

Mercy Hospital Fort Smith
Cancer Program

PUBLIC REPORTING OF
OUTCOMES

2018 ANNUAL REPORT

Our Mission

“As the Sisters of Mercy before us, we bring to life the healing ministry of Jesus through our compassionate care and exceptional service.”

About the Cancer Program at Mercy Hospital Fort Smith

Mercy Hospital Fort Smith is committed to excellence in healthcare by providing leading medical experts, cutting edge technology and a growing list of clinical services that are needed within our community.

To best serve the growing cancer population within our area the Mercy Hospital Fort Smith Cancer Committee is responsible for leading the cancer program. The members of this committee are passionate about cancer care and all of the components of offering quality care to our patients.

Mercy Hospital Fort Smith, its programs, technologies, physicians, and staff have all been assessed to care for this growing demand. We have looked at quality, adherence to national cancer guidelines, and competencies for the services we provide.

As a result of these reviews, we have added staff, increased the presence of medical oncology, and recently installed and implemented a new 1.5T MRI and sun setting the older 1.5T MRI allowing us to have two scanners capable of doing all exams. We have added 3D mammography in the Breast Center and increased MRI utilization and decreased turnaround times by utilizing River Valley and Tower West.

The Mercy Hospital Fort Smith cancer program has been accredited by the American College of Surgeons Commission on Cancer since 1983. This accreditation is acknowledgement by the American College of Surgeons Commission on Cancer validating our cancer treatment plans, adherence to recommended guidelines, and services offered for our patients.

We are committed to providing cancer care in a manner that is caring and structured by quality and outcomes. We strive to live our mission daily -- extending the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities.

Multidisciplinary Cancer Conferences

Given our commitment to Commission on Cancer Accreditation and a growing focus on outcomes research that demonstrates increased patient satisfaction and cancer outcomes, there has been systematic increase in the frequency and use of multidisciplinary care across the Mercy Health System. These multidisciplinary conferences involve surgeons, medical oncologists, radiation oncologists, pathologists, radiologists, nurses, geneticists, clinical research staff and ancillary support staff. The conferences are certified as continuing medical education for physicians, nurses and pharmacists.

These conferences bring cancer care specialists together to share ideas, discuss management, and review national treatment guidelines and the latest research findings, in order to create the best treatment plan or management plan for individual patients. The ancillary support staffs are there to assist with providing patients additional services to ensure the best care experience. The Mercy Hospital multidisciplinary cancer conference meets weekly every Monday and the lung nodule conference meets on the 2nd and 4th Tuesdays of each month.

2018 Cancer Committee Members

Role	Name
Cancer Committee Chair	Tony Flippin, MD
Cancer Liaison Physician	Thomas Kelly, MD
Diagnostic Radiologist	Richard Nelson, MD
Pathologist	Carlisle Alderink, MD
Surgeon	Thomas Kelly, MD
Medical Oncologist	Tony Flippin, MD
	Humdum Durrani, MD
	Zaki Samman, MD
	Daniel Mackey, MD
	Ali Dadla, MD
	Runa Shrestha, MBBS
Radiation Oncologist	Joseph Pedersen, MD
	Kenneth Gardner, MD
Cancer Program Administrator	David Hunton, MD
Registered Dietician - Inpatient	Louise Barling, RD/LD
Registered Dietician - Outpatient	Jenna Siebenmorgan, RD/LD
Oncology Nurse – Inpatient Unit	Carrie Tolbert, RN
Oncology Nurse – Infusion Center	Bridget Prescott, RN
Social Worker	Anna Brown, LCSW
Certified Tumor Registrar (CTR)	Dianna Wilson, RHIA, CTR
Cancer Conference Coordinator	Zaki Samman, MD
Quality Improvement Coordinator	Missy Hanna, RN
Cancer Registry Quality Coordinator	Dianna Wilson, RHIA, CTR
Community Outreach Coordinator	Susan Steffens, MBA
Clinical Research Representative/Coordinator	Cheryl Hyde, LPN
Genetic Professional/Counselor	Gina Null, APN
Palliative Care Team Member	Pamela Gaborni, MD
Pharmacist	Carrie Crofts Nash, PharmD
Rehabilitation - Inpatient	Cory Van Meter, PT, DPT
Rehabilitation - Outpatient	Carrie Minor, PT, DPT, CLT
American Cancer Society	Krista Kirksey
Cancer Registrar	Antoinette Cato, RHIT, CTR

Clinical Trial Accruals

The Commission on Cancer requires comprehensive community cancer programs to accrue patients to clinical trials with a minimum of 4% (analytic caseload). The Mercy Hospital Fort Smith Cancer Program continues to exceed this requirement; demonstrating our commitment to quality, advanced care for our patients.

Mercy Hospital Fort Smith Cancer Program accrued 4.29% of patients (analytic cases) to cancer re-related clinical research studies in 2017. In 2018, Mercy Hospital Fort Smith continues to accrue patients to clinical trials at the same rate or above.

Cancer Program Practice Profile Reports (CP³R)

The Cancer Committee ensures and monitors that patients treated at Mercy Hospital Fort Smith receive care according to nationally accepted measures. The Commission on Cancer measures compliance with current CoC quality reporting tools—the Cancer Program Practice Profile Reports. Below is the summary CP³R performance grid that reports 2015 cases treated at Mercy Hospital Fort Smith. We are proud that our program is exceeding or meeting these required performance expectations of the Commission on Cancer and continue to meet these requirements in current years.

Oncology Metric - 2015 Breast Cancer	Mercy Hospital Fort Smith	CoC Std / % Performance Rate
The ACoS Commission on Cancer has defined Cancer Program Practice Profile Reports (CP ³ R) that must be evaluated and publicly reported for commendation.		
Radiation is administered within 1 year (365 days) of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer	96%	>= 90%
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	93%	>= 90%
Radiation therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with >= 4 positive regional lymph nodes	100%	>= 90%
Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer	97%	>= 80%
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	100%	Not yet established

Quality Improvements

The Mercy Fort Smith Hospital Cancer Committee reviewed and discussed improvements for our cancer patients' care with the following results:

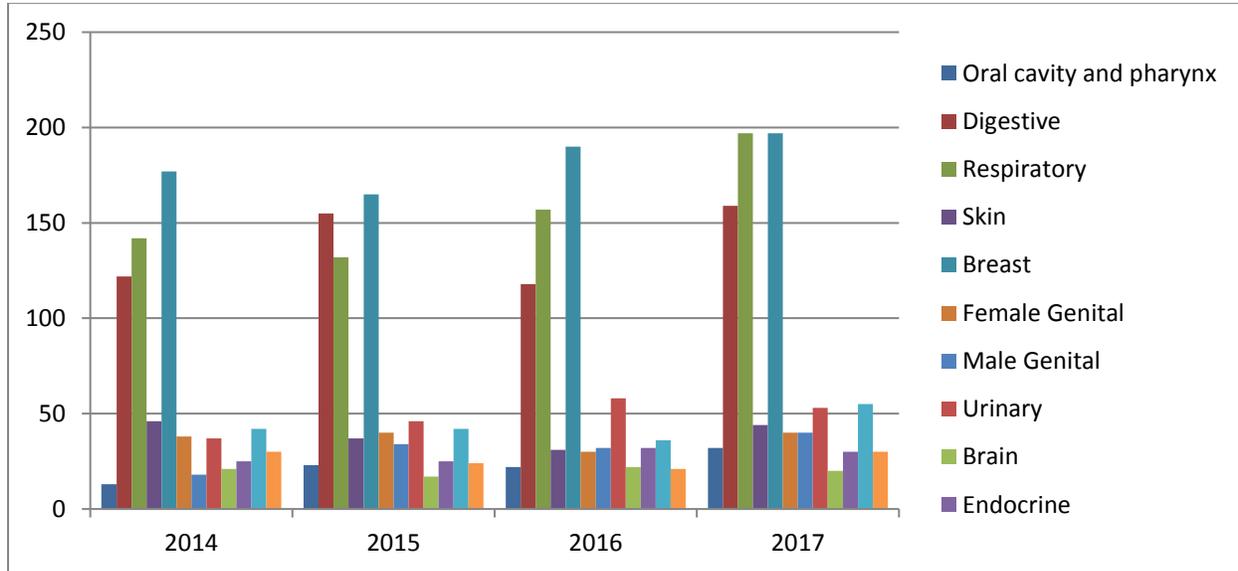
1. Based on a study from 2017 (Final Results for Post Diagnostic Pre-surgical Breast MRI), we established that there was room for quality improvement to decrease turnaround times between date MRI ordered and date MRI performed. Planned improvement from this study was to implement utilization of MRI capacity at River Valley Orthopedic Hospital and Mercy Tower West to increase available slots at MHFS to decrease turnaround time. Continued monitoring for effectiveness/improvement throughout 2018 resulted in improved time from order to exam to around 7.5 days over the past 3 months. This is a significant improvement of 52% over the initial time first noted in this study of 14.4 days. The end result is faster appointment times, which helps to reduce the amount of time a patient has to wait between MR results and start of treatment by almost 7 days.
2. Built a Prep and Recovery in Imaging to be able to recover Imaging patients (including biopsies) in the Imaging department instead of recovering in Cardiology.
3. Installed a new 1.5T MRI and are sun setting the older 1.5T MRI which will allow us to have two scanners capable of doing all exams.

Who We Serve

Mercy Hospital Fort Smith serves the needs of our community and surrounding areas. The chart below shows the numbers and disease sites of the cancer cases served in CY 2014-2017:

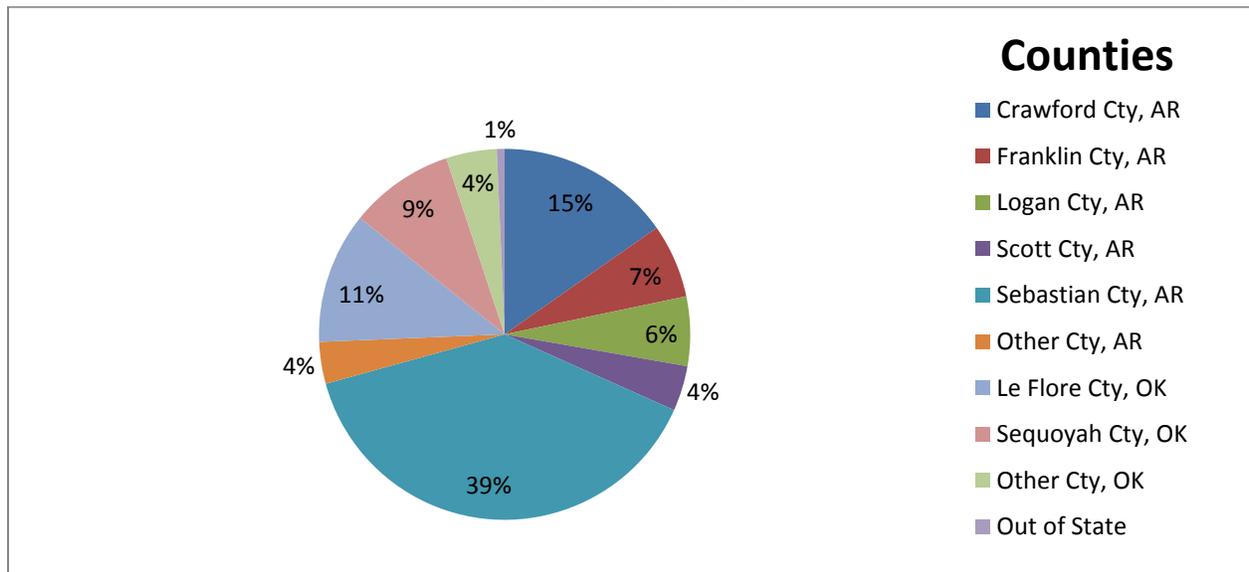
We served a total of 1029 patients in 2017, representing an increase of 17% over 2016.

Analytic Cases by Disease Site • 2014-2017



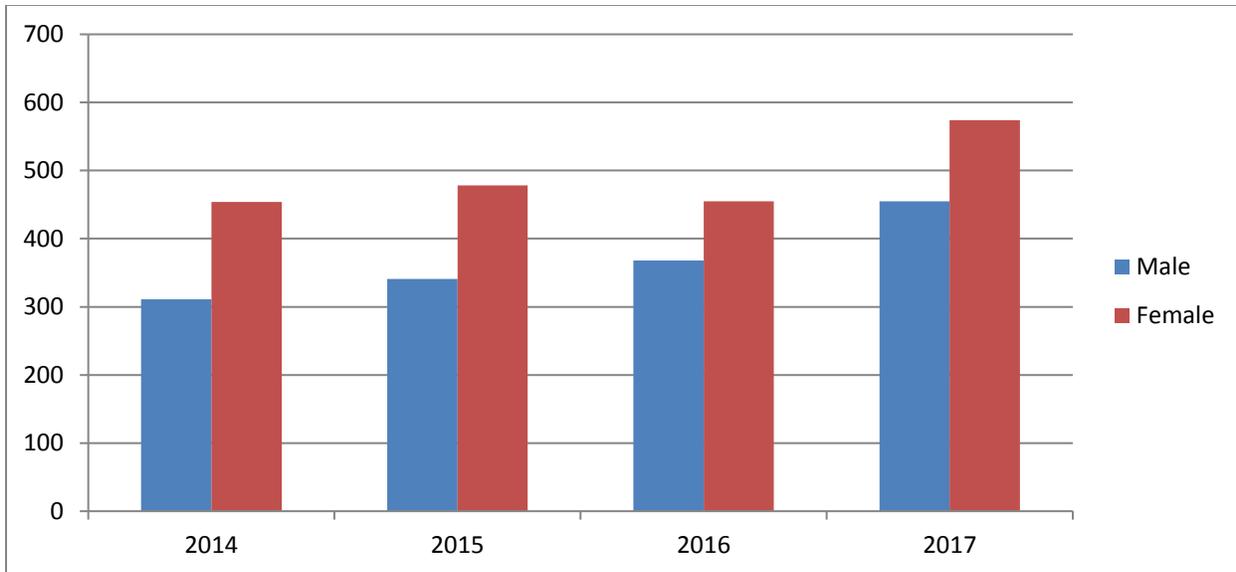
The county distribution below indicates that the majority of our service area is from Sebastian (39%) and Crawford (15%) counties in Arkansas and Le Flore (11%) and Sequoyah (9%) counties in Oklahoma.

Counties Served



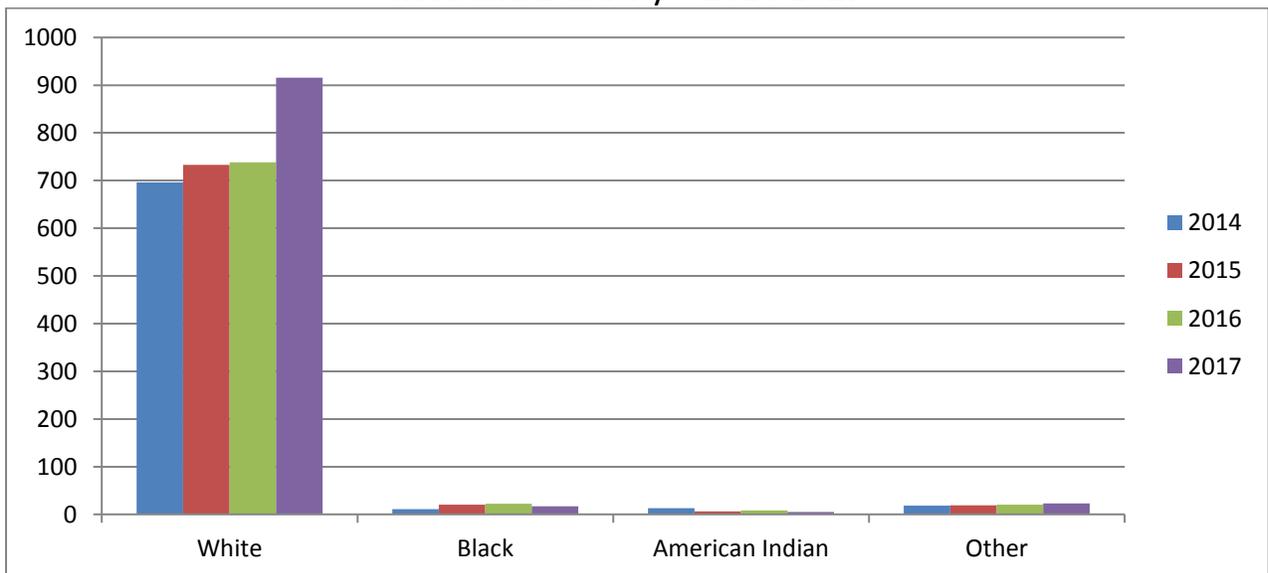
The gender distribution below indicates that our program treats more women than men, a relatively consistent trend in 2014 through 2017.

Gender Distribution • 2014-2017



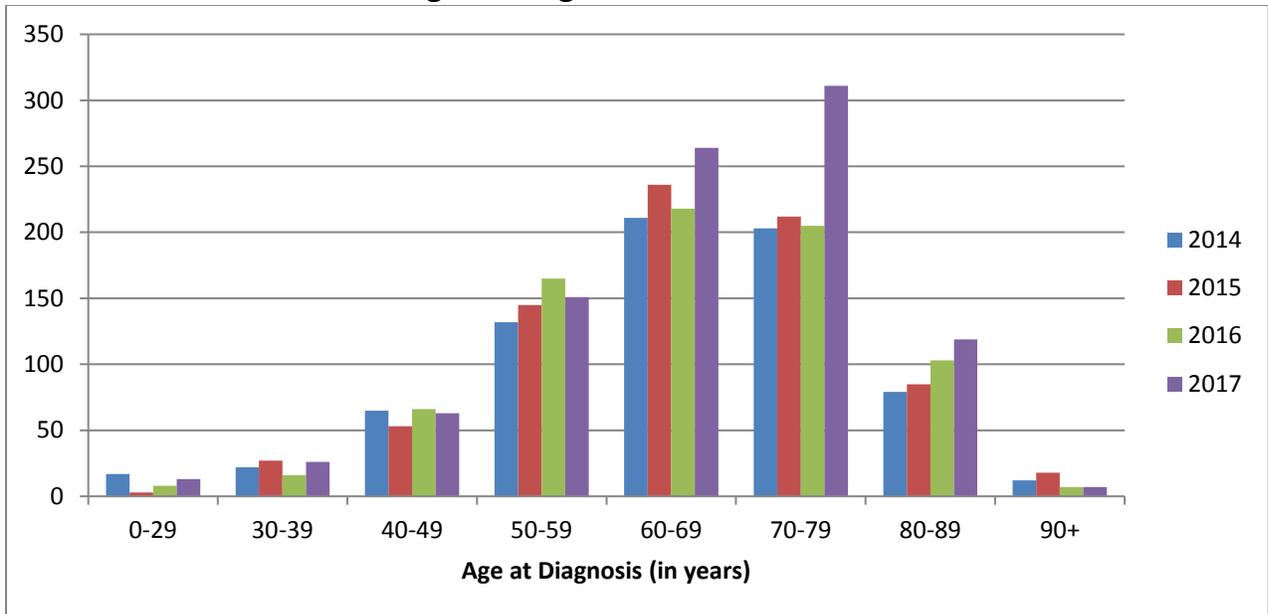
The race and ethnicity is dominated by Caucasians, although there are documented smaller amounts of other races and ethnicity depicted below.

Race and Ethnicity • 2014-2017



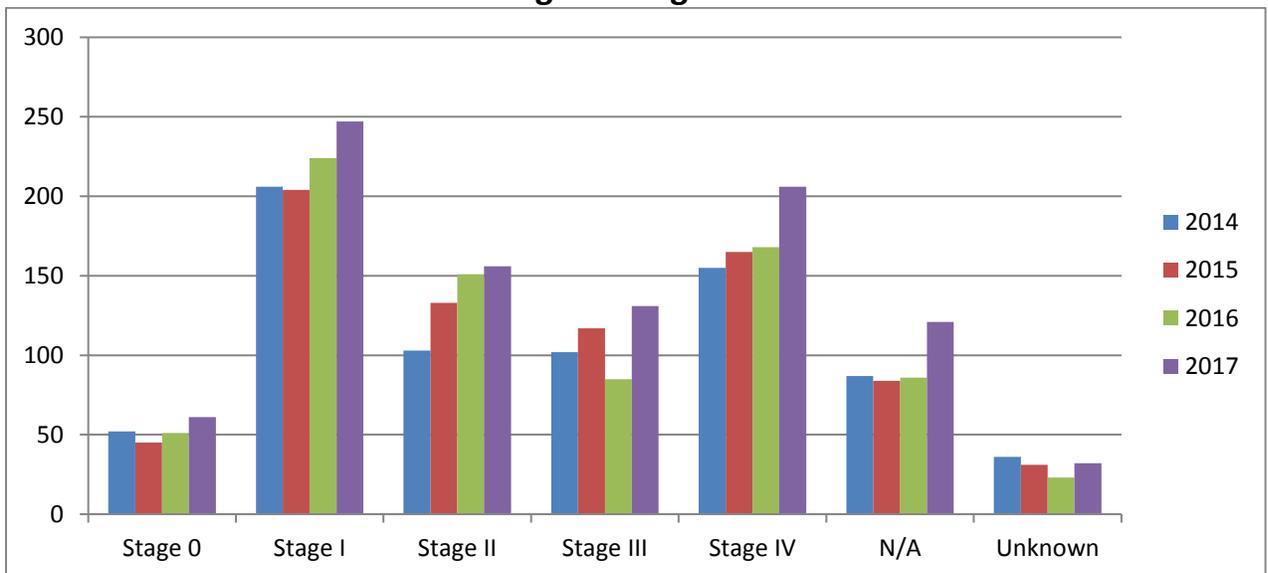
The majority of cancer cases were diagnosed in patients who were between 50-years-of-age and 89-years-of-age, as indicated in the graph below.

Age at Diagnosis • 2014-2017



The majority of cancer cases were diagnosed at an early stage of illness, AJCC Stage I, although there were a significant number of later stage cancers diagnosed.

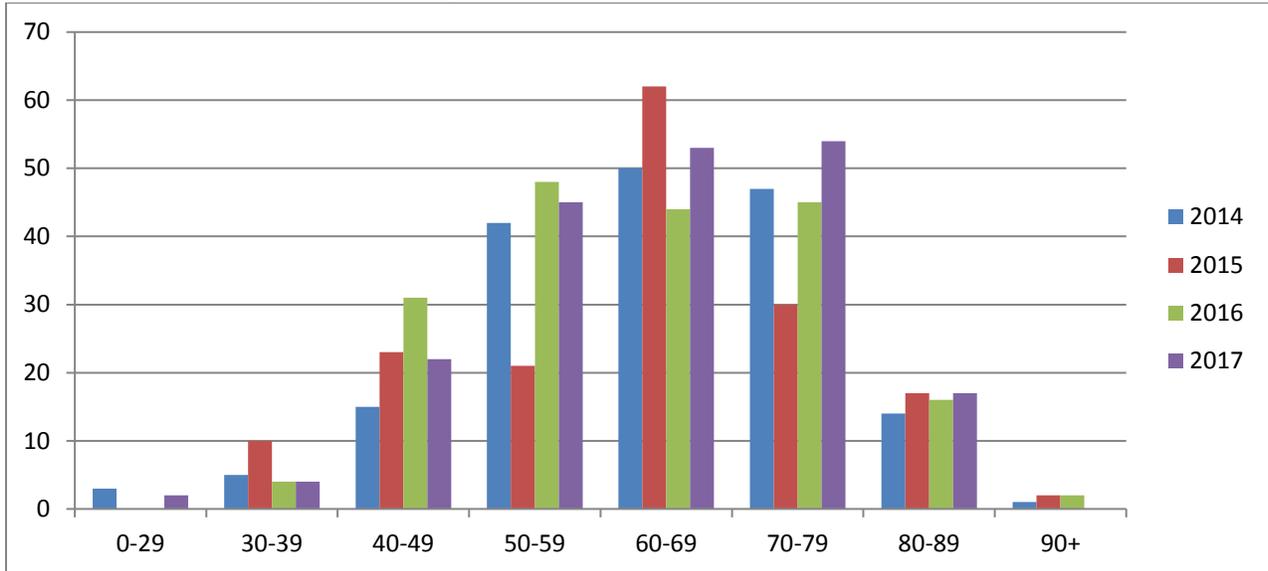
AJCC Cancer Stage at Diagnosis • 2014-2017



Breast Cancer Care 2017

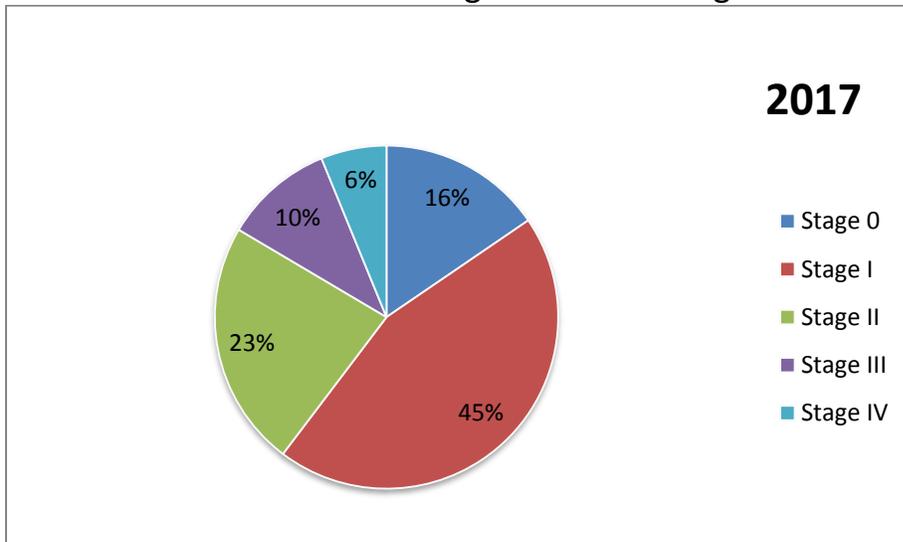
Mercy Hospital Fort Smith breast cancer cases follow a similar trend to that of other programs nationally. Breast cancer age-at-diagnosis follows a normal distribution curve, with over half of breast cancers being diagnosed between ages 50 and 79-years.

Age at Diagnosis, Breast Cancer • 2014-2017



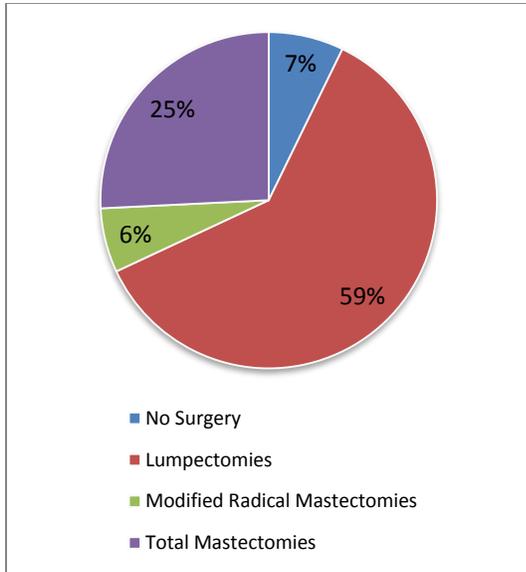
Mercy Hospital Fort Smith breast cancer cases follow a similar trend to that of other programs nationally with regard to the extent of disease when diagnosed. The majority of the breast cancer cases diagnosed in 2017 were Stage I and Stage II.

AJCC Stage at time of Diagnosis • 2017

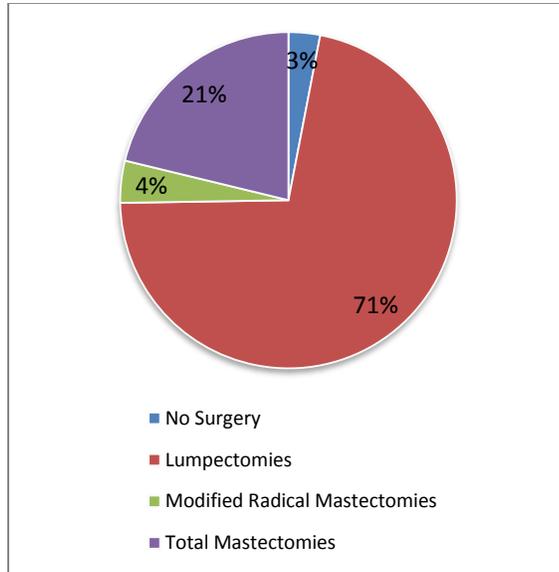


The following chart depicts how Parker Adventist Hospital's Breast Cancer surgery statistics compare to the NCDB breast cancer surgery statistics for 2016. The statistics are comparable to the national trends.

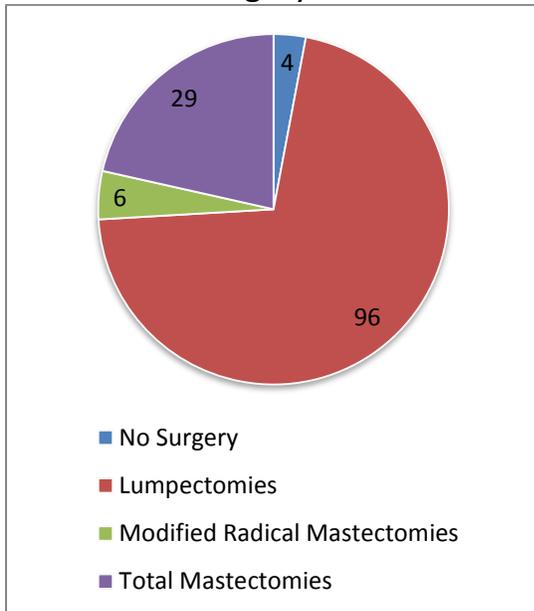
2016 NCDB Benchmark



2016 Mercy Hospital Fort Smith



2016 Breast Surgery Statistics



Mercy Breast Center

In the U.S., one in eight women will learn she has [breast cancer](#) at some time in her life. Survival rates are highest when breast cancer is diagnosed and treated in the earliest stage.

At Mercy Breast Center – Fort Smith, we’re dedicated to helping women beat breast cancer. Through early detection, treatment, education and ongoing support, we empower women in the fight against this disease. The breast center team is committed to keeping you healthy, and we do it in a comfortable, warm, personal setting.

Our mission at Mercy Breast Center is to bring you the best possible patient care in a setting where you feel trust and support. We offer 3D Mammogram screening, plus expert follow-up care for all breast conditions, including cancer or other breast diseases.

Mammography

Mercy Breast Center - Fort Smith offers automated whole breast ultrasound - this new 3D mammogram (tomosynthesis) technology is the first in the region. [3D Mammography](#) is the only breast cancer screening technology specifically developed and FDA approved for women with dense breast tissue. It uses sound waves to create 3D pictures of the breast tissue, and is specifically designed to help doctors find cancers that are hidden in dense breast tissue. This, along with mammography results, allows for a clearer, more accurate and comprehensive evaluation for women with dense breast tissue.

Online Scheduling

Mercy encourages women to take charge of their health and sign up for a mammogram using Mercy’s new online scheduling option. Women 40 and older can quickly and easily schedule a standard digital mammogram or a digital mammogram with 3D images so they can take charge of their health and get peace of mind. Online scheduling is available across Mercy’s service area and began in October. <https://www.mercy.net/service/mammography/>

Mobile Mammography

Mercy offers a mobile mammography unit in western Arkansas and eastern Oklahoma. The earlier you can detect [breast cancer](#), the better your chances for successful breast cancer treatment. But we know it can be difficult to find the time to travel to a screening location. That’s why Mercy offers mobile mammography units – state-of-the-art, self-contained vehicles that make it quick and convenient to get a mammogram.

Our mammography vehicles travel to locations in all corners of the communities we serve, so you won’t have to drive far. The actual screening typically takes just 15 minutes, and is performed by registered female technologists.

Financial Assistance for Mammograms

The Mercy Breast Center - Fort Smith is now a provider for the Arkansas BreastCare program. The [Mercy Health Foundation](#) also sponsors the To Save A Life program. Both of these

programs are available to help women who are uninsured or underinsured pay for mammograms and other diagnostic services needed to diagnose breast cancer.

Hispanic Outreach

Breast cancer is the leading cause of cancer death in Hispanic women, who tend to be diagnosed with later-stage breast cancers due in part to lower mammography rates, as well as delays in follow-up after an abnormal mammogram.

Mercy is addressing this priority population in the River Valley through its Komen Ozark-funded Hispanic Outreach Program. A bilingual navigator works within the Hispanic community to build relationships and educate women on breast health. She serves as a liaison between the community and health care providers, assists with scheduling appointments, translates, eases fears and answers questions. Annually, this program reaches more than 500 Hispanic women. Through this program, cases of breast cancer are detected every year that otherwise might go undetected.

Genetics Counseling

Breast cancer can be hereditary. If you have a family history of breast cancer or have been diagnosed yourself, our Mercy doctors may recommend genetic counseling and possible testing. This testing is a safe, simple way to discover if you or your family is at risk for certain cancers. With that knowledge, you'll be better equipped to plan for your future.

It is the policy of the Mercy Breast Center to assess patients in the Breast Center undergoing screening for risk factors for the development of breast cancer based on family history and other criteria established by the National Comprehensive Cancer Network (NCCN) and other national organizations. These patients are identified as being at risk and offered additional screening and/or preventative services based on national guidelines published by the NCCN and others. Genetic testing for hereditary breast, ovarian and colon cancer is offered when patients meet the appropriate established guidelines.