

Bringing the Fight to Cancer.

2016 Annual Report





Quality Study

Breast Imaging Scheduling

Study of Quality

Each year, based on the category, the quality improvement coordinator, under the direction of the Cancer Committee, develops, analyzes and documents the required studies that measure quality of care and outcomes for patients with cancer.

Problem Statement

Patient scheduling at Baylor Scott & White Medical Center – Plano has been an issue for breast imaging. The center has experienced high no show volumes. The scheduling call abandonment rate is high. Patient experience rates reflect the challenges related to their scheduling experience.

Aim Statement

From data collected January-May 2016, implement processes to reduce future patient no show rates while recovering at least 50 percent of the no shows for the period of January-May 2016. Reduce the incoming call abandonment rate from a high of 23.61 percent in November 2015 to be within the global metric of 5 to 8 percent (Talk Desk, 2015). Improve the screening mammography appointment

experience by implementing an online scheduling system.

Criteria Used to Study Problem

Reports were run from the GE RIS system to determine the volume of no shows by site. The abandonment rate is determined by running reports from the scheduling system. Press Ganey® survey comments were monitored for negative scheduling comments made by patients.

Findings

No Show Rate: Jan. 1-May 31, 2016

# No Shows	191
# Rescheduled	141
% Rescheduled	74%

Abandonment Rate

The incoming call abandonment rate for July 2015 was 11.56 percent, with the highest rate of 23.61 percent in October 2015.

Action Taken at Completion of Study

Patient appointment reminder calls were not being performed consistently. The center began reaching out to these individuals, recapturing 65 percent of the no shows from January-May 2016 (presented in graph above).

In mid-August 2016, the Televox phone/text reminder system was implemented. Patients now get a reminder call/text of their upcoming appointment in two days. Patients also receive a reminder text the morning of their appointment. All no show patients now receive a same-day or next-

day call to reschedule them as soon as possible. For the period of June-September 2016, the no show rate is shown below.

No Show Rate: June-September 2016

# No Shows	41
# Rescheduled	32
% Rescheduled	78%

On September 9, 2016, an online screening mammography scheduling system was implemented.

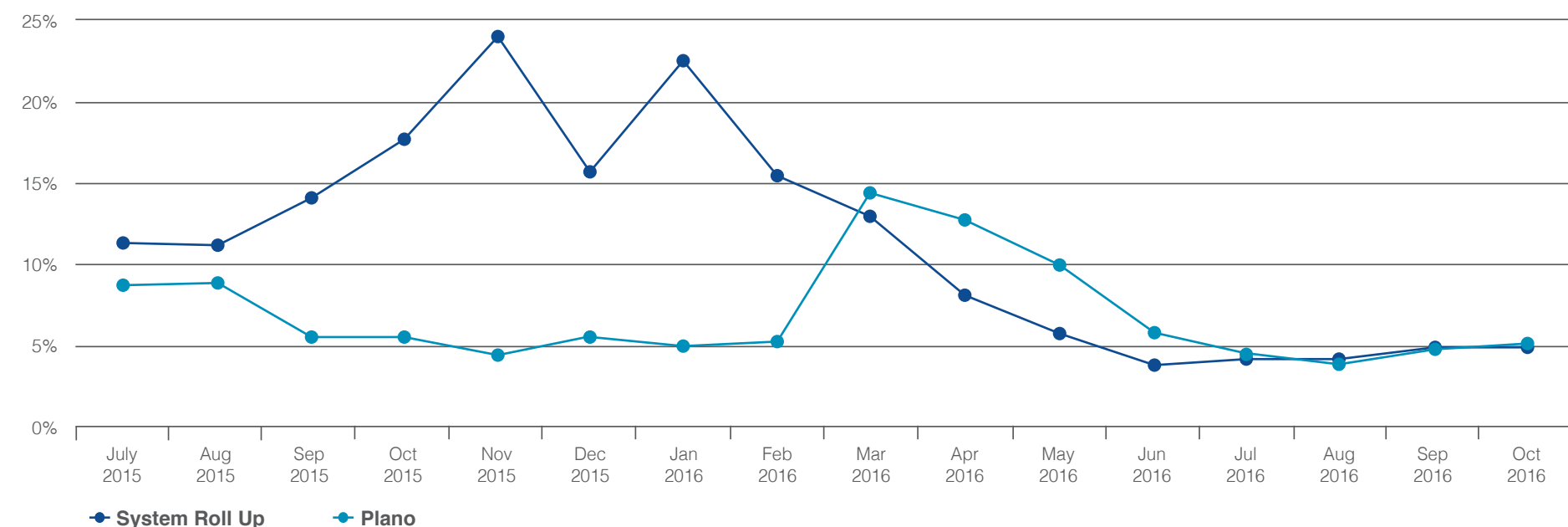
Improvements were also made in the breast imaging scheduling department. A call center

manager was hired, establishing a single point of contact for employees, direct oversight, uniform accountability, and better alignment with goals. Additional scheduling staff was also hired. The graph shows incoming call abandonment rate.

Reference

Talk Desk, February 2015. Call center performance benchmarks. <https://www.talkdesk.com/blog/call-center-performance-benchmarks>

Abandonment Rate



Cancer Screenings

Baylor Scott & White Medical Center – Plano 2016

SCREENING TYPE	NUMBER OF 2016 SCREENINGS	NUMBER AT RISK	CANCERS DIAGNOSED
Breast	11,105	1,028	62
Colon	566	NA	29
Skin	100	30	2
Low-Dose CT Lung	99	27	2
Head and Neck	139	3	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 – Plano 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%	57.0%	53.0%	59.0%	
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%	94.0%	87.0%	83.0%	
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%	94.0%	98.0%	96.0%	
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%	94.0%	
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%	100.0%	95.0%	94.0%	
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%	92.0%	90.0%	
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%	93.0%	
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%	97.0%	97.0%	93.0%	
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%	100.0%	100.0%	100.0%	

	NCDB Target	CoC State of Texas Performance Rate	CoC Census Region (West) Performance Rate	All CoC Programs Performance Rate	Baylor Scott & White – Plano 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%	80.0%	0.0%	
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%	0.0%	NA	NA	
LNoSurg: Surgery is not first course of treatment for cN2, M0 cases (Quality Improvement)	85.0%	90.2%	91.2%	90.6%	NA	NA	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%	NA	100.0%	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%	NA	33.0%	43.0%	
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	100.0%	
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	25.0%	100.0%	
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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