



2017 Quality and Outcomes Report

TABLE OF CONTENTS

Quality Review – page 2

Quality Accreditations – page 2

Quality Measures – page 4

Quality Improvements – page 6

Community Outreach Activities and Outcomes – page 7

Clinical Education Activity – page 7

Screening Programs and Outcomes – page 8

Prevention Programs and Outcomes – page 9

2016 Cancer Statistics – page 10

Summary – page 12

Quality Review

Quality Accreditations



Commission on Cancer (CoC)

The American College of Surgeons' Commission on Cancer is the accrediting body for cancer programs in the United States. Accreditation is a voluntary process and measures a cancer program in comparison with like institutions across the country.

The CoC cites these five components as essential elements of accredited cancer programs:

1. The clinical services provide state-of-the-art pretreatment evaluation, staging, treatment and clinical follow-up for cancer patients seen at the facility for primary, secondary, tertiary or end-of-life care.
2. The cancer committee leads the program through setting goals, monitoring activity, evaluating patient outcomes and improving care.
3. The cancer conferences provide a forum for patient consultation and contribute to physician education.
4. The quality improvement program is the mechanism for evaluating and improving patient outcomes.
5. The cancer registry and database is the basis for monitoring the quality of care.

The Aultman Cancer Program has been accredited by the CoC continuously since 1986. We were awarded the Outstanding Achievement Award for our last two surveys in 2014 and 2017. This prestigious award is given to centers who meet all the standards at the time of survey. This award placed us in the top six percent of centers in the country surveyed in the first half of 2017.



National Accreditation Program for Breast Centers (NAPBC)

The NAPBC is also a part of the American College of Surgeons and is focused on breast health, evidence-based standards and patient and professional education. We have been NAPBC-accredited since 2011 and reached all of the accreditation standards during our 2014 and 2017 surveys.



American College of Radiology (ACR) Breast Imaging Center of Excellence

The Breast Imaging Center of Excellence (BICOE) designation is awarded to breast imaging centers that achieve excellence by seeking and earning accreditation in all of the ACR's voluntary breast-imaging accreditation programs and modules, in addition to the mandatory Mammography Accreditation Program. A facility is eligible to receive the ACR Breast Imaging Center of Excellence designation if it is fully accredited by the ACR in the following modalities:

- Mammography
- Stereotactic breast biopsy
- Breast ultrasound
- Ultrasound-guided breast biopsy
- Breast MRI

Aultman has been accredited as a BICOE since 2009, the first year we were eligible.



American College of Radiation Oncology (ACRO)

ACRO developed its accreditation program in 1995, consisting of practice standards for radiation oncology to ensure that patients in need of radiation therapy receive the very finest treatment possible. Practice accreditation is a voluntary process in which professional peers identify standards indicative of a quality practice, and an audit is conducted to assure that these standards are followed. The standards committee recognizes that the safe and effective use of ionizing radiation requires specific, highly specialized training, skills and techniques, as well as properly calibrated, maintained and functioning equipment. ACRO accreditation is designed to evaluate and accredit those practices that strive to meet the requirements needed to deliver safe and effective

radiotherapy to their patients. In 2015, the Aultman Radiation Therapy Department successfully underwent the ACRO accreditation process and received three-year accreditation. This process validates the quality care given to our radiation patients.

Quality Measures

Cancer Program Practice Profile Reports

Cancer Program Practice Profile Reports (CP3R) are published by the American College of Surgeons and consist of accountability and quality improvement measures. Accountability measures have a high level of evidence that supports the measure, including multiple randomized controlled trials. Quality improvement measures are used for internal monitoring of performance and have supporting evidence from experimental trials, not randomized controlled trials.

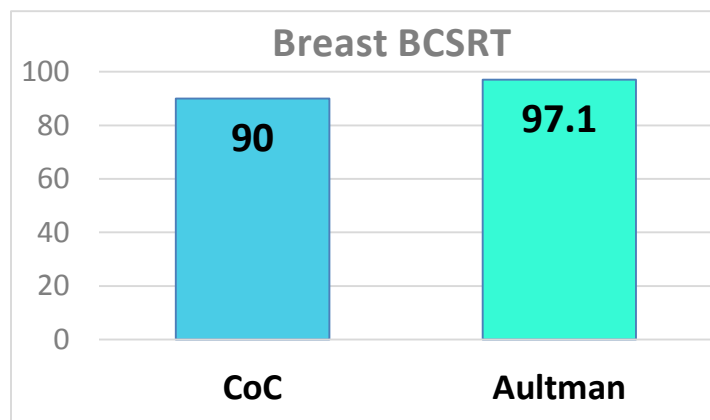
The measures set the standard of care and compare Aultman with our national peer group of CoC-accredited hospitals. We have met or exceeded all of the available national comparison measures for the last five years. Standards are added and requirements are updated regularly.

These are the most current and complete year of standards that compares all the CoC accredited centers' outcomes with Aultman outcomes.

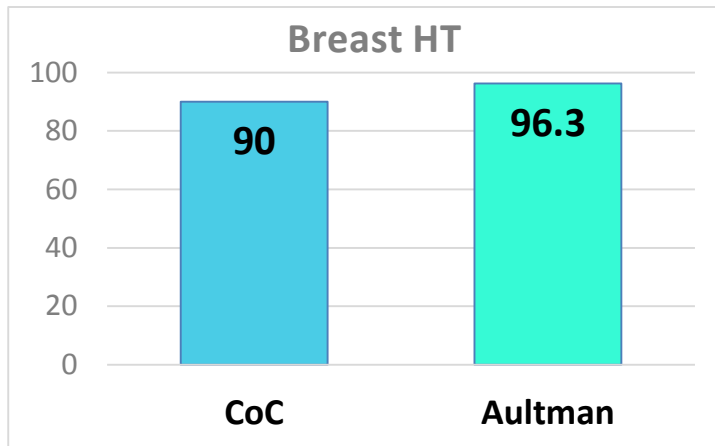
CP3R measures for 2015

Accountability Measures

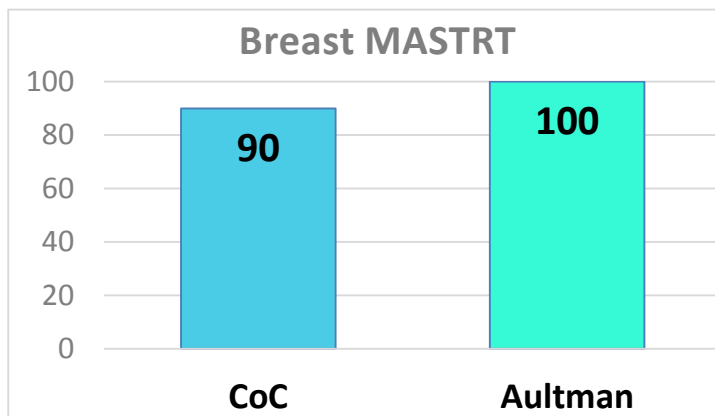
A high level of evidence supports the measure, including multiple randomized control trials. Aultman's estimated performance rate is compared with all CoC-accredited programs below.



Radiation is administered within one year (365 days) of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer.



Tamoxifen or third generation aromatase inhibitor is recommended or administered within one year (365 days) of diagnosis for women with AJCC T1c or stage IB-III hormone receptor positive breast cancer.



Radiation therapy is recommended or administered following any mastectomy within one year (365 days) of diagnosis of breast cancer for women with ≥ 4 positive regional lymph nodes.

Quality Improvement Measures

Evidence from experimental studies, not randomized control trials, supports the measure. These are intended for internal monitoring of performance within an organization.

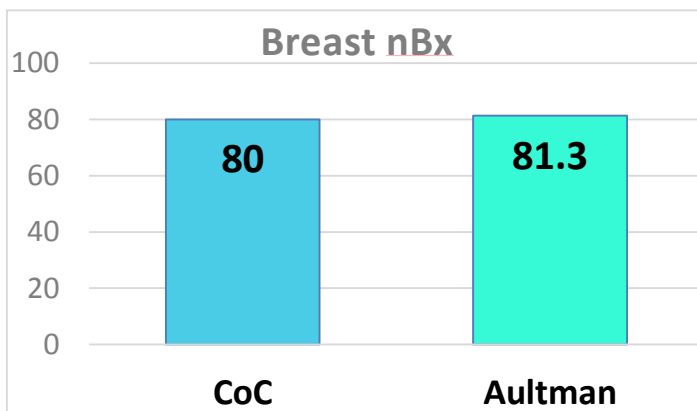
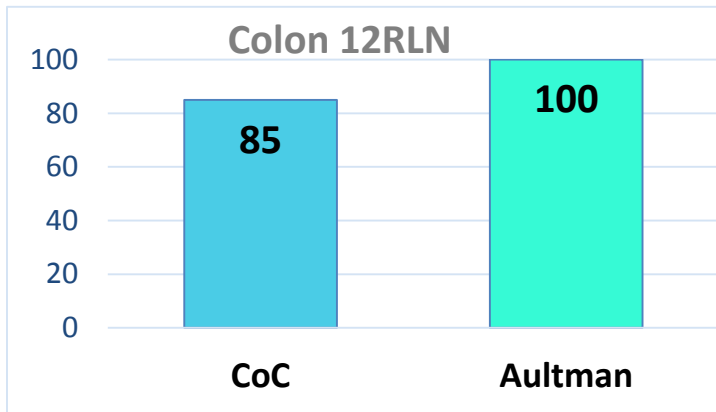
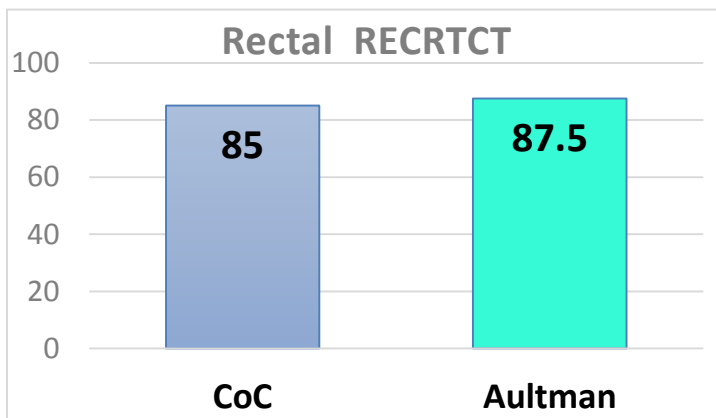


Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer.



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



Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0 or Stage III; or postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0 or Stage III; or treatment is recommended for patients under the age of 80 receiving resection for rectal cancer.

Quality Improvements

Listed below are our Cancer Program Quality Improvements achieved in 2017:

- Developed a lung nodule follow-up program.*
- Developed a patient pamphlet on atypical ductal and lobular hyperplasia of the breast.*
- Recruited a GYN oncologist.
- Lymphedema clinic:
 - New garments replace bandages for lymphedema patients.
 - Faster turnaround time to initiate therapy.
 - New partnerships/relationships with vendors and insurance for better coverage.
- Vinka alkaloids (a specific class of chemotherapy drugs) administration policy was changed for improved patient safety.
- Abbreviated magnetic resonance imaging (MRI) training for diagnostic radiologists and technologists in the Breast Care Center was completed and opened up clinical

trials that compare tomography to abbreviated MRI for women with dense breast tissue.

Additional Program Improvements

- Implemented a joint venture with Alliance Community Hospital for Radiation Oncology.
- Implemented a gastrointestinal cancer specific tumor board.
- Implemented a cancer prevention education for Stark County Firefighters.
- Embedded a Palliative Care Clinic within the Aultman Medical Group Oncology practice.

Community Outreach Activities and Outcomes

Aultman Cancer Center Clinical Education Activity Outcomes

Title	Speakers	CEU/CME	Target Audience	Attendance
8/11/2017 Current and Future Directions in the Treatment of Colorectal Cancer	Arvind Dasari, MD Assistant Professor Dept. of GI Medical Oncology University of Texas MD Anderson Cancer Center	CME, Pharmacy, Nursing CEU	MD, RPh, RN	Total: 27 MD: 6 Pharmacy/NP: 3 RN: 9 Other: 9
8/16/2017 Beyond the Guidelines: Clinical Investigators Provide Perspectives on Biomarker-Guided Decision-Making for Patients with Non-Small Cell Lung Cancer	Corey J. Langer, MD Director of Thoracic Oncology Abramson Cancer Center	CME	MD, RN	Total: 38 MD: 10 Pharm/NP/PA: 3 RN: 12 Other: 13
9/16/2017 17th Annual Cancer Symposium	Joseph Baar, MD, PhD Lyla-Blake-Gumbs, MD, MPH Sricharan Chalikonda, MD Matthew Cooney, MD Lotte Dyrbye, MD, MHPE, FACP Julian Kim, MD, CMO Maurie Markman, MD	CME, Nursing, RT, Dosimetry CEU	MD, RN, RT & CMD	Total: 124 MD: 60 RN: 30 CMD & RT: 9 Other: 25
10/13/2017 Expanded Treatment Options for Metastatic Pancreatic Cancer: Evidence-Based Updates	Andrea Wang-Gillam, MD, PhD Clinical Director, GI Oncology Program Washington University School of Medicine	CME, Pharmacy, Nursing CEU	MD, RPh, RN	

Cancer Screening Activities

Annual Community Outreach Screening Summary 2017					
Name of Activity:	Type of Cancer	Date of Activity	Participants	Outcomes/Follow-up process for participants with positive findings	Effectiveness of Activity (value, lessons learned, recommendations for improvements)
Regional Cancer Center Cancer Screening Event	Colon, breast, skin, GYN, prostate	3/25/2017	Tuscarawas and surrounding counties, 41 patients, 109 screenings provided	All results reviewed by cancer program APRN, 20 abnormal exams and 2 abnormal testing detected. 3 probable skin cancers, 0- other cancer found. Navigators facilitate recommended follow up.	1st event in this area. Well attended; abnormalities found and followed up. Find ways to advertise to underserved populations. Continue to find opportunity for high risk uninsured patients and opportunity for colonoscopies when indicated.
Aultman Cancer Screening Day	Colon, breast, skin, GYN, prostate	4/29/2017	85 patients, 173 total screenings provided	All results reviewed by cancer program APRN, 68 abnormal exams and 11 abnormal testing results detected. No cancers diagnosed. Navigators facilitate recommended follow up.	Well attended, continue to explore opportunities for high risk uninsured patients and opportunities for colonoscopies when indicated. Consider different ways to follow up on abnormal skin results.
Project Homeless Connect	Breast	9/19/2017	31 breast exams	12 mammograms, no positive findings identified	Improved return rate for mammograms compared to previous years. Positive participant feedback, opportunity to improve workflow.
Aultman Breast Screening Event	Breast	10/2/2017	25	5 call backs to schedule U/S, no positive findings identified.	Continues to be well attended. Continue to find opportunity to assist uninsured individuals with screening opportunities.
Carrollton Screening Event	Colon, breast, GYN, prostate	10/27/2017	23	All results reviewed by cancer program APRN, 3 abnormal exams and 5 abnormal testing results detected. Navigators facilitate recommended follow up and continue to monitor.	Consider offering low-dose CT in the future. Consider different ways of advertising to increase attendance.

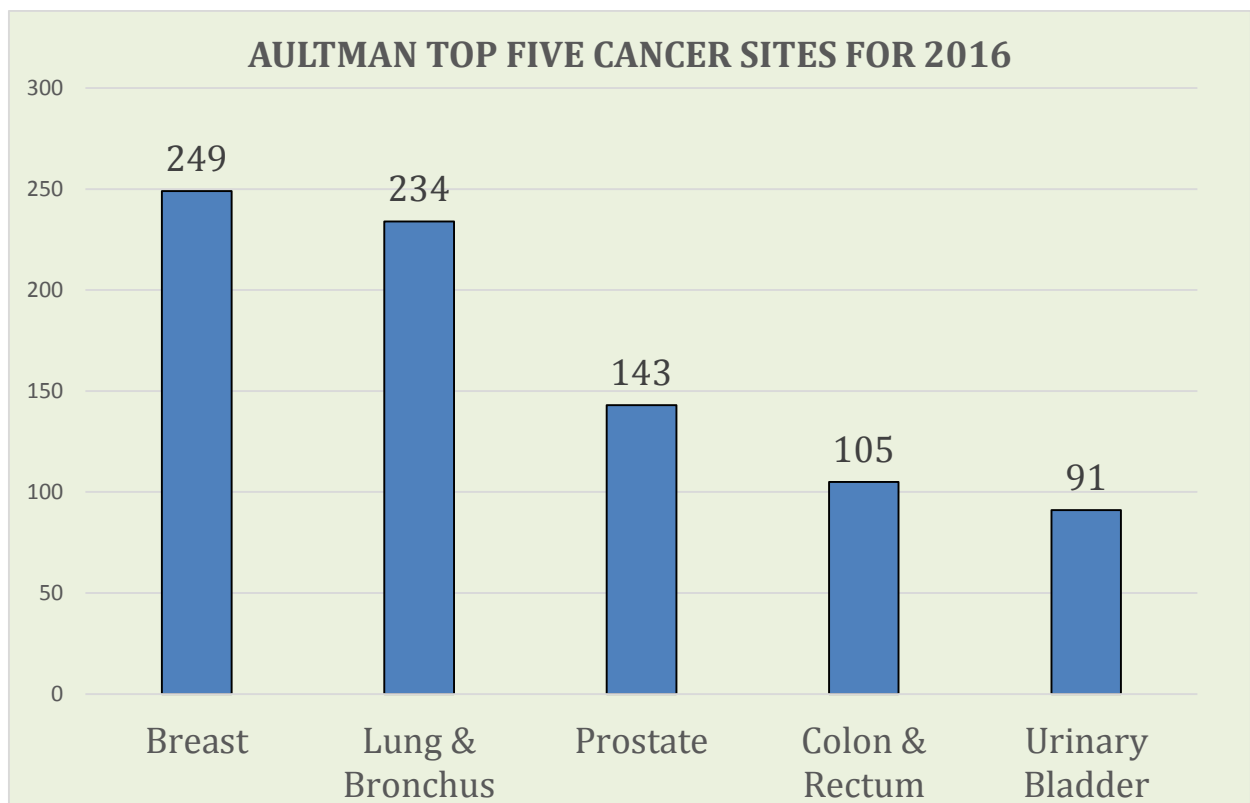
Cancer Prevention Activities

Annual Community Outreach Prevention Summary 2017					
Name of Activity:	Community Need Addressed	Type of Cancer	Date of Activity	Participants	Effectiveness of Activity (value, lessons learned, recommendations for improvements)
Crenshaw Middle School Cancer Prevention Education	Middle school age youth are at a critical stage of development and are making health behavior choices that will impact their lifetime cancer risk.	General cancer risk factors. Skin, lung, head& neck, cervical.	3/13/17-3/17/17	77	Overall improvement in post education scores (Sun Safety 82% improvement, Tobacco Risks 52% improvement, Healthy Eating 65% improvement, Exercise 83% improvement)Health behavior surveys completed to identify baseline. Teacher surveys requested the use of more impactful videos and student interaction.
Walk With a Doc - HPV Cancer Prevention	Increase awareness screening recommendation and benefits of early detection and screening compliance.	Cervical	1/12/2017	8	Health talk was well received. Consider opportunities to increase future attendance.
Walk With a Doc - breast health	Increase awareness screening recommendation and benefits of early detection and screening.	Breast	10/14/2017	20	Health talk was well received. Discounted wristbands for the orchard were offered to employees. Consider additional opportunities to increase future attendance.
Smoking Cessation	Provide cancer prevention at community outreach/screening events.	Lung	23, 6 week cessation classes were offered in 2017	82	50% quit rate for those attending smoking cessation. 18 participants were counseled at Aultman Screening event
Firefighter Prevention Activity	Stark County firefighter leaders have voiced a need for partnerships to increase education/screening/prevention.	Head & neck, melanomas, prostate, skin, testicular, and thyroid.	2/2017-11/2017 19 sessions	373	Firefighter health survey completed, see complete report and study. Future events will seek to measure behavior changes as an outcome.
Lehman Middle School	Middle school age youth are at a critical stage of development and are making health behavior choices that will impact	General cancer risk factors. Skin, lung, head & neck, cervical	11/6/17-11/10/17	130	Overall improvement in post education scores (Sun Safety 95% improvement, Tobacco Risks 56% improvement, Healthy Eating 54% improvement, Exercise 51% improvement). Teacher surveys felt education was

	their lifetime cancer risk.				appropriate and impactful and preferred smaller group format.
Great American Smokeout	Increase awareness screening recommendation and benefits of early detection and screening compliance.	Lung	11/15/2017	93	Consider opportunities to increase future attendance. None of the participants signed up for smoking cessation classes from this event.

2016 Cancer Program Statistics

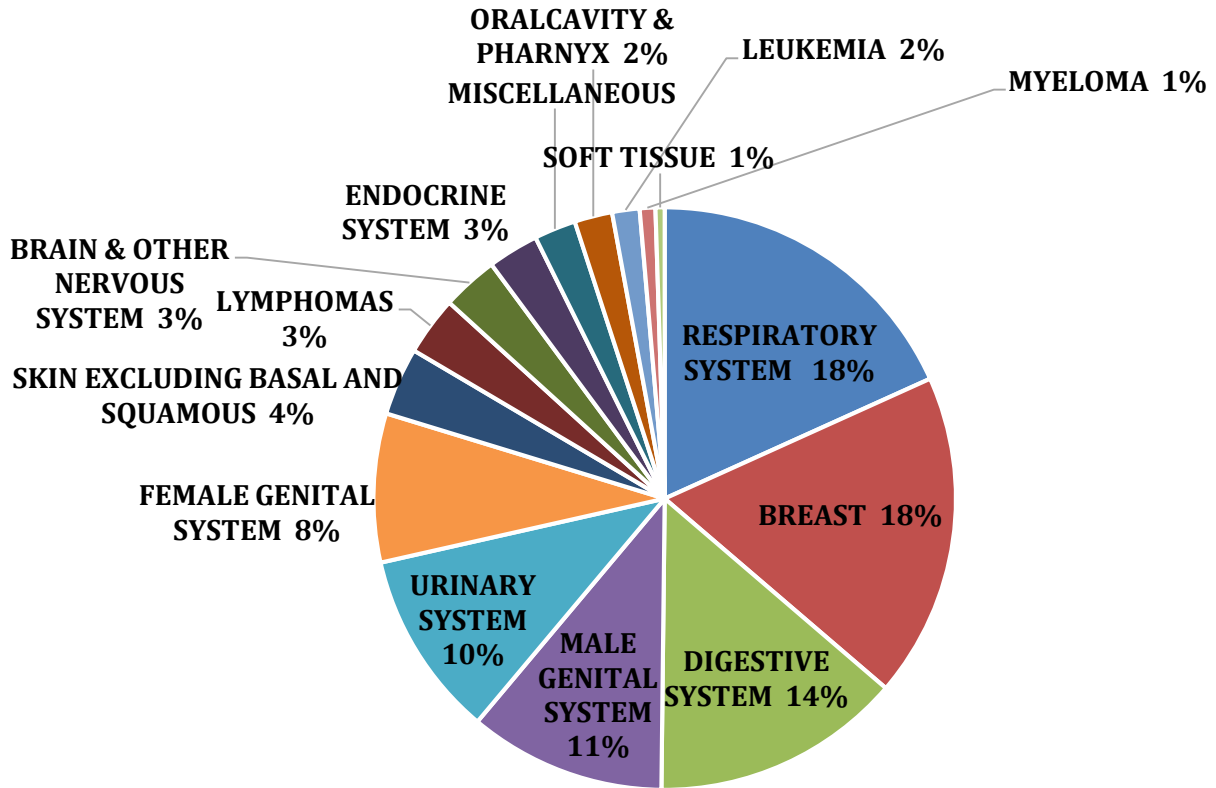
The Cancer Registry is responsible for reporting our cancer cases to the National Cancer Data Bank (NCDB) and the Surveillance, Epidemiology and End Results Program (SEER) of the National Cancer Institute. The registry complies with strict criteria for reporting our statistics. Below are Aultman’s cancer statistics for 2016 as reported to NCDB and SEER; 2016 is our most recent complete year of data.



Aultman Analytical and Non-Analytical Cancer Cases for 2016

Primary Site	Total (%)	Sex		Stage Distribution for Analytical Cases Only						
		M	F	Stg 0	Stg I	Stg II	Stg III	Stg IV	N/A	Unk
ORAL CAVITY & PHARYNX	29 (2.1%)	24	5	1	3	4	4	16	0	0
DIGESTIVE SYSTEM	192 (13.9%)	93	99	14	22	45	53	38	2	16
RESPIRATORY SYSTEM	252 (18.2%)	127	125	2	65	27	47	105	0	3
SOFT TISSUE	7 (0.5%)	4	3	0	2	1	3	0	0	1
SKIN EXCLUDING BASAL & SQUAMOUS	52 (3.8%)	29	23	10	24	10	3	3	1	1
BREAST	249 (18.0%)	1	248	54	82	80	17	11	0	1
FEMALE GENITAL SYSTEM	114 (8.2%)	0	114	5	63	12	19	10	0	5
MALE GENITAL SYSTEM	151 (10.9%)	151	0	1	50	68	16	12	0	0
URINARY SYSTEM	143 (10.3%)	102	41	37	62	15	8	10	3	2
EYE & ORBIT	1 (0.1%)	1	0	0	0	0	0	0	0	0
BRAIN & OTHER NERVOUS SYSTEM	43 (3.1%)	11	32	0	0	0	0	0	43	0
ENDOCRINE SYSTEM	39 (2.8%)	15	24	0	13	4	2	7	12	0
LYMPHOMA	45 (3.2%)	22	23	0	11	3	14	17	0	0
MYELOMA	12 (0.9%)	7	5	0	0	0	0	0	12	0
LEUKEMIA	21 (1.5%)	13	8	0	0	0	0	0	20	0
MESOTHELIOMA	3 (0.2%)	2	1	0	0	0	1	2	0	0
MISCELLANEOUS	32 (2.3%)	16	16	0	0	0	0	0	32	0
Total	1,385	618	767	124	397	269	187	231	125	29

AULTMAN PERCENTAGE OF CANCER TYPES FOR 2016



Summary

Quality Cancer Care Close to Home

We believe that all cancer patients should be able to receive up-to-date quality care in their own community. This drives our commitment for excellence, quality, value and service. Please visit our website at www.aultman.org for more information about our cancer program and other Aultman Centers of Excellence.