

CARTERSVILLE MEDICAL CENTER

2015 PUBLIC REPORTING of OUTCOMES



Our Mission: "Cartersville Medical Center is committed to treating all of our patients w/ compassion, kindness and dignity. We will collaborate with our stakeholders to continuously improve patient care, evaluate and establish services beneficial to our community, and position our hospital as the preferred healthcare provider and a desirable business partner"



Cartersville Medical Center is a general medical and surgical hospital with 112 acute care (medical/surgical) beds serving the adult population. A Community Cancer Program serving the Cartersville and surrounding communities that has been providing quality cancer care to adult patients since 2005 and has been accredited by the Commission on Cancer since 2008; which demonstrates our ability to meet required standards as designated by the American College of Surgeons during each of our 3-year survey accreditation processes.

The Oncology Committee of Cartersville Medical Center is a multidisciplinary governing body for the cancer program; meeting quarterly to assess and coordinate the cancer program activities. Several of the on campus services include a Women's Center with accredited mammography services, Chemotherapy, and Radiation Therapy. All services are administered by Board Certified physicians.

For the past several years a Nurse Navigator has been available to assist cancer patients and family members through their treatment and follow-up care process. Radiation Therapy and chemotherapy continues to be administered on campus at the Hope Center and within walking distance of the hospital; allowing for convenience of treatment close to home and in accordance with national treatment guidelines.

In 2015 Cartersville Medical Center welcomed the addition of a Breast Navigator to the Women's Center with specific training in breast cancer care. The Breast Navigator will support patients and families through their breast cancer care, identify disparities and eliminate barriers by linking patients to community resources, educate patients on their disease process and treatment options; to include clinical trials. The Breast Navigator will facilitate communication between all health care team members, and serve as an ongoing source of support and advocacy from diagnosis to survivorship.

Patient Outcomes

Data from the 2015 Community Needs Re-Assessment indicates that there is a need in the community for public screening for breast, lung, skin, prostate, and colorectal cancer among the underserved populations in Bartow County and a need to determine the means to identify this population and effectively communicate available services. Our Cartersville Medical Center Cancer Program recommends that National Comprehensive Cancer Network (NCCN) guidelines for screening these cancers be followed and that upon presentation of symptoms, patients seek advice from a physician.

Cartersville Medical Center will continue to screen women within the community for breast cancer at the Women's Center that has received the Breast Cancer Center of Excellence. This program will provide prevention through education and outreach. Opportunities to expand the program are continuous as local community centers, churches and business initiate new opportunities for comprehensive screenings through health fairs. Our program believes that early detection is critical for breast cancer survival and supports continued efforts of the Women's Center for screening of under/uninsured Bartow County residents. To collaborate those efforts a Breast Navigator with education as a Nurse Practitioner has been hired this year.

A quality study focused on timeliness in the mammography screening/diagnosis to surgical consult process was undertaken by the Oncology Committee in 2015. The findings resulted in process improvements of mammography and breast biopsy timeliness. This will provide a better patient experience and outcomes.

Quality Studies and Improvements

Breast Cancer Diagnosis Timeliness

This study evaluated the timeliness of the recommended follow-up on diagnostic mammogram for surgical biopsy. The actual date of surgical consult or the surgical biopsies were considered the end point. The recommended biopsy could be scheduled by the PCP via the CMC outpatient interventional radiologist thus eliminating the need for surgical consult at that point in care.

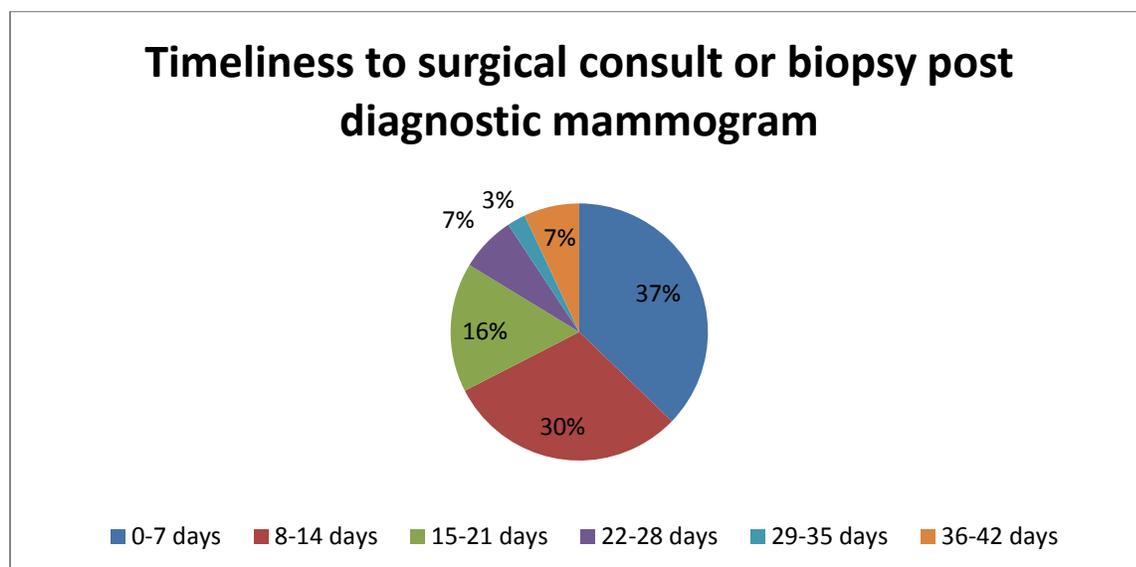
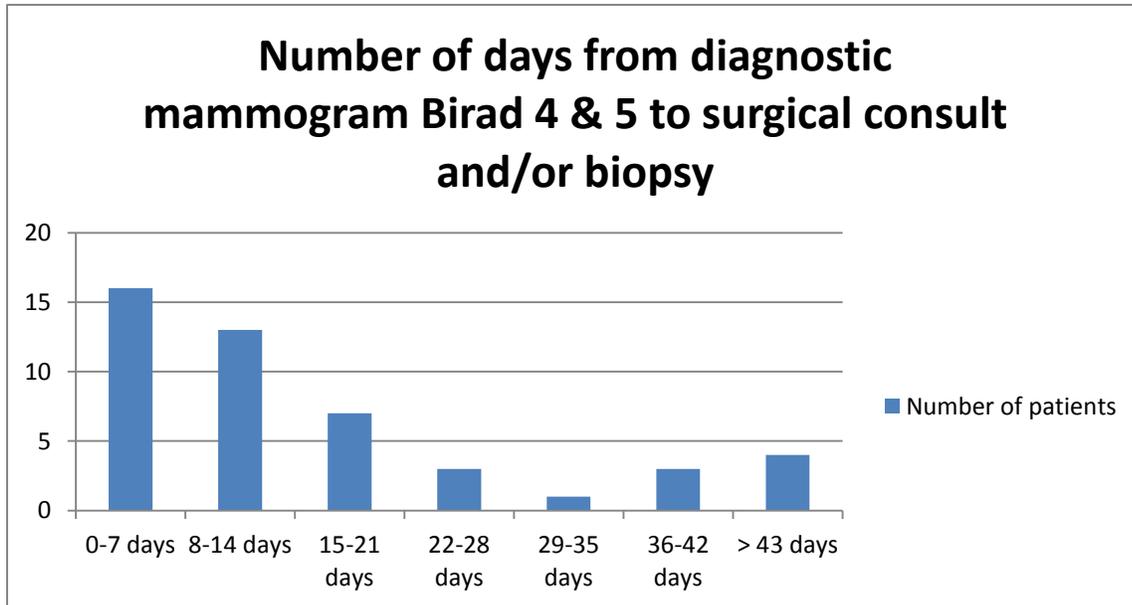
Time frame data collection: 07-01-14 to 12-31-14.

Number of diagnostic mammograms performed: total 52 diagnostic BiRad 4 and 5 (suspicious finding, requires follow-up).

Average days surgical consult or biopsy= 17 days

Average days to surgical consult or biopsy eliminating data the patients from health depart BCCP program= 15 days (the approval process thru the health department extends the timeliness to consult date for Harbin Surgical consult).

The 37 % of patients have the consult within 7 days, 67 % total within 14 days and 83% total within 21 days (see pie graph). Several of the extended timeliness of consult date occurred do to the patient canceling the visit and rescheduling.



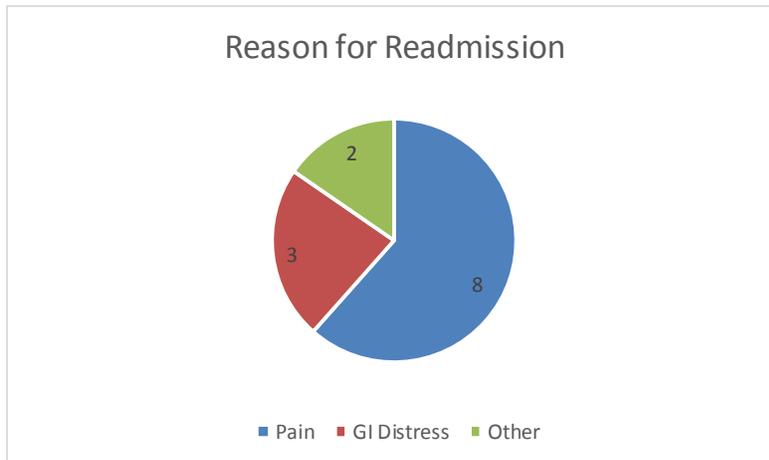
Quality Improvements: Standard 4.8

Reducing Readmissions of Radiation Oncology Patients

As 2014 came to a close, it was evident that increased scrutiny was going to be placed on Hospital Readmissions. In an effort to determine what, if any, role Cancer Treatment played in reducing unnecessary readmissions, we first analyzed data for all Radiation Oncology patients for 2014. Specifically, we looked at any Radiation patient with a hospital admission, during the course of their treatment, as well as the cause for subsequent readmissions within 30 days. This analysis showed:

In 2014, we treated approximately 150 patients with Radiation Therapy.

# of RT Patients Admitted	40
30-day Readmissions	13
Readmission Rate	33%



Based on these findings, it was determined that inadequate Pain control was the reason for the majority of our Radiation Oncology Readmissions.

In response to this opportunity, we have begun several Quality Improvement initiatives. First, Nurse Education, specific to pain management, was administered through our online Education system. It was a competency requirement for all Nurses to compete this course in 2015. The goal is for all patients' pain issues be handled completely prior to discharge, therefore reducing the likelihood of a readmission. Also, specific pain management assessments are being completed by the Radiation Oncology nurse, during a RT patient's weekly follow-up appointment. Again, the goal is to manage a patient's pain, without the need for a hospital admission. Results of these initiatives will be available in 2016.

2015 Colon Cancer Survival Analysis

Purpose

To analyze our survival data for colon cancer patients and to compare our survival rates to that of other Community Hospitals in the National Cancer Data Base, Cartersville Medical Center's Cancer Liaison Physician reviewed the Cancer Registry data for years 2005 through 2014. Cartersville Medical Center vs. the National Cancer Data Base (NCDB) stage comparison was reviewed.

Background Colon Cancer

- 3rd most common cause of cancer death in US
- Mortality declining at rate of 3% per year
- Usually asymptomatic
- 20% have metastatic disease at diagnosis

Methods

- Data were available in Cartersville Medical Center's Cancer Registry on 140 patients with colon cancer (date of diagnosis, date of death, treatment, disease status at death)
- Using statistical software, Kaplan Meier curves were created for the entire group and stratified by stage.
- These were compared to National Cancer Data Base (NCDB) data from 2003-2008.

CMC vs NCDB 5 Year Actuarial Survival

<u>STAGE</u>	<u>Number of patients</u>	<u>CMC</u>	<u>NCDB</u>
STAGE 0	13	89%	81%
STAGE 1	33	73%	77%
STAGE 2	38	76%	67%
STAGE 3	44	71%	56%
STAGE 4	12	12%	10%
Overall	140	72%	56%

Conclusions

- Stage breakdown of our patients is similar to other Community Hospitals in the National Cancer Data Base (NCDB).
- The survival rates for our patients are similar to that seen in other Community Hospitals participating in the National Cancer Data Base (NCDB).

Satyen Mehta, MD

William Thoms, MD

CLP, Medical Oncology

Oncology Committee Chair, Radiation Oncology

Screening and Prevention Programs

Each year, the cancer committee provides at least 1 cancer prevention program and 1 screening program that is targeted to meet the needs of the community and should be designed to reduce the incidence of a specific cancer type. In 2015 Prevention and Screening Events attended by the Cartersville Medical Center Nurse Navigator and/or Breast Navigator provided information to attendees including colorectal cancer awareness, lung screening, mammograms, stroke, diabetes, labor/delivery, blood pressure, glucose and cholesterol screenings. Populations from Senior Citizens health fairs and heart event, Cartersville Medical Center Chili Cook-off and Tobacco Cessation Classes, a Latino Health Fair, and employer Health Fairs at local companies, such as, Anheuser-Busch and Plant Bowen were provided with prevention literature, and screenings.

The annual Head and Neck screening held at the Hope Center April 3, 2015, included 23 screenings. This was a decrease from 41 screenings in 2014. Recommendations for the 23 participants screened resulted in routine follow-up for 18 and Head and Neck evaluations for 5 participants.

Due to a continued decline in Head and Neck screenings the Oncology Committee will assess the need to provide an alternative primary site for screening in 2016, while continuing to focus on addressing the needs of the community as determined in the 2015 Community Needs Re-Assessment.

Year to Date (YTD) prevention and screening numbers:

Prevention-1,845

Health screenings-243

Smoking Cessation-13

Oncology Committee Membership

Oncology Committee Chairman	William Thoms, MD-RO
Medical Oncology	Madhurima Uppalapati, MD-HMO
Cancer Liaison Physician	Satyen Mehta, MD, HMO
Pathology	Dan Wiener, MD
General Surgery	J. Durward Black, MD
Radiology	Jay Curtin, MD
Tumor Board Coordinator	Chase Adams, Ca. Program Director
Administration	Benny McDonald, CFO
Oncology Nursing	Alison Cronin, RN, OCN
Case Management	Pam Robins, Dir Case-Management
Cancer Registry	Nila Thomas, CTR
Quality Management/QI Coordinator	Phoebe Stieber, VP QRM; Kim Hogan
Clinical Research Rep/Oncology Navigator	Wendy Bailey, RN, OCN
Breast Navigator	Lori Plummer, NP
Palliative Care	Jan Tidwell, RN Assist Admin
Community Outreach Coordinator	Ginger Tyra
Psychosocial Coordinator	Martha Gordy
Nursing	Lisa Ponder, Director Med. Surg.
Staff Education	Ronda Sweet
Nutritional Services	Wendy Tolbert, Dietitian
Women's Services	Melanie Morris
Rehabilitation Services	Valerie Wagner
ACS	Ryan Andrews