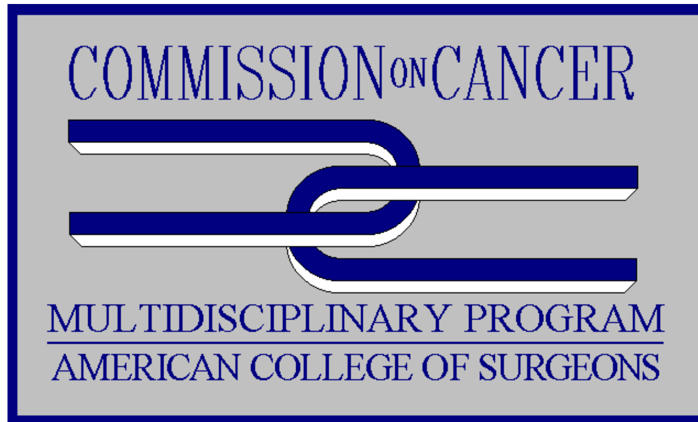
Performance Report



Approved Cancer Program Performance Report For

CoC Hospital

Chicago, IL

Facility Identification Number 80000044

Follow-up Reviews:

Survey Performed:

Approved Cancer Program

Performance Report

CoC Hospital
Chicago, IL
FIN **80000044**

Performance Report

This facility requested that the Commission on Cancer conduct an external objective evaluation of its performance according to standards of the Approvals Program.

This evaluation is voluntary and was conducted through an on-site survey process by experienced health care professionals who gathered extensive performance information as the basis for evaluating compliance. By undertaking this evaluation, facilities demonstrate their commitment to quality care, ongoing improvement, and public accountability for the care and services they provide.

Use of this Report

This report is intended to be helpful in making judgments about the potential providers of care and in offering comparisons among facilities. The report, however, should not serve as the sole basis for any specific determination. The information contained in the report, and the approvals process in general, does not provide a warranty that a particular individual will receive quality care at a specific facility at a given time.

Does Commission on Cancer Approval Have Value?

Approval may be one of the best values in health care. The institutions involved in the Approvals Program represent a broad-based network of comprehensive cancer programs that offer the entire spectrum of cancer control activities, from prevention to rehabilitation and long term follow-up. It is estimated that Approved Programs annually diagnose and treat 80% of all new cancer cases. This statistic emphasizes the level of commitment to resources that Commission-approved programs have made to the care of patients with cancer.

About the Commission on Cancer

Since its inception in 1922, the Commission's goal has been to reduce the morbidity and mortality of cancer through education, standard setting and the monitoring of quality care. Beginning in the 1930's, the Commission established standards and a program of review and approval for cancer programs. Currently almost 1,500 facilities have gained approval of their cancer program. The standards continue to promote and support multidisciplinary care and improvements to quality overall.

Disclaimer - **The American College of Surgeons does not warrant or make any guarantees or assurances related to outcomes of treatment provided by institutions which have cancer programs approved by the Commission on Cancer.**

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Summary of Approval Information

Cancer Program Survey

Approval Category . . . . . **COMP**
Community Hospital Comprehensive Cancer Program

Survey Date . . . .

Overall Rating **3**

Initial Approval Award . . . **3 Year with Contingency**

	Overall Rating	Percent of Institutions (N= 446) by Total	(N= 157) by Category	(N= 26) by State
1	Three Year with Commendation or Three Year	56.1%	54.1%	50.0%
3	Three Year Approval with Contingency	43.0%	44.6%	50.0%
5	Deferred or Non Approval	0.9%	1.3%	%

Current Status

If the survey process surfaced deficiencies in any of the standards, programs are given the opportunity to correct them within a specified time frame. When documentation of corrective action has been received and reviewed by technical staff, the most recent date of review, updated overall rating, and updated approval award, based on this review is displayed below. Programs receiving full approval will not have information displayed below.

Performance Updated . . . . .

Updated Overall Rating . . . . .

Updated Approval Award . . . .

The **overall rating** is derived from an assessment of an organization's rate of compliance with the standards at the time of survey. The rating indicates how well an organization measures up, as compared to all approved programs. The **updated overall rating** is calculated after follow-up activities have been concluded as appropriate.

	Three Year with Commendation or Three Year Approval	Three Year Approval with Contingency	Non Approval	Approval Deferred
36 Standards	No Deficiencies	One - Seven Deficiency(ies)	Eight or More Deficiencies	One Deficiency (New Program Only)
Overall Rating	**1**	**3**	**5**	**5**

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Compliance Scale:
1+ = Commendation
1 = Compliance
5 = NonCompliance
8 = Not Applicable

This report lists the performance areas in which recommendations for improvement were identified. A recommendation for improvement is provided when an organization does not demonstrate compliance(1) with Commission on Cancer standards for approval.

	Cancer Program Standards	Survey Result: Initial Compliance	Performance Update: Updated Compliance
Areas of Deficiencies	Standard 3.1 CTR abstracting	5	
	Standard 3.5 90% follow-up of recent accessions	5	
	Standard 8.1 Completed studies of quality	5	

Areas of Commendation	Reason for Commendation
Standard 2.11 Outcomes analysis	The published annual report includes an outcome analysis.
Standard 3.7 Quality of NCDB data submission	Initial submission of 2002 data shows no errors and no rejected records.
Standard 4.3 AJCC staging	AJCC staging by the managing physician at 97% by surveyor review. Staging forms are used successfully.
Standard 5.2 Clinical trial accrual	Achieved more than 6% accrual for each year.
Standard 6.2 Prevention and early detection	Numerous prevention and early detection activities provided annually.
Standard 7.2 Cancer registry staff education	All CTR staff attended the NCRA meeting in New Orleans.
Standard 8.2 Cancer-related improvements	Numerous cancer-related improvements are initiated annually.

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Comparative Data

Areas Surveyed and Resulting Scores

Cancer Program Standards by Section	Compliance Rating: Standard	Percent Of All Approved Programs That Received an Overall Rating Of: 1+	1	5	8
Chapter One: Institutional And Programmatic Resources					
Standard 1.1 Facility accreditation	1		100.0%		
Chapter Two: Cancer Committee Leadership					
Standard 2.1 - Description of committee responsibility and accountability.	1		99.6%	.4%	
Standard 2.2 - Cancer committee membership	1		98.4%	1.6%	
Standard 2.3 - Program coordinators	1		89.7%	10.3%	
Standard 2.4 - Committee meeting schedule	1		97.3%	2.7%	
Standard 2.5 - Annual goals and objectives.	1		95.1%	4.9%	
Standard 2.6 - Cancer conference frequency and format	1		93.7%	6.3%	
Standard 2.7 - Multidisciplinary cancer conferences	1		91.7%	8.3%	
Standard 2.8 - Case discussion at cancer conferences	1		98.9%	1.1%	
Standard 2.9 - Monitoring cancer conference activity	1		98.2%	1.8%	
Standard 2.10 - Registry data quality	1		95.3%	4.7%	
Standard 2.11 - Outcomes analysis	1+	48.2%	45.1%	6.7%	
Chapter Three: Cancer Data Management and Cancer Registry Operations					
Standard 3.1 - CTR abstracting	5		99.8%	.2%	
Standard 3.2 - CoC data standards	1		100.0%		
Standard 3.3 - Abstracting timeframe	1	20.4%	74.4%	5.2%	
Standard 3.4 - Overall 80% follow-up	1		98.6%	1.4%	
Standard 3.5 - 90% follow-up of recent accessions	5		95.7%	4.3%	
Standard 3.6 - NCDB data submission	1		97.5%	2.5%	
Standard 3.7 - Quality of NCDB data submission	1+	41.0%	52.7%	6.3%	
Standard 3.8 - CoC special studies	8		80.9%	2.3%	16.8%
Chapter Four: Clinical Management					
Standard 4.1 - Radiation treatment services	1		100.0%		
Standard 4.2 - Inpatient medical oncology unit	1		98.6%	.5%	.9%
Standard 4.3 - AJCC staging	1+	59.2%	22.4%	18.4%	
Standard 4.4 - Oncology nurses	1		99.1%	.9%	
Standard 4.5 - Nurse management of oncology unit	1		98.7%	.2%	1.1%
Standard 4.6 - Patient guidelines	1	22.9%	74.0%	3.1%	
Standard 4.7 - Rehabilitation services	1		100.0%		

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Areas Surveyed and Resulting Scores

Cancer Program Standards by Section	Compliance Rating: Section	Compliance Rating: Standard	Comparative Data – Percent Of Approved Programs That Received an Overall Rating Of: 1+	1	5	8
Chapter Five: Research						
Standard 5.1 - Clinical trial information		1		98.4%	1.6%	
Standard 5.2 - Clinical trial accrual		1+	51.0%	20.1%	2.9%	26.0%
Chapter Six: Community Outreach						
Standard 6.1 - Supportive services		1		100.0%		
Standard 6.2 - Prevention and early detection		1+	91.3%	8.7%		
Standard 6.3 - Monitoring community outreach		1		98.9%	.9%	.2%
Chapter Seven: Professional Education and Staff Support						
Standard 7.1 - Cancer-related education		1		99.3%	.7%	
Standard 7.2 - Cancer registry staff education		1+	32.3%	67.2%	.5%	
Chapter Eight: Quality Improvement						
Standard 8.1 - Completed studies of quality		5		94.6%	5.4%	
Standard 8.2 - Cancer-related improvements		1+	65.0%	33.6%	1.4%	

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This report lists the standards requiring attention, and a description of why the standard was considered deficient. Facilities can refer to the document, "Deficiency Resolution Documentation" located at (WWW.FACS.ORG/CANCER/COC/APPROVAL.HTML) for recommendations on how to document the correction of the above deficiency(ies).

Documentation to resolve these deficiencies must reach the Commission on Cancer by: 10/1/2006

Deficiency Details

Cancer Program Standards	*Why Standard Is Considered Deficient*
Standard 3.1 CTR abstracting	No CTR on staff at facility and no CTR supervision of abstracting provided. Procedures must be established to provide CTR supervision of abstracting using a facility based CTR, registry services company, or independent contractor.
Standard 3.5 90% follow-up of recent accessions	Follow up rate for cases diagnosed in the last five years is below standard at 87%. This must reach the required 90% level to resolve this deficiency.
Standard 8.1 Completed studies of quality	Only one study was completed by the cancer committee during 2003. Two completed studies are required.

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	Standard	***Comments***
Additional Comments	Standard 3.8 CoC special studies	Participation in CoC studies was not requested. Standard rated 8 - not applicable.

Other Comments