

Texas Health Harris Methodist Hospital Fort Worth Outcomes Report 2020

Patient-Centered Care



Klabzuba Cancer Center... you are not alone!

From the Chair

**At Texas Health
Harris Methodist Hospital
Fort Worth, we are
committed to improving
the care of cancer patients
in the communities we serve.**



In 2006, Texas Health Harris Methodist Hospital Fort Worth was the first hospital in Tarrant County to be accredited by the American College of Surgeons Commission on Cancer. Since then, the cancer program has undergone a re-accreditation on-site review every three years. The cancer program's most recent survey for re-accreditation by the Commission on Cancer (CoC) was in November 2018. The results were a three-year Accreditation as a Community Hospital Comprehensive Cancer Program with no areas of deficiency noted and commendations in every possible category. The cancer program also received the Outstanding Achievement Award for excellence in the key areas of patient care. Since our initial survey in 2006, Texas Health Fort Worth has received the Outstanding Achievement Award for each survey cycle, demonstrating the high-quality care provided to Texas Health Fort Worth patients from diagnosis, through their care, and beyond.

Diagnosing and treating oncology patients can be challenging under any circumstances. However, the COVID-19 pandemic presented a new set of conditions to address and overcome. The primary goal of the cancer program was to provide safe, timely, and effective care to our oncology patients during these most unusual times. In 2020, over 2,280 new cancer cases were diagnosed and/or treated by a team of physicians on the medical staff at Texas Health Fort Worth. While this number of new cancer cases continues to place Texas Health Fort Worth among the largest of the non-academic, hospital-based Community Hospital Comprehensive Cancer Programs, it was 21 percent less than the previous non-COVID year.

The members of the cancer committee, with representatives from each department, dedicated themselves to emphasizing the importance of a multidisciplinary approach for care of cancer patients.

Some of the 2020 cancer program achievements for Texas Health Fort Worth include:

- Established multidisciplinary Thoracic Disease Site Team to build an innovative lung screening/cancer treatment program
- Purchased and implemented Ion Lung Biopsy System
- Hired a nurse practitioner to coordinate and oversee lung nodule clinic
- Initiated bi-monthly lung nodule patient care conferences for improved surveillance and early diagnosis of potential lung cancers
- Initiation of radiation oncology services contract negotiations for on-site emergent inpatient radiation therapy
- Development of system-wide Reliable Care Blueprinting (RCB) module for palliative care
- Collaboration with quality outcomes department for better oncology-specific reporting for rehabilitation services, palliative care services, nutrition services, and psychosocial distress screening results
- Development of physical and diversional activities program for AML patients to maintain or improve overall functional status during their extended hospital stays
- Improved chemotherapy scheduled admit process to reduce admission delays
- Continual updating and addition of electronic chemotherapy regimen orders
- Implementation of virtual cancer conferences with an overall improvement in physician attendance rates

Our aging population assures that cancer will remain a significant health concern. In addition, there is much research to be done on the impact of COVID-19 in our oncology patient population. The cancer program at Texas Health Fort Worth is committed to providing compassionate, quality services throughout cancer care.

Respectfully submitted,

A handwritten signature in black ink that reads "Frank Vuitch, M.D." The signature is written in a cursive style.

Frank Vuitch, M.D. | Chairman, Cancer Committee

Cancer Committee

In 2020, the cancer committee had planned to continue to meet quarterly on the third Friday in January, April, July, and October. However, due to the COVID pandemic, in-person meetings were restricted. While the April meeting was canceled, to ensure programmatic activities continued, the committee transitioned to a virtual meeting format. The committee monitored the goals and objectives for endeavors relating to cancer care in clinical areas, community outreach, programmatic endeavors, and quality improvement. Systems were initiated to monitor key elements of these areas to continually improve the services provided to cancer patients and their families at Texas Health Fort Worth. Specific members were appointed to coordinate important aspects of the cancer program. These members are to be recognized for their time and efforts to the cancer program in 2020 and include:

Frank Vuitch, M.D.
Cancer Committee Chair

Sanjay Oommen, M.D.
Cancer Conference Coordinator

Suhail Sharif, M.D.
Cancer Liaison Physician
Quality Improvement Coordinator

Stephen Richey, M.D.
Clinical Research Coordinator

James Earl, LBSW, MPA
Survivorship Program Coordinator

Mary Binder, LMSW
Psychosocial Services Coordinator

Dianna Miller, RHIT, CTR
Cancer Registry Quality Coordinator

Cancer Registry

The cancer registry at Texas Health Fort Worth is a vital component of its cancer program. The registry is a data management service designed to comply with mandatory state cancer reporting regulations. It provides the medical staff and administration with data necessary to plan, research, and monitor patient outcomes. The cancer registry at Texas Health Fort Worth is one of the largest reporting registries among non-academic hospitals in the state of Texas and is staffed with four Certified Tumor Registrars (CTRs) and one administrative assistant. The mission of the registry is to contribute to the knowledge of cancer prevention, diagnosis and treatment, and cancer patient management through the collection of complete, accurate and timely cancer data.

Data is collected according to the current standards of the CoC. Each record entered into the database contains information on the diagnosis, extent of disease, treatment received, recurrence of disease and lifetime follow-up for each patient.

A total of 2,280 new cases of cancer were accessioned at Texas Health Fort Worth in 2020, bringing the total number of cases in the registry to over 42,000. Timely and accurate follow-up is essential for outcome comparison with regional, state, and national statistics. Throughout 2020, the cancer registry maintained a follow-up rate of 92 percent on applicable cancer patients diagnosed within the last five years, and a follow-up rate of 81 percent for all patients diagnosed since the registry reference date of 2005.

Data collected by the registry is aggregated and shared through reports, studies, and cancer statistics for the cancer program. In addition, registry data is submitted annually to the National Cancer Database (NCDB) as a requirement of the CoC for all accredited



cancer programs. All of Texas Health Fort Worth's data submissions to the NCDB have been without errors and with no rejected cases. Submission of data to the NCDB provides feedback to assess the quality of patient care and enables cancer programs to compare treatment and outcomes with regional, state, and national patterns.

Texas Health Fort Worth began participation with monthly data submission to the Rapid Quality Reporting System (RQRS) in April, 2013. RQRS is a web-based, systematic data collection and reporting system that provides real clinical time assessment of hospital level adherence to National Quality Forum (NQF) endorsed cancer quality care measures for breast and colorectal cancers. Throughout the year, the cancer liaison physician, Suhail Sharif, MD, provided regular RQRS and NCDB performance reports to the cancer committee.

To effectively evaluate cancer care outcomes the cancer registry data must be complete, timely, and accurate. The cancer registrars at Texas Health Fort Worth take great pride in the quality of its data. Quality control procedures are strictly followed to identify and address data quality issues early to ensure data validity. Each month,

cases are randomly selected for review. Case reviews are performed by physicians, APRNs, and CTRs. A CTR may not review their own case. Core abstract codes are compared to information documented in the medical record. A quality checklist is completed for each case reviewed, and an accuracy rate of 90 percent or better is required. Errors or updates are resolved immediately upon identification and educational in-services are provided when trends are identified. Data points reviewed include, but are not limited to:

- Abstracting timeliness (three months from date of first contact)
- ICD-O cancer site code, including laterality when applicable
- ICD-O histology/behavior code
- Tumor grade/differentiation code
- Class of case code
- Tumor size
- Number of lymph nodes positive/ number of lymph nodes examined
- AJCC stage (clinical, pathologic, and neoadjuvant as appropriate, and any site-specific disease indicators)
- First course of treatment codes
- Follow-up information (date of first recurrence, type of first recurrence, cancer status, date of last cancer status)

With COVID working restrictions, the QA process had to be changed from paper review to an electronic review. Chantel Raigosa, RHIT, CTR and Rachael Bramblett, CTR worked diligently to develop and implement the new process. Results from the 2020 case reviews are listed in the table below.

Registry data quality is also assured through audit reports from the Texas Cancer Registry. The Texas Cancer Registry conducts data linkages with the Department of State Health Services Death Certificate File and Texas Inpatient and Outpatient Discharge Data to identify potentially missed cancer cases. These patients have not been reported by any other facility. A list of 308 potentially missed cases with admit dates at Texas Health Fort Worth in 2018 was provided for audit. Of the 308 cases, six were deemed missed, making our casefinding accuracy rate 98 percent.

Texas Health Harris Methodist Hospital Fort Worth Cancer Registry Abstracting Data Quality Review | Data Year: 2020

167/1631 (10.23%) ANALYTIC CASES REVIEWED - DIAGNOSED JAN - DEC, 2020

Is the class of case accurately documented?	97%
Is the ICD-O site documented accurately?	97%
Is the histology/behavior documented accurately?	98%
Is the tumor grade/differentiation documented accurately?	99%
Is the tumor size coded correctly?	99%
Is the number of lymph nodes positive coded correctly?	99%
Is the Number of lymph nodes examined coded correctly?	99%
Is the Clinical AJCC T, N, M and stage group coded correctly?	98%
Is the Pathologic AJCC T, N, M and stage group coded correctly?	96%
Are the Site-Specific Indicators coded correctly?	89%
Is the first course of treatment accurately documented (Diagnostic)?	99%
Is the first course of treatment accurately documented (Surgery)?	94%
Is the first course of treatment accurately documented (Radiation)?	100%
Is the first course of treatment accurately documented (Chemo)?	97%
Is the first course of treatment accurately documented (Hormone/ Immuno)?	100%
Is the date case completed within 3 months from date of first contact?	99%
Is follow-up information, including recurrence accurately documented?	99%

Cancer conferences are meetings where specialists from various disciplines come together to discuss preselected cancer cases.



Cancer Conferences

Discussion points for each case include, but are not limited to, input regarding diagnostic work-up, prognostic factors, American Joint Committee on Cancer (AJCC) staging for treatment planning, national treatment guidelines, current available clinical trials, and patient follow-up options. Radiographic imaging and pathology slides are reviewed for each case presented. Physician representation includes, but is not limited to surgery, pathology, medical oncology, radiation oncology, and diagnostic radiology.



Several conferences were cancelled in March and April due to the COVID pandemic and in-person meeting restrictions. Once it became clear that a near end to the pandemic was not in sight and understanding the immediate need for multidisciplinary discussions to support critical cancer treatment decisions during the

pandemic, the conferences were moved to a virtual meeting format. A total of 81 cancer conferences were held throughout the year. Holding conferences virtually resulted in an increase of physician attendance. All required physician specialties attended at or above the committee's established requirements as outlined in the cancer conference policy. Other conference attendees include nurses, genetic counselors, cancer registrars, radiation technologists, physical therapists, and other health care professionals.

As cancer conference coordinator, Dr. Sanjay Oommen provided regular conference activity reports to the cancer committee. During 2020, 44 general cancer conferences were conducted on Tuesday evenings. In addition, 36 specialty breast cancer conferences and one neuro cancer conference were held. A total of 327 cases were presented throughout the year representing over 20 percent of the newly diagnosed cancer cases seen at Texas Health Fort Worth in 2020. Ninety-nine percent of the cases presented were a prospective presentation, meaning that discussions were centered on issues that directly impact patient care and treatment management.

Outpatient Medical Services

The outpatient medical services department had 2,860 patient visits in 2020. The number of annual regular outpatient visits went down during the pandemic. However, in November 2020, the FDA issued an emergency use authorization (EAU) for monoclonal antibody (MAB) infusions, which the clinic began offering to COVID positive patients who met the inclusion criteria. The clinic extended their hours and cross trained nurses from other departments to help accommodate the increased volume. Two hundred and nine patients were infused with the MAB from November 22 to December 31, 2020.

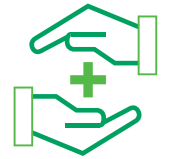
Typical clinical diagnoses treated in the department include cancer, hematological and immunosuppressive disorders, renal and post kidney transplant, and pulmonary disorders. Treatments included the administration of intravenous medications, including chemotherapy, biotherapy and immunotherapy, antibiotics, hydration, and electrolyte replacement. Transfusion services of blood products were also provided. Procedures performed included plasma and red blood cell apheresis, bone marrow biopsies, implantable port care, apheresis catheter care, therapeutic phlebotomy and PICC placement.

Cancer Resource Center

The Cancer Resource Center (CRC) continues to be a centralized source for educational materials for the cancer program staff and community offering resources for health fairs and other educational events. The CRC also has a boutique space with wigs, camisoles and other items intended to make cancer treatment a little easier for the patient. Several educational items are provided in Spanish, Vietnamese and Burmese. Educational resources are frequently evaluated to assure that they are culturally appropriate to the patient needs in the communities we serve. The combination of printed resources, boutique items, computer access, and just having a space for survivors or family members to come and chat or receive educational information has resulted in increased activity throughout the year.



Barriers to Care and Cancer Care Coordination

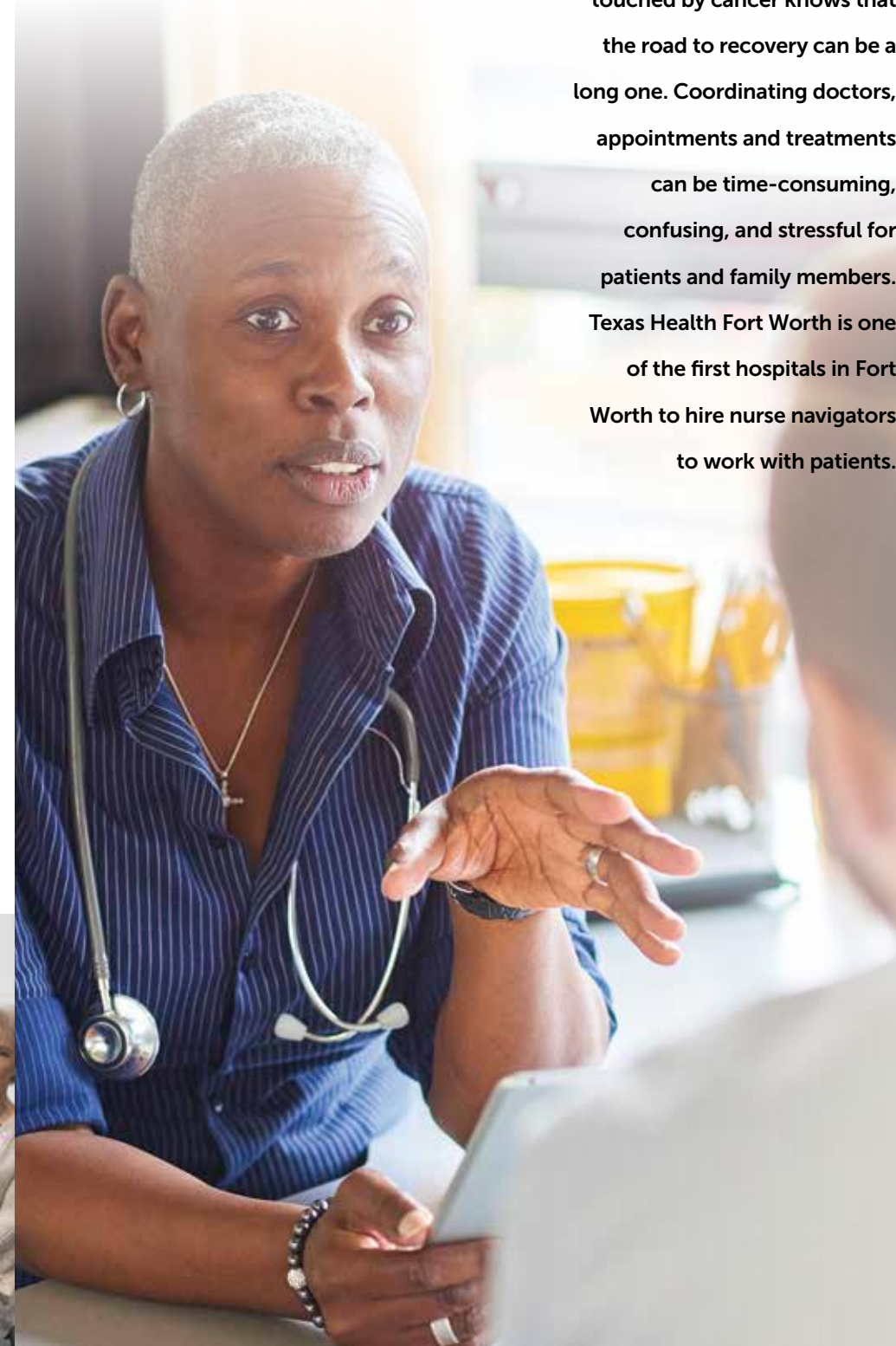


Anyone whose life has been touched by cancer knows that the road to recovery can be a long one. Coordinating doctors, appointments and treatments can be time-consuming, confusing, and stressful for patients and family members. Texas Health Fort Worth is one of the first hospitals in Fort Worth to hire nurse navigators to work with patients.

Oncology nurse navigators are available to provide education and resources to any patient facing a new cancer diagnosis. In addition to the navigators, a cancer care coordinator and an oncology clinical nurse specialist are available to assist patients and physicians to provide efficient, high quality cancer care.

Each year, with the help of the navigators, the cancer committee reviews various sources to identify and discuss strengths and barriers within the cancer program. The committee then identifies at least one barrier to cancer care to focus on for the upcoming year. At the end of the year, the committee evaluates resources and processes adopted to address the selected barrier and identifies areas of enhancements and opportunities still in need of improvement.

The selected barrier to care for 2020 was access to care due to fragmented medical system. A gap with providing emergent radiation therapy to inpatients in need was identified when the on-site leased space became vacant. A subcommittee was formed which included representation from the legal department and practice administrators. Unfortunately, the COVID pandemic resulted in delays with negotiating contracts with treating entities. Opportunities for providing emergent radiation therapy on-site continued into 2021 with the expectation this barrier will be fully addressed before the end of the year. In the meantime, inpatients requiring emergent radiation treatments are transported to nearby radiation treatment centers, to ensure treatments are provided.



Wellness for LifeSM Health Services



Our mission is to reduce cancer incidence and mortality and promote health maintenance within the community we serve.

The Cancer Prevention and Early Detection program is comprised of screening (early detection), prevention services and educational and support resources. Prevention and early detection services are delivered through community outreach activities and enhanced by the availability of several mobile health coaches. Four mobile coaches are equipped for comprehensive physical examinations. Three of these mobile health coaches are equipped to perform screening mammography that meet American College of Radiology Accreditation. In 2020, 2,150 individuals received cancer prevention and health maintenance services through Wellness for LifeSM Mobile Health Services.

The coronavirus pandemic has profoundly impacted Wellness for LifeSM Mobile Health Services. The mobile health program suspended operation in March 2020 and resumed services on a limited basis in July of that year. Careful planning for the resumption of services provides for environmental safety of staff and consumers. Specialized sanitation of interiors of all mobile health service delivery coaches, appropriate personal protective equipment, and spaced appointment times allowed mobile health services to continue and have resulted in safe resumption of services with reduced patient volumes. Additionally, mobile health services have played a vital role in Texas Health's community COVID vaccine distribution plans.

The Wellness for LifeSM Mobile Health Services have incrementally resumed to full capacity for health promotion, early detection and chronic disease management services.

The Kupferle Comprehensive Breast Center provides screening mammography services in conjunction

with Wellness for LifeSM Mobile Health Services throughout Tarrant and surrounding counties. There were 1,996 screening mammograms performed through the mobile health program in 2020. Digital screening mammograms were provided to 1,359 uninsured women through the Indigent Mammography Program. Diagnostic follow-up procedures were performed for over 100 women through this program and four were diagnosed with breast cancer.

Also, in 2020, 15 individuals received skin cancer screening, risk assessment, and health education. No individuals were referred for suspicious lesions.

Colon cancer screening kits, cancer risk assessment and health education were provided to 136 individuals in 2020. Of these, 93 individuals returned the kits for processing, a response rate of 68 percent. No individuals had positive findings.

Cervical cancer screening, clinical breast examination, and health education was provided to 371 women in 2020. Of the total number of women screened for cervical cancer, 20 had a potential pre-cancerous result and were referred for follow-up treatment. No individuals had positive findings.

Patients identified with an abnormal screening are contacted by the Nurse Practitioner to ensure appropriate follow-up care. Barriers to follow-up care in the mobile health program are due to the patient's location in rural areas, lack of transportation resources, and lack of insurance. To address these barriers, the mobile health program has partnerships with a variety of community organizations including Cancer Care Services and North Texas Area Community Health Centers.

The Cancer Prevention and Early Detection program is designed to address the following areas of community need:

Healthy Education Lifestyles Program
HELP was originally developed under Community Health Improvement as a DSRIP project in numerous static locations throughout the Texas Health Resources service area. HELP is designed to deliver affordable care to the underserved population with certain chronic health conditions that lead to increased mortality risk and over-utilization of hospital emergency departments. In late 2019, the mobile health program launched the first mobile HELP service to meet the needs of this population within the community where they live, work, play, and pray. Targeted health conditions include diabetes, hypertension, and hyperlipidemia.

Coronary Heart Disease
Heart disease and cancer are the first and second leading causes of death in the United States, according to the Centers for Disease Control and Prevention. High blood cholesterol is a major risk factor for coronary heart disease. The economic impact of coronary heart disease is enormous, costing over 444 billion dollars each year in direct and indirect costs.

Texas Cancer Plan, 2012
Goal 7: Increase proportion of early stage diagnosis through screening and early detection to reduce deaths from breast cancer. Goal 8: Reduce deaths and number of new cases of cervical cancer through screening and early detection.

Access to Health Care
The program seeks to reduce health disparities related to access to preventive health care among low socio-economic, high risk, and minority populations. The state of Texas had the highest percentage (33 percent) of people without health insurance.

The Kupferle Comprehensive Breast Center

As with most areas in healthcare, breast centers nationwide were affected by the COVID-19 pandemic. At Kupferle Comprehensive Breast Center, the COVID pandemic resulted in significant operational changes in 2020. From late March through early May, only urgent diagnostic mammograms and biopsies were performed. Beginning in May 2020, screening mammogram appointments resumed, but at reduced capacity to ensure social distancing and effective infection prevention techniques could be followed. This resulted in lower than expected patient volumes in the breast center and it remains to be seen what effects that COVID-19 will have long term on breast cancer detection rates.

Due to COVID-19, most accreditation and certification processes were delayed, including the annual MQSA inspection and the NAPBC survey.

In 2020, the Kupferle Comprehensive Breast Center performed the following:

- 3,277 screening mammograms
- 994 diagnostic mammograms
- 3,891 3D mammograms
- 656 breast ultrasounds
- 214 breast procedures and biopsies

Oncology Unit

The oncology unit at Texas Health Fort Worth is located on the 7th floor of the Harris Tower and has 35 inpatient beds for care. The unit is staffed with both oncology trained nurses and 12 Oncology Certified Nurses (OCN) that combine for 581 years of nursing experience. Nurses who care for patients on the oncology unit complete the ONS Chemotherapy and Biotherapy course. New employees are enrolled and complete the course after competency is demonstrated in other areas of care. Chemotherapy policies are reviewed and updated regularly to reflect current evidence-based practice. The Nursing Career Advancement Program (NCAP) encourages direct care nurses to

become expert clinicians. Twelve nurses who care for patients on the oncology unit are currently active in the (NCAP) program and participate in various research and evidence-based projects. Answering the call to be more than just a caregiver, several of the current Texas Health Fort Worth oncology nurses have been recognized for their extraordinary skills and compassionate care. These honors include:

- 7 Great 100 Nurses
- 3 Daisy Award winners
- 3 Healing Hands, Caring Hearts Award winners
- 8 Wiggins Award winners
- 8 Clinical Nurse Leader Award winners
- 2 OCN Nurse-of-the-Year Award winners

The services provided on the inpatient oncology unit continues to include but are not limited to antineoplastic chemotherapy administration, immunotherapy, biotherapy, blood product infusions, IV medication infusions, bone marrow biopsy, thoracentesis, paracentesis, intrathecal chemotherapy, symptom management, end-of-life care, supportive care, and telemetry monitoring. Using a multi-disciplinary approach incorporating care from transition management, PT, OT, dietary, respiratory, palliative care services, chaplain, pain management, and other ancillary services, the nurses on the oncology unit develop and provide individual treatment plans for each patient with the primary goal of improving treatment efficiency and patient care.

Supportive and Palliative Care

Supportive and palliative care is holistic care provided by an interdisciplinary group of professionals who help patients and families address difficult issues that arise from life-limiting or life-threatening conditions. While the focus is on alleviating suffering and promoting quality of life, patient and family goals and desires are expressed in developing the plan of care.

The Supportive and Palliative Care Program consists of an inpatient adult

consult service, a 16-bed inpatient palliative care unit and neonatal palliative care. Alvin Mathe, D.O., FACP, FACO, a physician on the Texas Health Fort Worth medical staff, serves as the medical director for the supportive and palliative care service. Dr. Mathe is board certified in internal medicine and hospice and palliative medicine. The core interdisciplinary team is comprised of physicians on the medical staff at Texas Health Fort Worth, nurse practitioners, nurses, social workers, and chaplains. Other key team members include, but are not limited to: child life specialists, respiratory therapists, pharmacists, functional therapists, and nutritionists.

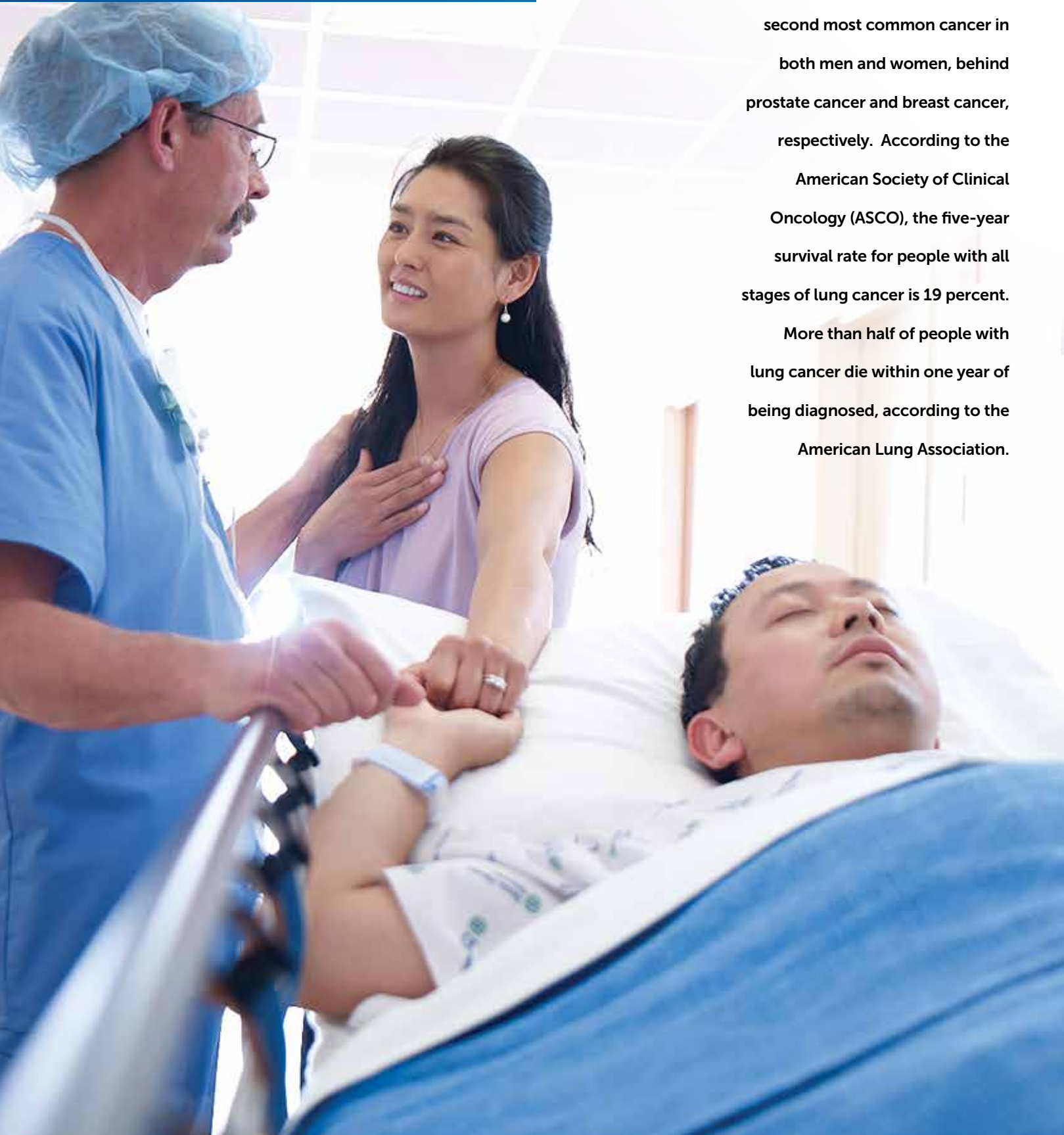
Texas Health Fort Worth's Palliative Care Program received initial accreditation for advanced palliative care through The Joint Commission (TJC) in 2012 and was recertified in 2014, 2016 and 2018. The service has remained committed to quality patient care with guidance from the palliative care steering committee, which includes representation from oncology services.

Additional Health Promotion and Maintenance Services

The Cardiovascular Risk Assessment Program is designed to identify individuals at risk for cardiovascular disease and diabetes. Overall, 115 people were screened in 2020 with 111 funded through grants. There were 39 people found with abnormal cholesterol levels who were referred for further medical evaluation. Smoking status is assessed on all patients.

The lymphedema program at Texas Health Fort Worth is unique in that it is the only program in the North Texas area that has ownership of a grant from the Texas Health Foundation. In 2020, despite COVID-related limitations for accessing outpatient rehab therapies, this grant provided monies to help 42 uninsured or underserved women receive lymphedema treatment and supplies for breast cancer related lymphedema. In 2021, the grant will be expanded to include underserved men as well as women with diagnoses of any cancer-related lymphedema.

Cancer Program Initiative



Lung cancer is the most common cancer diagnosed at Texas Health Fort Worth. Nationally, it is the second most common cancer in both men and women, behind prostate cancer and breast cancer, respectively. According to the American Society of Clinical Oncology (ASCO), the five-year survival rate for people with all stages of lung cancer is 19 percent. More than half of people with lung cancer die within one year of being diagnosed, according to the American Lung Association.

Thoracic Program

In early 2020, the cancer program reinstated the thoracic disease leadership committee. This multidisciplinary team of physicians and non-physician members met monthly throughout the year with the primary goal of opening an on-site lung nodule clinic. Kim Faught, MSN, APRN, FNP-C was hired as the thoracic coordinator in May. One of the first endeavors initiated by the leadership committee was the implementation of multidisciplinary lung nodule patient care conferences. These conferences are held on the second and fourth Tuesday of each month. Patient history, risk factors, and radiographic imaging are closely reviewed to determine the best approach for diagnostic tissue sampling or to determine if nodule surveillance may be more appropriate. Cases recommended for continued surveillance are closely followed by Ms. Faught and if needed, represented to the team for further evaluation for ongoing care.

The thoracic leadership also provided oversight for the purchasing and installation of the ION Lung Biopsy System. Texas Health Fort Worth is the first hospital in North Texas to use this new robotic-assisted technology to biopsy potential lung cancer tumors earlier than traditional diagnostic tests allow.

The ION uses an ultra-thin articulating robotic catheter that can move 180 degrees in all directions allowing a flexible biopsy needle to pass through very tight bends. This results in more precise collection of tissue. During the procedure, the robotic catheter is passed through the endotracheal tube into the lung of the patient who is under general anesthesia. A camera inside the catheter provides a view inside the lung to a computer monitor. Once the nodule to be biopsied is reached, the physician uses the catheter to obtain the biopsy that is given to a pathologist who provides a preliminary pathology report at the time of the procedure. A full report is given to the patient in three days or less. The entire outpatient procedure lasts about two hours.

Pulmonologists John Burk, M.D. and John Hollingsworth, M.D. received extensive ION training, and the first ION procedure was done in June with great success. It is expected that with the ION system and the lung nodule patient care conferences, the thoracic program will be able to demonstrate a stage shift with earlier diagnosis of lung cancers. In addition, a reduction in time from diagnosis to treatment can be accomplished. Diagnosis and treatment can be offered in a single step. The program has had several successful one-anesthesia cases, where upon confirmation of cancer by ION, the patient is taken directly to the OR for tumor resection.

Utilizing space that was available in the executive health office, the thoracic program officially opened the lung nodule clinic on August 14, 2020. Ms. Faught schedules time to meet and consult with patients about their abnormal lung findings. She orders Pulmonary Function Tests (PFTs), CT and PET/CT imaging studies, and COVID testing as needed for a smooth patient experience. Pulmonologists and surgeons on the medical staff also meet to consult with patients and Ms. Faught in the clinic.

Photo credit: <https://www.therobotreport.com/ion-lung-biopsy-intuitive-surgical-fda/>



Looking towards the future, the thoracic program will work on:

1. Increasing office space for additional examination rooms
2. Adding another Advanced Nurse Practitioner to the staff to keep up with increased patient volumes
3. Developing standardized reports to evaluate outcomes and for improving staff and patient work-flows
4. Increasing lung cancer screening rates through collaboration with physicians in the community.



National Cancer Database Accountability and Quality Improvement Measures

Accountability measures are supported with high level of evidence through multiple randomized control trials

Quality Improvement measures are intended for internal monitoring of performance within the hospital. Evidence from experimental studies supports these measures.

Texas Health Fort Worth cancer registry is one of over 1,500 registries to submit data to The National Cancer Database (NCDB). The NCDB is a clinical oncology database that uses cancer data to analyze and track cancer treatments and outcomes.

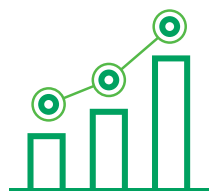
Programs can use the NCDB online reporting tools to compare outcome information for similar programs throughout the state, region, and across CoC-accredited programs. At least twice each calendar year, the cancer program's appointed cancer liaison physician (CLP) identifies, analyzes, and presents NCDB data to the cancer committee that is pertinent and specific to the cancer program.

The Accountability and Quality Improvement Measures report is an NCDB tool that enables the CLP to monitor patients to ensure they are receiving treatment according to nationally accepted treatment guidelines endorsed by the National Quality Forum (NQF). The main concept of this analysis is to provide hospitals and physicians with the number/percent of cases in which treatment pattern deviates at some point from the standard pattern and to look for potential opportunities for improvement. It must

Breast Measure/Type	NCDB	Texas Health Fort Worth	Texas	National
Tamoxifen or third generation aromatase inhibitor is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1c or stage IB-III hormone receptor positive breast cancer (Accountability)	90%	95.5%	81.0%	89.7%
Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer (Accountability)	90%	92.8%	83.5%	90.1%
Colon Measure/Type				
At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer (Quality Improvement)	85%	93.0%	94.5%	94.0%
Rectum Measure/Type				
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-T2N0 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 Improvement)	85%	100%	86.7%	86.9%
Non-Small Cell Lung Carcinoma (NSCLC) Measure/Type				
Surgery is not the first course of treatment for cN2, M0 lung cases	85%	100%	96.9%	93.6%

be noted that while patients may meet established criteria for the quality measure being evaluated, circumstances such as co-morbidities and patient preferences may affect treatment choices.

Accountability measures are supported with high level of evidence through multiple randomized control trials while **Quality Improvement** measures are intended for internal monitoring of performance within the hospital. Evidence from experimental studies supports these measures. The tables above compare Texas Health Fort Worth's adherence to the accountability and quality improvement measures to other CoC accredited programs throughout the state of Texas and the United States for patients diagnosed in 2019, the most complete year of data available for review from the NCDB.



Texas Health Fort Worth - Primary Site Table 2020

Primary Site	CLASS		SEX		AJCC STAGE GROUP*							
	TOTAL	Analytic	Non Analytic	Male	Female	0	I	II	III	IV	N/A	Unk
ORAL CAVITY AND PHARYNX	52	22	30	42	10	0	1	1	0	2	3	3
Lip	1	0	1	1	0	0	0	0	0	0	0	0
Tongue	16	9	7	14	2	0	0	0	0	1	1	2
Salivary Gland	3	3	0	2	1	0	0	0	0	1	0	0
Gum and Other Mouth	6	2	4	4	2	0	0	0	0	0	0	0
Tonsil	13	2	11	11	2	0	1	0	0	0	0	0
Nasopharynx	1	0	1	1	0	0	0	0	0	0	0	0
Oropharynx	8	4	4	5	3	0	0	1	0	0	0	1
Hypopharynx	1	0	1	1	0	0	0	0	0	0	0	0
Other Oral Cavity Pharynx	3	2	1	3	0	0	0	0	0	0	2	0
DIGESTIVE SYSTEM	457	343	114	278	179	2	42	51	73	56	8	17
Esophagus	24	13	11	17	7	0	0	0	0	3	0	1
Stomach	36	29	7	16	20	0	4	1	2	6	0	4
Small Intestine	11	10	1	4	7	0	1	2	4	1	1	1
Colon, Rectum, Anus	244	189	55	152	92	2	30	39	56	27	2	6
Colon	150	126	24	94	56	1	21	35	30	25	0	1
Rectosigmoid Junction	19	16	3	12	7	0	1	1	9	1	0	2
Rectum	61	41	20	38	23	1	8	3	16	1	0	3
Anus	14	6	8	8	6	0	0	0	1	0	2	0
Liver, Gallbladder, Intrahepatic Bile Duct	58	40	18	36	22	0	3	3	5	6	2	3
Pancreas	74	53	21	50	24	0	4	6	5	11	0	2
Retroperitoneum	2	3	0	1	1	0	0	0	0	1	0	0
Peritoneum, Omentum and Mesentery	3	2	1	0	3	0	0	0	1	1	0	0
Other Digestive Organs	45	5	0	2	3	0	0	0	0	0	3	0
RESPIRATORY SYSTEM	428	302	126	201	227	2	29	12	16	67	8	6
Larynx	14	12	2	9	5	0	0	1	1	3	1	0
Lung and Bronchus	414	290	124	192	222	2	29	11	15	64	7	6
Non-small cell	309	222	87	144	165	1	27	11	12	30	7	4
Small cell	62	43	19	26	36	1	0	0	3	22	0	1
Other lung	43	25	18	22	21	0	2	0	0	12	0	1
BONES AND JOINTS	7	6	1	5	2	0	0	1	0	0	1	2
SOFT TISSUE	18	14	4	9	9	0	1	1	2	3	5	0
SKIN	34	27	7	25	9	2	8	4	2	7	0	2
Melanoma of the Skin	32	25	7	24	8	2	7	4	1	7	0	2
Other Non-Epithelial Skin	2	2	0	1	1	0	1	0	1	0	0	0
BREAST	254	194	60	4	250	24	97	18	8	5	3	3

Analytic: First diagnosed and/or all or part of first course therapy at Texas Health Fort Worth
 Non-analytic: First diagnosed and all of first course therapy received prior to admission at Texas Health Fort Worth

Texas Health Fort Worth - Primary Site Table 2020

Primary Site	CLASS		SEX		AJCC STAGE GROUP*							
	TOTAL	Analytic	Non Analytic	Male	Female	0	I	II	III	IV	N/A	Unk
FEMALE GENITAL SYSTEM	289	225	64	0	289	0	102	16	50	21	10	15
Cervix Uteri	53	31	22	0	53	0	19	3	1	0	1	0
Corpus and Uterus, NOS	131	113	18	0	131	0	70	10	21	5	0	6
Ovary	61	49	12	0	61	0	7	3	16	15	1	5
Vagina	3	0	3	0	3	0	0	0	0	0	0	0
Vulva	31	23	8	0	31	0	6	0	4	0	8	4
Other Female Genital Organs	10	9	1	0	10	0	0	0	8	1	0	0
MALE GENITAL SYSTEM	79	18	61	79	0	0	3	0	1	6	0	1
Prostate	66	10	56	66	0	0	0	0	0	6	0	0
Testis	13	8	5	13	0	0	3	0	1	0	0	1
URINARY SYSTEM	99	49	50	69	30	5	7	2	0	7	1	3
Urinary Bladder	36	19	17	25	11	5	3	1	0	3	1	1
Kidney	56	29	27	39	17	0	4	1	0	4	0	2
Renal Pelvis	4	0	4	2	2	0	0	0	0	0	0	0
Ureter	1	0	1	1	0	0	0	0	0	0	0	0
Other Urinary Organs	2	1	1	2	0	0	0	0	0	0	0	0
EYE, ORBIT: MELANOMA	1	0	1	0	1	0	0	0	0	0	0	0
BRAIN/OTHER NERVOUS SYSTEM	186	166	20	80	106	0	0	0	0	0	102	0
Brain, Malignant	63	52	11	41	22	0	0	0	0	0	49	0
Brain-CNS, Benign and Borderline	123	114	9	39	84	0	0	0	0	0	53	0
ENDOCRINE SYSTEM	67	61	6	18	49	0	28	7	0	2	8	2
Thyroid	48	46	2	8	40	0	28	7	0	2	0	1
Thymus	3	2	1	3	0	0	0	0	0	0	0	1
Adrenal Gland	1	0	1	0	1	0	0	0	0	0	0	0
Endocrine: Benign, Borderline	15	13	2	7	8	0	0	0	0	0	8	0
LYMPHOMA	109	76	33	63	46	0	3	9	4	14	7	4
Hodgkin Lymphoma	11	7	4	4	7	0	0	2	0	0	0	1
Non-Hodgkin Lymphoma	98	69	29	59	39	0	3	7	4	14	7	3
MYELOMA	38	18	20	23	15	0	0	0	0	0	12	0
LEUKEMIA	56	42	14	28	28	0	0	0	0	0	32	0
MESOTHELIOMA	5	3	2	2	3	0	0	0	0	1	0	0
MISCELLANEOUS	99	65	34	64	35	0	0	0	0	1	24	0
OTHER: BENIGN, BORDERLINE	2	0	2	1	1	0	0	0	0	0	0	0
TOTAL	2280	1631	649	991	1289	35	321	122	156	192	224	58

Doctors on the medical staffs practice independently and are not employees or agents of Texas Health hospitals or Texas Health Resources.

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