

2017 Public Reporting of Outcomes: Quality Improvement Measure

Highlands Regional Medical Center (HRMC) is a not-for-profit community medical center committed to its charitable mission of serving individuals regardless of their ability to pay. HRMC, in partnership with its medical staff, employees & other community resources will develop a healthier community by providing a safe hospital environment, health education & the promotion of wellness.

HRMC is an independent organization committed to being the premier health care provider that:

1. Serves the communities of the Big Sandy Region
2. Delivers superior quality, services & access
3. Aligns with its physicians for a mutual success
4. Continually improves & strives for excellence

To achieve our vision, we offer our customers a wide range of on-site services, including diagnostic & interventional radiology, laboratory, emergency, surgical, outpatient IV/Chemotherapy, cardiology, physical therapy & rehabilitation with a modern wellness center/gym & inpatient care.

HRMC: Accredited Community Cancer Program since 1990

The Cancer Committee at HRMC is a multifaceted group of medical professionals dedicated to improving survival & quality of life for cancer patients within the community served by the facility. This is done through accreditation from the American College of Surgeons' (ACoS) Commission on Cancer (CoC), a consortium of professional organizations dedicated to improving survival & quality of life for cancer patients through standard-setting, which promotes cancer prevention, research, education & monitoring of comprehensive quality care. The CoC accomplishes this by:

- Establishing standards to ensure high-quality, multidisciplinary & comprehensive cancer care.
- Conducts surveys a cancer programs to assess compliance with those standards.
- Collects standardized high-quality data from CoC-accredited organizations.
- Uses data to measure cancer care quality & to monitor treatment patterns & outcomes.
- Requires cancer prevention & screening at programs.
- Monitors clinical surveillance activities.
- Develops effective educational programs to achieve its goals.

Patients who obtain care at a CoC-accredited cancer program receive the following benefits:

- Quality cancer
- Comprehensive care offering a range of state-of-the-art services & equipment
- A multidisciplinary, team approach to coordinate the best cancer treatment options available
- Access to cancer-related information & education
- Access to patient-centered serves such as psychosocial distress screening & navigation
- Options for genetic assessment & counseling & palliative care services
- Assessment of treatment planning based on evidence-based national treatment guidelines
- Information about clinical trials & new treatment options
- Follow-up care at the completion of treatment , including a survivorship care plan
- A cancer registry that collects data on cancer type, stage & treatment results & offers lifelong patient follow-up

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CoC Standard 4.5: Quality Improvement Measures

The CoC requires accredited cancer programs to treat cancer patients according to nationally accepted quality improvement measures indicated by the CoC quality reporting tool, Cancer Program Practice Profile Reports (CP₃R). The function of the quality improvement measure is to monitor the need for quality improvement or remediation of treatment provided. Evidence from experimental studies, not randomized control trials, supports these measures. Quality improvement measures are intended for internal monitoring of performance within a cancer program. The CP₃R provides information regarding cancers of the:

- Bladder
- Breast
- Cervix
- Colon
- Endometrium
- Gastric (stomach)
- Kidney
- Lung
- Ovary
- Rectum

Each cancer diagnosis has specific quality measures that report on multiple aspects of the care being provided within national guidelines.

One of the measures for breast cancer is the initial diagnosis should be performed by image- or palpation-guided needle biopsy to the primary site (nBx). The CoC standard for this measure is an Estimated Performance Rate (EPR) of 80%.

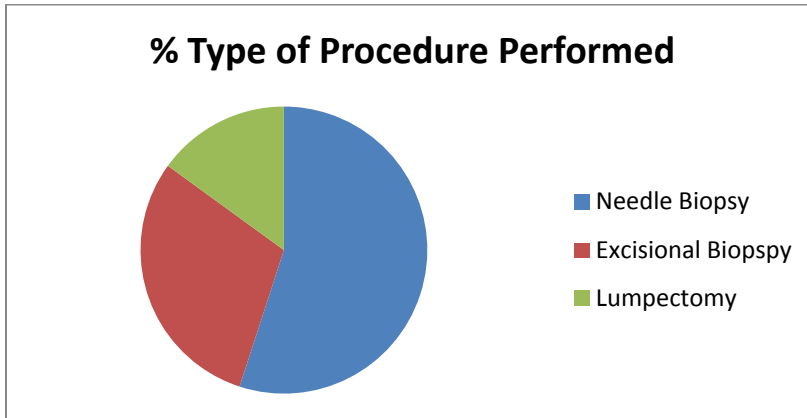
If a cancer program is not meeting the EPR of a measure, then a corrective action plan is required to be developed & executed in order to improve performance. The corrective action plan must document how the program will investigate the issue for each measure, as needed, with intent of resolving the deficiency & improving compliance.

The CP₃R revealed a need for investigation. HRMC was performing at a rate of 64.3% in 2014 & 62.5% in 2015 for performing the image- or palpation-guided needle biopsy to the primary site. The Certified Tumor Registrar (CTR) reported that the trend was also progressing into 2016. A study was proposed by the Cancer Committee to investigate the cause of the subpar performance. Dr. Chad Patterson performed a study including chart reviews of the cases that fell out of the quality measure. His findings were:

Type of procedure performed (total of 20 procedures performed)

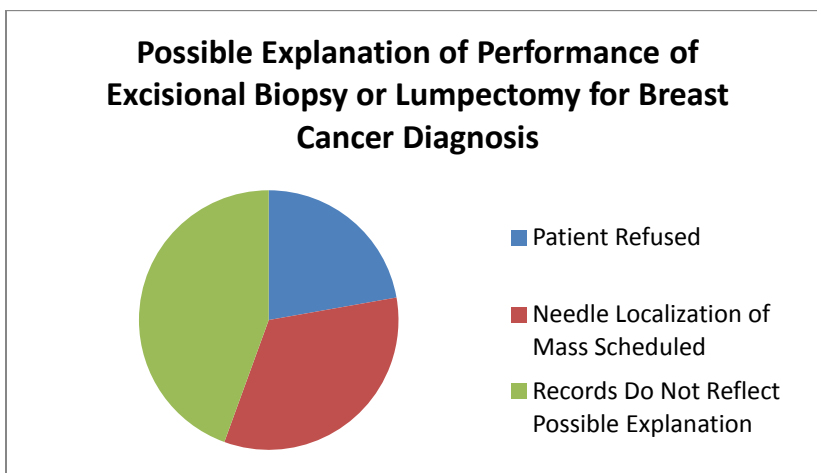
- Needle biopsy: 55% (11/20)
- Excisional biopsy: 30% (6/20)
- Lumpectomy: 15% (3/20)

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After reviewing the nine (9) records that did not have a needle biopsy, his findings show that there are three consistent possible explanations for the performance outside of the EPR measure:

- 10% (2/9): The patient discussed all options for biopsy & opted for the excisional biopsy
- 15% (3/9): Needle biopsy was discussed with the patient but a needle localization of the mass was scheduled prior to lumpectomy being performed
- 20% (4/9): The records did not reflect the reason why an excisional biopsy was performed instead of the needle biopsy



Dr. Patterson reports that there is an opportunity for improvement regarding the two main possible explanations:

1. With a needle biopsy discussed in the office but a needle localization of the mass with lumpectomy being scheduled
2. Records do not reflect a possible explanation

The opportunity for improvement shall be addressed by having a discussion with all surgeons regarding the benchmark, as well as the importance of documentation if a different procedure is preferred &/or a more appropriate option.