

Bringing the Fight to Cancer.

2016 Annual Report





Quality Study

Improve process for breast biopsy patients to receive results of pathology reports

Background

A team from the Baylor Scott & White Medical Center – Garland Breast Center identified that the process for delivery of pathology results from breast biopsies was not meeting the needs of the patient. This process included pathology results initially being sent to the patient's referring physician. It was the responsibility of the referring physician to give the results to the patient. Analysis revealed that this was often an inefficient process for several reasons, including results getting misplaced, unavailability of the physician, etc. Waiting for biopsy and/or cytology results caused the patient uncertainty, which led to increased anxiety and stress. This also led to an increase in the amount of time from biopsy to initial treatment.

The breast center nurse navigator, working with the pathologist, radiologist and breast surgeon's offices, has been able to implement a process

that provides the patient her/his results in a timely manner, enabling faster scheduling of her/his follow-up visit.

AIM Statement: *By October 2016, 60 percent of patients who received a breast biopsy at Baylor Scott & White Medical Center – Garland will have their pathology results provided to them by the breast center radiology staff within three business days of biopsy.*

The Baylor Scott & White – Garland Breast Center team worked through several PDCA cycles/interventions to hardwire the improved process:

- Confirmed with referral physicians that this new approach was acceptable
- Developed scripting for staff
- Determined course of action for radiologist when patient was found to have another diagnosis than breast cancer



- › Identified acceptable outliers including if referring physician requests to provide results and if the pathologist requires additional time for further review.
- › Committed to monitoring data more frequently.
- › Incorporated pathology reviews of outliers to determine reasons for delay.

Outcomes

Project is completed. Results achieved were four data points above goal with the last two being 100 percent.

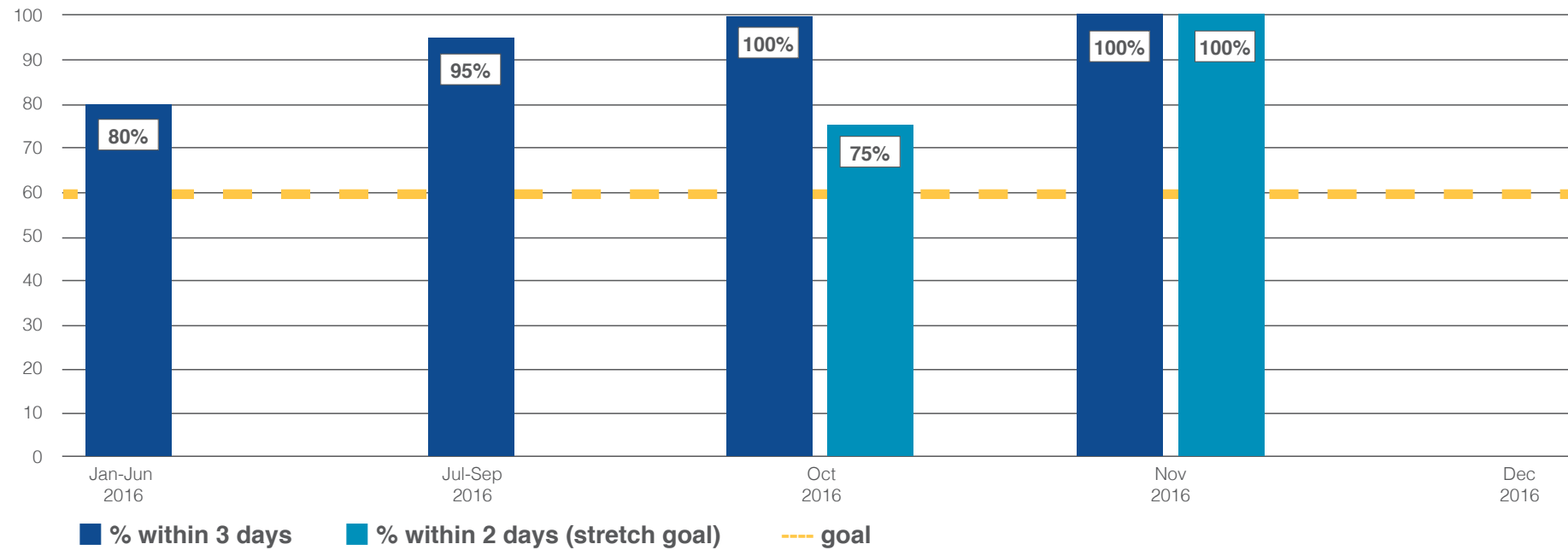
January-June 2016: 44 cases with 80 percent receiving their pathology reports via BIC radiology.

July-September: 19 cases – 95 percent received within three days.

October: Eight cases – 100 percent were within three days. Six were within two days (stretch goal). The two cases that took the additional days required extended pathology review.

November: Three cases – 100 percent received by the next business day.

BIC Providing Pathology Results to Patient Within 3 Business Days



Cancer Screenings

Baylor Scott & White Medical Center – Garland 2016

SCREENING TYPE	NUMBER OF 2016 SCREENINGS	NUMBER AT RISK	CANCERS DETECTED
Breast	8,189	656	33
Colon	82	NA	14
Skin	111	33	0
Low-Dose CT Lung	165	31	0

Cancer Registry

	NCDB Target	CoC State of Texas Performance Rate	CoC Census Region (West) Performance Rate	All CoC Programs Performance Rate	Baylor Scott & White – Garland Performance Rate			
					2015 Forward	Diagnosis Year 2014 (CoC)	2013*	2014*
Breast Cancer								
BCS: Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II breast cancer	NA	54.0%	57.0%	64.0%	42.0%	75.0%	61.0%	
NbX: Image or palpation-guided needle biopsy (core or FNA) is performed for the treatment of breast cancer (Quality Improvement Measure - Released Spring 2014)	80.0%	88.8%	87.5%	87.3%	89.0%	98.0%	100.0%	
HT: Adjuvant hormonal therapy: Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1cNoMo, or Stage II or III hormone receptor positive breast cancer (Accountability Measure - Released Fall 2008)	90.0%	90.5%	90.4%	93.2%	93.0%	94.0%	100.0%	
MASRT: Radiation therapy is considered or administered following any mastectomy within 1 year (365 days) of diagnosis for women with >= 4 positive lymph nodes (Accountability Measure)	90.0%	82.0%	83.3%	87.8%	100.0%	100.0%	100.0%	
BCRST: Post breast conserving surgery irradiation: Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 and receiving breast conserving surgery for breast cancer (Accountability Measure - Released Fall 2008)	90.0%	86.8%	88.6%	91.8%	91.0%	100.0%	100.0%	
MAC: Adjuvant chemotherapy: Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cNoMo, or Stage II or III hormone receptor negative breast cancer (Accountability Measure - Released Fall 2008)	NA	92.9%	92.1%	93.5%	100.0%	100.0%	100.0%	
Colorectal Cancer								
ACT: Adjuvant chemotherapy: Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis to patients under age 80 with AJCC III (lymph node positive) colon cancer (Accountability Measure - Released Fall 2008)	NA	90.0%	97.7%	93.0%	100.0%	100.0%	100.0%	
12 RLN: Surgical resection includes at least 12 lymph nodes: At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer (Quality Improvement - Released Fall 2008)	85.0%	90.5%	89.1%	87.8%	75.0%	100.0%	82.0%	
Rectal Cancer								
RECRCT: Pre-operative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or Postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0, or Stage III; or treatment is considered; for patients under the age of 80 receiving resection for rectal cancer (Quality Improvement - Released Spring 2015)	85.0%	86.1%	84.9%	84.6%	NA	NA	NA	

	NCDB Target	CoC State of Texas Performance Rate	CoC Census Region (West) Performance Rate	All CoC Programs Performance Rate	Baylor Scott & White – Garland Performance Rate			
					2015 Forward	Diagnosis Year 2014 (CoC)	2013*	2014*
Gastric								
G15RLN: At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer (Quality Improvement - Released Fall 2014)	80.0%	87.3%	88.9%	89.4%	50.0%	NA	100.0%	
Non-Small Cell Lung								
10RLN: At least 10 regional lymph nodes are removed and pathologically examined for AJCC Stage 1A, 1B, IIA, and IIB resected NSCLC (Surveillance Measure - Released Fall 2014)	NA	39.4%	37.1%	38.9%	38.0%	50.0%	0.0%	
LNoSurg: Surgery is not first course of treatment for cN2, M0 cases (Quality Improvement)	85.0%	90.2%	91.2%	90.6%	100.0%	100.0%	100.0%	
LCT: Systemic chemotherapy is considered or administered within 4 months to the day pre-operatively or day of surgery to 6 months postoperatively or surgically resected cases with pathologic lymph node positive (pN1) and (pN2) NSCLC (Quality Improvement - Released Fall 2014)	85.0%	80.5%	84.7%	87.8%	67.0%	NA	100.0%	
Cervix								
CBRR: Use of brachytherapy in patients treated with primary radiation with curative intent in any stage of cervical cancer (Surveillance Measure - Released Spring 2015)	NA	74.2%	69.8%	72.1%	NA	NA	NA	
CERRT: Radiation therapy completed within 60 days of initiation of radiation among women diagnosed with any stage of cervical cancer (Surveillance Measure - Released Spring 2015)	NA	79.6%	78.6%	77.9%	NA	NA	NA	
CERCT: Chemotherapy administered to cervical cancer patients who received radiation for Stages IB2-IV cancer (Group 1) or with positive pelvic nodes, positive surgical margin, and/or positive parametrium (Group 2) (Surveillance Measure - Released Spring 2015)	NA	88.7%	86.7%	86.6%	NA	NA	NA	
Endometrium								
ENDLRC: Endoscopic, laparoscopic, or robotic performed for all endometrial cancer (excluding sarcoma and lymphoma), for all stages except Stage IV (Surveillance Measure- Released Fall 2015)	NA	54.9%	54.6%	60.6%	100.0%	NA	NA	
ENDCTR: Chemotherapy and/or radiation administered to patients with Stage IIIC or IV endometrial cancer (Surveillance Measure - Released Fall 2015)	NA	74.8%	72.6%	77.8%	NA	NA	NA	
Ovary								
OVSAL: Salpingo-oophorectomy with omentectomy, debulking/cytoreductive surgery, or pelvic extenteration in Stages I-IIIC ovarian cancer (Surveillance Measure - Released Fall 2015)	NA	63.9%	64.0%	71.2%	NA	NA	NA	
Bladder								
BL2RLN: At least 2 lymph nodes are removed in patients under 80 undergoing partial or radical cystectomy (Surveillance Measure - Released Spring 2016)	NA	87.3%	88.9%	89.4%	NA	NA	NA	

*Source: Data is pending results by the Rapid Quality Reporting Process via the National Cancer Data Base.

**The facility did not have data to measure these metrics.



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