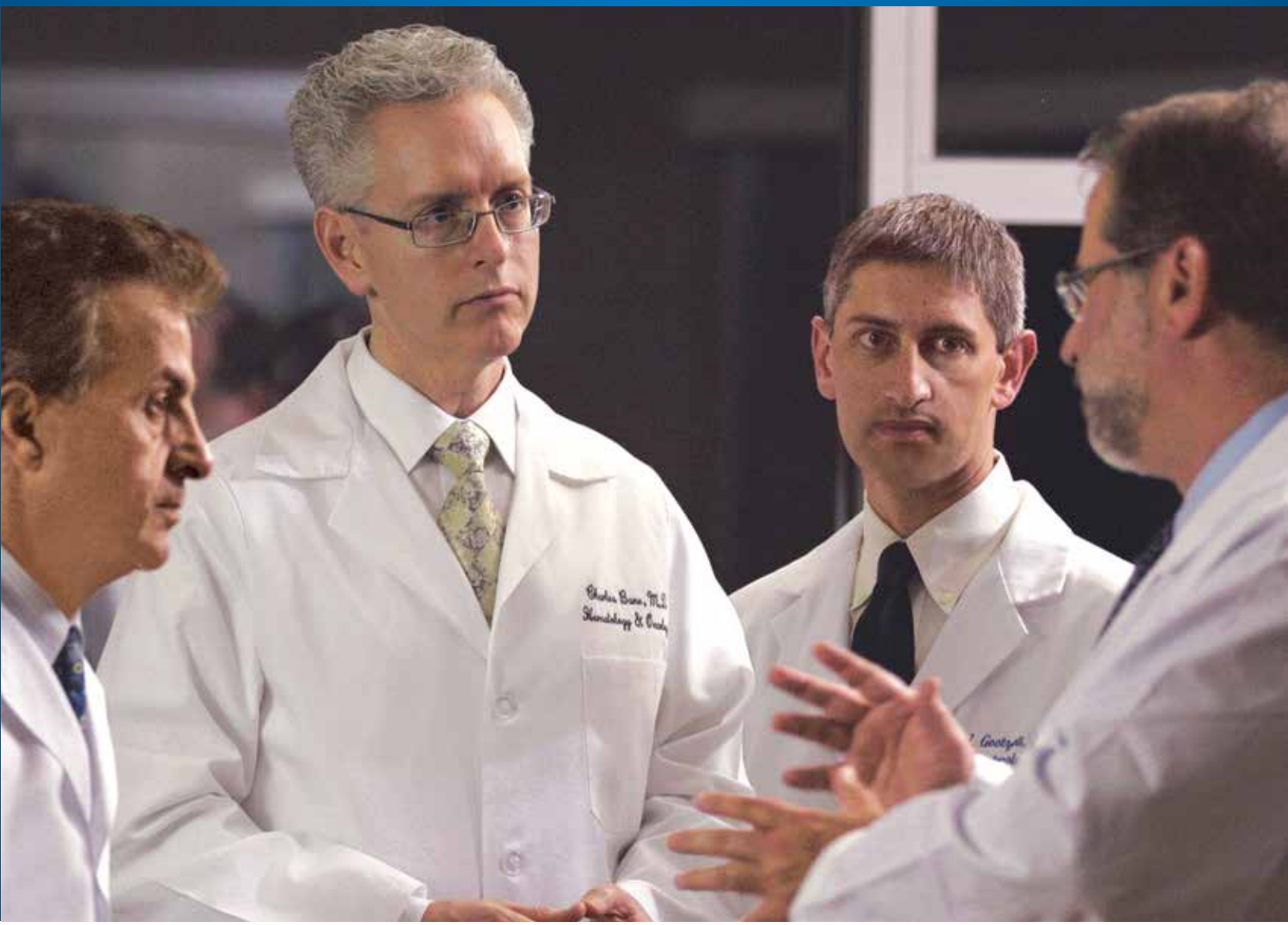
Premier Health

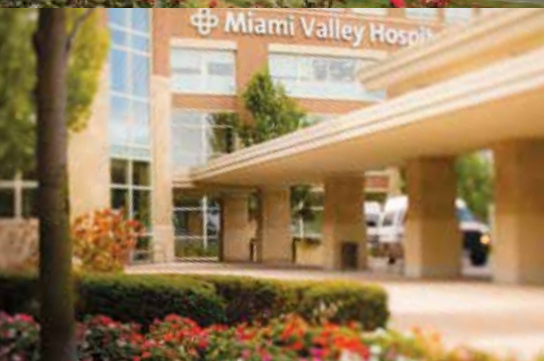
Cancer Report to the Community 2013

2012 Statistical Review



Premier Health

MIAMI VALLEY HOSPITAL + GOOD SAMARITAN HOSPITAL-DAYTON + ATRIUM MEDICAL CENTER + UPPER VALLEY MEDICAL CENTER



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Premier Health Cancer Institute

I am pleased and honored to have the opportunity to welcome you to the first system wide Oncology Annual Report for Premier Health. For many years each of the institutions that comprise Premier Health; Miami Valley Hospital, Good Samaritan Hospital, Atrium Medical Center, and Upper Valley Medical Center have maintained excellent, though largely independent, cancer programs. Through the efforts of Premier Health Cancer Institute we have embarked on a new era of unprecedented collaboration in oncology to better meet the needs of the communities we serve. This innovative delivery system of providing integrated, multidisciplinary care is called the "Premier Health Cancer Institute."

It has been said that the one, and perhaps only, constant in life is change. Certainly the current health care environment is one of extremely rapid transition and the field of oncology is no exception. We are fortunate to live in a time of great discovery. Our knowledge and understanding of malignant disorders and the available tools for fighting cancer are expanding at a tremendous pace. At the same time we are struggling with the enormous financial burden associated with technologically advanced health care. The rate of increase in health expenditure characteristic of our current reimbursement system is not sustainable and demand for major reform is inevitable. As a healthcare system, we are challenged with the task of providing excellent, technologically advanced care with significantly greater consistency and efficiency, thereby lowering cost and increasing value.

Recent advances in oncology have clearly demonstrated that cancer is not one disease, but rather a multitude of diseases with astounding variation and adaptability. The optimal approach to this situation requires multidisciplinary collaboration to bring together a treatment team with as much tenacity and adaptability as cancer itself. This multi-faceted team provides the widest array of treatment options but makes coordination of care challenging. A great deal of planning and careful navigation is required to move through this complex process in a timely and efficient manner.

The Premier Health Cancer Institute has combined the talents of numerous medical specialists, representing all four member institutions, each with a passion for treating cancer. This collaboration resulted in a master plan for managing cancer in a new way: embracing the full spectrum of care, from prevention and screening, through diagnosis and staging, multi-disciplinary treatment, patient education, supportive care and survivorship. The plan includes specific timelines to foster early diagnosis, rapid access to care and timely initiation of treatment. Patients on this complex and frightening journey will be accompanied by knowledgeable and caring nurse coordinators, who facilitate access, provide education and enhance comfort every step of the way. Our bold vision of the future of the Premier Health Cancer Institute includes enhanced cancer prevention and screening programs which will lead to lower cancer incidence and earlier detection. Rapid access to highly coordinated care will facilitate earlier treatment, produce fewer

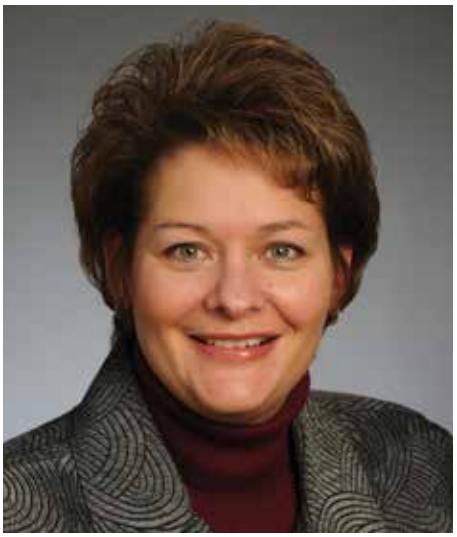
Charles L. Bane, MD

complications and lead to better outcomes with lower costs of care. Expanded patient education and more effective use of supportive care services will lead to fewer treatment related side effects and enhance quality of life. Our patients will receive this timely, state-of-the-art care delivered by a comprehensive care team located close to home.

This vision is already becoming a reality. The Premier Health Cancer Institute is being implemented as this publication is produced. In this time of rapid change we are leading the way with innovation, leading the way with care.

Charles L. Bane, MD
Chair,
Premier Health Cancer Institute

Premier Health Leadership



Diane L. Pleiman

Premier Health's oncology services have strengthened over the past year with a combined, comprehensive, system-wide approach to service delivery.

We have developed a much closer partnership with our physicians to discuss our oncology services and bring experts together from across the system on a more regular basis. A multidisciplinary, cross-system physician-led team was created to look at the system as a whole and determine where we have gaps in care throughout our service area. Overall, oncology services expanded with the addition of the oncology centers at both Miami Valley Hospital South and Upper Valley Medical Center. As we know, when someone is sick and in medical crisis, the comfort of being close to home can have a psychological effect on getting better.

Patients can now receive care in their own community. In the past, some patients had to travel out of their community for treatment.

There are many specialists involved in oncology and our approach to care is comprehensive and reflected in the number of physicians involved in the advisory committee appointments. Committees are composed of one physician from each of the major specialties. This representation encourages productive communication and a broader understanding of cancer care challenges.

The focus of our service is patient-centered, combined with support for the family members as well. We have heightened our awareness on providing an outstanding experience to each person who walks through our doors. By focusing on our core values of respect, integrity, compassion, and excellence, we direct our actions in supporting the patient experience and improving quality outcomes.

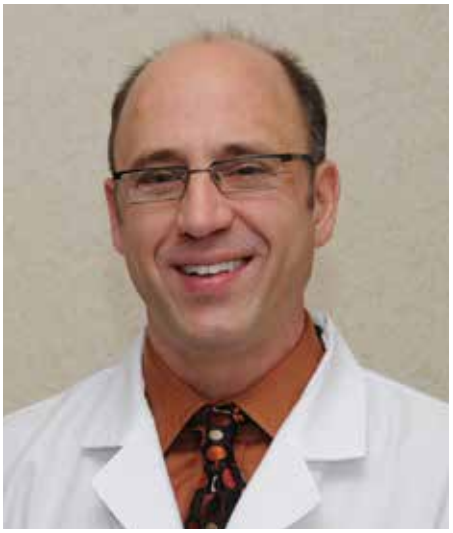
In our effort to focus on the patient's experience, each Cancer Care Center has a patient navigator available to address the psychological, emotional, social, and practical aspects that patients and their families experience as a consequence of cancer and its treatment. The patient navigator will link patients, families, and caregivers with appropriate community resources.

Our commitment to care includes community outreach and education. Physicians, program managers, and nurses are going into the community and educating people about healthy living and screenings, as well as appropriate treatment options.

Premier Health remains committed to a comprehensive, caring approach to our oncology services.

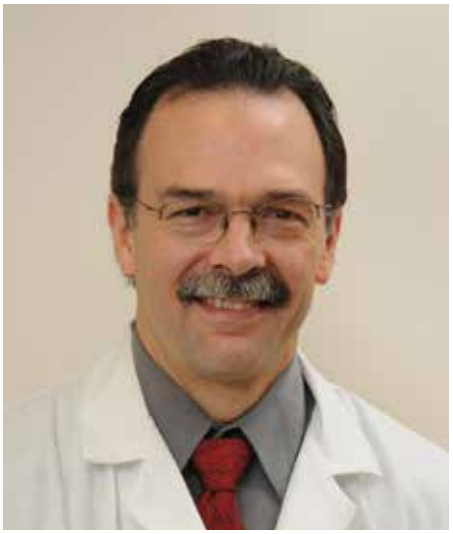
Diane L. Pleiman, CNMT, RT(N), FACHE
Vice President Service Integration
Cancer Institute
Premier Health

Oncology Committee Chairs

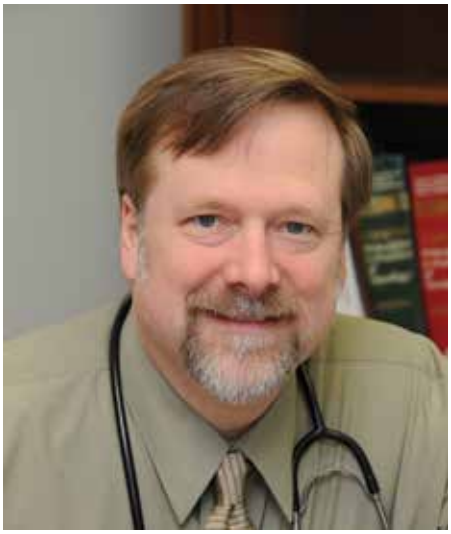


Mark A. Marinella, MD
Miami Valley Hospital

Gregory M. Rasp, MD
Good Samaritan Hospital



Albert S. Malcolm, MD
Atrium Medical Center



Ronald K. Setzkorn, MD
Upper Valley Medical Center

Premier Health has taken an integrated, comprehensive approach to oncology services. This brings together a collaboration for the four Premier Health hospitals and the committee chairs for the hospitals.

Atrium Medical Center

Accomplishments and Activities 2012

Cancer care services at Atrium Medical Center continue to be a model on how to provide services.

Atrium Medical Center received "Center of Excellence" Disease Specific certification for Breast Cancer from The Joint Commission. The American Cancer Society Transportation Assistance Program opened as of January 2012.

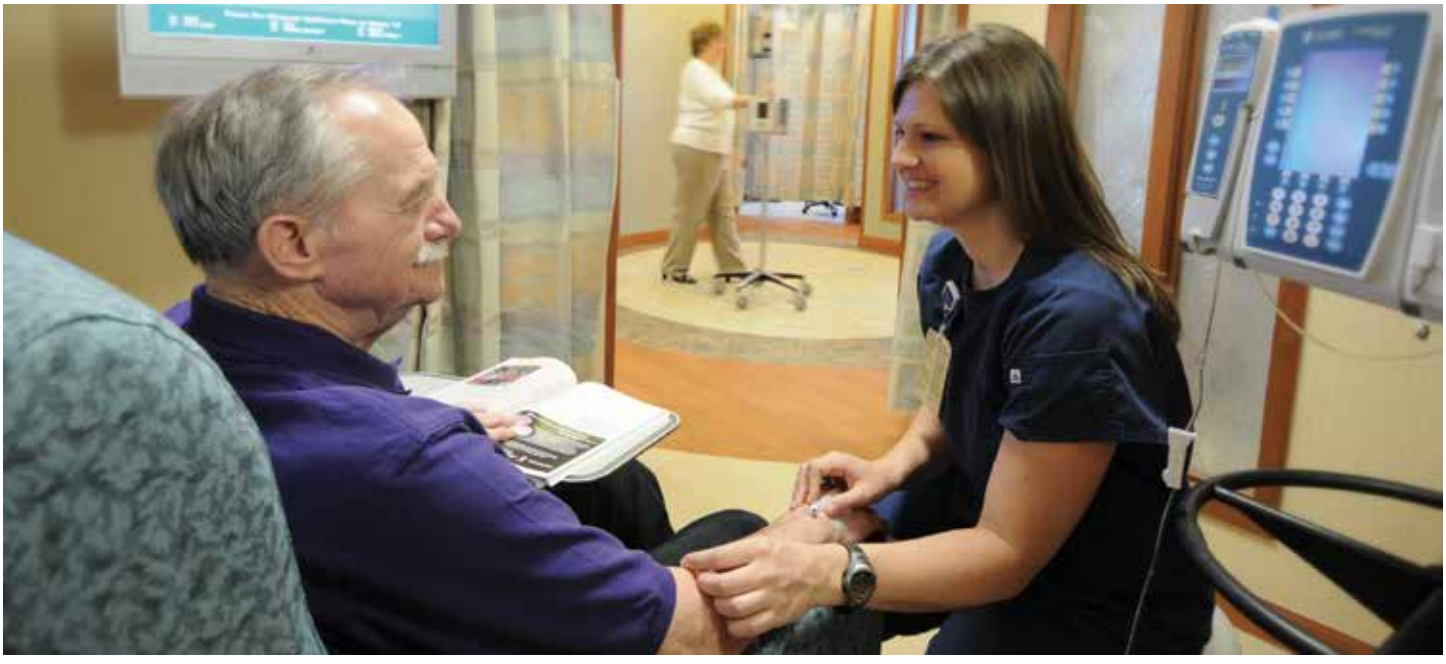
Among the notable achievements throughout the year was the American College of Surgeons Commission on Cancer facility category for Atrium Medical Center was changed from Community Cancer Program to Comprehensive Community Cancer Program. The medical staff at Atrium Medical Center continues to stay abreast on the latest news and technology. A CME-accredited presentation on Individualized Treatment of Non-small Cell Lung Cancer in an Era of Molecular Testing was given by Heather Wakelee, MD, from Annenberg Center for Health Sciences.

Atrium hosts programs to educate the community. Atrium participated in free skin cancer screenings sponsored by Premier Community Health in association with Wright State Physicians. Atrium was a bronze sponsor for the Middletown/Monroe Relay for Life. Other activities included the staff at the Women's Center staff participated in breast cancer awareness events at Lakota East Volley for the Cure, Monroe Volley for the Cure, and Wigs for Kids event with Cincinnati State.

Educational videos were created and posted online through Atrium Medical Center's website addressing various types of cancer. Dr. Mridula Reddy discusses ovarian cancer, Dr. Richard Gaeke discusses esophageal cancer, Dr. Mary Ellen Broadstone-Gaeke discusses cervical cancer and breast cancer, Dr. Albert Malcolm discusses lymphoma, and Dr. Malcolm Steiner discusses thyroid cancer.

Dr. Mary Ellen Broadstone-Gaeke participated in the free Women's Seminar Series focusing on Cancer Prevention and Protection at the Cincinnati Marriott North on May 24, 2012. She held an open discussion on the topic of reducing breast, colon, lung, skin and prostate cancers.

Promotions for Breast Cancer Awareness Month included mailing monthly postcards to women reminding them that annual mammography begins at age 40, mammography ads printed in local newspapers and posted online.



Cancer Program Practice Profile Reports (CP3R) for Breast, Colon and Rectal Cancers Diagnosed 2011

Interpreting This Report: The *estimated* performance rates shown below provides your cancer program with an indication of the proportion of breast and colorectal patients treated according to recognized standards of care by diagnosis year.

MEASURES	Performance Rates 2011
BREAST	
Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer. **[BCS/RT]**	100%
Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1c N0 M0, or Stage II or III ERA and PRA negative breast cancer. **[MAC]**	100%
Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1c N0 M0, or Stage II or III ERA and/or PRA positive breast cancer. **[HT]**	97.68%
COLON	
Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer. **[ACT]**	100%
At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer. **[12RLN]**	78.9%
REC	
Radiation therapy is considered or administered within 6 months (180 days) of diagnosis for patients under the age of 80 of with clinical or pathologic AJCC T4N0M0 or Stage III receiving surgical resection for rectal cancer. **[AdjRT]**	NA

Background: The National Quality Forum (NQF) brought public and private payers together with consumers, researchers, and clinicians to broaden consensus on performance measures for breast and colorectal cancer. The performance rates shown in the Cancer Program Practice Profile Reports (CP3R) match the specifications of the breast, colon and rectal cancer care measures endorsed by the NQF in April, 2007. The Commission on Cancer has been actively engaged in this process. The CoC has instituted the CP3R as a facility feedback mechanism to promote awareness of the importance of charting and coding accuracy in line with evidence based practice guidelines. In light of the national movement towards Pay for Performance (P4P), these reports provide CoC-Approved programs with the ability to examine program-specific breast, colon and rectal cancer care practices.

Atrium Medical Center

Site Summary Table for New Cases 2012

SITE	GENDER			AJCC STAGE GROUP							
	Total Cases	Male	Female	0	I	II	III	IV	None N/A	Unknown	% of Occurrence
Head and Neck											
Tongue	6	5	1	0	1	0	1	3	1	0	1.27%
Salivary Gland	1	0	1	0	1	0	0	0	0	0	0.21%
Nasopharynx	0	0	0	0	0	0	0	0	0	0	0.00%
Tonsil	0	0	0	0	0	0	0	0	0	0	0.00%
Oropharynx	0	0	0	0	0	0	0	0	0	0	0.00%
Hypopharynx	2	0	2	0	2	0	0	0	0	0	0.42%
Digestive System											
Esophagus	2	2	0	0	0	0	0	2	0	0	0.42%
Stomach	6	4	2	1	0	0	3	1	0	1	1.27%
Small Intestine	2	2	0	0	0	1	1	0	0	0	0.42%
Colon	26	14	12	1	6	6	8	4	0	1	5.50%
Rectosigmoid Junction	3	1	2	0	2	0	1	0	0	0	0.63%
Rectum	10	8	2	0	1	3	6	0	0	0	2.11%
Anus/Anal Canal	1	1	0	0	0	0	0	0	0	1	0.21%
Liver	4	2	2	0	2	1	0	1	0	0	0.85%
Gallbladder	0	0	0	0	0	0	0	0	0	0	0.00%
Other Biliary	2	1	1	0	1	1	0	0	0	0	0.42%
Pancreas	11	6	5	0	2	1	0	7	0	1	2.33%
Retroperitoneum	0	0	0	0	0	0	0	0	0	0	0.00%
Peritoneum, Omentum & Mesentery	1	0	1	0	0	0	1	0	0	0	0.21%
Respiratory System											
Nose, Nasal Cavity, and Middle Ear	0	0	0	0	0	0	0	0	0	0	0.00%
Larynx	7	5	2	0	2	2	1	2	0	0	1.48%
Lung/Bronchus	114	61	53	0	18	18	27	49	0	2	24.10%
Soft Tissue Including Heart	1	1	0	0	0	0	1	0	0	0	0.21%
Skin											
Melanoma	7	2	5	1	2	1	1	2	0	0	1.48%
Breast	97	2	95	13	36	37	6	5	0	0	20.51%

Atrium Medical Center

Site Summary Table for New Cases 2012

SITE	GENDER			AJCC STAGE GROUP							
	Total Cases	Male	Female	0	I	II	III	IV	None N/A	Unknown	% of Occurrence
Female Genital System											
Cervix	3	0	3	0	1	1	0	1	0	0	0.63%
Uterus	5	0	5	0	5	0	0	0	0	0	1.06%
Ovary	1	0	1	0	0	0	0	0	0	1	0.21%
Vagina	1	0	1	0	1	0	0	0	0	0	0.21%
Vulva	1	0	1	0	1	0	0	0	0	0	0.21%
Male Genital System											
Prostate	49	49	0	0	10	25	9	1	0	4	10.36%
Testis	4	4	0	0	2	0	2	0	0	0	0.85%
Urinary System											
Bladder	9	5	4	3	1	4	0	1	0	0	1.90%
Kidney/Renal Pelvis	29	17	12	0	17	0	4	8	0	0	6.13%
Ureter	2	0	2	1	0	0	1	0	0	0	0.42%
Brain and CNS											
Brain	5	0	5	0	0	0	0	0	5	0	1.06%
Endocrine											
Thyroid	12	3	9	0	5	1	6	0	0	0	2.54%
Lymphoma											
Hodgkin's	0	0	0	0	0	0	0	0	0	0	0.00%
Non-Hodgkin's	20	10	10	0	5	6	4	4	0	1	4.23%
Myeloma	5	3	2	0	0	0	0	0	5	0	1.06%
Leukemia											
Acute Lymphocytic Leukemia	1	1	0	0	0	0	0	0	1	0	0.21%
Chronic Lymphocytic Leukemia	1	1	0	0	0	0	0	0	1	0	0.21%
Acute Myeloid Leukemia	1	0	1	0	0	0	0	0	1	0	0.21%
Chronic Myeloid Leukemia	0	0	0	0	0	0	0	0	0	0	0.00%
Mesothelioma/Kapasi Sarcoma				**0**	**0**	**0**	**0**	**0**	**0**	**0**	
Mesothelioma	2	2	0	0	0	0	1	0	1	0	0.42%
Miscellaneous	19	11	8	0	0	0	0	0	19	0	4.02%
Total:	**473**	**223**	**250**	**20**	**124**	**108**	**84**	**91**	**34**	**12**	**100.00%**

Good Samaritan Hospital

Accomplishments and Activities 2012

Cancer care in the Samaritan Cancer Center continues to use a multi-disciplinary approach in providing treatment and services that are among the best in the region.

The Breast Cancer Program was re-accredited by the National Accreditation Program for Breast Centers (NAPBC). Three of the standards relate to diagnostics such as imaging, needle biopsy and pathology. The remaining 14 standards are treatment related and include: interdisciplinary conference, patient navigation, genetics, surgical care, plastic surgery consultation, nursing, medical and radiation oncology treatment, data management, research, education, support and rehab, outreach and education, quality improvement, and survivorship.

In honor of Breast Cancer Awareness Month, this annual event provided breakfast and breast health information to 550 drive-through participants. A local radio show, physicians, and staff were on hand to help raise awareness of breast health initiatives.

Samaritan Cancer Center implemented a process to screen patients for distress and psychosocial health needs using a psychosocial distress scale. This scale is administered by the oncology social worker, who also follows up with meeting patients' identified needs.

Samaritan Cancer Center continues to lead in the number of patients accrued to cancer clinical trials. In 2012, 86 patients, or 7.4 percent of the newly diagnosed cancer patients were enrolled in clinical trials.

Automatic testing of all colorectal cancer specimens was initiated to identify patients who are more likely to have a hereditary predisposition to colon cancer, known as Lynch syndrome. If a person has this predisposition, there are specific prevention and screening recommendations that should be followed. Appropriate physician specialists were notified and given communication tools for use with their patients. This was followed with an educational panel presentation by multi-specialty physicians.

Samaritan Cancer Center participated in the annual skin screening which is sponsored by Premier Community Health and Wright State University.

A support group for those who are BRCA1 or BRCA2 positive was also started in 2012. This group is moderated by the breast care coordinator and the genetic counselor. The goals of the group are to learn from others, find support, and share experiences.

A study on initial diagnosis of late stage lung cancer was performed. Advanced lung cancer is associated with poor prognosis. Patients and families are often unaware that aggressive treatments in this situation that are intended to prolong life, actually shorten or end it. Studies have shown that Palliative Care and/or Hospice along with treatment, actually lengthens life and provide better quality of life. The goal is to provide more effective communication, preparation and education in those cancers where there is a poor prognosis at the time of initial diagnosis.

Several conclusions and recommendations emerged as a result of the study: 1.) Survival time is short with or without treatment. Consult with Palliative Care early on, rather than provide aggressive treatment alone. 2.) Patients and families are not educated well regarding Advanced Directives. The presence of an Advanced Directive is not aligned with the planned treatment. Patients and families need to be given the ASCO booklet, "Advanced Cancer Care Planning". This was sent with study recommendations to the physicians. Initiate Palliative Care services at the time of diagnosis. 3.) Patients, families and treating physicians are not clearly aware of prognosis. Supportive care is initiated too late to be helpful. Referral to Palliative Care should occur for all patients with advanced stage disease at the time of diagnosis.

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Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1c N0 M0, or Stage II or III ERA and PRA negative breast cancer. **[MAC]**	95.2%
Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1c N0 M0, or Stage II or III ERA and/or PRA positive breast cancer. **[HT]**	97.6%
COLON	
Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer. **[ACT]**	100%
At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer. **[12RLN]**	87%
REC	
Radiation therapy is considered or administered within 6 months (180 days) of diagnosis for patients under the age of 80 of with clinical or pathologic AJCC T4N0M0 or Stage III receiving surgical resection for rectal cancer. **[AdjRT]**	83.3%

Background: The National Quality Forum (NQF) brought public and private payers together with consumers, researchers, and clinicians to broaden consensus on performance measures for breast and colorectal cancer. The performance rates shown in the Cancer Program Practice Profile Reports (CP3R) match the specifications of the breast, colon and rectal cancer care measures endorsed by the NQF in April, 2007. The Commission on Cancer has been actively engaged in this process. The CoC has instituted the CP3R as a facility feedback mechanism to promote awareness of the importance of charting and coding accuracy in line with evidence based practice guidelines. In light of the national movement towards Pay for Performance (P4P), these reports provide CoC-Approved programs with the ability to examine program-specific breast, colon and rectal cancer care practices.

Good Samaritan Hospital

Site Summary Table for New Cases 2012

SITE	GENDER			AJCC STAGE GROUP							
	Total Cases	Male	Female	0	I	II	III	IV	None N/A	Unknown	% of Occurrence
Head and Neck											
Tongue	6	4	2	0	0	0	0	6	0	0	0.56%
Salivary Gland	1	1	0	0	0	0	0	1	0	0	0.09%
Floof or Mouth	3	0	3	0	2	0	0	1	0	0	0.28%
Nasopharynx	0	0	0	0	0	0	0	0	0	0	0.00%
Tonsil	5	5	0		1	1	1	2	0	0	0.47%
Oropharynx	0	0	0	0	0	0	0	0	0	0	0.00%
Hypopharynx	2	2	0	0	0	0	0	2	0	0	0.19%
Digestive System											
Esophagus	15	11	4	0	0	5	7	3	0	0	1.41%
Stomach	25	17	8	1	3	4	8	8	0	1	2.35%
Small Intestine	5	3	2	0	0	1	0	4	0	0	0.47%
Colon	53	23	30	0	15	14	11	11	0	2	4.99%
Rectosigmoid Junction	4	3	1	0	1	0	1	2	0	0	0.38%
Rectum	13	7	6	0	2	3	5	2	0	1	1.22%
Anus/Anal Canal	2	0	2	0	0	2	0	0	0	0	0.19%
Liver	6	2	4	0	0	1	3	2	0	0	0.56%
Intrahepatic Bil Duct	1	0	1	0	0	0	0	0	1	0	3.70%
Gallbladder	0	0	0	0	0	0	0	0	0	0	0.00%
Other Biliary	5	2	3	0	1	1	1	1	1	0	0.47%
Pancreas	26	15	11	0	3	3	4	16	0	0	2.45%
Retroperitoneum	1	0	1	0	0	1	0	0	0	0	0.09%
Peritoneum, Omentum & Mesentery	2	1	1	0	1	0	0	1	0	0	0.19%
Respiratory System											
Nose, Nasal Cavity and Middle Ear	1	1	0	0	0	0	0	1	0	0	0.09%
Larynx	6	4	2	0	2	0	1	3	0	0	0.56%
Lung/Bronchus	226	103	123	0	45	18	39	123	0	1	21.28%
Bones and Joints	1	0	1	0	0	0	0	1	0	0	0.09%
Soft Tissue Including Heart	6	1	5	0	2	2	2	0	0	0	0.56%
Skin											
Melanoma	9	5	4	0	4	2	2	1	0	0	0.85%
Other Non-Epithelial Skin	2	2	0	0	1	0	0	0	1	0	0.19%
Breast	254	4	250	42	110	63	21	13	0	5	23.92%

Good Samaritan Hospital

Site Summary Table for New Cases 2012

SITE	GENDER			AJCC STAGE GROUP							
	Total Cases	Male	Female	0	I	II	III	IV	None N/A	Unknown	% of Occurrence
Female Genital System											
Cervix	6	0	6	0	3	0	2	1	0	0	0.56%
Uterus	26	0	26	1	14	2	5	4	0	0	2.45%
Ovary	9	0	9	0	2	0	1	6	0	0	0.85%
Vagina	0	0	0	0	0	0	0	0	0	0	0.00%
Vulva	0	0	0	0	0	0	0	0	0	0	0.00%
Male Genital System											
Prostate	111	111	0	0	29	69	7	6	0	0	10.45%
Testis	4	4	0	0	4	0	0	0	0	0	0.38%
Urinary System											
Bladder	65	44	21	28	19	10	2	4	0	2	6.12%
Kidney/Renal Pelvis	20	9	11	0	10	2	3	5	0	0	1.88%
Ureter	0	0	0	0	0	0	0	0	0	0	0.00%
Other Urinary Organs	2	2	0	0	0	0	1	1	0	0	0.19%
Eye & Orbit	1	1	0	0	0	0	0	0	1	0	0.09%
Brain and CNS											
Brain	12	8	4	0	0	0	0	0	12	0	1.13%
Cranial Nerves Other Nervous System	18	3	15	0	0	0	0	0	18	0	1.69%
Endocrine											
Thyroid	6	3	3	0	4	1	0	1	0	0	0.56%
Other Endocrine including Thymus	7	4	3	0	0	0	0	0	7	0	0.66%
Lymphoma											
Hodgkin's	1	1	0	0	0	0	1	0	0	0	0.09%
Non-Hodgkin's	41	18	23	0	8	9	10	13	1	0	3.86%
Myeloma	10	4	6	0	0	0	0	0	10	0	0.94%
Leukemia											
Acute Lymphocytic Leukemia	1	0	1	0	0	0	0	0	1	0	0.09%
Chronic Lymphocytic Leukemia	1	0	1	0	0	0	0	0	1	0	0.09%
Acute Myeloid Leukemia	9	5	4	0	0	0	0	0	9	0	0.85%
Chronic Myeloid Leukemia	1	0	1	0	0	0	0	0	1	0	0.09%
Other Leukemia	1	1	0	0	0	0	0	0	1	0	0.09%
Mesothelioma/Kapasi Sarcoma											
Mesothelioma	3	3	0	0	0	0	0	3	0	0	0.28%
Miscellaneous	27	14	13	0	0	0	0	0	27	0	2.54%
Total:	**1062**	**451**	**611**	**72**	**286**	**214**	**138**	**248**	**92**	**12**	**100.00%**

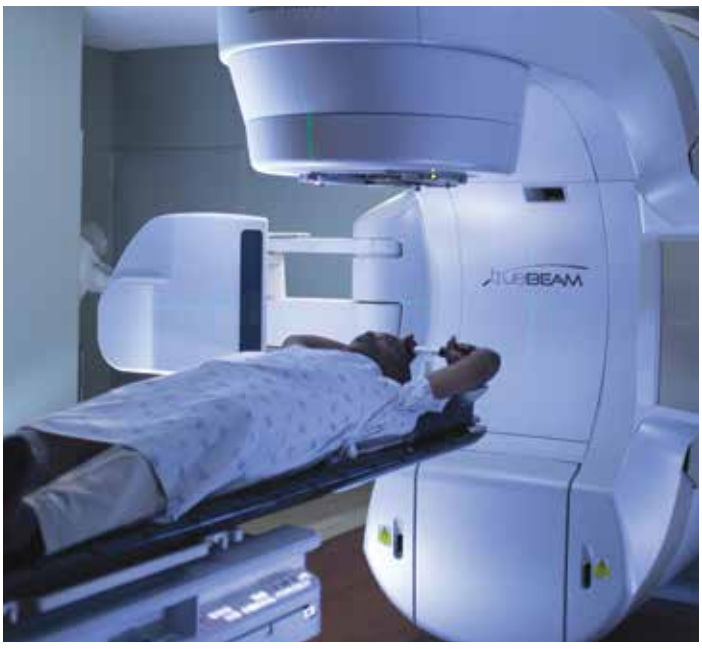
Miami Valley Hospital

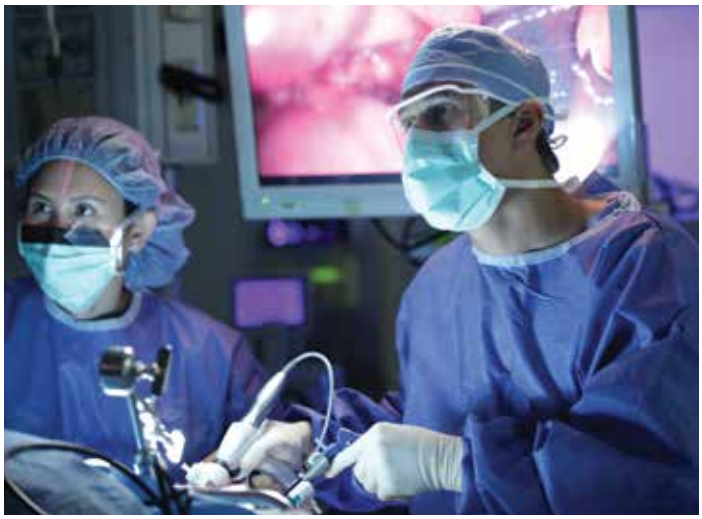
Accomplishments and Activities 2012

Miami Valley Hospital (MVH) is committed to creating a culture where patients and families are at the center of our environment. Our core values of respect, integrity, compassion and excellence direct our actions in supporting the patient experience and improving quality outcomes.

The oncology areas have made significant strides toward achieving our patient satisfaction and patient experience goals. The leadership teams (Nurse Manager, Associate Nurse Manager, Clinical Nurse Educator, Team Leaders) have been very purposeful in "walking the talk" in regards to modeling the patient experience standards for staff. We are able to drill down and focus on key elements providing examples of making the most of moments or examples of how we could do things differently to improve the patient experience.

The culture at MVH is to provide real time feedback, along with crucial confrontation and conversations. The feedback has helped staff enhance their abilities in achieving a positive patient experience. Coaches are able to identify when employees are engaged and are there to assist those who may need help in obtaining the goal. Our goal is for a positive patient experience with every patient, every time, every encounter.





The Commission on Cancer developed the Cancer Program Practice Profile Reports (CP3R) as a facility feedback mechanism. The CP3R currently focuses on breast cancer, colon cancer and rectal cancer to improve quality patient care with precise documentation. At MVH, there were 276 breast cancer cases and over 100 colon and rectum cases diagnosed annually reported through this program. Miami Valley has met or exceeded the quality criteria. Miami Valley cancer programs continue to meet the approval of the American College of Surgeons Commission on Cancer.

For example, in nearly 94 percent of the breast cancer cases radiation therapy is administered within one year of diagnosis from women under age 70 receiving breast conserving surgery for breast cancer.

A recent change in the Commission on Cancer's quality data reporting frequency has occurred. The Rapid Quality Reporting System is a real time data collection program to assess hospital level performance. As an organization, we remain focused and committed on providing quality care for our patient.

Cancer Program Practice Profile Reports (CP3R) for Breast, Colon and Rectal Cancers Diagnosed 2011

Interpreting This Report: The *estimated* performance rates shown below provides your cancer program with an indication of the proportion of breast and colorectal patients treated according to recognized standards of care by diagnosis year.

MEASURES	Performance Rates 2011
BREAST	
Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer. **[BCS/RT]**	93.9%
Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1c N0 M0, or Stage II or III ERA and PRA negative breast cancer. **[MAC]**	90.9%
Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1c N0 M0, or Stage II or III ERA and/or PRA positive breast cancer. **[HT]**	94.9%
COLON	
Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer. **[ACT]**	90%
At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer. **[12RLN]**	94.1%
REC	
Radiation therapy is considered or administered within 6 months (180 days) of diagnosis for patients under the age of 80 of with clinical or pathologic AJCC T4N0M0 or Stage III receiving surgical resection for rectal cancer. **[AdjRT]**	100%

Background: The National Quality Forum (NQF) brought public and private payers together with consumers, researchers, and clinicians to broaden consensus on performance measures for breast and colorectal cancer. The performance rates shown in the Cancer Program Practice Profile Reports (CP3R) match the specifications of the breast, colon and rectal cancer care measures endorsed by the NQF in April, 2007. The Commission on Cancer has been actively engaged in this process. The CoC has instituted the CP3R as a facility feedback mechanism to promote awareness of the importance of charting and coding accuracy in line with evidence based practice guidelines. In light of the national movement towards Pay for Performance (P4P), these reports provide CoC-Approved programs with the ability to examine program-specific breast, colon and rectal cancer care practices.

Miami Valley Hospital

Site Summary Table for New Cases 2012

SITE	GENDER			AJCC STAGE GROUP							
	Total Cases	Male	Female	0	I	II	III	IV	None N/A	Unknown	% of Occurrence
Head and Neck											
Tongue	9	7	2	1	2	1	0	5	0	0	0.52%
Salivary Gland	1	1	0	0	0	0	1	0	0	0	0.06%
Floor of Mouth/Gum/Other	0	0	0	0	0	0	0	0	0	0	0.00%
Nasopharynx	1	1	0	0	0	0	0	1	0	0	0.06%
Tonsil	7	5	2	0	1	1	1	3	0	1	0.40%
Oropharynx	3	2	1	0	0	0	1	1	0	1	0.17%
Hypopharynx	2	2	0	0	0	0	0	2	0	0	0.12%
Digestive System											
Esophagus	18	12	6	0	2	4	6	4	0	2	1.04%
Stomach	26	20	6	0	5	9	7	4	0	1	1.50%
Small Intestine	11	8	3	0	1	4	3	2	0	1	0.63%
Colon	85	43	42	1	30	22	15	15	0	2	4.89%
Rectosigmoid Junction	9	6	3	0	0	3	3	3	0	0	0.52%
Rectum	32	23	9	1	7	6	11	5	0	2	1.84%
Anus/Anal Canal	8	3	5	0	2	3	1	1	0	1	0.46%
Liver	23	14	9	0	8	1	1	5	3	5	1.32%
Intrahepatic Bil Duct	5	3	2	0	0	1	0	3	1	0	11.90%
Gallbladder	5	2	3	0	0	0	3	1	0	1	0.29%
Other Biliary	9	3	6	0	2	3	0	1	2	1	0.52%
Pancreas	40	19	21	2	6	9	3	16	0	4	2.30%
Retroperitoneum	0	0	0	0	0	0	0	0	0	0	0.00%
Peritoneum, Omentum & Mesentery	1	0	1	0	0	0	1	0	0	0	0.06%
Respiratory System											
Nose, Nasal Cavity and Middle Ear	2	2	0	0	1	0	0	1	0	0	0.12%
Larynx	7	5	2	1	1	0	3	2	0	0	0.40%
Lung/Bronchus	246	122	124	0	54	25	51	108	1	7	14.15%
Trachea, Mediastinum & Other	2	2	0	0	2	0	0	0	0	0	0.12%
Bones and Joints	1	0	1	0	1	0	0	0	0	0	0.06%
Soft Tissue Including Heart	12	4	8	0	4	2	4	1	0	1	0.69%
Skin											
Melanoma	109	51	58	28	54	18	3	3	0	3	6.27%
Other Non-Epithelial Skin	3	0	3	0	1	1	0	0	1	0	0.17%
Breast	276	2	274	44	118	70	31	11	0	2	15.88%

Miami Valley Hospital

Site Summary Table for New Cases 2012

SITE	GENDER			AJCC STAGE GROUP							
	Total Cases	Male	Female	0	I	II	III	IV	None N/A	Unknown	% of Occurrence
Female Genital System											
Cervix	23	0	23	0	10	4	5	3	0	1	1.32%
Uterus	76	0	76	0	53	7	9	5	1	1	4.37%
Ovary	27	0	27	0	13	0	6	8	0	0	1.55%
Vagina	5	0	5	0	1	1	2	0	1	0	0.29%
Vulva	16	0	16	1	7	2	4	1	0	1	0.92%
Male Genital System											
Prostate	194	194	0	0	28	108	29	26	0	3	11.16%
Testis	6	6	0	0	3	0	2	0	0	1	0.35%
Penis	1	1	0	1	0	0	0	0	0	0	0.06%
Urinary System											
Bladder	60	51	9	32	11	7	5	5	0	0	3.45%
Kidney/Renal Pelvis	106	63	43	1	61	8	19	13	0	4	6.10%
Ureter	6	4	2	4	0	0	2	0	0	0	0.35%
Other Urinary Organs	1	1	0	0	0	0	0	0	1	0	0.06%
Eye & Orbit	0	0	0	0	0	0	0	0	0	0	0.00%
Brain and CNS											
Brain	43	27	16	0	0	0	0	0	43	0	2.47%
Cranial Nerves Other Nervous System	40	11	29	0	0	0	0	0	40	0	2.30%
Endocrine											
Thyroid	21	4	17	0	9	4	3	2	0	3	1.21%
Other Endocrine including Thymus	6	4	2	0	0	1	0	0	5	0	0.35%
Lymphoma											
Hodgkin's	7	5	2	0	0	1	3	3	0	0	0.40%
Non-Hodgkin's	56	29	27	0	11	14	10	20	0	1	3.22%
Myeloma	12	5	7	0	0	0	0	0	12	0	0.69%
Leukemia											
Acute Lymphocytic Leukemia	0	0	0	0	0	0	0	0	0	0	0.00%
Chronic Lymphocytic Leukemia	6	3	3	0	0	0	0	0	6	0	0.35%
Acute Myeloid Leukemia	21	12	9	0	0	0	0	0	21	0	1.21%
Chronic Myeloid Leukemia	6	4	2	0	0	0	0	0	6	0	0.35%
Other Leukemia	2	1	1	0	0	0	0	0	2	0	0.12%
Mesothelioma/Kapasi Sarcoma											
Mesothelioma	2	2	0	0	1	0	1	0	0	0	0.12%
Miscellaneous	42	20	22	0	0	0	0	0	42	0	2.42%
Total:	**1738**	**809**	**929**	**117**	**510**	**340**	**249**	**284**	**188**	**50**	**100.00%**

Upper Valley Medical Center

Accomplishments and Activities 2012

The John J. Dugan Infusion Center opened in 2012 offering 10 individual treatment rooms with heated massage infusion chairs, patient controlled blinds, individual TVs and internet access, along with use of Kindle Fires. The treatment rooms overlook a soothing healing garden. The Center provides quality care close to home.

There is a resource library for patients and family members to access. There also is a spacious family lounge area with a view of the bamboo garden. The lounge contains a complimentary beverage station. The center also offers pet therapy for those patients that enjoy the comfort of our therapy dogs.

John J. Dugan Infusion Center also has supportive infusion therapy such as iron infusions, IV antibiotics, and IV hydration. Patient barcode scanning was implemented as a goal to reduce the chance of medication errors.

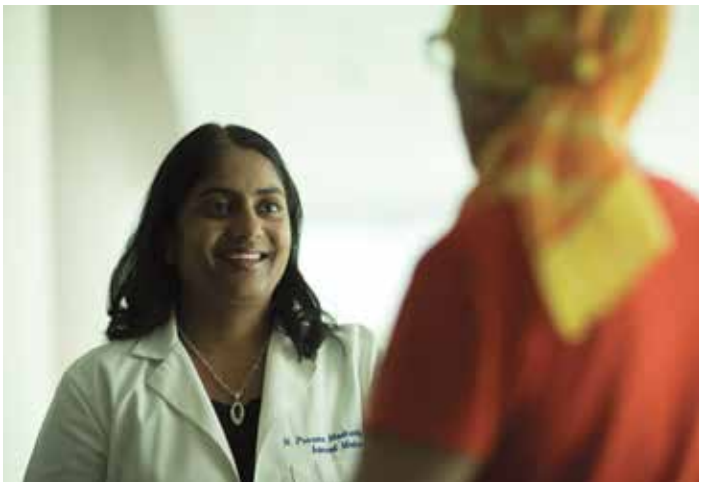
Scientific research continues to provide valuable insights into the causes of cancer. Because research is an incremental process, it moves forward in carefully planned steps. Participation in National Cancer Institute (NCI) sponsored trials is an option that is available to cancer patients at Upper Valley Medical Center (UVMC) through the Dayton Clinical Oncology Program (DCOP). Clinical trials are designed to answer specific questions about the effects of a therapy or technique designed to improve human health. The trials are planned in advance, follow a rigorous scientific process, and the findings are analyzed. The scientific process has built in safeguards for participants, who are carefully selected according to eligibility requirements given for each trial. Clinical trials are a critical part of the research process. By evaluating the results of these trials, physicians can find better ways to prevent, detect, and treat cancer. Currently at UVMC there are 38 patients who are being followed either actively, or long term.

Palliative Care is care and treatment that enhances comfort and improves quality of life. Using a comprehensive approach, palliative care helps to provide care for patients who have been diagnosed with a serious or life-threatening illness. This care can begin at the time of diagnosis. Different from hospice care, palliative care may continue along with curative treatment. The primary goal of palliative care is to prevent or relieve the burdens imposed by diseases and their treatments.

Virtual bed (hospice inpatient) enhancements have been made to improve visibility and methods of switching from hospital inpatient to virtual bed status.

This year has seen an increase in palliative care referrals to 87 in 2012. This process requires an order from the physician to allow for collaboration of care.

The Cancer Care Center has a patient navigator available to address the psychological, emotional, social, and practical aspects that patients and their families experience as a consequence of cancer and its treatment. The patient navigator will link patients, families, and caregivers with appropriate community resources (i.e., financial, transportation, entitlement programs, insurance).She will act as a coordinator to ensure the patient, their family members, and caregivers move through the complexities of the system in a timely fashion, provide information about area support groups, provide psychosocial services to patients, families, and caregivers. Provide resources to meet patient's needs such as equipment, supplies and cosmetic products. Provide education to the patient, families, and caregivers throughout the continuum of care.



Cancer Program Practice Profile Reports (CP3R) for Breast, Colon and Rectal Cancers Diagnosed 2011

Interpreting This Report: The *estimated* performance rates shown below provides your cancer program with an indication of the proportion of breast and colorectal patients treated according to recognized standards of care by diagnosis year.

MEASURES	Performance Rates 2011
BREAST	
Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer. **[BCS/RT]**	85%
Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1c N0 M0, or Stage II or III ERA and PRA negative breast cancer. **[MAC]**	100%
Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1c N0 M0, or Stage II or III ERA and/or PRA positive breast cancer. **[HT]**	88.5%
COLON	
Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer. **[ACT]**	100%
At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer. **[12RLN]**	92.3%
REC	
Radiation therapy is considered or administered within 6 months (180 days) of diagnosis for patients under the age of 80 of with clinical or pathologic AJCC T4N0M0 or Stage III receiving surgical resection for rectal cancer. **[AdjRT]**	100%

Background: The National Quality Forum (NQF) brought public and private payers together with consumers, researchers, and clinicians to broaden consensus on performance measures for breast and colorectal cancer. The performance rates shown in the Cancer Program Practice Profile Reports (CP3R) match the specifications of the breast, colon and rectal cancer care measures endorsed by the NQF in April, 2007. The Commission on Cancer has been actively engaged in this process. The CoC has instituted the CP3R as a facility feedback mechanism to promote awareness of the importance of charting and coding accuracy in line with evidence based practice guidelines. In light of the national movement towards Pay for Performance (P4P), these reports provide CoC-Approved programs with the ability to examine program-specific breast, colon and rectal cancer care practices.

Upper Valley Medical Center

Site Summary Table for New Cases 2012

SITE	GENDER			AJCC STAGE GROUP							
	Total Cases	Male	Female	0	I	II	III	IV	None N/A	Unknown	% of Occurrence
Head and Neck											
Tongue	1	0	1	0	0	0	0	1	0	0	0.33%
Salivary Gland	0	0	0	0	0	0	0	0	0	0	0.00%
Nasopharynx	1	0	1	0	0	0	0	1	0	0	0.33%
Tonsil	1	1	0	0	0	0	0	1	0	0	0.33%
Oropharynx	1	1	0	0	0	0	0	1	0	0	0.33%
Digestive System											
Esophagus	10	10	0	1	2	1	5	1	1	0	3.29%
Stomach	4	3	1	1	2	1	0	0	0	0	1.32%
Small Intestine	1	1	0	0	0	0	1	0	0	0	0.33%
Colon	21	10	11	1	3	6	6	5	0	0	6.91%
Rectosigmoid Junction	4	2	2	0	1	1	1	1	0	0	1.32%
Rectum	12	9	3	0	4	3	1	2	1	1	3.95%
Anus/Anal Canal	1	0	1	0	0	1	0	0	0	0	0.33%
Liver	4	3	1	0	1	0	1	0	2	0	1.32%
Gallbladder	0	0	0	0	0	0	0	0	0	0	0.00%
Other Biliary	0	0	0	0	0	0	0	0	0	0	0.00%
Pancreas	3	2	1	0	0	0	1	0	0	0	0.99%
Retroperitoneum	0	0	0	0	0	0	0	0	0	0	0.00%
Respiratory System											
Nose, Nasal Cavity , and Middle Ear	0	0	0	0	0	0	0	0	0	0	0.00%
Larynx	4	2	2	0	1	0	1	2	0	0	1.32%
Lung/Bronchus	57	33	24	0	5	6	12	31	2	0	18.75%
Trachea, Mediastinum, & Other	2	1	1	0	0	0	0	0	2	0	0.66%
Soft Tissue Including Heart	0	0	0	0	0	0	0	0	0	0	0.00%
Skin											
Melanoma	4	4	0	2	0	1	0	1	0	0	1.32%
Other Non-Epithelial Skin	1	1	0	0	0	1	0	0	0	0	0.33%
Basal/Squamous Cell Carcinoma	2	0	2	0	0	0	0	0	2	0	0.66%
Breast	66	0	66	4	28	19	6	5	3	1	21.71%

Upper Valley Medical Center

Site Summary Table for New Cases 2012

SITE	GENDER			AJCC STAGE GROUP							
	Total Cases	Male	Female	0	I	II	III	IV	None N/A	Unknown	% of Occurrence
Female Genital System											
Cervix	7	0	7	0	1	2	2	0	2	0	2.30%
Uterus	8	0	8	0	3	3	1	1	0	0	2.63%
Ovary	2	0	2	0	1	0	1	0	0	0	0.66%
Vulva	1	0	1	0	0	0	0	0	1	0	0.33%
Male Genital System											
Prostate	38	38	0	0	3	30	1	3	0	0	12.50%
Other Male Henital Organs	1	1	0	0	1	0	0	0	0	0	0.33%
Urinary System											
Bladder	12	11	1	8	1	0	2	1	0	0	3.95%
Kidney/Renal	5	1	4	0	3	0	1	1	0	0	1.64%
Brain and CNS	3	0	3	0	0	0	0	0	3	0	0.99%
Endocrine											
Thyroid	2	0	2	0	2	0	0	0	0	0	0.66%
Lymphoma											
Hodgkin's	2	1	1	0	0	1	0	0	1	0	0.66%
Non-Hodgkin's	11	5	6	0	3	1	1	3	3	0	3.62%
Myeloma	5	0	5	0	0	0	0	0	5	0	0.00%
Leukemia											
Chronic Lymphocytic	1	1	0	0	0	0	0	0	1	0	0.33%
Acute Lymphocytic	2	0	2	0	0	0	0	0	2	0	0.66%
Acute Myeloid Leukemia	1	0	1	0	0	0	0	0	1	0	0.33%
Chronic Myeloid Leukemia	1	0	1	0	0	0	0	0	1	0	0.33%
Mesothelioma/Kapasi Carcoma											
Mesothelioma	1	1	0	0	0	0	0	0	1	0	0.33%
Miscellaneous											
Bone	1	1	0	0	0	0	0	0	1	0	0.33%
Total:	**304**	**143**	**161**	**17**	**65**	**77**	**44**	**61**	**35**	**2**	**100.00%**

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Oncology CNS/Manager,
Quality Management Representative

Rajeev Kulkarni, MD
Medical Oncologist

Stewart Lowry, MD
General Surgery

Carlos Machicao, MD
Pathologist

Heather Penwell, RN, BSN
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