

## CANCER PROGRAM OUTCOMES REPORT

### Standard 4.4 and 4.5 Accountability and Quality-improvement Measures

The Cancer Registry at Methodist Richardson Medical Center submits data annually to the American College of Surgeons (SCS) National Cancer Data Base (NCDB). The data elements required for submission to NCDB are used by the ACS Commission on Cancer (CoC) in evaluating and assessing quality measures that have been developed to ensure patient-centered treatment outcomes. The quality measures are endorsed by the National Quality Forum (NQF).

In 2018, the CoC posted Cancer Program Practice Profile Reports (CP3R) data Reports. These reports used the 2016 Methodist Richardson Medical Center cancer registry data submitted to NCDB in 2017 to measure the hospital's concordance with the NQF standards of care measures.

In compliance with CoC Standard 4.4 (Accountability Measures) and Standard 4.5 (Quality Improvement Measures), Jenevieve Hughes, MD, FACS, Cancer Liaison Physician and breast surgeon on the Methodist Richardson medical staff, reviewed measures and estimated performance rates for Methodist Richardson (see table below) with the Cancer Program Committee.

Primary Site	Measure Type	Measure Description	CoC Requirement	Methodist Richardson Estimated Performance rate
Breast				
BCSRT	Accountability	(NQF No #219) Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer.	90%	98%
MAC	Accountability	(NQF No #0559) Combination chemotherapy is recommended or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or stage IB - to stage III hormone receptor negative breast cancer.	N/A	100%
HT	Accountability	(NQF No #0220) Tamoxifen or third generation aromatase inhibitor is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0, or stage IB - to stage III hormone receptor positive breast cancer.	90%	98%
MASTRT	Accountability	Radiation therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with 4 or more positive regional lymph nodes.	90%	100%
nBx	Quality Improvement	Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer.	80%	95%
Colon				
ACT	Accountability	(NQF No #0223) Adjuvant chemotherapy is recommended or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC stage III (lymph node positive) colon cancer.	N/A	67%
12RLN	Quality Improvement	(NQF #0225) At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.	85%	100%
Lung				
LCT	Quality Improvement	Systemic chemotherapy is administered within 4 months to the day preoperatively or day of surgery to 6 months postoperatively, or it is recommended for surgically resected cases with pathologic, lymph node-positive (pN1) and (pN2) NSCLC.	85%	100%
LNoSurg	Quality Improvement	Surgery is not the first course of treatment for cN2, M0 lung cases	85%	100%
Rectum				
RECRCT	Quality Improvement	Preoperative 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 recommended; for patients under the age of 80 receiving resection for rectal cancer.	85%	100%

## Methodist Richardson is the first hospital in the nation awarded pancreatic, liver and bile duct cancer certification from The Joint Commission

Methodist Richardson Medical Center is proud to announce it is the first hospital in the country to earn The Joint Commission's Gold Seal of Approval® for Pancreatic/Hepatic/Biliary Cancer Certification. The Gold Seal of Approval is a symbol of quality that reflects an organization's commitment to providing safe and effective patient care.



"We know we are as good or better than any place in the country with regard to outcomes for these cancers," says Rohan Jeyarajah, MD, Director of GI Surgical Services. "This really puts Methodist Richardson on the map since we are first in the nation."

Methodist Richardson underwent a rigorous on-site review in October. Joint Commission experts evaluated compliance with national disease-specific care standards, as well as Pancreatic/Hepatic/Biliary specific requirements. Clinical practice guidelines and performance measures were also assessed.

"We are very pleased to receive this certification from The Joint Commission, the premier healthcare quality improvement and accrediting body in the nation," says Ken Hutchenrider, FACHE, President of Methodist Richardson. "It is an honor to provide our community and beyond with this level of care."

### How We Worked to Prevent Cancer in 2018

#### ABHOP Mammography Screening

Our community needs assessment in 2016 identified increased growth in our service area's for Asian and Hispanic populations. The Asian population in the Richardson areas is expected to experience high growth at 21% over the next five years. The Asian Breast Health Outreach program (ABHOP) at Methodist Richardson responded to this need by sponsoring 45 outreach events. ABHOP provided 492 screening mammograms, 87 diagnostic exams, 15 biopsies, and found 7 breast cancers. MRMC treated 5 of the 7 breast cancer patients. One patient was treated at Parkland and the second at UTSW

#### Skin Cancer Screening

In May 2018, the cancer center held a skin screening event open to the public. There were 45 individuals screened, 7 potential basal cell carcinomas were identified. Patients were given information about the importance of follow-up with dermatology.

#### Colon Cancer Screening

MRMC cancer program partnered with MDMC to increase colon cancer screening rates among eligible Methodist employees. United health care provided data on screening for Methodist eligible employees to be 15%. During the month of March 2018, information on the importance of colon screening by colonoscopy (the gold standard) and Cologuard was provided for 4 consecutive weeks outside the cafeteria. We evaluated the effectiveness of the education on the rate of screenings in the second and third quarter of 2018. The rate of screenings improved slightly from 15 to 16% of eligible Methodist employees. A small but mighty win.