

The Cancer Center
at Roger Williams Medical Center

2014 ANNUAL PATIENT OUTCOMES REPORT

Roger
Williams

MEDICAL
CENTER

An affiliate of CharterCARE Health Partners



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2014 Cancer Committee Membership

Physician Members

Steven Katz, MD – Surgical Oncology / Chairman
James Kones, MD – Surgical Oncology / Physician Liaison
John Coen, MD – Radiation Oncology
Mohit Kasibhatla, MD – Radiation Oncology
Mohsin Malik, MD – Blood & Marrow Transplant
Bharti Rathore, MD – Hematology Oncology
Ritesh Rathore, MD – Hematology Oncology
Thomas Ruenger, MD – Dermatology
Maria Aileen Soriano-Pisaturo, MD – Palliative Care
Brian Stainken, MD – Interventional Radiology
Li Wang, MD – Pathology

Non-Physician Members

Elizabeth Angell, LCSW – Oncology Social Worker / Psychosocial Services Coordinator
Billie Baker – Tumor Board / Cancer Conference Coordinator
Patricia Cafaro, RN – Oncology Nurse, Radiation Oncology
Donna Castricone, RD, CSO, LDN – Registered Dietitian
Ellie Collins, RN, MS, CS – Psychiatry
Fran Dallesandro, CCRP – Protocol Office / Clinical Research Coordinator
Brett Davey – Director of Communications / Community Outreach Coordinator
Nancy Fogarty, RN – Performance Improvement / Quality Improvement Coordinator
Maryanne Forgione, CCC-sp – Speech Pathologist / Rehabilitation Services
Thomas Habershaw, RPh – Cancer Center Pharmacist
Ben Isaiah – Quality Improvement
Cynthia Jodoin, RN, BSN, MHA, OCN – Bone Marrow Transplant Manager
Annemarie Mullaney, BSN, RN, OCN, CHPN – Cancer Center Manager
Jennifer Parker, RN – Manager, Oncology Inpatient Unit
Kathleen Perry, RN, MBA – Cancer Program Administrator
Cheryl Raffel, RHIA, CTR – Cancer Registry / Cancer Registry Quality Coordinator
Nancy Reis, BSN, RN – Geriatric Oncology Nurse Navigator
Mary Beaudette, RN – Case Management
Jim Willsey – Chaplain / Pastoral Care

From the Cancer Committee Chairperson

On behalf of my colleagues who work together to provide exemplary cancer care, I am pleased to present the 2014 Cancer Program report from Roger Williams Medical Center.



One of our tasks as a Cancer Committee is to regularly monitor data and statistics to ensure we are achieving our quality goals and properly serving the community. Our programs continue to grow, both in the number of patients we treat and the advances we champion in our Cancer Center, operating rooms, hospital, and research facilities. Most importantly, we are ensuring that our efforts to meet all quality standards translate into truly perceptible and palpable benefits for each patient we treat.

Each year, our team members are responsible for numerous publications and presentations at scientific and medical meetings around the world. The research portfolio is supported by the National Institutes of Health and several other organizations. Our own institution has invested heavily in our laboratory efforts, ensuring ongoing growth of our scientific, educational, and community service missions. Our immunotherapy program is particularly exciting, with patients from across the nation and globe coming to Roger Williams for access to novel treatments for metastatic cancer. We renewed our commitment to education and outreach by again hosting hundreds of physicians, researchers, and other medical professionals at our 2014 New England Oncology Symposium.

One especially noteworthy accomplishment is our classification as an Academic Comprehensive Cancer Center. We recently joined the 13% of cancer programs in the United States to hold this designation. In doing so, we met several stringent criteria related to postgraduate medical education, clinical volume, patient access to a full range of services, and participation in cancer-related clinical trials.

It was one of my goals as chairman that we achieve this classification and our Cancer Committee members worked tirelessly to make it happen. This designation is further validation that we offer the very best in cancer care, while remaining deeply committed to training the next generation of providers and developing groundbreaking therapies.

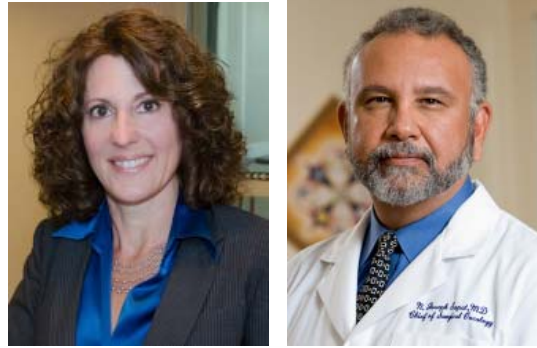
We look forward to continued growth as a Cancer Center and offering the very best in cancer care to our patients.

A handwritten signature in black ink, appearing to read "SKatz".

Steven C. Katz, MD, FACS
Chairman, Cancer Committee

From Hospital Administration and the Cancer Center

Medical care is about advances, both for individual patients and programs like our Cancer Center at Roger Williams. Those who come to us for care want to know the latest options available and how their treatment is progressing. For those of us at the Cancer Center, the advances come in the form of new therapies, programs, and research that aim to improve cancer care for every patient.



In 2014, our Cancer Center made great strides in how we treat patients and the tools we have at our disposal. Our geriatric oncology program, the only one in the state, continues to provide unique care to cancer patients over the age of 65.

This past year, Roger Williams became the first hospital in the state certified in Advanced Palliative Care, recognizing the exceptional patient and family-centered care that we deliver to optimize patient's quality of life. In 2014, the Hematology/Oncology Division at Roger Williams was reaccredited by the Quality Practice Initiative Certification Program. The Cancer Center was certified as a STAR Program, which means we are offering optimal cancer rehabilitation and survivorship services to people experiencing the challenging side effects that can occur during treatment.

The cancer center team has made great strides in making top-notch cancer services available to the Hispanic community, with continued outreach including weekly hours at our affiliated inner-city health center. This past year, we recruited a thoracic surgeon to the staff of the cancer center and made massage therapy available for our cancer patients. Our team members were also active in community outreach with activities like skin screenings and anti-smoking lectures in elementary schools.

Every day, we strive to move cancer diagnosis, treatment and research forward. As this happens, our physicians and other cancer team members continue to deliver the highest level of personalized care to everyone who chooses the Roger Williams Cancer Center. It is an honor and privilege to do so.

Kimberly O'Connell, Esq.
Senior Vice President

Dr. N. Joseph Esat
Director, Roger Williams' Cancer Center
Chairman, Department of Surgery

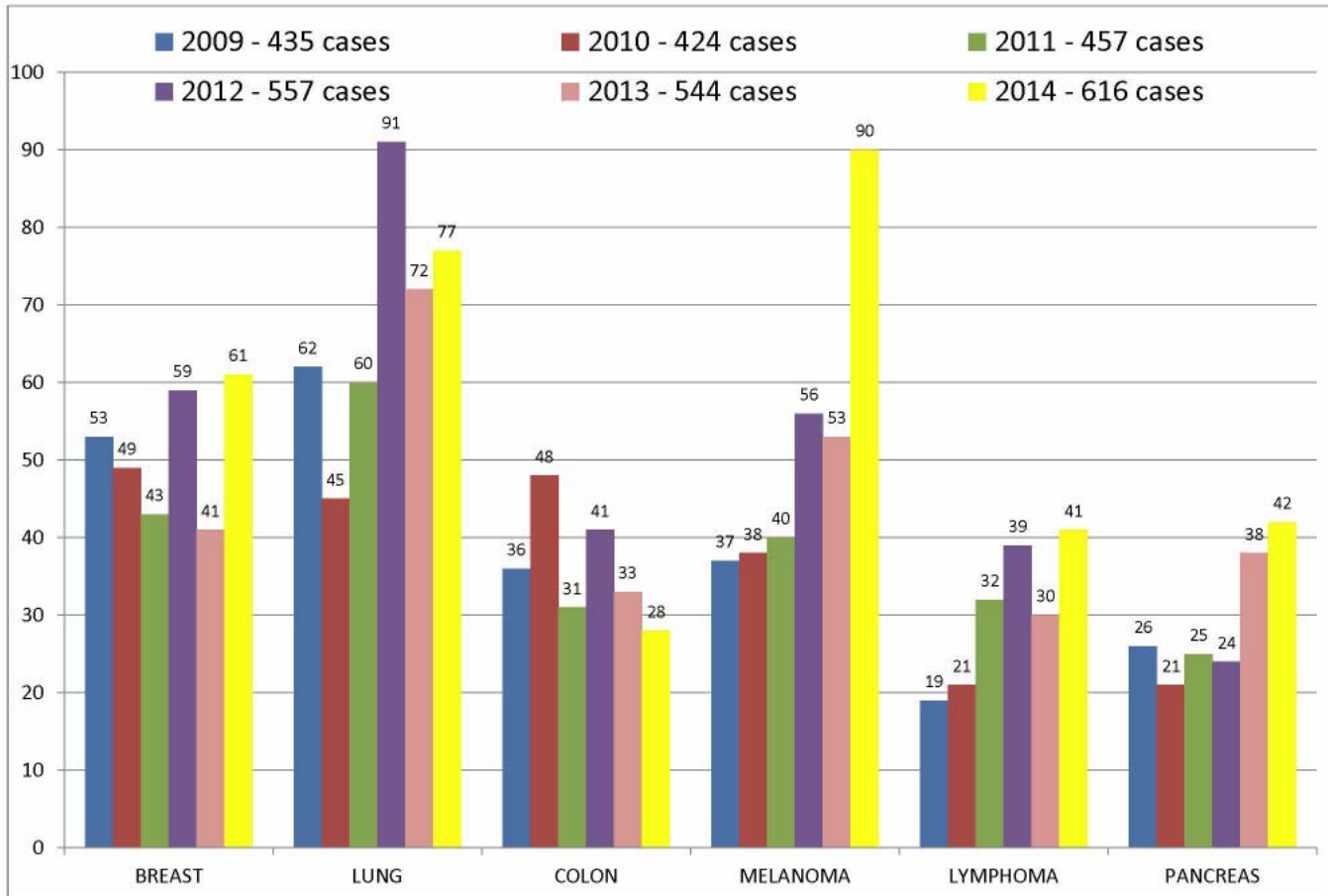
THE CANCER REGISTRY AT ROGER WILLIAMS MEDICAL CENTER

The Cancer Registry at Roger Williams Medical Center is responsible for capturing a complete summary of a cancer patient's disease; from diagnosis through the lifetime of the patient. This summary or abstract provides an on-going account of the cancer patient's history, diagnosis, stage of disease at diagnosis, treatment, and current status. In addition to data analysis, the Cancer Registry also monitors quality of care and clinical practice guidelines, provides benchmarking services, and provides information relating to patterns of care and referrals.

CASES BY PRIMARY SITE BY YEAR -- 2009 to 2014 Analytic Cases (Newly Diagnosed)

PRIMARY SITE	2009	2010	2011	2012	2013	2014
LUNG	62	46	61	91	72	77
MELANOMA OF SKIN	36	38	40	56	53	90
BREAST	54	50	43	59	41	61
COLON	37	48	32	41	33	28
RECTUM/RECTOSIGMOID	19	21	19	25	19	25
PANCREAS	26	22	25	24	38	42
LYMPHOMA	19	22	34	37	30	41
LEUKEMIA	15	14	16	26	21	14
MYELOMA	6	10	14	13	10	8
MDS/REFRACTORY ANEMIA	7	9	8	7	10	7
STOMACH	13	13	15	9	15	17
ESOPHAGUS	8	10	7	9	11	6
LIVER / I.H. BILE DUCT	14	5	11	15	19	20
GALLBLADDER / BILIARY	10	7	6	14	5	9
HEAD & NECK SITES	21	14	23	19	32	27
LARYNX	6	6	7	2	9	5
THYROID	14	12	16	15	12	19
BLADDER	15	12	21	7	16	16
KIDNEY / URETER	4	8	14	15	17	16
PROSTATE / TESTIS	8	7	13	24	21	30
FEMALE GENITAL	6	2	5	5	8	7
BRAIN / MENINGIOMA	11	17	10	12	16	18
SOFT TISSUE / SARCOMAS	8	6	2	9	10	12
UNKNOWN PRIMARY	9	15	5	11	10	8
OTHER / MISC SITES	7	11	10	12	16	13
TOTAL	435	425	457	557	544	616

**ROGER WILLIAMS MEDICAL CENTER ANALYTIC CANCER CASES 2009 TO 2014
TOP SIX CANCER SITES**



NEW PROGRAM PATIENT VISITS 2013 – 2014

2012	2013 Fiscal Year Oct 2012 - Sept 2013	2014 Fiscal Year Oct 2013 - Sept 2014	Program / Activity Name and Start Date	CoC Standard
0	26	33	Palliative Care – Start Date January 2013 New Patient Visits / Consults	Standard 2.4
0	56	218	Follow-up Patient Visits	
0	71	77	Geriatric Oncology – Start Date November 2012 New Patient Visits / Consults	Standard 3.1*
0	46	54	Follow-up Patient Visits	
0	0	Est. 30-40	Treatment Summary – Start Date July 2014 Hematology Onc Patients	Standard 3.3*
0	0	Est. 12-15	Bone Marrow Transplant Patients	
0	0	64	Radiation Oncology Patients	
0	Estimated 3-5 per month	Estimated 15-20 per month	Psychosocial Alerts – Start Date July 2013 Outpatient Cancer Center Alerts	Standard E-10, 3.2*
98	518	544	Nutrition Alerts – Start Date December 2011 EMR-Generated Nutrition Alerts	Standard E-12
0	19	44	Geriatric Oncology Patient Alerts	

(*2015 phase-in Standards)

CoC Cancer Program Practice Profile Reports (CP3R) Quality Measures – Breast and Colorectal Cancer

The Commission on Cancer (CoC) has defined several quality measures for hospitals with accreditation status. Tracking these measures provides an opportunity for continuous practice improvement to achieve high quality care for our patients. There is the additional benefit of being able to compare our rates with that of other accredited hospitals' rates through the CoC system.

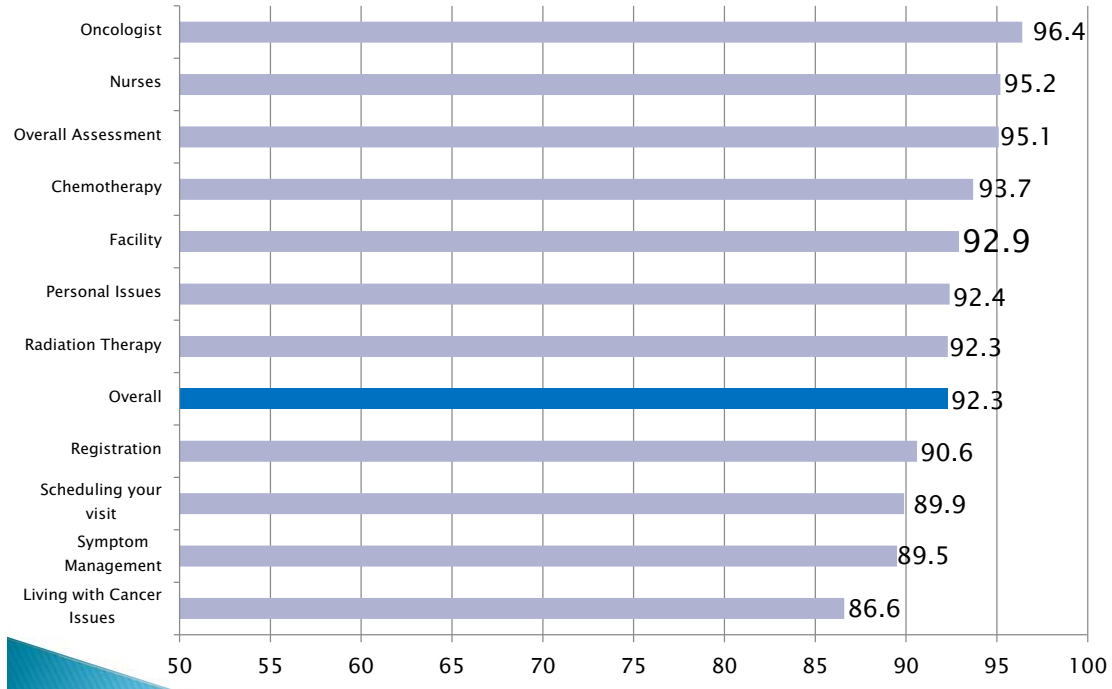
Quality Measure	RWMC 2010	RWMC 2011	RWMC 2012	CoC / NCDB Required Performance Rate
<i>Breast Cancer</i>				
Breast conservation surgery rate for women with AJCC clinical stage 0, I or II breast cancer.	65.0% (13/20)	85.7% (18/21)	76.2% (16/21)	Not Yet Established
Image or palpation-guided needle biopsy (core or FNA) of the primary site is performed to establish diagnosis of breast cancer.	90.9% (10/11)	64.3% (9/14)	88.2% (15/17)	>=80%
Radiation is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast-conserving surgery for cancer.	100% (5/5)	100% (11/11)	92.3% (12/13)	>= 90%
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% (1/1)	100% (4/4)	100% (2/2)	>= 90%
Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1c N0 M0 or Stage II or III ERA & PRA negative breast cancer.	100% (2/2)	100% (2/2)	100% (2/2)	>= 90%
Tamoxifen or other third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1c N0 M0, or Stage II or III ERA and/or PRA positive breast cancer.	91.7% (11/12)	88.2% (15/17)	90.5% (19/21)	>= 90%
<i>Colorectal Cancer</i>				
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) colon cancer.	100% (8/8)	100% (4/4)	85.7% (6/7)	>= 90%
At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.	80.0% (12/15)	100% (9/9)	100% (19/19)	>= 80%
Radiation therapy is considered or administered within 6 months (180 days) of diagnosis for patients under the age of 80 of with clinical or pathologic AJCC T4N0M0 or Stage III receiving surgical resection for rectal cancer.	No Applicable Cases	100% (1/1)	100% (5/5)	Not Yet Established

All RWMC measures are near or exceed the defined Confidence Interval set by the NCDB (National Cancer Data Base) for 2012, the most recent year available. Several new measures will be introduced for 2013 cases and reported as they become available.

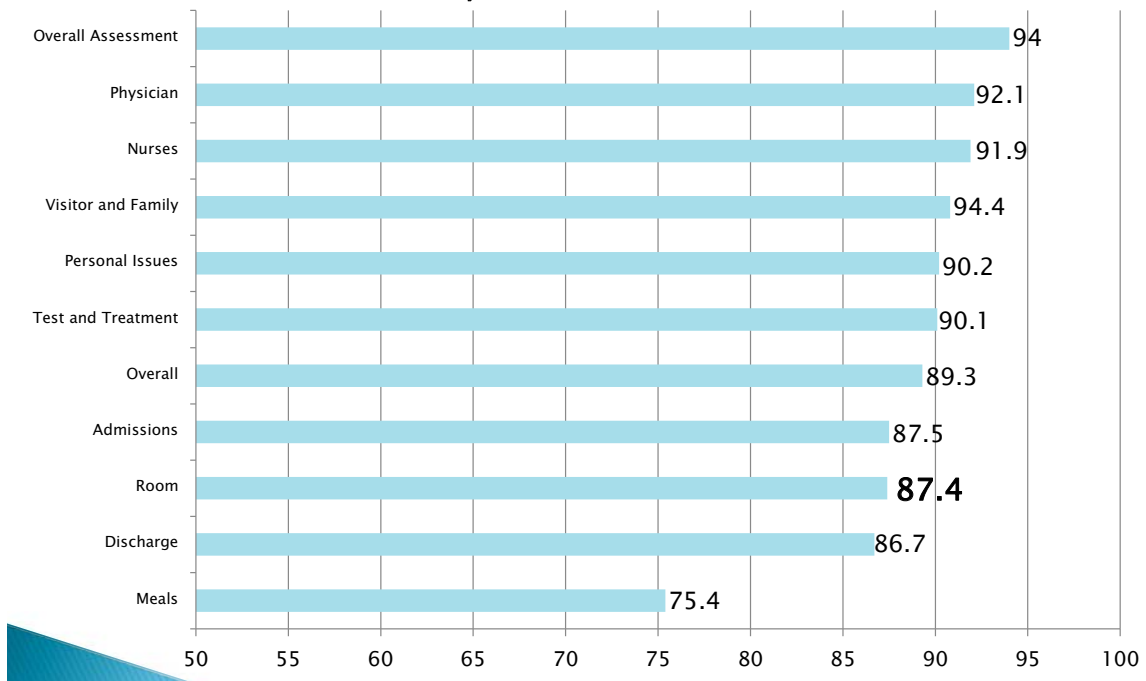
Patient Satisfaction Results

The cancer program uses the Press Ganey Company to monitor patient satisfaction. Patients receive surveys after their visits and comment on the care received by their nursing staff and physician staff, as well as personal issues from how easy it is to schedule their visits, to how they were treated in the hospital. We value our patient's feedback and use these results to make improvements to better care for our patients and their families needs.

**Patient Satisfaction Scores
Outpatient Oncology
January 2014 – December 2014**



**Patient Satisfaction Scores
Bone Marrow Unit
January 2014 – December 2014**



Prevention and Screening

- Dr. N. Joseph Espat, director of the Roger Williams Cancer Center, partnered with the Rhode Island Medical Society to present the American Cancer Society's program "Tar Wars" to a pair of fifth grade classes in March 2014. Dr. Espat spoke to a total of 60 students at the Clark Middle School in Wakefield and Eldridge Middle School in East Greenwich.
- The Endoscopy Department at Roger Williams hosted a Colorectal Cancer Awareness Event in March 2014 in recognition of Colorectal Cancer Awareness Month. The program included lectures from Dr. Alan Epstein, Director of the Division of Gastroenterology, and pathologist Dr. Peter Libbey. The event also included informational tables and a visit from the Colossal Colon.
- On August 5, 2014, seven dermatologists from Roger Williams performed skin cancer screenings and delivered free education at the annual National Night Out event organized by the North Providence Police Department. Dermatologists screened 36 patients and recommended 12 full body scans, and follow-up for 2 people.
- A free prostate screening event was held for the community of Roger Williams and our affiliate Fatima Hospital on November 5, 2014. A staff urologist provided prostate exams to all participants. All men were provided education regarding PSA testing and all opted to have PSA testing in addition to the DRE. 53 men attended the event. The results were as follows: normal exam/normal PSA = 29; abnormal exam/normal PSA = 5; BPH exam/normal PSA = 16; Normal exam/abnormal PSA = 1; Abnormal exam/abnormal PSA = 0; BPH exam/abnormal PSA = 2. Participants requiring follow-up care were referred to the appropriate resources.

Quality Improvements

- *Hiran Fernando, Chief, Thoracic Surgery, Boston Medical Center, joined the surgical staff and began treating patients in 2014.
- * Dr. Abdul Saied-Calvino, a Spanish-speaking surgical oncologist, joined the Cancer Center at Roger Williams, further expanding the Center's reach into the Hispanic community.
- * Massage therapy for patients is now offered through a partnership with the Community College of Rhode Island.
- * Increase in Palliative Care consults (from FY13 to FY14) by Dr. Maria Aileen Soriano-Pisaturo from 26 to 33 patients and follow-up patient visits from 56 to 218.

Cancer Center Compliance with 2014 NCCN Anti-Emetic Guidelines

The objective of the review was to evaluate compliance with the National Comprehensive Cancer Network (NCCN) Antiemetic Guidelines. Chemotherapy induced nausea and vomiting (CINV) is one of the most feared adverse effects of chemotherapy for our patients. With proper use of antiemetics, CINV can be avoided, and with fewer side effects. Antiemetic usage is also part of the American Society of Clinical Oncology (ASCO) “Choose Wisely” recommendations regarding tailoring the use of antiemetics based on the chemotherapy ordered and the level of risk for nausea.

During 2014, Pharmacy conducted a retrospective review of 48 Physician orders to ascertain the compliance with NCCN Guidelines. The initial review showed that the majority of the Oncologists followed the Guidelines with one exception, the use of multiple pre-medications in an effort to prevent nausea. Results of the study were presented to the physician group and copies of the NCCN guidelines are available in the physician workrooms.

Follow-up concurrent reviews have demonstrated ongoing compliance with NCCN Guidelines.

