

# Good Samaritan Cancer Program Annual Outcomes Report 2018

# National Recognition



# Vision

- Advocate Vision: To be a faith-based system providing the safest environment and best health outcomes, while building lifelong relationships with the people we serve.
- Good Samaritan Hospital's core competency: Building Loyal Relationships



# Table of Contents:

## Quality Measures

## Cancer Committee

# Quality Measures

Cancer Program Practice Profile  
Reports (CP3R)  
2016 Outcome Analysis

# Quality Measures

## Cancer 2016 CP3R Outcome Analysis

Site	Criteria	Measure	Ratio	%	Review
Breast	Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (356 days) of diagnosis for women with AJCC T1c or stage IB-III hormone receptor positive breast cancer (Accountability)	HT	53/54	98.3%	Better than CoC Benchmark of 90%

# Quality Measures

## Cancer 2016 CP3R Outcome Analysis

Site	Criteria	Measure	Ratio	%	Review
Breast	Radiation therapy is recommended or administered following any mastectomy within 1 year of diagnosis of breast cancer for women with $\geq 4$ positive regional lymph nodes (Accountability)	MASTRT	1/1	100%	Better than CoC Benchmark of 90%

# Quality Measures

## Cancer 2016 CP3R Outcome Analysis

Site	Criteria	Measure	Ratio	%	Review
Breast	Image or palpation-guided needle biopsy (core or FNA) or the primary site is performed to establish diagnosis of breast cancer (Quality Improvement)	nBx	84/84	100%	Better than CoC Benchmark of 80%





# Quality Measures

## Cancer 2016 CP3R Outcome Analysis

Site	Criteria	Measure	Ratio	%	Review
Breast	Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II breast cancer (Surveillance)	BCS	83/104	79.8%	CoC has not defined a benchmark



# Quality Measures

## Cancer 2016 CP3R Outcome Analysis

Site	Criteria	Measure	Ratio	%	Review
Breast	Combination chemotherapy is considered or administered within 4 months (120) days of diagnosis for women under 70 with AJCC T1cN0 or stage IB-III hormone receptor negative breast cancer (Accountability)	MAC	7/7	100%	CoC has not defined a benchmark



# Quality Measures

## Cancer 2016 CP3R Outcome Analysis

Site	Criteria	Measure	Ratio	%	Review
Colon	At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer (Quality Improvement)	12RLN	34/40	85.0%	Better than CoC Benchmark of 85%

# Quality Measures

## Cancer 2016 CP3R Outcome Analysis

Site	Criteria	Measure	Ratio	%	Review
Colon	Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer (Accountability)	ACT	10/11	90.9%	CoC has not established a baseline

# Quality Measures

## Cancer 2016 CP3R Outcome Analysis

Site	Criteria	Measure	Ratio	%	Review
Rectal	Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or Postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0, or stage III; or treatment is recommended; for patients under the age of 80 receiving resection for rectal cancer (Quality Improvement)	RECRTCT	1/1	100%	Better than CoC benchmark of 85%

# Program Profile Reports – CP3R

## Cancer 2016 NCDS Submission Outcome Analysis

Site	Criteria	Measure	Ratio	%	Review
Lung	Systemic chemotherapy is recommended or administered within 4 months preoperatively to 6 months postoperatively for surgically resected cases with pathologic lymph node-positive (pN1) and (pN2) NSCLC. Quality Improvement)	LNoSurg	1/1	100%	Better than CoC benchmark of 85%

# Program Profile Reports – CP3R

## Cancer 2016 NCDS Submission Outcome Analysis

Site	Criteria	Measure	Ratio	%	Review
Lung	Surgery is not the first course of treatment for cN2,M0 lung cases (Quality Improvement)	LNoSurg	2/2	100%	Better than CoC benchmark of 85%

# Program Profile Reports – CP3R

## Cancer 2016 NCDS Submission Outcome Analysis

Site	Criteria	Measure	Ratio	%	Review
Lung	At least 10 regional lymph nodes are removed and pathologically examined for AJCC stage IA, IB, IIA and IIB resected NSCLC (Surveillance)	10RLN	3/6	50%	CoC has not defined a benchmark



# Quality Measures

## Cancer 2016 CP3R Outcome Analysis

Site	Criteria	Measure	Ratio	%	Review
Cervix	Use of brachytherapy in patients treated with primary radiation with curative intent in any stage of cervical cancer (Surveillance)	CBRRT	2/2	100%	CoC has not defined a benchmark

# Quality Measures

## Cancer 2016 CP3R Outcome Analysis

Site	Criteria	Measure	Ratio	%	Review
Cervix	Chemotherapy administered to cervical cancer patients who received radiation for stages IB2-IV cancer (group 1) or with positive pelvic nodes, positive surgical margin, and/or positive parametrium (group 2) (Surveillance)	CERCT	2/3	67%	CoC has not defined a benchmark



# Quality Measures

## Cancer 2016 CP3R Outcome Analysis

Site	Criteria	Measure	Ratio	%	Review
Cervix	Radiation therapy completed within 60 days of initiation of radiation among women diagnosed with any stage of cervical cancer (Surveillance)	CERRT	2/3	67%	CoC has not defined a benchmark

# Quality Measures

## Cancer 2016 CP3R Outcome Analysis

Site	Criteria	Measure	Ratio	%	Review
Endo- metrium	Endoscopic, laproscopic, or robotic performed for all endometrial cancer (excluding sarcoma and lymphoma), for all stages except stage IV (Surveillance)	ENDLRC	25/27	92.6%	CoC has not defined a benchmark

# Quality Measures

## Cancer 2016 CP3R Outcome Analysis

Site	Criteria	Measure	Ratio	%	Review
Ovary	Salpingo-oophorectomy with omentectomy, debulking/ cytoreductive surgery, or pelvic exenteration in stages I – IIIC ovarian cancer (Surveillance)	OVSAL	3/4	75%	CoC has not defined a benchmark

# Quality Measures

## Cancer 2016 CP3R Outcome Analysis

Site	Criteria	Measure	Ratio	%	Review
Bladder	Radical or partial cystectomy, or tri-modality therapy, for clinical T234N0M0 patients with urothelial carcinoma of the bladder, 1 <sup>st</sup> treatment within 60 days of diagnosis. (Surveillance)	BLCSTRI	0/1	0%	CoC has not defined a benchmark

# 2018 Cancer Committee Membership

# Cancer Committee Membership 2018

<b>Dr. Dennis Azuma</b>	Medical Oncologist Advocate Medical Group, Clinical Research Coordinator, CLP
<b>Dr. Fari Barhamand</b>	Medical Oncologist Advocate Medical Group, Cancer Committee Chair
<b>Dr. Kimberly Battle</b>	Palliative Care, Advocate System
<b>Dr. Diana Chung</b>	Radiation Oncology, Advocate Good Samaritan Hospital
<b>Dr. Neil Dalal</b>	Medical Oncologist Advocate Medical Group, Cancer Conference Coordinator
<b>Dr. David DeHaan</b>	Surgeon, Advocate Good Samaritan Hospital
<b>Dr. Bruce Dillon</b>	Surgeon, Advocate Good Samaritan Hospital
<b>Dr. Egon Doppenberg</b>	Neurosurgery, Advocate Medical Group
<b>Dr. Gale England</b>	Breast Surgeon, Advocate Medical Group
<b>Dr. Daniel Frank</b>	Medical Oncologist, Advocate Good Samaritan Hospital
<b>Dr. Henry Govekar</b>	Colo-rectal Surgeon, Advocate Good Samaritan Hospital
<b>Dr. Alfred Guirguis</b>	Gynecologic Oncology, Advocate Good Samaritan Hospital
<b>Dr. Robert Jajko</b>	Diagnostic Radiologist, Advocate Good Samaritan Hospital
<b>Dr. Gaile Sabaliauskas</b>	Cardio-Oncology, Advocate Medical Group
<b>Dr. Arpi Thukral</b>	Director of Radiation Oncology, Advocate Good Samaritan Hospital
<b>Dr. William Wilkens</b>	Pathologist, Advocate Good Samaritan Hospital



# Cancer Committee Membership 2018

<b>Aiesha Achesah</b>	Coordinator, Community Health
<b>Debbie Corrie</b>	Certified Tumor Registrar
<b>Megan Corrigan</b>	Manager, Pharmacy
<b>Matthew Cross</b>	Director, Oncology, Neuro, Ambulatory & Behavioral Health
<b>Ginger Diven</b>	Nurse, Advocate Medical Group Breast Surgery
<b>Nichole Edmonds</b>	Director, Community Health
<b>Sheila Erasmus</b>	Oncology Nurse Navigator
<b>Debbie Fager</b>	American Cancer Society representative
<b>Anna Lee Hisey Pierson</b>	Chaplain, Mission & Spiritual Care
<b>Clara Lambert</b>	Financial Navigator, Bhorade Cancer Center
<b>Debbie McCarthy</b>	Cancer Registry Lead Coordinator, Cancer Registry Quality Coordinator
<b>Kathy Murphy-O'Brien</b>	Coordinator, Inpatient Social Services, Psychosocial Services Coordinator

# Cancer Committee Membership 2018

<b>Deb Oleskowicz</b>	Coordinator, Cancer Genetic Counseling
<b>Jodi Overbeck</b>	Nurse Manager, Oncology & Dialysis
<b>Lynette Paver</b>	Coord, Cancer Program Quality, Accreditation & Regulatory Compliance, Community Outreach Coordinator
<b>Christina Poulaki</b>	Coordinator, Ambulatory Infusion Center
<b>Bill Rafferty</b>	Quality Improvement Specialist, Quality Improvement Coordinator
<b>Sandy Shankar</b>	Certified Tumor Registrar
<b>Andrea Spaulding</b>	Manager Cancer Registry, Cancer Registry Quality Coordinator
<b>Katie Vitale</b>	Oncology Clinical Nurse Specialist
<b>Pam Welgos</b>	Manager, Radiation Oncology & Clinical Services
<b>Maggie Winterhaler</b>	Administrative Assistant

# Resources

- Advocate Good Samaritan Hospital Cancer Registry Statistical Data
- National Cancer Database