

Texas Health Harris Methodist Hospital Fort Worth Outcomes Report 2018

Patient-Centered Care



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 3 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 3-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 the treatment period, and beyond.

In 2018, over 2,600 new cancer cases were diagnosed and/or treated at Texas Health Fort Worth. This number of new cancer cases places Texas Health Fort Worth among the largest of the non-academic, hospital-based Community Hospital Comprehensive Cancer Programs. The Texas Cancer Registry also ranks the program in the top ten in the state, in terms of size.

This year's Cancer Program Annual Report demonstrates the leadership abilities of the cancer committee, with representatives from each department, emphasizing the importance of a multidisciplinary approach for care of cancer patients.



Some of the 2018 Cancer Program achievements for Texas Health Fort Worth include:

- Implementation of the Enhanced Recovery After Surgery (ERAS) protocols for GYN cancer patients
- Develop and implementation of a process to help healthcare providers assess, counsel and educate patients with fertility preservation issues
- Improved viewing rates of the Emmi Pre-Procedure Breast Teaching Module (Study of Quality)
- Implementation of Reliable Care Blueprint (RCB) for early recognition of sepsis resulting in a reduction of septic related Non-Small Cell Lung Carcinoma (NSCLC) deaths (Study of Quality)
- Implementation of oncology order sets for Rituxan, Antiemetic and Acute Leukemia
- Development and implementation of RCB for Supportive and Palliative Care Services
- Development and implementation of "Tips and Tricks" patient education sheet to help explain common Hormone Therapy side effects to breast cancer patients (Study of Quality)
- Implementation of inpatient molecular testing prior to patient discharge in Stage IV NSCLC with written physician order (Study of Quality)
- Distribution of gas cards to reduce the number of missed appointments following an abnormal screening mammogram (Study of Quality)

Our aging population assures that cancer will remain a significant health concern. 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, flowing style.

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

Service Area Reports

Cancer Committee

In 2018, the Cancer Committee continued to meet quarterly on the third Friday in January, April, July and October. The committee established specific goals for the Cancer Program and provided oversight to the program throughout the year. 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 2018 and include:

Frank Vuitch, MD

Cancer Committee Chair
Quality of Cancer Registry Coordinator

Henry Xiong, MD

Sanjay Oommen, MD

Cancer Conference Coordinators

Kathleen Crowley, MD

Quality Improvement Coordinator

Rosemary Galdiano, MPH, RN, OCN

Community Outreach Coordinator

Stephen Richey, MD

Clinical Research Coordinator

Mary Binder, LMSW

Psychosocial Coordinator

Suhail Sharif, MD

Cancer Liaison Physician



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 built 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), one CTR in training, 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 2,646 new cases of cancer were accessioned at Texas Health Fort Worth in 2018, bringing the total number of cases in the registry to over 37,000. Timely and accurate follow-up is essential for outcome comparison with regional, state and national statistics. Throughout 2018, the cancer registry maintained a follow-up on over 92 percent of applicable cancer patients diagnosed within the last five years and on over 82 percent of all patients diagnosed since the registry reference date of 2005.

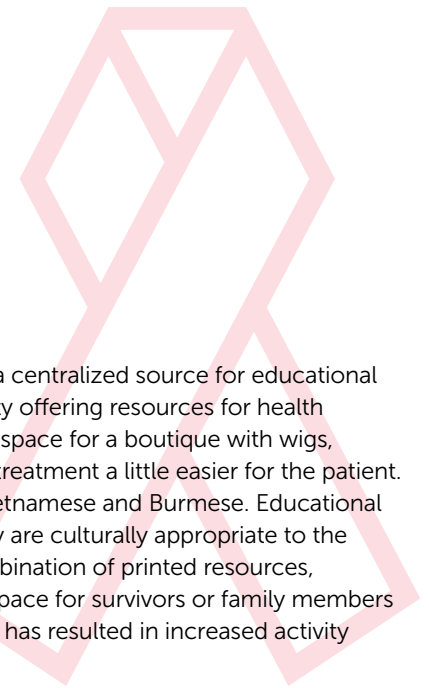
Data collected by the registry is aggregated and shared through reports, studies and cancer statistics for the cancer program as a whole.

In addition, registry data is annually submitted to the National Cancer Data Base (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



Outpatient Medical Services

The Outpatient Medical Services department had 3,208 patient visits in 2018. Typical clinical diagnoses treated in the department include cancer, hematological disorders, renal and immunosuppressive disorders. Treatments provided included chemotherapy, biotherapy and immunotherapy administration, as well as other intravenous medications, intramuscular and subcutaneous medications. Procedures performed include plasma and red blood cell apheresis, bone marrow biopsies, implantable port care, apheresis catheter care and therapeutic phlebotomy.



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. These comparisons enable Texas Health Fort Worth clinicians to more effectively monitor and identify opportunities for cancer awareness and screening, trends in the incidence, staging, treatment, outcome, and survival of cancer patients treated within our facility and network.

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 space for a boutique 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.

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.



Patient Navigation

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. An average of 10 physicians attended each cancer conference meeting in 2018. Other attendees include nurses, genetic counselors, cancer registrars, radiation technologists, and other health care professionals.

As cancer conference coordinators, Dr. Henry Xiong and Dr. Sanjay

Oommen provided regular conference activity reports to the cancer committee. During 2018, 39 general cancer conferences were conducted on Wednesday mornings. In addition, 38 specialty breast cancer conferences and 5 neuro cancer conferences were held. A total of 367 cases were presented throughout the year representing over 19 percent of the newly diagnosed cancer cases seen at Texas Health Fort Worth in 2018. Approximately 99 percent of the cases presented were a prospective presentation, meaning that discussions were centered on issues that directly impact patient care and treatment management.



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 for brain, prostate, gastrointestinal, lung, gynecologic, lymphoma/leukemia, and breast cancer patients. In addition to the navigators, a cancer care coordinator and oncology clinical nurse specialist are available to assist patients and physicians in an effort to provide efficient, high quality cancer care.

Each year, the navigators at Texas Health Fort Worth meet to review and discuss a Community Needs Assessment (CNA). They review data to understand disparities in the communities we serve and identify barriers to cancer care that are faced by our patient population. This information is then presented to the Cancer Committee who selects at least one barrier faced by our cancer patients and then develops

processes and resources that can be used to assist with navigation of the selected barrier.

Based on the CNA review in 2018, the committee selected the barrier of language and low health literacy. Overcoming this barrier is important to ensure patients understand their care regardless of their language and/or literacy level. This understanding is essential for shared decision making, compliance with discharge instructions, and further treatment plans.

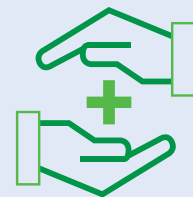
To address language needs, internal and external interpreters are used for providing information to patients. The language line is utilized when in-person medical interpreters are unavailable or when on a phone call with a non-English speaking person. This service is available 24/7 and

provides access to over 200 languages. In person medical interpreters can be reached through the hospital operators or by calling the Patient Advocate Department during regular office hours. The Video Remote Interpreter System Stratus provides access to Sign Language interpretation.

An inventory was taken of printed educational materials that are provided to patients to ensure that languages common in the communities we serve are represented. The most common languages represented are English, Spanish, Vietnamese, and Burmese. New printed materials for oncology rehabilitation and ERAS programs were developed and implemented. In addition, printed material literacy level was evaluated by using a software system that indicates the overall reading grade level. Our system education level for printed patient material is 4th grade.

Patients are provided with educational information covering the entire spectrum of evaluation and management of their disease. The Cancer Resource Center (CRC) has a collection of cancer related books which can be checked out by the consumer. Funds from the Bernie G. Alger Foundation are used to help with purchasing pamphlets and brochures from the American Cancer Society, National Cancer Institute, and other agencies. Teaching models and displays used at health fairs are also purchased and used to help with patient teaching.

Appropriate resources are continually sought that will meet the cultural, linguistic and health literacy considerations of our culturally diverse patient populations, and these resources will help patients and their caregivers make informed choices in the decision-making process.



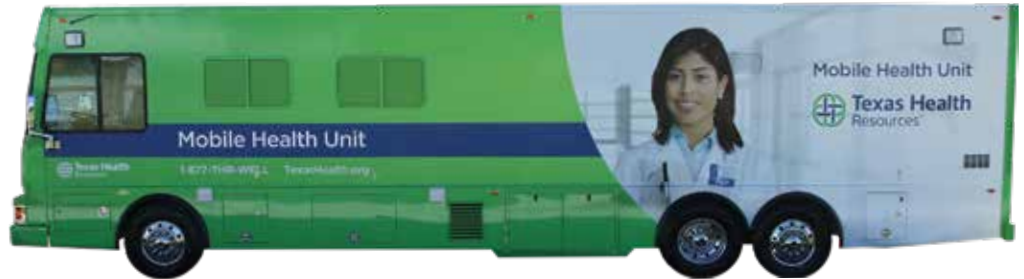
Wellness For LifeSM Health Services

In 2018, 5,517 individuals received cancer prevention and health maintenance services through Wellness for LifeSM Mobile Health Services.

The Cancer Prevention and Early Detection program is comprised of screening (early detection), prevention services and educational and support resources. The mission of the program is to reduce cancer incidence and mortality and promote health maintenance within the community we serve. 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.

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 4,696 screening mammograms performed through the mobile health program in 2018. Digital screening mammograms were provided to 2,313 uninsured women through the Indigent Mammography Program. Diagnostic follow-up procedures were performed for over 478 women through this program and 12 were diagnosed with breast cancer.

Also in 2018, 507 individuals received skin cancer screening, risk assessment, and health education. Of these, 32 individuals have been referred for further evaluation of suspicious lesions.



Colon cancer screening kits, cancer risk assessment and health education were provided to 228 individuals in 2018. Of these, 152 individuals returned the kits for processing, a response rate of 66 percent. One individual was referred for further evaluation of positive findings.

Cervical cancer screening, clinical breast examination, and health education was provided to 895 women in 2018. Of the total number of women screened for cervical cancer, 46 had a potential pre-cancerous result and were referred for follow-up treatment. One individual was referred for further evaluation of positive finding for vulvular cancer.

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 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 Program has partnerships with community resources available for Komen of Greater Fort Worth and Cancer Care Services.



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

Coronary Heart Disease

Coronary heart disease and cancer are the first and second leading cause of death in the United States. 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



Breast centers nationwide continue to navigate the changing healthcare environment with conflicting guidelines regarding when to begin screening mammography and the recommended frequency of screening mammography. These changing and sometimes conflicting breast cancer screening guidelines continue to manifest in patients and providers following a variety of screening guidelines that do not necessarily endorse annual screening mammography. While the Kupferle Breast Center continues to recommend annual screening mammography beginning at age 40 in accordance with ACR and NCCN guidelines, we continue to accommodate women whose healthcare providers are choosing a more conservative approach to breast cancer screening. This has had an effect on overall screening mammography growth in the breast center. Kupferle Breast Center did see significant growth in 2018, however, in 3D mammography as a result of recent (2017) legislation in Texas requiring insurance coverage for 3D mammography.

In 2018, with several staff departures, the Kupferle Breast Center transitioned two new staff members into patient navigation duties and leadership roles. These two staff members have been orienting to patient navigation processes and performing direct patient navigation in their daily duties. Preparation activities are underway for these staff members to pursue certification as Certified Breast Patient Navigators, once eligible.

The Center prepared for re-accreditations in ACR Stereotactic Breast Biopsy, ACR Breast MRI, and ACR Breast Ultrasound & Ultrasound Breast Biopsy. These accreditations will be renewed in 2019 and 2020. In 2018, the Kupferle Breast Center renewed the certification with the Texas Department of State Health Services and is certified as a Certified Mammography Facility through October 2021.

In 2018, the Kupferle Breast Center performed 3,777 screening mammograms, 1,476 diagnostic mammograms, 4,198 3D mammograms, 1,088 breast ultrasounds, and 263 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 oncology certified nurses. In 2018, Texas Health Fort Worth had a total of 53 nurses on staff throughout the hospital providing oncology care. Of these nurses, 24 (45.2%) were Oncology Certified Nurses (OCN). 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. Nineteen Harris 7 RNs are currently active in the NCAP program and participate in various research and evidence-based projects. 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. Care on the inpatient unit includes a multi-disciplinary approach incorporating care transition management, PT, OT, dietary, respiratory, palliative care services, chaplain, pain management, and other ancillary services. Texas Health Fort Worth strives to be a leader in providing inpatient oncology services in the community with a stable, consistent census and number of admissions.

Supportive and Palliative Care



Supportive & 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. In 2018, the Palliative Care Program served more than 2,600 patients. Alvin Mathe, D.O., FACP, FACOI, a physician on the Texas Health Fort Worth medical staff, serves as the medical director for the Supportive & Palliative Care service. Dr. Mathe is board certified in internal medicine and hospice and palliative medicine. The core interdisciplinary team is comprised of physicians, nurse practitioners, nurses, social workers, and chaplains. Other key team members include, but is not limited to: child life specialist, 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, 241 people were screened in 2018 with 236 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. This grant provides monies to help women that are uninsured or underserved and that are in need of lymphedema treatment post mastectomy. Last year, 30 women utilized the grant funds for treatment, bandaging, custom fitted garments, and educational tools. In 2018, the Lymphedema Program met the individualized therapeutic goals that were set for patients 98 percent of the time.

Study of Quality

Lung cancer is the most commonly diagnosed cancer at Texas Health Fort Worth and accounts for approximately 17 percent of all cancers. The extent of disease is often advanced at the time of diagnosis.

In 2017, approximately 36 percent of all Texas Health Fort Worth's lung cancer cases were diagnosed as Stage IV, with metastatic disease. Non-small cell lung carcinoma (NSCLC) that has spread to other parts of the body has low 5-year survival rates, and range anywhere from 10 to 1 percent. Over the past several years, development of new drugs that target molecular pathways in lung cancer have become available, especially for the treatment of advanced disease. These biomarker-directed therapies can significantly improve treatment outcomes. Molecular testing (EGFR, ALK, ROS1, PD-L1) is used to determine the best treatment option and to predict how well a patient may respond to treatment. The medical oncologists in the community have expressed concerns with the consistency and timeliness of the ordering of molecular testing and the impact delayed testing is having on the care of Stage IV NSCLC patients.

Study Method/Criteria

A root cause analysis to evaluate molecular testing was performed through retrospective medical record review of 50 patients with stage IV adenocarcinoma of the lung and 17 stage IV other non-small cell lung cancer type patients. All patients were initially diagnosed at Texas Health Fort Worth in 2017 (class of case 00-14). For each case, the following data points were reviewed:

- Inpatient/Outpatient Hospital Status at Time of Initial Diagnosis
- Molecular testing performed (EGFR, ALK, ROS1, PD-L1) and testing results
- Biopsy/Specimen Date
- Molecular Testing Collection Date
- Molecular Testing Received Date
- Molecular Testing Reporting Date
- Molecular Testing Results Scanned into CareConnect Date
- Date of First Course Therapy

Results

There were 39 inpatients diagnosed with Stage IV adenocarcinoma lung cancer during the patient's hospitalization. Six of these patients declined treatment and were discharged to hospice. Therapy itself may not have been delayed in the other 33 patients, but the most appropriate therapy; i.e. targeted therapy, was delayed due to impending testing results (EGFR, ALK, ROS1, and PD-L1). Instead, many of these patients were initiated on standard chemotherapy. Targeted therapy drugs are known to have less side effects and are better tolerated than standard chemotherapy. If qualifying patients had been initiated on targeted therapy immediately after diagnosis, they would have avoided unnecessary side effects associated with the standard chemotherapy and possibly an extended life expectancy.

Fourteen patients were diagnosed with Stage IV non-adenocarcinoma lung cancer as an inpatient. Five of these patients elected hospice care. Similar to the adenocarcinoma group, the 9 remaining patients were also noted to have the same experience as those above while waiting for the results of the molecular study (PD-L1).

The primary cause for inpatient molecular testing delay was determined to be due to the Centers for Medicare & Medicaid Services (CMS) "14 Day Rule" (Medicare Date of Service Regulation 42 C.F.R. §414.510). If laboratory tests are ordered within 14 days of patient discharge, Medicare determines that the date of service overlaps with the claim submitted by the hospital and is therefore considered to be part of the diagnosis related group (DRG) payment for inpatients. To be in compliance with the 14 day rule, the pathology department needed to wait 14 days after patient discharge to order and bill for the molecular tests. Once the study is ordered, it takes approximately an additional 10 days to receive the results. This delayed the patient starting urgent treatment by approximately one month or longer depending on the date of patient discharge. Nationally, test turnaround times vary widely ranging from 1 to 4 days to 4 to 6 weeks.

Cristy LePori, MSN, RN, OCN
Susan Shields, MBA, RN, NE-BC
Dianna Miller, RHIT, CTR



Recommendation/Actions

Research shows, the longer the delay in cancer treatment, the worse the outcome. The cost to the hospital for each patient needing molecular studies (EGFR, ALK, ROS1, and PD-L1) for Stage IV adenocarcinoma of the lung is approximately \$1,893.88. The cost to the hospital for each patient needing a molecular study (PD-L1) for Stage IV non-adenocarcinoma of the lung is approximately \$325.00.

Beginning January, 1, 2018, Medicare revised the "14 Day Rule" for outpatients only, which will improve the timeliness of care for this patient population. Until CMS changes the rule for inpatients, it is recommended the hospital absorb the costs of these studies to avoid delays in patients receiving treatment. An SBAR (Situation, Background, Assessment, Recommendation), a communication model used in healthcare settings to facilitate prompt and appropriate communication, was submitted to the senior hospital leadership proposing the testing/billing change. The proposal was approved and inpatient molecular testing will be performed with a physician order prior to patient hospital discharge. By starting the appropriate treatment sooner, our patients will be given a chance at a better quality of life and in some cases, quantity of life.

BENCHMARKS/SOURCES

"Centers for Medicare and Medicaid Service." *SpringerReference*. doi:10.1007/springerreference_183406
Hiley, Crispin T, et al. "Challenges in Molecular Testing in Non-Small-Cell Lung Cancer Patients with Advanced Disease." *The Lancet*, vol. 388, no. 10048, 2016, pp. 1002-1011. doi:10.1016/s0140-6736(16)31340-x.
Pirker, Robert. "Molecular Biomarkers in Advanced Non-Small-Cell Lung Cancer: A Rapidly Changing Field." *Journal of Oncology Practice*, vol. 13, no. 4, 2017, pp. 231-232. doi:10.1200/jop.2017.022780

Texas Health Fort Worth established Disease Site Teams (DSTs) for commonly diagnosed cancer sites. These multidisciplinary teams of physicians, nurses, administrators, and allied health professionals work together to dialogue, engage in decision-making, and present recommendations to the cancer committee on issues related to quality cancer care for breast, GI, GYN, and thoracic cancers.

Each of the disease site teams utilizes data from the National Cancer Data Base (NCDB) to compare and identify problems in practice and delivery and to implement best practices that will diminish disparities in care. To do this, the teams refer to the Cancer Program Practice Profile Reports (CP3R). The main concepts of these reports are to provide hospitals and physicians with the number/percent of cases in which treatment pattern deviates at some point from the standard pattern. The teams evaluate these results and look for potential opportunities for improvement. It must 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.

The NCDB assigns each CP3R one of three measure types: accountability, quality improvement, or surveillance. This information can be used to help guide decision-making and resource allocations. The table to the right compares Texas Health Fort Worth's adherence to the CP3R measures to other CoC accredited programs throughout the state of Texas and the United States for patients diagnosed in 2016, the most current year available for review from the NCDB.



Breast Measure/Type	NCDB Benchmark	Texas Health Fort Worth	Texas	National
Breast conservation surgery rate for women with AJCC clinical stage 0, I or II breast cancer (Surveillance)	Not Applicable	56.3%	59.5%	67.3%
Image or palpation-guided needle biopsy (core or FNA) of the primary site is performed to establish diagnosis of breast cancer (Quality Improvement)	80%	100%	92.6%	91.1%
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%	97.3%	87.9%	93.6%
Radiation is administered within 1 year (365 days) of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer (Accountability)	90%	95.7%	87.7%	92.2%
Combination chemotherapy is recommended or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0, or stage IB-III hormone receptor negative breast cancer (Accountability)	Not Applicable	100%	88.1%	93.4%

Colon Measure/Type	NCDB Benchmark	Texas Health Fort Worth	Texas	National
At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer (Quality Improvement)	85%	92.9%	93.6%	92.9%

Rectum Measure/Type	NCDB Benchmark	Texas Health Fort Worth	Texas	National
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%	90.9%	86.3%	89.4%

Non-Small Cell Lung Carcinoma (NSCLC) Measure/Type	NCDB Benchmark	Texas Health Fort Worth	Texas	National
At least 10 regional lymph nodes are removed and pathologically examined for AJCC stage IA, IB, IIA, and IIB resected NSCLC (Surveillance)	Not Applicable	69.1%	48.6%	49.4%
Systemic chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is recommended for surgically resected cases with pathologic lymph node-positive (pN1 and pN2) NSCLC (Quality Improvement)	85%	95.7%	90.2%	92.6%

Texas Health Fort Worth - Primary Site Table 2018

Primary Site	CLASS			SEX	
	TOTAL	Analytic	Non Analytic	Male	Female
ORAL CAVITY AND PHARYNX	63	25	38	49	14
Tongue	21	5	16	18	3
Salivary Gland	7	6	1	4	3
Gum and Other Mouth	4	1	3	2	2
Tonsil	13	5	8	11	2
Nasopharynx	3	1	2	2	1
Oropharynx	11	6	5	9	2
Hypopharynx	2	1	1	1	1
Other Oral Cavity Pharynx	2	0	2	2	0
DIGESTIVE SYSTEM	514	396	118	283	231
Esophagus	22	9	13	15	7
Stomach	25	19	6	12	13
Small Intestine	19	16	3	11	8
Colon, Rectum, Anus	270	232	38	155	115
Liver, Gallbladder, Intrahepatic Bile Duct	70	47	23	39	31
Pancreas	97	64	33	46	51
Retroperitoneum	2	1	1	1	1
Peritoneum, Omentum and Mesentery	5	5	0	1	4
Other Digestive Organs	4	3	1	3	1
RESPIRATORY SYSTEM	459	305	154	235	224
Larynx	13	4	9	9	4
Lung and Bronchus	446	301	145	226	220
Non-small cell	331	230	101	168	163
Small cell	70	53	17	34	36
Other lung	45	18	27	24	21
BONES AND JOINTS	7	5	2	4	3
SOFT TISSUE	17	11	6	10	7
SKIN	37	23	14	21	16
Melanoma of the Skin	35	21	14	21	14
Other Non-Epithelial Skin	2	2	0	0	2
BREAST	379	287	92	5	374
FEMALE GENITAL SYSTEM	324	267	57	0	324
Cervix Uteri	46	30	16	0	46

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 2018

Primary Site	CLASS			SEX	
	TOTAL	Analytic	Non Analytic	Male	Female
Corpus and Uterus, NOS	159	145	14	0	159
Ovary	73	59	14	0	73
Vagina	3	2	1	0	3
Vulva	37	25	12	0	37
Other Female Genital Organs	6	6	0	0	6
MALE GENITAL SYSTEM	121	13	108	121	0
Prostate	113	12	101	113	0
Testis	7	1	6	7	0
Penis	1	0	1	1	0
URINARY SYSTEM	21	76	34	82	28
Urinary Bladder	132	26	18	33	11
Kidney & Renal Pelvis	16	48	13	45	16
Ureter	116	2	2	3	1
Other Urinary Organs	69	0	1	1	0
EYE AND ORBIT MELANOMA	64	0	2	0	2
BRAIN/OTHER NERVOUS SYSTEM	4	165	22	73	114
Brain, Malignant	1	60	12	34	38
Cranial Nerves, Other Nervous System	70	5	0	3	2
Brain-CNS, Benign and Borderline	2646	100	10	36	74
ENDOCRINE SYSTEM	209	79	7	23	63
Thyroid	65	59	4	13	50
Thymus	1	2	0	1	1
Endocrine: Benign, Borderline	21	18	3	9	12
LYMPHOMA	132	81	51	75	57
Hodgkin Lymphoma	16	7	9	7	9
Non-Hodgkin Lymphoma	116	74	42	68	48
MYELOMA	69	54	15	39	30
LEUKEMIA	64	50	14	42	22
MESOTHELIOMA	4	3	1	1	3
KAPOSI SARCOMA	1	1	0	1	0
MISCELLANEOUS	70	53	17	35	35
TOTAL	2646	1894	752	1099	1547

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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Frank Vuitch, MD, Chair, Surgical Pathology

Karen Albritton, MD Pediatric Hematology-Oncology

Stuart Aronson, MD, Diagnostic Radiology

John Burk, MD, Pulmonary

Kathleen Crowley, MD, Internal Medicine

Lori Gordon, MD, Colorectal Surgery

Lori May-Malone, MD, Diagnostic Radiology

Sanjay Oommen, MD Medical Oncology

Clinton Park, MD, Radiation Oncology

Stephen Richey, MD, Medical Oncology

Suhail Sharif, MD, Surgical Oncology

Robin Skrine, MD, Breast Surgery

Harpreet Suri, MD, Pulmonology

Michael Thornsberry, MD, Chief Medical Officer

DeEtte Vasques, DO, Obstetrics and Gynecology

Richard Vigness, MD, Thoracic Surgery

Henry Xiong, MD, Medical Oncology

Mary Binder, LMSW, Social Services

Mike Bratton, RN, BSN, CMSRN, Manager, Palliative Care

Rachael Bramblett, CTR, Cancer Registrar

Kellie Christ, CTR, Cancer Registrar

Michelle Cleveland, Department Assistant

Siohban Cole, American Cancer Society

Nommo Donald, MHA, Vice President, Professional Support Services

Dawn Donovan-Kinder, MHA/ED, BSN, RN, OCN, Manager, Harris 7

Kirsten Drake, DNP, RN, OCN, NEA-BC, Director, Med/Surg Nursing

Jenny Ellis, MS, APRN, AOCN, Clinical Nurse Specialist

Rosemary Galdiano, MPH, RN, OCN, Manager, Wellness for LifeSM

Nancy Groves, BSN, RN, OCN, GI Nurse Navigator

Marta Hansard, MBA, Practice Director, Texas Oncology

Amanda Hodges, BSN, RN, OCN, Director of Clinical Programs & Support Services,

The Center for Cancer and Blood Disorders

Meagan Johns, PharmD, MBA, BCPS, BCNSP, BCCCP, Pharmacy Clinical Manager

Shraddha Kansagra, PharmD, BCOP, Oncology Clinical Pharmacy Specialist

Lesley Kibel, MHA, CRA, Manager, Kupferle Comprehensive Breast Center

Cristy LePori, MSN, RN, OCN, Manager, Outpatient Medical Services/Lung Nurse Navigator

Stephanie Lockingen, PT, CLT-LANA, Rehabilitation

Dana McGuirk, BSN, RN, CN-BN, Breast Nurse Navigator

Taylor Meyer, RD, LD, Clinical Nutrition

Dianna Miller, RHIT, CTR, Manager, Cancer Registry

Sara Pirzadeh-Miller, MS, CGC, Certified Genetic Counselor

Margaret Proctor, RHIA, CPHQ, Director, Performance Improvement/Quality Management

Chantel Raigosa, RHIT, CTR, Cancer Registrar

Susan Shields, MBA, RN, NE-BC, Director, Cancer Program

Gloria Smith, CTR, Cancer Registrar

Diane Sprague, RHIT, CTR, Cancer Registrar

Tina Theophilos, R.Ph., Pharmacy

LeeAnne Vandegriff, BSN, RN, OCN, GYN Nurse Navigator

Gayle Wilkins, MSN, RN, OCN, Education Specialist, Cancer Resource Center

Prevention

Screening

Early Detection

Staging

Treatment Planning

Treatment

SURGERY

CHEMOTHERAPY

RADIATION

THERAPY

BIOLOGICALS

Rehabilitation

PHYSICAL

PSYCHOSOCIAL

SPIRITUAL

FINANCIAL

Continuing Care/Cure

Home Care

PALLIATIVE CARE

HOSPICE

BEREAVEMENT