



2019
ANNUAL
REPORT

Cancer Program

*at Community
Memorial Hospital*

**Community
Memorial Hospital**

 Community Memorial Health System

MISSION

*To Heal, Comfort and Promote Health
for the Communities We Serve.*

VISION

*To be the regional, integrated health
system of choice for patients, physicians,
payers and employees. To be an
indispensable community treasure.*

VALUE

*Integrity, Service, Excellence,
Caring and Transparency.*



Community Memorial Health System

From the Chairman and Medical Director



Lynn Kong, MD

Chair, Cancer Committee
Ventura County Hematology Oncology

The American Society of Clinical Oncology's Clinical Cancer Advances recognized the refinement of the surgical treatment of cancer as 2019's major advancement in the fight against cancer. Treatment given before surgery (in the form of chemotherapy, immunotherapy, and/or radiation) can make surgery available for more patients, and often results in less aggressive and more successful surgery.

The FDA approved 48 new medications in 2019, which represented another strong year for making new cancer and blood therapies available to patients in need, including patients with prostate cancer, bladder cancer, breast cancer, lymphoma, chronic lymphocytic leukemia and lung cancer. Additionally, the FDA approved a new cancer therapy that can be used to treat any kind of tumor that has a specific genetic marker, called NTRK mutation.

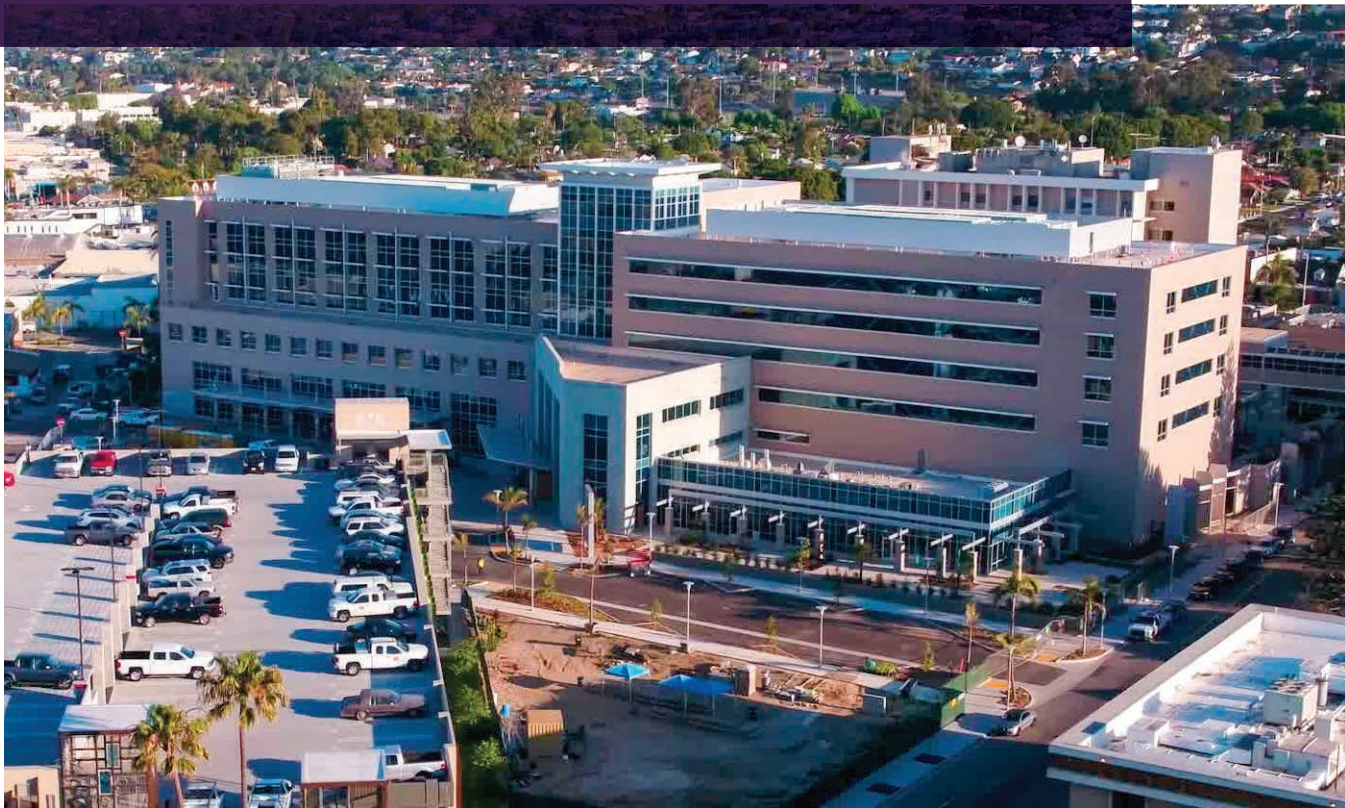
Lastly, the FDA approved treatment for many blood disorders, including sickle cell anemia, myelofibrosis, acquired thrombotic thrombocytopenic purpura, porphyria, and anemia caused by beta-thalassemia.

Despite these advancements, about 606,880 Americans were expected to die of cancer in 2019. According to the American Cancer Society, cancer is the second most common cause of death in the US, exceeded only by heart disease. As of 2016, the cancer death rate declined by 27%, because of reductions in smoking, as well as improvements in early detection and treatment. This decline translates into more than 2.6 million fewer cancer deaths from 1991 to 2016, with steady declines in death rates for the four most common cancer types – lung, colorectal, breast, and prostate.

In 2019, the American Cancer Society estimates that more than 3.8 million women in the US are living with a history of breast cancer and an additional 150,000 are living with metastatic breast cancer. They also estimate that by 2030, the number of breast cancer survivors will increase to almost 5 million. We have dedicated this Annual Report to the millions of men and women fighting Breast Cancer.

The Cancer Program at Community Memorial Health System is focused on helping our community fight cancer in every way possible. We provide state-of-the-art surgery, imaging, radiation therapy, and medical treatments including the recently approved FDA medications described above. We are dedicated to supporting you through your treatment and into survivorship. We participate in research to help advance cancer care and improve the quality of the care we provide. We promote cancer prevention, early detection of cancer and cancer screening in our community.

CMH Cancer Program



Community Memorial Hospital Started the year with a move to a brand new, State of the Art facility in January of 2019. The hospital has changed considerably from what originated in 1902 as a single hospital serving its neighbors, to an expansive healthcare system that touches the lives of individuals throughout Ventura County, California and beyond.

Community Memorial Hospital was established in 2005 when it merged with Ojai Valley Community Hospital. Our Health System is comprised of these two hospitals along with eleven family-practice health centers serving various communities within Ventura County. The new facility boasts private patient rooms with beautiful ocean views and State of the Art equipment to assist our hard working staff to stay ahead of the curve and provide the best possible care and service to the community.

Our hospital is a community-owned, not for profit organization. As such, we are not backed by a corporate or government entity, nor do we answer to shareholders. Rather, we depend on—and answer to—the communities we serve. In that vein, it is incredibly important to us

to stay competitive and offer the best care possible, including specialty services that ordinarily a patient would have to travel a great distance to receive. Some of the specialty services that Community Memorial Hospital offers include: Brain surgery, Oncology services, and Cardio-Vascular and Stroke programs. We also have a robust Residency training program.

Guiding us on this esteemed mission is a volunteer and diverse Board of Trustees that represents a cross section of leaders in our community, and who govern Community Memorial Health System with a focus aimed on what is best for our citizenry.

In 2019, CMHS including Ojai Community Hospital had 14,889 total admissions, more than 69,000 patient days and over 165,000 outpatient visits. CMH is now a six story, 242 bed state-of-the-art facility which provides a vast array of medical services and programs. We have 530 physicians on staff and over 2,000 employees and are one of Ventura County's largest employers. CMH also has 400 volunteers.

CMH is the regional leader in cardiac care with the lowest coronary artery bypass graft mortality rate in the county, as well as one of the lowest in the country, and has received

The Blue Cross/Blue Shield award of Distinction for cardiac care. CMH has the busiest orthopedic program in the county.

CMH is also a Primary Stroke Center and the leading birth facility in Ventura County with 2,639 births in 2019. Our Emergency Department, which is the designated critical heart patient receiving center, had over 58,471 visits in 2019. CMH has the region's leading surgical robotics program with over 800 procedures accomplished by the end of 2019 and has the most experienced DaVinci surgeons in Ventura County. 11,991 total surgical procedures and over 154,000 radiological procedures were performed during 2019. CMH also has an outstanding

Palliative Care Program dedicated to helping patients and their loved ones cope with serious illness. This team includes Palliative Care physicians, Palliative Care nurses, Social Workers and a Chaplain. The Palliative Care department is making great strides and has established themselves as a leader in the field. Their current project is focused on integration into outpatient Oncology offices. CMH has an outstanding wound care center including hyperbaric medicine. The Breast Center has been designated as a Breast Imaging Center of Excellence by the American College of Radiology and CMH is also an accredited bariatric center.

CMH is accredited by Det Norske Veritas (DNV) and undergoes survey by this organization annually. DNV has extensive worldwide healthcare experience and has a reputation for quality and integrity in certification. CMH has been voted #1 by the community consistently for the last decade in the Consumer Choice and Ventura County Star polls.



2019 was a year of reflection and new budding ideas for continued growth for the CMH Cancer Program as well as within the Cancer Resource Center with the addition of new and improved program offerings for our patients. We continued to partner with the American Cancer Society, and local physicians to provide free programs, education, and support to cancer patients and their families while we chose to contract directly with staff to provide our support group services which proved to be an advantageous move.

Community Memorial Hospital has long been committed to assisting cancer patients from diagnosis through recovery and helping enhance the level of services provided, CMH is extremely proud to provide a wide range of services within the Cancer Program. Many of these services are provided at the CMH Cancer Resource Center.

The CMH Cancer Program has been accredited by the American College of Surgeons (ACOS) Commission on Cancer (CoC) since 2008 and we have completed 4 consecutive accreditation cycles. Accreditation is an extremely high honor for a Cancer Program, and not one that every center achieves. In fact, CMH was the first accredited program in Western Ventura. Accreditation ensures that cancer patients at CMH receive the highest quality of care. The goal of the cancer program at Community Memorial Hospital is to provide high quality services to both the patient and their family. Our greatest asset is the compassionate, personalized care afforded our cancer patients. We will undergo the next accreditation process in September 2021.

Quality cancer care is a team effort. The spectrum of cancer care at Community Memorial Hospital is monitored by the cancer committee, a group of physicians and departmental representatives involved directly or indirectly in the treatment of cancer patients. The committee ensures that consultative services are available to all cancer patients and their families.

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Patient-oriented multidisciplinary cancer conferences are held weekly. Current case treatment and management options are discussed during these conferences, affording the cancer patient with a broad spectrum of comprehensive specialty input. The Cancer Registry maintains a database of the cancer patient's history, diagnosis, stage, and treatments for all patients diagnosed and/or treated at CMH. Treatment outcomes and survival statistics are maintained by conducting

lifelong annual follow-up on all cases. The Cancer Registry data generates accurate and meaningful information to be used by the cancer committee, medical staff and hospital administration to improve quality care.

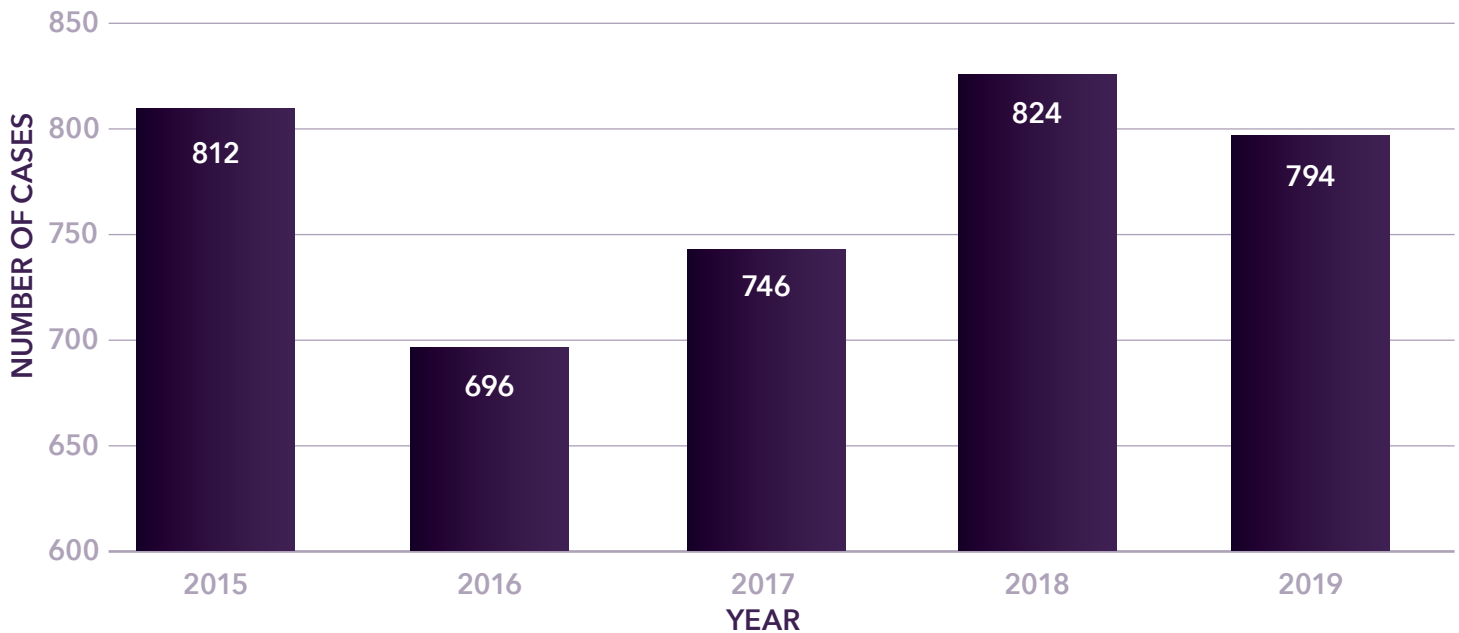
Mandi Poltl
 CMH Cancer Program Manager

2019 Cancer Registry Report

The American Cancer Society Cancer Facts & Figures 2020 estimated that over 1.8 million new cancer cases will be diagnosed in 2020 in the United States. Of those cancer cases, an estimated 172,024 will be diagnosed in California. . Of those cancer cases, an estimated 231,840 women are expected to be diagnosed with invasive breast cancer and 60,290 are expected to be diagnosed with Breast Carcinoma in Situ, 83% of which will be DCIS. Breast cancer is the most frequently diagnosed cancer in women, with the exception of cancers of the skin.

At Community Memorial Hospital, during 2019, a total of 1002 cancer cases were entered into the cancer registry's database.

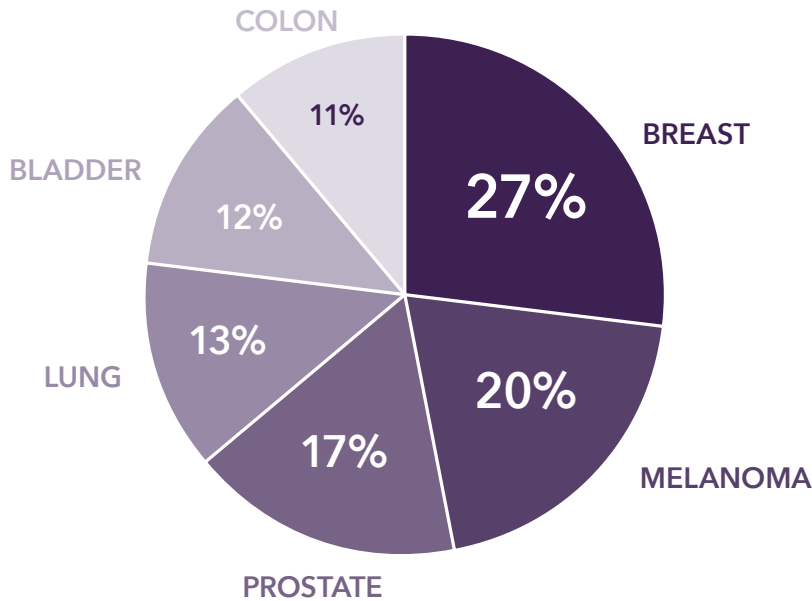
2015-2019 CMH Cancer Cases Accessioned into the Cancer Registry



Of those, 1002 were newly diagnosed and/or treated cancer cases. The remaining 144 cases were previously diagnosed and/or treated elsewhere but came to CMH for subsequent care.

The top five sites of cancer in 2019 at Community Memorial Hospital include: breast (27%), prostate (17%) melanoma (20%), Lung -small cell & non-small cell (13%), bladder (12%) colon (11%),

2019 Top Five Sites Diagnosed at Community Memorial Hospital



With a reference date of January 1, 2006 the Community Memorial Hospital (CMH) Cancer Registry data base now has 13 years of complete data. This data includes information about the diagnostic work-up, primary site of origin, stage of disease at diagnosis, first course treatment and survival of all CMH cancer cases. The Cancer Registry data is available to CMH physicians to evaluate the effectiveness of early diagnosis, treatment and survival. Staff physicians are encouraged to access the data available in the Cancer Registry. Requests for data can be made by calling (805) 652-5459.

The statistical data provided to our medical staff and hospital administrators is used for cancer program development, evaluation of patient outcomes and assessment of patient services. The cancer registry data is also required to be reported to the American College of Surgeons National Cancer Data Base, the California Cancer Registry and the National Cancer Institute’s SEER Registry.



Breast Cancer Diagnosis in Women Under Age 50

Lynn Kong MD, Natalie Santi CTR, Mandi Poltl CTR

BACKGROUND

In 2015, the American Cancer Society recommended women begin screening at age 45. In 2016, the U.S. Preventive Services Task Force mammogram guidelines recommend women begin screening for breast cancer with mammogram at age 50 rather than age 40. Therefore, we elected to determine the incidence of breast cancer at our institution in women less than age 50. In addition, we looked at the incidence of genetic testing in this population based on current NCCN guidelines.

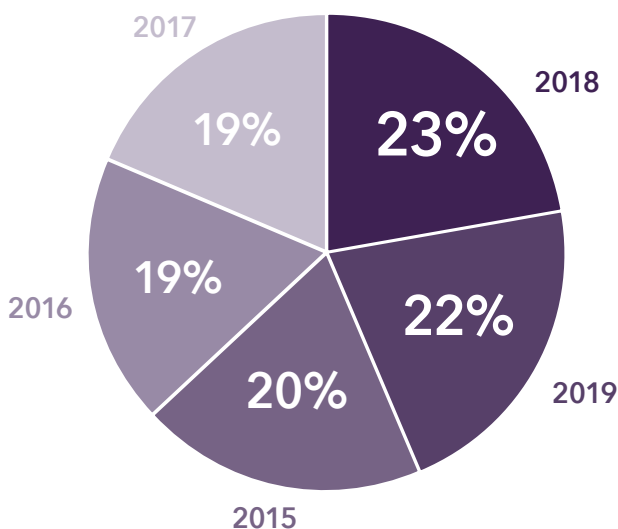
METHODS

Medical records from 2014 through 2018 were reviewed. Breast cancer diagnosed in patients under the age of 50 from CMHS was determined and compared to national data from the American Cancer Society.

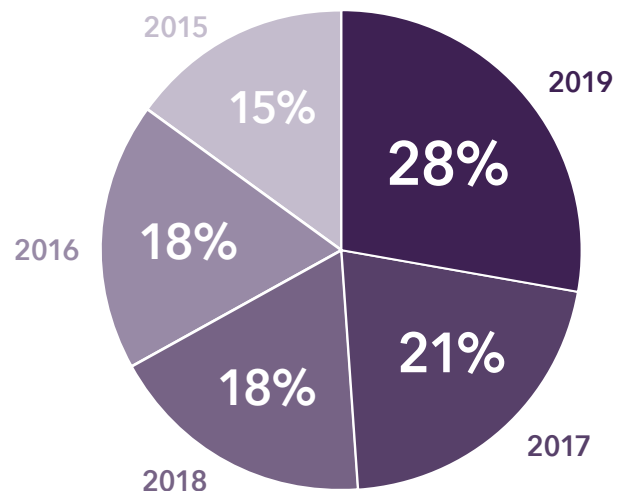
RESULTS

Of all the breast cancers diagnosed in the Community Memorial Health System, 19-23% were in women under the age of 50. The rate over time was stable at 19-20% with an increase in 2018 to 23%. This is consistent with the data from the American Cancer Society Facts and Figures 2017-2018 where the estimated new female breast cancer cases under age 50 was 19%.

Breast Cancer Diagnosis in Women Under 50



Breast Cancer Diagnosis in Women Under 40



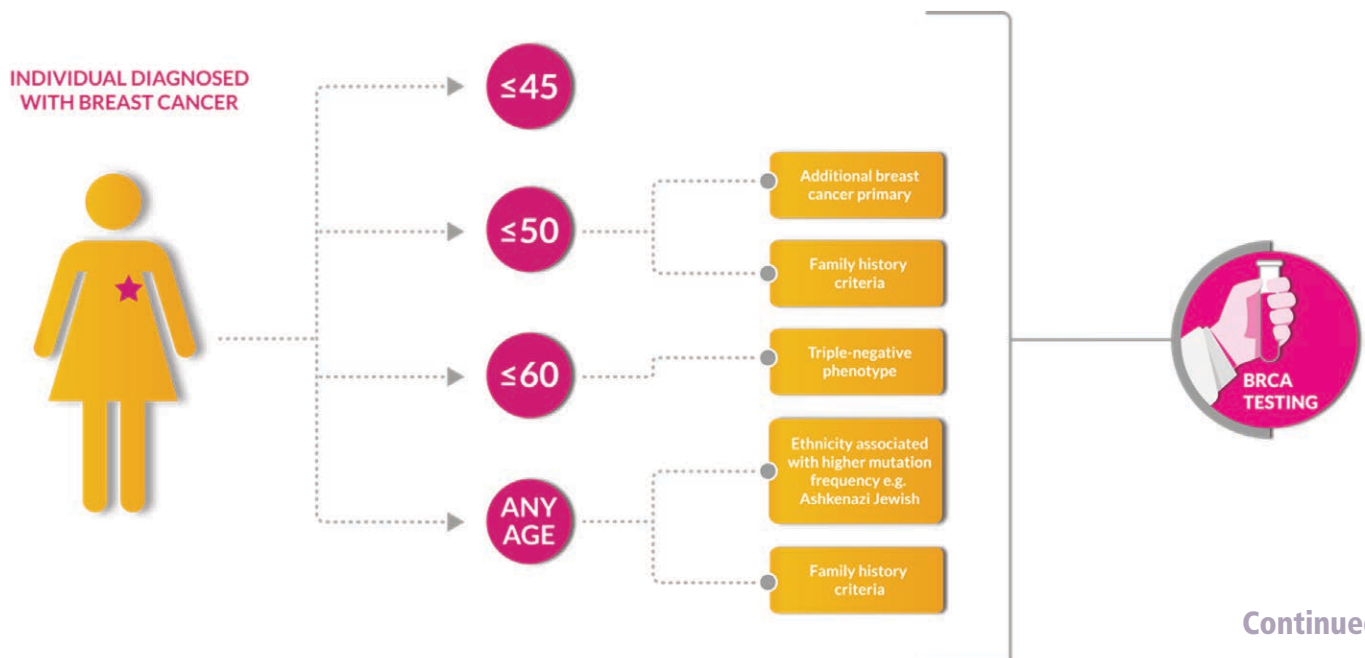
According to the American Cancer Society (ACS), the probability of developing breast cancer for the average women under the age of 50 in the USA is 1 in 68, as detailed below.

Age-specific Probability of Developing Invasive Breast Cancer for U.S. Women

CURRENT AGE	10-YEAR PROBABILITY:	OR 1 IN:
20	0.1%	1,567
30	0.5%	220
40	1.5%	68
50	2.3%	43
60	3.4%	29
70	3.9%	35
Lifetime risk	12.4%	8

Estimated New Female Breast Cancer Cases and Deaths by Age, U.S., 2017

AGE	IN SITU CASES		INVASIVE CASES		DEATHS	
	NUMBER	%	NUMBER	%	NUMBER	%
<40	1,610	3%	11,160	4%	990	2%
40-49	12,440	20%	36,920	15%	3,480	9%



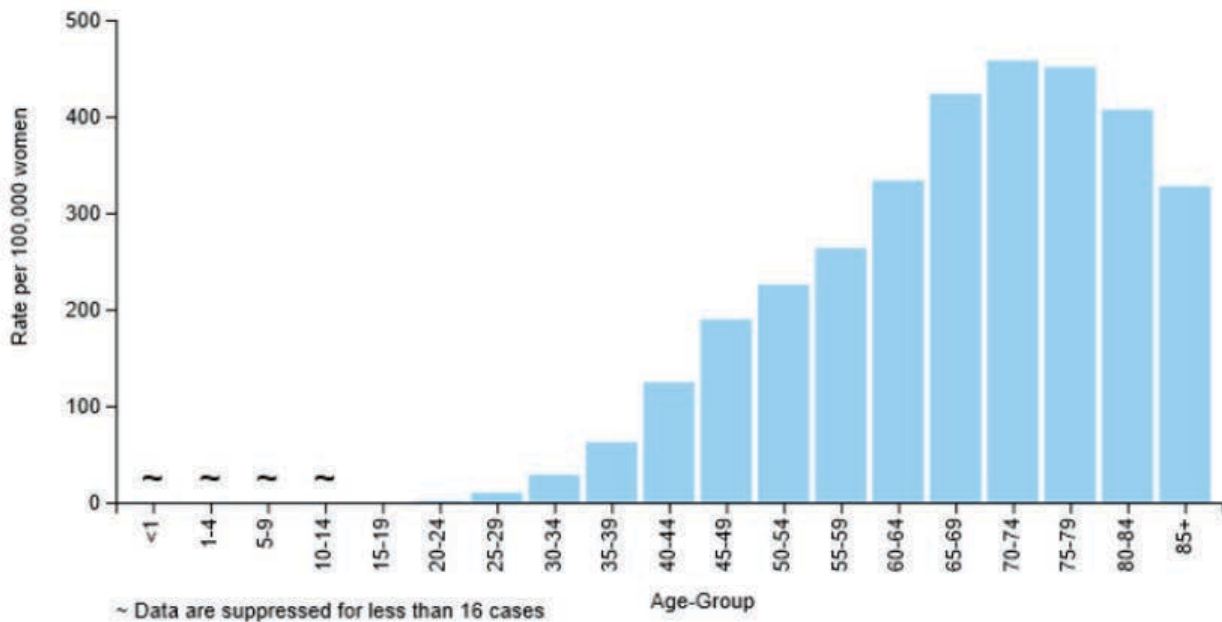
Our data shows an increase in invasive breast cancer diagnosis in young women in 2018 as compared to 2017 in the 40 – 50 year old age group. The majority of cases are invasive ductal or lobular carcinoma, which is consistent with the ACS reporting.

	2017		2018	
AGE	INVASIVE	DCIS	INVASIVE	DCIS
<35	2	0	2	0
35-39	3	0	4	0
40-45	3	2	10	0
45-50	12	0	7	2
TOTAL (n)	20	2	23	2



Rate of New Cancers by Age Group, All Races, Female

Female Breast, United States, 2012-2016



Data source – U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on November 2018 submission data (1999-2016); U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; <https://www.cdc.gov/cancer/dataviz>, June 2019.

We also looked at the incidence of a positive family history of breast, ovary, pancreas, prostate cancer and incidence of genetic testing in this population. Current NCCN guidelines recommend testing for women with breast cancer and:

- Age<45
- Age 46-50 with unknown or limited family history, a second breast cancer at any age, >1 close blood relative with breast, ovary, pancreas or high grade prostate cancer
- Age <60 with triple negative breast cancer
- Any age with Ashkenazi Jewish ancestry, >1 close relative with age<50 breast, ovary, pancreas, prostate cancer, OR >3 diagnosis of breast cancer in patient &/or close blood relatives.

We looked at the data for our patient population over 5 years, from 2014-2018.

	2014	2015	2016	2017	2018	TOTAL
Family Hx+	6	8	7	7	8	36
Family Hx-	14	13	11	13	15	66
BRCA+	2	3	0	1	0	6
BRCA-	4	2	2	3	1	12
NO TESTING	14	16	16	16	22	84
TOTAL (n)	20	21	18	20	23	102

Based on current guidelines for genetic testing, the majority of these women would qualify for testing. A positive family history was reported in 35%. BRCA mutations were found in 33% of those tested. No genetic testing was performed in 82% of patients, including those with a high risk family history.

CONCLUSIONS:

The incidence of breast cancer diagnosis in women under the age of 50 is significant in our hospital system.

- Therefore, we feel that it is appropriate to continue to offer screening mammograms to women in this age group after discussion of the risks and benefits of screening.
- Genetic testing in this population is very low. This presents an opportunity for quality improvement project.

REFERENCES

Breast Cancer Screening Guidelines for Women - CDC
<https://www.cdc.gov/cancer/breast/pdf/breastcancerscreeningguidelines>

Breast Cancer Facts & Figures 2017-2018 - American Cancer Society
<https://www.cancer.org/content/dam/cancer-org/research/breast-cancer>

NCCN guidelines for Genetic Testing:
https://www.nccn.org/professionals/physician_gls/pdf/genetics_bop.pdf

BREAST CANCER AWARENESS MONTH

WE'RE PART **OF THE** FIGHT!



**AT COMMUNITY MEMORIAL HEALTH SYSTEM,
WE KNOW AWARENESS AND EARLY DETECTION SAVE LIVES.**

That's why we're dedicated to providing the best in screening and imaging technologies to all women in our communities. We are proud to participate in National Breast Cancer Awareness Month by offering low-cost breast imaging to all women who schedule a screening for the month of October!

\$150

Automated Breast Ultrasound (ABUS) is available for dense breast patients in Ventura at the Breast Center*

\$90

3D Breast Tomosynthesis is available in Ventura at The Breast Center*

\$65

Traditional 2D Mammography is available at Ojai Valley Community Hospital*

Call NOW to schedule your mammogram:

The Breast Center at Community Memorial Hospital: 805/948-5093 | Ojai Valley Community Hospital: 805/640-2250

The Breast Center

 Community Memorial Health System

bc.cmhshealth.org

*Cash only price must be paid at time of service and cannot be applied toward patient's deductible.

CMH 6th Floor Nursing



JODY MCDONALD, BSN, RN

6th floor Medical/Oncology Clinical
Manager

CMH Ocean Tower 6th floor consists of an East and West wing, these units have 30 beds each. Our 6 East is the dedicated Oncology unit. Our nurses care for a diverse group of patients, with our primary focus on caring for the Oncology patient population in our community. Our team provides care in every phase of their treatment. As of December 2020 we have 24 nurses who are ONS Chemotherapy certified and have achieved competency for safe Chemotherapy administration. In addition, 4 of our leadership nurses have achieved the specialized OCN certification (Oncology Certified Nurse). These nurses have advanced clinical knowledge and assessment skills paired with an empathetic nature to ensure our Oncology patient population is provided the highest level of care. Our staff works very closely with the Palliative Care Team, whose office is also located on 6 East, this team approach with Palliative and the nursing staff allows open communication with the patients and families so that their treatment goals can be identified and met. This collaboration helps us support our patient's physical, emotional, spiritual and cultural needs.

6th floor nurses continue to educate and be a resource for staff throughout the hospital regarding cytotoxic precautions. These precautions are needed to protect themselves as well as others when caring for patients who are receiving chemotherapy and for the 5 days post administration. The education also

includes how healthcare workers can best protect themselves from exposure to potentially hazardous materials and waste. We also have a lead chemotherapy nurse and the manager attending Cancer Committee.

Each year we provide an annual Chemotherapy workshop for all certified chemotherapy nurses and any other nurses interested in attending for informational purposes. This workshop along with mentoring will ensure the competency of our nurses administering chemotherapy. Our goal is to continually deliver the highest quality of care. These care models are derived from evidence based practice guidelines from the ONS and ASCO.

In the CMH Ocean Tower we have all private patient rooms. This helps facilitate more opportunities for family to be at the bedside to support their loved one and foster a patient/family centered care environment. This will also allow us more opportunities to provide a calm, quiet and healing environment that is essential during their treatment and recovery.

Community Outreach

2019 Year-End Report Based on Screening and Prevention Activities at CMH



PURPOSE

To evaluate current Community Outreach, Screening and Prevention strategies and activities in order to ensure that the planning and execution of these activities is in line with the written standards developed by the COC.

EVALUATION OF PROGRAM DATA

In 2019, the Ventura County Community Health Needs Assessment Collaborative (VCCHNAC) presented its Community Health Needs Assessment (CHNA). The Ventura County CHNA Collaborative (VCCHNAC) is a formal, charter-bound partnership of seven health agencies that came together in June 2018 to participate in the development of a joint CHNA exercise and report. The agencies that constitute the VCCHNAC are listed below:

- › Adventist Health Simi Valley
- › Camarillo Health Care District
- › Clinicas Del Camino Real, Inc.
- › Community Memorial Hospital
- › Ojai Valley Community Hospital
- › St. John's Regional Medical Center, Dignity Health
- › St. John's Pleasant Valley Hospital, Dignity Health
- › Ventura County Health Care Agency Community Health Center
- › Ventura County Public Health

This report provides an overview of the methods and process used to identify and prioritize significant health needs in Ventura County. The Ventura County CHNA Collaborative partnered with Conduent Healthy Communities Institute (HCI) to conduct the CHNA. The goal of this report is to offer a meaningful understanding of the most pressing health needs across VCCHNAC's service area, as well as guide the planning efforts to address those identified needs.

Cancer Screening Programs- Standard 4.2:

BREAST SCREENING NEEDS BASED ON POPULATION DATA

Based on the results from the Community Health Needs Assessment Collaborative and the Ventura County Public Health Life Expectancy and Years of Life Lost study, the CMH Cancer Committee agreed that breast cancer continues to be an imperative screening initiative. According to the Ventura County Public Health Life Expectancy and Years of Life study, between 2015 and 2017, breast cancer had the second highest premature death rate and resulted in an average of 24.9 years of life lost per death in Ventura County.

The CMH Breast Center will continue to offer its annual

low cost screening event throughout the month of October, coinciding with Breast Cancer Awareness Month. This event marks the celebration of Breast Cancer Survivorship and provides individuals with access to low cost screening services. The event was designed with the intent to reduce the barriers for individuals in need of screening services who may be experience financial hardship. In 2019, the CMH Breast Center offered mammography screenings at the following cash prices:

- › Traditional 2D mammography — \$65
- › 3D breast Tomosynthesis — \$90
- › Automated Breast Ultrasound (ABUS) — \$150

Continued >

Based on the committees 2018 recommendations, a continuous effort was made to reach the goal of 81.1% screened by 2020. In addition, an effort was made to expand our reach to minority populations throughout Ventura County. This effort was made through the promotion of the low cost mammography screening at the following locations:

➤ **16 Centers for Family Health Clinics and specialty centers throughout Ventura County**

- ▶ Ventura
- ▶ Oxnard
- ▶ Santa Paula
- ▶ Fillmore
- ▶ Ojai
- ▶ Camarillo

➤ **4 Boys & Girls Club locations throughout Ventura County**

- ▶ Oxnard
- ▶ Nyeland Acres
- ▶ Port Hueneme
- ▶ Camarillo

➤ **September 10, 2019**

- ▶ Oxnard Food Bank, a partnership of Ventura County Food Share

➤ **September 11, 2019**

- ▶ Teledyne Scientific & Imaging Employee Health Fair- Camarillo location

➤ **September 12, 2019**

- ▶ Camarillo Food Bank, a partnership of Ventura County Food Share

➤ **September 13, 2019**

- ▶ Teledyne Scientific & Imaging Employee Health Fair- Thousand Oaks location

➤ **September 24, 2019**

- ▶ Ojai Food Bank, a partnership of Ventura County Food Share

➤ **September 26, 2019**

- ▶ Santa Paula Food Bank, a partnership of Ventura County Food Share

➤ **September 28, 2019**

- ▶ Santa Paula Family Resource Fair

➤ **October 8, 2019**

- ▶ Oxnard Food Bank, a partnership of Ventura County Food Share

➤ **October 10, 2019**

- ▶ Ventura Chamber of Commerce Fall Expo

➤ **October 10, 2019**

- ▶ Camarillo Food Bank, a partnership of Ventura County Food Share

➤ **October 24, 2019**

- ▶ Santa Paula Food Bank, a partnership of Ventura County Food Share

➤ **October 26, 2019 Ojai**

- ▶ October Classic 5K run/walk

➤ **October 28, 2019**

- ▶ Ojai Valley Inn & Spa Employee Wellness Fair

➤ **October 29, 2019**

- ▶ Ojai Food Bank, a partnership of Ventura County Food Share

RESULTS OF THE CMH BREAST CENTER'S LOW COST SCREENING MONTH (OCTOBER):

- In 2019, 88 women participated during the month of October for low cost breast screening.
- There were 78 mammograms, 6 ABUS and 4 who had both.
- 11 participants had a BIRADS 0 finding. Of those 11, 6 had a follow up diagnostic mammogram; 7 had follow up ultrasound and 1 had a biopsy.
- 4 participants had a BIRADS 3 result and 1 had a BIRADS 4 which was negative for atypical or malignant features.

The facts about BRCA genes and breast cancer ^{1,2,3,4}



Lifetime risk of breast cancer in the general population is

1 in 8



Overall breast cancer incidence is projected to increase 50% by 2030



Lifetime breast cancer risk is up to 80% if you have a BRCA mutation



Up to 25% of hereditary breast cancer cases are a result of BRCA mutations

Lung Screening Needs and Results Based on Population Data:

Based on the results from the Community Health Needs Assessment Collaborative and the Ventura County Public Health Life Expectancy and Years of Life Lost study, the CMH Cancer Committee agreed that lung cancer continues to be an important screening initiative. According to the Ventura County Public Health Life Expectancy and Years of Life Lost study, between 2015 and 2017, lung cancer had the highest premature death rate and resulted in an average of 20.3 years of life lost per death in Ventura County. Lung cancer continues to present among the top five diagnosed cancers at CMH therefore, the CMH Cancer Committee has determined that evaluation and screening for lung cancer through the utilization of the low-dose computed tomography (LDCT) should continue to be a priority at CMH.

The U.S. Preventive Service Task Force (USPSTF) recommends the low-dose computed tomography (LDCT) lung cancer screening for adults ages 55-80 years who have a 30 pack/year smoking history and currently smoke or have quit within the past 15 years.

RESULTS OF THE CMH LOW-DOSE COMPUTED TOMOGRAPHY (LDCT)

- 46 people were screened at CMH in 2019 between January and December.
- Of the 46 screened, 2 were recommended for 6 month follow up with CT; 3 were recommended for 3 month follow up with CT and consideration of PET/CT; 2 were recommended to have additional diagnostic testing including tissue sampling.
- 47 people were screened in 2019 at Ojai Valley Hospital.
- Of the 47 screened, 1 was recommended for 6 month follow up with CT; 1 was recommended for 3 month follow up with CT and consideration of PET/CT and 1 was recommended to have additional diagnostic testing including tissue sampling.

Skin Cancer Community Screening:

Melanoma skin cancer has been among the top five sites for cancer diagnosis at CMH for several years. Based on this data, the committee decided to focus its efforts on providing free community skin cancer screenings. The goal of the skin cancer -screening program was to providing the community with the opportunity to receive a full body skin cancer screenings on an annual basis. With the support of Volunteer Physicians, Advanced Practice Providers and the CMH Medical Residency Program, CMH was able to facilitate two community skin cancer screenings in 2019.

RESULTS OF THE SKIN CANCER COMMUNITY SCREENING:

➤ Premier Dermatology Center, Oxnard (August 10, 2019)

- ▶ 11 patients screened
- ▶ 4 patients referred for biopsy
- ▶ 2 patients scheduled for follow up with a CMH dermatologist
- ▶ 2 patients referred for Kaiser dermatology follow up
- ▶ Zero patients reported having no insurance

➤ Camarillo Health Care District, Camarillo (September 10, 2019)

- ▶ 34 patients screened
- ▶ 10 patients referred for biopsy
- ▶ 8 patients scheduled for follow up with a CMH dermatologist
- ▶ 2 patients referred for Kaiser dermatology follow up
- ▶ Zero patients reported having no insurance

➤ Total Skin Cancer Screenings Completed in 2019

- ▶ Total, 45 patients were screened
- ▶ Total, 14 patients were referred for biopsy
- ▶ Total, 10 patients were scheduled for follow up a CMH dermatologist
- ▶ Total, 4 patients were referred for Kaiser dermatology follow up
- ▶ Zero patients reported having no insurance

Cancer Prevention Activities- Standard 4.1

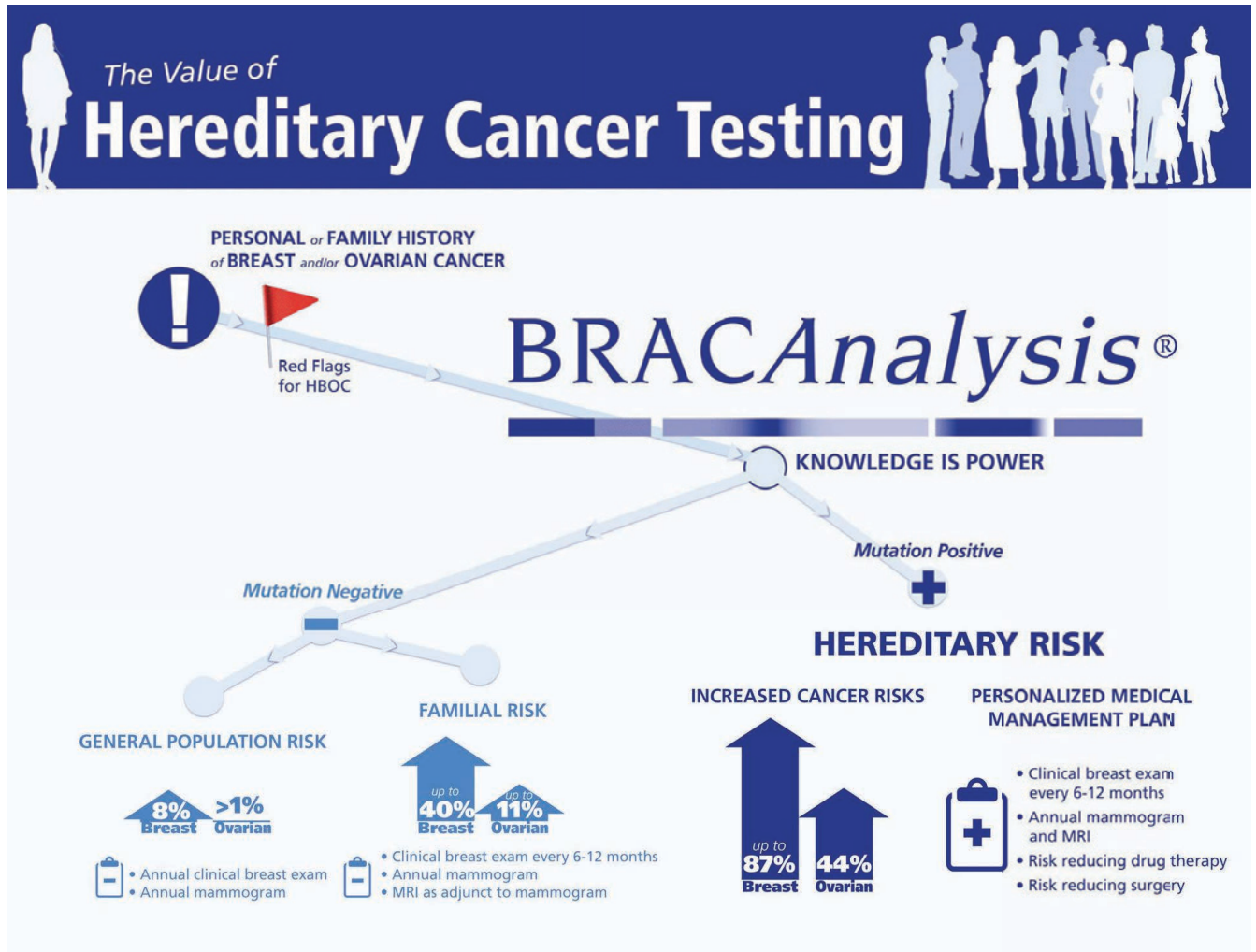
Based on the data presenting Melanoma skin cancer among the top five sites for cancer diagnosis at CMH the last several years, it was evident to the committee that further skin cancer prevention education and awareness was needed in Ventura County. CMH hosted two community skin cancer prevention presentations in 2019. The goal of the presentations was to educate the community about the harmful effects of increased sun exposure in relation to skin cancer diagnosis. Each presentation covered the following topics:

- Risk factors associated with melanoma skin cancer
- Who is most at risk for melanoma skin cancer

- Ways to decrease risk factors
- The benefits of early detection

Presentations were offered in the city of Oxnard as well as the rural area of Ojai. Community education was presented by CMH physician, Dr. Michael Trauner, MD who specializes in dermatology.

Following each presentation, participants were asked to compete a short quiz that was generated by the American Cancer Society. The post-quiz was utilized to evaluate the participants knowledge of skin cancer risk factors, interventions and the effectiveness of the education presented.



› **Protecting your skin: The bare facts about skin cancer (April 10, 2019)**

› 120 Attendees

› **Protecting your skin: The bare facts about skin cancer (September 14, 2019)**

› 85 Attendees

RESULTS OF SKIN CANCER PREVENTION EDUCATION:

Results of the post-quiz revealed a strong understanding of the information provided as evidenced by a combined mean score of 91.8%.

Questions 7 and 8 were used to evaluate the overall effectiveness of the presentation. Question 7 asked if the individual found the information presented to be

beneficial.

The following data was identified:

› **April 10th presentation**

99% of individuals reported that they found the information to be beneficial.

› **September 14th presentation**

100% of individuals reported that they found the information to be beneficial.

Question 8 asked if the individual intended to make any lifestyle changes after listening to the skin cancer prevention presentation. Some examples of lifestyle changes included, applying sunscreen more often, using a higher SPF (30+) sunblock and requesting that a physician complete a skin cancer screening on a regular basis.

Continued >

The following data was identified:

➤ **April 10th presentation**

99% of individuals reported that they would be implementing lifestyle changes after listening to the prevention presentation

➤ **September 14th presentation**

100% of individuals reported that they would be implementing lifestyle changes after listening to the prevention presentation.

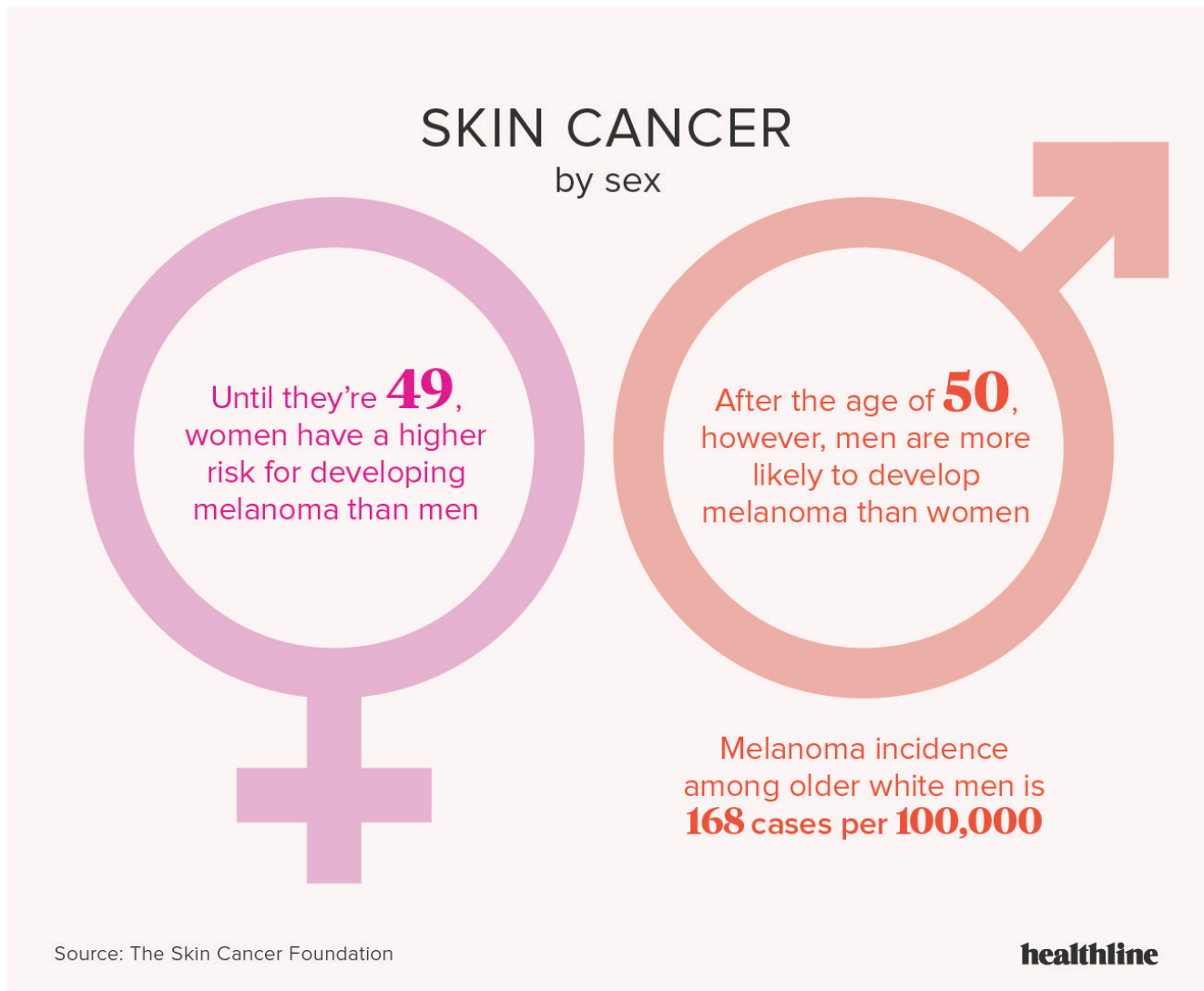
In addition to skin cancer prevention, CMH remains dedicated to its efforts in the area of lung cancer prevention. CMH continues to provide smoking cessation classes as a prevention method for current smokers. All smoking cessation classes are offered free of charge to the community through the established partnerships with Ventura County Public Health and the American Lung

Association. This is a referral-based program and Ventura County Public Health has not yet made the final numbers of participants for 2019 available.

In 2019, CMH hosted a community presentation focused on the prevention of lung cancer. The goal of this presentation was to educate the community about the harmful effects of smoking and other risk factors associated lung cancer diagnosis. The presentation covered the following topics:

- **Risk factors associated with lung cancer**
- **Ways to reduce risk factors**
- **The benefits of early screening and detection**

The lung cancer prevention presentation was offered in the city of Ventura and presented by Dr. Jennifer Wan, MD who specializes in Cardiothoracic Surgery.



Community Outreach Activities at CMH 2019:

- › In 2019, the Ventura Family YMCA, in partnership with CMHS and the Cancer Resource Center, hosted 12 sessions of the LiveStrong program. Sessions ranged in enrollment from 4-8 participants each, with a total of 50 participants completing the program in 2019. Participants completed health-assessments at the beginning and end of each session. These assessments consisted of self-analysis and self-reporting of their health and function in specific categories. In post program assessments, the majority of the program participants reported:

 - ▶ An increase in physical function
 - ▶ A decrease in anxiety, depression and fatigue
 - ▶ A decrease in sleep disturbance and increase in overall sleep quality
- ▶ A decrease in both pain intensity and pain interference
- › An additional movement class was introduced in 2019 called “Moving to Heal” and 85 patients participated throughout the year.
- › A National Cancer Survivor’s Day celebrated was hosted on June 7, 2019. The celebration was held at the Cancer Resource Center and reached 35 individuals.
- › A Nutritional series with Oncology certified Dietician, Susan Speer, MS, RD, CDE held one Friday per month reached 110 patients during 2019.
- › Individual nutritional consults were provided for 157 patients in 2019.

Community Outreach Coordinator’s Recommendations:

Based on the data presented in Health Matters in Ventura County and the Ventura County Community Health Needs Assessment Collaborative, it is the recommendation of the outreach coordinator that the committee continue to focus its efforts on mammography screening. The coordination of future screenings should include a marketing analysis to evaluate the effectiveness of broadening its marketing efforts to reach minority populations within Ventura County.

Based on the growing number of skin cancer cases in Ventura County, it is the recommendation of the outreach coordinator that the committee continue to offer a minimum of one free skin cancer screening to the community on an annual basis.

The committee has determined that the promotion of low-dose computed tomography (LDCT) lung cancer screening is essential and should be a priority screening focus in future years due to the increased number of community members that continue to smoke and suffer from smoke related health issues such as COPD and Hypertension. It is the recommendation of the outreach coordinator that the committee involve the CMH

physician liaison manager to assist in the evaluation of methods to increase the referral pattern of the LDCT lung cancer screening.

While the current referral process for smoking cessation classes appears to be functioning, it is the recommendation of the outreach coordinator that the committee evaluate the possibility of implementing a direct referral process to Ventura County Public Health Department.

Date Statistics and analysis was presented to Cancer Committee:

12/16/2019, Evelyn Scott, RN, Community Outreach Coordinator

Cancer Committee conclusions and action:

Physician Reviewer: Lynn Kong, MD, Cancer Committee Chair

Date Reviewed: 12/20/2019

*Additional resources for the above mentioned activities are available for review and not included due to file size. The summary of the activities are in the above sections.

“

You have **CANCER** ...

”

Some of the most devastating words an individual will ever hear. There are so many questions and so many unknowns. Patients are no longer in control of their own destinies. How do patients and their loved ones pick up the pieces of their lives after this? How do they put their worlds back together?

This is where my role as the Cancer Patient Nurse Navigator comes into play.

I am able to offer our patients the knowledge and resources that come with 30+ years of Oncology Nursing experience. My background in oncology nursing is varied and includes acute care, outpatient clinic, nursing education and the pharmaceutical industry.

My goal is to walk with patients on this often times scary path, just as I would with any member of my family.



Deb Lawry, RN
Nurse Navigator

My role allows me to:

- › Provide guidance and support for patients and their families through each step of the cancer journey from diagnosis through treatment completion and survivorship
- › Guiding patients and families through the healthcare system including attending physician appointments at patient's request
- › Educating patients on communication with their family and their healthcare team
- › Educating patients and family regarding diagnosis, treatment and survivorship
- › Provide patients with the tools and information they need to make informed decisions and actively participate in their own care
- › Advocate for patients and act as a liaison between the patient and the medical team to make sure their questions and concerns are addressed
- › Provide referrals to resources as needed

During 2019 I was able to provide guidance and resources to 487 unique patients, 360 of which were new to the Cancer Center. Over the next year, I will continue working with our LCSW Lyndsay, to continue outreach processes to market our CRC to the community.

During this year, we have also been able to successfully establish new support groups and programs based on patient needs.

It is a privilege to work with our cancer patients and I am truly excited to be a part of the Cancer Resource Center.

The Oncology Rehabilitation and Lymphedema Program



Claudia Steele-Major, PT, CLT

Lymphedema Therapist,
Rehabilitative Services, CMH

The Oncology Rehabilitation and Lymphedema Program at the Cancer Resource Center is a partnership between Rehabilitation Services and the Coastal Communities Cancer Center.

As patients live with, through, and beyond their cancer treatments, rehabilitation services are offered to improve quality of life by mitigation of early and late side-effects from cancer treatments.

Side effects such as lymphedema, chemotherapy induced peripheral neuropathy and associated fall risk, gait instability, radiation fibrosis, fatigue, and loss of mobility were frequent reasons for referral to physical therapy. Physical therapy also saw an increase of referrals in 2019 for pelvic floor rehabilitation after prostatectomy or gynecological procedures.

Cognitive deficits, swallowing difficulty, or speech-and voice changes are appropriate indications for speech therapy and were frequently seen in our head-and neck cancer survivors. Occupational therapy interventions bridged a variety of functional impairments with emphasis on the rehabilitation of upper extremity function.

In 2019, we continued our partnership with the YMCA Live Strong Program as extension of survivorship care. The CRC Garment Fund remained a much appreciated resource for patients with limited funds to afford medically necessary compression to manage their lymphedema. Additionally, we changed our support group meeting time from midday to the evening in order to allow for greater participation by our patient who work full-time.

The majority of patients seen at the Lymphedema Program are patients with secondary lymphedema as a result of lymph node removal surgery and/or radiation therapy. Complete Decongestive Therapy remains the standard of care and is provided by both, our OT and PT lymphedema therapy specialists.

As our patients' symptoms change from acute disabilities to chronic impairments we strive to anticipate their needs in an attempt to prevent sequelae affecting their safety and quality of life.

Cancer Conferences 2019



The CMH Cancer Program holds Cancer Conference (Tumor Board) once weekly on every Wednesday of the month at noon in the CMH Board room. Continuing Medical Education (CME) credit for physicians, established in 2016, allows all physicians to obtain educational credits when attending. During the cancer conference, specific cases undergo physician review with a multidisciplinary team, thus enabling the physicians coordinating the patient's care to optimize his or her management. Resident physicians are also encouraged to attend and present cases in order to advance their education.

THE DISCUSSIONS INCLUDE:

- › Reviewing pertinent patient data including history, clinical findings, as well as pathologic and radiographic data.
- › Interdisciplinary patient management options based on current standard of care
- › References to the national guidelines i.e. NCCN
- › Results of completed clinical trials and the relevance to the patient
- › Availability of open clinical trials
- › Prognostic Markers when available
- › Genetic Testing when available
- › AJCC staging

After discussion, consensus recommendations regarding the patients' management are made and subsequently implemented by the involved physicians.

During 2019, 215 cases were presented at Cancer Conference. These cases comprised a wide range of cancer diagnoses. This total represents approximately 20% of CMH's annual caseload for the year.

In 2019, there were also three educational conferences held. The Cancer Committee decided to put an emphasis on lung cancer cases this year, which increased the number of lung cases presented during Cancer Conference. This also increased participation from our Thoracic Surgical team during the weekly cancer conferences. 2019 was also marked by presentations for cancers previously not thoroughly discussed in weekly conference, such as Thyroid cancer, Adrenal cancer and GIST tumors. The Cancer Committee also made strong recommendations that the medical residents participate more in weekly

Jeffrey Rodnick, M.D

Cancer Conference Coordinator, Cabrillo Radiation

Number of Cases By Site Presented to the CMH Cancer Conference in 2019

Site	Totals Jan - Dec
Gallbladder	1
Prostate	7
Breast	67
Lung	17
Colon/appendix	24
Skin (SCC)/ (BCC)	18
Uterus/endo	4
Lymphoma- B cell/non and Hod-	9
Bladder	4
Kidney	6
Unknown/unclear site	1
Rectum/Anus	6
Salivary/buccal/submandibular	1
Esophagus	1
Soft tissue	4
Cervix	1
Merkel cell	4
Melanoma	18
Liver	5
Pancreas	1
Testicle	3
Meningioma	1
Thyroid	1
GIST	4
Adrenal	1
Sarcoma	6
Total	215

Oncology Patient Navigation & Social Services

A diagnosis of cancer can be an overwhelming experience. Our goal at the CMH Cancer Center is to reduce that feeling of overwhelm by providing education, navigation and psychosocial support throughout the cancer journey. We do this by providing a nurse navigator and a licensed clinical social worker to any patient and/or family that requests it.

I have been the part time CMH Cancer Center social worker since 2015. I help patients with emotional support through short term counseling, coping skills, education, assistance with adjustment and communication with healthcare providers and family. I also assist in providing resources in a vast area of needs including insurance, financial, disability, advanced directives, workplace and employment concerns and more depending on the individuals patient's needs. In addition, I run several support groups.



Lyndsay Heitmann, LCSW

Cancer Program Social Worker

Our Cancer Center offers support groups in an effort to increase a sense of community and comradery among patients. It can be very comforting to communicate with others who are going through similar experiences. We offer a breast cancer support group, a head and neck cancer support group, a creative relaxation group, a gynecological cancer support group, an ostomy support group and a general cancer support group. Most of our groups are open to both patients and their families.

We are able to provide these services completely free of charge and regardless of where a person is getting treatment and what stage of their cancer treatment they are in. We serve patients that were recently diagnosed through patients who have been free of cancer for many years.

The nurse navigator and I receive referrals from radiation oncology, medical oncology, palliative care, inpatient social workers and are very proud that the majority of our referrals come from former or current patients who refer their friends and family.

In 2019, I made contact with 407 new patients and had follow up contacts with over 1,260 patients and families.

Next year, the nurse navigator and I will be working with a doctoral nursing student to implement a quality improvement project at the CMH Cancer Center. We are hoping that this project will result in faster linkage to our service at the beginning of a patient's cancer diagnosis.

It is an honor to walk with our patients and their families through their treatment and my hope is that we can provide some level of comfort to the patients we serve.

Palliative Care Services



The Palliative Care Services experienced tremendous growth and success over this past year. We have increased our overall inpatient coverage to 5.2 % of all admissions as well as expanding our outpatient service with community physician engagement. The service also has expanded their outreach into the community in multiple avenues including in services, education and participation in local as well as National projects.



Charles Pankratz, M.D.
Medical Director Palliative Care Services

Palliative Care aims to relieve suffering and improve quality of life for patients and their families with advanced illness. Unlike Hospice, Palliative Care can be provided as part of acute care plan, simultaneously with all other treatments. In the inpatient setting, The PC team increased their value to the organization with a direct cost savings totaling \$1,699.00 using the Palliative Care Impact Calculator for Direct Cost savings. This cost savings is reflected at the same time as maintaining a patient centered approach to care with Physician and patient/family satisfaction rates of 98% and 94% respectively. Families have also maintained a 94% confidence that they would recommend our service to others.

The outpatient service has seen similar results in excellence focused on patient centered care. The maintained quality of service while focusing on evidence based practice. During this time of expansive growth, we maintained our goal of 100% discussion reflected in completion of advance care planning documents, advance directives and POLST forms.



Diana Jaquez, R.N., OCN, CHPN
 Director Palliative Care Services

In 2018, we were fortunate to have a new Physician join our team. Dr Colin Scibetta, MD is certified as a diplomate in Hospice and Palliative Medicine. Dr Scibetta has been welcomed by CMH as he brings a fresh perspective and knowledge base in Palliative Care to improve our approach and innovation in practice.

This year our service goals remain on the Triple Aim of access to care, excellence in service and patient centered cost savings. The Palliative Care team actively participates in community, regional and national projects with data submission as national competencies and goals for excellence in patient outcomes are developed. Many of our team members continue to show their dedication to advancing the specialty as instructors for advance courses in palliative care for Nurse Practitioners and Social Workers through the California State University San Marcos.



Colin Scibetta, M.D.
 Palliative Care Services

We continue to look for new ways to best position the service to meet the needs of our patients and community. In 2018, we have new projects and pilots in the works with new contracts ready for implementation. We have looked beyond the physical building at possible alternative locations that may allow access for those patients that otherwise may not have the chance to receive our care. Early integration into the Oncologist office may allow patients to receive early services with the goal of initiating future care planning. This planning has been seen to lower utilization of unnecessary hospitalizations and ED usage at the end of life as it focuses on honoring patient's goals and wishes for their treatment. We have also initiated a plan to see patients that have been discharged from CMH in the Skilled Nursing facility for continued care planning and expectations of rehabilitation conversations that may clarify goals and decrease the need for unnecessary hospital readmission

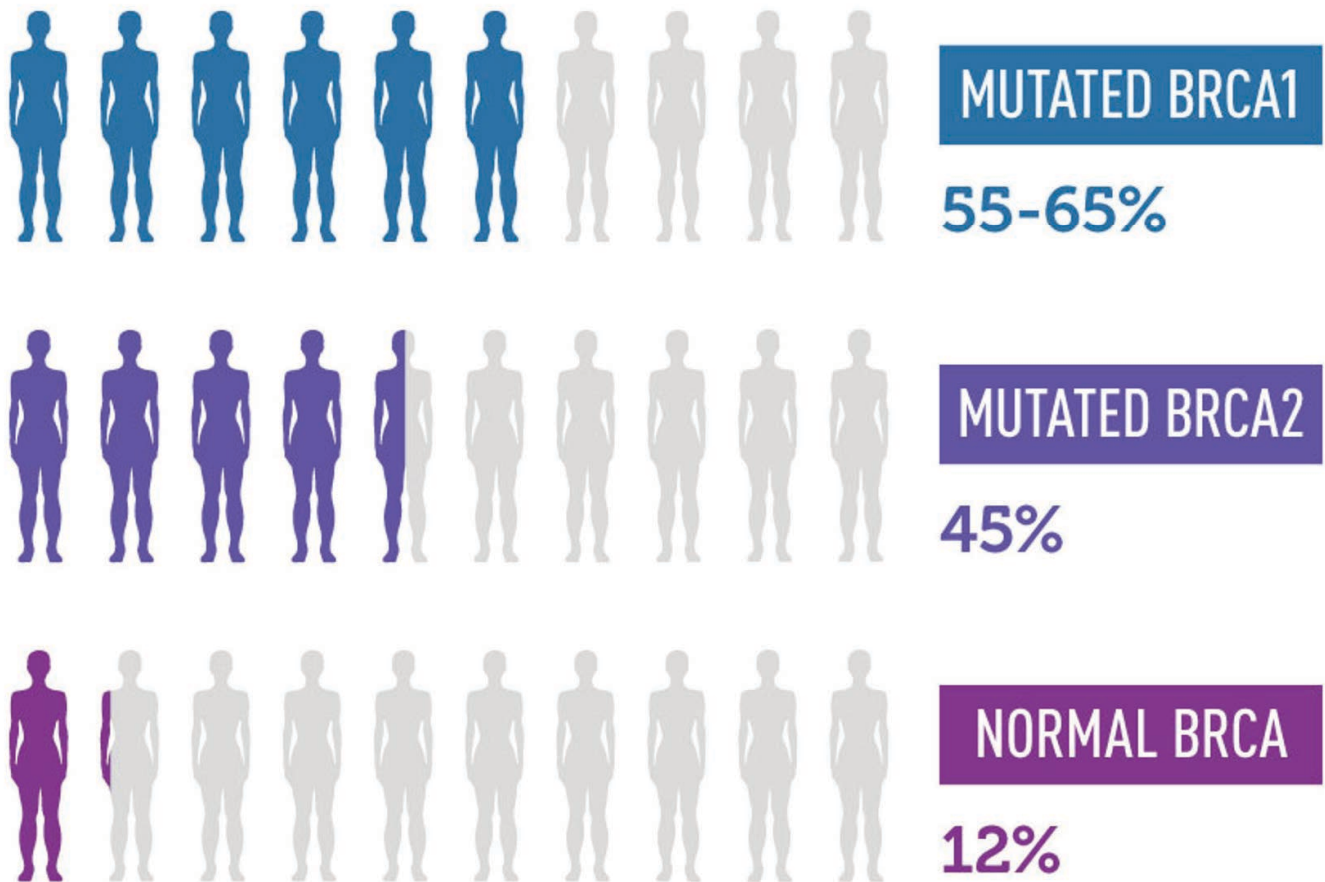
The Palliative Care team looks forward to our continued participation in the CMH Cancer Committee. We look toward the future as we strive to integrate Palliative care into the patient centered plan of care. Our sights are on meeting the patients "where they are" as we pilot projects to identify the best process to reach the patients while maintaining quality outcomes.

CMH Cancer Resource Center 2019 Statistics

2018 Patients Served	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	2019
INFORMATION AND REFERRALS					
Telephone Requests	Too many to track				0
New Referrals	176	197	187	207	767
Walk In Requests	289	384	367	348	1388
Other Assistance (Mandi)	9	1	16	8	34
Social Services	331	325	307	274	1237
Patient Navigator	558	529	403	478	1968
Wig/Hat Bank	28	47	38	31	144
Spanish (Calls, Walk ins, One on One)	3	2	2	0	7
EDUCATIONAL SESSIONS					
English					0
Spanish					0
SUPPORT GROUPS/PROGRAMS					
Restorative Yoga	32	37	23	29	121
Level I Yoga - Tuesdays	50	75	103	49	277
Level I Yoga - Fridays	75	79	89	43	286
General Cancer Support Group	89	77	55	92	313
Breast Cancer Support Group	47	34	28	25	134
Reiki	166	131	143	119	559
Reflexology	7	10	7	6	30
Nutritional Consults with Susan Speer	33	39	45	40	157
Gynecological Cancer Support Group	14	7	Dark	10	31
Lymphedema Support Group	1	1	1	7	10
Lymphedema Screening Clinic	8	7	3	7	25
Reiki Circle	24	23	22	29	98
Nutrition Series with Susan Speer	35	35	21	19	110
Head and Neck Cancer Support Group	20	12	14	7	53
Ostomy Support Group	27	20	23	19	89
Creative Relaxation-Art Class	22	13	22	22	79
Moving To Heal (Exercise Class) Began 3/14/19	13	37	22	13	85
National Cancer Survivor's Day Celebration		35			35
Frankly speaking..Cancer Educational Series		1	3		4
Auxiliary Member Workshop		11			11
Mary Kay Beauty Class		5			5
Monthly Totals	2057	2174	1944	1882	8057

NATIONAL CANCER INSTITUTE CHANCES OF DEVELOPING BREAST CANCER BY AGE 70

Specific inherited mutations in the BRCA1 and BRCA2 genes increase the risk of breast and ovarian cancers. Testing for these mutations is usually recommended in women without breast cancer only when the person's individual or family history suggests the possible presence of a harmful mutation in BRCA1 or BRCA2. Testing is often recommended in younger women newly diagnosed with breast cancer because it can influence treatment decisions and have implications for their family members.



www.cancer.gov/brca-fact-sheet

Cancer Committee

The CMH Cancer Committee is comprised of physicians from various specialties, allied healthcare professionals and supportive services professionals. The Committee meets bi-monthly to assess, plan and implement cancer related programs and activities for our community.

The multidisciplinary Cancer Committee is composed of both medical staff members and hospital personnel with a full range of specialty skill sets invoked in the diagnosis, treatment, rehabilitation and support of cancer patients. The committee is responsible for reviewing and maintaining the standards of care for cancer patients at Community Memorial Hospital to meet the accreditation requirements of the American College of Surgeons.

2019 Cancer Committee MEMBERS



LYNN KONG, M.D.
CHAIR, CANCER COMMITTEE
HEMATOLOGY/ONCOLOGY



JEFFREY RODNICK, M.D.
RADIATION ONCOLOGY



NATALIE SANTI, CTR
CANCER REGISTRY



THOMAS FOGEL, M.D.
CANCER LIAISON PHYSICIAN
RADIATION ONCOLOGY



JAMES WOODBURN III, M.D.
GENERAL SURGERY



REVEREND CURTIS HOTCHKISS
SPIRITUAL SERVICES



KEVIN CHANG, M.D., PH.D.
CLINICAL TRIALS COORDINATOR
HEMATOLOGY ONCOLOGY



CLAUDIA STEELE-MAJOR, PT, CT-LANA
REHABILITATION SERVICES



DIANA JAQUEZ, R.N. MSN, OCN
PALLIATIVE CARE SERVICES



IVAN HAYWARD, M.D.
RADIOLOGY



CINDY DEMOTTE
VP QUALITY SERVICES



JODY MCDONALD, R.N.
ONCOLOGY NURSING



BRIAN NADAV, M.D.
RADIOLOGY



JENNIFER GIRTSMAN, R.D.
DIETARY/NUTRITION



DIANE DREXLER, R.N.
VP, NURSING



JAMES HORNSTEIN, M.D.
FAMILY PRACTICE



LYNDSAY HEITMANN, LCSW
SOCIAL SERVICES



DEB LAWRY, R.N.
NURSE NAVIGATOR



CHARLES PANKRATZ, M.D.
PALLIATIVE CARE SERVICES



MANDI POLTL
CANCER PROGRAM MANAGER



GENE DAY, PHARM.D.
PHARMACY



Community Memorial Health System

COMMUNITY MEMORIAL HEALTH SYSTEM

147 North Brent Street | Ventura, California 93003
805/948-5011 | cmhshealth.org

CMH CANCER RESOURCE CENTER

2900 Loma Vista Road, #105 | Ventura, California 93003
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