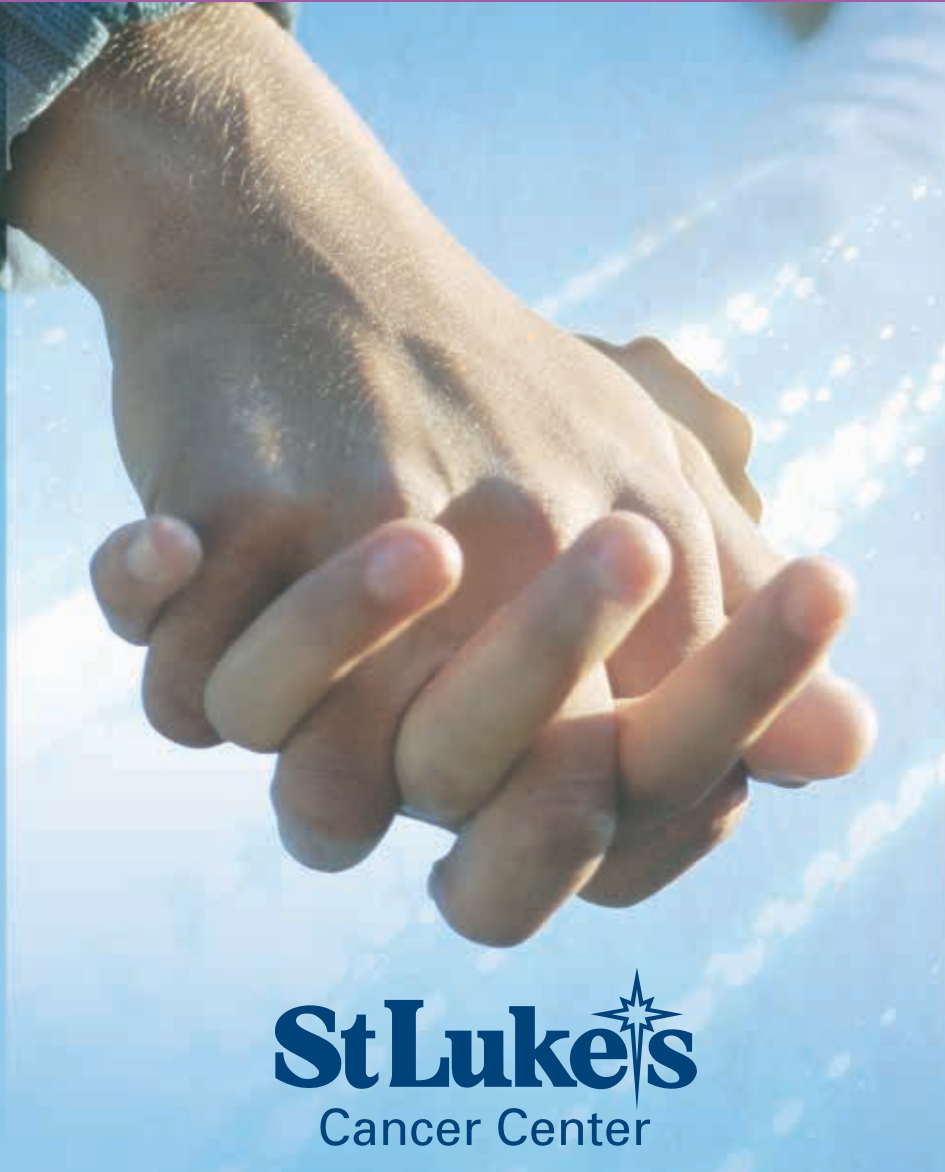




# ST. LUKE'S CANCER CENTER

2017 Annual Report and Outcomes



**St Luke's**  
Cancer Center





## ST. LUKE'S SCREENING, PREVENTION AND COMMUNITY OUTREACH

### Skin Cancer Screening

Date	Location	Outcome
May 23, 2017	St. Luke's Allentown	21 screened—15 normal; 6 biopsy and referred
May 24, 2017	St. Luke's Quakertown	24 screened—5 normal; 10 biopsy and referred; 6 referred
May 24, 2017	St. Luke's Bethlehem	41 screened—31 normal; 9 biopsy and referred; 1 referred

### Colorectal Cancer Screening

An ongoing multifaceted Colorectal Cancer Screening research project across four separate clinics began in CY17 to ensure that screening and treatment rates increase among our vulnerable populations, where rates are typically lower and later-stage cancers are more frequently diagnosed. This project is a result of collaboration among clinic staff, providers, service lines, medical students, residents, researchers and Community Health & Preventive Medicine. The first phase of this project was the completion of surveys by providers, staff and patients to assess and inform of needs. The team has also been working on scholarship research and publications related to this project. As a result, the group continues to work on a multidisciplinary approach to improving quality metrics among some of our highest-need populations.





St. Luke's consistently performed above the statewide and U.S. norms for breast and colon cancer for both the accountability and quality improvement measures.

Breast Cancer Screening – Lehigh Coalition for Cancer Control (LCCC) clients seen at SLUHN

Dates	People Screened	Total Mammos	Total CBEs	Total Ultrasounds	Returning for Add'l Testing	Recommended Biopsies	Breast Cancers Detected
CY 2017	167	154 (77 screening, 77 diagnostic)	0	88	10	5	4

Cervical Cancer Screening – LCCC clients seen at SLUHN

	January to March 2017	April to June 2017	July to September 2017	October to December 2017	CY 2017 Total
Women Receiving Pap Tests	14	17	16	18	65

Bethlehem Health Bureau Partnership – Healthy Woman Program women seen at SLUHN

Dates	Women Screened	Breast Biopsies	Diagnostic Testing of Breast	Breast Cancers Detected	Diagnostic Testing of Cervix
CY 2017	71	15	40	4	14

Low-dose CT Lung Cancer Screening

	SLUHN Facility	Sacred Heart	Blue Mountain
Receiving Lung CT Screen	1,104	158	105



## ST. LUKE'S SCREENING, PREVENTION AND COMMUNITY OUTREACH *cont.*

### Cancer Prevention Initiatives

As a non-profit health institution, St. Luke's University Health Network (SLUHN) must conduct a Community Health Needs Assessment (CHNA) every three years, as mandated by the 2010 Affordable Care Act. This CHNA is used to identify priority health areas and to formulate strategic implementation plans for addressing identified health needs. In 2016, SLUHN conducted both the network CHNA and a cancer center community needs assessment (CNA) concurrently, using analogous processes. Both needs assessments were conducted by our Department of Community Health & Preventive Medicine, which has expertise in population health, evaluation and assessment. Our 2016 network CHNA process included a network-wide CHNA as well as CHNAs for each of our seven campuses, allowing us to identify the specific needs of Community Health & Preventive Medicine.

Through the network CHNA process, SLUHN identified these five priority areas:

1. Improving access to care and reducing health disparities;
2. Promoting healthy lifestyles and reducing chronic disease;
3. Improving mental and behavioral health;
4. Improving child and adolescent health; and
5. Improving elder health.



We are committed to providing our patients with exceptional care tailored to their individual needs.



Cancer is considered to be a chronic disease; therefore, it is included under the health priority area of promoting healthy lifestyles and reducing chronic disease. Network-wide efforts have been underway to address the health priority area of promoting healthy lifestyles and reducing chronic disease. Some of the efforts that SLUHN and its partners have undertaken to prevent chronic diseases and to promote healthy lifestyles include:

#### **Nutrition Initiatives**

- Plant-based cooking classes and Community Supported Agriculture (CSA) shares for employees;
- School gardens; and
- The Kellyn Foundation Mobile Market, which continues to provide produce for sale across locations in Northampton County, all of which are in areas with little or no access to fruits and vegetables.

#### **Physical Activity Initiatives**

- The Get Your Tail on the Trail and Walk With a Doc programs; and
- Bike Bethlehem.

The full CHNA report, as well updates on the priority areas, may be found at [slhn.org/Conditions-Services/Community-Health/Community-Health-Needs-Assessment](https://slhn.org/Conditions-Services/Community-Health/Community-Health-Needs-Assessment).



## CLINICAL PERFORMANCE DATA

The American College of Surgeons (ACoS) Commission on Cancer (CoC) provides tools to accredited facilities to help them improve the quality of their patient care. Two of those tools are the Rapid Quality Reporting System (RQRS) and Cancer Program Practice Profile Reports (CP<sup>3</sup>R).

RQRS provides real-time tracking of treatments recommended by evidence-based standards. RQRS helps facilities evaluate the timeliness of cancer treatment given at their facilities. Participation in RQRS is voluntary and SLUHN chooses to participate because of our commitment to quality patient care.

CP<sup>3</sup>R accountability and quality measures, endorsed by the National Quality Forum (NQF), are used by facilities to monitor the use of evidence-based guidelines.

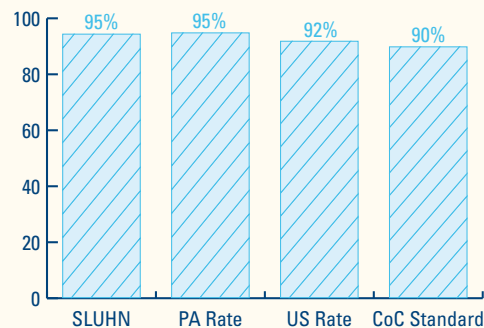
The tables below contain the most recent data obtained from SLUHN's multi-facility Cancer Registry Database along with RQRS and National Cancer Database (NCDB) CP<sup>3</sup>R. Pennsylvania and U.S. comparative rates were obtained from the Pennsylvania Health Care Quality Alliance. CoC Standards were obtained from CP<sup>3</sup>R. St. Luke's consistently performed above the benchmark for breast and colon cancer for both the accountability and quality improvement measures for calendar year 2016 cases.

### Breast Cancer

#### *Radiation therapy following breast-conserving surgery*

Radiation therapy is administered within one year of diagnosis for women under age 70 receiving breast-conserving surgery (a lumpectomy instead of a mastectomy).

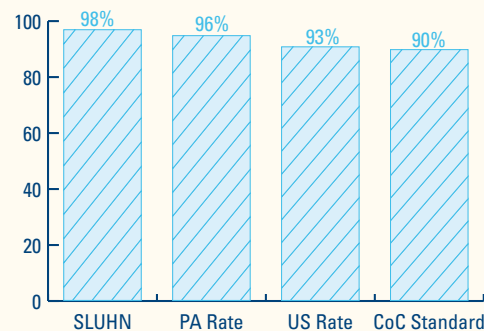
SLUHN's compliance with this standard is at 94.5 percent, which is above the CoC benchmark of 90 percent for this measure and above the U.S. rate of 92.4 percent.



#### *Hormone modification therapy for breast cancer*

Hormone modification therapy is considered or administered within one year of diagnosis for women with AJCC T1c, or stage IB - III hormone receptor positive breast cancer.

SLUHN's compliance with this standard is at 97.6 percent, which is above the CoC benchmark of 90 percent, and above the Pennsylvania rate of 96.3 percent and the U.S. rate of 93.2 percent.

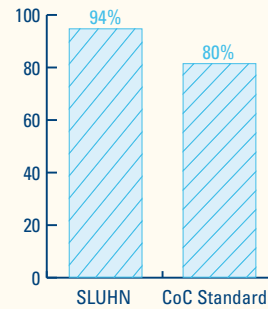




### ***Needle biopsy to establish diagnosis for breast cancer***

Image or palpation-guided needle biopsy to the primary site is performed to establish the diagnosis of breast cancer.

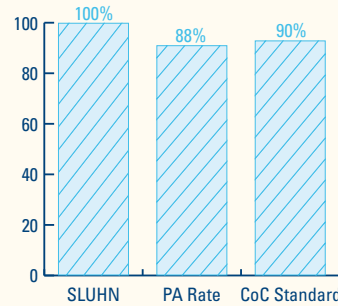
SLUHN's compliance with this standard is 93.7 percent, which is above the CoC benchmark of 80 percent. No Pennsylvania rate or U.S. rate is available for this measure.



### ***Radiation after mastectomy for positive lymph nodes***

Radiation therapy is recommended or administered following any mastectomy within 1 year of diagnosis of breast cancer for women with  $\geq 4$  positive regional lymph nodes.

SLUHN's compliance with this standard is at 100 percent, which is above the CoC benchmark of 90 percent, and above the Pennsylvania rate of 88.1 percent.

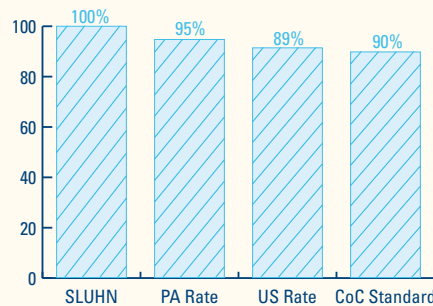


## Colon Cancer

### ***Adjuvant chemotherapy within four months of surgery***

Adjuvant chemotherapy is considered or administered within four months of diagnosis for patients under the age of 80 with AJCC Stage III lymph node positive colon cancer.

SLUHN's compliance with this standard is at 100 percent which is above the CoC benchmark of 90% and above the PA state rate of 91.1 percent and the US rate of 89.3 percent.



### ***Number of lymph nodes excised during surgery***

At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.

SLUHN's compliance with this standard is at 97.7 percent, which is above the CoC benchmark of 80 percent, and above the Pennsylvania rate of 92.6 percent and the U.S. rate of 92.2 percent.

