

***The Future of Cancer***

***Care is Here. 2012 Annual Report***



 **BAYLOR**  
Charles A. Sammons  
Cancer Center at Waxahachie

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Cancer research studies on the campus of Baylor Medical Center at Waxahachie are conducted through Baylor Research Institute, Texas Oncology, and US Oncology. Each reviews, approves, and conducts clinical trials independently. Their clinical trials are listed together, in this publication, for the convenience of patients and physicians.

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## Letter from the President

Jay Fox



*Baylor Medical Center at Waxahachie reached some significant milestones this past year. I am proud of these accomplishments because they demonstrate our commitment to continuous process improvement for our patients and our community.*

*Baylor Waxahachie was the recipient of the 2012 Texas Award for Quality Performance given by the Quality Texas Foundation. This award is modeled on the Malcolm Baldrige National Quality Award and recognizes Texas organizations for performance excellence and outstanding quality principles. For the second year in a row, Baylor Waxahachie received designation as a Thomson Reuters 100 Top Hospitals®. This designation reflects the daily dedication of staff and physicians on the medical staff to provide quality health care to this community. Just recently, Baylor Waxahachie learned that it had received full Heart Failure Accreditation from the Society of Cardiovascular Patient Care. Additionally, the American Nurses Credentialing Center honored Baylor Waxahachie with the Pathway to Excellence® designation and identified the hospital as one of the best places to work.*

*This year, we have continued to grow our Oncology Program and develop plans for future expansion. In April, we received our certification from the Commission on Cancer, receiving eight of eight commendations. We began developing our inpatient Oncology Program to provide inpatient chemotherapy. We initiated a patient navigator program to assist our patients throughout their cancer journey. Additionally, we are in the planning phases of building a new hospital campus on the corner of I-35 and Highway 287, which will include a Baylor Charles A. Sammons Cancer Center.*

*An extremely important milestone for Baylor Waxahachie's Oncology Program in 2012 was becoming Baylor Charles A. Sammons Cancer Center at Waxahachie. This designation brings the full array of Baylor Health Care System's cancer diagnostic and treatment resources to Waxahachie and surrounding communities. In addition, being a part of the Baylor Charles A. Sammons Cancer Center network provides cancer patients with highly specialized medical expertise and access to advanced clinical trials.*

*We are excited to be able to expand the services that we currently provide to include outpatient cancer care, enabling our community to receive care close to home. I look forward to 2013 and the continuous journey that Baylor Waxahachie is taking to improve patient care by keeping the patient at the center of everything we do.*

Sincerely,

Jay Fox  
President, Baylor Medical Center at Waxahachie





Valerie Gorman, MD

## Cancer Committee Chair Report



*I am pleased to provide this update from the Cancer Committee, Baylor Medical Center at Waxahachie, for 2012. I am especially proud of the many achievements we have made this year to further the quality and quantity of oncology services Baylor Waxahachie provides to cancer patients and to the community as a whole.*

*When we began the year, we had many goals for the Oncology Program. Through collaboration and a true spirit of patient-focused care, we finished the year with flying colors. The compass for our efforts was Baylor Health Care System's vision for cancer care in North Texas and beyond. This commitment to excellence extended to and benefitted Baylor Waxahachie. We are proud to be part of the Baylor Charles A. Sammons Cancer Center network. This was accomplished by meeting the stringent criteria established by Baylor Health Care System.*

*The highlight of 2012 was receiving eight of eight commendations from the Commission on Cancer of the American College of Surgeons. This distinction validated the hard work and commitment to excellence of the entire oncology services staff at Baylor Waxahachie. The Cancer Committee worked diligently to help the hospital obtain this designation and efforts continue into 2013 to communicate the meaning of this designation to cancer patients and their families.*

*The Cancer Committee was also extensively involved with planning for the new Baylor Charles A. Sammons Cancer Center that will be a part of the new Baylor Waxahachie campus, slated for construction in the near future. In addition, the committee worked with hospital administration to identify additional medical expertise required for the growing Oncology Program. This activity strongly supported the efforts to successfully recruit additional physicians to the medical staff of the hospital and the oncology team. Physician recruitment will increase in intensity in anticipation of the completion and opening of the new outpatient facility.*

*Other achievements in 2012 include:*

- *American College of Radiology accreditation for computed tomography (CT)*
- *Increased attention to and enrollment in clinical trials*
- *American College of Radiology accreditation for stereotactic breast biopsy*
- *Patient navigator added to oncology team.*

*Building on the success achieved in 2012, Baylor Waxahachie's Cancer Committee optimistically looks forward to an even greater 2013.*

*Sincerely,*

Valerie Gorman, MD

Chair, Cancer Committee

## Programs of Focus 2012

### Cancer Conferences

Cancer conferences are an essential forum to provide multidisciplinary, consultative services for oncology patients, as well as to offer education to physicians and allied health professionals on the medical staff.

To provide a consultative service to patients and physicians, 80% of the cases presented must be discussed prospectively, that is, address patient management issues.

Prospective cases are presented by physicians to the multidisciplinary team. Prospective cases include, but are not limited to the following:

- Cases requiring an adjustment or change in the original treatment plan
- Cases requiring consideration of adjuvant treatment or palliative care
- Cases with treatment complications or disruptions
- Cases with recurrent cancer requiring/ needing further treatment consideration.

General cancer conference meets monthly with the following multidisciplinary composition—medical oncology, radiation oncology, surgery, pathology and diagnostic radiology.

Site conference case presentations include, but are not limited to:

- Case summary with prospective and interdisciplinary discussion
- Image projections with radiologic findings
- Pathology slides, pathologic findings including special stains
- Molecular studies/prognostic indicators
- Clinical and pathologic staging (AJCC or other specific staging)
- Treatment planning
- Citation of national treatment guidelines (e.g., NCCN)
- Citing of clinical trials availability
- Discussion of need to refer for genetic testing
- Discussion for referral to palliative care services.

For calendar year 2012, there were 63 prospective cases discussed at general cancer conferences. This represents a total of 39.3% of the analytic caseload seen at Baylor Waxahachie from 2011 (188). The American College of Surgeons' Commission on Cancer standard stipulates 15% of the previous year's analytic caseload requires presentation in cancer conference. Cases presented included breast, colorectal, lung, melanoma, lymphoma and more.

Dr. Roloson is the cancer committee designated coordinator for cancer conferences at Baylor Waxahachie.

### Breast Imaging Centers

The Breast Imaging Center at Baylor Medical Center at Waxahachie and the Red Oak Breast Imaging Center saw increased demand for their services in

2012. The two facilities combined performed:

- 4,900 screening mammograms
- 2,275 diagnostic mammograms
- 154 surgical specimens (Baylor Waxahachie)
- 77 stereotactic biopsies (Baylor Waxahachie)
- 37 needle biopsies (Baylor Waxahachie)
- 7,444 total procedures.





### ***Baylor Charles A. Sammons Cancer Center at Waxahachie***

Baylor Medical Center at Waxahachie is proud to be a member of the Baylor Charles A. Sammons Cancer Center network. For more than 35 years, Baylor Charles A. Sammons Cancer Center has been providing quality cancer care to patients at Baylor University Medical Center. Baylor Health Care System (BHCS) has extended the Baylor Charles A. Sammons Cancer Center quality of care to its medical centers throughout North Texas, including Baylor Waxahachie.



Being a part of the network means that Baylor Waxahachie oncology programs and services meet or exceed the stringent criteria established by Baylor Health Care System. These criteria include:

- Achieving accreditation by the Commission on Cancer (CoC) of the American College of Surgeons as an approved cancer program. Accreditation by the CoC indicates that a cancer program provides high quality care as measured against national standards and continuously strives to address each patient's needs while improving outcomes.

***Baylor Charles A. Sammons Cancer Center at Waxahachie is part of the Baylor Charles A. Sammons Cancer Center network.***

*Denell Flores, BSN,  
patient navigator*

- Meeting specific requirements demonstrating active participation by their Cancer Committee physician leader, administrative director/representative, and oncology nursing leader in BHCS oncology strategic initiatives.
- Meeting specific requirements demonstrating active participation in BHCS oncology safety and health care improvement projects.
- Meeting specific requirements demonstrating active participation in BHCS oncology educational efforts in nursing, medicine or other ancillary education related to oncology.
- Demonstrating participation in research initiatives, either within the facility or by supporting other Baylor facilities and their oncology research by making clinical trials available to patients, regardless of the location of the trials.

***Cancer Survivor Becomes Patient Navigator at Baylor Waxahachie***

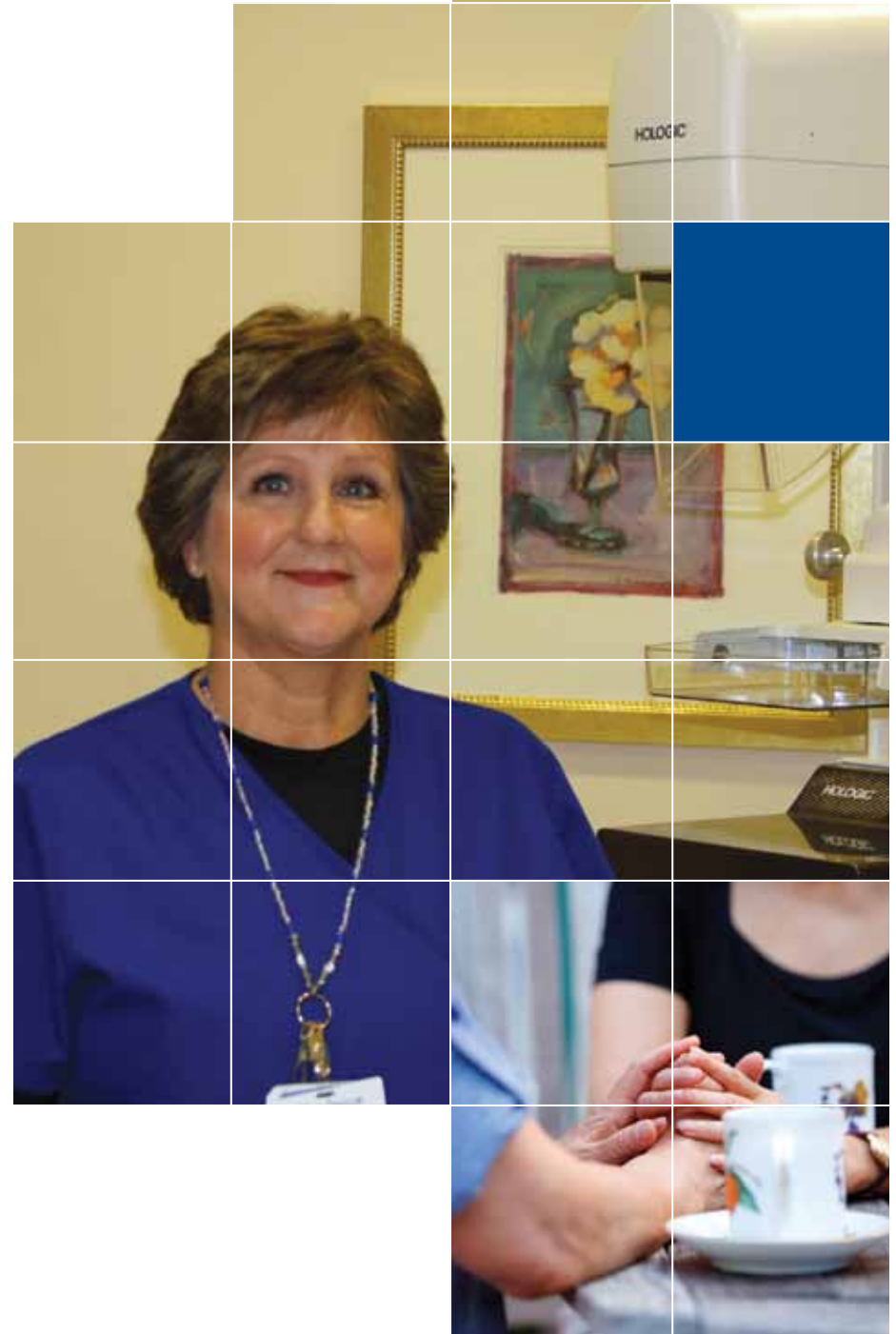
Who knows the fears, confusion, struggles and hopes of a cancer patient better than another cancer patient? The answer, of course, is no one. As a cancer survivor and

registered nurse, Denell Flores, BSN, knows the challenges women with breast cancer face. And, since the summer of 2012, she has made a career of helping them overcome obstacles to survivorship.

Flores is the breast cancer patient navigator at Baylor Medical Center at Waxahachie. Her role is to guide breast cancer patients through the maze of medical terminology, physicians' offices, treatment options and resources available from diagnosis through recovery.

"I've actually been through some of the treatments my patients are going through, so I know the thoughts that cross their mind—the emotions, the fears," says Flores. "I know how cancer changes your perspective and how you live your life."

Flores is called into action as soon as breast cancer is suspected. "I follow any patient in need of a biopsy because of an abnormal mammogram or breast ultrasound," she explains. "Once a woman is told she needs a biopsy, she wants it right then. She doesn't want to wait a week or two weeks or a month."







Flores contacts the patient's physician office to make sure the order for the biopsy and all the proper paperwork is together to expedite the process. She contacts the patient to answer any questions, and then she literally is there to hold the patient's hand during the procedure.

After the results from the biopsy are back, Flores ensures that both the patient and her physician get the results as quickly as possible. But her job isn't just about speed. It's about being thorough, especially when results come back positive for cancer and the patient has a long, complex struggle ahead of her.

"Whatever course of action that needs to take place after diagnosis, I'm here to make sure that nothing falls through the cracks, and that there are no gaps in the treatment plan," says Flores.

"Often, her job is just to answer questions or be a shoulder to cry on. Flores' intimate knowledge of the cancer journey—as both a nurse and a patient—makes her a critical ally for more practical issues. She can provide guidance on financial assistance for women in need, tips on where to find wigs for chemotherapy patients and information on clinical trials. She is the ultimate care coordinator.

Flores knows the power of the cancer sisterhood. That's why one of her first priorities on accepting the role of patient navigator was to create a monthly support group for women with breast cancer. It's a group for women with any stage of the disease, as well as survivors. It's all a part of a comprehensive approach to caring for breast cancer patients that isn't often found in smaller cities.

"It's an opportunity for ladies to meet other ladies who are going through the exact

same thing that they are," she says. "Our first meeting had six women at six different stages of treatment."

Additionally, the group features special guests such as oncologists, American Cancer Society representatives, and even local businesses who want to brighten the day for women undergoing treatment. Survivors share stories. They ask each other questions. They give each other hope. As a cancer survivor herself, Flores' mere presence is the embodiment of hope for many of the more than 170 women she has already helped.

"I feel very passionate about this," says Flores. "My job is a resource that we've needed in our small community that just hasn't been there. I'm expecting great things from this."



**ACS Days at Baylor Waxahachie  
Bring American Cancer Society®  
Resources to the Community**

With nearly a century of experience, the American Cancer Society (ACS) has been an incredible collaborator with Baylor Charles A. Sammons Cancer Centers, including Baylor Medical Center at Waxahachie, in delivering lifesaving results. Together, Baylor Waxahachie and the Society have been a relentless force fighting cancer. At Baylor Waxahachie, a Society representative works closely with oncology staff to provide patients with the resources and support they need.

ACS days were an opportunity in 2012 for the American Cancer Society to educate and inform Baylor Waxahachie cancer patients, their families and the residents of Ellis County about the programs and services available. These educational programs were held in the Medical Office Building on the Baylor Waxahachie campus.

Newly diagnosed cancer patients at Baylor Waxahachie received a personal health manager kit. The kit provided personalized information about the patient's specific cancer type, a list of resources available and care management tools to help patients and their caregivers keep appointments, follow-up on test results and coordinate prescriptions throughout their cancer journey.

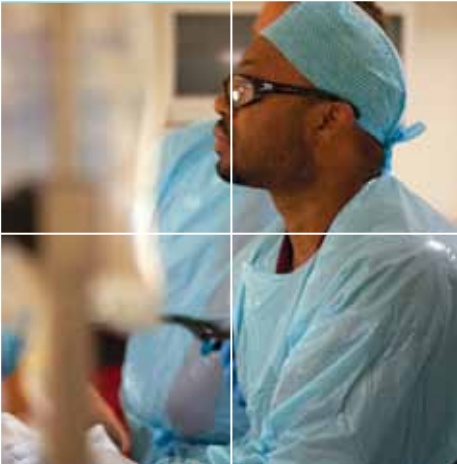
**Scott Gullett: An Exceptional  
Experience**

Scott Gullett knew he was overdue for his first screening colonoscopy. He and his primary care physician had discussed the importance of having the diagnostic procedure performed when he was 50. At 53, after three more years of annual well visits with his physician, Gullett decided to act.

"I had completed the paperwork when I was 50," Gullett recalls. "I had not had any symptoms that would cause me to go to Baylor Medical Center at Waxahachie. When I had my physical at 51, the doctor asked me about the colonoscopy. But, I didn't do anything and the next year there wasn't anything that triggered me wanting the colonoscopy other than I just knew I needed to get it done."



Scott Gullett



Finally, at 53, Gullett scheduled his colonoscopy at Baylor Waxahachie. He says the procedure was much less invasive than what he had imagined. “I thought the experience would be much more difficult than it was.”

When he arrived at the hospital that Friday morning, Gullett says the staff went above and beyond to be attentive. He especially appreciated their kindness and understanding.

“They treated me like I was their first colonoscopy patient, not number 100. It was an exceptional experience.”

When Gullett woke up, the physician told him that he had a tumor. The first assessment was that it was a tumor the size of a quarter and that it was likely cancer. The following Tuesday, he got the pathology results that indicated the tumor was severe dysplasia, pre-cancerous but not invasive. “We felt relieved, but not at peace yet,” explains Gullett. “The physician was still convinced it was cancer. Before having surgery, I had an MRI abdominal scan and a full blood work up. The MRI showed that the tumor was 80% through my rectal lining. It also showed I had five gallstones.

When we scheduled the surgery, we decided to remove the gallbladder at the same time.”

Thankfully, surgery revealed some surprising facts. The tumor was only 40% through the rectal lining and it was the size of a dime. The colon resection involved removing 9 to 10 inches of the colon and reattaching the two ends. In addition to removing his gallbladder, the surgeon also decided to remove Gullett’s appendix.

“My prognosis was that I would probably have an ileostomy as a result of the surgery,” says Gullett. “It was a blessing that everything went OK and that the people who prayed for me felt like they had their prayers answered. Today I feel great, like nothing ever happened. I’m back to normal. My wife and I love to go on extended camping trips. I love to play golf and I love to bike, hunt and fish.”

Gullett’s experience has changed him and his outlook on life. “I embrace every single day because we’re not guaranteed any days. Since I had the surgery, the sun shines differently on me; it just makes everything more real and more appreciated.

“I would advise everyone, certainly as they approach 50, or if they’ve had a family history of colon problems, to go and get a colonoscopy. It’s painless. You’ll actually look back and laugh at yourself because you thought it was going to be more difficult than it was. I would highly recommend it to anyone, certainly if they’re in the south part of the area, to use Baylor Waxahachie because the care was wonderful and the doctors were very professional.”



## Patient Support

### **Bringing Advanced Cancer Care to the Community Hospital Setting**

In 2012, Baylor Medical Center at Waxahachie continued to advance the quality of its cancer care. The hospital's Oncology Service Program received accreditation as an approved cancer program by the Commission on Cancer, with special commendation in all eight categories possible.

Imaging facilities at Baylor Waxahachie received accreditation by the American College of Radiology for MRI, ultrasound, computed tomography, mammography and stereotactic imaging. In addition, the Gerard Noteboom Laboratory was accredited by the Commission on Laboratory Accreditation of the College of American Pathologists.

In 2011, the year for which the latest data exists, clinicians at Baylor Waxahachie treated 295 cancer patients, of which 188 were newly diagnosed and received first course treatment. The most frequent types of cancer seen were breast, colorectal, lung and bladder. The total number of new cancer cases diagnosed in 2011 increased by 15.3 percent from 2010.

Baylor Waxahachie also began a patient navigator program. The nurse who filled the navigator role assisted patients with record collection, appointment scheduling and follow-up and was present, when requested, on procedure days. The navigator also helped in identifying clinical trials for patients when appropriate.

Oncology staff at Baylor Waxahachie reached into the community to bring cancer screening and information to the general public. Two breast screening events were held in 2012. Baylor Waxahachie oncology staff participated in several community events including the Midlothian Fall Festival, the Waxahachie Legacy Run, the American Cancer Society's Relay for Life® of Ellis County, the Midlothian Business Expo and For Women, For Life™. In December, the hospital sponsored a skin cancer screening event for employees in which 24 people were screened. Of the 24, seven were identified with pre-cancerous spots and one was diagnosed with melanoma. Through these activities, more than 800 individuals were reached with cancer information or screening.



*Above: The Midlothian Fall Festival is one of many health fairs Baylor Medical Center at Waxahachie participates in throughout the year, offering free screenings and education to the community.*



*Right: Baylor Medical Center at Waxahachie's annual For Women For Life™ event encourages women of all ages to be proactive about their health and encourage other women in their lives to stay up-to-date on important screenings.*



*Baylor Medical Center at Waxahachie supports Waxahachie Independent School District's Legacy Run, where men, women and children of all ages run a 5K. Hospital staff pass out water and fruit to the runners when they are finished with the race and women are encouraged to fill out genetic risk screening forms that are sent to genetic counselors at Baylor to determine if they are at risk for breast cancer and need follow up.*

## Cancer Registry

The year 2012 brought positive changes in the Baylor Health Care System (BHCS) Cancer Registry. The BHCS Cancer Registry includes nine (9) hospitals with seven (7) of the facilities' cancer programs accredited by the American College of Surgeons' Commission on Cancer (Baylor University Medical Center at Dallas, Baylor Medical Center at Waxahachie, Baylor All Saints Medical Center at Fort Worth, Baylor Medical Center at Irving, Baylor Regional Medical Center at Grapevine, Baylor Medical Center at Garland, and Baylor Regional Medical Center at Plano).

This year has seen the Registry grow with the addition of three certified tumor registrars. New processes have been added to our program as well as new informational technologies.

The Registry has developed the Remote Registrar Program in which Baylor has recruited several certified tumor registrars who live outside the Dallas/Fort Worth area. Our registry team welcomes the following remote registrars: Susanna Arias, CTR, from Fort Lauderdale, Fla; Bonnie Stewart, CTR, Spokane, Wash.; and Briana McCants, CTR, Bessmer, Ala. The addition of these experienced registrars

brings the Cancer Registry staff to a total of seven full-time certified cancer registrars. These numbers include the Cancer Registry manager, supervisor, and Cancer Registry staff. This new recruitment process has brought a positive way of staffing our Registry team.

In 2012, the Cancer Registry began using a new informational technology. The ePath application of Artificial Intelligence in Medicine has been approved for installation. The application will save each Cancer registrar time due to the manual case-finding review of 100% pathology reports. This automation will "read" each pathology report and choose only those cases applicable to the Cancer Registry. Upon electronic review by a registrar that each case requires abstracting, the case will be automatically downloaded into the suspense of our database for abstracting. This will save not only time, but also increase efficiency in the Cancer Registry.

The primary duties of the cancer registry include, but are not limited to, the abstracting of cancer data (including site, histology, stage and treatment) on all reportable cancers, and to provide lifetime of follow-up

*(Continued on page 14)*



## Baylor Medical Center at Waxahachie Analytic Cases Diagnosed 2011

Primary Site	Total Analytic Cases	Gender		General Stage					
		Male	Female	In Situ	Localized	Regional	Distant	N/A	Unknown
<b>AllSites</b>	<b>196</b>	<b>73</b>	<b>123</b>	<b>18</b>	<b>72</b>	<b>35</b>	<b>40</b>	<b>14</b>	<b>18</b>
<b>Oral Cavity</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>1</b>
Lip	0	0	0	0	0	0	0	0	0
Tongue	2	2	0	0	0	2	0	0	0
Oropharynx	0	0	0	0	0	0	0	0	0
Hypopharynx	1	0	1	0	0	0	1	0	0
Other	1	1	0	0	0	0	0	0	1
<b>Digestive Sytem</b>	<b>42</b>	<b>22</b>	<b>20</b>	<b>1</b>	<b>18</b>	<b>6</b>	<b>16</b>	<b>0</b>	<b>1</b>
Esophagus	0	0	0	0	0	0	0	0	0
Stomach	1	1	0	0	0	0	0	0	1
Colon	17	7	10	0	12	0	5	0	0
Rectum	12	5	7	1	3	5	3	0	0
Anus/Anal Canal	0	0	0	0	0	0	0	0	0
Liver	4	3	1	0	2	0	2	0	0
Pancreas	4	3	1	0	0	0	4	0	0
Other	4	3	1	0	1	1	2	0	0
<b>Respiratory System</b>	<b>26</b>	<b>13</b>	<b>13</b>	<b>0</b>	<b>3</b>	<b>8</b>	<b>11</b>	<b>0</b>	<b>4</b>
Nasal/Sinus	0	0	0	0	0	0	0	0	0
Larynx	2	2	0	0	1	0	0	0	1
Lung/Bronchus	24	11	13	0	2	8	11	0	3
Other	0	0	0	0	0	0	0	0	0
<b>Blood and Bone Marrow</b>	<b>6</b>	<b>5</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>0</b>
Leukemia	2	1	1	0	0	0	2	0	0
Multiple Myeloma	3	3	0	0	0	0	3	0	0
Other	1	1	0	0	0	0	1	0	0
<b>Bone</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Connective/Soft Tissue</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>

Number of cases excluded: 0

This report INCLUDES CA in-situ cervix cases, squamous and basal cell skin cases, and intraepithelial neoplasia cases

Benign includes: Gastrointestinal stromal tumors, benign meningiomas, benign brain, and other cns benign.

Other/ill-Defined includes: ill-defined sites and hematopoietic diseases not included in the leukemia/lymphoma/myeloma category.

Primary Site	Total Analytic Cases	Gender		General Stage					
		Male	Female	In Situ	Localized	Regional	Distant	N/A	Unknown
<b>Skin</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>
Melanoma	1	0	1	0	0	0	1	0	0
Other	0	0	0	0	0	0	0	0	0
<b>Breast</b>	<b>50</b>	<b>0</b>	<b>50</b>	<b>8</b>	<b>27</b>	<b>14</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>Female Genital</b>	<b>4</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>
Cervix Uteri	1	0	1	0	1	0	0	0	0
Corpus Uteri	1	0	1	0	1	0	0	0	0
Ovary	2	0	2	0	0	0	1	0	1
Vulva	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0
<b>Male Genital</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Prostate	3	3	0	0	3	0	0	0	0
Testis	1		0	0	1	0	0	0	0
Other	0	0	0	0	0	0	0	0	0
<b>Urinary System</b>	<b>22</b>	<b>5</b>	<b>7</b>	<b>9</b>	<b>11</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>
Bladder	14	11	3	9	5	0	0	0	0
Kidney/Renal	8	4	4	0	6	1	1	0	0
Other	0	0	0	0	0	0	0	0	0
<b>Brain and CNS</b>	<b>12</b>	<b>2</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>12</b>	<b>0</b>
Brain (Benign)	0	0	0	0	0	0	0	0	0
Brain (Malignant)	0	0	0	0	0	0	0	0	0
Other	12	2	10	0	0	0	0	12	0
<b>Endocrine</b>	<b>5</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>
Thyroid	3	0	3	0	1	2	0	0	0
Other	2	0	2	0	0	0	0	2	0
<b>Lymphatic System</b>	<b>7</b>	<b>5</b>	<b>2</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>
Hodgkin's Disease	0	0	0	0	0	0	0	0	0
Non-Hodgkin's Lymphoma	7	5	2	0	3	1	1	0	2
<b>Unknown Primary</b>	<b>9</b>	<b>3</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>8</b>
<b>Other/ill-Defined</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

(Continued from page 11)

patients. In addition, the cancer registrars are responsible for collecting the data elements for the Cancer Program Practice Profile Reports (C3PR) required by the American College of Surgeons' Commission on Cancer with a goal of 90% completion rate. To maintain quality of the registry abstract, each cancer registrar works with the medical staff in completing quality review of greater than 10% of annual analytic abstracts.

With the cooperation of physicians on the medical staff at all Baylor facilities, the Cancer Registry was able to submit data

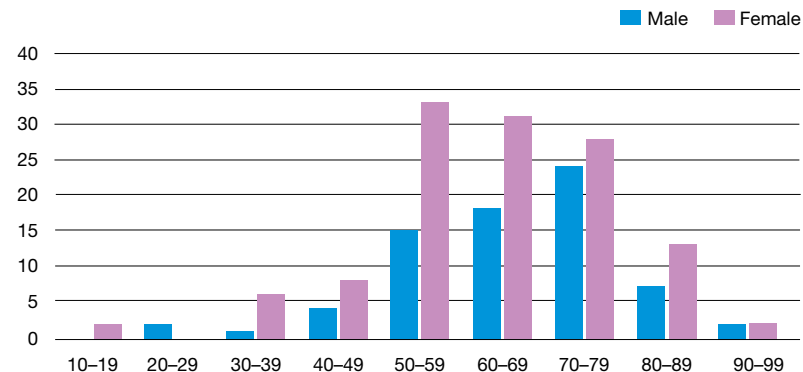
to the National Cancer Data Base during the Annual Call for Data not only error free, but also submitted data that met the goals of 90% treatment completion rate for the CP3R.

The staff attends monthly state webinar meetings which include presentations from the North American Association of Certified Cancer Registrars, as well as the annual Regional Quality Seminar sponsored by Baylor Charles A. Sammons Cancer Centers. All Registry staff attended the Texas Tumor Registrars Association (TxTRA) Annual Educational Conference in Bedford, Texas.

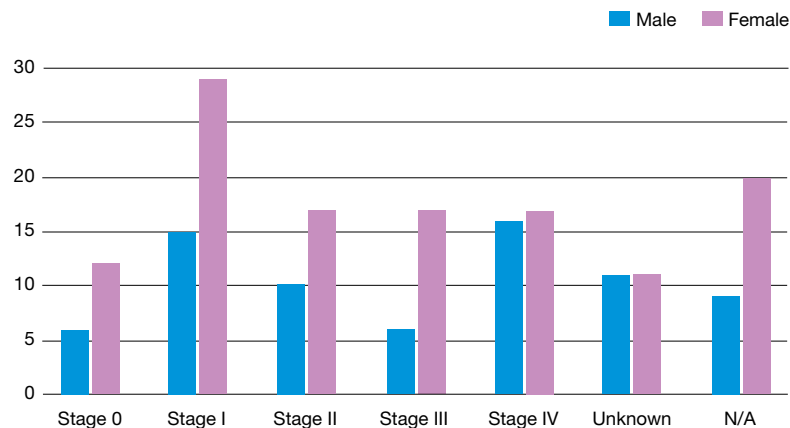
**2011 Top Five Sites**

Baylor Fort Worth	National	Texas
Breast	Prostate	Prostate
Colorectal	Breast	Breast
Lung	Lung	Lung
Bladder	Colorectal	Colorectal
Non-Hodgkin's Lymphoma	Melanoma	Melanoma

**Patient Age by Gender**



**Patient Stage by Gender**





## Improving the Patient Experience

The oncology team at Baylor Medical Center at Waxahachie was determined to improve the experience for cancer patients. Based on their diagnosis, two groups of patients were targeted for improvement initiatives—breast cancer and colon cancer patients.

“The oncology team had two goals in mind when it came to improving the experience for these patients,” said Laura Mobley, director of Oncology at Baylor Waxahachie. “We wanted to make sure that our patients received a visit from a Pastoral Care chaplain and also from Care Coordination/Social Work. So, we began two studies to establish a baseline of information about the current percentage of patients who received these visits. Once the baseline was established, we worked on ways to increase the percentage.”

The studies ran from July 2011 through December 2012. The six-month period from July 2011 through December 2011 served as the baseline. An analysis of this time period revealed that 43 percent of newly diagnosed breast and colon cancer patients received Pastoral Care services while 67 percent received visits from Care Coordination/Social Work. Determined to

improve the percentages, the team set a high goal of achieving a compliance rate of 90 percent or greater for each study.

Following the improvement model of “plan, do, check, act,” the director of Pastoral Care reviewed the baseline data and goal with the chaplains at the hospital and encouraged them to take an active role in helping identify appropriate patients. The chaplains began rounding on patient care units and asking staff which patients had these diagnoses so a visit could be made.

From January 2012 through May 2012, the study tracked results and the report wasn’t what the team had expected. “The first six months of data from the study showed virtually no improvement with only 44 percent of patients receiving a visit from a chaplain, versus the baseline of 43 percent,” explained Mobley. “Relying on staff to identify appropriate patients wasn’t working. The team turned to Care Coordination and Social Work to help identify patients newly diagnosed with cancer. The Care Coordination/Social Work staff began e-mailing chaplains and requesting that Pastoral Care consults be entered into the hospital’s electronic health record.”



Phase 2—July 2012 through November 2012—saw the compliance percentage skyrocket to an average of 92 percent, two percentage points higher than the team’s original goal of 90 percent compliance. Pleased with its progress, the team resolved to continue to monitor breast and colon cancer patients so that at least 90 percent were being visited by a chaplain.

Mobley said that three important lessons were learned from the study:

- It is difficult for Pastoral Care staff to identify newly diagnosed cancer patients
- The interdisciplinary collaboration with Social Work and Care Coordination was a much more effective strategy for communicating Pastoral Care consults than having chaplains round on the unit to identify these patients
- E-mail notification and entering consult orders in the electronic health record enabled Pastoral Care to prioritize these patients and assure that they received visits.

The study targeting improving the percentage of breast and colon cancer patients receiving a visit from Care Coordination/Social Work, proceeded in much the same way as the Pastoral Care visit study.

The director of Care Coordination/Social Work shared the baseline data with staff. The staff began documenting the completion of visits in the clinical documentation system. The first six months of data—from January 2012 through May 2012—showed an impressive increase in visits to 81 percent, but this was still short of the 90 percent goal. As the second phase of the study began in July 2012, the director of Care Coordination/Social Work began one-on-one meetings with staff—educating them on the importance of visiting these patients and encouraging them to complete the visits and document them in the electronic medical record. This personalized attention to the staff resulted in an average visit percentage of 92 percent for phase 2—July 2012 through November 2012.

Again, the team was pleased with the average score at the end of the study period and pledged to continue to monitor the patients so that at least 90 percent received a visit from Care Coordination/Social Work.

This study also provided three key lessons, according to Mobley:

- Care Coordination/Social Work staff was not fully aware of the benefit that visits to patients with a cancer diagnosis could provide
- It is often difficult for Care Coordination/Social Work to identify that a patient has a diagnosis of cancer if it is not the admitting diagnosis
- The electronic health record could assist in identifying these patients if a report could be developed to identify patients who have a recent cancer diagnosis or history of cancer.





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BAYLOR MEDICAL  
CENTER AT  
WAXAHACHIE  
OPENS FALL 2014**

**CURRENT LOCATION:  
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CENTER AT WAXAHACHIE**





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