



PUBLIC STATEMENT OF SCREENING, QUALITY MEASURES AND IMPROVEMENTS IN BREAST HEALTH

FERN FELDMAN ANOLICK CENTER FOR BREAST HEALTH; MARY'S AVENUE CAMPUS

OCTOBER 2015

Comprehensive Breast Care Services

At HealthAlliance, our comprehensive breast care program provides complete and compassionate care for breast patients.

Our highly trained, caring specialists from a variety of medical disciplines have a longstanding commitment to women's health. They work together to provide a thorough diagnosis and the very best treatment plan, and deliver a range of medical and supportive services focused on the person, not just the disease. Services include both screening and diagnostic mammography, with a self-referral process for patients, as well as breast sonography, stereotactic and ultrasound breast biopsy,

Every patient receives expert, accurate and rapid diagnosis and treatment, including access to the most up-to-date technology. They also benefit from the expertise of specialists in surgical oncology, medical oncology, radiation oncology, mammography and diagnostic imaging, psychosocial and spiritual support, nursing, and nutrition. In addition, there are various supports groups for patients and their families to be part of.

A key element of our success is the bond that develops between our clinicians and their patients and family members. We are very invested in our patients and listen closely to and respect their expectations and their needs.

We at HealthAlliance are proud to be known for our breast patients' outstanding quality of care and positive patient outcomes for our breast patients, from diagnosis through survivorship.

BREAST DENSITY LAW

In January 2013, the breast density law went into effect. This law requires all breast imaging providers to inform the patient of their breast tissue density if they have dense breasts. (A patient's breast density is determined by the Radiologist when reading the images.) The law requires specific language to be used in the notification. Currently the breast center mails a letter to each patient stating their designated breast tissue density. Below is the wording that is used in our letters.

Your mammogram shows that your breast tissue is **very dense**. Dense breast tissue can make it harder to find cancer on a mammogram and may also be associated with an increased risk of breast cancer. Very dense breast tissue is common and not abnormal.

Your mammogram shows that your breast tissue is **dense**. Dense breast tissue can make it harder to find cancer on a mammogram and may also be associated with an increased risk of breast cancer. Dense breast tissue is common and not abnormal.

Your mammogram shows that your breast tissue is **average**. Average breast tissue is very common and **is not** associated with an increased risk of breast cancer.

Your mammogram shows that your breast tissue is **fatty**. Fatty breast tissue is very common and **is not** associated with an increased risk of breast cancer.

This information about the results of your mammogram is given to you to raise your awareness. We suggest that you use this information to talk to your health care provider about your own risks for breast cancer. A report of your results was sent to your physician.

GRANTS

We have been approved for the following grant:

- BEBOP – This grant helps to fund our outreach program
- 2015 – We are in the process of applying for the AVON Grant

QUALITY INITIATIVES

We continue to track quality measures quarterly to monitor progress and areas of improvements.

Percentage of patients who were informed of the oncology support programs - We have been able to achieve 100% compliance for this measure for the past several months. This was achieved through efforts of the Breast Patient Navigator, Oncology Support and the implementation of an education binder given to each patient by the breast surgeons. This binder includes Oncology Support Pamphlet and a referral form.

Percentage of breast cancer patients who receive Health Care Proxy Form – Benchmark is set at 70%. In 2014, 50% of those breast cancer patients involved with HealthAlliance received a Health Care Proxy Form. We continue to strive toward the benchmark by educating both the patient and staff regarding the importance of having a health care proxy.

Percentage of breast cancer patients who rate the overall Breast Cancer Services Program at a level of 6 or lower - In 2014 there were no patients that rated services at or below a 6. The Comprehensive Breast Cancer Services Program continues to receive excellent remarks from patients.

Time from reporting abnormal breast imaging to diagnosis by Core or Excisional Biopsy. Benchmark: 13 days. In 2014 the average time to biopsy from breast imaging is slightly above the benchmark at 14.71 days. For those patients with the reading of highly suspicious, the time to biopsy averages 6.37 days.

NAVIGATION & COMMUNITY OUTREACH

- Survivorship Care Plan: Jan 2015; The creation and implementation of offering survivorship care plans to breast cancer patients. Through the coordinating efforts of the Tumor Registrar, Breast Patient Nurse Navigator, and patient's treating physicians, a care/treatment plan is created for the patient. Upon approval of the plan by the physician, the navigator will discuss the plan with the patient either in person or via phone to ensure that patient understands what is happening. Copies of the care plan are given to the patient, along with the patient's primary and other treating physicians. Since the start of the program in January, 10 survivorship plans have been completed.
- "Lapghan" Program: The St. John's Pins and Needles Group of the Benedictine Auxiliary, as well as members of the community, make and donate lapghans to all breast surgical patients. Our navigator, Deb, visits with patients post-surgery to offer them a lapghan and check how they are doing. There has been great patient response to these.
- Bonnie Boxes: Ulster County program started by Sharon Howard of Highland. This is the 12th chapter in the nation; it is also ongoing in Dutchess and Orange Counties. The boxes are filled with helpful items for our oncology patients such as socks, ginger ale, playing cards, word puzzles, etc.. All of the items were donated by school children in Highland, New Paltz, as well as the Girl and Boy Scouts. The children spent the day

- wrapping the boxes in beautiful gift paper; A total a donation of 70 Bonnie Boxes were donated to out Infusion Center. A thank you letter was mailed out to Sharon, where she will post it on their facebook page.

Community Happenings / Outreach :

- Gardiner Senior Citizen Health Fair @ the Town Hall; 9/2014
- Riccardi Elementary School in Glasco; Pink Lemonade and Pink Cookie Sale - Student government voted to do an October fundraiser and donate their proceeds to the Breast Center; 10/2014
- ACS, Making Strides Against Breast Cancer Walk; Woodbury Commons; 10/2014
- O+ Health Fair, Kingston; 10/2014
- Senior Citizen Club @ HV Mall, breast and bone health discussion; 10/2014
- Kerhonkson Fire House, Ladies Auxiliary; presentation on women's health, 10/2014
- WGHQ Radio Station, Kingston Community Radio; participate in breast health discussion; 10/2014
- WDST Radio Station, Deb (Navigator) interviewed about breast cancer screening and CSP; 4/2015
- Cinco De Mayo Festival, Kingston; discussed importance of breast health with attendees 5/2015
- Look Good Feel Good program; offered at the Herbert H. and Sofia P. Reuner Cancer Support House; 7/10/2015 & 10/16/2015
- YMCA, Kingston; offers one month membership free to cancer survivors
- Mike Arteaga's Health & Fitness Centers; Cancer Wellfit Program, Free 3 month exercise and wellness program

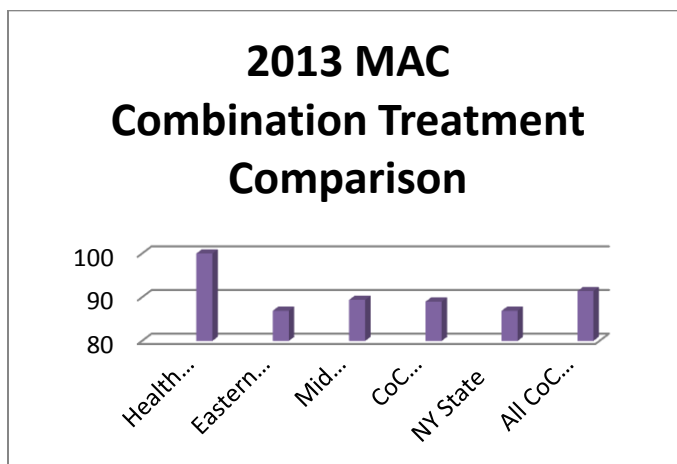
HealthAlliance Hospital Mary's Ave Campus has been a Commission on Cancer Approved Program (CoC) since 1995. The multidisciplinary team of physicians and ancillary staff is made up of medical oncologists, radiation oncologists, surgeons, radiologists, pathologists, oncology trained nursing staff, nutrition specialists, pastoral care, oncology support, quality resource mgmt, breast health patient navigator and tumor registrars. This multidisciplinary team meets regularly to discuss diagnosis and treatment options for patients newly diagnosed with cancer.

As part of the CoC approved program, data is collected and submitted to the National Cancer Data Base (NCDB) where data elements are monitored for concordance with nationally standardized quality of care measures. The Commission on Cancer (CoC) of the American College of Surgeons (ACoS) submitted quality of care measures for breast and colorectal cancer to the National Quality Forum (NQF) in response to its call for proposed breast measures in late 2004. The Cancer Program Practice Profile Reports was implemented to foster quality improvement at CoC accredited facilities. **No patient identifiers (e.g. name, address, social security number) are submitted to the NCDB.**

CoC Quality Care Measures

2013 MAC Percentage of patients that combination chemotherapy is considered or administered within 4 months of diagnosis for women under 70 with AJCC T1cN0, or Stage IB-III hormone receptor negative breast cancer.

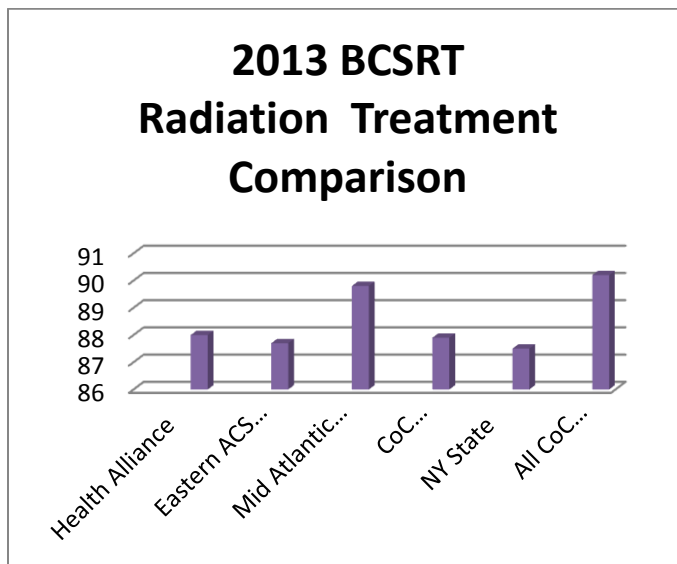
Health Alliance	100%
Eastern ACS Division	86.9%
Mid Atlantic Region	89.4%
CoC Community Cancer Program	89%
NY State	86.9%
All CoC Programs	91.4%



*Data from NCDB and American College of Surgeons

2013 BCSRT Percentage of patients that radiation is administered within 1 year of diagnosis for women under the age of 70 receiving breast conserving surgery for breast cancer.

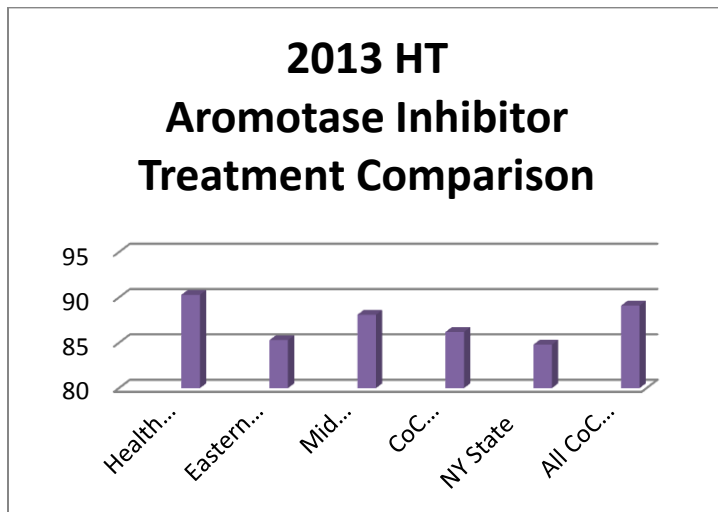
Health Alliance	88%
Eastern ACS Division	87.7%
Mid Atlantic Region	89.8%
CoC Community Cancer Program	87.9%
NY State	87.5%
All CoC programs	90.2%



**Data from NCDB and American College of Surgeons*

2013 HT Percentage of patients that Tamoxifen or third generation aromatase inhibitor (Arimidex, Femara, Aromasin) is considered or administered within 1 year of diagnosis for women with AJCC T1c or Stage IB-III hormone receptor positive breast cancer.

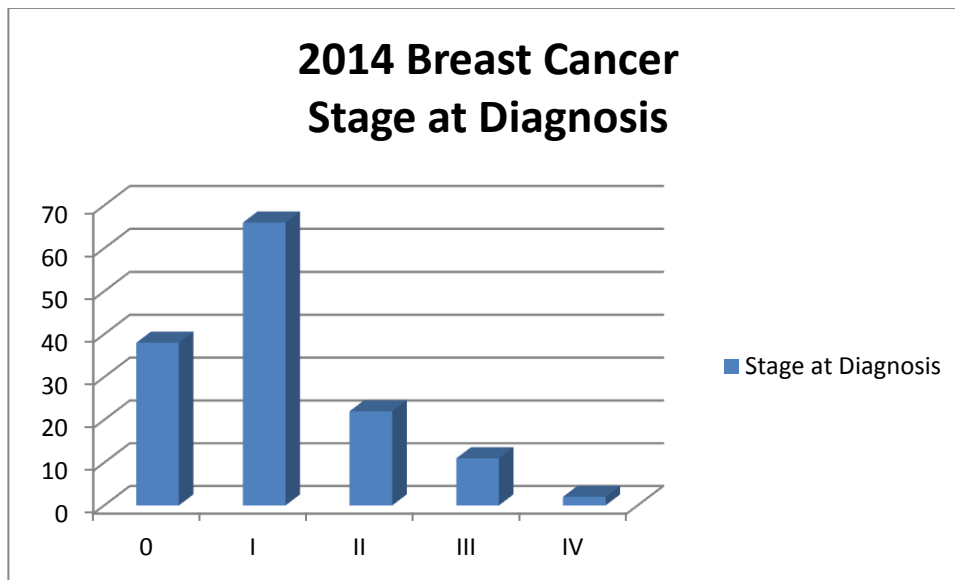
Health Alliance	90.3
Eastern ACS Division	85.3
Mid Atlantic Region	88.1
CoC Community Cancer Program	86.2
NY State	84.8
All CoC programs	89.1



**Data from NCDB and American College of Surgeons*

2014 HealthAlliance Hospital Mary's Ave Campus Breast Cancer Stage at Diagnosis

AJCC STAGE	
0	38
I	66
II	22
III	11
IV	2



Observed Survival Breast Cancer By Stage at HealthAlliance Hospital Mary's Ave Campus

	STAGE 0 CASES	STAGE 1 CASES	STAGE 2 CASES	STAGE 3 CASES	STAGE 4 CASES	ANALYTIC- BREAST
BEGIN %	100	100	100	100	100	100
YEAR 1	99.1	98.7	96.6	95.5	57.9	96.8
YEAR 2	98	96.7	90	86.8	44.8	93
YEAR 3	95.4	93.6	84.7	71.7	29.1	88.2
YEAR 4	93.2	88.9	79.6	64.6	13	83.4
YEAR 5	90.8	86	75.1	59.2	7.8	79.8

