

CP3R

Caring for cancer patients requires a multidisciplinary approach and encompasses numerous physicians and non-physician professionals responsible for making important decisions about program goals and evaluating and improving the quality of cancer care that is provided to patients. Quarterly meetings ensure that administrative responsibilities related to cancer program functions are carried out and compliance with American College of Surgeons standards is met.

On an ongoing basis, the Bennett Cancer Center's Cancer Committee reviews, monitors and reports on quality of care measures established by the American College of Surgeons Commission on Cancer (CoC). These measures outlined in

the Cancer Program Practice Profile Report (CP3R) include those established for breast and colorectal cancer (summarized below). The BCC will continue to monitor these benchmarks, as well as additional measures for other major cancer types.

The BCC has been enrolled in the Rapid Quality Reporting System since 2011. This is a real-time data collection program to ensure all patients get timely care. The system assesses hospital-level performance using National Quality Forum-endorsed cancer care quality measures. This system tracks patients and alerts staff to ensure patients do not miss critical timelines in their care.



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Measuring Outcomes

	Select Measures	Measure	CoC Std / %	2012	2013	2014
Breast	Radiation is administered within 1 year (365 days) of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer (Accountability)	BCSRT	4.4 / 90%	93.90	91.70	97.30
	Tamoxifen or third generation aromatase inhibitor is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1c or stage IB-III hormone receptor positive breast cancer (Accountability)	HT	4.4 / 90%	98.00	95.00	92.90
	Radiation therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with >= 4 positive regional lymph nodes (Accountability)	MASTRT	4.4 / 90%	100.00	100.00	100.00
	Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer (Quality Improvement)	nBx	4.5 / 80%	89.70	91.00	98.70
	Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II breast cancer (Surveillance)	BCS	Not Applicable	73.00	65.90	66.40
	Combination chemotherapy is recommended or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0, or stage IB - III hormone receptor negative breast cancer (Accountability)	MAC	Not Applicable	90.00	100.00	100.00
Colon	At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer (Quality Improvement)	12RLN	4.5 / 85%	92.60	100.00	100.00
	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 (Accountability)	ACT	Not Applicable	100.00	100.00	100.00

Interpreting This Report: The estimated performance rates shown above provide your cancer program with an estimate of the proportion of patients concordant with measure criteria by diagnosis year. If appropriate the CoC Standard and benchmark compliance rate is provided. This application provides cancer programs the opportunity to examine data to determine if performance rates are representative of the care provided at the institution and to review and modify case information using the review function for the measure of interest.