CANCER LIAISON PHYSICIAN

CLP Report Using the Following Components:

- Standard 4.3 CLP Report for (date of meeting)
- NCDB reporting tool utilized:
- Topic of study:
- Purpose of study:
- Data:
- Analysis:
- Recommendation:

Standard 4.3 CLP Report for cancer committee meeting April 28, 2016

Reporting tool: CP3Rs

Topic of Study: Annual review of accountability and quality improvement measures performance rates

Purpose: Standards 4.4 and 4.5 require at least an annual review of the performance rates to make certain they met the set rate. For those that do not met the rate, then an action plan must be established to correct the low rate.

Data:
Table of the CP3R performance rates

Measure	Set Rate	EPR	95% CI upper limit	Compliant
BCSRT	90%	96.8%		yes
HT	90%	66.7%	44.5% - 78.9%	no
MASTRX	90%	100%		yes
Needle Bx	80%	82.3%		yes
12 RLN	85%	85.5%		yes
ACT	90%	72.5%	66.7 – 100 %	yes
RECRTCT	85%	100%		yes

Table of study for non-compliant HT cases

Measure	Total number	Not done	Done beyond time limit
HT	21	3 cases	4 cases

Analysis:
There are 7 accountability and quality improvement measures for which there is data. All of them met the expected EPR except the measure for Hormone therapy in breast cancer patients < 70y/o with tumors that are receptor positive. In 3 cases the HT was not provided and in 4 cases it was begun

beyond the 365 day time limit. These findings indicate that there may be unrecognized patient factors or healthcare delivery problems that resulted in either omission of care or delay beyond the critical time period.

In conclusion, patient care process for breast cancer patients < 70y/o with stage 1,2, or 3 breast cancer does not adhere to evidence based guideline for a significant number of patients and needs to be improved.

Recommendation to cancer committee:

The factors that are causing 33% of eligible breast cancer patients to either not receive care or to experience a significant delay in its initiation need to be determined. There should be a study of each case to determine to determine the cause and the sources of data for the study would include patient records, consultations, cancer conference discussions and patient interviews when possible. This study may need to be a collaborative effort between the CTR, quality improvement coordinator and other appropriate members of cancer committee. The study should determine the contributing factors and whether any of them can be altered or managed to produce better results. If they can be managed then an action plan should be formulated to effect the needed changes.

How can we drive the CLP to be thinking about developing program goals or QI projects based on their analysis of the data?

In this example of a CLP study using the CP3Rs, the next step would be for the CLP to lead a cancer committee discussion to determine the factors contributing to the low performance rate of the HT accountability measure. A group would be established lead by the quality improvement coordinator to study the individual cases for common factors contributing to the low rate. The coordinator would be instructed to bring the results of the study to the next cancer committee meeting so that an action plan can be formulated to improve the performance rate.