

**UNIVERSITY OF CALIFORNIA IRVINE MEDICAL CENTER
CANCER CENTER SERVICES
FISCAL YEAR 2006 PI WORK PLAN**

QUALITY INDICATOR	RATIONALE	GOAL	BENCHMARK	PI PRIORITY SCORE* (SCALE OF 0-35)	RESPONSIBLE PARTY	REPORTING SCHEDULE	STATUS	DASHBOARD DATA PRESENTED TO CC
INFUSION CENTER								
Communication 1. Continuum of care 2. Chemotherapy orders a. Written b. Verbal	Communication among all members of the health care team in the Cancer Center clinics will enhance safety and efficiency. Clear documentation and handling of chemotherapy orders is one of the first steps to prevent or minimize medication errors.	100% compliance with measures: 1. Utilization of patient flowsheet (outlining treatment plan, physician orders, and symptoms) on all new patients receiving chemotherapy during the Pilot Project phase (January-March 2006). 2. Chemotherapy orders must be written in the medical chart and entered into the computer system in a precise fashion. a. The order writing should be performed by the oncology physician. b. In instances where verbal orders are permitted, the verbal order should be dictated directly from the physician to the practitioner transcribing the verbal order. This order should then be carefully reiterated to the physician for confirmation and signed by physician as per current UCIMC P & P.	No external benchmark data available. <u>#1 & #2 Chart Audit</u> Baseline data and ongoing assessment data will be obtained utilizing a chart audit data collection tool. Baseline Data: Data collected using chart audit form for all chemo charts for a one week period (including Saturday appointments). (Goal: 100+ cases to obtain a good median number). Ongoing Data: Monthly sample of 50 cases per week. Audit forms to be completed by Infusion Center Nurses.	21 - moderate priority	AIM Higher Professional Practice Council Infusion Center Nurse Manager / Oncology Administration Taskforce to Review P & P:	Quarterly	Chart Audit Tool developed. August 2006 Baseline Data n=100 charts audited. Ongoing Data needs to be collected.	1/19/2007

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Medication Administration/ Patient Safety 1. Specifying the dosing weight of the patient (ideal, actual, adjusted) 2. Submission of Incident Reports	Patient safety is paramount within the UCI Health Systems program. Not only are medication errors financially costly to the institution but also may result in a change of the public's perception of the institution. Finally, there may be legal implications for individual health care providers responsible for errors.	100% compliance with measures: 1. The dosing weight of the patient (ideal, actual, or adjusted) should be clearly indicated in the chemotherapy orders. 2. An incident report shall be prepared for all medication errors and all "near misses".	#1: Chart Audit No external benchmark data available. Baseline data and ongoing assessment data will be captured utilizing a chart audit data collection tool. (see details under Communication Quality Indicators) #2: Incident Reports Quarterly summary of the number of incident reports for the infusion center will be monitored.	19 - moderate priority	Infusion Center Nurse Manager / Oncology Administration Medication Usage Performance Improvement Team (MUPIT)	Quarterly	Chart Audit Tool developed. August 2006 Baseline Data n=100 charts audited. Ongoing Data needs to be collected.	1/19/2007
3. Chemotherapy Administration Chemotherapy Administration	Chemotherapy regimens represent a significant source of potential patient safety issues. Contributing factors include narrow therapeutic windows, increasingly complex chemotherapy protocols, an emerging acceptance of "high-dose" therapies, and an explosion of new drugs.	100% compliance with measures: The following additional double-checks should be performed by the nurse: 1. Check that the drugs and doses are exactly those that were originally ordered and supported by a protocol, handbook, or literature reprint. 2. Verify that the preparation is, in fact, intended for the specific patient by comparing it with the original order and the patient's knowledge of the intended treatment plan. The patient's name, room number, and unique identification number indicated on the label should match that on the patient's armband. 3. Validate the selection and timing	#3: Chart Audit No external benchmark data available. Baseline data and ongoing assessment data for each of the 7 goals will be captured utilizing a chart audit data collection tool. (see details under Communication Quality Indicators)	20 - moderate priority	Oncology Physicians Infusion Center Nurse Manager / Oncology Administration	Quarterly	Chart Audit Tool developed. August 2006 Baseline Data n=100 charts audited. Ongoing Data needs to be collected.	1/19/2007

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		<p>of therapy.</p> <p>4. Recalculate all doses.</p> <p>5. Certify that all laboratory parameters have been obtained and are within guidelines to proceed with administration.</p> <p>6. Ensure that the proper route of administration is available for use.</p> <p>7. Affirm that all pre-medication and necessary supportive care measures are readily available. Just prior to administering the chemotherapy, the nurse should corroborate this information with a second nurse, emphasizing the patient's name, the physician's orders, and the labeling of the chemotherapy.</p>						
<p>Volume and Staffing</p> <p>1. Maximize patient satisfaction by reducing wait times</p> <p>2. Identify changes in labor needs</p>	<p>Cancer Center Administration has identified patient satisfaction as being central to its quality and performance.</p> <p>Volume also needs to be evaluated as a measurement of productivity; it may be an earlier indicator of increased labor needs.</p>	<p>Evaluation and development of opening the Infusion Center seven (7) days a week.</p> <p>1-2% improvement in patient satisfaction results</p> <p>Monitor and analyze trends in volume.</p>	<p><u>#1 Patient Satisfaction</u></p> <p>A. Conduct post-intervention survey of Infusion Center Patients to reevaluate wait times and satisfaction with services (with a focus on Saturday visits).</p> <p>B. Press Ganey data for "likely to recommend" (benchmark 89.5%) and "wait times" (benchmark 76%).</p> <p><u>#2 Staffing</u></p>	18 - moderate priority	<p>Infusion Center Manager / Oncology Administration</p> <p>Cancer Center Performance Improvement Team</p>	<p>1A: Annually</p> <p>1B: Monthly</p> <p>#2 Monthly</p>	Completed: Survey of 216 patients during Feb-Mar 2006.	7/21/2006

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			Baseline volume data. Hours per unit of service data.					
RADIATION THERAPY								
Therapy Outcome	Time delay, including time from initial CT scan to when treatment is started, may adversely affect a patient's treatment. Ensuring that treatment is started without unnecessary delay is important for better disease outcomes and symptom control.	90% compliance with measures: Radiation therapy will be started within one business week [five (5) days] from time of initial CT scan for treatment planning.	No external benchmark data currently available. Prospective data collection for all cases starting with Jan 2006.	21 - moderate priority	Radiation Oncology Manager	Quarterly		
Volume and Staffing	Volume needs to be evaluated as a measurement of productivity; it may be an earlier indicator of increased labor needs.	Monitor and analyze trends in volume.	Baseline volume data.	18 - moderate priority	Radiation Oncology Manager / Oncology Administration	Monthly		

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Bone Marrow Transplant								
Clinical Outcomes 1. Day 100 and Day 365 outcomes 2. Engraftment 3. ICU admissions 4. Length of stay	Measurement of clinical outcomes not only provides a measure of internal performance but also is utilized to compare the program with other bone marrow transplant programs.	To meet or exceed the national averages.	National data.	17 - moderate priority	Bone Marrow Transplant Program Director / Team	Quarterly		4/21/2006
Operational Efficiency 1. Pre-transplant clearance	Defining the length of time from initial diagnosis to transplant, including key time-points, may identify areas of program improvement.	To meet or exceed the national averages. To minimize the length of time between initial diagnosis and transplant.	National data. Note that there is no benchmark data available for pre-transplant clearance. Baseline data will need to be collected.	19 - moderate priority	Bone Marrow Transplant Program Director/ Team	Quarterly		
Patient Safety 1. Infection rate 2. Graft Versus Host Disease (GVHD) 3. Accuracy of dosing	Patient safety is paramount within the UCI Health Systems program. Comorbidities, such as infection and GVHD, can significantly alter the amount of time a patient must spend in the hospital. Dosing errors may be financially costly to the institution or may result in a change of the public's perception of the institution. There may be legal implications for individual health care providers responsible for	Patient safety will be monitored on a continual basis. Accuracy of dosing shall follow goals similar to those set for the Infusion Center.	Inpatient infection rates for BMT patients will be monitored. GVHD rates will be monitored against national data. Accuracy of dosing data will be obtained and monitored.	21 - moderate priority	Bone Marrow Transplant Program Director / Team Work with 5-Tower Nursing and Infection Control.	Quarterly		4/21/2006

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	errors.							
Volume	Minimum numbers of allogeneic and autologous bone marrow transplants must be met for various program accreditations.	To meet or exceed the benchmark volumes each year.	Ten (10) allogeneic transplants Ten (10) autologous transplants	20 - moderate priority	Bone Marrow Transplant Program Director / Team Oncology Administration	Quarterly		4/21/2006
Financial	Funded transplants are necessary for a viable BMT Program	Decrease gifted transplants to 50% or less.	Monitor funded versus gifted transplants.	20 – moderate priority	Bone Marrow Transplant Program Director / Team	Quarterly		
CLINICAL TRIAL RESEARCH								
Patient Accrual to Therapeutic Clinical Research Protocols	Availability to clinical trials ensures that patient care approaches the highest possible level of quality and offers patients the opportunity to participate in the advancement of evidence-based medicine.	15% of adult oncology patients will be entered onto a therapeutic clinical research protocol.	Baseline volume data (3 years of data)	21 - moderate priority	Cancer Center Research Administration	Annual		
SUPPORT SERVICES								
Nutrition Assessment	ASCO Guidelines JCAHO Guidelines NCI Comprehensive Cancer Center Guidelines Nutritional status can be adversely affected by the	90% compliance with measures: To schedule a nutrition consult on every new “high risk” patient (e.g. head and neck or gastrointestinal) seeking treatment at the Chao Family Comprehensive Cancer Center.	Baseline volume data to be obtained.	21 - moderate priority	Oncology Administration	Quarterly		

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	disease process, including treatments such as chemotherapy, surgery, immunotherapy, and radiation therapy. The nutrition professional works in conjunction with patients, families, and members of the multidisciplinary team to help maintain optimal nutritional status throughout the course of disease, treatments, remission, and/or recurrence.	To streamline the mechanism for obtaining "as needed" nutrition consults for patients undergoing treatment.						
Pain Management	<p>ASCO Guidelines JCAHO Guidelines NCI Comprehensive Cancer Center Guidelines</p> <p>Mismanagement of pain reduces quality of life and leads to complications which undermine patient satisfaction, increases length of hospitalization, and results in unreimbursable readmissions for pain control.</p>	<p>90% compliance with measures:</p> <p>To conduct a pain assessment on every patient seen in the Cancer Center.</p> <p>If pain is greater than patient's normal level of pain, a clear written plan for pain management is delineated.</p>	<p><u>Chart Audit</u> Baseline data and ongoing assessment data will be captured utilizing a chart audit data collection tool. (see details under Communication Quality Indicators)</p> <p>Will start with assessing patients in the infusion center. Goal is to expand assessment to include all clinic patients in next PI Plan.</p>	21 - moderate priority	Oncology Administration	Quarterly	<p>Chart Audit Tool developed. August 2006 Baseline Data n=100 charts audited.</p> <p>Ongoing Data needs to be collected.</p>	1/19/2007
Psychosocial Support	<p>ASCO Guidelines JCAHO Guidelines</p>	To provide psychosocial support services that meet the needs of the	<p><u>Baseline survey data</u> Data collected on 75 cancer</p>	19 - moderate priority	Oncology Administration / Cancer Center Social	Annual	<p>Chart Audit Tool developed. August 2006 Baseline Data</p>	1/19/2007

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	<p>NCI Comprehensive Cancer Center Guidelines</p> <p>Supportive services address the total needs of cancer patients and their families. Psychosocial oncology services are provided to address the psychological, emotional, spiritual, social, and practical aspects that patients and their families have as a consequence of cancer and its treatment.</p>	<p>majority of patients served by the Chao Family Comprehensive Cancer Center.</p> <p>Link patients to local community and Cancer Center resources (e.g. Resource Center, support groups).</p>	<p>patients in Fall 2005 will be analyzed.</p> <p><u>Chart Audit</u> Baseline data and ongoing assessment data will be captured utilizing a chart audit data collection tool. (see details under Communication Quality Indicators)</p>		Services		<p>n=100 charts audited.</p> <p>Ongoing Data needs to be collected.</p>	
Rehabilitation Services	<p>ASCO Guidelines JCAHO Guidelines NCI Comprehensive Cancer Center Guidelines</p> <p>In an effort to provide the most comprehensive care to cancer patients, a rehabilitation specialist is consulted for patients requiring physical adjustment during or following their cancer treatment. This service maximizes independence and quality of life of the affected patient.</p>	<p>To provide rehabilitation support services that meet the needs of the majority of patients served by the Chao Family Comprehensive Cancer Center.</p>	<p>Benchmark data will be captured by from ACTS for referrals for: Physical Therapy Occupational Therapy Speech Therapy Pain Management Plastic Surgery Ostomy Care Lymphadema</p>	17 - moderate priority	Oncology Administration	Quarterly		
CANCER REGISTRY								
Annual Patient Follow-up	Annual follow-up is	90% of all analytic cases diagnosed	Benchmark of 90%	14 - low	Cancer Registry Manager	Quarterly	Ongoing Monitoring	4/21/2006

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	required to meet the CoC Cancer Program Standards. Annual follow-up provides outcome data.	within the last 5 years will have successful annual follow-up.	established by the American College of Surgeons, Commission on Cancer.	priority				7/21/2006 12/11/2006
Cancer Data Abstracting Quality	High quality cancer registry data are essential to accurately assess treatment outcomes and patient survival.	Accuracy rate of 99% of cases edited by the CCR Regional Registry (CSPOC).	Benchmark of 97% or higher established by the CCR.	15 - moderate priority	Cancer Registry Manager	Quarterly	Ongoing Monitoring	4/21/2006 7/21/2006 12/11/2006
Cancer Data Abstracting Timeliness	Timely data entry is required to meet the state reporting requirement and accreditation by the American College of Surgeons, Commission on Cancer (CoC).	90% are abstracted within six (6) months from date first seen with a cancer diagnosis.	Benchmark of 90% established by the American College of Surgeon, Commission on Cancer. Benchmark established by the California Cancer Registry (CCR) is 97%.	15 - moderate priority	Cancer Registry Manager	Quarterly	Ongoing Monitoring	4/21/2006 7/21/2006 12/11/2006
CANCER PROGRAM								
Survival Outcomes 1. Breast Cancer 2. Pediatric Ca 3. Melanoma 4. Head & Neck Ca	Clinically meaningful analyses of patient diagnosis, treatment, and outcomes are necessary to ensure that quality care is administered.	5-year relative and observed survival rates by stage compared to national benchmarks.	National Cancer Data Base (NCDB) benchmark reports. SEER Survival Reports.	17 - moderate priority	Cancer Registry. Linda Jund Dr. Lane to work on Breast Outcomes.	Annually	Breast and Pediatric Outcome Data has been completed.	4/21/2006
Multidisciplinary Tumor Board/Cancer Conference	Cancer conferences are an essential forum to provide multidisciplinary consultative services for patients. Consultative services are optimal when physician representatives from diagnostic radiology,	All five major disciplines will participate in Adult Tumor Board Conference: ▪ Diagnostic Radiology ▪ Pathology ▪ Surgery ▪ Medical Oncology ▪ Radiation Oncology	Benchmark of 90% set by the Cancer Committee.	15 – moderate priority	Cancer Registry: Linda Jund	Annually	Ongoing Monitoring	4/21/2006 7/21/2006 12/11/2006

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	pathology, surgery, medical oncology and radiation oncology participate.							
TNM Staging	Proper staging of cancer allows the physician to determine appropriate treatment.	The managing physician assigns AJCC staging and records it on a staging form or a designated location within the medical record for more than 95% of eligible analytic cases.	Benchmark is 90% set by American College of Surgeons, Commission on Cancer.	20 - moderate priority	Cancer Registry Linda Jund	Quarterly	Ongoing Monitoring	4/21/2006 7/21/2006 12/11/2006
Utilization of College of American Pathologists (CAP) Cancer Protocols	The pathology report is vital in the diagnosis and management of cancer. The CAP guidelines and protocols promote quality pathology reports for a surgical cancer specimen.	90% of the eligible cancer pathology reports contain the scientifically validated data elements outlined in the CAP cancer protocols.	Bench mark of 90% set by American College of Surgeons, Commission on Cancer.	18 - moderate priority	Cancer Registry Linda Jund	Quarterly	Ongoing Monitoring	4/21/2006 7/21/2006 12/11/2006
OVERALL PATIENT SATISFACTION								
Customer Service Survey (Press Ganey) 1. Likelihood to recommend 2. Wait times 3. Promptness in returning calls.	Patient Surveys represent a unique anonymous critique of ancillary services.	Likelihood to Recommend: 89.5%; Wait Times: 76%; Promptness in returning calls: 80%	Press Ganey results for last fiscal year will be used as baseline.	20 - moderate priority	Oncology Administration	Quarterly		1/19/2007
CANCER CENTER CLINICS								
Lab Drawing Station 1. Specimen labeling	Accurate labeling of specimens assure the positive identification and optimum integrity of the	100% compliance with measures: To ensure accurate labeling of all specimens collected at the lab drawing	Quarterly summary of the number of incident reports for the Lab Drawing Station will be monitored.	19 - moderate priority	Oncology Administration	Quarterly		

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	patient samples from the time the specimen(s) are collected until testing has been completed and the results reported.	stations throughout the Chao Family Comprehensive Cancer Center.						

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