

2009 - Plan to Monitor Quality of Patient Care

Objective: To monitor the quality of patient care by evaluating the use of AJCC or other appropriate stage, site-specific prognostic indicators and evidence-based national treatment guidelines in treatment planning.

Policy: The cancer committee will develop and document a process to monitor the physician use of AJCC stage or other appropriate stage and site-specific prognostic indicators in the planning of cancer patient care. The cancer committee will determine how appropriate changes will be implemented to address performance issues, and when and how the findings of the quality audit will be presented to the cancer committee. Findings must be presented to the cancer committee at least annually and documented in the cancer committee minutes.

Processes: The actions taken for the following standards will, in combination, provide a mechanism that allows for the evaluation of our patient care. All actions are monitored and findings reported as determined by the cancer committee.

Standard 2.8 - Cancer Conferences - AJCC or other appropriate stage of the cases is discussed and documented for (minimally) the 5 major sites seen at the facility.

Definitions and Requirements:

- (1) Either the clinical or working stage is discussed and documented for stage-applicable prospective cases.
 - a. Clinical stage is based on all clinical information that is available at the time of discussion.
 - b. Working stage is defined as all staging information (clinical and pathologic) that is available at the time of discussion.
- (2) NCCN or other national treatment guidelines (e.g., ASCO) should be considered when discussing treatment.

Actions:

- (1) The clinical or working stage for each applicable case will continue to be included in the case summaries.
- (2) Documentation of discussion on stage will be included in the Cancer Conference Site and Attendance Grid currently in use for monitoring and reporting conference activity to the Committee.

Standard 2.10 – Quality of registry data plan includes monitoring the accuracy of Collaborative Stage derived stage.

Definitions and Requirements:

- (1) Accuracy of the CS derived stage is monitored during the Physician Quality Review of abstracted data.

Actions:

- (1) Corrections are made in the database as needed to ensure accuracy of CS data that may be used for evaluating treatment and measuring outcomes.

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Standard 4.3 – Develop a process to monitor physician use of AJCC or other appropriate staging, site-specific prognostic indicators, and evidence based national treatment guidelines in treatment planning. Findings are presented at least annually and are documented in the minutes.

Definitions and Requirements:

- (1) Proper pre-operative clinical staging of cancer allows the physician to determine appropriate treatment.
- (2) Staging enables the reliable evaluation of treatment results and outcomes

Actions:

- (1) Clinical stage must be recorded by the managing physician on the AJCC staging form in the medical record. The working stage (which is based on a combination of pathological and clinical information) or pathological stage may also be recorded on the AJCC form.
- (2) Pathologic staging elements (T, N and/or M) for resected invasive malignancies are required in the pathology reports (CAP Protocols).

To evaluate use of staging in treatment planning, the cancer committee will:

- (3) Monitor, document and report the use of stage in discussing treatment options for Cancer Conference cases.
- (4) Evaluate, document, and report actual treatment compared to treatment recommended by national treatment guidelines for the 5 major cancer sites seen at our hospital.
 - a. Monitoring will be achieved through the Physician Quality Review of Abstracts.
 - b. The committee will determine the national guideline(s) to be used in the evaluation.
 - c. Findings will be reported at least annually and documented in the Physician QA report and in the committee minutes.
- (5) Utilize the CoC quality tools (e.g., those in the CP3R studies) to evaluate our performance with national treatment guidelines. (See Standard 4.6, B. below - Quality of Patient Care.)

Standard 4.6 – Guidelines for patient management and treatment are followed.

Definitions and Requirements: Patient management and treatment guidelines promote an organized approach to providing quality care. This standard has two components.

(A) CAP Protocols – 90% of eligible cancer pathology reports must contain the scientifically validated data elements outlined in the CAP surgical case checklist. CAP Protocols apply to pathology reports from resected specimens with a diagnosis of an invasive malignancy. (The COC excludes diagnostic biopsies, cytology specimens, and in-situ tumors.)

Actions:

- (1) All pathology reports are reviewed for compliance with the CAP Protocols.
- (2) Pathology reports that are missing any scientifically validated data items are returned to the pathologist for correction.
- (3) Compliance percentages are reported twice yearly to the Cancer Committee.

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- (3) Persistent or unresolved issues with compliance are reported by the cancer committee Chair to the Medical Director of the Lab.
- (4) To achieve Commendation level compliance with this standard, 90% of the pathology reports must meet the CAP Protocol criteria **AND** be in a synoptic format as defined by the College of American Pathology. (Use of the complete checklist format is acceptable as synoptic.)

(B) Quality of Patient Care – The CoC requires the cancer committee to regularly review the quality of patient care using the CoC quality reporting tools appropriate to the patients that are treated at the facility.

Actions:

- (1) The cancer committee will set the compliance percentage and monitor the quality of our patient care by utilizing the CoC quality tools for colon and breast and/or other tools that may become available.
- (2) Cases will be reviewed for complete treatment documentation.
- (3) Follow up will be performed on the cases in the study that do not meet the standard of care.
- (4) Treatment not available at the time of abstracting will be sought the abstract updated.
- (5) The updated cases will be re-submitted to the NCDB.
- (6) The monitoring activity is reported to and discussed at cancer committee meetings at least annually.
- (7) The Committee will address performance rates that fall below established levels.
- (8) Monitoring will be documented in the minutes and include a report on the CoC quality tools discussed, actions taken, and follow-up required, if relevant.

Monitoring the Quality of Patient Care

Summary of Processes: The quality of patient care will be monitored, evaluated and improved (1) by promoting the use of stage in treatment planning at cancer conferences, (2) through physician quality audits on abstracts utilizing national treatment guidelines, (3) through the CoC quality reporting tools.