

**CLINICAL PROGRAM PRACTICE PROFILE REPORT (CP3R)
ONCOLOGY QUALITY METRICS**

	NCDB Target	CoC State of Texas Performance Rate	CoC Census Region (West) Performance Rate	All CoC Programs Performance Rate	Baylor Waxahachie Performance Rate	
	2012 +	Diagnosis Year 2011 (CoC)			2012	2013
Breast Cancer						
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)	90%	86.8%	88.6%	91.8%	100%	100%
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)	90%	90%	90.5%	92.5	100%	100%
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)	90%	86.1%	87.1%	90.3%	94.1%	100%
Colorectal Cancer						
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)	90%	88.5%	89.4%	90.6%	100%	100%
Surgical Resection Includes at Least 12 Lymph Nodes: At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer (Surveillance Measure)	80%	90.5%	89%	87.8%	77.7%	85.7%
Rectal Cancer						
Radiation Therapy for Rectal Cancer: Radiation therapy is considered or administered within 6 months (180 days) of diagnosis for patients under the age of 80 with clinical or pathological AJCC T4NoMo or Stage III receiving surgical resection of rectal cancer (Surveillance Measure) Connect/Soft Tissue	90%	91.6%	90.6%	91.8%	NA	NA

Source: American College of Surgeons National Cancer Data Base
Source: Baylor Health Care System Cancer Registry/Data in pending results by the Rapid Quality Reporting Process via National Cancer Data Base



BUILDING *On* STRENGTH
FY2014 ONCOLOGY REPORT



MULTIDISCIPLINARY CLINICAL TEAMS + PATIENT NAVIGATION
+ GENETIC COUNSELING + CLINICAL RESEARCH + CLINICAL
EDUCATION + INTEGRATIVE MEDICINE + PATIENT SUPPORT
AND EDUCATION + INNOVATIVE CLINICAL TRIALS CENTER
+ SURVIVOR CELEBRATIONS + COMMUNITY OUTREACH

IMPROVING CARE FOR SURGICAL ONCOLOGY PATIENTS

As Baylor Scott & White Medical Center – Waxahachie’s surgical oncology volume continues to grow, it’s vital to provide quality surgical care to this group of patients. The risk of surgical site infections for both breast operations and colorectal surgery continues to be significant across the country. In order to reduce surgical site infections, Baylor participates in the Surgical Care Improvement Project (SCIP). SCIP is a national quality collaboration between organizations that are interested in improving surgical care by significantly reducing surgical complications. Baylor Scott & White identified two metrics with the SCIP upon which to focus during 2014. Those were appropriate antibiotic selection and discontinuation of antibiotics within 24 hrs.

AIM / Goal Statement

By December 2014, the SCIP measure of compliance for oncology patients will increase from 87.5% to 90% by monitoring for SCIP.

Our Quality Improvement Process – Plan, Do, Check, Act

Plan

– Implement measures to ensure the appropriate antibiotic was selected for the patient and was discontinued within 24 hours after surgery

Do

– SCIP antibiotic selection guidelines were sent to all staff and posted in peri-op areas
 – Began concurrent review of all SCIP patients to ensure that antibiotics were discontinued timely

Check

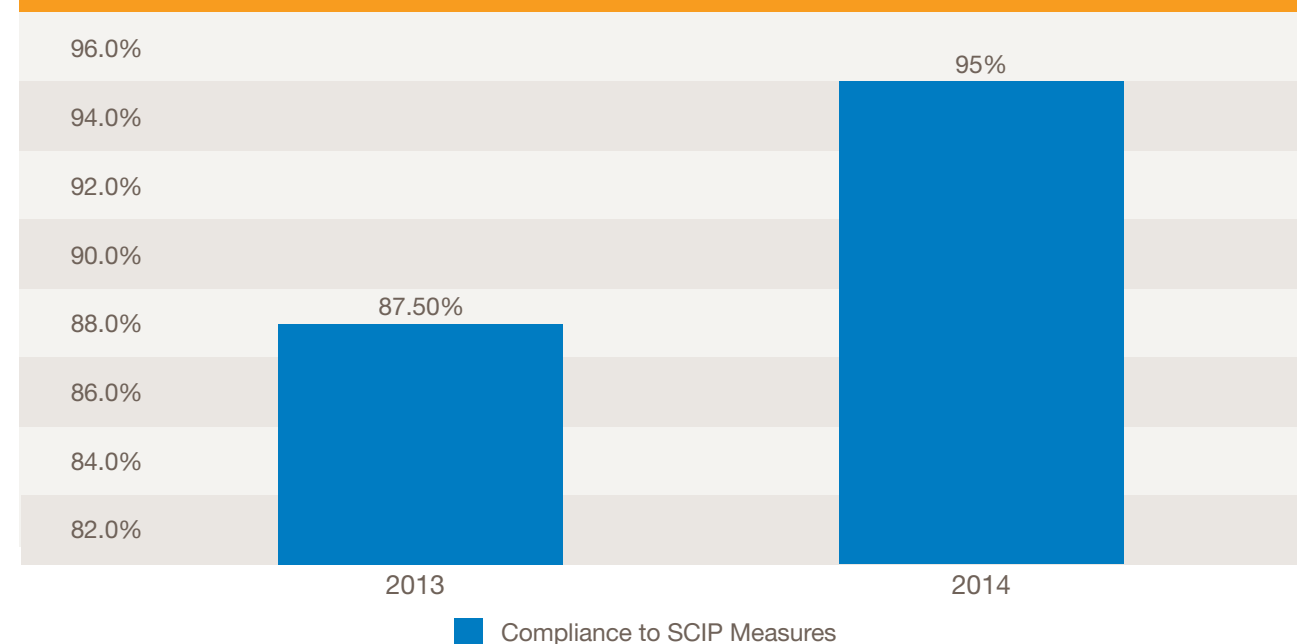
– Compliance to the SCIP measure improved from 87.5% to 95% in 2014

Act

– All SCIP patients are concurrently being reviewed to ensure compliance with the established measures

DATA

COMPLIANCE TO SCIP MEASURES



COMMUNITY NEEDS ASSESSMENT

CANCER SCREENINGS AND OUTCOMES

Baylor Scott & White – Waxahachie performs a “Community Needs Assessment” every three years to identify health care disparities and barriers to care for patients within our service area. Once these barriers are identified, Baylor Scott & White – Waxahachie is able to develop strategies to address these needs. The chart below shows the community cancer screenings offered and the outcomes of the screenings at

Baylor Scott & White – Waxahachie during 2014. Patients who are screened and found to be at risk for cancer need follow-up treatment by cancer specialists. To ease the burden on the cancer patient, Scott & White – Waxahachie has implemented an Oncology Nurse Navigator program. The Nurse Navigator can ease the barriers to care experienced by many patients by coordinating services for the patient through the many avenues of cancer care.

CANCER SCREENINGS BAYLOR SCOTT & WHITE MEDICAL CENTER – WAXAHACHIE 2014

SCREENING SITE	# OF SCREENINGS	# AT RISK	CANCER DIAGNOSED
Breast	3246	280	67
Colon	1290	N/A	N/A
Skin	17	1	Referred to specialist for follow-up
Head & Neck	24	0	

THE CP3R REPORT

HOW DOES BAYLOR SCOTT & WHITE – WAXAHACHIE COMPARE?

The Clinical Program Practice Profile Report (CP3R) was created by the American College of Surgeons’ Commission on Cancer (CoC). It provides a report-card style summary of program-specific performance rates for five process measures obtained from the National Cancer Data Base (NCDB): three for breast, one for colorectal and one for rectal cancer. The performance measures review how well a particular hospital delivers cancer care as determined

by national treatment guidelines. These reports allow comparisons to other CoC-accredited programs by state, regional and national characteristics. The performance rates are based on retrospective data, typically 18-24 months after a patient’s diagnosis and treatment. Baylor Scott & White – Waxahachie’s performance rates for 2012 and 2013 are on the back page.

