Cancer Program

2017 ANNUAL REPORT

at Community Memorial Hospital

Community Memorial Hospital

Community Memorial Health System

MISSION

To Heal, Comfort and Promote Health for the Communities We Serve.

VISION

To be the regional, integrated health system of choice for patients, physicians, payers and employees. To be an indispensable community treasure.

VALUE

Integrity, Service, Excellence, Caring and Transparency.

Community Memorial Health System

From the Chairman and Medical Director

Lynn Kong, MD
Cancer Committee Chairman,
Community Memorial Health System

Approximately 1.7 million people were diagnosed with cancer in the United States in 2017, with over 175,000 diagnosed in the state of California according to the American Cancer Society. Current statistics show that people are living longer than ever following a diagnosis of cancer; two out of three people now live at least five years following a diagnosis of cancer. These improvements are felt to be due to reductions in smoking, earlier detection of cancer, and advances in treatment.

In 2017, there were many exciting advances in the treatment of cancer. The FDA approved 16 new drugs for cancer treatment; the majority of which are available locally through our physician offices. These new medications offer new treatment options for a wide range of cancers, including lymphoma, leukemia, lung cancer, bladder cancer, skin cancer, breast cancer, and ovarian cancer. Many of these medications offer alternatives to traditional chemotherapy; they target specific mutations in the cancer cells or use one's own immune system to fight the cancer. In addition, 12 cancer medications were approved by the FDA for use in different cancers than they were originally designed. These new medications and treatment options would not be available without research and clinical trials. Locally, clinical trials are offered through our Medical Oncology offices for patients who are eligible and interested.

The Cancer Program at Community Memorial Health Systems (CMHS) is focused on all aspects of cancer care. We are active in prevention of cancer, screening for cancer, clinical research and state-of-the-art cancer treatment. We also recognize the need for a patient centered approach to cancer treatment, including emotional support for patients and families, navigating the healthcare system, and end-of-life planning.

The American College of Surgeons Commission on Cancer (CoC) performed a survey of our facility in 2017 and we were re-accredited for three years. The CoC provides important tools for cancer centers such as ours to monitor quality and improve cancer care. For patients and their families, accreditation is an important signal that we are dedicated to providing top quality cancer care right here in Ventura County.

I am pleased to share our 2017 CMHS Cancer Program Annual Report. I am proud of the countless ways our physicians and staff are committed to providing the best cancer services in Ventura County. Inside this report we discuss the many ways the Cancer Program strives to support our community of cancer survivors, caregivers, families and those actively fighting cancer.

CMH Cancer Program

Community Memorial Hospital is closing in on completion of a 4 + year construction project, set to be completed at the end of s with a move in date set early in 2019. The hospital has changed considerably from what originated in 1902 as a single hospital serving its neighbors, to an expansive healthcare system that touches the lives of individuals throughout Ventura County, California and beyond.

Community Memorial Health System was established in 2005 when Community Memorial Hospital in Ventura merged with Ojai Valley Community Hospital. Our Health System is comprised of these two hospitals along with eleven family-practice health centers serving various communities within Ventura County. Big changes have been happening at Community Memorial Hospital with the construction of a brand new, state of the art facility. Many construction mile stones were achieved throughout 2017 including the completion of brand new parking garage and the beginning of a beautiful landscaping project that will create warmth and a welcoming atmosphere once open. We plan to start the move into the new Hospital in December of 2018 and o be fully operational by January of 2019.

Our health system is a community-owned, not for profit organization. As such, we are not backed by a corporate or government entity, nor do we answer to shareholders. Rather, we depend on–and answer to–the communities we serve. In that vein, it is incredibly important to us as a Health System to stay competitive and offer the best care possible, including specialty services that ordinarily a patient would have to travel a great distance to receive. Some of the specialty services that Community Memorial Hospital offers include: Brain surgery, Oncology services, and Cardio-Vascular and Stroke programs. We also have a robust Residency training program.

Guiding us on this esteemed mission is a volunteer and diverse Board of Trustees that represents a cross section of leaders in our community, and who govern Community Memorial Health System with a focus aimed on what is best for our citizenry.

In 2017, CMHS including Ojai Community Hospital, had 12,780 total admissions, 69,821 patient days and 165,305 outpatient visits. CMH is an eight story, 242 bed state-of-the-art facility which provides a vast array of medical services and programs. We have 530 physicians on staff and over 2,000 employees and are one of Ventura County's largest employers. CMH also has 400 volunteers.

CMH is the regional leader in cardiac care with the lowest coronary artery bypass graft mortality rate in the county, as well as one of the lowest in the country, and has received
The Blue Cross/Blue Shield award of Distinction for cardiac care. CMH has the busiest orthopedic program in the county.

CMH is also a Primary Stroke Center and the leading birth facility in Ventura County with 2,656 births in 2017. Our Emergency Department, which is the designated critical heart patient receiving center, had over 59,224 visits in 2017. CMH has the region's leading surgical robotics program with over 800 procedures accomplished by the end of 2017 and has the most experienced DaVinci surgeons in Ventura County. 11,868 total surgical procedures and 154,567 radiological procedures were performed during 2017. CMH also has an outstanding Palliative Care Program dedicated to helping patients and their loved ones cope with serious illness. This team includes Palliative Care physicians, Palliative Care nurses, Social Workers and a Chaplain. The Palliative Care department is making great strides and has established themselves as a leader in the field. Their current project is focused on integration into outpatient Oncology offices. CMH has an outstanding wound care center including hyperbaric medicine. The Breast Center has been designated as a Breast Imaging Center of Excellence by the American College of Radiology and CMH is also an accredited bariatric center.

CMH is accredited by Det Norske Veritas (DNV) and undergoes survey by this organization annually. DNV has extensive worldwide healthcare experience and has a reputation for quality and integrity in certification. CMH has been voted #1 by the community consistently for the last decade in the Consumer Choice and Ventura County Star polls.

2017 was a year of reflection and new budding ideas for continued growth for the CMH Cancer Program as well as within the Cancer Resource Center with the addition of new and improved program offerings for our patients. We continued to partner with the American Cancer Society, and local physicians to provide free programs, education, and support to cancer patients and their families while we chose to contract directly with staff to provide our support group services which proved to be an advantageous move. Our very own Deb Lawry, RN,

OCN and Nurse Navigator for the program was honored with the very prestigious Daisy Award for Excellence in Nursing and we couldn't be more proud of her and her commitment to our patients.

Community Memorial Hospital has long been committed to assisting cancer patients from diagnosis through recovery and helping enhance the level of services provided, CMH is extremely proud to provide a wide range of services within the Cancer Program. Many of these services are provided at the CMH Cancer Resource Center.

The CMH Cancer Program has been accredited by the American College of Surgeons (AC0S) Commission on Cancer (CoC) since 2008 and we have completed 4 consecutive accreditation cycles. Accreditation is an extremely high honor for a Cancer Program, and not one that every center achieves. In fact, CMH was the first accredited program in Western Ventura. Accreditation ensures that cancer patients at CMH receive the highest quality of care. The goal of the cancer program at Community Memorial Hospital is to provide high quality services to both the patient and their family. Our greatest asset is the compassionate, personalized care afforded our cancer patients. We recently completed our last survey cycle at the end of September in 2017 and will undergo the next accreditation process in September 2020.

Quality cancer care is a team effort. The spectrum of cancer care at Community Memorial Hospital is monitored by the cancer committee, a group of physicians and departmental representatives involved directly or indirectly in the treatment of cancer patients. The committee ensures that consultative services are available to all cancer patients and their families.

Patient-oriented multidisciplinary cancer conferences are held weekly. Current case treatment and management options are discussed during these conferences, affording the cancer patient with a broad spectrum of comprehensive specialty input. The Cancer Registry maintains a database of the cancer patient's history, diagnosis, stage, and treatments for all patients diagnosed and/or treated at CMH. Treatment outcomes and survival statistics are maintained by conducting lifelong annual follow-up on all cases. The Cancer Registry data generates accurate and meaningful information to be used by the cancer committee, medical staff nd hospital administration to improve quality care.

Mandi Poltl
CMH Cancer Program Manager

2017 Cancer Registry Report

The American Cancer Society Cancer Facts & Figures 2018 estimated that 1,735,350 new cancer cases are expected to be diagnosed in 2018 in the United States. Of those cancer cases, an estimated 110,070 women are expected to be diagnosed with Gynecological Cancers which include: Gynecological Cancer is the 4th in (women) most frequently diagnosed cancer

COMMUNITY MEMORIAL HOSPITAL 2017 TOP TEN SITES OF CANCER

Breast	18%
Prostate	11%
Melanoma	13%
Lung	8%
Corpus Uteri	8%
Colon	7%
Rectum and Recto-Sigmoid	4%
Urinary Bladder	7%
Kidney and Renal Pelvis	2%
Ovary	3%

At Community Memorial Hospital, during 2017, a total of 741 cancer cases were entered into the cancer registry's database. Of those cases, 181 were newly diagnosed and/or treated Gynecological cancer cases.

With a reference date of January 1, 2006 the Community Memorial Hospital (CMH) Cancer Registry data base now has eleven years of complete data. This data includes information about the diagnostic work-up, primary site of origin, stage of disease at diagnosis, first course treatment and survival of all CMH cancer cases. The Cancer Registry data is available to CMH physicians to evaluate the effectiveness of early diagnosis, treatment and survival. Staff physicians are encouraged to access the data available in the Cancer Registry. Requests for data can be made by calling 805/652-5459.

The statistical data provided to our medical staff and hospital administrators is used for cancer program development, evaluation of patient outcomes and assessment of patient services. The cancer registry data is also required to be reported to the American College of Surgeons National Cancer Data Base, the California Cancer Registry and the National Cancer Institute's SEER Registry.

Natalie Santi, CTR
Program Registrar

COMPARISON OF 2017 MAJOR SITE DISTRIBUTION

PRIMARY SITE	CMH	CALIFORNIA	UNITED STATES
Breast	22%	23%	20%
Prostate	15%	16%	18%
Melanoma of Skin	12%	11%	9%
Lung	8%	8%	9%
Corpus Uteri	8%	7%	5%

DEFINITIONS

The CMH Cancer Registry collects data on all analytic and non-analytic cases with the exception of basal and squamous cell cancers of the skin.

ANALYTIC CASES

- Patients who were diagnosed and initially treated at CMH.
- Patients who were diagnosed at CMH, but received their first course of treatment elsewhere.
- Patients whose cancers were diagnosed elsewhere, but who received all or part of their first course of treatment at CMH.

NON-ANALYTIC CASES

- Patients whose cancers were diagnosed and initially treated elsewhere and were referred to CMH for disease persistence or recurrence.
- Patients whose cancers were diagnosed and initially treated elsewhere and were referred to CMH for care of either persistent, recurrent or metastatic cancer.

AJCC STAGING

American Joint Commission on Cancer (AJCC) TNM (Tumor, Nodes, Metastasis) Staging and Classification system is a method for measuring the extent of disease, usually at the time of diagnosis. Clinical and pathologic staging are both used as appropriate based on the type of cancer.

2017 SITE TABLE

GROUP CODE	SITE GROUP	TOTAL CASES	CLASS			SEX			STAGE							
			Analytic	NonAn	Other	M	F	Other	Stage 0	Stage I	Stage II	Stage III	Stage IV	Unknown	Not Applicable	Missing
	ALL SITES	741	741	0	0	336	405	0	84	243	131	105	103	38	37	0
400	LIP	1	1	0	0	0	1	0	0	1	0	0	0	0	0	0
410	SALIVARY GLANDS, MAJOR	1	1	0	0	1	0	0	0	0	0	0	0	1	0	0
420	NASOPHARYNX	1	1	0	0	1	0	0	0	0	0	1	0	0	0	0
450	PHARYNX & ILL-DEFINED	1	1	0	0	1	0	0	0	0	0	0	0	0	1	0
470	SMALL INTESTINE	1	1	0	0	1	0	0	0	0	0	1	0	0	0	0
490	ANUS,ANAL CANAL,ANORECTUM	1	1	0	0	0	1	0	1	0	0	0	0	0	0	0
500	GALLBLADDER	1	1	0	0	0	1	0	0	0	0	1	0	0	0	0
510	PLEURA	1	1	0	0	1	0	0	0	0	0	0	0	1	0	0
520	OTHER RESPIR & THORACIC	1	1	0	0	1	0	0	0	1	0	0	0	0	0	0
530	OTHER HEMATOPOIETIC	1	1	0	0	0	1	0	0	0	0	0	0	0	1	0
541	SOFT TISSUE	1	1	0	0	1	0	0	0	1	0	0	0	0	0	0
542	EYE	1	1	0	0	1	0	0	0	0	0	0	0	0	1	0
550	OTHER ENDOCRINE	1	1	0	0	1	0	0	0	0	0	0	0	0	1	0
561	TONGUE	2	2	0	0	2	0	0	0	1	0	0	0	1	0	0
570	MYELOMA	2	2	0	0	1	1	0	0	0	0	0	0	0	2	0
621	VULVA	2	2	0	0	0	2	0	0	1	0	1	0	0	0	0
622	OTHER FEMALE GENITAL	2	2	0	0	0	2	0	0	1	0	0	0	0	1	0
640	URETER	2	2	0	0	1	1	0	1	0	0	1	0	0	0	0
650	OTHER NERVOUS SYSTEM	2	2	0	0	1	1	0	0	0	0	0	0	0	2	0
691	MOUTH, OTHER & NOS	3	3	0	0	1	2	0	0	2	0	0	0	1	0	0
692	OTHER SKIN CA	3	3	0	0	3	0	0	0	1	0	1	0	1	0	0
699	HODGKIN'S DISEASE	3	3	0	0	2	1	0	0	0	1	2	0	0	0	0
710	ESOPHAGUS	4	4	0	0	2	2	0	0	0	0	1	1	2	0	0
731	LIVER	4	4	0	0	2	2	0	0	1	0	0	1	0	2	0
733	CERVIX UTERI	8	8	0	0	0	8	0	0	6	1	1	0	0	0	0
740	BRAIN	8	8	0	0	4	4	0	0	0	0	0	0	0	8	0
802	STOMACH	11	11	0	0	6	5	0	0	1	1	0	8	1	0	0
820	TESTIS	11	11	0	0	11	0	0	0	7	1	3	0	0	0	0
830	UNKNOWN OR ILL-DEFINED	11	11	0	0	6	5	0	0	0	0	0	0	0	11	0
842	RECTUM & RECTOSIGMOID	12	12	0	0	4	8	0	1	1	5	4	0	1	0	0
843	PANCREAS	12	12	0	0	6	6	0	0	1	1	0	8	2	0	0
850	LUNG/BRONCHUS-SMALL CELL	12	12	0	0	5	7	0	0	4	0	2	6	0	0	0
860	HEMERETIC	12	12	0	0	10	2	0	0	1	1	1	0	2	7	0
880	THYROID	16	16	0	0	2	14	0	0	10	0	2	4	0	0	0
891	KIDNEY AND RENAL PELVIS	18	18	0	0	11	7	0	0	14	0	2	2	0	0	0
892	NON-HODGKIN'S LYMPHOMA	22	22	0	0	10	12	0	0	4	1	6	8	3	0	0
900	OVARY	23	23	0	0	0	23	0	0	2	3	13	3	2	0	0
910	CORPUS UTERI	38	38	0	0	0	38	0	0	27	1	4	4	2	0	0
920	COLON	52	52	0	0	28	24	0	0	8	13	17	13	1	0	0
930	BLADDER	56	56	0	0	43	13	0	24	11	15	2	3	1	0	0
940	LUNG/BRONCHUS-NON SM CELL	63	63	0	0	25	38	0	2	17	4	10	30	0	0	0
961	PROSTATE	85	85	0	0	85	0	0	0	14	44	13	7	7	0	0
962	MELANOMA OF SKIN	97	97	0	0	55	42	0	29	51	4	7	2	4	0	0
999	BREAST	132	132	0	0	1	131	0	26	54	35	9	3	5	0	0

2017 Cancer Conferences

The CMH Cancer Conference (Tumor Board) is held once a week on every Wednesday of the month at noon in the CMH Board room. The fifth Wednesday of any given month is reserved for educational conferences. Continuing Medical Education (CME) credit for physicians was established in 2016 and now all physicians are eligible for credit when attending. During the cancer conference, cancer cases are discussed with a variety of healthcare professionals from different specialties, thus enabling the physicians coordinating the patient's care to optimize his or her management. Resident physicians are also encouraged to attend and present cases in order advance their education.

THE DISCUSSIONS INCLUDE:

- Reviewing pertinent patient data including history, clinical findings, as well as pathologic and radiographic data.
- Interdisciplinary patient management options based on current standard of care
- References to the national guidelines i.e. NCCN
- Results of completed clinical trials and the relevance to the patient
- Availability of open clinical trials
- Prognostic Markers when available
- Genetic Testing when available
- AJCC staging

After discussion, consensus recommendations regarding the patients' management are made and subsequently implemented by the involved physicians.

During the year 2017, a total of 167 cases were presented at Cancer Conference which comprised a wide range of cancer diagnoses. This total represents approximately 24% of CMH's annual caseload.

In 2017, there were also six educational conferences held. On February 15th, 2017 an overview of Non-Small Cell Lung Cancer was discussed. On May 31st, 2017 a presentation on biomarkers for Non- Small Cell Lung Cancer was discussed. On July 19th, 2017, a presentation regarding neuroendocrine tumors was discussed. On August 30th, 2017, a discussion about soft tissue Sarcoma's excluding GIST tumors was presented; and finally, on November 29th, 2017, a follow up presentation covering Pulmonary Neuroendocrine tumors and treatment options was given. Most of the presentations for 2017, with the exception of one were sponsored by Merck Oncology

Jeffrey Rodnick, M.D
Cancer Conference Coordinator, Cabrillo Radiation

NUMBER OF CASES BY SITE PRESENTED TO THE CMH CANCER CONFERENCE IN 2017

	Totals - Jan - Dec
Breast	61
Melanoma	33
Colon/appendix	16
Skin (SCC)	13
Rectum/anus	13
Prostate	12
Lymphoma	12
Lung	7
Ovary	6
Bladder	5
Pancreas	4
Lymph nodes/unk primary, not lymphoma	4
Uterus	1
Kidney	3
Stomach/GIST	3
Unknown	3
Thyroid	2
Lip	2
Bone marrow/multiple myeloma	1
Salivary/buccal	1
Esophagus	1
Soft tissue	1
Cervix	1
Merkel cell	1
Liver	1
Spindle cell	1
Total	208

Oncology Nursing

Jody McDonald, BSN RN
6th floor Medical/Oncology Clinical Manager

CMH 6th floor is a 33 bed Medical/ Oncology unit. Our nurses care for a diverse group of patients, with our primary focus on caring for the Oncology patient population in our community. Our team provides care in every phase of their treatment. As of 2017, 21 nurses are ONS Chemotherapy certified and have achieved competency for safe administration. In addition, 2 of our leadership nurses became OCN certified (Oncology Certified Nurse). These nurses have advanced clinical assessment skills paired with an empathetic nature to ensure our Oncology patient population is provided the highest level of care. Our staff works very closely with the Palliative Care Team and encourages open communication with the patients and families so that their treatment goals can be identified and met. This collaboration helps us support our patient's physical, emotional, spiritual and cultural needs.

6th floor nurses continue to educate and be a resource for staff throughout the hospital regarding cytotoxic precautions. These precautions are needed to protect themselves as well as others when caring for patients who are receiving chemotherapy and for the 5 days post administration. The education also includes how healthcare workers can best protect themselves from exposure to potentially hazardous materials and waste. We also have a chemotherapy nurse on the linen task force to ensure safe handling of potentially contaminated linens and a lead chemo nurse and manager attending Cancer Committee.

Each year we provide an annual Chemotherapy skills lab for all certified chemotherapy nurses and any other nurses interested in attending for informational purposes. This event along with mentoring will ensure the competency of our nurses administering chemotherapy. Our goal is to continually deliver the highest quality of care. These care models are derived from evidence based practice guidelines from the ONS and ASCO.

We are all looking forward to the CMH Ocean Tower opening in 2018 and the new addition of all private rooms. This will help facilitate more opportunities for family to be at the bedside to support their loved one and facilitate a patient/family centered care environment. This will also allow us more opportunities to provide a calm, quiet and healing environment that is essential to their recovery.

Cancer Patient Nurse Navigator

"You Have CANCER" – some of the most devastating words an individual will ever hear. There are so many questions and so many unknowns. Patients are no longer in control of their own destinies. How do patients and their loved ones pick up the pieces of their lives after this? How do they put their worlds back together?

This is where my role as the Cancer Patient Nurse Navigator comes into play. I am able to offer our patients the knowledge and resources that come with 30 years of Oncology Nursing experience. My background in oncology nursing is varied and includes acute care, outpatient clinic, nursing education and the pharmaceutical industry.

Deb Lawry, RN
Nurse Navigator

My goal is to walk with patients on this often times scary path, just as I would with any member of my family.

MY ROLE ALLOWS ME TO:

- Provide guidance and support for patients and their families through each step of the cancer journey from diagnosis through treatment completion and survivorship
- Guiding patients and families through the healthcare system including attending physician appointments at patient's request
- Educating patients on communication with their family and their healthcare team
- Educating patients and family regarding diagnosis, treatment and survivorship
- Provide patients with the tools and information they need to make informed decisions and actively participate in their own care
- Advocate for patients and act as a liaison between the patient and the medical team to make sure their questions and concerns are addressed
- Provide referrals to resources as needed

During 2017 I was able to provide guidance and resources to 469 patients. Over the next year, I will continue working with our LCSW Lyndsay, to continue outreach processes to market our CRC to the community. We have also been able to successfully establish new support groups and programs based on patient needs.

It is a privilege to work with our cancer patients and I am truly excited to be a part of the Cancer Resource Center.

Oncology Patient Navigation & Social Services

Being diagnosed with cancer can change your life in an instant. Cancer often has an impact on emotional, financial and social/resource needs of the patient and their loved ones. If these needs are not addressed, a patient may have trouble emotionally and/or logistically adhering to their treatment protocol.

To assist in addressing these and other psychosocial concerns, we provide psychosocial services to help patients, their families and their extended support team during this challenging time. These services look different for each person and are tailored to fit each individual need, but some of the more commonly sought out services are as follows:

Lyndsay Heitmann, LCSW
Cancer Program Social Worker

- Providing resources and referrals for diverse needs such as financial resources, caregiver resources, housing, transportation etc.
- Providing individual or group counseling with the patient and/or support system including bereavement counseling with the family if needed
- Assisting the patient with adjustment through diagnosis, treatment process and after in survivorship
- Educating patients on communication with their family (especially in age appropriate ways for children) and their medical team
- Providing instruction in the completion of Advanced Healthcare Directives, Five Wishes and POLST forms
- Helping patients apply for insurance, understand their insurance benefits and appeal insurance denials
- Making sure patients are receiving the disability accommodations they are entitled to
- Looking at which programs a patient or family member may be eligible for to replace lost income such as FMLA and disability
- Supporting patients who want to go back to work in finding jobs and job training

In 2017, I made contact with 411 new patients and had over follow up contacts with over 1100 patients and families.

Cancer is truly a disease that touches the patient, their family, their social circle and the entire community. I am very proud of the work we do here and consider it a privilege to walk through this journey with so many patients and families.

Head & Neck Study Write Up

STD 4.6 2017

PURPOSE OF STUDY

To examine and evaluate patients with Head and Neck Cancer to determine if treatment conforms to evidence based National Comprehensive Cancer Network Guidelines (NCCN).

CASE SELECTION

26 Head and Neck Patients were surgically treated at CMH from 2014-2015

FINDINGS

A total of 26 Head and Neck patients treated at CMH from 2014-2015 qualify for the study. These cases were reviewed for compliance with (NCCN) guidelines, Version 3.2013 for both diagnostic workup and treatment with the following findings:

DIAGNOSTIC WORK-UP SUMMARY

Of the 26 patients 99% (25/26) had a Neck CT, 73 % (19/26) had a Brain MRI and 76% (21/26) had a PET skull; of these 100% had a combination of two or more.

NCCN GUIDELINES RECOMMEND

- H&P
- Fiberoptic exam
- Biopsy of primary or neck
- CT or MRI of primary and neck
- EUA with endoscopy
- Nutrition, speech, dental and swallow evaluation
- Multidisciplinary consultation
- HPV
- Smoking assessment and plan
- Treatment: surgery, radiation, chemotherapy

IN CONCLUSION

In Reviewing the NCCN guidelines and recommendations, as well as the new ACSO guidelines, we concluded that indicate that our facility does not currently capture all the recommended information for head and neck patients. Because of this, we began a referral program in 2016 that specifically sets up nutrition, speech and dental swallow evaluation for patients diagnosed with head and neck cancer. This process was developed to fulfill the requirement for Standard 1.5 in 2016. Also discovered from this study was the low attendance rate for our smoking cessation program. This will be a focus for a Quality Improvement for2018.

WAYS TO INCREASE SMOKING CESSATION ATTENDANCE

- Feature Smoking Cessation products
- Offer 10% off coupon for smoking cessation classes
- Crowdsource advice- Use your pharmacy or social media to share their success stories
- Blog about it
- Reach out to the local media
- Conduct a youth outreach (high school students)
- Schedule a consult with the smoking cessation advisor while still in the hospital

Study of G-Tube Placement at CMHS

STD 4.7 2017

BACKGROUND

Due to care coordination issues following placement of percutaneous endoscopic or image-guided gastrostomy tubes (both referred to as PEG tubes for this study) raised by physicians and patients with head and neck cancer, we decided to evaluate the current status for placement of PEG tubes at CMHS. According to the Nationwide Inpatient Sample, 20% of PEG tubes placed are for cancer patients and this number is increasing every year (data from 2000-2012). Accordingly, the number of hospital readmissions with PEG tube related complications is also increasing. Readmission rates vary, but have been reported as high as 25%.

METHODS

Information regarding placement of PEG tubes at CMHS was obtained from review of CPT codes for 2016 (43246, 49440). Current procedures were reviewed with Radiology and Gastroenterology at a Cancer Center subcommittee meeting for Head & Neck cancer pathway development.

RESULTS

The majority of PEG tubes are placed as an inpatient (72.4%). The rate of re-admission within 30 days following placement is low (1.1%). The majority of PEG tubes were placed by Gastroenterology rather than Interventional Radiology in both the inpatient and outpatient setting.

PEG TUBE PLACEMENTS IN 2016

Total ..... **87** Gastroenterology = **74 (85%)** | Radiology = **13 (15%)**

Inpatient ..... **63** Gastroenterology = **54 (85.7%)** | Radiology = **9 (14.3%)**

Outpatient ..... **24** Gastroenterology = **20 (83.3%)** | Radiology = **4 (16.7%)**

Re-admit..... **2** Gastroenterology = **2 (100%)** | Radiology = **0 (0%)**

One patient was seen in the ER and required replacement of a PEG tube 2 days after the initial placement. One patient required inpatient admission within 30 days. Only one PEG tube was placed at Ojai Valley Hospital (outpatient). Kaiser physicians placed 3 outpatient (15%) and 7 inpatient PEG tubes (13%).

CONCLUSIONS

Based on this study, it is determined that pathway development for PEG tube placement in Head and Neck patients will need to involve both the gastroenterology service and interventional radiology at CMHS. Our focus will be on improving the coordination of care in the outpatient setting. Our rate of re-admission or ER evaluation after placement is within nationally reported guidelines.

REFERENCES

Analysis of nationwide trends and outcomes of percutaneous endoscopic gastrostomy (PEG) tube placement in hospitalized cancer patients over a 13 year period. Journal of Clinical Oncology 34, no. 15_suppl (May 20 2016) 10135-10135.

The association between gastrostomy tube placement, poor post-operative outcomes, and hospital re-admissions in head and neck cancer patients. Surgical Oncology 24 (2015) 248e257

Rehabilitation Services

Claudia Steele-Major, PT, CLT
Lymphedema Therapist,
Rehabilitative Services, CMH

The Oncology Rehabilitation and Lymphedema Program at the Cancer Resource Center is a partnership between the Rehabilitation Department and the Coastal Communities Cancer Center. Physical Therapy, Occupational Therapy, and Speech Therapy services are providing rehabilitation to oncology patients through the continuum of care from diagnosis through treatment, and all stages of survivorship. Survivorship care addresses late effects of cancer treatment such as fatigue, deconditioning, speech and swallowing difficulties, lymphedema, and mobility restrictions. As such we have developed a collaborative relationship with the Live Strong at the YMCA Program to allow patients to transition into community exercise programs upon completion of rehabilitation.

The majority of patients seen at the Lymphedema Program are patients with lymphedema as a result of lymph node removal surgery and/or radiation treatment e.g. breast cancer, melanoma, head-and neck cancers, gynecological cancers, and others.

Lymphedema presents as swelling in the region where lymph nodes were removed. This chronic swelling can be successfully treated with Complete Decongestive Therapy, the standard of care for lymphedema. Through manual lymphatic massage, compression therapy, exercise, and education in self- care the patient and caregivers learn to reduce swelling, prevent infection, and exacerbation of this condition. Great emphasis is put on functional rehabilitation of the affected area to improve quality of life, return to prior activities of daily living, and resume occupational and recreational tasks.

In 2017 the Lymphedema Garment Fund has seen increased support from our community members and we were able to provide 10 compression garments to qualifying patients, up from 4 garments in 2016. The monthly Lymphedema Support Group and Lymphedema Screening / Follow-Up Clinics aim to provide guidance for patients transitioning into their next phase of survivorship. Community outreach through public seminars, publications, and invitation of speakers who present on lymphedema related topics has continued to be a focal point.

Our therapists are LANA-certified and members of the American Physical Therapy Association-Oncology Section, American Speech and Hearing Association, and the Lymphology Association of North America.

Palliative Care Services

The Palliative Care department experienced tremendous growth and success over this past year. We have increased our overall inpatient coverage as well as expanding our outpatient service with community physician engagement. The service also has expanded their outreach into the community in multiple avenues including in services, education and participation in local as well as National projects.

Palliative Care aims to relieve suffering and improve quality of life for patients and their families with advanced illness. Unlike Hospice, Palliative Care can be provided as part of acute care plan, simultaneously with all other treatments. In the inpatient setting, The PC team increased their reach by 13.4% with a conservative total of days saved costs totaling $969,000. This cost savings is reflected at the same time as maintaining a patient centered approach to care with Physician and patient/family satisfaction rates of 99% and 93% respectively. Families have also maintained a 92% confidence that they would recommend our service to others.

Charles Pankratz, M.D.
Medical Director Palliative Care Services

The outpatient service has seen similar results in excellence focused on patient centered care. The service saw a 70% increase over the last year in new referrals, with total visits increased by 113%. During this time of expansive growth, we maintained our goal of 100% discussion reflected in completion of advance care planning documents, advance directives and POLST forms.

In 2017, our goal remains on the Triple Aim of access to care, excellence in service and patient centered cost savings. The Palliative Care team actively participates in community, regional and national projects with data submission as national competencies and goals for excellence in patient outcomes are developed. Many of our team members continue to show their dedication to advancing the specialty as instructors for advance courses in palliative care for Nurse Practitioners and Social Workers through the California State University San Marcos.

Despite last year's significant growth, we continue to look for new ways to best position the service to meet the needs of our patients and community.

Diana Jaquez, R.N., OCN, CHPN
Director Palliative Care Services

In 2018, we have new projects and pilots in the works with new contracts ready for implementation. We have looked beyond the physical building at possible alternative locations that may allow access for those patients that otherwise may not have the chance to receive our care. Early integration into the Oncologist office may allow patients to receive early services with the goal of initiating future care planning. This planning has been seen to lower utilization of unnecessary hospitalizations and ED usage at the end of life as it focuses on honoring patient's goals and wishes for their treatment. We have also initiated a plan to see patients that have been discharges from CMH in the Skilled Nursing facility for continued care planning and expectations of rehabilitation conversations that may clarify goals and decrease the need for unnecessary hospital readmission

The Palliative Care team looks forward to our continued participation in the CMH Cancer Committee. We look toward the future as we strive to integrate Palliative care into the patient centered plan of care. Our sights are on meeting the patients "where they are" as we pilot projects to identify the best process to reach the patients while maintaining quality outcomes.

USE OF PALLIATIVE CARE SERVICES AMONG NEWLY DIAGNOSED PATIENT WITH STAGE IV LUNG CANCER

BACKGROUND

ASCO Guidelines recommend integration of palliative care into standard oncology care for all patients with advanced cancer, early in the course of disease, concurrent with active treatment. We elected to evaluate the utilization of our palliative care services; both inpatient and outpatient for patients with stage IV newly diagnosed lung cancer.

METHODS

All patients with newly diagnosed stage IV lung cancer were identified through the cancer registry from 2016. A chart review was then performed to determine the presence of palliative care (PC) consultation and presence of advanced care planning (ACP).

RESULTS

Twenty one patients were identified. Of the twenty one patients, 9 or 43% were admitted to the acute level of care within 30 days. Of these 9 patients, 78% were referred to the in-patient palliative care service with 100% completion of ACP documentation. In contrast to the population that was admitted to the hospital, the 12 patients (57%) that did not require hospitalization, only 16.6% were referred to the outpatient palliative care service

Of the 12 patients that were seen by the palliative care services, 100% completed ACP documents.

Community Outreach

2017 Year-End Review

PURPOSE

To evaluate current Community Outreach, Screening and Prevention strategies and activities in order to ensure that the planning and execution of these activities is in line with the written standards developed by the COC.

EVALUATION OF PROGRAM DATA

The committee agreed that a needs assessment is the best way to research and evaluate data in order to establish beneficial screening and prevention activities for CMH patients which will also help us to establish beneficial Community Outreach activities that will benefit the population we serve. Ventura County has several organizations that currently poll and compare County wide data and we decided to incorporate portions of these findings into our needs assessment for comparison purposes on a broader scale. Utilizing the County data also helped us to see trends in certain screenings and preventions and where we fall compared to other Counties.

SCREENING NEEDS BASED ON POPULATION DATA

The committee utilized County data available through Health Matters in Ventura County as well as Ventura County Public Health. The data compiled was put into comparison slides of eligible patients that underwent mammography screening at CMH. Ventura County has a fairly high screening rate for mammography at 77.2% however, the goal for screening is 81.1% by 2020 which the county and CMH are both falling short of meeting. Only 8% of the age eligible patients that presented to CMH during the 2017 calendar year underwent a screening mammogram. The committee decided after analyzing the data that screening mammography continues to be a priority in this community and that future activities should be developed in order to reach the goal of 81.1% screened by 2020. The committee also discovered that for the County and CMH, the White/Caucasian population is head and shoulders above other ethnicities for screening. Only 1% of the Black eligible population underwent screening and the same is true for the Asian population. The committee would like to dig into this further in the future to determine if there is a way to improve screening rates in other ethnicities represented in Ventura County.

DOCUMENTATION OF FINDINGS FOR SCREENING

- 2,775 eligible patients underwent mammography screening at CMH Breast Center in 2017. That is 8% of eligible patients compared to the 39,888 eligible patients that did not have a screening. Compared to Ventura County rates where 417,113 eligible patients underwent mammography screening which is about 77% and 123,189 did not.
- Of the patients screened at CMH, 82% were white; 1% black; 11% Latino; 2% Asian and 4% not specified/ other. Compared to County rates which were: 78% white; 1% black; 10% Latino; 1% Asian and 10% not specified or other.
- 48% of eligible patients that underwent mammography screening at CMH were between the ages of 40-59 and 52% were between the ages of 60+. Compared to Ventura County at: 29% between the ages of 40-59 and 61% between the ages of 60+.
- CMH, in response to lower than County average screening numbers, offered low cost mammography at $90 for 3D Breast Tomosynthesis or $65 for traditional 2D Mammography. This was a cash price offering during the entire month of October.

PREVENTION NEEDS BASED ON POPULATION DATA

The Committee discussed prevention rates and looked at the County data available through Health Matters in Ventura County, The Community Needs Assessment published by the American Lung Association, Ventura County Public Health and The California Department of Public Health and noticed that 11% of the population smoke, 52.5% of the population suffer from hypertension which can be contributed to smoking in some cases and 8% suffer from COPD. The committee decided that continuing to offer smoking cessation to willing participants is a priority for the program. Currently CMH in partnership with the American Lung Association offers smoking cessation classes at a charge of $50 per participant because it was determined that free classes don't keep people enrolled in the classes and don't seem to help ensure completion or successful withdrawal from tobacco products. The County still offers a program for free smoking cessation as well through the County Public Health Department called "Call it Quits."

DOCUMENTATION OF FINDINGS FOR PREVENTION

- CMH Smoking cessation program provided in partnership with the American Lung Association resulted in six participants completing the program in 2017.
- County data from the Ventura County Public Health Department was unavailable and staff were unwilling to provide the number of patients that attended smoking cessation classes in 2016 or 2017. Several attempts were made by phone, email and official letter.

DOCUMENTATION OF FINDINGS FOR COMMUNITY OUTREACH

The Community Outreach activities offered to the Ventura Community were beneficial to the patient population and we believe that the information provided helped to educate participants on Cancer prevention as well as necessary and beneficial cancer screenings at any age.

- The Breast Cancer Symposium held in Ojai on 11/4/17 reached 60 unique constituents and Screening, prevention and treatment methods for breast cancer were discussed.
- 33 participants completed an 8 week exercise program through CMH's partnership with the YMCA and their Live Strong program. 5 separate sessions were held during 2017.
- National Cancer Survivor's Day held at the Cancer Center reached 55 patients. This was celebrated on June 2, 2017.
- The Nutritional series with Oncology certified Dietician, Susan Speer, MS, RD, CDE held one Friday per month reached 116 patients during 2017.

PRESENTATION OF DATA TO COMMITTEE

The Community Outreach Coordinator, Evelyn Scott, RN, recommended future screening and prevention activities to focus on for 2018 based on the data that was compiled for the deficiency resolution.

COMMUNITY OUTREACH COORDINATOR'S RECOMMENDATIONS

Based on the CMH Community Needs Assessment as well as the Health Matters in Ventura County data, it is the recommendation of the committee that CMH continues to focus its efforts on mammography screening. It is also the recommendation of the committee that we engage community members in a skin cancer screening program and promote the Low Dose CT lung cancer screening program due to the high number of community members that continue to smoke.

In addition to notifying patients of the smoking cessation programs offered through Ventura County Public Health Department, the committee would like to increase its efforts to inform patients of smoking cessation programs offered through CMH. The long term goal would be to improve participation in CMH smoking

Cancer Resource Center 2017 Statistics

PATIENTS SERVED – 2017	1st QTR	2nd QTR	3rd QTR	4th QTR	2017
INFORMATION AND REFERRALS					
Telephone Requests	too many to track				0
Walk In Requests	227	170	249	266	912
Other Assistance (Mandi)	7	3	8	3	21
New Referrals					0
Social Services	338	352	446	413	1549
Patient Navigator	614	678	642	579	2513
Wig/Hat Bank	52	39	49	34	174
Spanish (calls, walk-ins, one-on-one)	3	4	2	1	10
EDUCATIONAL SESSIONS					
English					0
Spanish					0
SUPPORT GROUPS/PROGRAMS					
Restorative Yoga	43	50	47		140
Level I Yoga - Tuesdays	37	48	71	33	189
Level I Yoga - Fridays	36	61	80	42	219
Wednesday General Cancer Support Group	113	81	90	70	354
Breast Cancer Support Group	86	72	71	38	267
Prostate Cancer Support Group	0	1			1
Reiki	170	167	169	131	637
Reflexology	10	11	9	12	42
Nutritional Consults with Susan Speer	25	36	30	36	127
Gynecological Cancer Support Group	11	17	13	8	49
Stress Reduction Group with Kelle	1	–			1
Lymphedema Support Group	0	4	9	3	16
Lymphedema Screening	13	6	5	10	34
Reiki Circle	52	44	46	34	176
Nutition Series with Susan Speer	16	37	31	32	116
Head and Neck Cancer Support Group	23	8	13	5	49
Ostomy Support Group	19	10	30	13	72
Look Good Feel Better - ACS			3	2	5
Mindfulness Mini Series with Kelle	7	4	9	3	23
Esthetician			1		1
National Cancer Survivior's Day Celebration		55			55
Annual Cancer Symposium				60	60
Auxiliary Member Workshop		16			16
Level I Reiki Attuneanet Class				2	2
Esthetician				2	2
Braca Testing Presentation				11	11
Holiday Art Class				18	18
MONTHLY TOTALS	**1903**	**1974**	**2123**	**1861**	**7861**

Gynecologic Cancers at CMH, 2012-2017

Gynecologic cancers as a group are frequently treated malignancies at CMH. In 2017, the four most common gynecologic cancers (uterine corpus, ovary/peritoneal, cervix, and vulva) represented 8.2 % of the overall analytic cases treated at CMH, and 15.4% of women's cancers. These cancers frequently require multidisciplinary treatment with expertise from surgical, medical, and radiotherapeutic disciplines.

UTERINE CORPUS CANCER

Uterine (corpus) cancer is the most frequent gynecologic cancer, with an estimated 63.220 nationally in 2017. At CMH, between 2012-2017, 181 analytic cases were recorded by the cancer registry. Endometrial cancer, the most common uterine corpus cancer, is a disease that most commonly occurs in postmenopausal women. The disease generally is divided into two types of cancers: Type I, which is commonly of low grade histology and presents in Stage I, and Type II, which consists of the more aggressive histology's, such as high grade endometrial, papillary serous, and clear cell carcinomas, and will often present in a more advanced stage. Type I endometrial cancers are more common and are most frequently associated with excess estrogenic states such as obesity or exogenous hormone usage, and generally have a good prognosis. Type II cancers are less common, have an older median age at presentation, do not have excess estrogen as a risk factor, and much more commonly are associated with a poor prognosis. At CMH, uterine corpus cancers were diagnosed at a mean age of 61, and with a range in age from 31 to 93.

Figure 1
shows a breakdown in stage of disease at presentation. Ethnic breakdown of these cases included 73.5% non-Hispanic white, 21% Hispanic white, 1.1% African American, 3.9% Asian/Pacific Islander, and 0.5% other.

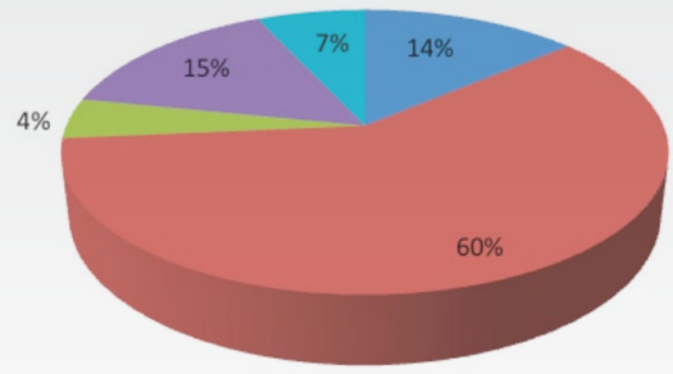
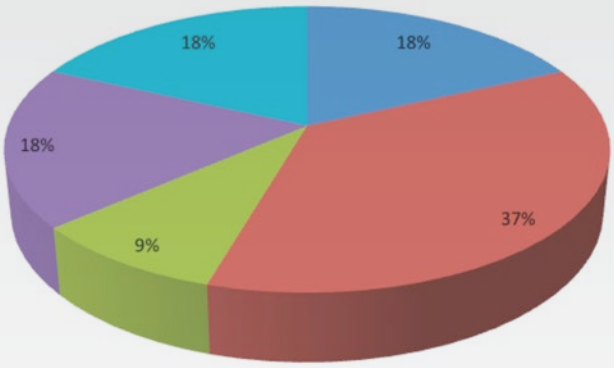


Figure 2
shows the histology of the Uterine cases at CMH



Cancer Commitee

The CMH Cancer Committee is comprised of physicians from various specialties, allied healthcare professionals and supportive services professionals. The Committee meets bi-monthly to assess, plan and implement cancer related programs and activities for our community.

The multidisciplinary Cancer Committee is composed of both medical staff members and hospital personnel with a full range of specialty skill sets invoked in the diagnosis, treatment, rehabilitation and support of cancer patients. The committee is responsible for reviewing and maintaining the standards of care for cancer patients at Community Memorial Hospital to meet the accreditation requirements of the American College of Surgeons.

2017 CANCER COMMITTEE MEMBERS

LYNN KONG, M.D.
CHAIR, CANCER COMMITTEE
HEMATOLOGY/ONCOLOGY

JEFFREY RODNICK, M.D.
RADIATION ONCOLOGY

NATALIE SANTI, CTR
CANCER REGISTRY

THOMAS FOGEL, M.D.
CANCER LIAISON PHYSICIAN
RADIATION ONCOLOGY

JAMES WOODBURN III, M.D.
GENERAL SURGERY

REVEREND CURTIS HOTCHKISS
SPIRITUAL SERVICES

KEVIN CHANG, M.D., PH.D.
CLINICAL TRIALS COORDINATOR
HEMATOLOGY ONCOLOGY

CLAUDIA STEELE-MAJOR, PT, CT-LANA
REHABILITATION SERVICES

DIANA JAQUEZ, R.N. MSN, OCN
PALLIATIVE CARE SERVICES

IVAN HAYWARD, M.D.
RADIOLOGY

CINDY DEMOTTE
VP QUALITY SERVICES

JODY MCDONALD, R.N.
ONCOLOGY NURSING

BRIAN NADAV, M.D.
RADIOLOGY

JENNIFER GIRTSMAN, R.D.
DIETARY/NUTRITION

CYNTHIA FAHEY, R.N.
VP, NURSING

JAMES HORNSTEIN, M.D.
FAMILY PRACTICE

LYNDSAY HEITMANN, LCSW
SOCIAL SERVICES

DEB LAWRY, R.N.
NURSE NAVIGATOR

CHARLES PANKRATZ, M.D.
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MANDI POLTL
CANCER PROGRAM MANAGER

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