Managing Change with Tracking Tools

Presented by Sara Morel, CTR
Objectives

Starting with managing change and moving into data tracking is required for 2018 and this presentation will:

- Develop skills to learn how to track cancer registry data with formatted templates
- Gathering data for each Commission on Cancer standard with ensuring all items required are documented
- Presenting data gathered and tracked to the cancer committee and administration
- Use of cancer data outcomes to make quality improvements in your cancer program
- Gain overview of change management concepts
Topics to be covered

- Cancer conference tracking and required documentation
- Cancer committee standards and cancer committee minutes tracking
- Abstracting tips
- Case finding tools & EPIC-Electronic medical record reports
Cancer Conference Agendas

- Customization of cancer conference agendas.
- Making sure all required elements are documented for each case presented.
- **Examples on the next few slides**
  - Breast and rectal cancer conference case templates
BREAST CANCER CONFERENCE AGENDA EXAMPLE:
Date & time of cancer conference
Location:
Radiologist:
Pathologist:
Total Number of cases being presented:
Imaging and pathology: Unless otherwise noted below all Imaging and pathology performed at our facility
Tumor Registry items: Treatment guidelines: NCCN (unless otherwise stated for all cases below).
Prognostic indicators discussed & case status: Prospective (unless otherwise stated)

Case #1
Patient name:
DOB, age & sex:
MRN:
BMI:
Presenting & other physicians:
Site:
Diagnosis, grade, ER/PR, HER2, KI67:
Stage:
Imaging:
Pathology:
Surgery type and date:
Genetics eligible or clinical trials eligible:
Chief complaint & prior mammogram:
Past medical and surgical history & signs and symptoms:
Smoking and alcohol history:
Family history of cancer:
Menopause status:
TUMOR REGISTRY USE: Treatment plan:

Referenced from the Commission on Cancer Program Standards
RECTAL CANCER CONFERENCE AGENDA EXAMPLE:

Pre Op Information: (1st time presented)

*Case #1*

Patient name
DOB, age & sex:
Site: RECTUM
MRN:
Clinical diagnosis:
Presenting physician/navigator:
Other physicians:
Pathology date and facility:
Question for the pathologist:
Clinical AJCC stage:
CT Chest, abdomen and pelvis dates & facility:
PET scan dates & facility:
MRI Scan dates & facility:
Reason for review:
Colonoscopy outcomes:
Pre-treatment CEA & pre-treatment MSI:

Additional Information:
Date of individualized treatment plan created:
Referrals to radiation oncology when indicated:
Referrals to medical oncology when indicated:
Prognostic indicators discussed:
Genetics eligible:
Clinical trials eligible:

TUMOR REGISTRY USE: Treatment Plan:

Referenced from the Commission on Cancer Program Standards
RECTAL CANCER CONFERENCE AGENDA EXAMPLE:

*Post Op information: (2nd time presented)*

Patient name
DOB, age & sex:
Site: RECTUM
MRN:

*Imaging: None requested unless otherwise specified*

Final pathological diagnosis & final pathological AJCC Stage:
Prior date presented at cancer conference:
Physician presenting case:
Neo-Adj treatment before surgery:
Neo-Adj treatment date of completion:
Date of surgery and type of surgery:
Approach of surgery:
Presence of absence of stoma:
Post-op complications:
Unexpected findings:
Specimen photographs:
Tumor location:
Indication of sphincter involvement:
CRM margin status & distal margin status:
Tumor regression grade:
Mesorectal grade:
Recommendation for adjuvant treatment:
Referral to medical oncology & referral to radiation oncology:
Referral to palliative care when indicated:
Referral to nutrition when indicated:
Referral to physical therapy when indicated:
Referral to ostomy care when indicated:
Genetics eligible or clinical trials eligible:
TUMOR REGISTRY USE: Treatment Plan:

Referenced from the Commission on Cancer Program Standards
# Presented Cancer Sites

<table>
<thead>
<tr>
<th>Month</th>
<th>General</th>
<th>Breast</th>
<th>Total</th>
<th>Site</th>
<th>General</th>
<th>Breast</th>
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</thead>
<tbody>
<tr>
<td>January</td>
<td>Anus</td>
<td></td>
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</tr>
<tr>
<td>February</td>
<td>Adrenal/Appendix</td>
<td></td>
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<tr>
<td>March</td>
<td>Bladder</td>
<td></td>
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<tr>
<td>April</td>
<td>Brain</td>
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<tr>
<td>May</td>
<td>Breast</td>
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<tr>
<td>June</td>
<td>Cervix</td>
<td></td>
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<tr>
<td>July</td>
<td>Colon</td>
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<tr>
<td>August</td>
<td>Head and Neck/Eosophagus</td>
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<tr>
<td>September</td>
<td>GIST</td>
<td></td>
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</tr>
<tr>
<td>October</td>
<td>Kidney/Renal</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>November</td>
<td>Liver</td>
<td></td>
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<tr>
<td>December</td>
<td>Lung</td>
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<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td>Lymphoma</td>
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</tbody>
</table>

## Case Mix

<table>
<thead>
<tr>
<th>Category</th>
<th>General</th>
<th>Breast</th>
<th>Total</th>
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<tbody>
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</table>

## Clinical Staging

<table>
<thead>
<tr>
<th>Category</th>
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<th>Breast</th>
<th>Total</th>
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<tbody>
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</table>

## Treatment Guidelines

<table>
<thead>
<tr>
<th>Category</th>
<th>General</th>
<th>Breast</th>
<th>Total</th>
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<tbody>
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</table>

## Clinical Trials

<table>
<thead>
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<th>Category</th>
<th>General</th>
<th>Breast</th>
<th>Total</th>
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</table>

## Genetic Testing

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<tr>
<th>Category</th>
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<th>Breast</th>
<th>Total</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Must be at least 15%</td>
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</table>

## Prognostic Factors Discussed

<table>
<thead>
<tr>
<th>Category</th>
<th>General</th>
<th>Breast</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Average per conf</td>
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</tbody>
</table>

## Specialty Attendance

<table>
<thead>
<tr>
<th>Specialty</th>
<th>General</th>
<th>Breast</th>
<th>General</th>
<th>Breast</th>
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<tbody>
<tr>
<td>Medical Oncology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiation Oncology</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Diagnostic Radiology</td>
<td></td>
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<tr>
<td>Surgery</td>
<td></td>
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<tr>
<td>Pathology</td>
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</table>

# Total Cancer Conferences

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
<th>General</th>
<th>Breast</th>
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</table>

# Total 2018 Annual Network Cancer Conference Report

Conferences through: 12/31/18

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
<th>General</th>
<th>Breast</th>
<th>Must be above 70%</th>
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<td>Average per conf</td>
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</table>

8/29/2018
## 2018 Cancer Conference Attendance

<table>
<thead>
<tr>
<th>Date</th>
<th>Medical Oncology</th>
<th>Radiation Oncology</th>
<th>Diagnostic Radiology</th>
<th>Surgery</th>
<th>Pathology</th>
<th>Other Physicians</th>
<th>PA/NP</th>
<th>Ancillary Staff</th>
<th>Total Physicians</th>
<th>Total Cases Reportable</th>
</tr>
</thead>
</table>

6/29/2018
Cancer Conference Required Documentation

- Network cancer conference frequency and format:
- Multidisciplinary physician attendance:
- Attendance physician rate per each cancer conference:
- Discussion of stage, prognostic indicators and treatment planning using evidence based guidelines: Applies to all cases
- Options for clinical trials and genetics testing: applies to applicable cases
- NCCN Guidelines are available at every cancer conference
- Other topics discussed if applicable: palliative care and psychosocial services.
- Methods in place to address any areas that fall below the established policy:
- Number of analytical cases presented at cancer conference (15% required):
- Total prospective cases presented at cancer conference:
- Percentage of prospective cases presented at cancer conference (80% required):
- Video conferencing:
- Five major cancer sites for each facility:

Referenced from the Commission on Cancer Program Standards
Cancer Program Standards Tracking

Standards to be covered
- **Chapter 1:** Standard 1.5, Standard 1.6, Standard 1.9 & Standard 1.10
- **Chapter 2:** Standard 2.2
- **Chapter 3:** Standard 3.1, Standard 3.2, Standard 3.3
- **Chapter 4:** Standard 4.1 & 4.2, Standard 4.3, 4.4, 4.5, Standard 4.6 & Standard 4.7
- **Chapter 5:** Standard 5.2
Clinical Goals: These goals involve the diagnosis, treatment, services, and care of cancer patients.

Programmatic Goals: These goals are directed toward the scope, coordination, practices, and processes of cancer care for cancer patients.

Example Goal #1:
- **S:** Specific Goal
- **M:** Measureable
- **A:** Attainable
- **R:** Relevant
- **T:** Time

- Date goal set:
- Date of 1st evaluation:
- Date of 2nd evaluation:
- Status of goal:
- Outcome of goal:

Referenced from the Commission on Cancer Program Standards
Overview: This a random sampling of all cancer sites will be included in this review. Any errors will be discussed with the network coordinator and the physicians who are also doing the QA reviews and then report to the cancer committee.

Items required to be reviewed: This will be either be done by a CTR or a QA physician and these are the items: case-finding method, abstracting timeliness, accuracy of data abstracted (class of case, primary site, histology, collaborative staging items, AJCC staging, first course treatment, follow up information), recurrence information. All unknown primary site cases are also reviewed by a physician.

Quality Control: For our facility this is done by a CTR on any items that are coded to a 9 or unknown in the abstracts. These are sent back to each abstractor to be reviewed and updated if possible. We run monthly unknown and over use reports.

Required amount to be reviewed: A minimum of 10% of analytical cases is required to be reviewed for a maximum of 300 annually to meet this standard.

Documentation: The tumor registry department keeps all reviewed documentation, review criteria, cases reviewed and identified errors. Any QA checked abstracts are noted in a data field in the registry so a report can be ran at any time to see how many are completed and our overall percentage.

Physicians who will be reviewing cases:

Total cases eligible for review, total cases reviewed and overall percentage:

Referenced from the Commission on Cancer Program Standards
Standard 1.9: Clinical Research and Trials Tracking

- **Know your required accrual percentage.**
  - **Example:** Integrated network cancer program is required to enroll: 6% to meet this standard and 8% for commendation
- **Example/Option:** Breast lymphedema IRB patient registry:
- **Example/Option:** Low dose lung CT patient registry:
- **Numerator:** Your facilities total enrolled/registered:
- **Denominator:** Total number of analytical cases:
- **Percentage** of enrolled over analytical cases:
- **Categories of enrolled/registered patients:**
- **Date reported to the cancer committee:**
- **Current open trials:**

*Referenced from the Commission on Cancer Program Standards*
Standard 1.10: Clinical Educational Annual Activity

- Annual cancer related education event date:
- Cancer related topic:
- Required objectives:
- Time:
- Locations:
- Video conferencing:
- Presenters:
- Other agenda items:
- Areas required to be presented: AJCC staging, prognostic indicators and evidence based treatment guidelines
- Attendance totals:
- Required to attend from each facility to count; at least one of: Physician, nurse and other allied health professional

Referenced from the Commission on Cancer Program Standards
Standard 2.2: Oncology Nursing Care Education and Competency

- Annual nursing competency topics covered:
- Annual competency passed/fail summary:
- Follow up from any issues on the annual competencies:
- Total number of nurses providing oncology care full/part time:
- Total number of nurses who are oncology certified:
- Overall percentage of nurses certified for commendation:
<table>
<thead>
<tr>
<th>Nurse First and Last Name</th>
<th>Status (Full time, part time or Casual)</th>
<th>Location (Facility)</th>
<th>RN (Date)</th>
<th>Basics: Date good until</th>
<th>Fundamentals: Date good until</th>
<th>Chemo/Bio card: Date good until</th>
<th>Responsible Manager to complete the annual Competency</th>
<th>Date Competency Completed for 2018; Passed/Failed</th>
<th>OCN/OTHER: Date good Until</th>
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Standard 3.1: Patient Navigation Documentation

- Date of community needs assessment:
- Barrier of care taken from the community needs assessment:
- Resources provided to address barrier:
- Date CNA was reviewed and discussed by the cancer committee:
- Activities and outcomes of navigation of barrier to care:
- Areas for improvement and enhancement:
- Future directions:
- Overall summary:
- Date the cancer committee evaluated the patient navigation process:

*May address the same barrier for more than 1 year as determined by the cancer committee*
Standard 3.2: Psychosocial Distress Screening

- Timing of screening:
- Staff responsible for completing:
- Method of screening & tools used for screening:
- Assessment and referral process:
- Methods used to monitor and evaluate the distress screening activities:
- Tumor registry tracking report:

**Example:**
- Infusion Center
- Number of newly diagnosed cancer cases:
- Time frame:
- Number of patients seen by nurse navigator:
- Number of patients screened:
- Number with a score >6 or =6:
- Percentage with distress >6:
- Number referred to onsite psychosocial services:
- Comments:
- Services referred to:
- Follow up care offered:

Referenced from the Commission on Cancer Program Standards
Standard 3.3: Survivorship Care Plan Updates

- Policies and procedure must be defined:
- Designed SCP leader: (SCP is Survivorship care plan)
- Eligible patients:
- EPIC generated SCP:
- Methods of delivery for the SCP:
- Staff completing the SCP:
- Timing of delivery to the patients:
- Tracking and reporting SCP:
- Total number of eligible patients:
- Total number of complete SCP:
- Overall percentage of completed SCP:
- Must be at 50% by December 2018
- A sample SCP will be provided in the SAR
- Future plans to provide all cancer patients with a SCP:
- New long term requirement: must document the plan

Referenced from the Commission on Cancer Program Standards
<table>
<thead>
<tr>
<th>Medical Record Number</th>
<th>Last Name</th>
<th>First Name</th>
<th>Date of 1st Contact</th>
<th>Primary Site</th>
<th>Best AJCC Stage</th>
<th>Class of Case</th>
<th>1st Course Rx Summary</th>
<th>Radiation Oncology Physician Last Name</th>
<th>Medical Oncology Physician Last Name</th>
<th>Primary Surgeon-Last Name</th>
<th>Vital Status</th>
<th>Year Treatment completed</th>
<th>SCP Completed</th>
<th>Date Care Plan Completed</th>
<th>Date Given to Patient</th>
<th>Who Completed</th>
<th>MARKED IN METRIQ</th>
</tr>
</thead>
</table>
Standard 4.1 & 4.2: Cancer Prevention and Screening

Annual **prevention** program offered:
- Evidence based guidelines followed:
- Evaluate effectiveness of access and the referral process for prevention:
- Annual outreach summary report:
- How patients were screened:
- Follow up for any positive findings:

Annual **screening** program offered:
- Evidence based guidelines followed:
- Evaluate effectiveness of access and the referral process for screening:
- How many patients were screened:
- Annual outreach summary report:
- Follow up for any positive findings:

Referenced from the Commission on Cancer Program Standards
Standard 4.3, 4.4 & 4.5: CLP & CP3R Reporting

CLP Report

- CLP date appointed:
- CLP date term to be completed:
- CLP access to datalinks:
- CLP completed web based video:
- Reporting of RQRS 4 times a year:
- Reporting of the NCDB data 4 times a year:
- Benchmarking reporting:
- Survival reporting:
- CQIP reporting:
- Quality improvement set in place if any measures fall below the requirements:

To ensure that you meet the reporting requirements each quarter this is how we divide it up:

CLP Quality reporting and analysis summary:

- Quarter 1 February meeting: CP3R, RQRS
- Quarter 2 May meeting: CP3R, RQRS, CQIP, tumor registry completeness /over use report
- Quarter 3 August meeting: CP3R, RQRS, benchmarking reports from the NCDB
- Quarter 4 November meeting: CP3R, RQRS, survival reports from the NCDB

Referenced from the Commission on Cancer Program Standards
Estimated performance rates for accountability from the CP3R summary:
Corrective action if needed for any measures not meeting:
Each facility in the integrated network must meet these individually
Rectal measures presented by the rectal cancer program director 1 time per year
Physician who reviewed data:
Source Data: CP3R, RQRS, CQIP, benchmarking & survival reports
Topic of Study: purpose of study:
Data analysis:
Problem Identified:
Recommendations:
Recommendation from CQIP report:

Referenced from the Commission on Cancer Program Standards
<table>
<thead>
<tr>
<th>MEASURE DESCRIPTION</th>
<th>MEASURE</th>
<th>CoC%</th>
<th>FACILITY 1</th>
<th>FACILITY 2</th>
<th>FACILITY 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer (QI); <strong>Data analysis</strong>: Need to fill in if meeting or not and why</td>
<td>G15RLN</td>
<td>80%</td>
<td>4/4=100%</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>At least 10 regional lymph nodes are removed and pathologically examine for AJCC stage IA, IB, IIA, IIB resected NSCLC (Surveillance); <strong>Data analysis</strong>: Not required, surveillance only</td>
<td>10RLN</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Surgery is not the first course of treatment for cN2, M0 lung cases (QI); <strong>Data analysis</strong>: LNoSurg 85%</td>
<td>LNoSurg</td>
<td>85%</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
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<tr>
<td>Systemic chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively or it is considered for surgically resected cases with pathologic lymph node pN1/pN2 NSCLC (QI); <strong>Data analysis</strong>:</td>
<td>LCT</td>
<td>85%</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Adjuvant chemotherapy is considered or administered within 4 months (120) days of diagnosis for patients under the age of 80 with AJCC Stage 3 lymph node positive colon cancer (Accountability); <strong>Data analysis</strong>: Not required, surveillance only</td>
<td>ACT</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>At least 12 RLN are removed and pathologically examined for resected colon CA (QI); <strong>Data analysis</strong>:</td>
<td>12RLN</td>
<td>85%</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Pre-op chemo and radiation administered for Clinical AJCC T3N0, T4N0 OR STAGE III and radiation are admin within 180 days of dx for clinical AJCC T1-2N0 with Path AJCC T3N0, T4N0 or Stage 3 or Treatment is considered for pts under age of 80 receiving resection for rectal cancer (QI); <strong>Data analysis</strong>:</td>
<td>RECRCT</td>
<td>85%</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Breast conservation surgery rate for women with AJCC clinical Stage 0, 1 or 2 (Surveillance); <strong>Data analysis</strong>: Not required, surveillance only</td>
<td>BCS</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Image of palpitation guided needle core or FNA o the primary site is performed to establish a diagnosis of breast cancer (Quality Improvement); <strong>Data analysis</strong>:</td>
<td>nBx</td>
<td>80%</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Tamoxifen or third generation aromatase inhibitor is considered or administered W/I 1 year (365) days of diagnosis of breast cancer with AJCC T1c or stage 1b-3 Hormone receptor positive breast cancer (Accountability); <strong>Data analysis</strong>:</td>
<td>HT</td>
<td>90%</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Radiation therapy is considered or administered following a mastectomy W/I 1 year (365) days of diagnosis of breast cancer for women with &gt;or=4 positive regional nodes (Accountability); <strong>Data analysis</strong>:</td>
<td>MASTRT</td>
<td>90%</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>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); <strong>Data analysis</strong>:</td>
<td>BCSRT</td>
<td>90%</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Combination chemotherapy is considered or administered within 4 months (120) days of diagnosis for women under 70 with AJCC T1cN0 stage 1b-3, hormone receptor negative Breast CA; <strong>Data analysis</strong>:</td>
<td>MAC</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
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### NETWORK ENDOMETRIUM Measures CP3R: Cancer Program Practice Profile Report JAN-DECEMBER: 2017

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<thead>
<tr>
<th>MEASURE DESCRIPTION</th>
<th>MEASURE</th>
<th>CoC %</th>
<th>FACILITY 1</th>
<th>FACILITY 2</th>
<th>FACILITY 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Chemotherapy and or radiation administered to patients with Stage IIC or IV Endometrial Cancer (Surveillance); Data analysis: NA</td>
<td>ENDCTRT</td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Endoscopic, laparoscopic or robotic performed all for Endometrial Cancer excluding sarcoma and lymphoma for all stages except stage IV (Surveillance); Data analysis: NA</td>
<td>ENDLRC</td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### NETWORK OVARY Measures CP3R: Cancer Program Practice Profile Report JAN-DECEMBER: 2017

<table>
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<th>FACILITY 2</th>
<th>FACILITY 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Salpingo-oophorectomy with omentectomy, debulking, cytoreduction surgery or pelvic exenteration in Stage I-IIIC Ovarian Cancer (Surveillance); Data analysis: NA</td>
<td>OVSAL</td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### NETWORK BLADDER Measures CP3R: Cancer Program Practice Profile Report JAN-DECEMBER: 2017

<table>
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<tr>
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<th>CoC %</th>
<th>FACILITY 1</th>
<th>FACILITY 2</th>
<th>FACILITY 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 At least 2 lymph nodes are removed in patients under 80 undergoing partial or radical cystectomy (Surveillance); Data analysis: Not required, surveillance only</td>
<td>BL2RLN</td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Radical or partial cystectomy, or tri-modality therapy, local tumor destruction/excision with chemo and radiation for clinical T2-4aNOM0 patients with urothelial bladder CA, 1st treatment W/I 90 days of DX (Surveillance); Data analysis: Not required, surveillance only</td>
<td>BLCSTRI</td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Neo-Adjuvant or adjuvant chemotherapy recommended or administered for patients with muscle invasive cancer undergoing radical cystectomy (Surveillance); Data analysis: Not required</td>
<td>BLCT</td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### NETWORK CERVIX Measures CP3R: Cancer Program Practice Profile Report JAN-DECEMBER: 2017

<table>
<thead>
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<th>FACILITY 1</th>
<th>FACILITY 2</th>
<th>FACILITY 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Use of Brachytherapy in patients treated with primary Radiation with curative intent in any Stage of Cervical Cancer (Surveillance); Data analysis: Not required, Surveillance only</td>
<td>CBRRT</td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Chemotherapy administered to Cervical Cancer patients who received Radiation for stage IB2-IV Cancer (Group 1) or with positive lymph nodes, positive surgical margins and or parametrium (Group 2) (Surveillance); Data analysis: Not required, Surveillance only</td>
<td>CERC</td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Radiation therapy completed within 60 days of initiation among women diagnosed with any stage of Cervical Cancer (Surveillance); Data analysis: Not required, Surveillance only</td>
<td>CERRT</td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### NETWORK MELANOMA Measures CP3R: Cancer Program Practice Profile Report JAN-DECEMBER: 2017

<table>
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<tr>
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<th>CoC %</th>
<th>FACILITY 1</th>
<th>FACILITY 2</th>
<th>FACILITY 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 At least 5 lymph nodes are removed and examined in Inguinal node dissection (Surveillance); Data analysis: Not required, Surveillance only</td>
<td>M05IGLN</td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 At least 10 lymph nodes are removed and examined in Axillary node dissection (Surveillance); Data analysis: Not required, Surveillance only</td>
<td>M10AXLN</td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Completion Lymph node dissection use after positive Sentinel lymph node bx (Surveillance); Data analysis: Not required, Surveillance only</td>
<td>MCLND</td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### NETWORK (PEDIATRIC) KIDNEY Measures CP3R: Cancer Program Practice Profile Report JAN-DECEMBER: 2017

<table>
<thead>
<tr>
<th>MEASURE DESCRIPTION</th>
<th>MEASURE</th>
<th>CoC %</th>
<th>MIDLAND</th>
<th>GRATIOT/MP</th>
<th>ALPENA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 At least 1 regional lymph node is removed and pathologically examined for primarily resected unilateral nephroblastoma (Surveillance); Data analysis: Not required, Surveillance only</td>
<td>PD1RLN</td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Standard 4.6: Compliance with NCCN Guidelines

- Cancer site specific sample: (must review all cases for that site):
- Reason site chosen (could be based on need and/or cases not generally presented at cancer conference):
- In-depth analysis and methodology:
- Determination that the first course therapy is concordant with the evidence based national treatment guidelines and or prognostic factors:
- Reporting format:
- Review of AJCC staging or the appropriate staging:
- Summaries:
- Discussion for recommendations for quality improvement:
Standard 4.7: Studies of Quality

Example: Study of Quality #1:
- Facility cancer program that study applies to:
- Department study applies to:
- Clinical staff responsible for study:
- Support from quality improvement coordinators:
- Date quality improvement or study of quality was discussed with the cancer committee:
- Define the study methodology and criteria for evaluation:
- Conduct the study according to the identified measure and methodology:
- Prepare a summary of the study findings:
- Compare data results with national benchmarks or guidelines:
- Other references, national benchmarking and guidelines used in this study were:
- Design a corrective action plan based on the evaluation of the data:
- Establish follow up steps to monitor the actions or implemented action plan:
- Quality Improvement implemented from this study of quality:
- Date quality improvement or study of quality was communicated to medical staff and administration:
Standard 5.2: RQRS

- Rectal Measures presented by the rectal cancer program director 1 time per year
- RQRS (Rapid Quality Control System) data is reviewed by the CLP 4 times a year at the network cancer committee meetings
- To meet this standard tumor registry must submit this data to the NCDB every month
- Patient cases are abstracted and submitted to the NCDB within a 3 month time frame:
- For commendation the data must be submitted to the NCDB exactly 90 days from the date of first contact.
- Compliance for facility 1 (2017-25%, 2018-50%, 2019-75%):
- Compliance for facility 2 (2017-25%, 2018-50%, 2019-75%):
- Compliance for facility 3 (2017-25%, 2018-50%, 2019-75%):
- Source data: CP3R, RQRS, CQIP, benchmarking and survival
- Topic of study:
- Purpose of study:
- Data analysis:
- Problem identified:
- RQRS recommendations:

Referenced from the Commission on Cancer Program Standards
Once you have reviewed the case, begin entering your info in the notepad section of the abstract. Once the notepad is complete you will have all the data necessary to fill in the rest of the abstract.

- Physical exam
- Imaging
- Scopes
- Labs
- Operative
- Pathology
- Primary site
- Histology
- Staging
- Surgery
- Radiation
- Chemotherapy
- Hormone treatment
- Immunotherapy
- Other treatment
- Text remarks
- Place of diagnosis
- Occupation
- Industry
Questions

Break for questions
Case Finding

Case finding resources (Not in EPIC)

We have monthly work lists that I create and are assigned to each CTR and below are some of the reports that we use. These are saved on a shared drive so everyone can access and update as needed.

- **Radiation log** (ARIA-Radiation Oncology software) We get a list of each patient right in ARIA once they are done with radiation and we can do case finding from these lists for each facility. We also get a

- **Gamma Knife**: This is a log of patients each month who have completed treatment that is e-mailed to us.

- **Deleted and non-reportable case log**: We keep an excel list of all patients that are deleted and non-reportable. This helps to track them and also not to have to do duplicate case finding.

- **Pathology reports**: Each day our pathology department has it set up to auto fax to us every pathology report this signed out. We pull all positive pathology reports. Some day our hope is to review them in an excel file and not have to get from a fax. **We are working on a new EPIC report called: Patients with pathology results in the last 7 days.**
EPIC staging log: Any time a patient is staged in EPIC we get an InBasket message with that patient’s name and staging information. We can then check to see if these cases are reportable and add the staging information.

Head and brain imaging: This a monthly report that we have set up to pull the final diagnosis text so we can review for any clinically diagnosed brain conditions.

Distress screening scores: Anytime a distress score is completed anywhere in our health system in EPIC this comes to an InBasket and we are able to add those to each patient’s abstract. This is not required by the standard to track in the abstract but we can then run a report to see which scores are missing and then inform the social workers to complete.
EPIC Reports

- **Master disease index report**: This is a monthly report in EPIC we had set up to include patients who fall within the reportable conditions lists from the standard setters. The report is also formatted in Excel to meet the state’s expectations. When audited, this report will have what is needed.
- **Infusion center/chemo patients**: We can run a report in “EPIC called Patients with a new treatment plan” monthly and this will give us all new patients to do case finding from.
- **All cancer patients by Stage and site**
- **Completed survivorship care plans**: Included the date completed it, who completed it and the date provided to the patient
- **New reports we are working on**: Tracking palliative care and hospice referrals

*Thanks to our awesome EPIC analysts!!*
References

- Thanks to Wendy Johnson, CTR & Ginger Greenwood, CTR, Maggie Nelson, CTR and Tara Talaski for assisting with reviewing and helping to edit these slides in this presentation.
Thank You!