Cancer Care in Our Community
At Texas Health Harris Methodist Hospital HEB, we are committed to improving the care of cancer patients in the communities we serve.

Cancer Care in Our Community

A brief personal introduction is warranted since I just recently began serving as chairman for the Texas Health HEB Cancer Committee in August 2015. I was born in Denmark, raised in Sweden and came to the United States in 2002. Medical school was completed at Karolinska Institute in Stockholm and residency and subspecialty training in Hematology and Oncology was pursued at LSUHSC in Shreveport LA. North Texas has been my home since 2008. I previously served as Assistant Professor of Hematology/Oncology at the Dallas VA Medical Center and The University of Texas Southwestern Medical Center at Dallas prior to joining Texas Oncology HEB. While at the Dallas VA Medical Center I functioned as the cancer liaison physician for a year prior to being appointed Cancer Committee Chairman from 2010 until 2014.

The theme of this year’s report is “Cancer Care in the Community.” A vast majority of patients diagnosed with cancer prefer to have their treatment and follow up care close to where they live or work. This demand poses a number of significant challenges to the medical community given the multifaceted nature of cancer, with technically challenging management often integrating multiple different specialties and ever increasing advances in research.

Close efficient collaboration between different subspecialty physicians, nursing care, inpatient hospital care and clinic-based treatment is essential for successful patient outcomes. I joined Texas Oncology in August of 2014, a few months prior to the opening of our new Cancer Center, a comprehensive facility built in partnership between Texas Oncology and Texas Health HEB. It has been my personal pleasure to be able to experience first-hand the transition to this new cancer treatment environment. Having worked as a physician in a variety of different settings on two continents I am proud to be part of the cancer treatment team here at HEB. I believe that the HEB community’s needs for easy access, high quality comprehensive cancer care are currently being well met and it is my personal goal to make sure that it remains so in the years to come. The ongoing work and data collection efforts of the Texas Health cancer registrars and the Cancer Committee is integral to ensuring that outstanding quality cancer care is being continuously provided and I would like to extend a big “Thank You” to all the key persons involved.

Sincerely,
Henrik Illum, MD
Cancer Committee
The Cancer Committee at Texas Health HEB is a multidisciplinary committee responsible for planning and initiating all cancer-related programs and services. The committee has been working diligently on creating standards for EGFR/ALK testing for lung patients, creating a Women's Health Day event that includes Well-Woman exams and mammography, improving chemotherapy orders, and discussing the benefits of a Palliative Care Program. Alternates have been appointed to meet the attendance requirement for accreditation. The Committee meets bi-monthly.

Each year, the Cancer Committee performs studies to determine if patients within our program are evaluated and treated according to evidence-based national treatment guidelines and to measure the quality of care and outcomes for our cancer patients. In 2015 (using 2014 data) the Cancer Committee chose to look at: the percentage of breast cancer patients receiving and completing planned chemotherapy, lung cancer patients diagnosed via the emergency department, patients with an early age at diagnosis, breast patients requiring a mastectomy after breast conserving surgery due to extent of disease, and patients with 3 or more multiple primaries diagnosed and/or receiving 1st course treatment in our facility.

Comprehensive Cancer Care
Texas Health HEB offers advanced cancer care to patients diagnosed and/or treated for cancer on our campus. Currently, a new Interventional Radiology Suite is under construction and slated to open in 2016. A full scope of surgical services is also available, including Robotic Surgery. The Oncology Care Unit at Texas Health HEB is a 19-bed unit staffed by highly trained nurses. Two Nurse Navigators guide patients through the many facets of care—one in the inpatient setting and the other housed at the Texas Oncology Cancer Center assisting patients through treatment and Survivorship. A Survivorship Program is in place through Texas Oncology. Mammography Services are provided through a written agreement with Solis Women’s Health. In December 2014, our new Cancer Center opened its doors providing Medical and Radiation Oncology services to our patients. The Breast Center is also located within this facility. We received a 3 year accreditation for our Breast Center in September 2014.

2015 Cancer Committee Membership
Henrik Illum, M.D.
Medical Director, Cancer Committee Chair
Ajay Dubey, M.D.
Radiation Oncology – Past Chair
Mark Meling, M.D.
Gynecologic Oncology, Cancer Liaison Physician
Janice Tomberlin, M.D.
Radiation Oncology, Cancer Registry Quality Coordinator
Randall Davis, M.D.
Medical Oncology, Alternate: Thomas Anderson, M.D.
Ted Powell, M.D.
Pathology, Alternate: Horace Wu, M.D.
Robert McKenzie, M.D.
Colorectal Surgery
Eric Davis, M.D.
Radiology, Alternate: Lance Driskill, M.D.
Thomas Lyles, M.D.
Gastroenterology, Alternate: Jay Nepure, M.D.
Alice Landers
Vice President, Professional and Support Services, THHEB
Mildred Jordan
Certified Tumor Registrar, Cancer Committee Coordinator
Kimberly Willis
Certified Tumor Registrar, Studies
Tammy Quattrocchi, RN, OCN
Oncology Nurse Manager
Paige Jumper, RN
Quality Improvement Coordinator
Sandy Mathews, RN
Clinical Research Coordinator, Alternate: Angela Trommer, RN
Stephen Whitman, LCSW
Psychosocial Services Coordinator
David Damaske, Pharm D
Pharmacy, Alternate: Michelle Hanke, Pharm D
Rick McMinn, B.C.C., Psy.D.
Pastoral Care
Sibhan Cole
American Cancer Society
Adam Davis-Jarrett
Practice Administrator, Texas Oncology
Brenda Whiteley
Community Outreach Coordinator
Tim Kotera
Physical Medicine and Rehabilitation
Mike Moffat
Fitness Center, Alternate: Ryan Kames
Tracy Scimeca, R.D., L.D.
Nutrition

Texas Health Harris Methodist Hospital HEB
Service Area Reports

Cancer Liaison Physician’s Report
The Cancer Committee at Texas Health HEB continuously monitors standards for compliance with Commission on Cancer (CoC) required measures. Current measures include: Breast, Lung, Colon, and Rectum.

RQRS – The Rapid Quality Reporting System (RQRS) is a quality improvement tool that provides ‘real clinical time assessment’ of hospital level adherence to National Quality Forum endorsed quality of cancer care measures. This web-based systematic data reporting system advances evidence-based treatment through a prospective alert system for anticipated care and supports the care coordination required for Breast, Colon, and Rectum cancers treated in our facility.

Measure
National or Recommended CoC Compliance Rate

<table>
<thead>
<tr>
<th>Measure</th>
<th>THHEB 2013</th>
<th>THHEB 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breast</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer</td>
<td>90%</td>
<td>100% 77%*</td>
</tr>
<tr>
<td>Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T3N0M0, or stage IB – III hormone receptor negative breast cancer.</td>
<td>90%</td>
<td>80% 100%</td>
</tr>
<tr>
<td>Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T3N0M0, or stage IB – III hormone receptor positive breast cancer.</td>
<td>90%</td>
<td>100% 96%</td>
</tr>
<tr>
<td>Radiation therapy is considered or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with ≥ 4 positive regional lymph nodes</td>
<td>90%</td>
<td>100% 100%</td>
</tr>
<tr>
<td>Invasive or palpation-guided needle biopsy (core or FNA) to the primary site is performed to establish diagnosis of breast cancer</td>
<td>90%</td>
<td>100% 100%</td>
</tr>
<tr>
<td>Mastectomy conservation surgery rate for women with AJCC clinical stage I, I, or II breast cancer.</td>
<td>Not Determined</td>
<td>79% 79%</td>
</tr>
</tbody>
</table>

**Colorectal**
Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III lymph node positive colon cancer.

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

90% | 100% 50% |
85% | 97% 95% |

**Rectum**
Preoperative chemoradiotherapy is administered for clinical AJCC T3NO, T4NO, or Stage III; or Postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T3N2NO with pathologic AJCC T3N0, T4N0, or Stage III; or treatment is considered, for patients under the age of 80 receiving resection for rectal cancer.

85% | 100%

*Patients are still within the time frame to receive treatment.

In 2015, the CoC has added 11 new measures;
- Cervix (3)
- Endometrium (2)
- Gastric (3)
- Non-Small Cell Lung (3)
- Ovary (2)

Plans are underway to insure compliance with these new measures by holding educational activities in partnership with our physicians.

The Commission on Cancer launched a Special Study in April 2015. This study was designed to investigate follow-up and recurrence after cancer treatment in hopes of tailoring follow-up based on individual risk for breast, lung and colorectal cancer patients. It involves analyzing data from the National Cancer Data Base (NCDB) to determine the most effective surveillance patterns for these cancers. It is funded by 3 research funding contracts through the Patient Centered Outcomes Research Institute (PCORI). Study data submission is required for all Commission on Cancer approved programs. Texas Health HEB participated and submitted their data within the required time frame.

Mark Messing, M.D., Gynecologic Oncology

NCDB – The nationally recognized National Cancer Data Base (NCDB) – jointly sponsored by the American College of Surgeons and the American Cancer Society—is a clinical oncology database sourced from hospital registry data that are collected in more than 1,500 Commission on Cancer (CoC)-accredited facilities. NCDB data are used to analyze and track patients with malignant neoplastic diseases, their treatments, and outcomes. Data represent approximately 70 percent of newly diagnosed cancer cases nationwide and 30 million historical records. Below you will find a detailed summary of our Cancer Program’s compliance with the CoC measures.
Below is a summary of cancer occurrence by site and sex. Total number of cases diagnosed was 682, this only includes analytic cases, those that were diagnosed and had all or part of their first course of treatment at Texas Health HEB.

**Texas Health H-E-B Primary Site Table 2014**

<table>
<thead>
<tr>
<th>CLASS OF CASE</th>
<th>GENDER</th>
<th>STAGE (Analytic Cases)</th>
<th>VITAL STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site</td>
<td>Male</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>F/S</td>
<td>B</td>
<td>A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Cancer Registry**

The Cancer Registry at Texas Health HEB is staffed by two certified Tumor Registrars (CTR) and one non-CTR staff member who reports non-diagnostic cases. Cancer registrars are data information specialists that document the history, diagnosis, treatment, and disease status for every cancer patient in the United States. This information is used for patient research and monitoring at our facility, by other healthcare providers and public health officials at the state, national and international level to monitor the effectiveness of cancer treatments, conduct research, improve cancer treatments, and for the development of prevention and screening programs. Data is submitted to the Texas Cancer Registry, Rapid Quality Reporting System, and the National Cancer Data Base. Our CTRs participate in many annual activities at the local, state and national level as active members of the Texas Cancer Registries Association and the National Cancer Registrars Association (NCRA), including attending this year’s NCRA annual conference.

In May, Texas was proud to host NCRA 41st Annual Educational Conference in San Antonio, Texas, and one of THH-EB’s CTRs, Kimberly Willis, co-chaired this event. This program provided cancer data professionals and researchers with education from internationally recognized standard setters including The Surveillance, Epidemiology, and End Results (SEER) Program of the National Cancer Institute, The Commission on Cancer and the National Accreditation Program for Breast Centers (NAPBC). We are also honored that one of our pathologists, Dr. Horace Wu, was a speaker at this event.

The Cancer Registry was honored with the Texas Health HEB Quality Cup award for 2014. This award recognizes departments that are high performers in quality improvement. The Registry was recognized for programs implemented or monitored in the cancer program to increase managing physician Clinical Staging and Guidelines Documentation Compliance; maintaining a rate of 8% for Chemotherapy Complications compared to a national rate of 40% to 50%; and maintaining a rate of 100% for patients with ductal carcinoma in situ (DCIS) who undergo mastectomy and also have a sentinel lymph node biopsy as compared to the national guideline of 80%.

**2014 Statistical Review of the Top 5 Five Major Sites**

<table>
<thead>
<tr>
<th>Site</th>
<th>Texas Health HEB</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female Breast</td>
<td>143 – 21%</td>
<td>16,080 – 14%</td>
</tr>
<tr>
<td>Lung</td>
<td>115 – 16.8%</td>
<td>14,890 – 13%</td>
</tr>
<tr>
<td>Color/Rectum</td>
<td>56 – 8.2%</td>
<td>9,680 – 8%</td>
</tr>
<tr>
<td>Corpus Uterus</td>
<td>63 – 9.2%</td>
<td>5,130 – 3%</td>
</tr>
<tr>
<td>Non-Hodgkin’s Lymphoma</td>
<td>31 – 4.6%</td>
<td>5,030 – 4%</td>
</tr>
</tbody>
</table>

*US & Texas – American Cancer Society Cancer Facts and Figures 2014*
Patients should not have to travel great distances to receive quality cancer care. Texas Health HEB’s Commission on Cancer (CoC) approved program is committed to providing quality cancer care in accordance with evidence-based treatment guidelines in a community-based setting. Texas Health HEB has received CoC accreditation with commendation since 2010. With the collaboration and support of Texas Oncology, we are able to provide a complete scope of services to our patients on our campus.

American Cancer Society

In a continued partnership, Texas Health HEB and the American Cancer Society is able to offer patients and caregivers compassion, support, and tools that can help them manage the journey through their cancer experience. The American Cancer Society resource center located in the Oncology Care Unit at Texas Health HEB utilizes volunteers who connect patients to American Cancer Society programs, as well as a range of local and national services. Texas Health HEB and the American Cancer Society have agreed upon patient materials that meet American Cancer Society programs, as well as a range of local and national services. Texas Health HEB and the American Cancer Society have agreed upon patient materials that meet American Cancer Society programs, as well as a range of local and national services. Texas Health HEB utilizes volunteers who connect patients to American Cancer Society resource center located in the Oncology Care Unit at Texas Health HEB.

Community Outreach

Sun Safety, Women's Health Day

<table>
<thead>
<tr>
<th>EVENT</th>
<th>DATE</th>
<th>DESCRIPTION</th>
<th># OF PARTICIPANTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partnering with the American Cancer Society, the Registrars, Texas Oncology, and TH-HEB staff dispensed ACS materials, sunscreen, sun glasses, and hats to promote sun safety.</td>
<td>3-20-2015</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Women's Health Day</td>
<td>9-11-2015</td>
<td>Women's Health Day was held 9/11/2015, Texas Oncology, Solis Mammography, physicians from MacArthur OB/GYN and multiple departments from Texas Health HEB promoted Sun Safety, Fitness, Breast Health, CPR, AED, Nutrition and Smoking Cessation. Mobile Units offered Screening Mammograms and Well-Woman exams.</td>
<td>41</td>
</tr>
<tr>
<td>Screening Mammograms</td>
<td></td>
<td>21 – 3 call backs for additional films</td>
<td></td>
</tr>
<tr>
<td>Well Woman Exams</td>
<td></td>
<td>10 – all results were negative</td>
<td></td>
</tr>
<tr>
<td>Any participants needing additional examination were followed through the Wellness for Life™ Program. A Nurse Navigator was available to assist patients.</td>
<td></td>
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</tbody>
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Bluebonnet Retreat

Bluebonnet Retreat, a free of charge camp exclusive to Texas Health HEB, offers a unique experience for adult cancer patients. During the three-day, two-night camp, attendees are provided a creative, educational atmosphere of support with a focus on wellness.

Clinical Educational Activity

Each year, an educational activity is offered to physicians and allied health staff that focuses on the use of AJCC or other appropriate staging in clinical practice. It also includes the use of appropriate prognostic indicators and evidence-based national guidelines used in treatment planning. On February 11, 2015 Esophageal Cancer Staging and Use of NCCN Guidelines in Treatment Planning was held. Four physicians and 3 non-physicians were in attendance.

Diagnostic Radiology

A full scope of services is provided including CT, MRI, Breast MRI, Nuclear Medicine and Interventional Radiology. TH-HEB is building a dedicated Interventional Radiology (IR) suite in conjunction with our ICU expansion project. Interventional Radiologists are able to perform a number of minimally invasive, image-guided procedures across many disciplines. These procedures are less invasive and more targeted, minimizing pain, overall risk to the patient and recovery time. Interventional Radiology is a diverse specialty that includes a growing array of advanced procedures such as tumor ablations and neurovascular interventions, as well as core services essential to day-to-day patient management for hospitals and health systems.

Endoscopy and Special Procedures

Texas Health HEB Endoscopy and Special Procedures continue to be at the forefront of the prevention, diagnosis and management of gastrointestinal cancer. Using minimally invasive endoscopic techniques and the latest technologies, we offer cutting edge expertise in the evaluation and management of esophageal, gastric, liver, pancreaticobiliary, small intestinal and colorectal malignancies. TH-HEB offers a full range of diagnostic and therapeutic endoscopic procedures including endoscopic ultrasound (EUS), endoscopic retrograde cholangiopancreatography (ERCP), cholangioscopy, pancreatoscopy, endoscopic mucosal resection (EMR), radiofrequency ablation (RFA) and intestinal stenting in addition to routine upper endoscopy and colonoscopy.

Jay N. Yepuri, M.D., M.S.
Digestive Health Associates of Texas, PA

Genetic Counseling

Genetic counseling is provided through our Texas Oncology physicians’ offices.

Fitness Center

The NEAT program (Nutrition Exercise and Attitudes for Tomorrow) began in May of 2000 and has served approximately 250 ladies over the years. It started as a small group with the goal of helping patients recover from cancer treatment by reducing nausea and fatigue with proper nutrition and exercise. NEAT has helped patients develop supportive relationships over the years. It has progressed from being a program for cancer patients going through treatment to a support group for cancer survivors. This group enjoys picnics, Christmas parties, and fun events to raise funds for cancer-related programs. Over 80 women are now on the email list, with 50 participating in fitness classes regularly.

The new "Basics" class has helped reach new patients as they finish cancer treatment and need to slowly begin an exercise program. We offer 10 classes a week including cycle and yoga.

The IMPACT program was started this year to reach patients with any type of cancer. Texas Oncology refers patients to TH-HEB for individual help with an exercise program to meet their specific needs. We look forward to developing this program as a support group to meet the needs of all cancer patients in this area. Patients meet with a fitness specialist for an assessment prior to starting the program.

Look Good Feel Better

Look Good Feel Better is a non-medical, brand-neutral public service program that teaches beauty techniques to cancer patients to help them manage the appearance-related side effects of cancer treatment. Group programs are open to all women with cancer who are undergoing chemotherapy, radiation or other forms of treatment. Sessions are held in the Oncology Care Unit at Texas Health HEB. As of late 2015, sessions will be held in the Community Room at the Cancer Center located on our campus.

<table>
<thead>
<tr>
<th>Event Date</th>
<th># of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 31</td>
<td>5</td>
</tr>
<tr>
<td>June 23</td>
<td>6</td>
</tr>
<tr>
<td>September 22</td>
<td>6</td>
</tr>
<tr>
<td>November 17</td>
<td>Cancelled</td>
</tr>
</tbody>
</table>
Service Area Reports

Music Therapy
The THHEB surgical department did a performance improvement project over a year ago and found that music helped decrease pain and anxiety in our pre and post op population, with the study focus on breast surgery patients. Once data was reviewed, we felt it would be beneficial to all surgical patients. Our Kindle Fires are loaded with a variety of music genres. The patient is offered music in the pre-op area with a Kindle and ear buds. The Kindle is returned, prior to discharge. The Kindles have been programmed to access only with a Kindle and ear buds. The Kindle is returned, prior to discharge.

Nutrition Services
Nutritional education and support is provided by licensed dietitians.

Oncology Care Unit
The Oncology Care Unit (OCU) is staffed by 30 registered nurses, with 18 eligible for the Oncology Certified Nurse (OCN) credential. These nurses must have experience in cancer care and have completed educational programs specific to the care of cancer patients including the Oncology Nursing Society Chemotherapy and Biotherapy Course. Of our 18 eligible nurses, 13 are OCN certified, or 72%.

Palliative Care
Plans are underway to establish a palliative care program at THHEB. Under the direction of Dr. Melissa Johnson, the palliative care program will provide specialized medical care for people with serious illnesses. It not only focuses on providing patients with relief from the symptoms, pain, physical stress, and mental stress of a serious illness, it also works at preventing the potential side effects of treatment. Palliative care improves the quality of life for both the patient and their family and can be given at any stage of treatment and aftercare. Anyone with a serious illness, regardless of life expectancy, can receive palliative care.

Pathology & Laboratory
The Pathology Department at Texas Health HEB and our board-certified pathologists have been recognized by international standard setters for excellence in the field. Our pathologists have subspecialty training in surgical pathology, cytopathology, hematopathology and breast pathology. They have received a Certificate of Recognition in Multidisciplinary Breast Pathology awarded by the College of American Pathologists (CAP) and have been included in the National Accreditation Program for Breast Centers (NAPBC) Best Practices in Pathology. In conjunction with Medical Oncology and the Cancer Registry, the Pathology Department developed a comprehensive molecular testing protocol in 2014 for our patients diagnosed with cancer allowing our medical oncologists to create customized plans for treatment, follow up and monitoring of disease progression or remission. Our surgical pathology reports utilize synoptic formatting and contain documentation in compliance with the College of American Pathologists and the American Joint Commission on Cancer (AJCC) Seventh Edition Staging Manual. The medical laboratory at Texas Health HEB is one of only 30 laboratories worldwide, one of two in Texas and the only one in Tarrant County to achieve the CAP International Organization for Standardization (ISO) 15189. The program optimizes processes to improve patient care and strengthens quality standards while reducing institutional errors and risks, and controls costs. Texas Health HEB’s laboratory performed more than 770,000 clinical laboratory tests in 2014.

Pastoral Care
Pastoral care and spiritual comfort are available at Texas Health 24 hours a day, every day of the year. Chaplains make daily visits to patient areas to assess and meet patient and family needs. Support is offered through active listening, crisis response & intervention, prayer, sacraments, and many other ways of assuring our patients’ well-being. Our chaplain staff responds to all codes, deaths, and crises. When a chaplain is needed, the hospital operator will make contact and one will come immediately.

Pathology
Providing diagnostic services of the highest quality for Texas Health HEB’s patients. We are committed to achieving the highest quality standards in pathology while providing a high level of patient care and service.

Patient Navigation
Patient navigation services begin at the time of diagnosis and are designed to provide a secure foundation of care for the patient. Beginning with diagnosis, the nurse navigator meets with the patient and their family to begin building a relationship of trust, encouragement and support. The navigator assesses the patient for any barriers to care and uses hospital and community resources to reduce or eliminate issues that may interfere with a patient’s treatment and recovery. On-going support is provided through education and teaching regarding diagnosis, diagnostic tests, therapies and possible side effects and the emotional effect of cancer on the patient and the family. To aid in organizing treatment paperwork, the patient is provided with an American Cancer Society Personal Health Manager portfolio which also includes information on clinical trials within the cancer research community.

In addition to the initial navigation services provided while the patient is in the hospital, outpatient follow up begins after discharge. Patients are contacted to discuss the results of physician follow up appointments and answer any questions they may have. On-going support includes contacting patients at intervals prior to therapy, during therapy and upon completion to manage any side effects they may experience. Emotional support is provided for the duration of service which is determined by type of cancer.
Texas Health Harris Methodist Hospital HEB

Service Area Reports

Performance Improvement

The Performance Improvement, Patient Safety and Risk (PIPSR) department consists of registered nurses, clinical analysts and administrative assistants who work closely with the hospital and physicians on the medical staff to assist in providing the highest quality care to patients.

PIPSR is committed to actively improving safety in a number of ways:

- Infection Prevention manages issues ranging from the hand hygiene of health care providers to isolation of patients with possible infectious diseases to construction issues affecting patient safety.
- Risk Management investigates issues relating to patient safety within the hospital.
- Performance Improvement collects and coordinates data to assist medical staff and hospital administrators as they track specific patient safety concerns.

PIPSR is also proactive, offering educational opportunities and communications to hospital staff.

Performance Improvement projects are implemented on the Oncology Care Unit with commitment to provide high-quality cancer care.

Pet Therapy

Molly, Max, Duke & Duchess, our four-legged, tail-wagging friends from Pet Partners, uplift the spirits of patients and staff during their weekly visits to the Oncology Care Unit. Each Thursday, one of the four dogs and his or her owner interact with patients, promoting a positive emotional, physical and psychological experience. The program is coordinated through Volunteer Services and each handler receives and wears an identification badge and their pets have a collar tag as well. Pet Partners trains, screens and evaluates pets as well as their handlers to assure they are well-prepared to participate in our animal-assisted therapy program.

Animal-assisted therapy can decrease heart rate and blood pressure and provides patients with an outward focus, mental stimulation, entertainment, socialization and a feeling of acceptance and good rapport.

“[A] dog can express more with his tail in seconds than his owner can express with his tongue in hours.” – Unknown

Pharmacy

A full range of inpatient services is provided on our campus.

Radiation and Medical Oncology

In December 2004, Texas Oncology-Bedford and Texas Breast Specialists-Bedford opened the doors to a new 38,000 foot comprehensive cancer center. Texas Oncology’s community-based treatment approach allows patients to stay near the critical support of family and friends. In addition to advanced treatment options, the new facility adds a focus on family and friends as they support patients in their fight against cancer: a new community room facilitates educational, support, and other activities for patients and their caregivers. Along with providing medical and radiation oncology outpatient services, the center also brings breast cancer care and a mobile PET unit under the same roof. Patients are benefiting from improved access and complimentary parking, as well as the convenience of having all outpatient services in one location, including chemotherapy, radiation therapy, onsite lab, pharmacy, and cancer prevention and screening.

Texas Oncology-Bedford provides patients with a broad range of services. Its medical oncology team includes medical oncologists, hematologists, and gynecologic oncologists. Radiation oncologists treat patients with advanced technologies, including external beam radiotherapy, high dose rate (HDR) brachytherapy, image-guided radiation therapy (IGRT), and intensity modulated radiation therapy (IMRT). Texas Oncology patients have the opportunity to take part in some of the most promising clinical trials in the nation for a broad range of cancers. Texas Oncology, through its affiliation with US Oncology Research, has played a role in more than 50 FDA-approved cancer-fighting drugs, nearly one-third of all cancer therapies approved by the FDA to date. Breast surgeons at Texas Breast Specialists-Bedford work with patients in a multidisciplinary breast clinic, providing patient consultation and risk assessment, as well as ultrasound and office-based procedures. Oncology appointments are available within 24 to 48 hours of the patient’s initial call, and new patient orientation and financial counseling are available.

Respiratory Therapy

The Pulmonary Rehabilitation Department provides smoking education to the Bedford Teen Court on a quarterly basis. A Breathing Club meets once a month and department staff distributes smoking education information to all patients who use tobacco.

Social Services

Social Services are available to all Oncology inpatients seven days a week, 365 days a year. The Care Transitions Manager-Social Worker (CTM-SW) uses the NCCN Distress Thermometer for Patients to perform psychosocial assessments to help identify any physical, emotional, and/or financial needs patients and families might have. The CTM-SW provides information and referral services for community resources to help with these needs. The CTM-SW works closely with the Care Transitions Manager-Registered Nurse for discharge planning, assisting with planning and arrangements for care and rehabilitation for patients, if needed, after discharge from the hospital. These arrangements can include home health care services, home medical equipment, placement for extended care and rehabilitation at other facilities, alternate living arrangements, and hospice referrals. The CTM-SW is also available for consultation and assistance to hospital outpatients and to patients referred by Oncologists’ offices.

Surgery

A full scope of surgical services is available, including Robot Assisted Surgery.

Survivorship

Cancer survivors cope with their new life in different ways. Often they are still dealing with side effects from treatment and learning how to adjust to the many other changes they have gone through. They may not be returning to normal life as soon as they might have hoped. Texas Health HEB and Texas Oncology partner to provide patients with services to help them through this transition. Upon discharge from the hospital, patients are given a Survivorship Care Plan that includes pertinent information related to their diagnosis and planned course of treatment. Information on support services is also included. Patients may be referred to a Medical or Radiation Oncologist who also provide them a summary of care at the completion of treatment. Texas Oncology has implemented a Survivorship Program that consists of a one-hour scheduled visit with an Advanced Practice Provider who reviews the patient’s diagnosis and treatment summary, and the cancer follow-up schedule per NCCN guidelines. Patients also receive counseling on the late- and long-term effects of their treatment, and recommendations/ referrals or treatments for the concerns they are having provided. Patients also receive counseling on other health maintenance topics such as nutrition, mental health, tobacco cessation, sun exposure, immunosal exposure and physical activity. Patients are given a folder with community resources and handouts, as well as copies of their pathology, and other medical records pertaining to their diagnosis and treatment plan. A copy of the note from the visit is sent to the patients and their primary care physician in order to communicate and coordinate their care plan.

Volunteer Services - Visiting Volunteer

The Visiting Volunteer Program is designed to provide support, comfort, companionship and activities to our hospitalized patients. The program is customized for the patient giving those options such as reading, listening to music, playing various games, watching television, enjoying a puzzle, helping write a note or card, painting their nails, completing a craft activity or simply having someone to talk. The patient can also make requests or suggestions for specific activities to meet their needs. Visiting Volunteers are currently available one rotating weekday from 10 to 1 in Women Services and PCU.

Wound Care and Hyperbaric Oxygen Therapy

We are proud to be able to offer Hyperbaric Treatment to patients with soft tissue radiation damage or for those whose surgical flaps are compromised. We have treated a number of patients with Negative Pressure Wound Therapy for non-healing surgical areas post mastectomy.
The Breast Center at Texas Health HEB

Through a written agreement, Texas Health HEB, Texas Breast Specialists, Texas Oncology and Solis Mammography form the Breast Center at Texas Health HEB. Advanced breast care is provided to patients in our center without walls. From diagnosis through follow-up, patients can receive all of their care on the campus of Texas Health HEB. Diagnosis, surgery, radiation, medical oncology, physical medicine and rehabilitation, a fitness center and support services are all available. A high trained team of professionals is available to guide breast cancer patients through treatment. Two Nurse Navigators are available, one for inpatient and one for outpatient. These Navigators help facilitate any needs patients may have and to help them navigate through the many facets of treatment. The National Accreditation Program for Breast Centers conducted our survey on September 4, 2014. We successfully met all of the requirements and were granted a three-year full accreditation.

Texas Breast Specialists-Bedford

At Texas Breast Specialists-Bedford, our multidisciplinary team of medical professionals provides patients with the most advanced, patient-friendly cancer care available. Our team consists of two breast surgeons, a medical oncologist, a radiation oncologist and a certified Breast Cancer Patient Navigator. Patients of Texas Breast Specialists-Bedford benefit from our leading-edge medical services and our participation in innovative research programs.

In addition, our support services team is committed to addressing the educational, emotional, financial and nutritional needs of our patients. We deliver all of this with a level of personalized care and convenience not typically found in large metropolitan facilities.

Formerly known as the Breast Care Center of North Texas, Texas Breast Specialists-Bedford was designed by three female physicians with more than thirty collective years dedicated to the prevention, diagnosis and treatment of breast cancer. Opened in December 1999, Texas Breast Specialists-Bedford was designed by three female physicians with more than thirty collective years dedicated to the prevention, diagnosis and treatment of breast cancer.

Texas Breast Specialists-Bedford offers exercise and nutrition classes specifically designed for breast cancer patients. The Breast Care Program provides support from a licensed Ph.D. social worker for emotional issues arising as a result of having breast disease. Services include pre-surgery assessment, post-surgery assessment and after-care counseling either individually or in group sessions.

Lymphedema Physical Therapy - Lymphedema, or swelling of the arm following surgery or radiation to the underarm area, occurs infrequently. Patients will be given instructions to decrease the likelihood of developing lymphedema. Fortunately, only a small percentage of patients experience chronic problems with lymphedema. We work with lymphedema-certified physical therapists to improve the circulation of lymphatic fluid and decrease the lymphedema.

• Genetic counseling and testing

To meet NAPBC standards for accreditations, Quality measures must be monitored. Below you will find results from 2013 and 2014

<table>
<thead>
<tr>
<th>Breast Measure</th>
<th>CoC Compliance Rate</th>
<th>THHEB 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer.</td>
<td>90%</td>
<td>77%*</td>
</tr>
<tr>
<td>Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or stage IB - II hormone receptor negative breast cancer.</td>
<td>90%</td>
<td>100%</td>
</tr>
<tr>
<td>Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0, or stage IB - III hormone receptor positive breast cancer.</td>
<td>90%</td>
<td>96%</td>
</tr>
<tr>
<td>Radiation therapy is considered or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with ≥ 4 positive regional lymph nodes</td>
<td>90%</td>
<td>100%</td>
</tr>
<tr>
<td>Image or palpation-guided needle biopsy (core or FNA) to the primary site is performed to establish diagnosis of breast cancer.</td>
<td>90%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Breast conservation surgery rate for women with AJCC clinical stage 0, I or II breast cancer: Not Determined 79%

*Patients are still within the time frame to receive treatment.

Each year the breast program leadership conducts or participates in two or more center-specific studies that measure quality and/or outcomes, and one or more of our physician members participate in their specialty-specific quality improvement program. The findings are communicated and discussed with the breast center staff, participants of the interdisciplinary conference, and the cancer committee, where applicable. Using 2014 data the breast leadership conducted the following studies:

1. Percentage of patients receiving and completing planned chemotherapy
2. Patients requiring mastectomy after lumpectomy due to extent of disease.
First Dose Chemotherapy Turn Around Time Process Improvement

Background
Texas Health HEB recognized that it had some lengthy delays when patients were to receive their first dose of chemotherapy. Baseline data showed an average time of 14 hours 20 minutes from order to administration. Patients, physicians, nursing and pharmacy are all affected by delays and process issues that existed. The project goal was to reduce the first dose chemotherapy turnaround time (TAT) to six hours or less. Benefits to improving this time were improved patient, physician and staff satisfaction as well as improved throughput and efficiency and decreased waste.

Methods
LEAN Six Sigma methodology was used to drill down the inefficiencies and discover improvements. This included examining the baseline data, breaking down the current processes with flow charts and asking “what do our patients/physicians/staff expect”. A majority of issues and areas for improvement centered around two areas:

- Time the patient arrives at the hospital to when orders are sent to pharmacy
- Time from when orders are sent to pharmacy to when they are verified by pharmacy

Improvements
There were a total of nine key improvements that were made to improve the process. They are:

- Pharmacy policy change regarding variance for Body Surface Area
- Physician office sends lab results and protocols directly to hospital
- Revised chemotherapy order form
- New pharmacy policy allowing pharmacy to order needed labs to dose chemotherapy
- Physician office to create packet that gets sent to hospital to reduce delays and questions
- Oncology unit ensuring they have adequate chemotherapy certified nurses working at the same time
- A standard timing for hanging chemotherapy once received from pharmacy
- Oncology patients have a fast track admission area from 7 a.m.-7 p.m.
- Pharmacy and physicians standardized some calculations

Results
28 patients were followed after the improvements were put in place. There was a reduction of almost seven hours in TAT. It took these patients an average of seven hours and 40 minutes from the time they arrived to the time they received chemotherapy. There are still a few opportunities to continue to work on to reduce the TAT. However, some delays are unavoidable. For example, the medication is special order, not normally stocked, the patient may have procedure related time conflicts or the process is not followed as designed. Continued monitoring and communication will ensure consistency of results.
I am pleased that the journey continues, with great things to come.

Sincerely,

Ajay Dubey, MD
Doctors on the medical staff practice independently and are not employees or agents of the hospital.