



2013

Public Reporting of Outcomes



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The Tammy Walker Cancer Center is a wholly owned subsidiary of Salina Regional Health Center – a 393-bed, 501(c)(3) not-for-profit hospital serving north central Kansas.

SRHC Mission:

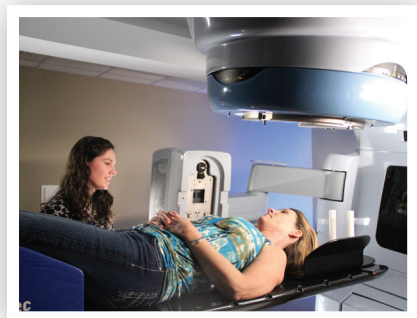
Entrusted with people's lives we are privileged to provide quality health care services in a healing and spiritual environment.

SRHC Values:

To always focus on the patient in a culture of health care excellence.

Program Overview

The Tammy Walker Cancer Center (TWCC) is committed to providing high-quality, state-of-the-art cancer care, close to home and under one roof. The concept of one cancer center under one roof was conceived in 2002 with a capital campaign ensuing. In 2004, the TWCC building as we know it today was completed.



Approximately 125 patients walk through TWCC's front doors each day to receive either Chemotherapy from Medical Oncology or Radiation Therapy from Radiation Oncology. Cancer Support Services comprised of the Outreach Coordinator, Nurse Navigator, Cancer Program Manager, Clinical Trial Nurse, Registered Dietitian and Cancer Registry complete the triad of departments providing services available at TWCC.

The Cancer Program is governed by the Cancer Committee at TWCC, which is accredited by the American College of Surgeons Commission on Cancer (CoC). Per the CoC Program Standards 2012: Ensuring Patient-Centered Care v1.2:

The Accreditation Program encourages hospitals, treatment centers, and other facilities to improve their quality of patient care through various cancer-related programs. These programs are concerned with the full continuum of cancer from prevention through hospice and end-of-life care or survivorship and quality of life.



Patients with cancer who obtain care at a CoC-accredited Cancer program receive the following benefits:

- *Quality care close to home*
- *Comprehensive care offering a range of state-of-the-art services and equipment*
- *A multidisciplinary, team approach to coordinate the best cancer treatment options available*
- *Access to cancer-related information and education*
- *Access to patient-centered services such as psychosocial distress screening and navigation*
- *Options for genetic assessment and counseling, and palliative care services*
- *Ongoing monitoring and improvement of care*
- *Assessment of treatment planning based on evidence-based national treatment guidelines*
- *Information about clinical trials and new treatment options*
- *Follow-up care at the completion of treatment, including a survivorship care plan*
- *A cancer registry that collects data on cancer type, stage, and treatment results, and offers lifelong patient follow-up.*

CoC Accreditation is granted only to the facilities that have voluntarily committed to provide the

best in cancer diagnosis and treatment and are able to comply with established CoC standards. Each cancer program must undergo a rigorous evaluation and review of its performance and compliance with the CoC standards. To maintain accreditation, facilities with accredited cancer programs must undergo an on-site review every 3 years.

The Cancer Committee of TWCC is committed to providing high quality cancer care to the patients and their family and friends each day. We strive to educate the community about cancer prevention and provide various screenings throughout the year. Most importantly, we strive to continually improve patient satisfaction and patient outcomes. We have a saying at TWCC, “Once you step foot in our doors..... you are no longer a patient..... but family.” We at TWCC would like to thank the community for its support over the past years and very much appreciate those who have entrusted us with your cancer care.

Sincerely,



Larry Beck, MD
Cancer Committee Chair



Melanie Leepers, RN
Cancer Program Manager



Chris Rupe, MD
Cancer Committee Liaison

Cancer Committee Members

Larry Beck, MD, Medical Oncology – Chairman

David McKenzie, MD , Pathology

Josh Tomas, MD – Diagnostic Radiology

Chris Rupe, MD – Surgery, Physician Liaison

Claudia Perez-Tamayo, MD, Radiation Oncology

Peeran Sandhu, MD, Medical Oncology

Muhammad Ahmed, MD, Medical Oncology

Dwane Beckenhauer, MD, Surgery

Kyle Elmore, MD, Family Practice

William Mauch, MD, Urology

Justin Whitlow, MD, Neurosurgery

Rebecca Troyer, Radiation Therapy

Pam Ehlts, CTR, Cancer Registry

Lynn Marshall, RN, Patient Navigator

Terry Hauschel, RT, Radiology

Mary Quinley, RN, Director of Medical Services

Charlie Grimwood, Sunflower Health Network

Sandy Ferguson, RN, Mowery Clinic

Linda Hinnenkamp, RN, Outreach Coordinator

Nancy Loveseth, Social Worker

Roger Pearson, Quality Improvement

Jeanne Byquist, Registered Dietician

Joel Phelps, Administration

Linda Simpson, RN, Behavioral Health

Melanie Leepers, RN, Cancer Program Manager/
Clinical Trials Nurse

Melissa Hulse, RPh, Pharmacy

David Wolfe, Chaplaincy

Val Forrester, OT/PT/Rehab Services

Lynn Andres, RN, Palliative Care/Hospice

Pat Rackley, RN, Outpatient Infusion Therapy

Cancer Registry Overview

Cancer registrars collect and manage information about each patient's entire cancer experience. Kansas state law requires that any time a patient is diagnosed with or treated for cancer, it must be reported to the local regional registry. When this data comes to Tammy Walker Cancer Center, cancer registrars abstract key information that is sent to the central registry, Kansas Cancer Registry at Kansas University Medical Center, which then sends it to the CDC.

All of this data is used to research cancer. Research is conducted on everything from causes of cancer, to best treatments, to quality of life after cancer. Every patient's information makes a difference.

Every year, Tammy Walker Cancer Center will conduct follow-up with the patients that have been diagnosed or treated at a Salina Regional Health Center facility or partners such as Salina Surgical Hospital and Salina Urology Associates. Patients or their doctors may receive a letter asking for information about a patient's cancer experience. This information is kept secure and confidential in accordance to HIPAA guidelines. Any information that is shared is used only for the purpose of collecting ongoing data related to recurrence rates, additional treatments, and quality of life. Annual follow-up letters and phone calls also help to remind physicians and patients that regular exams are an important part of patient care for all survivors.



Tammy Walker Cancer Center cancer registrars Vicky Lauseng (left) and Pam Ehlt enter data from newly diagnosed cancer patients.

As of October 2014, the Tammy Walker Cancer Center Cancer Registry currently has data on over 12,000 patients with over 13,000 cancers. Out of those 12,000 patients, approximately 9,700 are being followed annually with a 93% success rate. The Cancer Registry encourages patients to return their follow-up letters and let us know if you have moved or changed physicians. Your complete information makes a difference!

Enhancing local and national knowledge

The compiled data is used to inform local medical professionals of the type and incidence of cancers diagnosed and treated in our community. As a result, community education concerning prevention and screening is developed to help decrease these cancers.

Currently, there are 1,500 cancer programs accredited by the Commission on Cancer throughout the United States. Of those, only eight are within the state of Kansas. All accredited programs must comply with

the same rules and regulations set forth by the Commission on Cancer. These guidelines ensure data is entered into the database in a similar manner for all accredited programs. Accreditation ensures the data from the Cancer Registry is accurate due to the continuous updates and education provided by the Commission. Data is input into a database maintained by the Commission on Cancer called the National Cancer Data Base (NCDB). This information is available to researchers, the medical community and also to the general public.

Since all of the information from 1,500 accredited cancer programs in the NCDB is reconciled, it was not unusual to take up to two years to receive useful information back to each submitting facility. Many quality improvement processes, education for prevention and screening, and other efforts are derived from information extrapolated from the data in the NCDB. Because of the lag in data and the accredited cancer programs wanting to make decisions based upon what was happening right now, the accredited cancer programs began asking the Commission on Cancer for more real-time report information. The Commission on Cancer responded to the request and developed a software program entitled Rapid Quality Reporting System or RQRS for short.

With RQRS, the registrars abstract within six months of all cancer diagnoses and report the information to the NCDB. A report is generated back to the submitting facility within a month; this report will alert the registrars of any important and/or pertinent data missing. RQRS has helped each accredited cancer program know in real time, data that impacts the cancer program—negatively or positively. It has afforded each facility the ability to make real-time improvements. These real-time improvements benefit the overall care patients receive from accredited cancer programs.

Decades of data

Tammy Walker's Cancer Registry originally began as two separate cancer registries, St. John's Regional Health Center and Asbury-Salina Regional Medical Center. The data in the current registry goes as far back as January 1, 1984. Pam Ehls, Certified Tumor Registrar, began working as a cancer registrar at St. John's in 1986 and joined with the Cancer Program in the early 90's. As the oncology field made great advances, Pam continued to keep up with the demand for excellence and quality by earning the nationally recognized Certified Tumor Registrar credential in 1991. In 2012, it became mandatory that cancer programs accredited by the Commission on Cancer employ a Certified Tumor Registrar to meet quality standards. In early 2014, Vicky Lauseng joined the Cancer Registry after earning a degree in Health Information Management from Hutchinson Community College. Pam continues to train Vicky in all aspects of Cancer Registry management in preparation to take the Certified Tumor Registrar exam in 2015.

Tumor Conference Cases

Tumor conferences are held two times a month for all physicians and medical personnel who work with cancer patients. The conferences afford the opportunity to provide education to staff and discuss and review various cancer cases being treated.

The goal of these conferences is to continuously improve our patient care through the dissemination of research findings and ongoing education. Each case presentation includes an outline of the medical history, physical findings, clinical course, radiology and pathology pictures. Information is discussed to bring forward the best course for the patient with this disease.

The Tammy Walker Cancer Center also listens to KU Tumor Conferences on Friday mornings to view a wider range of cases being seen at KU Medical Center. Tammy Walker Cancer Center doctors also are able to present cases to KU via the interactive TV for input from the KU physicians. The ITV conferences are made available through the Midwest Cancer Alliance.

2013 Tumor Conference Cases

Head & Neck	2	Pancreas	2	*Lung	8
Rib	1	Kidney	5	Anal	1
Ovary	1	Esophagus	1	Neuroendocrine Carcinoma	1
Testis	2	Bladder	3	Thymoma	1
*Colon/Rectum	8	Eye	1	Multiple Myeloma	4
Leukemia	5	*Prostate	2	Endometrium	2
Melanoma	1	Cervical	2	Unknown Primary	6
Brain	4	*Breast	13	Hodgkins	1
*Lymphoma	11	Laryngeal Papillomatosis	1		

All top 5 sites were presented

Total cases Presented = 89

Prospective Cases = 77 (86.5%)

Retrospective Cases = 12 (13.4%)

Required attendance – 96% (pathology, radiology, medical oncology, radiation oncology, surgery)

Practice Profile Reports

The American College of Surgeons Commission on Cancer has defined six Cancer Program Practice Profile Reports (CP3R) that must be evaluated and publicly reported in 2013.

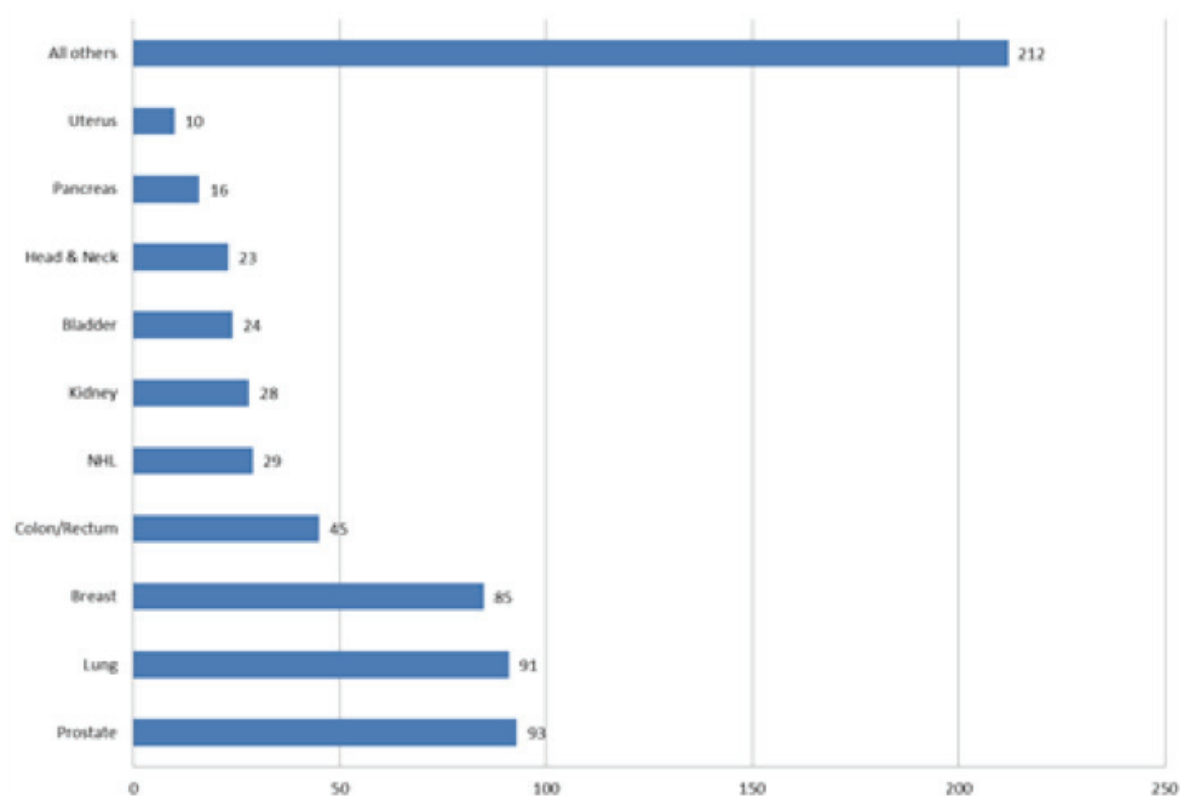
American College of Surgeons/National Cancer Data Base CP3R 2013 Measures

Oncology Metric	SRHC/TWCC	Required Performance Rate
Radiation therapy is administered within one year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer	100%	90%
Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cNoMo or Stage II or III hormone receptor positive breast cancer	100%	90%
Tamoxifen or third generation aromatase inhibitor is considered or administered within one year (365 days) of diagnosis for women with AJCC T1cNoMo, or Stage II or III hormone receptor positive breast cancer	97.1%	90%
At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer	96.3%	80%
Adjuvant chemotherapy is considered administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer	80%*	90%
Radiation therapy is considered or administered within 6 months (180 days) of diagnosis for patients under the age of 80 with clinical or pathological AJCC T4NoMo or Stage III receiving surgical resection for early rectal cancer	100%	100%

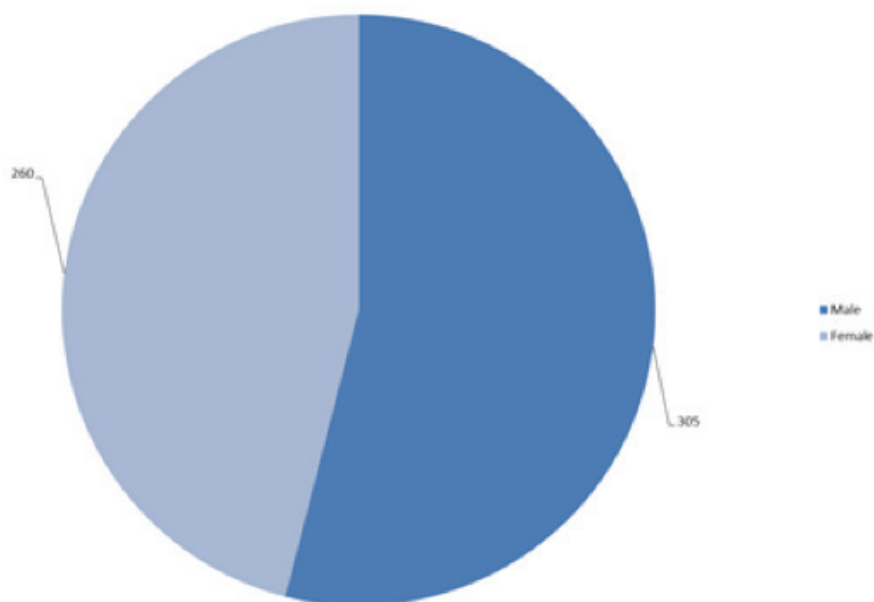
*All measures meet the requirement except for the Adjuvant Chemotherapy and one patient refused treatment for this measure to fall below.

Cancer Registry Data

2013 Primary Sites

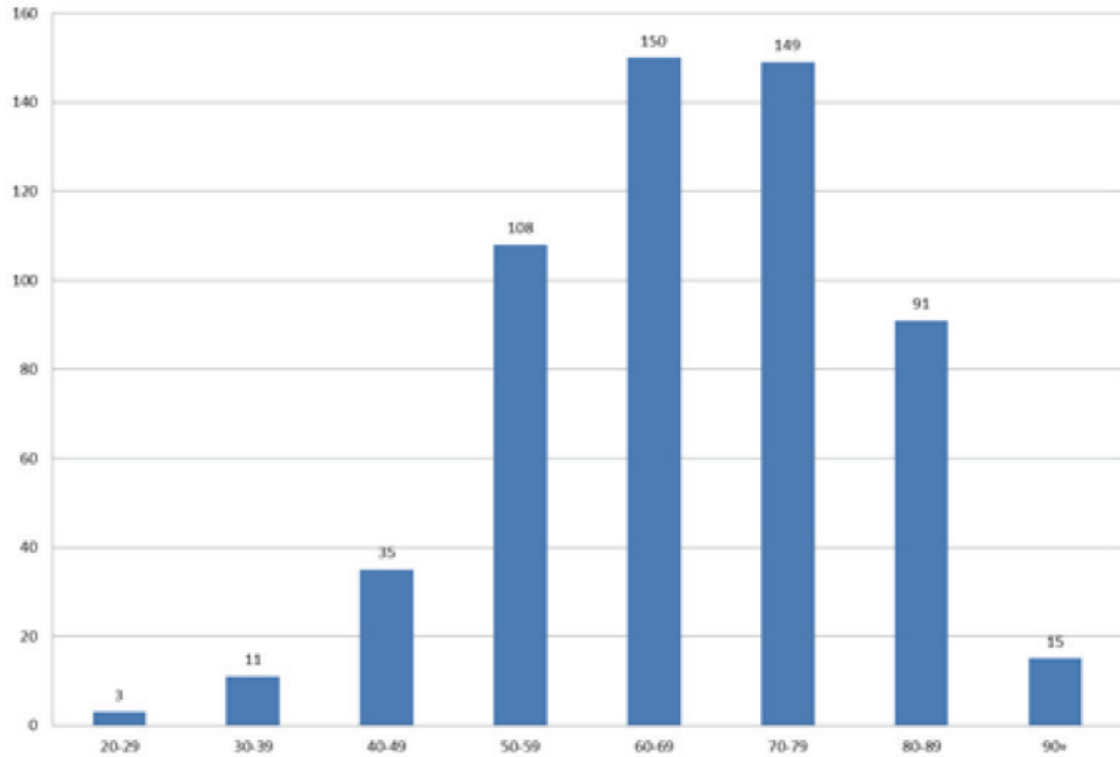


2013 Male/Female Cases

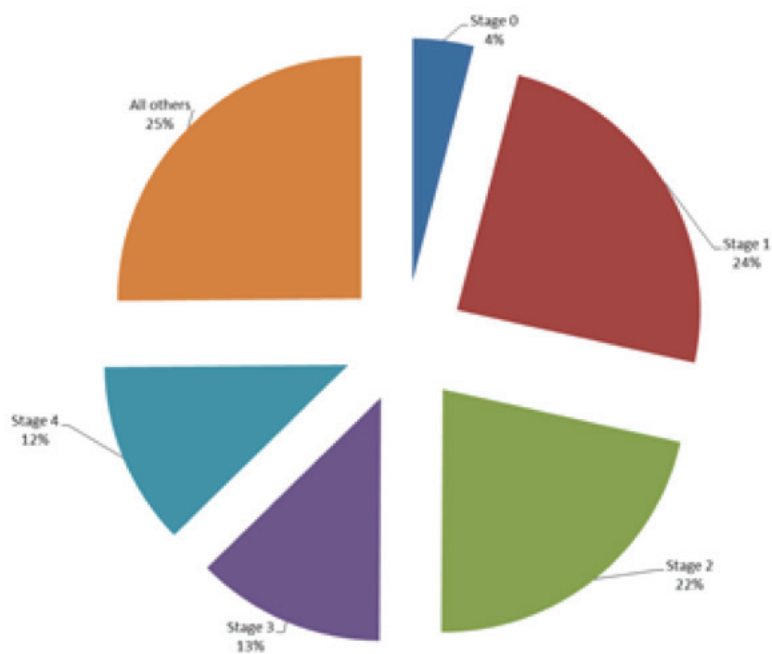


Cancer Registry Data Cont.

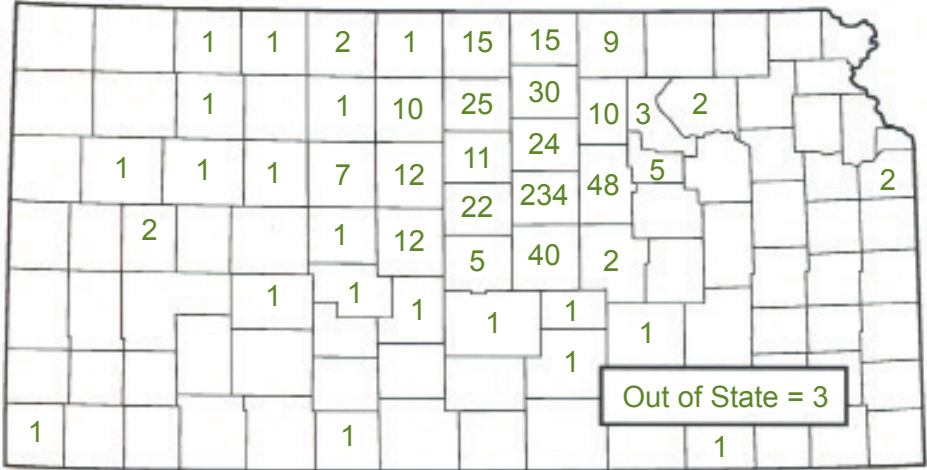
2013 Age at Diagnosis

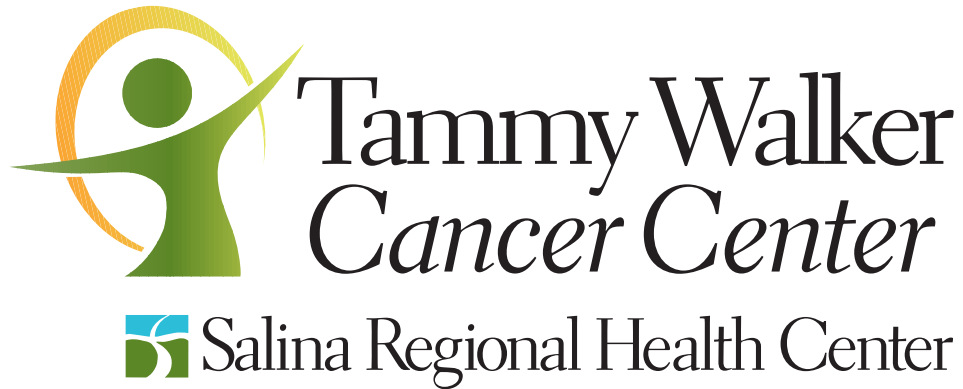


2013 Stage at Diagnosis



2013 Cancer Patient County of Origin (565 Total Cases)





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Affiliates:

