



EXCELA HEALTH
ANNUAL CANCER REPORT | 2018
(based on 2017 data)

2018

EXCELA HEALTH CANCER COMMITTEE

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Chief Operating Officer

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Breast Center

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Cancer Registry Quality Coordinator
Cancer Registry

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Katie Kalp, MSW, LSW, OSW-C
Psychosocial Services Coordinator
Social Services

Dean Matanin, PharmD
Pharmacy

Ray Paronish, CRNP
Palliative Medicine

Jodi Ramsey, RN
Oncology Nursing

Lori Tkach, BS, CTR
Cancer Registry

Diane Trout, BSN, RN
Clinical Research Coordinator
Clinical Research

Patricia Woods, RN
Oncology Nursing

CHAIRMEN'S REPORT

In 2017, cancer care continued to advance throughout the Excela Health System. The lung cancer screening program through the Advanced Lung Center at Excela Health has shown continued growth. This program works to decrease the number of patients with late-stage disease by detecting lung cancers earlier which can lead to better treatment options for cure and increased survival rates.

To increase breast health education and improve access to mammography services in Westmoreland County to reduce the incidence of breast cancer, we implemented our Breast Cancer Awareness Program which included our successful Walk in Wednesday program and added our Text for Mammo program which provides patients with another tool to schedule their mammograms.

New PET scan tracers with lower radiation exposure for patients with suspected prostate cancer recurrence and neuroendocrine tumors (including carcinoids) were implemented.

Our cancer program continued to participate in the Rapid Quality Reporting System (RQRS) which provides real clinical time assessment of adherence to quality cancer care measures and allows us to monitor the care our patients are receiving to ensure it is timely and in accordance with evidence-based practices.

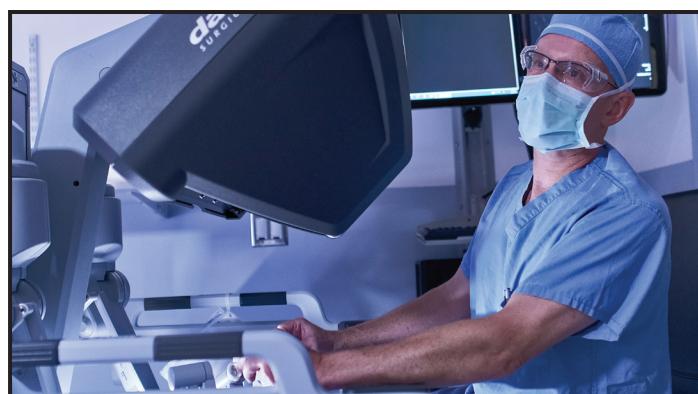
We initiated a program to evaluate high risk cancer patients for moderate or severe malnutrition, develop individualized nutrition interventions for those patients and track their adherence to the recommended interventions. Following implementation, only a small percentage of patients continued to experience severe weight loss and over half had weight gains with nearly all patients adhering to the recommended interventions. We also reviewed our practice for management of esophageal cancer and determined that we are in line with established national standards including NCCN guidelines.

We continued partnerships with the American Cancer Society (ACS) and Our Clubhouse to provide outreach and support to cancer patients and their family and friends. We also continued to be involved in the community with participation in Relay for Life and Westmoreland Walks Against Breast Cancer.

Through the Cancer Conferences and lectures by guest speakers, we offered physician, nurse and ancillary personnel education with presentations on "Palliative Care" by Dr. Erica Leonard, Ray Paronish, CRNP and Rebecca Heinle, CRNP, "Lung Cancer Screening" by Dr. Jeffrey Kanne and "Challenges in Lung Cancer Diagnosis and Staging" by Dr. Humberto Bittar, Dr. Elias Memari and Dr. Michael Szwerc.

These are just a few examples of how the Excela Health System continues to advance cancer care in Westmoreland County. We at the Excela Health System continue to strive for Excellence in Cancer Care.

Sanjeev Bahri, MD, FACRO, Cancer Committee Co-Chairman
Daniel Clark, MD, FACS, Cancer Committee Co-Chairman



BREAST CONSERVATION SURGERY REVIEW

Each year, a physician member of the cancer committee performs a study to assess whether patients within the program are evaluated and treated according to evidence-based national treatment guidelines.

According to the American Cancer Society's 2017-2018 statistics, a woman living in the United States has a 12% or a 1 in 8 lifetime risk of being diagnosed with breast cancer. Sixty-one percent of patients diagnosed with early stage (I or II) breast cancer undergo breast conservation surgery (BCS).

Dr. Sharon Goldstein, Director of the Excela Health Breast Center of Excellence, performed a retrospective review of the 2017 analytic breast cancer cases from the Excela Health Cancer Registry that underwent either breast conservation surgery (BCS) or mastectomy for early stage breast cancer based on the following criteria:

- Patients with ductal carcinoma in-situ (DCIS) – Stage 0
- Patients with early stage invasive ductal carcinoma – Stages I and II
- Exclusion of patients that received neoadjuvant therapy

A total of 160 cases were reviewed. Of those cases, 116 underwent BCS at Excela Health for an overall rate of 72.5% which was in line with national trends. There was 1 case of male breast cancer included in the study. Breast cancer in men accounts for less than 1% of breast cancer cases in the US.

After a patient is diagnosed with breast cancer at Excela Health and it is determined that they are a surgical candidate, the options of breast conservation surgery (BCS) or mastectomy are discussed with the patient, as appropriate, taking into account the biological characteristics of the cancer, stage of disease, patient's age, comorbidities, family history, genetic predisposition and patient preference. In 2017 at Excela Health, 44 (27.5%) of breast cancer patients with early stage disease underwent mastectomy. Twenty-five (56.8%) of those patients had a mastectomy recommended due to extent of disease, family history and/or a breast cancer recurrence and the remaining 19 (43.2%) patients requested/opted to undergo a mastectomy after presented with and educated on their options for surgical treatment.

The overall findings of the review showed that we are in line with established national trends and standards including the NCCN guidelines for breast cancer.



AMERICAN CANCER SOCIETY SUPPORT SERVICES



The American Cancer Society offers support in our community and online to help patients during and after cancer treatment. Visit www.cancer.org or call 1-800-227-2345 for more information and to connect with us for support – 24 hours a day, seven days a week. Free cancer information cancer – The American Cancer Society National Cancer Information Center offers help as you're dealing with cancer by connecting you to our caring, trained staff to answer questions about a diagnosis, identify resources, or

provide a listening ear and guidance. We offer a clinical trials matching service, health insurance assistance, American Cancer Society programs and services, and referrals to other services. We can assist in English, Spanish, and more than 200 other languages via a translation service. Additionally, our free printed materials help patients and caregivers understand diagnosis, treatment, and potential side effects.

Access to care – When transportation and lodging is a concern, our Road to Recovery program offers free rides to cancer patients who may have difficulty getting to their cancer-related appointments, thanks to volunteer drivers (as available) who donate their time and often use of their personal vehicles. Our Hotel Partners Program lets patients and caregivers stay for free or at reduced rates in hotels close to where they get treatment.

Appearance related side effects – Some women wear hats, wigs, breast forms, and special bras after a mastectomy and hair loss. The “tlc” Tender Loving Care publication (www.tlcdirect.org or 1-800-850-9445) offers affordable hair loss and mastectomy products, along with advice on how to use these products. Additionally, the American Cancer Society Free Wig Salon program provides free wigs to patients in cancer treatment who are experiencing hair loss – offered locally at Arnold Palmer Pavilion, a joint venture of UPMC Cancer Center and Excela Health at Mountain View. The Look Good Feel Better program provides free makeup and tutorials in a group support session led by licensed volunteer beauty professionals. This program is offered monthly at the Arnold Palmer Pavilion - Mountain View, twice a year at Arnold Palmer Medical Oncology at Excela Square at Norwin, and quarterly at Excela Health Frick Hospital.

Breast Cancer Support – if you have breast cancer, our Reach to Recovery program matches trained volunteers with those facing or living with a breast cancer diagnosis to provide a more personal, one-on-one support.

Survivorship – Visit www.csn.cancer.org to join the Cancer Survivors Network, our online community for people with cancer and their families. Find and connect with others in treatment, long-term survivors, or caregivers through our membership search, discussion boards, chat rooms and private Cancer Survivors Network email. Additionally, Springboard Beyond Cancer enables patients to create personalized Action Decks, collections of selected information to help them better communicate with caregivers and their care teams to manage their physical and emotional care after diagnosis. This collaboration with the National Cancer Institute is available at www.smokefree.gov/springboard.

Kacie Jankoski
Health Systems Manager – Hospitals
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BREAST CENTER REPORT

EXCELA HEALTH BREAST IMAGING SERVICES 2017

Screening mammograms performed	26,496
Diagnostic mammograms performed	5,364
Breast ultrasounds performed	4,495
Breast MRI's performed	314
Stereotactic breast biopsies performed	287
Ultrasound guided cyst aspirations/biopsies performed	616
MRI guided biopsies performed	13

CANCER CONFERENCES

The cancer conferences at Excela Health offer a multidisciplinary patient-oriented forum with the goal being to exchange information among participating physicians to guide ongoing patient therapy. This is done in order to improve the care of cancer patients, to identify treatment options, make recommendations for patient care and to educate treating physicians. Often, at these informal and interactive conferences, nearly every specialty is represented. This allows the local specialists to share their expertise, based on their own experience, as well as knowledge of current literature. The primary care physicians are invited to attend and can take advantage of the opportunity to discuss a case prospectively with their colleagues. At the conference, computerized audio-visual equipment is used, which allows all participants to view high quality radiological images and laboratory slides. The images and slides are presented, and a radiologist and/or pathologist discuss the findings. In addition to the treating physicians and specialists, family practice residents, medical students and allied health care professionals attend the conferences. This further facilitates consistent and comprehensive care of cancer patients.

In 2017, 138 cases were presented at Latrobe Hospital, representing 26% of the total number of new analytic cancer patients and 121 cases (16%) were presented at Westmoreland Hospital.

Physicians wishing to present or suggest cases or topics for discussion may contact the Cancer Registry at:

Frick Hospital	724-547-1072
Latrobe Hospital	724-537-1286
Westmoreland Hospital	724-832-4064

2017 CONFERENCE SCHEDULE:

Frick Hospital*	Every Thursday via WebEx with Latrobe Hospital 7 a.m.
Latrobe Hospital*	Every Thursday 7 a.m.
Westmoreland Hospital*	Every Tuesday Noon

*Conferences are also offered via WebEx.

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CANCER REGISTRY REPORT

The Cancer Registry is an information system designed to collect, manage and analyze data on patients with a diagnosis of malignant or neoplastic disease. The intent of the registry is to encourage lifetime medical follow-up of cancer patients and to provide a database for epidemiological, clinical, research and cancer program management. Information is abstracted from the medical record. Data collected includes demographic and historical data, tumor characteristics, therapies received, diagnostic procedures, responses to treatment, duration of disease and length and quality of survival.

The Cancer Registries at Frick Hospital, Latrobe Hospital and Westmoreland Hospital are under the Quality Division at Excela Health. The reference date for the registry is 1985 for Westmoreland Hospital, 1987 for Latrobe Hospital and 1990 for Frick Hospital. The registry at Latrobe was first accredited by the American College of Surgeons in January 1974 and has maintained accreditation since that time. Confidentiality of patient data is strictly maintained and information is only provided to those individuals with a legitimate need for the information.

The registry staff consists of three full-time registrars that utilize METRIQ registry software. In 2017, there were 1,298 analytic patients, or those who were diagnosed and/or treated at Excela Health, accessioned into the registries and 242 patients added that were seen for recurrent or progressive disease. In addition to collecting data for the cancer database, the registry staff also completes the Pennsylvania state data collection abstract mandated by Act 224, the Pennsylvania Cancer Control, Prevention and Research Act. This provides epidemiological data for analysis by the Pennsylvania Department of Health. Cancer registry staff also provides the clerical support for the weekly Cancer Conferences and the quarterly Cancer Committee, coordinates the publication of the annual report and assists with internal registry auditing processes.

The registry staff has continued to meet the changing regulations and requirements of the American College of Surgeons Commission on Cancer (CoC), the Pennsylvania Cancer Registry (PCR), and the software vendor, ELEKTA IMPAC. To maintain current information and skills, the registrars attended the Pennsylvania Association of Cancer Registrars (PACR) Annual Conference, the PACR Education Day on Breast Cancer and Melanoma, hospital lectures on lung cancer screening and staging, and multiple on-line webinars offered by the CoC, American Joint Committee on Cancer (AJCC), PCR and software vendor.

Exela Health Cancer Registry staff:

Beth Janoski, MS-HSL, RHIA, CTR, CHTS-IS

Diane Bartels, BS, CTR

Lori Tkach, BS, CTR



CLINICAL TRIALS REPORT

Clinical trials have been the foundation on which the most advanced diagnosis, treatment, and care of patients with cancer have occurred. These advances have led to cures for patients with some types of cancer and, for others, better ways to treat their cancer.

Clinical trials study the effects of cancer treatments such as chemotherapy, biological therapy, radiation therapy and surgery. A trial may improve an existing treatment (standard of care), test a new drug, or find a new or better way to treat patients with cancer. Clinical trials can also reduce or alleviate side effects of chemotherapy, manage the long-term side effects associated with treatment, and, lastly, prevent cancer.

Through a partnership with the Arnold Palmer Pavilion at Mountain View and the University of Pittsburgh Cancer Centers, Excela Health patients have the opportunity to participate in Phase I, Phase II, and Phase III clinical trials. Available disease specific clinical trials include chemotherapy, targeted therapy, radiation or a combination.

- Phase I Trials determine the highest dose of a new drug/agent that is safe and learn/monitor the drug's side effects. These trials usually include those patients who have advanced cancer that cannot be treated effectively with an existing treatment.
- Phase II Trials evaluate the effectiveness of the new drug/agent in controlling/stopping tumor cell growth. These trials include those that may or may not have already received the standardized method of care.
- Phase III Trials evaluate whether the new or standard of care treatment is better. These trials include both a control group of patients receiving the method of care, and a research group of patients receiving the trial treatment.

Research staff at Arnold Palmer include two full-time Clinical Research Coordinators (CRC), who are RNs, and one full-time Research Associate (RA). A third CRC is available for support when needed. The CRC coordinates the care while the patient is on a clinical trial; direct oversight is provided by the Medical Oncologist and/or Radiation Oncologist. Data collection and submission is provided by the RA.

In 2017, 45 patients enrolled in a clinical trial at the Palmer site (interventional, non-interventional and radiation trials), with over 100 patients who continue to be followed for survival. The national average of adults with cancer who participate in clinical trials is less than 5 percent. Trial enrollment at this site is above average, at about 5 percent.

Clinical trials play a key role in the progress against cancer. These trials are one of the final stages in a long, careful research process. A clinical trial can provide an important tool for the development of new approaches to prevent, detect, diagnose and treat cancer.

Diane L. Trout, BSN, RN
Clinical Research Coordinator
Arnold Palmer Cancer Center



COMMUNITY OUTREACH

To promote community health and wellness, Excela Health provides a variety of community-based health screenings, wellness events, outreach programs, support groups and educational events. In 2017, Excela Health offered screening, prevention and awareness programs on:

- Breast Cancer
- Lung Cancer
- Colon Cancer
- Prostate Cancer
- Thyroid Cancer

The following support groups were also available in 2017:

- Breast Cancer Education and Support Group
- Look Good, Feel Better
- US TOO Prostate Cancer Support Group

OUR CLUBHOUSE

Our Clubhouse is a nonprofit organization that provides free support for anyone living with cancer in Western PA, as well as the family and friends who care for them. The clubhouse provides health and wellness workshops, one-on-one support sessions, support groups, educational lectures, art and expression workshops, and social activities for those touched by cancer.

In September 2015, Our Clubhouse opened a satellite location in Westmoreland County at 4893 E. State Route 30, Greensburg, PA 15601. Currently, the facility is open two days per week, Tuesday and Thursday from 12:30pm-8:00pm. Membership to the clubhouse is free. Potential members are asked to visit the website at www.ourclubhouse.org or call the clubhouse 724-221-6182.

Just two years after opening, Our Clubhouse Westmoreland has nearly 200 members living with or affected by cancer and over 50 volunteers. Our Clubhouse Westmoreland worked closely with Excela Health to offer a weekly Bereavement Support Group, monthly Art Therapy class, monthly Reiki sessions, and bimonthly Coffee Talk.

The Living Life Post Cancer Treatment® program, one of the many activities offered at Our Clubhouse, helps bridge the gap between cancer treatment and life following cancer. The nine-week, 2.5-hour program focuses on exercise, healthy eating, social/emotional support, and medical management. Expert speakers from Excela Health attended the program to provide participants with valuable information to help with this challenging transition. This program is offered periodically throughout the year.

Our Clubhouse is here to support the patient and their family after diagnosis, through treatment, and during the transition to living beyond cancer.

For more information, visit www.ourclubhouse.org or call 724-221-6182.

Colleen Dwyer, LCSW
Director of Outreach and Program Development



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HOSPICE AND PALLIATIVE CARE

The Excela Health Hospice and Palliative Care Program continues to serve patients throughout Westmoreland County and in parts of Fayette and Indiana Counties. The program provides a holistic approach encompassing physical, psycho-social, spiritual care and bereavement support for not only the patient but the patient's entire support system.

The Hospice program includes all 4 levels of Hospice Care (Routine Care, Continuous Care, Inpatient Care and Respite Care). The inpatient level of care is provided to our patients at the three Excela Hospitals as well as contracted skilled nursing facilities in the area. The Hospice Team is comprised of an interdisciplinary group which includes: Physicians, Nurses, Social Workers, Bereavement Counselors, Spiritual Care Counselors, Home Health Aides, Therapists, a Volunteer Coordinator and currently 83 volunteers.

Dr. Rachel Shipley serves as the Hospice Medical Director. We currently have two physician extenders, Maryann Dowling, CRNP and Mandee Mikeska, CRNP.

Care is available 24 hours a day, 7 days a week. This past fiscal year we served a total of 762 Hospice patients. The average length of stay for these patients was 35.26 days. Of the Hospice patients, 285 (37.4%) were comprised of patients with a cancer diagnosis. We also served a total of 805 Palliative Care patients. Of the Palliative Care patients, 351 (43.6%) were comprised of patients with a cancer diagnosis.

Education is a large priority and we provide many in-services to not only our own staff but the community, skilled nursing facilities, personal care homes and assisted living facilities, acute care settings, physician and resident education, funeral directors and staff across the entire health system.

Our bereavement program follows the families and caregivers for 13 months after the Hospice patient's death. In addition we hold an annual Memorial Service which was attended by more than 400 people on October 1, 2017. This year's Memorial Service will take place at the St. Vincent Basilica on October 21, 2018. We held a program for the Parade of Trees on December 5, 2017 and decorated trees with ornaments made by patients' loved ones in memory of those who have passed this past year. Close to 300 ornaments were sent in and close to 85 people were in attendance at the program.

Throughout the year there are multiple grief support groups to assist in coping with loss that run for 6 weeks at a time and are geared to a variety of different audiences including widows, widowers, parents who have lost a child and children who have lost a loved one. These include: Grief and the Holidays Workshop and Support Group, Men's Group, Ceramics, Art Therapy, Reiki, and many community in-services offered to local schools, churches, colleges, seminary students, and cancer survivors. In addition, there has been an ongoing monthly Art Therapy Support Group held at Our Clubhouse specifically for patients and family members who have been impacted by cancer.

We offer lovely photos done in black and white of hands being held with the patient, which are presented to the family in a frame for remembrance. In addition, through our Bear Buddies Program, volunteers sew bears with the external material/clothing belonging to the patient for remembrance sakes and something tangible for the family to hold. In FY2018, volunteers created nearly 1,000 Bear Buddies for the families of our former hospice patients.

Yoga for the Grieving Heart is a new, 6-week program developed in collaboration with Our Clubhouse. The goal of the program is to offer an innovative approach for those who have lost a loved one to cancer. In this program we pay attention to the body and how it holds grief. We focus on meditation, acknowledgement of grief and the release of grief through yoga poses. We use music and poetry as additional therapies. Following the yoga session the group participates in expressive art therapy, utilizing the focus of the yoga as the basis for the artwork.

Excela Hospice is also collaborating with St. Vincent Seminary, providing 1st and 3rd year seminarians the opportunity to learn "the Hospice



way" through shadowing opportunities (nursing, social work, bereavement), educational opportunities and visitation opportunities. The goal of the program is to help the seminarians develop their listening skills as well as their ability to be present to those who are at the end stages of their lives.

Our Palliative Care program is offered to patients who have chronic illnesses such as cancer who continue to seek active treatment. Many times these patients transition into Hospice Care. We have been doing aggressive education to explain to many entities the difference between Hospice and Palliative care. With the education, the hope is to have better utilization of services and in a more timely fashion.

Jim Joyce, MBA, MHA
Hospice and Palliative Care Manager

SOCIAL WORK SERVICES

Oncology social work services through Excela Health are comprised of multiple staff members in different settings. Social workers can be seen or requested to be seen in the hospital setting, through home health care/palliative care or at the health system's joint venture, the Arnold Palmer Pavilion.

The goal of the social worker in any setting is to link patients with the resources they need to be successful before, during and after treatment. These resources may address financial concerns, educational information, allocating local supports, caregiving resources and survivorship. The social worker can also help a patient navigate the health care system and coordinate care between the different disciplines.

Community outreach and education are also an important part of this department. Presentations have been given in the community and at local support groups to educate on oncology and social work in oncology. Opportunities have also presented to facilitate local groups in collaboration with Our Clubhouse that impact our client population.

A majority of our oncology patients come in contact with the social worker at the Arnold Palmer Pavilion, Mountain View location. Social work services at the Arnold Palmer Pavilion are comprised of 15 hours a week and are contracted through Excela Health Home Care & Hospice. Contact information and education on social work services are given to each patient in their initial consultation packet. This is a free service offered through the joint venture to any patient and their loved ones.

Katie Kalp, MSW, LSW
Exela Health Home Care & Hospice and the Arnold Palmer Cancer Center

REHABILITATION SERVICES

The Physical Medicine and Rehab Services at Frick, Latrobe and Westmoreland Hospitals and at all 12 outpatient centers offer comprehensive therapy by skilled professionals. Patients receive rehabilitation services during the acute phase of their illness. Continued care is then offered on an outpatient basis or as an inpatient on the inpatient rehab unit.

Our specialized services include: Lymphedema management, treatment of head and neck cancers, post mastectomy and breast reconstruction care. Patients who have lost function related to all types of cancers may benefit from exercise and mobility training on land or in the aquatics pool. Education about Lymphedema is offered to the general public at Arnold Palmer Pavilion.

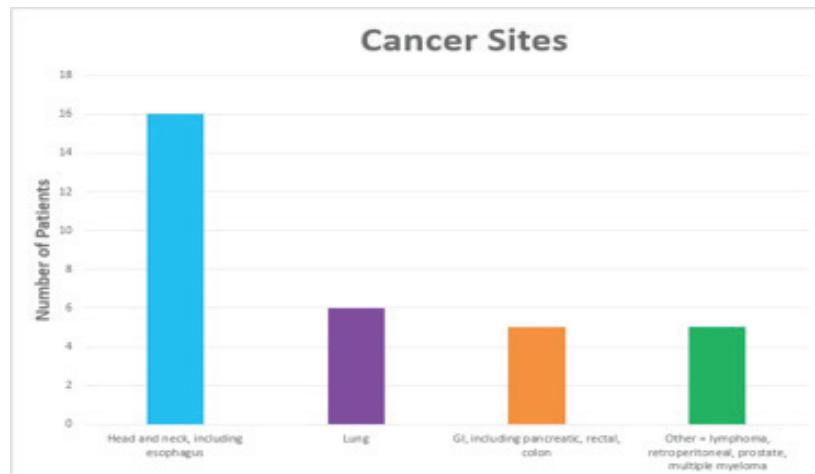
The Excela Health team of Occupational, Physical and Speech therapists work collaboratively with the patients and their caregivers, physicians, nurses and case managers to insure quality service provision.

Joni Beckman, OTR/L CLT
Exela Health Occupational Therapist

NUTRITION SERVICES

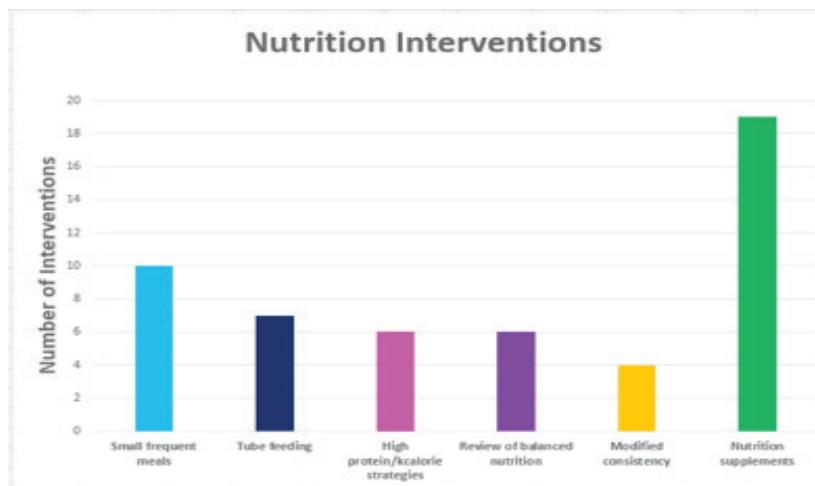
Clinical Goal and Study Results

In 2017, as requested by the Excela Health Cancer Committee, the dietitians were asked to establish a clinical goal. For this goal, the dietitians evaluated the impact of individualized nutrition interventions on oncology patients with a diagnosis of malnutrition. Thirty-two high risk patients were evaluated for moderate or severe malnutrition based on Excela Health Clinical Nutrition Standards of Practice. Nutrition focused physical exams were completed for these patients as indicated. Age range was 48 to 93 years with 13 females and 19 males.



Significant findings:

- Most prevalent cancer in sample: Head/neck/Esophagus cancer (50%)
- 69% (22/32) presented with severe weight loss at the initial assessment.
- 63% (20/32) met the criteria for malnutrition.
- For patients exhibiting malnutrition, 65% moderate malnutrition, 35% severe malnutrition was documented.
- 22% of head/neck/esophageal cancer patients received tube feedings.



Impact of nutrition interventions:

Patient results following implementation of interventions by the RD:

- Only 25% continued to experience severe weight loss.
- 50% had documented weight gains.
- 94% followed the RD interventions.
- 43% of tube fed patients gained weight.

2018

NUTRITION SERVICES (CONT.)

Conclusion:

Early identification of malnutrition using evidence-based practice guidelines for cancer patients can ensure timely nutrition intervention. These interventions may slow the progression of cancer cachexia and the associated characteristics, resulting in positive patient outcomes.

Services/Programs Provided

In 2017, medical nutrition therapy continued to be provided at the following locations: the Arnold Palmer Pavilion at Mountain View, Mount Pleasant and Excela Square at Norwin sites. Patients are seen by referrals from physicians, ancillary services, registered nurses or family and per patient request. Contact information on the registered dietitians services are provided in the initial consult packet. Dietitians from Excela Health provide 24 hours of weekly nutrition services including initial assessments, revisits and classes. The 2017 fiscal year included 1811 patient contacts and an additional 104 breast cancer patients.

Move More, Eat Less, Find Success classes for breast cancer patients have continued to be offered to all breast cancer patients. The program provides participants with tools and support to decrease dietary fat, aid in weight loss and encourage exercise in an effort to decrease the relapse rate of breast cancer. Participants may receive education on exercise from an exercise physiologist. Two special topics are offered quarterly by dietitians.

The Mediterranean diet was presented at Breast Cancer Support Group. Two classes were presented at Our Clubhouse, Food for Thought and Get Healthy; Get Real.

Goals for 2018 are:

- Continue dietitian involvement in the Nutrition Beyond Cancer segment for Our Clubhouse.
- Continue nutrition focused physical exams as an integral part of the nutrition assessment process for high risk patients.
- Continue to provide nutrition care to palliative and hospice patients.
- Update nutrition education materials, as needed.
- Continue to serve on the cancer committee.
- Provide continuity of nutrition care at the cancer centers, hospital and via telephone conversations.

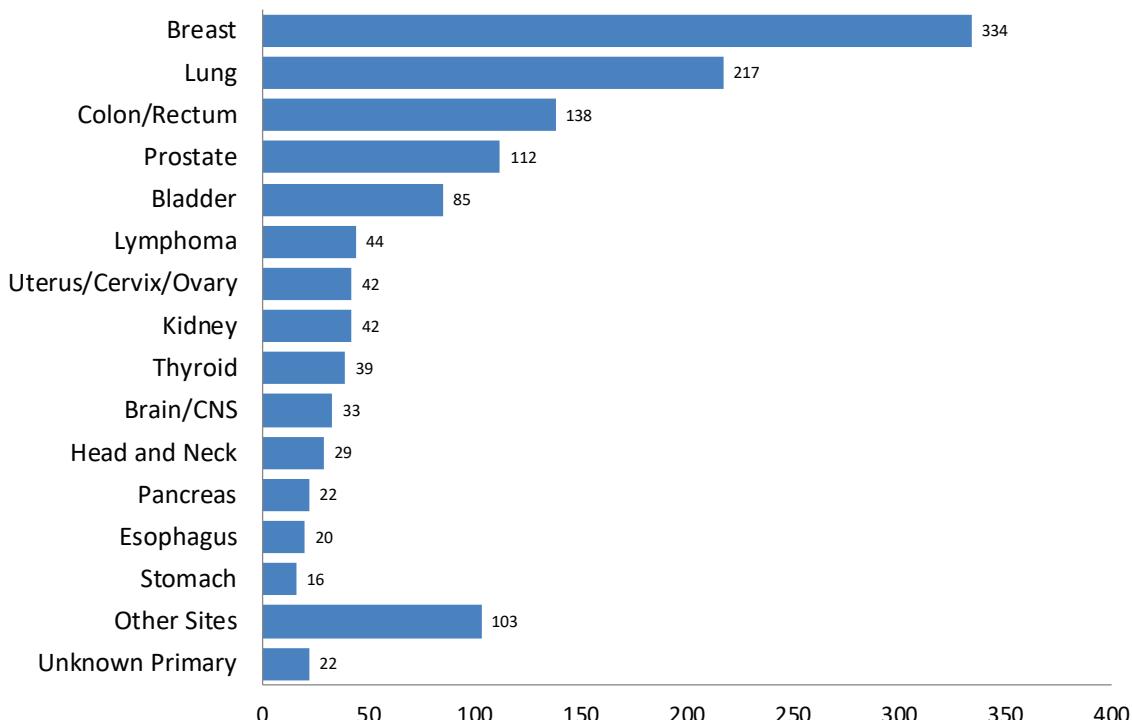
The primary goal of nutrition intervention is to prevent or correct nutrition deficiencies, achieve and maintain optimal body weight and improve outcome to treatment. Dietitians enhance the quality of life and the outcomes of oncology patients through assessment, care planning, appropriate education and reassessment.

Diane M. Coleman, RD, LDN
Anita Gallagher, MS, RD, LDN, CNSC
Randi Cianciotti, RD, LDN
Pamela Ray, MBA, RD, LDN
Nutrition Services-Excela Health

2018

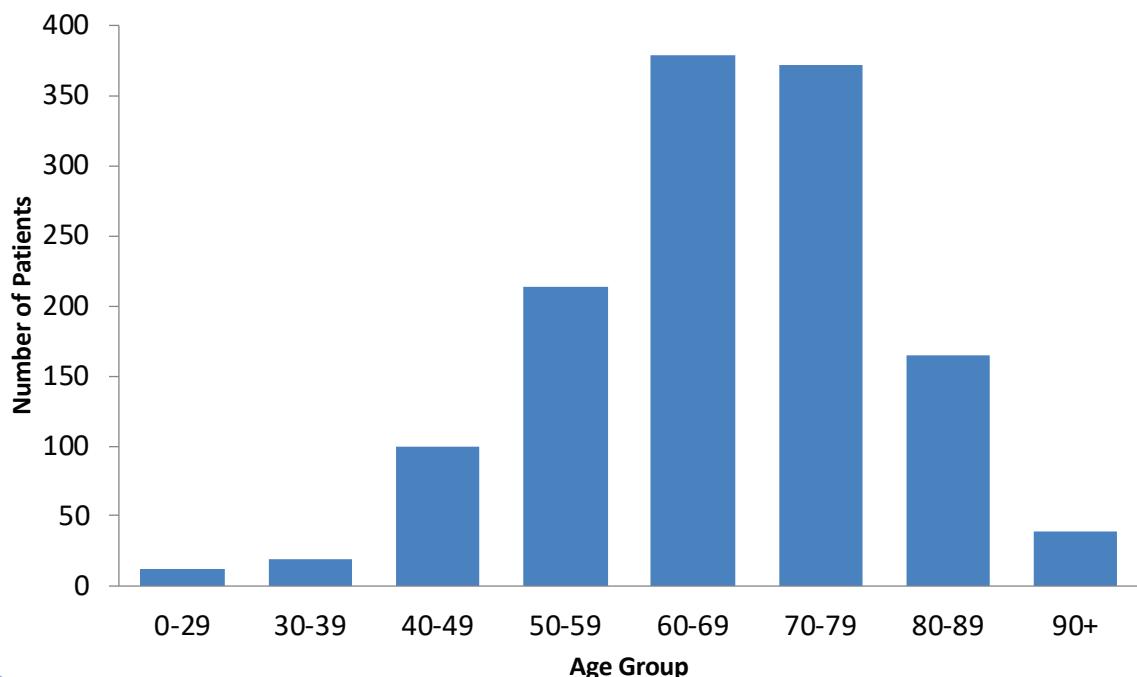
Combined Primary Site Distribution

2017 Excela Health Analytic Cases



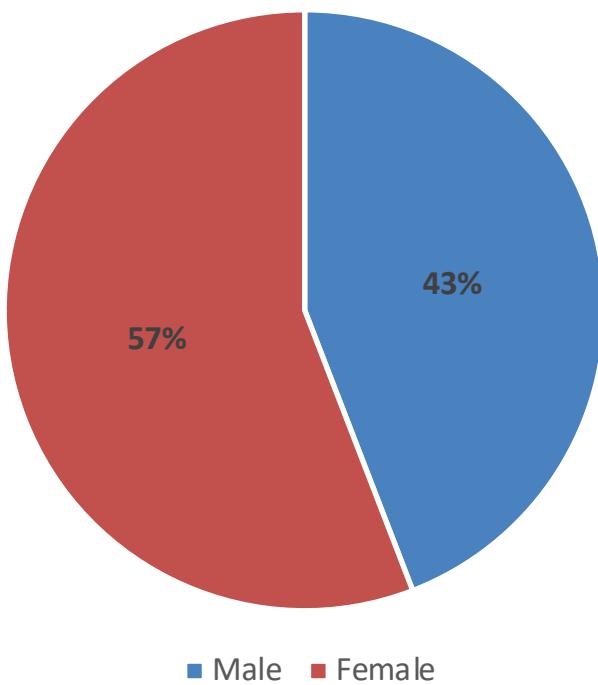
Combined Age Distribution

2017 Excela Health Analytic Cases



Combined Gender Distribution

2017 Excela Health Analytic Cases



■ Male ■ Female



2018

NATIONAL CANCER DATABASE/ RAPID QUALITY REPORTING SYSTEM

The National Cancer Database (NCDB), a joint program of the Commission on Cancer (CoC) and the American Cancer Society (ACS), is a nationwide oncology outcomes database that collects data from CoC accredited cancer programs. This data is used to track trends in cancer care, create regional and state benchmarks for participating hospitals, and serves as the basis for quality improvement. CoC accredited cancer programs can evaluate and compare the cancer care delivered at their facilities with that provided at state, regional, and national levels. Quality tools currently available for CoC accredited facilities through the NCDB focus on the quality of care provided to breast, colorectal, cervical, endometrial, ovarian, gastric, non-small cell lung and bladder cancer patients. The NCDB is in the process of expanding the available measures even further by adding quality tools that focus on melanoma of the skin.

As part of the accredited program at our Latrobe Campus, data is submitted annually to the NCDB from the registry. Each year, the data that is submitted has been error-free on initial submission which indicates the quality of the data collected in the registry. This has earned our program commendation consistently when surveyed by the CoC.

Based on the 2016 data that is available on the NCDB website, the quality tools for breast cancer (Table 1) show that our program's performance rate (PR) is above the expected performance rate (EPR) set by the CoC as well as above other programs in the state and on the national level. We are committed to monitoring these tools on an ongoing basis as well as new measures as they become available to ensure that we are providing the highest level of quality care to our cancer patients.

Table 1

CP3R Measures for 2016 Data	LH PR	State PR	National PR	CoC EPR
Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer (nBx)	95.9%	89.4%	91%	80% or greater
Tamoxifen or third generation aromatase inhibitor is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1c or stage IB - III hormone receptor positive breast cancer (HT)	96%	95.7%	93.6%	90% or greater

Beginning in August of 2015, our program enrolled in the Rapid Quality Reporting System (RQRS). This system is a reporting and quality improvement tool which provides real clinical time assessment of adherence to quality of cancer care measures at the hospital level. Registry data is submitted on a monthly basis. RQRS allows our program to monitor the care our cancer patients are receiving to ensure it is timely and in accordance with evidence-based practices.

Beth Janoski, MS-HSL, RHIA, CTR, CHTS-IS
Excela Health Lead Cancer Registrar

2018