



2017 Public Reporting
of Outcomes

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Cancer Prevention Program – CoC Standard 4.1

Lung Cancer Education/Prevention

Cancer Related Prevention (Educational) Needs Identified in the Community Needs Assessment:

The SJMC Community Needs Assessment identified that Asian/Pacific Islander patients are at a higher risk to be diagnosed with stage 4 lung cancer than their Caucasian counterparts. Due to this fact, the SJMC Cancer Committee has decided that the Prevention Program would focus on the education of the Asian/Pacific Islander population in regards to lung cancer.

Analysis of Community Needs Assessment Information/Data:

- The Asian/Pacific Islander population represents 6.3% of the American population and is the fastest-growing racial/ethnic group in the U.S. (Washington, DC: U.S. Census Bureau: 2014).
- The Asian population makes up 14.7% of California and 20.4% of Orange County (Washington, DC: U.S. Census Bureau: 2016).
- 41% of Caucasian patients were diagnosed at Stage 4 Lung Cancer as compared to 55% for Asian/Pacific Islanders.
- Lung cancer is the leading cause of death among Asian/Pacific Islanders, accounting for 27% of deaths (American Cancer Society, 2016).
- It is estimated that about 14% of cancers diagnosed in male Asian/Pacific Islanders and 9% in female Asian/Pacific Islanders will be lung cancer (American Cancer Society, 2016).
- There is limited data regarding the smoking prevalence of this population. One study found that 36% of Korean men living in New York were current smokers (American Cancer Society, 2016). Another study found that U.S.-born Asian American women are more likely to smoke than their foreign-born counterparts: 16% versus 3% (American Cancer Society, 2016).

- Due to the above statistics and trends, the Cancer Committee has identified the priority need for a prevention program for the Asian/Pacific Islander population in regards to lung cancer. Smoking is a modifiable risk factor and, if there is a change in behavior, will decrease the risk and incidence of lung cancer in the SJMC Asian/Pacific Islander community. Education on lung screening practices for this population will also be of significance in identifying lung cancers earlier.

Cancer Site Selected for Cancer Prevention Activity:

Our focus will be to complete a Cancer Prevention Activity focusing on the Asian/Pacific Islander population and lung cancer.

Program Goals:

At the conclusion of the program, the participants will:

- Identify and describe that smoking and second-hand smoke increases a person's risk for lung cancer
- With the assistance of staff, identify whether or not each participant is a candidate for low dose CT lung screening
- Verbalize an increased inclination for quitting and/or encouraging family/friends to quit smoking by post-education survey

Cancer Prevention Program – CoC Standard 4.1

Evidenced-Based Guidelines were used/guidelines available from:

- American Cancer Society
- CMS
- NCCN

Overview of Program:

- **Target population:** the Korean population, especially those that meet CMS guidelines for lung cancer screening
- **Location:** La Mirada Golf Course, La Mirada, California was identified as the event's location due to the high number of Koreans that utilize the golf course. Tuesday morning was chosen because there are senior golf specials during that time that draw in the population that we had identified as ideal.
- **Date:** November 28, 2017 from 8 a.m. -12 p.m.
- **Staff in attendance:** Dr. David Park (Korean Speaking), Oncology Nurse Navigators, Oncology Social Workers, Oncology Nurses, Oncology Managers
- **Education Process:** Participants were educated on a one on one basis with staff and interpreters. Verbal education was supplemented with fliers and facts for self-reinforcement. Literature was available to all interested golfers present.
- **Survey Process:** Participants will conduct a pre-and post-survey. Pre-survey questions will identify knowledge gaps regarding lung cancer and smoking. Post-survey questions will identify if the education provided was effective. Those that are identified as being within the age group and smokers/quit within the last 15 years will be screened for eligibility for a LDCT lung cancer screening.
- **Literature available:**
 - ✦ Pre and Post Survey Questions
 - ✦ Smoking and Lung Cancer Fact Sheet
 - ✦ Lung Cancer Screening Eligibility in English
 - ✦ Lung Cancer Screening Eligibility in Korean
 - ✦ Dr. Oh, Thoracic Surgery biography

List the Program Outcomes:

- Total number of Attendees: 106 people
 - ✦ 57% people declined to take the survey (n=60)
 - ✦ 43% people completed a survey (n=46)
- Demographics of those surveyed (n=45):
 - ✦ Male: 72% (n=33)
 - ✦ Female: 28% (n=13)
 - ✦ Age: 78% of those surveyed were within our age category of 55-77 (n=36)
 - ✦ Total number of Korean attendees surveyed: 93% (n=43)
- Pre-Education Results
 - ✦ 72% knew of the consequences of smoking (n=33)
 - ✦ 67% of respondents or respondents' family/friends did not smoke (n=31)
 - ✦ 63% of respondents or respondents' family/friends are not exposed to second hand smoke (n=29)
- ✦ 50% had not heard of a lung cancer screening CT scan before (n=23)
 - ✦ 83% willing to be screened for eligibility for a LDCT Lung Cancer Screening exam (n=38)
- LDCT Lung Cancer Screening:
 - ✦ Total screened: 39 (85% of those surveyed)
 - ◆ Total found to be within age range: 77% (n=30)
 - ◆ Of those within the correct age range, those who were current smokers/quit within 15 years: 13% (n=4).
 - Smoking or Pack-year history of these 4 individuals include: occasional cigar usage x 10 years, 15 year pack history, and 2 declined to say their pack history.
 - ✦ 1 person stated he has had a LDCT lung scan done in the past. (Note: according to the information he gave us, he is not eligible for LDCT lung scan based on CMS criteria.)

Cancer Prevention Program – CoC Standard 4.1

- Post-Education Results
 - ✦ Many people declined to answer our post-education questions. Of the 46 people that took our survey, only 21 people took the post-education questions (46%).
 - ✦ Of the 21 people who answered the post questions, 100% of them stated that it increased their understanding of smoking, exposure of second hand smoke and the associated risk factors of lung cancer.
 - ✦ 71% (n=15) were nonsmokers, so it wasn't applicable to them to see if they were more inclined to quit. However, of those who smoked (n=6), 50% said they were more inclined to quit (n=3).
 - ✦ Of those who had family/friends that smoked, 93% felt they were more inclined to encourage a family member/friend who smokes to quit smoking (n=14). Only 1 respondent said the information provided did not incline them to encourage family/friends to stop smoking.
 - ✦ 72% of respondents stated they were more inclined to have a lung cancer screening CT scan (n=13), even though most of these individuals did not meet criteria.
 - For the 4 individuals who met the eligibility criteria for screening, 2 said they were more inclined to be screened (50%). The other 2 individuals declined to answer if they were more inclined to be screened. These attendees were encouraged to take the eligibility form and have a discussion with their physician about having the lung cancer screening scan.

Conclusion:

The SJMC Comprehensive Cancer Institute staff felt this program was successful as evidenced by the data listed above. Interpreters were essential in communicating with the population at the Golf Course. Staff perceived that the giveaways (opportunity to win a \$100 Pro Shop Gift certificate) were enticing to attendees and contributed to the golfers' participation. Due to this, staff will consider a financial incentive for a robust response for future events.

Many respondents declined to answer the post questions due to wanting to proceed with golfing. Staff attempted to design the pre/post survey to be as succinct as possible, knowing that they only had a few minutes to be impactful. In the future, a shorter survey can be developed to increase the likelihood of respondents completing the survey.

Date Reported to Cancer Committee:

- December 6, 2017

Reference:

American Cancer Society (2016). Special Section: Cancer in Asian Americans, Native Hawaiians, and Pacific Islanders.

<https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2016/special-section-cancer-in-asian-americans-native-hawaiians-and-pacific-islanders-cancer-facts-and-figures-2016.pdf>

Colby SL, Ortman JM. Projections of the Size and Composition of the U.S. Population 2014 to 2060, Current Population Reports, p25-1143. Washington DC: U.S. Census Bureau; 2014.

Cancer Screening Program – CoC Standard 4.2

Breast Cancer Screening

Cancer Related Screening Needs Identified in the Community Needs Assessment: The SJMC Screening Program is designed to decrease incidence of late stage disease. St. Jude's mission and vision is to improve the health and quality of life of the members of its community. For 2017, the Cancer Committee is dedicated to completing a screening activity in order to decrease the number of patients with late stage disease, thus improving outcomes for our community.

Analysis of Community Needs Assessment Information/Data/Site selected

- In Orange County, CA female Breast Cancer is the highest incidence of all cancers and is also the top cancer site at SJMC. (CHNA 2017, Site table SJMC)
- Breast Cancer incidence per ethnicity/ race is White, Latino and Asian. (CHNA 2017.)
- California is the state with the highest estimated new breast cancer rates (ACS 2017)
- The two primary medical groups caring for SJMC patients monitor Breast Cancer Screening rates in their practice and the data indicates that the percentage of their patients who are delinquent in obtaining screening mammograms needs improvement.
- Due to the above statistics and trends, the Cancer Committee has identified the priority need for a screening program for the two medical group's female patients delinquent in obtaining screening Mammograms per ACR guidelines.

Cancer Site Selected for Cancer Screening Activity: Breast Cancer

Screening Program Goals:

- Participants will be able to have a free mammogram (breast cancer screening) completed for the early detection and diagnosis of breast cancer.
- Participants who are found to have an abnormal finding are followed to ensure appropriate for follow up and/ or treatment.

Evidenced-Based Guidelines were used: American College of Radiology and American Cancer Society for patient education

Program Overview:

- Target Participants – 1,248 patients of SJMC medical groups female patients who have not had a screening mammogram in greater than 14 months
- One group received a formal letter and the other group received a card announcement both are attached to this report
- The communication to patients included data from the American Cancer Society, state incidence, and the details of the screening activity such as calling for appointments on the days selected or walk-ins to be integrated with appointments
- An designated afternoon and early evening provided options for patient's schedules
- Screening were held on September 19, 2017 and October 25, 2017
- No appointments for other patients were scheduled for the two days selected for the Medical Group Mammogram Screening.
- Copies of the Screening Mammogram clinics are attached to this report and were held on September 19, 2017 and October 25, 2017
- The flyers included data from the American Cancer Society state the details of the screening activity such as calling for appointments on the days selected or walk ins to be integrated with appointments
- Refreshment and light snacks were included as an incentive
- A gift card drawing was an additional option for each event

Cancer Screening Program – CoC Standard 4.2

Program Outcomes: for both screenings

- Follow-up for any abnormal finding was coordinated by Breast Center staff
- Total numbers of persons screened = 43
- Ethnicity or Race of the persons screened
- White = 27 or 63%
- Hispanic = 8 or 19%
- Asian = 6 or 14%
- Other = 2
- Age range of the persons screened
- 50-59 = 21 or 49%
- 60 -69 = 13 or 30%
- 70-79 = 6 or 14%
- 40-49 = 3 or 7%
- Clinical Outcomes
- Twenty eight of the participants were over 2 years since last mammogram
- The number of abnormal screenings and follow-up
- Four patients were called back
- Two require a 6 month follow-up
- Two had diagnostic mammograms and was negative
- One patient had a biopsy and this was negative
- Staff perceive that
- There was a better response to the card invitation
- More options for screening could have been offered

Additional Follow-up

- Summary to be presented to December Breast Leadership meeting
- Breast Program Leadership to collaborate with Medical Group and Medical Director to brainstorm attendance improvement opportunities
- Report of outcome of screening to Cancer Committee meeting must include a summary of the above details as well as Cancer Committee member discussion regarding the event and the outcome.
- One note is made at the beginning of the year when the program is selected and approved and one at the end of the year with the outcome.

Reference:
American Cancer Society (2017). American College of Radiology Guidelines

Monitoring Compliance with Evidence Practice Guidelines – CoC Standard 4.6

Site: Pancreatic Cancer

Overview of Pancreatic Cancer: The American Cancer Society's estimates for pancreatic cancer in the United States for 2017 are:

- About 53,670 people (27,970 men and 25,700 women) will be diagnosed with pancreatic cancer.
- About 43,090 people (22,300 men and 20,790 women) will die of pancreatic cancer.
- Pancreatic cancer accounts for about 3% of all cancers in the US and about 7% of all cancer deaths.

Reason Pancreatic Cancer was selected to review in 2017: In the years 2014 and 2015 there were a total of 115 Hepatobiliary cancer patients diagnosed at SJMC and 64 (56%) of these were pancreatic cancer.

- 28% of the Hepatobiliary cases at SJMC are non-analytic,
- 30% of the analytic patients were diagnosed at SJMC but received all or part of the first course of treatment at another facility

After conducting this review, In 2016 SJMC established a Hepatobiliary Program. Developing a Hepatobiliary Program included the addition of three Hepatobiliary surgeons from USC to SJMC surgical staff. Additionally, Gastrointestinal Interventionists provide complex Endoscopic Ultrasound (EUS) and biopsy procedures at SJMC.

Purpose of Study: To ensure 2016 Pancreatic Cases are monitored for compliance with NCCN Clinical Presentation and Diagnostic Workup Guideline.

Study Team: William Lawler, MD, Medical Oncologist Team Leader

Team Members: Hepatobiliary Cancer Conference members which includes at a minimum diagnostic imaging, interventional endoscopy, medical oncology, radiation oncology, surgery, pathology, Michaela Toney, RN along with Susan Vitt, CTR from Cancer Data Management.

Guidelines: NCCN 2017 Version 3.2017 (September 11, 2017); Pancreatic Adenocarcinoma

2016 Adenocarcinoma of Pancreas Patient Population at SJMC:

- Total cases = 38
- Eligible Analytic Cases = 22

Cancer Staging

There are two ways that may be used to stage or classify pancreatic cancer:

- AJCC (American Joint Committee on Cancer) system groups pancreatic cancer in five stages (stage 0 – stage IV). The stages are defined by the growth of the primary tumor and its spread to other sites in the body.
- Classifying pancreatic cancer and planning treatment based on the results of imaging and other tests done before surgery. In this system, NCCN classifies pancreatic cancer into four main groups:
 - ✦ **Resectable:** Cancer confined to the pancreas with significant involvement of nearby blood vessels
 - ✦ **Borderline Resectable:** Cancer confined to the pancreas but involves nearby blood vessels or structures to a greater extent.
 - ✦ **Unresectable:** Cancer involving nearby blood vessels or other structures to such a significant extent that it cannot be successfully removed by surgery.
 - ✦ **Metastatic pancreatic cancer:** Involves distant sites.

Monitoring Compliance with Evidence Practice Guidelines – CoC Standard 4.6

Since the staging system that is used at SJMC is consistent with NCCN Guidelines the following testing is performed on patients with a suspicion of Pancreatic Cancer:

- Scans: CT preferred, Chest X-Ray pre-op to identify possible lung Mets, US
 - Laboratory Testing: Liver Function test (LFT), Prognostic indicator Tumor Marker (CA 19-9),
 - EUS is not routine staging tool but recommended if the mass is not clearly seen on CT.
 - EUS-FNA is preferable to CT-guided FNA in patients with resectable disease and EUS-FNA compared to CT-guided FNA.
 - Consider ERCP or MRCP if the patient has jaundice or evidence of blocked bile ducts then consider stent
 - Tissue sample biopsy if there are signs of metastases.
- Multidisciplinary review team (MCT) should involve expertise from diagnostic imaging, interventional endoscopy, medical oncology, radiation oncology, surgery and pathology
 - Biopsy proof of malignancy is not required before surgical resection, and non-diagnostic biopsy should not delay surgical resection when the clinical suspicion of pancreatic cancer is high.
 - Resections should be done at institutions that perform large number of pancreatic resections annually.
 - For metastatic disease – biopsy confirmation of metastatic site required

Monitoring Compliance with Evidence Practice Guidelines – CoC Standard 4.6

The following Table is presented to display the above data

Imaging	Extent of Disease	
Pancreatic mass per CT	No Metastases	<ul style="list-style-type: none"> Team of doctors review plan (MCT) Possible EUS with FNA Liver function test (LFT) Tumor Marker (CA 19-9) Chest CT preferred or x-ray
	Metastases	<ul style="list-style-type: none"> Biopsy to confirm
No Pancreatic mass per CT but Biliary Obstruction pre-sent or suspicious	No Metastases	<ul style="list-style-type: none"> Team of doctors review plan (MCT) EUS recommended Liver function test (LFT) Tumor Marker (CA 19-9) Chest CT preferred or x-ray MRCP or ERCP as needed
	Metastases	<ul style="list-style-type: none"> Biopsy to confirm

Patients	Imaging CT/US	Mass Y/N	Mets Dz Y/N	EUS Y/N	Path Confirm Biopsy	Tumor Markers CA 19-9	LFT	Chest CT preferred or Chest Xray	MRCP w/stent ERCP w/stent if clinically indicated	Tumor Bd Review (MDC)
1	CT	Y	N	N	No biopsy	Y	Y	chest xray	no	N
2	CT	Y	N	EUS w/FNA	Benign FNA 5/26/16; + imaging	Y	Y	chest xray	MRCP	Y
3	US & CT	Y	N	N(unable prior surgery)	No biopsy	Y	Y	chest xray	no	N
4	CT	Y	N	EUS w/FNA	Y	Y	Y	CT chest	ERCP	Y
5	US & CT	Y	N	EUS w/FNA	Y	Y	Y	chest xray	no	Y
6	CT	No mass	N	EUS w/FNA	Y	Y	Y	chest xray	no	N
7	CT mass	No mass	N	EUS w/FNA	Y	Y	Y	chest xray	ERCP	Y
Complaint	Y	Y	Y	Y	Y	Y	Y	Y	Y	N

Monitoring Compliance with Evidence Practice Guidelines – CoC Standard 4.6

Resectable Pancreatic Patient Discussion:

- Five Patients with a pancreatic mass on CT and no metastatic disease
- Two patients with no pancreatic mass on CT but with a confirmed mass on EUS with absence of metastasis
- Testing as per NCCN Guidelines completed for all patients as described earlier
- MRCP and ERCP with stent performed on three patients as clinically indicated.
- Four patients were pathologically confirmed.
- Multidisciplinary review (MCT) performed in 4/7 patients.
- Surgical resection performed in 7/7 resectable cases.
 - ✦ 4 Pancreatoduodenectomy (Whipple procedure)
 - ✦ 2 Total Pancreatectomy
 - ✦ 1 Partial Pancreatectomy
- Hepatobiliary surgeons on staff performed stated operations

Unresectable Pancreatic Cases:

- Three patients with a pancreatic mass on CT with no metastatic disease n pancreas
- Testing as per NCCN Guidelines
- All three cases were pathologically confirmed.
- ERCP with stent placement in 2/3 patients
- Multidisciplinary review (MCT) performed in 2/3 patients

Metastatic Pancreatic Disease:

- Eleven patients with pancreatic mass on CT with metastatic disease
- One patient with no pancreatic mass per CT but with metastases
- All twelve patients were pathologically confirmed per NCCN guidelines
- Study did not include presentation of metastatic patients at MCT review in metastatic disease, however since the Hepatobiliary Conference was initiated Jan16, 2017 this could be a contributing factor.

Discussion at MCT: Input from workgroup

- Cases compliant with diagnostic work up guidelines.
- Surgical Resections performed at SJMC a qualified facility.
- Multidisciplinary review: 6/10 eligible cases – 60% compliant

Analysis /Recommendations:

- The surgeon from USC is a high volume pancreatic surgeon
- Present this study at Cancer Committee
- Consider review at Surgery Committee to educate surgeons regarding NCCN guidelines and study results
- Since the Hepatobiliary Conference was initiated January 16, 2017, there is now a review forum for all newly diagnosed pancreatic cancer patients including patients with metastatic disease. This is to be tracked by the GI Nurse Navigator and reported to Hepatobiliary Conference and Cancer Committee in 2018
- Next study must include pancreatic patients with metastatic disease

Summary

This study was undertaken to assure NCCN Guidelines are followed for patients diagnosed and treated at SJMC in 2016 following the initiation of the Hepatobiliary Program. There were 22 analytic patients in the study and care is compliant with the diagnostic workup and surgical resection. The improvement opportunity is to have all pancreatic cancer patients diagnosed and treated at SJMC presented at Hepatobiliary Conference and this will be monitored and reported to Cancer Committee in 2018.

Studies of Quality – CoC Standard 4.7

Process Assessment for the Administration of Prostate Cancer Radiation

Study Title: Process Assessment for the Administration of Prostate Cancer Radiation at SJMC

Background:

Radiation Therapy (RT) uses targeted energy to kill cancer cells, shrink tumors and provide relief of certain cancer-related symptoms. External beam radiation is typically administered in small doses, a few minutes a day, and 5 days a week over a period of eight to nine weeks. A challenge with repeated treatments is making sure the treatment target is in the exact same position for each treatment. This planning and treatment challenge is a significant issue in RT for prostate cancer patients. The prostate is a walnut-sized gland located beneath the bladder and next to the rectum; when bladder and rectal volumes change the prostate position in the pelvis can vary.

SJMC Radiation Oncologists had used gold fiducial seeds or markers inserted into the prostate to assist with focusing on the prostate gland and assist the therapist to finely adjust the treatment table position as per the radiation therapy prescription. Following the installation of a new Linear Accelerator which included Image Guided Radiation Therapy (IGRT) which adds real-time imaging to mold radiation beams to tumor contours. IGRT enhances the image to the degree that the bowel and bladder are more clearly visualized in the treatment field. Although helpful to target the prostate gland more accurately the bowel and bladder volumes are now visible in the treatment field and impact treatment planning and daily treatment precision. After initiating the new prostate

IGRT RT process the staff perceived that more prostate CT planning scans are repeated and the new process increased patient anxiety. This required a complete assessment of the process and metric monitoring.

Assessment and Resolution Process: An interdisciplinary oversight team, consisting of the department manager, the Urology Nurse Navigator, Oncology Dietician, RT Nurses, Lead Radiation Therapist, Manager of Oncology Services, and Radiation Oncologist, was initiated to insure process assessment, a plan to change process, as indicated and follow-up. The team set goals and monitors the entire change process.

Study Goals:

- Review the entire prostate treatment planning and daily treatment process
- Determine baseline of patient stated Distress Screening prior to CT planning and daily RT
- Determine if prostate cancer patients CT planning and treatment is routinely rescheduled or delayed due to bowel and bladder volume variation with a 20% threshold reschedule rate
- Review of the patient education process prior to CT planning and daily treatment to identify any improvement opportunities

Data:

Determine if Prostate cancer patients CT planning and treatment RT is routinely rescheduled or delayed due to bowel and bladder volume.

Data collection initiated January 2017 and is in the table below. In January of 2017, 57% of the prostate cancer patients are rescheduled: May 2017 after a process change plan the reschedule rate is 35%. The goal is to have no higher than 20% of the patients rescheduled.

Month/ Year	Total number of prostate cancer Patients	Rescheduled	Reschedule Per Cent	Cumulative per Cent
Jan 2017	7	4	57%	57%
Feb 2017	1	1	100%	50%
Mar 2017	3	0	0%	52%
April 2017	0	0	0%	
May 2017	6	1	17%	35%

Studies of Quality – CoC Standard 4.7

Patient Stated Distress Screening

A routine component of patient care in SJMC Radiation Oncology is to have the patient complete the NCCN Distress Screening Thermometer on the Consult Visit

A retrospective review of 20 Prostate Cancer patients was completed

Patient Indication of Distress Level Pre Treatment

Distress scores	Patient number	Per Cent
5	2	10%
4	2	10%
3	3	15%
0	12	60%
None	1	5%
Total	20	100%

Patients rated their distress level on the Thermometer (see above table) as well as indicated problems in Practical, Family, Emotional, Spiritual and Physical categories also listed on the thermometer.

- 60% of the patients indicated a 0 Distress level even though they had checked some of the problems listed on the second section of the tool. The most common problem selected by the patients was treatment decisions
- Eighteen patients (90%) also checked the box “No need to follow up.”
- Despite the patient request not to follow up, the Radiation Oncology nurse reviews every Distress Screen and notifies the appropriate interdisciplinary team member to follow-up with the patient as per the problems selected

During data analysis, the oversight team perceived the distress scores are not accurate because of the timing of the screen. The distress screening is done at consult and not at CT simulation and during treatment.

Treatment Scheduling Delays

At the same time the Distress Screening review occurred the elapsed days in treatment for each patient was reviewed since this could potentially reflect actually specific patient delays. The range of days in treatment is 32 to 61, but this cannot be attributed to daily treatment delay. This is a reflection of the treatment process per individual patient e.g. patients who had seed implants or had clinical treatment challenges closely monitored by the physician and not related to bowel or bladder volume are included. When the outliers are removed the average elapsed time in treatment is 57 days.

If delays in specific treatment occurred due to bowel or bladder volume it was not possible to quantify because the patient situation was managed during treatment time and data collection was not a priority or possible to obtain.

Studies of Quality – CoC Standard 4.7

Assessment and Resolution Process

During the review of the Prostate Cancer Patient planning and treatment process the following elements were identified

Process Component	Discussion	Plan/Action
Pre Treatment Planning	When the decision to proceed with treatment was made the patient was given a handout with instructions to follow to prepare for the CT Planning and also the treatment process. Both instructions are on the same form given to the patient by the clerical staff.	Develop two forms one to clarify patient instructions pre CT planning and the second pre daily treatment. The nurse had a separate session with the patient post consult in lieu of only written instructions
Adequacy of patient instruction	Despite the change in patient instructions CT treatment planning continued to be an issue because patient knowledge of the importance of bowel and bladder volume as well as male pelvic anatomy was perceived by the staff to be not clearly understood by patients.	Develop a specific class for prostate patients pre CT planning and treatment and have the patient attend the class before the CT planning and Treatment was scheduled. The first class was held March 2017.
Pre CT Planning and Treatment Class	The RT, RN, GU Nurse Navigator, Dietician collaborated to develop a patient education program	Key points from the class included in a PowerPoint are: Overview of the male pelvic anatomy and the interrelationship of prostate position in relation to bladder and bowel volume Graphic instruction on the need for an empty bowel and a full bladder pre planning and treatment The significance of appropriate hydration Dietary influences and tips for abdominal gas control measures

Studies of Quality – CoC Standard 4.7

Guidelines used: NCCN Version 2.2017

February 21, 2017

Summary:

- A technology upgrade resulted in a change to the CT planning and treatment process for Prostate patients. This resulted in an increase in rescheduling of CT simulations and delays in prostate patient treatment session.
- After a process review, data collection and analysis a major change to the pre planning and treatment patient education process occurred.
- A pre CT simulation and treatment patient education class was developed that all prostate patients are required to attend. This resulted in a decrease in rescheduling of CT planning to 35%.
- A data review of patient stated Distress Screening resulted in a change in the Distress Screening monitoring of prostate cancer patients in RT

Follow-up

- Continue to monitor the number of prostate patient CT planning reschedules to monitor the downward trend
- Present study to the Radiation Oncology Quality Committee and Cancer Committee
- Initiate a new patient stated Distress screening process as follows
 - ✦ Before the patient education program
 - ✦ After the patient education program
 - ✦ At 2, 4, and 8 weeks during treatment
- Formulate and present to the SJMC Magnet Quality Council Committee

October 2017 Follow-up

- Monitoring of the rescheduling (if any) of CT Sims
- The Distress screening process has changed from the NCCN Distress Screening Tool to be compliant with Magnet requirements
- No data is available at this time because patients must complete the Distress Screening process at 2, 4, and 8 week intervals during treatment
- The therapist, however have noticed a difference in patients after the class and when treatment begins
 - ✦ Patients are more knowledgeable of the treatment process and respond to direction of the therapist because of a baseline understanding of the overall treatment process
 - ✦ Patients understand their role in the pre-treatment preparation and often ask “How did I do today”
 - ✦ Patients need more reinforcement in the amount of water pre-treatment and the therapist are considering giving the patients a SJMC water bottle and mark the level they must drink
 - ✦ Patients appreciate all the information but sometimes it is overwhelming
 - ✦ After more experience they will consider changing the patient schedule or class schedule so there is not a time delay between class and CT Sim and treatment is initiated

Community Outreach Activities For 2017

Community Outreach Activities Summary

The St. Jude Comprehensive Cancer Institute recognizes the importance of reaching out to our community in a multitude of ways. By reaching out in various manners and with different community populations, the Cancer Institute touches and connects with more of our community and has a bigger impact on the health and well-being of those in our service area. The following report is a summary of the community activities hosted by the St. Jude Comprehensive Cancer Institute for 2017 and includes supporting evidence from the Community Needs Assessment for all events.

For 2017, the SJMC Crossen Cancer Institute had 34 community activities at which we had 3103 encounters.

Answers and Solutions for GERD, Heartburn and Acid Reflux – March 7, 2017

Heartburn, a chronic cough, sore throat, hoarseness or wheezing (often mistaken for asthma) are all common symptoms of acid reflux or GERD. Left untreated, acid reflux can damage the esophagus and significantly increase your risk of esophageal cancer (American Cancer Society). Smoking, alcohol, obesity, and Barrett's esophagus are also risk factors for esophageal cancer (American Cancer Society). SJMC's Community Needs assessment identified that obesity has increased and binge drinking has increased in the service area. Cancer is still the second leading cause of death in the SJMC service area as well.

Hyder Jamal, MD, a respected board-certified gastroenterologist, and Daniel Oh, MD, a nationally-recognized thoracic surgeon with dual appointments at Keck Medical School of USC as well as St. Jude, will cover symptoms, treatment options and new improvements in care. The St. Jude Center for Thoracic and Esophageal Diseases is one of the few centers in Southern California to offer the full range of services to manage GERD and esophageal disorders, including minimally-invasive laparoscopic and robotic procedures, endoscopic ultrasound, and endoscopic ablation therapies for Barrett's and endoscopic resection for early cancers.

Objectives

- To educate the community on the signs and symptoms of GERD and how that increases the risk for esophageal cancer
- To educate the community on today's most successful treatments, including new minimally-invasive therapies that are changing how both GERD and esophageal cancers are treated

Outcomes

- 98 attendees
- This is the second year that this has been offered to the community with the same robust participation. Attendees comment that they find the topic particularly important to them because they have to manage their symptoms on a frequent or daily basis. Having this education informs them of their risks as well as the tests that can be done to investigate further.

<https://www.cancer.org/cancer/esophagus-cancer/causes-risks-prevention/risk-factors.html>

National Decisions Week Activities April 17-21, 2017

National Healthcare Decisions Day (NHDD) exists to inspire, educate and empower the public and providers about the importance of advance care planning. NHDD is an initiative to encourage patients to express their wishes regarding healthcare and for providers and facilities to respect those wishes, whatever they may be. The theme for 2017 was "It Always Seems Too Early, Until It's Too Late."

Objectives

- To partner with SJMC Senior Services, St Jude Heritage Health Care, St Joseph Health; The Center for Advance Care Planning and Advocacy, along with SJMC Oncology Social Workers to Educate the Staff (Caregivers) and Community about Advance Directives and distribute Advance Care Planning information.
- Focus this year on St Jude Medical Center and St Jude Heritage Employees (Caregivers) and Community.
- To comply with the Federal Patient Self-Determination Act – "All Medicare-participating healthcare facilities inquire about and provide information to patients on Advance Directives; it also requires these facilities to provide community education on Advance Directives."

Community Outreach Activities For 2017

Activities:

- Monday, April 17, 2017 Drop-in Event at EEC 2 (SJMC)
- Monday, April 17, 2017 Display Table at Heritage Promenade
- Tuesday, April 18, 2017 Rounding SJMC Departments – Provided Advance Care Planning Education for Staff/Caregivers.
- Wednesday, April 19, 2017 Drop-Event at MOB I, 3rd Floor Conference Room and Rounding to all MOB I, II Departments. Education & Music Video “Aint the Way to Die” by ZDogMD.
- Thursday, April 20, 2017 “Lunch ‘N Learn “Being Mortal” video
- Friday, April 21, 2017 – Display Table for Staff and Community - SJMC Cafeteria; Rounding to hospital departments, and Display Table for Medical Plaza I and II (Valet parking area)
- 2 employees/caregivers completed their Advance Health Care Directive during the event.

Outcomes of the Event

- Total encounters: 175 Encounters (with staff and community at SJMC and Medical Plaza Building I & II)

Cancer Survivor’s Day- Celebrating Survivorship with Healthy Living - June 7, 2017

Event Location: SJMC Cancer Center

Supported by the Care Delivery Council, American Cancer Society and Cancer Rehabilitation and Wellness Center

One of the key findings in the Community needs assessment was the high prevalence of cancer in our community. However, there are currently over 15 million cancer survivors in the United States. Despite cancer being the second leading cause of death in SJMC service area, we celebrate those who have survived cancer as well as those who continue to live with cancer as a long term illness.

Objectives

- This event was held to recognize and celebrate cancer survivors.
- To bring awareness to cancer survivors and the community of healthy lifestyle changes that can help to lower their risk of cancer occurrence or reoccurrence.

Outcomes

- Attendees: A total of 350 people stopped by the information tables interacting members of the CDC members, American Cancer Society and staff from the Cancer Rehabilitation & Wellness program.
- Educational literature was provided on: smoking cessation, limiting alcohol intake, participating in regular exercise, healthy food choices, maintaining an appropriate body weight and sun protection.

Survivorship Educational Series

Quarterly; facilitated by Alice Daugherty, RN, Oncology Survivorship Nurse Navigator

The Community Needs Assessment indicates that cancer is the second leading cause of death in the St. Jude service area, but there are over 15 million people in the United States that have survived or are living with cancer as a chronic disease. In order to support survivors and address their continued need for education, a series of three presentations were held at the SJMC Cancer Center.

- April 24, 2017 Presentation: Coping with the Side Effects of Cancer Treatment. A one hour presentation from CRW staff on how to deal with Fatigue, Chemo-Brain & Peripheral Neuropathy. Presentation by Jean Dean P.T., Lori Waldstreicher PT, and Jason Tse MS, OTR.
- July 24, 2017 Presentation: Stress Reduction & Relaxation. A one hour interactive class to help cancer survivors and their loved ones cope with the anxiety and fear of cancer recurrence. Techniques such as Tai Chi, Qi Gong and Omharmonics were demonstrated by staff. Presentation by Barbara Brewer, Certified Occupational Therapy Assistant.
- November 13, 2017 Presentation: Life After Cancer: Finding New Meaning After Treatment. A 90 minute presentation by four of St. Jude’s cancer survivors who shared their journey about cancer diagnosis, treatment and how they found meaning during and after cancer treatments. Presentation by four individual patient survivors.

Objectives

- Identify and address the needs of people who have been diagnosed and treated for cancer
- Provide coping mechanisms for dealing with the late and long term effects of cancer treatment.
- Provide an opportunity for cancer survivors to feel supported and connect with each other.

Community Outreach Activities For 2017

Outcomes

- A total of 115 people attended the educational series and class surveys were administered at each presentation.
 - ✦ 4/24/17 had 37 participants
 - ◆ High interest for the following topics to be presented at future meetings: Anxiety/Fear of cancer returning, promoting wellness, sleeping problems, nutrition, and stress reduction/relaxation techniques.
 - ✦ 7/24/17 had 38 participants
 - ◆ For 3 respondents, it was their first program that they had attended at this facility.
 - ◆ 13/16 respondents stated that they will incorporate the stress reduction techniques presented in the class
 - ◆ High interest for the following topics to be presented at future meetings: Cancer Prevention for the Cancer Survivor, Changes in Memory and Concentration, Exercise and Physical Therapy, Fatigue, Finding Meaning After Treatment, Long Term Effects from Treatment, and Genetics.
 - ✦ 11/13/17 had 40 participants
 - ◆ For 7 respondents, it was their first program that they had attended at this facility.
 - ◆ 25/27 respondents stated that the information presented was useful (Finding New Meaning After Treatment).
 - ◆ High interest for the following topics to be presented at future meetings: Cancer Prevention for the Cancer Survivor, Changes in Memory and Concentration, Coping with Stress, Diet and Nutrition, Genetics of Cancer, Long term effects from treatments, Power of hope and finding meaning in my illness, Side effects from treatment.
 - ✦ Usefulness of the presentation was overwhelmingly positive with a majority of participants answering that the information will definitely be useful
 - ✦ Patients and families self-report that it is helpful for them to discuss their experiences and challenges among peers and this also helps them know that they are not alone.

Preoperative Prostatectomy Class

Offered monthly; facilitated by Rebecca Carigma, RN, BSN and the Pelvic Rehab Therapy Team.

- ◆ High interest for the following topics to be presented at future meetings: Cancer Prevention for the Cancer Survivor, Changes in Memory and Concentration, Exercise and Physical Therapy, Fatigue, Finding Meaning After Treatment, Long Term Effects from Treatment, and Genetics.
- ✦ 11/13/17 had 40 participants
 - ◆ For 7 respondents, it was their first program that they had attended at this facility.
 - ◆ 25/27 respondents stated that the information presented was useful (Finding New Meaning After Treatment).
 - ◆ High interest for the following topics to be presented at future meetings: Cancer Prevention for the Cancer Survivor, Changes in Memory and Concentration, Coping with Stress, Diet and Nutrition, Genetics of Cancer, Long term effects from treatments, Power of hope and finding meaning in my illness, Side effects from treatment.
- Usefulness of the presentation was overwhelmingly positive with a majority of participants answering that the information will definitely be useful
- Patients and families self-report that it is helpful for them to discuss their experiences and challenges among peers and this also helps them know that they are not alone.

Preoperative Prostatectomy Class

Offered monthly; facilitated by Rebecca Carigma, RN, BSN and the Pelvic Rehab Therapy Team.

Knowledge deficit is identified as a top priority from the Community Health Needs Assessment, especially for those who are underserved. Education is a key nursing role to help with knowledge deficit as well as decrease distress and set expectations for hospital stay and recovery. The Preoperative Prostatectomy class offers patients and their caregivers the opportunity to learn about a prostatectomy surgery, what will occur in the hospital, and what to expect for recovery. It encourages patients to take a more active role throughout the perioperative period. Patients are also educated on the Pelvic Floor Rehab Program and pelvic floor rehab concepts in light of a recent prostatectomy.

Community Outreach Activities For 2017

Objectives

- To educate patients and their families about prostatectomies and the Pelvic Floor Rehab Program
- To inform patients of the post-operative expectations and care in the hospital and at home

Outcomes

- For January through November, a total of 62 people attended the class
- Hospital nurses caring for these patients report a significant difference in the patients' level of anxiety (less) as well as increased involvement in their own recovery

Patients state they appreciate the information and feel better educated on the perioperative needs and expectation

- Number of Classes for 2017: 9
- Number of Attendees for 2017: 40

Celebration of Life – Honoring the Community in Life and Death

Occurs twice a year; facilitated by the Oncology Care Delivery Council

The Community Health Needs Assessment reports that cancer is the second leading cause of death in the SJMC community. At SJMC, we honor our diverse community in life and in death, regardless of their race, ethnicity, socioeconomic status, or whether they are insured or uninsured. While we provide our community with the highest quality of healthcare for all cancer patients through the care continuum, we also continue to support them even at end of life.

All SJMC staff is welcomed to attend. The celebration occurs on the top of our parking structure at the medical plaza, or the Healing Garden located at St. Jude Medical Center. It begins with an opening prayer or reflection, followed by inspirational songs led by some of our gifted singers at St. Jude Cancer Center. The ceremony concludes with a blowing bubbles to help symbolize the releasing of emotions. It's just one way we express support for our community and each other so we can continue to care for our community.

Objectives

- To provide our employees an opportunity twice a year to reflect and celebrate the lives of those cancer patients who have died and had an impact on our lives.

- This celebration has been repeated year after year because of the heartfelt response of all those who attend.

Outcomes

- Staff reports a feeling of comradery and support through the use of this program.
- Staff also reports that it is a beneficial opportunity to reflect and memorialize patients whom we have cared for.
- This year we hosted the April event at the outpatient plaza, but re-located the November event to the inpatient oncology garden area. This was better suited to include inpatient staff members and so moving forward, we will offer one of the Celebrations at the inpatient oncology gardens.
- April 6, 2017: 35 staff members attended.
- November 16, 2017: 30 staff members attended.

Relay for Life – American Cancer Society May 20 and 21, 2017

The Community Needs Assessment indicates cancer is the leading cause of death in the St. Jude service area. North Orange County has disparities in regards to seeking health care and obesity which can decrease the early detection and treatment of cancer. Relay for Life events are an opportunity to bring about awareness of cancer prevention and screenings in order to improve detection and treatment. At the event, the staff provided healthy fresh fruits to the participants. Brochures about the services at the Cancer Center and Breast Center were handed out. Also information about SJMC genetic screening, smoking cessation program, dermatology physicians, low dose CT lung screening, and general cancer screenings were provided. The two day event occurred at the Splash Aquatic Center in La Mirada, CA on May 20 and 21, 2017.

Objectives

- To partner with the American Cancer Society to reach out to our diverse population
- To provide education about the cancer programs that are available in their community at SJMC.
- To promote healthy diet and exercise

Outcomes of the Event

- Total Participants provided information: approximately 200

Community Outreach Activities For 2017

- Most of the participants have had a loved one with a diagnosis of cancer. By educating our community of the services provided at SJMC, our hope is that the participants will contact our accredited program and have appropriate screening for early detection and treatment.

Objectives

- To promote cancer screening and good annual follow up with primary doctors
- To promote Synergy Wellness Center's myriad of healthy living exercise and educational classes along with therapeutic massages

Outcomes of the Event

- 32 people signed up for the raffle for the free ice cooler.
- There were approximately 56 attendees that stopped by the table for more information.

No Appointment Needed Mammogram Days September 18 and October 25, 2017

Please see Standard 4.2 Report for this Community Outreach Screening Event summary.

OC Brain Tumor Walk – National Brain Tumor Society Saturday, September 17, 2017 Angel Stadium of Anaheim

The Community Needs Assessment indicates cancer is the leading cause of death in the St. Jude service area. North Orange County has disparities in regards to seeking health care and obesity which can decrease the early detection and treatment of cancer. The OC Brain Tumor Walk is an opportunity to bring about awareness for the treatment of brain cancer. St. Jude Medical Center collaborated with our sister hospital, St. Joseph's Hospital for this event. The Walk was a broad show of support from the Orange County cities with high school cheer squads present throughout the 5k course, cheering the participants and teams along. There was also a booth set up at the main event circle where event participants could pick up information about our hospitals and our joint neuro-oncology program as well as ask more questions about brain tumors with both the Nurse Navigators for St. Jude and St. Joseph available to answer any questions.

Objectives

- To collaborate with St. Joseph Hospital in marketing our joint Neuro-Oncology Program

- To promote our comprehensive joint Neuro-Oncology program that incorporates St. Jude's state of the art intra-operative MRI machine for better surgical outcomes of brain tumor resections along with our joint efforts in promoting shared clinical trial resources
- To promote healthy practices with a 5K jog/walk around a set course of the Angel Stadium.

Outcomes

- National Brain Tumor Society Raised a total of \$184,985.33 at this event.
- The St. Jude/St. Joseph Team was #5 in the top teams of fundraisers of 85 teams. We raised a total of \$6,655 with 60 registered members.
- There were 1,600 registered participants at this event and a total of 2000 estimated attendees.
- 450 reusable St. Joseph Health tote bags were distributed at the event.

Living with Metastatic Breast Cancer: Current and Future Treatment Options – October 16, 2017

Presented By: David J. Park, MD Medical Oncologist, Gloria Franklin, RN, ANP- Palliative Care

Our Community Needs Assessment indicates that breast cancer is the number one cancer treated at SJMC. Also, our data shows we have a large population of women living with metastatic disease. For that reason, the Breast Cancer Leadership set a goal to reach out to our metastatic breast cancer population and the community to provide education regarding treatment options. Our experts will present current approaches for the treatment of metastatic breast cancer and what the future holds. Also, a discussion on how Palliative Care and Cancer Rehabilitation can manage symptoms thus maximizing your quality of life.

Objectives

- To educate to our metastatic breast cancer population and the community on current approaches for the treatment of metastatic breast cancer and what the future holds and how Palliative Care and Cancer Rehabilitation can manage symptoms thus maximizing your quality of life.

Outcomes

- Total attendees: 80
- One patient from St. Joseph's Hospital attended and found the information so effective that she requested a consultation with Dr. David Park to see if she could

Community Outreach Activities For 2017

get on one of our clinical trials. The patient was seen by Dr. Park on 12/6/17.

- Feedback from metastatic breast cancer patients and their support people stated that the program helped them to understand the different treatment options that are available to them as well as why not everyone gets the same treatments. Also, they felt the palliative care nurse and therapist enlightened them regarding the importance of utilizing the services to improve their quality of life. Finally, several patients commented how the evening helped them feel connected to a large metastatic community with similar challenges within the Cancer Center.

Untie Your Ribbon- October 7, 2017

Offered yearly; facilitated by Denise Yoshihara, MSW, and Sue Lepich, RN, BSN, CBCN

As seen in our Community Needs Assessment, our North Orange County is a community of great wealth and poverty. Many patients have a desire to “give back” following their diagnosis and treatment. A group of breast cancer survivors have spearheaded a yearly program that celebrates the breast cancer survivor during their journey. Survivors can be at various stages of treatment and includes people diagnosed at stage 0 to metastatic disease

Objectives

- To celebrate, emotionally heal and connect with other breast cancer survivors

Outcomes

- Total attendees: 74
- This event is a kick off to Breast Cancer Awareness month. The attendees provided positive feedback to the organizers of the event. The attendance to this event grows every year.

Walk Among the Stars Fashion Show and Luncheon – October 29, 2017

The Walk Among the Stars Fashion Show and Luncheon is a yearly fundraising event that brings together the community and the Oncology Care Team to celebrate patients and their families. Patients are chosen as models for the fashion show and celebrate their fight by strutting down the runway. Physician speakers bring awareness to new treatments and technologies offered at St. Jude. Dr. Robert McCoy spoke this year to bring awareness to the new advancements in breast cancer screening

technology – 3D mammography.

The Community Needs Assessment found that North Orange County is a community of great wealth and great poverty. This area is also a highly- racially, ethnically, and socio-economically diverse population, which results in health disparities, particularly in regards to access to health care, diabetes and obesity.

Objectives

- To raise funds to support the advancement of programs and services at the St. Jude Crosson Cancer Institute
- To bring about awareness of new treatments and technologies offered at SJMC

Outcomes

- Raised over \$300,000 for 3D Mammography
- 659 Guests Attended
- 428 Total Donors
- 142 New Donors

Medical Cannabis Symposium – November 2, 2017 from 1-5:30 p.m.

Hosted by the Palliative Care Collaborative: St Jude Medical Center, St. Jude Comprehensive Cancer Institute, St. Jude Heritage, St. Jude Palliative Care, and St. Joseph Home Health, Palliative Care and Hospice.

Facilitated by Hoa Phan, MD, Medical Director, St. Jude Palliative Care Program

Faculty: Eloise Theisen, RN, MSN, AGPCNP-BC, Green Health Consultants, Inc., Cannabis Consultant; Junella Chin, DO, Osteopathic Manipulation and Integrative Medical Cannabis Practice, Neuromusculoskeletal and Integrative Cannabis Medicine Consultant

According to the St. Jude Community Needs Assessment, the prevalence of cancer has increased in SJMC's service area since 2007. As we treat this growing population, appropriate symptom management must also occur. Providing access to care and reducing health disparities are some of the top priorities identified in the Community Needs Assessment. By providing education about Medical Cannabis, our caregivers are better equipped to assist in access to medical cannabis, to manage patients' symptoms, and to connect patients with accurate information regarding medical cannabis.

Course Objectives

- Review the basic structure and function of the endocannabinoid system

Community Outreach Activities For 2017

- Cite at least 5 different phytocannabinoids and terpenoids
- Cite at least four different methods of cannabis administration
- Evaluate and avoid potential adverse drug reactions with cannabis
- Follow safe dosage practices and identify potential drug-drug interactions
- Navigate cultural considerations when discussing medical cannabis with patients

Outcomes

- Total number registered: 149
- Total number of attendees: 118
- Attendees verbally stated that a symposium like this was much needed and very timely; that patients consistently ask about medical cannabis, and that the education surrounding this topic is impactful to their practice with their patients.

Grace Korean Church Outreach, November 4, 2017

The community needs assessment identified a large Korean population living in North Orange County. North OC was identified as an area of both wealth and poverty with a highly racially, ethnically, and socio-economically diverse population, which results in health disparities, particularly in regards to access to health care, diabetes, and obesity. With this in mind, SJMC hosted a booth at the Grace Korean Church in Fullerton, CA. This event was their annual health screening and education fair. St. Jude staff members handed out educational materials on lung cancer screening, smoking cessation, and general cancer screenings both in English and Korean. Attendees were also able to have a carotid artery and thyroid ultrasound and a pulmonary function test. The goal of the event was to reach out to the Korean population we serve and provide cancer screening education.

Objectives

- To reach out to the Korean community, a large underserved population of North Orange County
- To decrease health disparities by educating the Korean population of cancer prevention and screenings

Outcomes

- Total Participants provided information: 300
- Pulmonary Function tests performed: 83
- Carotid/Thyroid Ultrasounds performed: 232

Lung Force Walk- American Lung Association- November 4, 2017

The Community Needs Assessment indicated that cancer is the second leading cause of death in the SJMC service area. Lung cancer is among the top five cancers treated at SJMC. Lung cancer is also the number one cancer death of both women and men in the U.S. SJMC and the St. Joseph Hoag Health System partnered with the American Lung Association at the Lung Force Walk held at Mason Regional Park in Irvine, CA. SJMC provided information and education to the community about the programs available at SJMC such as Low Dose CT lung Screening, smoking cessation and the lung program.

Objectives

- To raise awareness of lung cancer and the services provided at St. Jude Medical Center and within the St. Joseph Hoag Health System
- To fundraise for research for lung cancer

Outcomes of the Event

- Total participants provided information: 150
- Participants were provided information on the Lung Program at SJMC and the St. Joseph Hoag Health System as well as education on Low Dose CT Lung Screening.

Lung Cancer Awareness in the Korean Community – November 28, 2017

Please see Standard 4.1 Report for this Community Outreach Prevention Event summary.

Magic of Support – December 6, 2017

Held yearly; facilitated by the Oncology Care Delivery Council and the St. Jude Crosson Cancer Institute

The Magic of Support program is the St. Jude Crosson Cancer Institute's holiday party for those patients that attend any of the support groups. It offers an opportunity for patients and family members to socialize in a way that does not typically occur during a normal support group. It also allows attendees to celebrate the holiday season together. Refreshments, desserts, entertainment, a visit from Santa, socialization, and other fun activities are part of the evening's program.

Objectives

- To provide an opportunity for patients and family members to socialize and celebrate the holiday season

Community Outreach Activities For 2017

Outcomes

- Approximately 80 people attend yearly
- Patients self-report that this event is fun, a great opportunity to get to know others affected by cancer, and a chance to build friendships

SJMC Support Groups

“An important part of coping with a cancer diagnosis is recognizing emotions and feelings. Treatment that deals with our emotions and relationships (sometimes called psychosocial interventions) can help people with cancer feel more upbeat and have a better quality of life. But there’s no good evidence to support the idea that these interventions can reduce the risk of cancer, keep cancer from coming back, or help the person with cancer live longer. Still, things like group support, individual therapy, mindfulness, and relaxation techniques can be used to help reduce distress and cope with the emotions that come with a cancer diagnosis.” ~ American Cancer Society

St. Jude’s Comprehensive Cancer Institute’s Support Groups are dedicated to three common goals: to reduce distress, to assist with coping, and to educate our attendees on various topics related to a cancer diagnosis, its treatments, and psychosocial well-being.

At the writing of this report, for 2017, the SJMC Crossen Cancer Institute held 164 support group meetings, at which there were 1387 encounters.

Advanced Prostate Cancer Discussion Group

Meets monthly; facilitated by Rebecca Carigma, RN, BSN

Support groups provide a myriad of resources, education and psychosocial support for cancer patients. Prostate cancer patients and their spouses need the support and education that a support group can provide. For some men, prostate cancer is similar to a chronic disease. Men can live with prostate cancer for several years and during that time deal with many disease- and treatment-related side effects that can decrease quality of life. There are also psychosocial concerns and distress that come with living with cancer. A support group for men with advanced cancer can provide the needed support and education that these men and their spouses require.

Through a literature review, it was found that more than half of all prostate cancer support groups are a combined educational meeting and personal sharing. The educational part of the meeting can include speakers, information and updates, brochures and videos, and news and newspaper articles. The proposal for this support group will be a combined approach to meet the needs of the patients and family members. Significant others/spouses are invited to come as well.

Objectives

- To provide educational information regarding prostate cancer, its diagnosis, treatments, and symptom management for improved quality of life
- To provide psychosocial and emotional support for men living with prostate cancer and their family members

Outcomes

- Topics for 2017 included: open discussion, Nutrition, Heart to Heart, My Perfect Healing Hospital, Celebrating Being a Cancer Survivor, and Coping.
- Patient frequently provide verbal feedback that they feel as though this group is a “family” to them, that they receive psychosocial, mental, and spiritual support through these meetings and those that attend.
- Number of attendees for 2017: 62
- Number of meetings for 2017: 10

Brain Tumor Support Group

Meets monthly; facilitated by Dr. Robert Merlino, Psychiatrist, PhD

The target community population for our monthly brain tumor support group is patients and caregivers that are coping with the many challenges related to brain tumors. Whether the brain tumor is a chronic condition of meningioma or an aggressive glioblastoma, the support group creates a trusting environment for patients and caregivers to discuss the difficulties and challenges they are facing as well as provide feedback and advice on how each individual is coping with their immediate barriers. Some of the common topics that are discussed are symptoms associated with the brain tumor, how to manage these symptoms, and how to move forward with everyday life activities after brain tumor diagnosis and treatments have been completed.

Community Outreach Activities For 2017

Objectives

- To assist patients and caregivers with symptom management
- To educate on positive coping skills and provide an environment to decrease distress

Outcomes

- Patients and families self-report that it is helpful for them to discuss their experiences and challenges among peers and this also helps them knowing that as a patient and a caregiver they are not alone in their diagnosis
- Number of attendees for 2017: 49
- Number of meetings for 2017: 10

Craft Night for Cancer Survivors and Support People

Meets monthly; facilitated by Denise Yoshihara, MSW, LCSW, OSW-C

“Creative arts therapy is based on the idea that the creative act can be healing. According to therapists, it can help people express hidden emotions, and reduce stress, fear, and anxiety. Many cancer patients and survivors use creative arts therapies including music, art, dance, drama, and writing to help manage the emotional and psychological side effects that often result from cancer diagnosis and treatment”
~ American Cancer Society

This group is for patients, family, and friends; children are welcome too. Guest artist Tamara Lujan has presented many canvas painting workshops for the past 5 years. Canvas painting themes: Winter Fun- Polar Bear, Celebrating Love – Heart, Spring-Butterfly and Flower, April Showers – Umbrella, Fireworks, Sunrise, Koi Fish, Pumpkins, and Quiet Winter. This past year we also created “Succulent Planter Box” and Terrariums. All participants look forward to receiving succulent plants every month from one of the survivors.

Objectives

- To decrease stress and anxiety through art therapy
- To provide psychosocial and emotional support to those going through cancer treatments as well as survivors

Outcomes

- Patients self-report that the group helps them cope better with their diagnosis and treatments, improves their quality of life, and decreases their distress.
- Per the participants, the group provides fun activities and the opportunity to socialize with others going through the same experience as them; it is nurturing to their spirit.
- Number of attendees for 2017: 377
- Number of meetings for 2017: 11

Head and Neck Cancer Support Group

Meets Monthly: Facilitated by Shannon Lindop, RN, BSN, OCN and Karen Godinez RD, CSO

Patients that have Head and Neck cancer and undergo treatment for this disease, not only have to cope with a life-threatening diagnosis, but also cope with the life altering consequences of the disease and treatment. Patients can suffer many short term and long term effects including a change in facial appearance, loss of sense of taste and smell, swallowing difficulties, dry mouth, lymphedema, and hearing loss. Many patients require the placement of feeding tube to provide nutrition support during and after treatment. The consequences of the disease and treatment can impact their quality of life. Topics for 2017 included personal sharing, open discussion, gratitude and wishes.

Objectives

- To provide an opportunity for Head and Neck cancer survivors to fellowship through a common experience, personal sharing, learn more about their illness, share concerns, offer and receive emotional and psychosocial support during their cancer journey.
- To provide an opportunity for family members to offer and receive emotional and psychosocial support from other family members.

Outcomes

- Patients self-report that they are able to cope better through the support of the group.
- Newly diagnosed patients self-report that they understand better what to expect from treatment and long term side effects because survivors have shared their experiences in the group.
- Number of attendees for 2017: 81
- Number of meetings for 2017: 10

Community Outreach Activities For 2017

HOPE: Cancer Patient and Family Support Group

Meets twice a month; facilitated by Kathy Pearson, RN, MSN, CNS, AOCN, and Alice Daugherty RN, MSN, OCN, FNP-BC.

The community needs assessment indicates that cancer is the second leading cause of death in the St. Jude service area. There is much death related to cancer but there are so many more people that are living today with cancer. SJMC recognizes the unique needs for support for those people going through cancer treatment, after cancer treatment and living with cancer as a chronic disease by offering many supportive services.

One of the longstanding support groups offered at SJMC is the HOPE support group. The group has been established for over 20 years and is offered to patients with any type of cancer and features a special breakout group for caregivers - family and friends of those cancer patients. Discussion topics are led by the participants and are based on the current needs of those in attendance. Common discussion topics include the physical side effects of cancer treatment such as losing your hair, chemo-brain, fatigue, and coping with chronic pain. The aspects of living with the stigma of a cancer diagnosis, finding a "new normal" to life and issues surrounding the challenges of returning to the workplace are just some of the psychosocial aspects discussed during the group meetings.

Objectives

- To discuss and demonstrate management techniques for disease-related and treatment related symptoms and side effects
- To discuss and demonstrate coping skills and communications skills to improve overall quality of life, particularly psychosocial, mental and spiritual well-being

Outcomes

- Support group members self-report that the Hope Group provides a special place where they can be surrounded by people who really understand them and have walked in their shoes.
- Patients and caregivers also self-report that they feel a strong sense of connection with the group's members and that they encourage and support one another.
- Number of attendees for 2017: 338
- Number of meetings for 2017: 22

Journey to Health Support Group

Meets twice a month on Mondays, and twice a month on Fridays; facilitated by Karen Godinez, RD, CSO

According to the Centers for Disease Control and Prevention, more than one-third (36.5%) of adults have obesity. American Institute for Cancer Research has found a strong link between excess body fat an increased risk of certain cancers, including postmenopausal breast, prostate (advanced), colon, stomach, and esophagus.

The Community Health Needs Assessment ranked obesity as the second highest ranked health need. The Committee selected Obesity as a top priority because of its prevalence, particularly in low-income communities and its impact on health status.

Mission Statement

To inspire and provide support as we continually pursue the challenges of achieving and maintaining a healthy lifestyle so that we can live life to the fullest. Members will do this by respecting and supporting each other as we discuss nutritional concerns and direction. We strive to maintain a positive and proactive attitude to nutrition, exercise and a healthy lifestyle.

Objectives

- To provide cancer survivors, who have completed treatment, an opportunity to receive nutrition education and on-going support from a registered oncology dietitian
- To educate patients on weight management tips and making healthier food choices to help manage weight and improve health and wellness
- To provide an opportunity for cancer survivors to fellowship through a common bond, share information, offer and receive support as they work toward regaining and maintaining optimum health

Outcomes

- Patients self-report that the nutrition information provided is helpful and weighing in at each meeting provides a level of accountability and assists them with making healthier lifestyle choices.
- Patients also self-report that the group provides an opportunity for friendship among people who have a shared cancer experience, to bond and share with survivors, and to learn healthy tips and ideas among the attendees.

Community Outreach Activities For 2017

- Nutrition education topics for 2017 include: Goal setting, stages of change, basic principles of weight loss, meal planning, the new nutrition facts label, assessing personal health risk, Mediterranean diet, anti-inflammatory diet, alcohol intake, caffeine intake, creating a personal mission statement, how to change behaviors/habits, tips to reduce sodium, managing emotional eating, and how to avoid overindulging during the holidays
- Number of Attendees for 2017: 168
- Number of Meetings for 2017: 40

References: <https://www.cdc.gov/obesity/data/adult.html>

http://www.aicr.org/reduce-your-cancer-risk/weight/reduce_weight_cancer_link.html?_ga=2.47975457.740339527.1510545073-1755117946.1505616007

Ladies Night Cancer Support Group

Meets monthly; facilitated by Denise Yoshihara, MSW, LCSW, OSW-C

This group is support for women in treatment or who have completed cancer treatment. Meetings feature “Girl Talk” and “Guest Speakers.” Topics this year include: An Evening of Self Care: Chair Massage, Advance Care Planning: Important Choices for Living and Dying, Gentle Chair Yoga, Acupuncture, Drum Circle for Health and Wellness, and Create the Body Your Soul Desires – How to Feel Good Again in Your Body. In addition, we hosted the Pink Ribbon Brunch for those ladies that participated in Ladies Night Cancer Support Group. Patients have an opportunity to give suggestions for guest speaker topics and/or programs. This helps to meet their needs.

Objectives

- To provide a comfortable setting for women to discuss their concerns – both physical and emotional – regarding their cancer diagnosis and treatments

Outcomes

- Patients self-report an “increased awareness of life beyond the day-to-day workday,” a decrease in their distress and also reported attending the group had an effect on their quality of life.
- Patients also self-reported the ability to “discuss fears, problem areas and find ways to overcome them,” feeling “better about myself because others were supportive of me and being able to empathize with others and lending support,” and a decreased level of anxiety and stress.
- Number of attendees for 2017: 82
- Number of meetings for 2017: 10

Look Good... Feel Better Program

Meets twice a month; facilitated by the American Cancer Society

Many treatments for female cancers cause side effects that impact a woman’s body image. This can negatively affect a woman’s body image and cause further distress and anxiety during a woman’s cancer treatment journey. This is a free program for women receiving cancer treatment that teaches make-up, hair styling, and skin care techniques to help deal with changes that may occur with cancer treatments. Classes are taught by trained cosmetology professionals.

Objectives

- To educate women on beauty techniques that may prove helpful as they go through cancer treatment
- To assist with body self-image disturbances that may occur due to the side effects of cancer treatments
- To provide support to woman coping with cancer treatment

Outcomes

- Patients are provided with free beauty products to get them started with appropriate self-care
- Patients self-report that the impact on their looks and outlook is immeasurable.
- Number of attendees for 2017: 10
- Number of meetings for 2017: 2 (4 cancelled due to no enrollment)

Lymphedema Awareness Class

Meets twice monthly; facilitated by Michelle Genest, OTR/L CLT, LANA Lymphedema Specialist

Breast cancer patients who have treatment that affect the function of the axillary lymph system are at a higher risk for developing lymphedema. Our largest population of cancer patients that we serve at SJMC have breast cancer. Also, as seen in our Community Needs Assessment, depression is on the rise and research has shown that a change in a patient’s quality of life can contribute to depression. For these reasons SJMC Breast Center collaborates with the SJMC Lymphedema Clinic to meet the National Lymphedema Network (NLN) recommendations to provide all breast cancer patients with education, prevention and treatment of lymphedema.

Community Outreach Activities For 2017

Objectives

- To reduce anxiety and stress
- To promote relaxation by teaching skills that patients can use independently from the group

Outcomes

- Patients self-report an increase in coping skills and a decrease in stress
- Patients also self-reported that the group provided the opportunity for friendship, that their expectations of the program were met, and that the class improved their quality of life
- Number of attendees for 2017: 18
- Number of meetings for 2017: 12

Yoga for Cancer Health

Offered twice per month; facilitated by Deborah Kuryan

The Community Health Needs Assessment indicates that North Orange County has a highly racially, ethnically, and socio-economically diverse population, which results in health disparities, particularly in regards to access to health care, diabetes, and obesity. The rate of overweight and obese adults has increased. Therefore, exercise is an important health promotion activity, especially for patients undergoing treatment and cancer survivors. This program includes gentle movement exercises to help improve flexibility. It also offers directed breathing exercises. This helps trigger the body's relaxation response and increase the amount of oxygen available to the body.

Objectives

- Increase the health and well-being of patients and survivors through yoga, stretching, and directed breathing exercises
- Decrease anxiety and stress through exercise

Outcomes

- Patients self-report that this class improves mobility.
- Number of attendees for 2017: 177
- Number of meetings for 2017: 37

