. The topics for 2013 were: Food, Facts and Fads; Palliative and Supportive Care: The Nuts and Bolts; Knowing Your Legal Rights as a Cancer Survivor, New Trends in Cancer Treatment: Colorectal Cancer, Breast Cancer, Malignant Hematology; What Can I Do to Improve the Quality of My Life.
- Cancer Survivorship Day, an annual celebration of survivorship, was held for the third time at Roger Williams Park Casino on September 22nd. 87 survivors and family members attended the event. This program offers education from medical experts, music, community resources and food and was staffed by hospital volunteers.
- Our annual “Avenues of Healing”, an event to raise awareness of breast cancer, was held at the Crowne Plaza Hotel on October 13th. Sherry Lebed Davis, a cancer survivor, was the keynote speaker. A panel of Lifespan physicians and other health care professionals were present to discuss the latest medical advances and survivorship. Over 110 attendees were present at the conference.

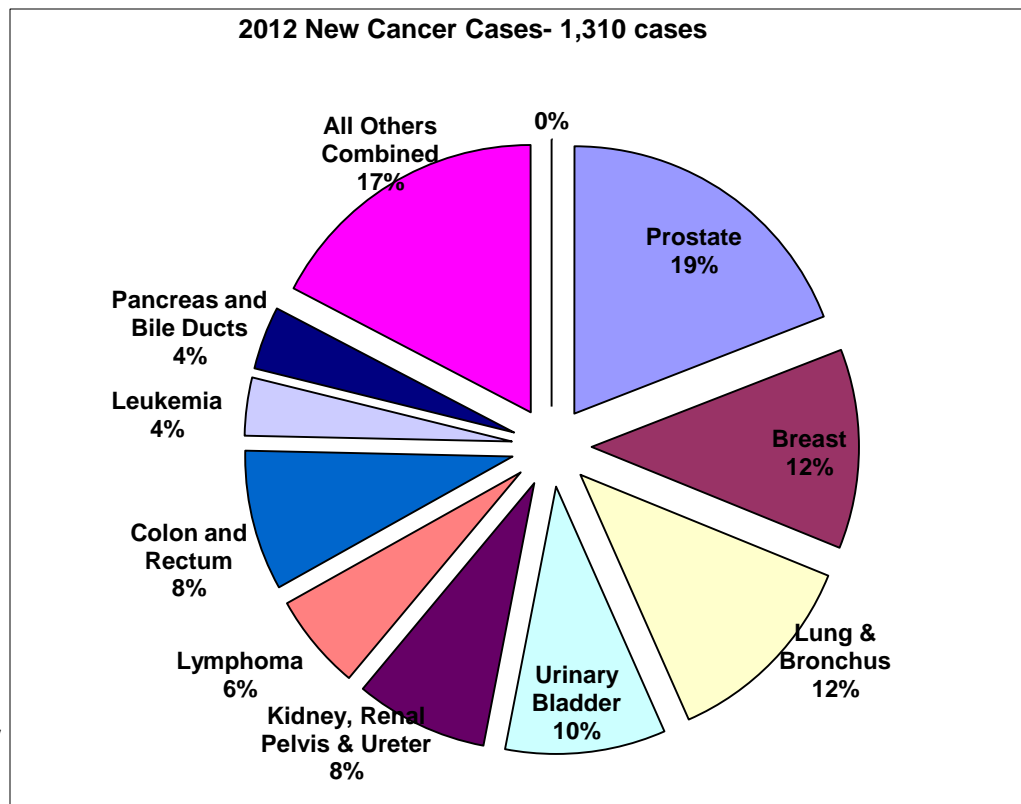
Community Outreach: Prevention and Screening Events

- Community Outreach partnered with the Partnership to Reduce Cancer in RI, RI Department of Health and other organizations to hold 4 “Sun Smart” events at local beaches in RI this past summer. There were 450 individuals screened for skin cancer with 23.6% referred to dermatology. Education about safe sun exposure and skin protection was also provided and sunscreen distributed.
- “See, Test and Treat” screening event for uninsured women was held on September 28th with a total of 98 women served. Women received a pap test, clinical breast exam and mammograms. Breast Health education was provided by a breast surgeon and Flu shots and rapid HIV/Hepatitis C screenings were also offered. Follow up care was ensured for any women found to have positive results in any screenings.

Figure 1

Analysis of Cancer Registry Data 2012

- In 2012 the Cancer Registry entered 1,310 new cancer cases into its registry; 1,123 were analytic cases, which are new cancer cases diagnosed and/or treated at TMH. The remaining other 187 were cancer patients who were initially treated elsewhere and are now receiving treatment or treatment planning at TMH for persistent or recurrent cancer.
- The rates of cancer seen at TMH are similar to those seen in other Academic Comprehensive Cancer Programs nationally.



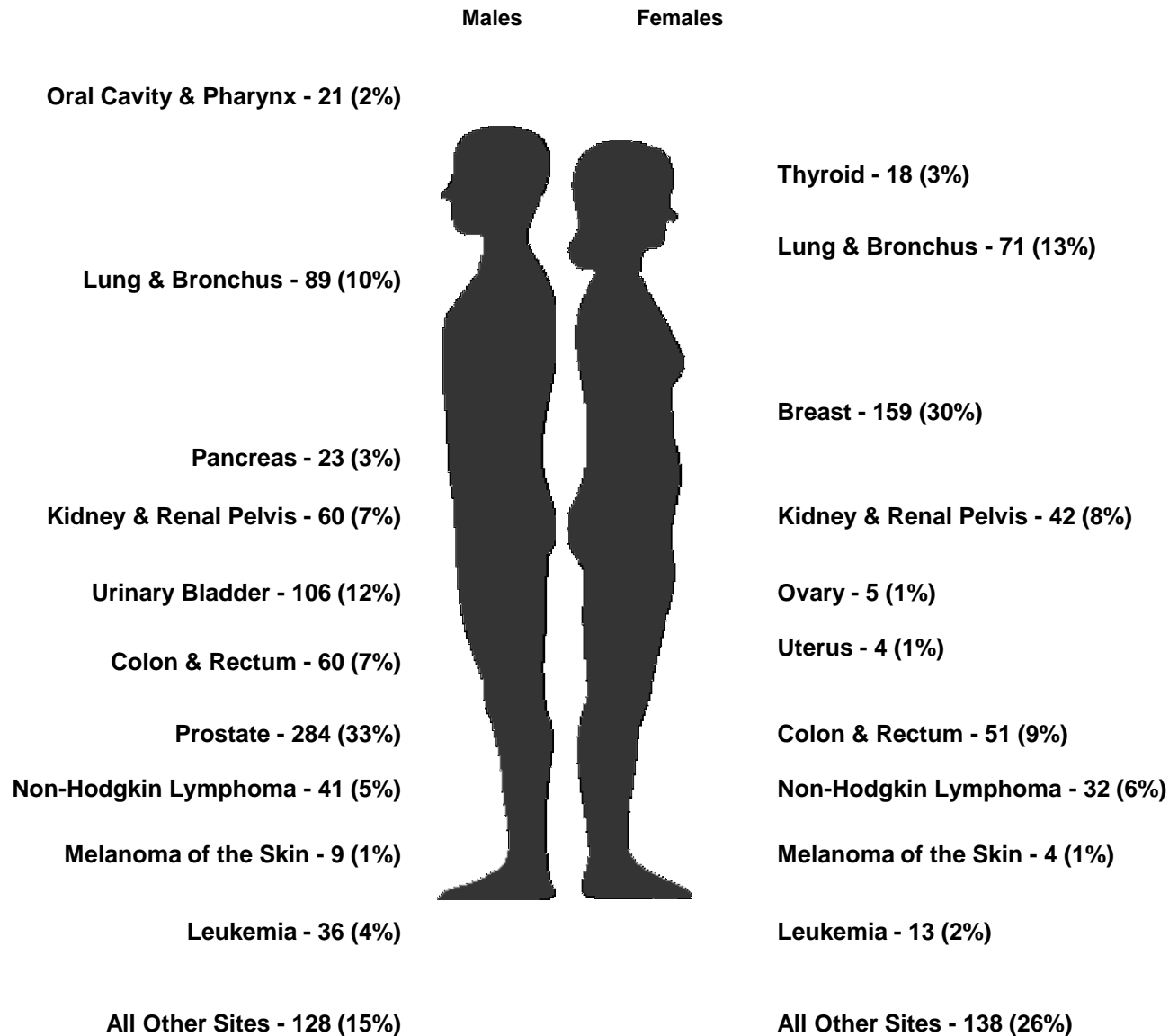
THE MIRIAM HOSPITAL 2012 Summary by Body System and Best CS/AJCC Stage Report

Table 1

PRIMARY SITE	Total	Stg 0	Stg I	Stg II	Stg III	Stg IV	N/A	Unk
Oral Cavity and Pharynx	34	5	0	1	5	10	0	13
Esophagus	8	0	0	0	4	3	0	1
Stomach	24	0	4	4	6	9	0	1
Small Intestine	4	0	1	0	1	1	0	1
Colon Excluding Rectum	70	0	17	26	7	17	0	3
Rectum & Rectosigmoid	41	1	11	5	18	4	0	2
Anus, Anal Canal & Anorectum	18	9	1	3	3	1	0	1
Liver & Intrahepatic Bile Duct	22	0	5	1	6	9	1	0
Other Biliary	3	0	2	1	0	0	0	0
Pancreas	42	0	0	7	7	28	0	0
Peritoneum, Omentum & Mesentery	3	0	0	0	1	2	0	0
Other Digestive Organs	3	0	0	0	0	0	3	0
Nose, Nasal Cavity & Middle Ear	2	0	0	1	0	0	0	1
Larynx	7	4	1	0	0	1	1	0
Lung & Bronchus	160	0	33	12	29	86	0	0
Bones & Joints	1	0	0	0	0	0	0	1
Soft Tissue (including Heart)	7	0	2	1	2	1	0	1
SKIN excluding basal and squamous	15	3	5	1	1	1	0	4
Breast	161	31	81	30	9	8	0	2
Cervix Uteri	3	0	1	1	0	0	0	1
Corpus & Uterus, NOS	4	1	1	0	0	1	0	1
Ovary	5	0	0	1	2	2	0	0
Vulva	1	0	0	0	1	0	0	0
Prostate	284	0	50	141	38	25	0	30
Testis	19	0	15	4	0	0	0	0
Penis	2	1	0	1	0	0	0	0
Urinary Bladder	135	60	36	16	3	9	2	9
Kidney & Renal Pelvis	102	1	71	4	14	11	0	1
Ureter	3	3	0	0	0	0	0	0
Other Urinary Organs	6	0	2	1	0	0	3	0
Eye & Orbit	4	0	0	0	0	0	4	0
Brain and Nervous System	6	0	0	0	0	0	6	0
Thyroid and Endocrine	25	0	12	0	5	7	0	0
LYMPHOMA	78	0	14	13	16	29	1	5
Myeloma	15	0	0	0	0	0	15	0
LEUKEMIA	49	0	0	0	0	0	49	0
Kaposi Sarcoma	2	0	0	0	0	0	2	0
MISCELLANEOUS	26	0	0	0	0	0	26	0
Miscellaneous	26	0	0	0	0	0	26	0
Total	1,581	150	446	305	187	273	139	80

Figure 2

Summary by Body System and Sex Report 2012



Quality Improvement: Accountability Measures

- **All staff oncologists are participants in The Quality Oncology Practice Initiative, a practice improvement program provided by the American Society of Clinical Oncology. The practice achieved Certification Status in 2010 and was recertified with a site visit in 2013. QOPI benchmarks our oncologists' performance in patient care and safety with thresholds of other academic and national practices. Data is shared biannually which drives our recognition of opportunities for improvement.**
- **The Cancer Control Committee at The Miriam Hospital also assesses the quality of the care given our cancer patients by comparing our performance rates in the CP3R database from the National Cancer Data Base for breast and colorectal cancers. These are accountability measures that were developed by the National Quality Forum, the American Society of Clinical Oncology and The National Cancer Comprehensive Network. These measures are described and illustrated in the following Tables 2-7.**

Table 2

Colon Cancer Measures 2004-2011

Adjuvant chemotherapy is considered or administered w/in 4 mos of diagnosis, pts under 80, stage III (node positive) colon cancer.



Diagnosis Year-2011

	Performance Rate	# of Cancer Programs
TMH Cancer Program	100%	1
State of RI	97.1%	10
ACS Division (New England)	92%	91
Census Region (Northeast)	92%	91
CoC Program Type (Teaching Hospital)	85.1%	230
All Commission on Cancer Approved Programs	87.1%	1311

Table 3

Colon Cancer Measures 2004-2011

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

Diagnosis Year-2011



	Performance Rate	# of Cancer Programs
TMH Cancer Program	91.7%	1
State of RI	85.2%	11
ACS Division (New England)	88.6%	98
Census Region (Northeast)	88.6%	98
CoC Program Type (Teaching Hospital)	91.1%	228
All Commission on Cancer Approved Programs	87.7%	1346

Table 4

Rectal Cancer Measures 2004-2011

Radiation therapy is considered or administered within 6 months of diagnosis for patients under 80, stage T4N0Mo or stage III receiving surgery for rectal cancer.

Diagnosis Year-2011



	Performance Rate	# of Cancer Programs
TMH Cancer Program	100%	1
State of RI	92.6%	8
ACS Division (New England)	92.7%	64
Census Region (Northeast)	92.7%	64
CoC Program Type (Teaching Hospital)	92.1%	215
All Commission on Cancer Approved Programs	92%	1045

Table 5

Breast Cancer Measures 2004-2011

Radiation therapy is considered or administered within 1 year of diagnosis for women under 70 receiving breast conserving surgery for breast cancer.



Diagnosis Year-2011

	Performance Rate	# of Cancer Programs
TMH Cancer Program	95.3%	1
State of RI	93.3%	11
ACS Division (New England)	94.8%	97
Census Region (Northeast)	94.8%	97
CoC Program Type (Teaching Hospital)	89.5%	231
All Commission on Cancer Approved Programs	90%	1334

Table 6

Breast Cancer Measures 2004-2011

Tamoxifen or AI considered or administered within 1 year of diagnosis with stage T1c or Stage II or III hormone receptor positive breast cancer.



Diagnosis Year-2011

	Performance Rate	# of Cancer Programs
TMH Cancer Program	98.2%	1
State of RI	91.9%	11
ACS Division (New England)	93.1%	97
Census Region (Northeast)	93.1%	97
CoC Program Type (Teaching Hospital)	85.4%	230
All Commission on Cancer Approved Programs	86.1%	1341

Table 7

Breast Cancer Measures 2004-2011

Combination chemotherapy is considered or administered w/in 4 months of diagnosis for patients under 70 w/ T1cN0M0 or Stg II or III hormone receptor negative breast cancer

Diagnosis Year-2011



	Performance Rate	# of Cancer Programs
TMH Cancer Program	100%	1
State of RI	98%	9
ACS Division (New England)	93.4%	85
Census Region (Northeast)	93.4%	85
CoC Program Type (Teaching Hospital)	90%	229
All Commission on Cancer Approved Programs	90.8%	1259