Cancer Care – How do we compare? (continued from inside)

3. Chemotherapy drugs are toxic and could be dangerous if not prepared correctly. Therefore, LMH follows a rigorous five-step safety procedure to prevent chemotherapy errors.

	LMH 2012	LMH 2013	LMH 2014	Goal
Number of chemotherapy medication errors negatively impacting patients	0	0	0	0

4. When a person is either diagnosed with or treated for cancer, the person is entered into the Cancer Registry. It then is the responsibility of the accredited organization to follow up with the person for the rest of his/her life on an annual basis to encourage appropriate care. Cancer Registry staff also may contact the primary care physician to ensure the health of the patient.

	LMH 2012	LMH 2013	LMH 2014	Goal
Cancer Registry patients with annual follow-up	93%	94%	93%	**greater than 80%**

5. Clinical research ensures that patient care approaches the highest possible level of quality. There is no minimum requirement for how many patients are placed in cancer-related clinical trials in a community hospital cancer program; however, to provide maximum service, LMH offers access to national clinical trials to patients as a member of the Columbus Community Clinical Oncology Program.

	LMH 2012	LMH 2013	LMH 2014	Goal
Newly diagnosed and/or treated patients in clinical trials	11.3%	9.0%	8.0%	**greater than 2%**

6. In an effort to prevent and promote early detection and treatment of cancer, the physician offices of Licking Memorial Health Professionals (LMHP) measure and track results of cancer screening tests for breast cancer, cervical cancer and colorectal cancer for all active patients. Active patient population is defined as patients seen within the last three years.

	LMHP 2012	LMHP 2013	LMHP 2014	National Average[4]
LMHP patients who received screening tests for:				
Breast cancer	84%	84%	83%	**64%**
Cervical cancer	83%	83%	83%	**73%**
Colorectal cancer	64%	65%	64%	**58%**

Data Footnotes: *(1) Kolb TM, Lichy J, Newhouse JH. Comparison of the performance of screening mammography, physical examination, and breast ultrasound and evaluation of factors that influence them: an analysis of 27,825 patient evaluations. Radiology. 225(1):165-75, 2002. Oestreicher N, Lehman CD, Seger DJ, Buist DS, White E. The incremental contribution of clinical breast examination to invasive cancer detection in a mammography screening program. AJR Am J Roentgenol. 184(2):428-32, 2005. (2) Bassett LW, Hendrick RE, Bassford TI, et al, Quality determinants of mammography: Clinical practice guidelines, No. 13. Agency for Health Care Policy and Research Publication No. 95-0632. Rockville, MD: Agency for Health Care Policy and Research, Public Health Services, US Department of Human Services, 1994. (3) D'Orsi CJ, Bassett LW, Berg WA, et al, BI-RADS: Mammography, 4th Edition in: D'Orsi CJ, Mendelson EB, Ikeda DM, et al: Breast Imaging Reporting and Data System: ACR BI-RADS – Breast Imaging Atlas, Reston, VA, American College of Radiology, 2003. (4) Percentages are compiled by averaging Commercial, Medicare and Medicaid data as reported in "The State of Health Care Quality 2012," Healthcare Effectiveness Data and Information Set, "Measures of Care."*

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Visit us at www.LMHealth.org.

Please take a few minutes to read this month's report on **Cancer Care.** You'll soon discover why Licking Memorial Hospital is measurably different ... for your health!

The Quality Report Card is a publication of the LMHS Public Relations Department. Please contact the Public Relations Department at (740) 348-1572 to receive future mailings.

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Licking Memorial Health Systems

Quality Report Card

Volume 17, Issue 3 | March 2016 | CANCER CARE

Importance of **Colorectal Cancer Screening**

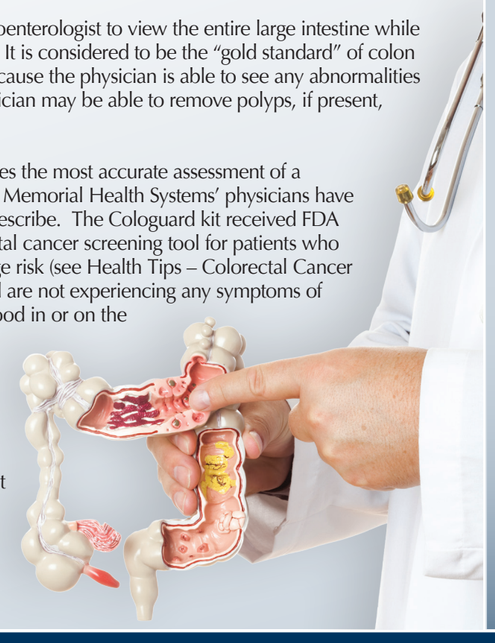
According to a recent report by the Ohio Department of Health, Licking County's colorectal cancer mortality rate per 100,000 residents is 20 percent, compared to Ohio's mortality rate of 16 percent. In addition, from 2008 to 2012, cancer was detected after it had progressed to its late stages 57 percent of the time among Licking County's colorectal cancer patients, compared to 50 percent in the state of Ohio.

These numbers demonstrate the importance of colorectal cancer screenings. With colorectal cancer screenings, physicians often are able to detect precancerous polyps and early-stage malignant tumors when they are the most easily treated.

Patients who do not have symptoms or an increased risk of colorectal cancer are usually advised to begin regular screenings at age 50. LMHS offers four types of colorectal screening tests: colonoscopy, flexible sigmoidoscopy, high-sensitivity fecal occult blood test and Cologuard® at-home kits that test the patient's DNA and detects the presence of blood in the stool.

Colonoscopy allows the gastroenterologist to view the entire large intestine while the patient usually is sedated. It is considered to be the "gold standard" of colon cancer screening methods because the physician is able to see any abnormalities directly. In addition, the physician may be able to remove polyps, if present, during the procedure.

Although colonoscopy provides the most accurate assessment of a patient's colon health, Licking Memorial Health Systems' physicians have a new option that they can prescribe. The Cologuard kit received FDA approval in 2014 as a colorectal cancer screening tool for patients who are considered to be at average risk (see Health Tips – Colorectal Cancer Risk Factors on this page), and are not experiencing any symptoms of colorectal cancer, such as: blood in or on the stool, constant stomach pain, and unexplained weight loss. With Cologuard, the patient collects stool samples at home and sends them to a testing laboratory. Patients who have any questions about colorectal cancer screening options should consult theirprimary care physician.



Health Tips – Risk Factors for Colorectal Cancer

The risk of getting colorectal cancer increases with age and is greater in men than in women. The Centers for Disease Control and Prevention (CDC) reports that more than 90 percent of colorectal cancer cases develop in patients older than 50 years of age.

Although colorectal cancer can affect anyone, the following health factors increase the risk:

- Inflammatory bowel disease, Crohn's disease or ulcerative colitis
- Medical history of colorectal cancer or polyps
- Family history of colorectal cancer or polyps
- A genetic syndrome that predisposes the patient to colorectal cancer

The CDC says the following lifestyle factors also may contribute to an increased risk of colorectal cancer:

- Lack of regular physical activity
- Low consumption of fruit and vegetables
- Low fiber, high fat diet
- Overweight and obesity

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Patient Story – Scott Davis

Scott Davis found a team of caring professionals at Licking Memorial Hospital who helped him every step of the way through his treatment for colorectal cancer.

There was a great deal of information for Scott Davis to process while he lay in a bed at Licking Memorial Hospital (LMH) in January 2014. Scott had been experiencing intermittent constipation for months. He was expecting to have a colonoscopy in the coming week, but his world changed suddenly as his symptoms worsened, and he found himself fitted with a colostomy bag and surrounded by family with the shocking revelation that he had stage 3-B colorectal cancer.

At home, Scott had tried over-the-counter remedies for his symptoms, but the constipation persisted off and on, and he began to lose weight. Scott visited his primary care physician, Jason M. Winterhalter, M.D., who referred him to Gastroenterologist David E. Subler, M.D. Before the scheduled appointment with Dr. Subler, Scott developed severe abdominal pain and vomiting, and his wife, Kim, rushed him to the LMH Emergency Department.

The Emergency Department physician ordered a CT scan of Scott's abdomen, which indicated an abnormality. Dr. Subler performed a flexible sigmoidoscopy in the GI Lab and discovered that a tumor was blocking Scott's colon. General Surgeon Brent M. Savage, M.D., performed surgery on the following day to remove the tumor, as well as the affected portion of Scott's colon where the tumor had grown through the intestinal wall. Dr. Savage then performed a colostomy with the hope that it would be temporary.

Just 42 years old at the time, Scott had no family history of colorectal cancer and had never had a screening colonoscopy. "It never occurred to me that I might have cancer," Scott said. "The news was a big shock. My first thought was, 'I'm going to die.'" As Scott and Kim came to terms with the cancer diagnosis, they found great comfort in the LMH staff's care. "They weren't just doing their jobs. I could tell that they genuinely care about their patients and go 'above and beyond' anytime they can." he explained. "There was a strawberry vitamin supplement that I was supposed to drink, but I thought it tasted terrible. My nurse took the time to go to the Hospital's Café to get some ice cream and mix it with the supplement into a milk shake that tasted much better. That kind of attention made a big difference for me."

Scott was discharged from the Hospital after 10 days so that he could recuperate from the surgery at home, taking six weeks' medical leave from his job as manager at Larry Harer Inc., a Goodyear dealership in Heath. His focus was to heal from the surgery and gain back weight to prepare for chemotherapy. Kim noticed a difference in his health immediately. "Obviously, the tumor had been growing for a long time. As soon as it was removed, Scott started regaining the weight he lost and was like a new person," she said.

Scott soon met with Hematologist/Oncologist Aruna C. Gowda, M.D., to develop his treatment strategy. "Dr. Gowda is very thorough. She explained each step of the chemotherapy process. She recommended that I have 12 treatments and assured me that if I had any side effects, such as fatigue or nausea, she could prescribe medications to control the symptoms. She also told me that with the type of chemotherapy I was going to have, I probably would not lose my hair. I wouldn't have cared, just so long as I lived."

On March 6, 2014, he returned to the Surgery Department, and Dr. Savage implanted a port in Scott's chest to receive the chemotherapy drugs. In spite of Dr. Gowda's assurances and a great deal of research on colorectal cancer, Scott still approached his first chemotherapy treatment with apprehension. He recalled, "It was scary at first because I did not really know how it was going to feel."

To Scott's relief, the first chemotherapy treatment, as well as the remaining treatments, went very smoothly. "My chemo sessions were always scheduled on a Monday, which is my day off, so I would not miss work. My dad usually accompanied me, and we'd talk or watch TV during my treatments that lasted five to six hours. I never had any trouble with nausea or tiredness, and just as Dr. Gowda had said, my hair did not fall out."

Scott added, "Dr. Gowda and the whole Oncology staff were awesome. They gave me a feeling of hope and made the chemotherapy process feel like normal life. They motivated me to be positive about the experience."

Scott was given additional chemotherapy drugs after each Monday session to fill his infusion pump at home on Tuesday and Wednesday. At his twelfth and final session, the Oncology staff presented him with a cake to help him celebrate.

Dr. Savage performed a colonoscopy a few weeks later and found no traces of cancer. He also removed the chemotherapy port from Scott's chest.

In November 2014, Scott and Kim visited Dr. Savage to make arrangements to have the colostomy reversed and the healthy bowel resected. They noticed a poster in the lobby of the Licking Memorial Surgical Services office that announced that Dr. Savage had been named 2014 LMH Physician of the Year by other members of the Medical Staff. Throughout the previous nine months, Scott and Kim had developed a deep respect and trust for Dr. Savage and were pleased that his skills were recognized by the award. "We think he's a superstar," Scott said. "He is very humble, but he has so much knowledge and amazing surgical skills. I never had any complications with my surgeries, and he was so caring."

Scott had unexpected visitors in his Hospital room following the bowel resection. Some of the Oncology nurses took the time to stop by to congratulate him on his progress.

"I've learned so much about the journey of cancer treatment," Scott said. "I thought it was going to be horrific, but there was a whole team of very caring professionals there with me every step of the way. They made me feel so much at ease and like my life was normal again. Between the LMH staff, my family, friends and coworkers, I had a very strong support system."

Scott had a one-year follow-up colonoscopy in September 2015, and a CT scan and chest X-ray in January 2016. The news was exciting. "All three tests found no signs of cancer," Scott reported. "I celebrated with a little happy dance!"

Licking Memorial Hematology/Oncology is staffed by three board-certified physicians. The Hematology/-Oncology Department at LMH is accredited by the American College of Surgeons' Commission on Cancer.

Cancer Care – *How do we compare?*

At Licking Memorial Health Systems (LMHS), we take pride in the care we provide. To monitor the quality of that care, we track specific quality measures and compare them to benchmark measures. Then, we publish them so you can draw your own conclusions regarding your healthcare choices.

1. Statistics are collected for all screening mammograms to assess the accuracy of the testing. Some parameters that are determined include the probability that any individual case of breast cancer will be identified by the mammogram and the probability of the mammogram correctly identifying patients who do not have cancer.

	LMH 2012	LMH 2013	LMH 2014	Goal
Percentage of cancers correctly identified by the mammogram	97.1%	96.5%	95.0%	**78%**[1]
Percentage of patients without cancer correctly identified by the mammogram	99.7%	99.7%	99.4%	**90%**[2]

2. Screening mammograms are conducted to detect breast cancer before the patient has any noticeable symptoms. Breast cancer is most easily and effectively treated when it is diagnosed in its early stages. Although the results from most screening mammograms are negative – meaning no cancer was detected – for patients who are found to have breast cancer, the screening mammogram may have been life-saving technology. Licking Memorial Hospital (LMH) tracks the number of screening mammograms that have positive interpretations, meaning that the tests detected cancer that may have remained unnoticed until it was more advanced.

	LMH 2012	LMH 2013	LMH 2014	Goal
Cancer detection rate with positive interpretations (per 1,000 screening mammograms)	3.1	3.3	5.6	**2 to 10**[3]

Cancer Care – How do we compare? (continued on back)

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