



# A story of connections

2018 Annual Report



**Baylor Scott & White**  
MEDICAL CENTER  
PLANO

# QUALITY

## Reducing length of stay for oncology transfusion patients

### AIM statement

By October 2018, a subcommittee of the Baylor Scott & White Medical Center - Plano Oncology Quality Committee will decrease the length of stay for oncology patients receiving transfusions on the seventh floor of the hospital.

### Plan

**Cycle 1:** Based on the findings from the quality study, a transfusion patient's time from arrival to first blood transfusion was significantly different based on where the patient received the transfusion:

- Day Surgery Unit: 1 hour, 33 minutes
- Seventh Floor: 4 hours, 1 minute

A root cause analysis identified a significant number of issues associated with the pre-transfusion process on the seventh floor that could be attributed to the process delays. The Day Surgery staff's skill set, work environment and workflow were found to be conducive to facilitate an efficient pre-transfusion process. In an effort to streamline the process, when space permits, all oncology transfusion patients will start in the Day Surgery Unit (DSU).

### Action plan: do

Starting September 2018, when space and staffing permitted, transfusion patients would be fast-tracked through Day Surgery to initiate their paperwork and start their IV.

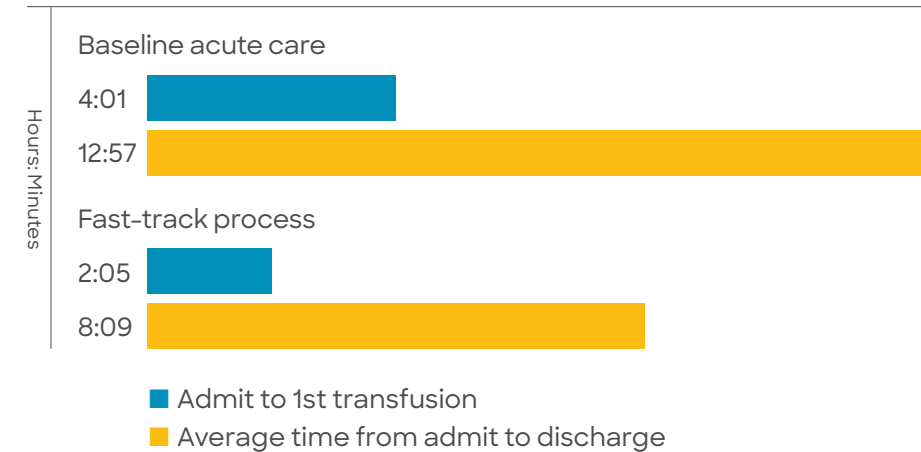
### Evaluation: check

From September 19 - October 12, 2018, seven patients were fast-tracked through Day Surgery prior to transfer to the seventh floor for their transfusion.

Patient group	Average time from arrival to transfusion start	Average time from admit to discharge
Baseline	4 hours, 1 minute	12 hours, 57 minutes
Post-intervention: Fast-track patients	2 hours, 5 minutes	8 hours, 9 minutes

Compared to the baseline, patients fast-tracked through Day Surgery had a 49% decrease in the average time from arrival to transfusion start and a 37% decrease in the average time from admission to discharge.

### Oncology acute care (outpatient) transfusion time



### Follow-up actions

**Cycle 1:** Investigate ways to enable more patients to take advantage of the fast-track process.

**Cycle 2:** Patient educational material was prepared to address other issues identified through the root cause analysis that result in treatment delays. The material was provided to physicians' offices for distribution starting in October 2018.

	NCDB Target	CoC State of Texas Performance Rate	My CoC Program Type (ACAD)	CoC Census Region Performance Rate (West South Central)	All CoC Programs Performance Rate	Baylor Scott & White Medical Center - Plano Performance Rate		
						2016 Forward	2015*	2016*
<b>Breast</b>								
<b>BCS:</b> Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II breast cancer (Surveillance Measure)	NA	59.6%	67.3%	60.1%	67.2%	60.0%	57.3%	69.3%
<b>NbX:</b> Image or palpation-guided needle biopsy (core or FNA) is performed for the treatment of breast cancer (Quality Improvement Measure)	80.0%	91.2%	91.0%	91.0%	90.6%	82.6%	86.9%	96.0%
<b>HT: Adjuvant Hormonal Therapy:</b> 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)	90.0%	81.4%	92.1%	83.3%	91.8%	95.4%	93.8%	95.3%
<b>MASTR:</b> 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%	75.8%	85.2%	77.7%	85.9%	100.0%	100.0%	100.0%
<b>BCRST: Post Breast Conserving Surgery Irradiation:</b> 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)	90.0%	82.7%	91.5%	85.3%	91.1%	97.3%	93.9%	95.0%
<b>MAC: Adjuvant Chemotherapy:</b> 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)	NA	87.3%	93.2%	88.5%	92.8%	90.9%	100.0%	100.0%
<b>Colon</b>								
<b>ACT: Adjuvant Chemotherapy:</b> 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)	NA	80.0%	88.4%	81.6%	87.9%	100.0%	100.0%	100.0%
<b>12 RLN: Surgical Resection Includes at Least 12 Lymph Nodes:</b> At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer (Quality Improvement)	85.0%	93.3%	92.3%	92.7%	92.7%	93.1%	100.0%	100.0%
<b>Rectal</b>								
<b>RECRCT:</b> 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)	85.0%	83.2%	88.7%	85.6%	86.8%	100.0%	100.0%	No Data
<b>Gastric</b>								
<b>G15RLN:</b> At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer (Quality Improvement)	80.0%	69.9%	58.0%	65.3%	64.7%	100.0%	100.0%	100.0%
<b>Ovary</b>								
<b>OVSAL:</b> Salpingo-oophorectomy with omentectomy, debulking/ cytoreductive surgery, or pelvic exenteration in Stages I-III ovarian cancer (Surveillance Measure)	NA	59.6%	68.5%	61.3%	67.3%	100.0%	100.0%	100.0%

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<b>Non-Small Cell Lung</b>								
<b>10RLN:</b> At least 10 regional lymph nodes are removed and pathologically examined for AJCC Stage 1A, 1B, IIA, and IIB resected NSCLC (Surveillance Measure)	NA	48.5%	47.2%	50.7%	49.0%	No Data	No Data	No Data
<b>LNoSurg:</b> Surgery is not first course of treatment for cN2, M0 cases (Quality Improvement)	85%	92.8%	93.4%	93.7%	92.8%	100.0%	No Data	100.0%
<b>LCT:</b> 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)	85%	84.4%	89.8%	86.6%	89.5%	100.0%	No Data	No Data
<b>Cervix</b>								
<b>CBRR:</b> Use of brachytherapy in patients treated with primary radiation with curative intent in any stage of cervical cancer (Surveillance Measure)	NA	72.1%	66.3%	71.5%	69.8%	No Data	No Data	No Data
<b>CERR:</b> Radiation therapy completed within 60 days of initiation of radiation among women diagnosed with any stage of cervical cancer (Surveillance Measure)	NA	85.6%	77.7%	82.7%	81.2%	No Data	No Data	No Data
<b>CERCT:</b> 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)	NA	92.5%	88.8%	92.4%	88.9%	No Data	No Data	No Data
<b>Endometrium</b>								
<b>ENDLRC:</b> Endoscopic, laparoscopic, or robotic performed for all endometrial cancer (excluding sarcoma and lymphoma), for all stages except Stage IV (Surveillance Measure)	NA	74.8%	82.3%	76.0%	80.1%	42.9%	66.7%	66.7%
<b>ENDCTRT:</b> Chemotherapy and/or radiation administered to patients with Stage IIIc or IV endometrial cancer (Surveillance Measure)	NA	75.0%	79.5%	76.5%	83.4%	100.0%	100.0%	No Data
<b>Bladder</b>								
<b>BL2RLN:</b> At least 2 lymph nodes are removed in patients under 80 undergoing partial or radical cystectomy (Surveillance Measure)	NA	93.6%	87.7%	93.4%	92.4%	No Data	No Data	No Data
<b>ABLCSTRI:</b> Radical or partial cystectomy; or tri-modality therapy (local tumor destruction/excision with chemotherapy and radiation) for clinical T234N0M0 patients with urothelial carcinoma of the bladder, first treatment within 90 days of diagnosis (Surveillance Measure)	NA	43.1%	49.5%	49.0%	53.6%	No Data	No Data	No Data
<b>BLCT:</b> Neo-adjuvant or adjuvant chemotherapy recommended or administered for patients with muscle invasive cancer undergoing radical cystectomy (Surveillance Measure)	NA	59.3%	68.2%	61.6%	66.9%	No Data	No Data	No Data
<b>Kidney</b>								
<b>PD1RLN:</b> At least 1 regional lymph node is removed and pathologically examined for primarily resected unilateral nephroblastoma (Surveillance Measure)	NA	No Data	No Data	No Data	89.3%	No Data	No Data	No Data

\*Data results released from the National Cancer Data Base as of 12/5/18.  
 \*\*Data in pending results by the Rapid Quality Reporting Process via the National Cancer Data Base.

