



2018 Annual Report



METHODIST
JENNIE EDMUNDSON

Methodist's leadership in cancer care continues.

The Methodist Jennie Edmundson Cancer Center had another tremendous year of growth and improvement in 2017. Key components for that growth is the sharing of programs and services with Methodist Estabrook Cancer Center (MECC) and our outreach efforts in 10 communities in western Iowa. Outreach by our cancer care team enables patients to receive initial consult and ongoing treatment by cancer specialists in community-based clinics close to home.

Another exciting example of our growth was the addition of CT Lung Screening and the launching of our Lung Mass Clinic in late 2016. These two initiatives have enhanced our ability to achieve earlier diagnosis and treatment of lung cancers, which is the second largest volume cancer diagnosis in the Methodist Jennie Edmundson Cancer Center.

In partnership with Myrtue Medical Center, our pulmonologist is now seeing patients on a weekly basis in Harlan. Patients see our physician in the comfort of their home community, close to their primary care physician, traveling to Council Bluffs only for diagnostic treatment services and radiation therapy that isn't provided in Harlan.

The Oncology Nurse Navigator in the Lung Mass Clinic assists the patients with coordination of their appointments locally to assure that the diagnostic and treatment phases of managing lung cancer go smoothly. We have added a social worker to the cancer care team to assist patients with the challenges of managing the costs – emotional and financial – of a cancer diagnosis.

In 2017, the Cancer Center began offering 3D mammograms to assure that we are providing the latest technological advances in breast cancer diagnosis. This FDA-approved technology offers improved detection of tumors by minimizing the impact of overlapping breast tissue facilitating earlier diagnosis of small tumors and diagnosis of tumors in younger women with dense breast tissue. The added benefit to our patients is decreased anxiety by reducing the number of false positives and callbacks for additional testing.

Our partnership with MECC is furthered strengthened by the addition of head and neck oncology services on the Methodist Jennie Edmundson campus. These services further our ability to provide cancer diagnosis and treatment to individuals with thyroid and other head and neck cancers in partnership with MECC head and neck surgical oncologists.

Congratulations to the Methodist Jennie Edmundson Cancer Center team on another successful year!



Donna Hubbell, BSN, MHA, VP
Patient Safety and Quality Cancer
Program Administrator

2017 Cancer Cases

Primary Site	Total Cases
BREAST	116
LUNG/BRONCHUS-NON SM CELL	70
COLON	24
PROSTATE	18
LUNG/BRONCHUS-SMALL CELL	16
BLADDER	12
NON-HODGKIN'S LYMPHOMA	11
HEMERETIC	9
ESOPHAGUS	8
RECTUM & RECTOSIGMOID	8
PANCREAS	8
OTHER NERVOUS SYSTEM	8
THYROID	7
MELANOMA OF SKIN	6
KIDNEY AND RENAL PELVIS	6
ANUS,ANAL CANAL,ANORECTUM	5
CERVIX UTERI	5
UNKNOWN OR ILL-DEFINED	5
CORPUS UTERI	4
BRAIN	4
TONSIL	3
SMALL INTESTINE	3
MYELOMA	3
OTHER ENDOCRINE	3
LIVER	2
GALLBLADDER	2
NASAL CAVITY,SINUS,EAR	2
LARYNX	2
OVARY	2
TESTIS	2
TONGUE	1
OROPHARYNX	1
STOMACH	1

Primary Site	Total Cases
BILE DUCTS	1
PERITONEUM,OMENTUM,MESENT	1
PLEURA	1
OTHER RESPIR & THORACIC	1
UTERUS NOS	1
VULVA	1
HODGKIN'S DISEASE	1



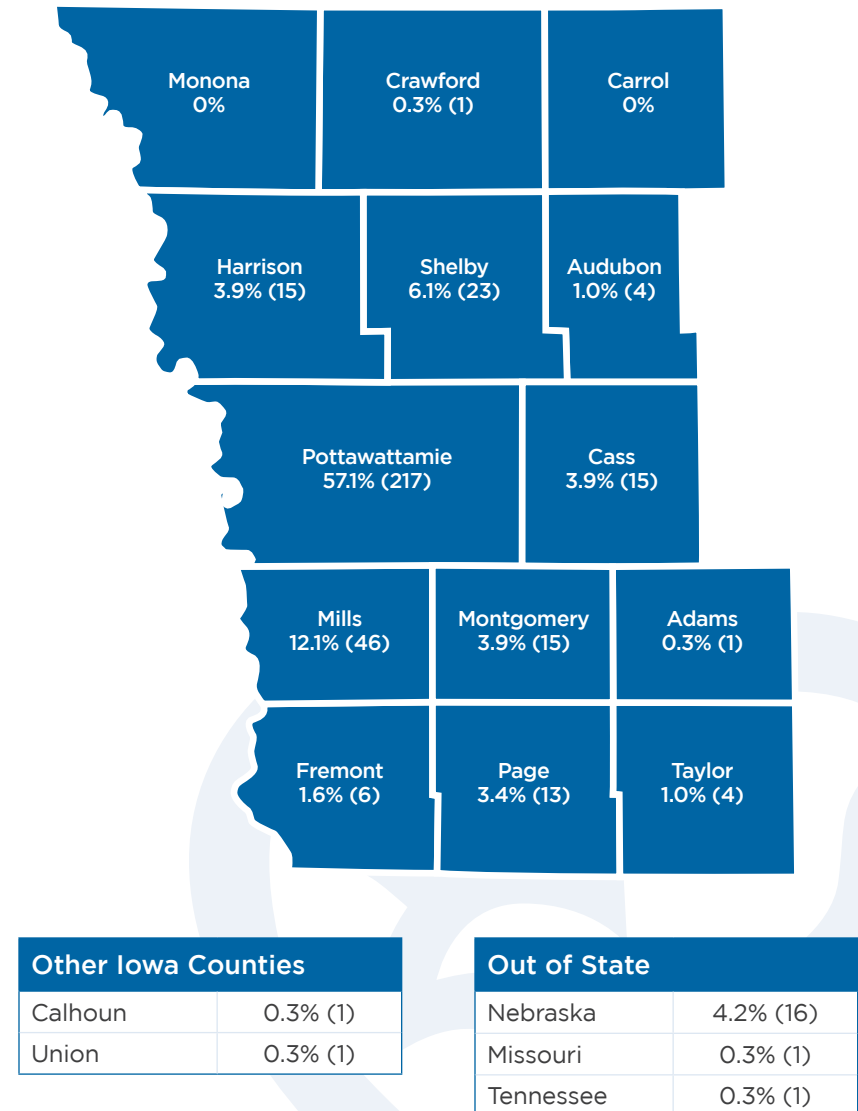
2017 Top Ten Cancer Sites, AJCC Stage & Age at Diagnosis

2017 Top Ten Cancer Sites		
BREAST	116	38.0%
LUNG & BRONCHUS	83	27.2%
COLORECTAL	32	10.5%
PROSTATE	18	5.9%
BLADDER	12	3.9%
NON-HODGKIN'S LYMPHOMA	11	3.6%
HEMERETIC	9	3.0%
ESOPHAGUS	8	2.6%
PANCREAS	8	2.6%
KIDNEY & RENAL PELVIS	8	2.6%
Totals	305	99.9%

AJCC Stage at Diagnosis		
0	22	5.8%
I	98	25.8%
II	83	21.8%
III	67	17.6%
IV	72	18.9%
UNKNOWN	34	8.9%
NA	4	1.1%

Age at Diagnosis	Male		Female	
	Count	Percentage	Count	Percentage
10-19	0	0%	0	0%
20-29	0	0%	1	0.4%
30-39	3	2.1%	9	3.8%
40-49	5	3.6%	13	5.5%
50-59	22	15.7%	43	18.1%
60-69	40	28.6%	74	31.1%
70-79	42	30.0%	59	24.8%
80-89	24	17.1%	30	12.6%
90+	4	2.9%	9	3.8%
Totals	140	100%	238	100.1%

2017 SOUTHWEST IOWA CANCER REFERRALS TO MJE



ACOS NCDB CP3R 2017 Measures

Oncology Metric	MECC	Expected Performance Rate
The ACoS Commission on Cancer has defined eleven Cancer Program Practice Profile Reports (CP3R) that must be evaluated for accreditation		
BCSRT – Radiation therapy is administered within 1 year of diagnosis for women under the age of 70 receiving breast conserving surgery for breast cancer	92.60%	>=90% or upper bound of 95% **(82.7 - 100)
HT – Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year of diagnosis for women with AJCC T1c or Stage IB-III hormone receptor positive breast cancer	100%	>=90% or upper bound of 95%
MASTRT – Radiation therapy is considered or administered following any mastectomy within 1 year of diagnosis of breast cancer for women with >=4 positive regional lymph nodes	100%	>=90% or upper bound of 95%
MAC – Combination chemotherapy is recommended or administered within 4 months of diagnosis for women under 70 with AJCC T1cN0 or Stg IB-III hormone receptor negative breast cancer	100%	Not Applicable
ACT – Adjuvant chemotherapy is recommended 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	100%	Not Applicable

Oncology Metric	MECC	Expected Performance Rate
nBx – Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer	100%	>=80% or upper bound of 95%
12RLN – At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer	72.7%	>=85% or upper bound of 95% **(46.4 - 99)
RECRCT – Preoperative chemo and radiation are administered for clinical AJCC T2N0, T4N0, or Stage III; or Postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T2N0, T4N0, or Stage III; or treatment is recommended; for patients under the age of 80 receiving resection for rectal cancer	100%	>=85% or upper bound of 95%
G15RLN – At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer	(no cases qualify)	>=80% or upper bound of 95%
LNoSurg – Surgery is not the first course of treatment for cN2, M0 lung cases	100%	>=85% or upper bound of 95%
LCT – Systemic chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is recommended for surgically resected cases with pathologic lymph node-positive (pN1) and (pN2) NSCLC	(no cases qualify)	>=85% or upper bound of 95%

*All measures meet or exceed the defined Confidence Interval, given the number of cases classified for the measures by the NCDB.

**Program's Calculated Performance Rate (95%) from CoC National Cancer Database (NCDB)

Community Outreach Activity Summary 2017

Standard 1.8

Monitoring Community Outreach

Community Outreach Coordinator monitors the effectiveness of community outreach activities on an annual basis. The activities and findings are documented in a community outreach activity summary that is presented to the Cancer Committee annually.

Standard 4.1

Prevention Programs

Each year, the cancer committee provides at least 1 cancer prevention program that is targeted to meet the needs of the community and should be designed to reduce the incidence of a specific cancer type. The prevention program is consistent with evidence-based national guidelines for cancer prevention. (ACS and NCCN screening and prevention recommendations used as reference at MECC.)

Standard 4.2

Screening Programs

Each year, the cancer committee provides at least 1 cancer screening program that is targeted to decreasing the number of patients with late-stage disease. The screening program is based on community needs and is consistent with evidence-based national guidelines and evidence-based interventions. A process is developed to follow up on all positive findings.

2017 Prevention Programs:

Cancer prevention programs identify risk factors and use strategies to modify attitudes and behaviors to reduce the chance of developing cancer. When applicable, pre and post evaluation scores are obtained (i.e. Brief Symptom Inventory 18 and Perceived Health Status).

Audience	Program	Location	Date	No. of Participants
Iowa Western Community College Conference	Considerations in Safety, Comfort, and Mobility in End of Life Patients	IWCC Council Bluffs, IA	4/27/17	30
Wings of Hope Spa Day	Healthy Smoothies	Wings of Hope Council Bluffs, IA	5/18/17	35
Methodist PTA Program	Physical Therapy for Cancer Patients	Methodist College Omaha, NE	9/14/17	25
Wings of Hope A Time to Heal Program	Refuel for Health & Energy	Wings of Hope Council Bluffs, IA	10/3/17	10
Wings of Hope A Time to Heal Program	Renewing My Body, Regaining My Strength	Wings of Hope Council Bluffs, IA	10/17/17	10
Wings of Hope A Time to Heal Program	Adventures / Misadventures in Supplement Jungle	Wings of Hope Council Bluffs, IA	10/24/17	10
Wings of Hope's Hope for Tomorrow Support Group	Marijuana for Cancer Side Effects	Wings of Hope Council Bluffs, IA	11/20/17	10

Survey Patient Follow-Up Process

Satisfaction surveys are provided post events at Wings of Hope Cancer Support Center. Participants are encouraged to provide feedback and of the participants responding, they evaluated the Spa Day effectiveness as the following:

- 100% of participants felt staff were friendly, communicated clearly and answered questions.
- 98.6% felt the chair massages, Healing Touch, paraffin dip, music meditation, and smoothies allowed them to relax and felt that it was a useful addition to their treatment and/or recovery.
- It was a great day and so relaxing. Thanks for the snack, gifts, and pampering. Very nice, great job everyone. Absolutely wonderful – loved everything.

The A Time to Heal Classes post survey results are as follows:

- 100% of participants were satisfied with the classes, felt that needs were met, and would recommend the program.
- 100% of participants felt their expectations were met and the classes were helpful in helping them on their cancer journey.

The Hope for Tomorrow Support Program post survey results are as follows:

- 100% felt this was a quality program and would recommend to others.
- 95% reported that the program was easy to understand and helpful.
- I love the speakers, they bring a great deal of knowledge. Meeting other cancer patients is very helpful. Being able to express myself and getting answers to questions. Love the variety of topics.

2017 Prevention Programs:

Cancer Prevention Program Smoking Cessation - Methodist Jennie Edmundson provides a cancer prevention program targeted to meet the needs of the community designed to reduce the incidence of tobacco use and related sequelae. This prevention program was chosen due to the prevalence of tobacco usage in Pottawattamie and surrounding counties. According to the IA Department of Public Health (2016), the tobacco related disease burden is as follows:

Tobacco Related Disease Burden in 2016			
County	Estimated Number of Cancer Deaths in Iowa	Adult Cigarette Smoking Prevalence %	Youth any Tobacco Use Prevalence %
Cass	30	17	19.8
Crawford	30	17	27.6
Fremont	20	16	7.10
Harrison	35	17	29.6
Mills	25	17	18.0
Montgomery	25	19	22.9
Page	45	17	22.5
Pottawattamie	190	19	17.4
Shelby	30	16	21.7
State of Iowa	6,195	18.1	18.1

The MJE Family Resource Center (FRC), has developed an educational packet that includes a list of community smoking cessation resources, and the following information:

- American Cancer Society - When Smokers Quit: Benefits of Quitting, Set Yourself Free, Deciding How to Quit, A Smoker's Guide, Smart Move! A Stop Smoking Guide
- Quitline Iowa – When You're Ready to Quit Smoking, We're Here
- Krames - Why Do You Smoke?, The Health Effects of Smoking, Smoking Cessation Programs, Planning to Quit Smoking, When Smokers–Benefits of Quitting Set Yourself Free–Deciding How to Quit: A Smokers Guide

2017 Prevention Programs:

In 2017, the FRC nurse received a total of 1,218 requests for educational information on smoking cessation which decreased 4%, from 1266 in 2016. Of these 1,218 requests, 100% are generated when a patient presents to the hospital and is identified as a smoker through the admitting process, a physician's order, or self-referral. Smoking cessation educational packets are also distributed at hospital cancer screening events and health fairs. All those who receive smoking cessation information are encouraged to contact Quitline IA. According to Quitline Iowa, the counts of registered participants are as follows:

Quitline Iowa Registered Participants FY 2016	
County	Registered Participants
Cass	27
Crawford	20
Fremont	25
Harrison	28
Mills	27
Monona	17
Montgomery	35
Page	71
Pottawattamie	216
Shelby	31
State of Iowa	5260

Effectiveness: MJE data shows that 156/1,218 or 13% of identified patients actually sign the fax referral request to Quitline Iowa after smoking cessation education by the FRC nurse. Of these referrals, 13/156 or 8% have accepted services by Quitline Iowa.

According to the Iowa Tobacco Cessation Program Evaluation: FY2017, the Quitline Iowa program of registered participants report that 60% of current smokers have attempted to quit smoking in the past 12 months and have successfully reduced the number of cigarettes smoked per day by 5.1. A key finding reported is that 25% of the registered users have not smoked cigarettes, or used other tobacco products in the past 30 days and have successfully quit.

Screening Type	Location	Date	Number of Participants	Number Requiring f/u
Colorectal	MJE	March-May, 2017	16	2
Skin	MJE	6/29/17	142	63
Prostate	MJE	9/20/17	15	8
Binational Health Week Women's Event - Breast	MJE	10/5/17	16	4
Binational Health Week All Care Family Fair	All Care Community Health Center	10/7/17	73	0

Screening Patient Follow-up Process

Based upon the 2015-2017 Community Needs Assessment, Cancer screenings address the following barriers to care: Access to Health Services, Cancer Prevention focus on Smoking Cessation, Nutrition and Weight Status, Physical Activity, Sexually Transmitted Diseases, and Substance Abuse.

Methodist Jennie Edmundson provides Cancer Screenings for 5 different anatomic sites annually. These sites correspond to the top incidence of cancers reported at our institution. The cancer screenings follow NCCN and other guidelines appropriate to the specific site screened (i.e. American Society of Colon and Rectal Surgeons, American Academy of Dermatology, American College of Obstetrics and Gynecology, and American Urological Association). Cancer screenings are intended to address the access to care barrier, and decrease the number of patients diagnosed with late-stage disease by detecting the cancer at an earlier stage.

Participants at these events are provided with educational information specific to the cancer type (i.e. healthy diet, exercise, tobacco cessation, sun protection, and self-health awareness).

2017 Accomplishments

Effectiveness: Overall, 262 patients participated in these cancer screening events with 2 cancers identified, which are now seeking care for their disease. The participation rate is decreased 1% from 2016, with 264 participants and 6 cancers identified. There were a total of 78 abnormal findings identified. These cancer screening participants were notified by letter of any abnormal findings, and were then followed with a phone call to encourage the patient to seek additional medical care.

Cancer screening participants are encouraged to complete an evaluation summary to assess screening usefulness and effectiveness. 158/262 or 60% completed the evaluation forms and 99% responded favorably that the cancer screenings were excellent, well organized, met a community service need, and provided access to care.

- Standardized the process to provide consistent information, education, and care to the hospitalized patient on their medication side effects
- Implemented prone breast treatments in Radiation Oncology
- Staffed the Cancer Center with a Social Worker on a weekly basis
- Achieved 5% patient enrollment in clinical research trials of the total number of patients screened
- Established a position and hired an Oncology Nurse Navigator for the Lung Mass Clinic
- Implemented Endobronchial Ultrasound (EBUS) & Super Dimension Navigation system
- Collaborated with the Glenwood Chamber of Commerce to host a Women's Educational Conference
- Enhanced patient appointment cards developed in Radiation Oncology
- Added a Nurse Practitioner to the Medical Oncology office
- Implemented 3D Mammography
- Participated in community wide Pink-out events
- Annual Spirit of Courage fundraiser events to benefit Cancer Center patients
- Established office hours for the Oral, Head, & Neck Oncology Surgeons onsite at MJE



Andrew Coughlin, MD
Head and Neck Surgical Oncologist

2017 Cancer Committee Members



Jean Thomsen, MD
Chairman



Michael Zlomke, MD
Cancer Liaison Physician

Complete Cancer Committee

Jean Thomsen, MD

Chairman*
Pathologist*

Nataliejean Ahrens

Oncology Nurse Navigator
Lung Clinic

Kathryn Bartz

Clinical Research
Representative*

Rick Blodgett

Volunteer Chaplain

Scott Bomgaars, MD

Family Practice

Becky Bussey

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Annabel Galva, MD

Diagnostic Radiologist*

Donna Hubbell

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Quality Improvement
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Medical Oncologist

Tammy Johnson

Breast Health Nurse
Navigator

Michelle Kaufman

Community Outreach
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* Designates individuals or positions that are required by the American College of Surgeons Cancer accreditation program.

2017 Cancer Committee Members

Barbara Kricsfeld

Oncology Nurse / Radiation
Oncology

Carol Kroft

Cancer Registry Quality
Coordinator*

Jodi Ludington

Cancer Conference
Coordinator*

Mary Jo Mattheis

Oncology Nurse / Medical
Oncology

Sumit Mukherjee, MD

Pulmonologist

Nicole Nolan, MD

Radiation Oncologist

Carol Reeder

Dietitian

Melanie Ryan

Pharmacist

Anh Tran, MD

Colon & Rectal Surgeon

Brent Wakefield, MD

Urologist

Dee Wicks

Social Work / Psychosocial
Services Coordinator*

Michael Zlomke, MD

Cancer Liaison Physician*

* Designates individuals or positions that are required by the American College of Surgeons Cancer accreditation program.



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JENNIE EDMUNDSON



THE
**Gratitude
GRAFFITI**
PROJECT™

(Sponsored)

This is a designated
GRATITUDE STOP ❤️

Please grab a marker and
show us what you're grateful for TODAY!
(Repeat tomorrow!)

The Gratitude Graffiti Project is a 30-day,
purposeful appreciation of one's life through
public, interactive art in our community.

Sponsored by:
METHODIST
JENNIE EDMUNDSON



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