Mission

The Saint Alphonsus Cancer Care Center is committed to enhancing the quality of life for patients and their families. The diagnosis of cancer can have a profound effect on patients and their families, affecting physical, psychological, emotional, and spiritual foundations. Mindful of this reality, the Saint Alphonsus Cancer Care Center has developed an integrative care approach to healing. Our comprehensive methods integrate state-of-the-art techniques to diagnose and treat cancer, including advanced imaging, radiation therapy, and chemotherapy with nutrition, exercise and other complementary therapies proven to meet a patient’s physical, mental and spiritual needs.

Prevention Programs

In the fall of 2017, Saint Alphonsus opened a High Risk Breast Program. The objectives of our High Risk Breast Program are to closely monitor patients at risk of developing cancer, diagnose cancer at an earlier state, genetic counseling, and comprehensive screening and education. In 2018, 29 patients were seen in our High Risk Breast Program.

Most people know that smoking or other forms of tobacco use is harmful for their health but may not always understand the many benefits of quitting. Saint Alphonsus offers the “Quit with Nancy” program free of charge to anyone interested in quitting tobacco products. In 2018, our “Quit with Nancy” tobacco cessation program enrolled 84 participants with a 50% success rate.

Saint Alphonsus Cancer Care Center collaborates with our local YMCA LIVESTrong Cancer Survivorship Program to promote the importance of physical activity after cancer treatment. Cancer survivors participate in 12-week physical activity program instructed by certified fitness instructors. Survivors also receive education regarding nutrition, managing fatigue, and overall quality of life. In 2018, Saint Alphonsus referred 30 patients to the YMCA LIVESTrong Cancer Survivorship Program.

Screening Programs

According to the National Cancer Institute, over 200,000 Americans are diagnosed with lung cancer every year. Tobacco smoking causes more than 80% of all lung cancers in the United States, however non-smokers can also develop lung cancer. Other than smoking, risk factors for lung cancer can include being exposed to second-hand smoke or exposure to asbestos, arsenic or radon.

In 2014 the Saint Alphonsus Cancer Care Center developed a lung cancer screening program. Based on National Lung Screening Trial findings, low-dose CT lung screenings available at Saint Alphonsus can help to detect lung cancer early and save lives – especially
Screening Programs (cont’d)

those who are at high-risk for developing lung cancer.

In 2018, 865 low dose CTs were performed through the Saint Alphonsus Lung Screening Program. Through our lung screening program, a total of 19 cancers were diagnosed. Of those, 13 patients were diagnosed with lung cancer and 11 of 13 patients were diagnosed stage I disease. With our lung screening program, we are successfully diagnosing patients with an earlier stage of cancer.

Talk with your doctor about your risk for lung cancer and if you meet criteria for a lung cancer screening CT. For more information, call (208) 367-LUNG.

Monitoring Compliance with Evidence-Based Guidelines

Annually, a physician performs a study to assess whether patients within the program are evaluated and treated according to national treatment guidelines. As work continues towards becoming a National Accreditation Program for Rectal Cancer a review of rectal cancers identified 29 analytic cases in 2017.

Per the National Comprehensive Cancer Network (NCCN) guidelines, diagnostic evaluation includes colonoscopy, imaging, and a carcinoembryonic antigen (CEA) test prior to treatment.

Analysis of data revealed:

- 100% of patients had a colonoscopy performed.
- 2 patients did not have imaging performed before treatment. 1 patient was found to have disease only within the mucosa and imaging was not warranted.
- 23 patients had a pre-operative CEA performed and the values able for review.
- 100% of reviewed patients were in concordance with NCCN treatment guidelines.

Performance improvement

The Performance Improvement Committee (PI) is a multidisciplinary team that identifies opportunities for improvement to patient care activities in the Cancer Care Center. It monitors and evaluates projects throughout the year and reports quarterly to the Cancer Committee. Performance improvement studies are designed to measure the quality of care and outcomes for our cancer patients by focusing on problematic quality-related issues.

Noteworthy studies for 2018 include:

- **Neulasta and Bone Pain Study:**
  There is a lack of data and treatment options for patients with Pegfilgrastim-Induced Bone Pain (PIBP). That being said, we identified this as an opportunity for a study. Oncology provider recommendations for PIBP were tracked over a 4-month period to determine efficacy of pharmacologic and non-pharmacologic agents in reducing PIBP. Fifty-four patients were enrolled in this study. There were three patient groups within this study:
  - PIBP treated with Loratadine, n=5
  - PIBP treated with Loratadine +adjunct, n=4
  - PIBP treated with miscellaneous PRN OTC analgesics, n=6
  
  Patients were asked to complete a survey questionnaire specifically related to bone pain. Overall, there were
clinically significant differences in reduction of bone pain within the groups but no statistically significant differences between the three groups. Based on the results of this study, we plan to conduct a follow-up study in 2019 to compare efficacy of Loratadine with Trimcinolone IM injection. Because of the paucity of options for treatment of Pegfilgrastim-Induced Bone Pain and inconclusiveness of this study, we feel patients would benefit from an interventional study to identify whether Triamcinolone (with anecdotal evidence) is effective.

- JustUs League – Patient Satisfaction:

  We have identified a quality related goal with our Patient Satisfaction scores and an opportunity for improvement “Likelihood to recommend” HCAP score. There are four key drivers that influence the overall score of “Likelihood to Recommend”. These indicators include:
  - easy to understand directions.
  - staff having sensitivities to patients’ needs
  - staff work together
  - communication regarding delays

  The Cancer Care Center leadership team development a rounding template that included these four key drivers as talking points. During a period of four months, the Cancer Care Center leadership utilized this rounding template when meeting with patients. After the four-month period, our Patient Satisfaction scores increase from 90.1% to 94.2%. Our results support the hypothesis that leadership rounding has a significant impact on patient satisfaction and the overall score of “Likelihood to Recommend”.

  Implementation of new or improved processes, practices, or services is another focus of the PI Committee as a commitment to providing high-quality cancer care. A few of the improvements implemented in 2018 were:

  - **Operational Improvement:**
    - **Conversion of new TrueBeam Linear Accelerator:**

      On July 9, 2018 our Radiation Oncology Department successfully treated patients with our new TrueBeam linear accelerator. The conversion to this new technology required over 300 hours of colleague and physician training. With the technology of the TrueBeam, we can treat patients with frameless Stereotactic Radiosurgery, the overall patient treatment times are faster, we can monitor respiratory movement, and higher quality treatment imaging.

  - **Operational Improvement:**
    - **Medical Oncology ARIA shared visit documentation:**

      Our Medical Oncology providers requested an efficient process to document shared visits between a Physician and Advanced Practice Provider. Our leadership team worked with our Clinical Informatics team and Varian to establish a shared-visit template and process that allowed for two provider signatures within the documentation.

  - **Operational Improvement:**
    - **Implementation of Psycho-Oncology Rounds:**

      With continued focus on the mental health of our patients, the Cancer Care Center implemented bi-weekly Psycho-Oncology rounds. Led by our Social Worker and Psycho-Oncology Program Advanced Practice Provider, our bi-weekly Psycho-Oncology rounds also includes Nurse Navigators, Chaplaincy, and Integrative Care Team.

  - **Operational Improvement:**
    - **TrueBeam Stereotactic Radiosurgery Process:**

      With the conversion of the TrueBeam, we implemented a new Stereotactic Radiosurgery process. We are now able to treat our patients without a headframe. Our patients are treated in a frameless-mask system that ensures accuracy, effectiveness, and decreased table time. Care Center and no longer need to be done inpatient.

  - **Hazardous Drug Waste:**

      With the changes in federal laws, new policies and procedures were created and new waste containers were distributed hospital wide.