Implementation of an Early Alert System Using RQRS Tools to Improve Cancer Care

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BACKGROUND
As an American College of Surgeons Commission on Cancer accredited hospital and as a PPS-Exempt Hospital, City of Hope National Medical Center (COH), must adhere to all quality guidelines set forth by both institutions. To monitor the compliance with these measures, COH utilizes the Rapid Quality Reporting System (RQRS) provided by the National Cancer Database (NCDB). The Cancer Registry Director (CRD) submits data twice per month to the system and then continuously monitors the compliance rates by downloading the alerts each month. The cases that are eligible for these metrics, Breast and Colorectal, are abstracted concurrently, so that process issues can be identified early and the pertinent physicians can be notified.

OBJECTIVE
- Identify cases that are in jeopardy of being non-compliant at least 60 days before the due date.
- Review all available records to document all treatment to ensure compliance and contact outside institutions when necessary.
- Identify internal process issues and make pertinent recommendations to improve compliance within the Cancer Committee.
- Identify any clinical incongruities and alert pertinent physicians and/or department heads.

RESULTS
During the review for the CMS submission on the HT metric for cases diagnosed in quarter 3 and quarter 4 of 2016, it was noted that two patients were instructed by the Medical Oncologist to wait to start their aromatase inhibitor until after the completion of Herceptin (these patients were all Her2+). The CRD was able to identify that this was not the recommended process per NCCN guidelines and that the patient could start their AI while on Herceptin. The CRD notified the Women's Cancer Center Department Head by email to confirm this process. This was identified as a preventable non-compliance issue and provided a good opportunity for education of the clinical staff.

CONCLUSION
- The Early Alert System process is a valuable tool to identify not only process issues, but clinical issues that may arise in cancer care as well.
- This process allows for meticulous documentation of possible reasons for non-compliance and assist decision makers in identifying potential process improvements and clinical improvements, therefore positively impacting the patient’s quality of care.