

# Covenant Cancer Care Center Annual Report 2018





# CoC Standard 1.12 Public Reporting of Outcomes

## Definition and Requirements

Each calendar year, the Cancer Committee develops and disseminates a report of patient or program outcomes to the public. An annual report is not synonymous with reporting of outcomes, and the public reporting must include outcomes related to applicable Chapter 4 standards.

The content of the report **must include outcome information on one or more of the following standards:**

- Standard 4.1 Prevention Programs
- Standard 4.2 Screening Programs
- Standard 4.4 Accountability Measures
- Standard 4.5 Quality Improvement Measures
- Standard 4.6 Monitoring Compliance with Evidence-Based Guidelines
- Standard 4.7 Studies of Quality
- Standard 4.8 Quality Improvements

Reporting of survival rates from the National Cancer Data Base (NCDB) tools **does not** meet the commendation requirements. The CoC's formal policy does not permit public reporting of survival rates from the NCDB tools. The report may be published in electronic or printed format but must be distributed to an audience external to the facility and medical staff. The intent of this report is to demonstrate the result and/or consequence of an activity completed by the cancer program. Examples include demonstrating compliance with evidence-based guidelines, completed studies of quality, quality improvements, or cancer prevention/screening events.

## Specifications By Category

- All programs fulfill the standard as written for commendation.

## Documentation

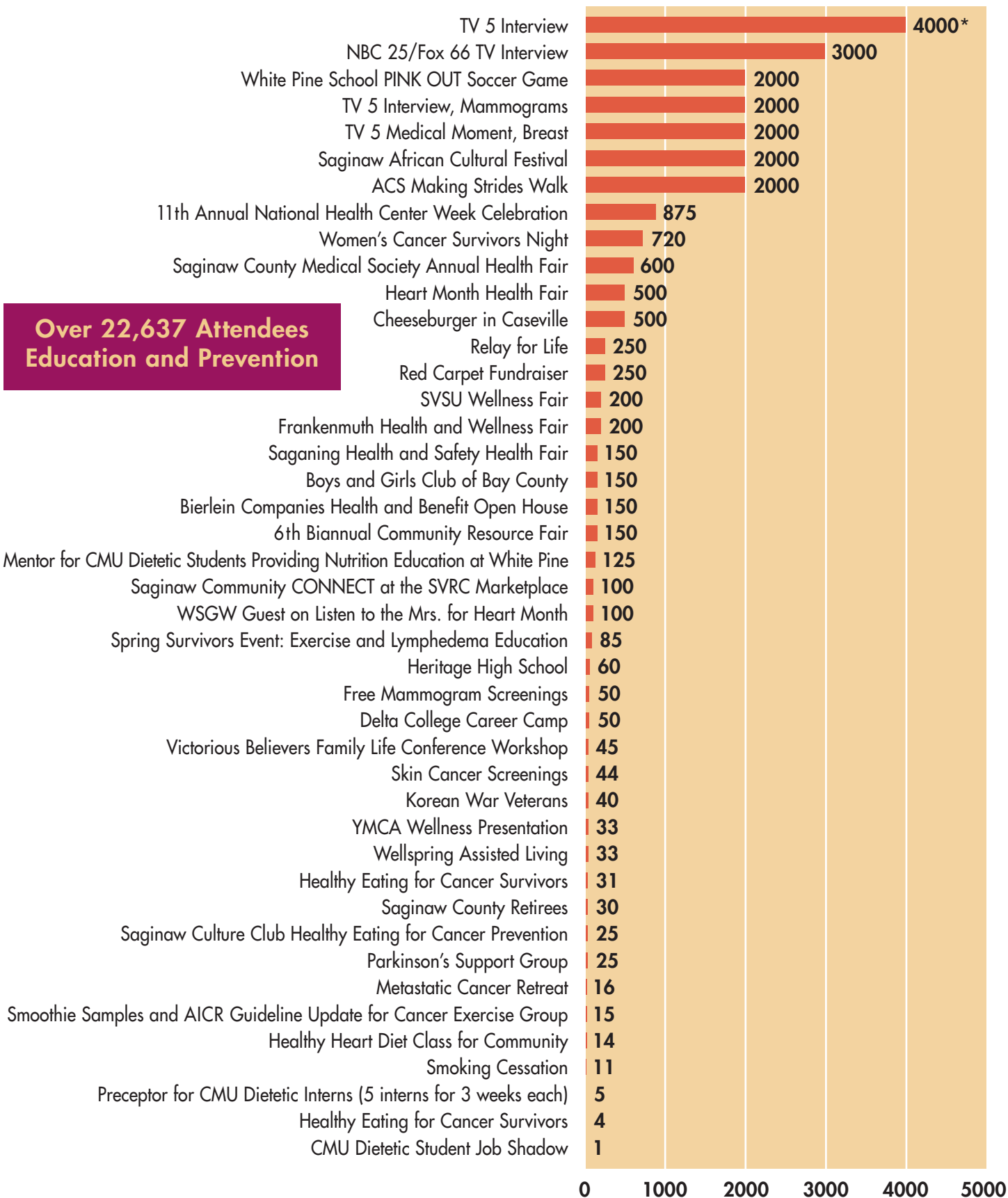
- The program completes all required standard fields in the Survey Application Record (SAR).
- Each calendar year, the program uploads a copy or web link to the report on patient or program outcomes.

## Rating Compliance

- **(1+) COMMENDATION:** Each calendar year, the program fulfills the commendation criteria.
- The Cancer Committee develops and disseminates a report of patient or program outcomes to the public.

# CoC Standard 1.12 Public Reporting of Outcomes

## Covenant HealthCare Community Outreach 2018 Education Prevention Attendees



\*Numbers are approximate.

# Become your health's **hero!**

MAKE A FRESH START IN 2018!

## **free** 2018 INFORMATIONAL SEMINAR

- **JANUARY 4**
- **APRIL 12**
- **SEPTEMBER 13**

THURSDAYS FROM 6:00 - 8:00 PM



Join Covenant HealthCare for a **free** informational seminar on ways you can quit smoking.

- Listen to Covenant Respiratory Therapy staff discuss the importance of living a tobacco-free life.
- Gather information on ways you can successfully quit smoking.
- Check your lung health status with on-site respiratory screening tools.
- Sign up for **free** Smoking Cessation Classes or a more personal plan.
- All classes are open to the public.

CLASSES ARE HELD AT:

**Covenant HealthCare Mackinaw**  
5400 Mackinaw (at Tittabawassee)  
Saginaw, Michigan 48604  
Third Floor Conference Room A

**SPACE IS LIMITED**

RSVP TODAY BY CALLING

**1.866.COVENANT (1.866.268.3626)**



MDAnderson  
**Cancer Network**  
Certified Member



**ALL YEAR Free Breast Screenings**  
are now available by appointment at  
**Covenant HealthCare Mackinaw**  
Breast Health Center  
5400 Mackinaw  
Saginaw, Michigan 48604

**FREE**  
*Breast Cancer*  
*Screening*  
with a  
Digital Mammogram

**COVENANT  
BREAST  
HEALTH  
PROGRAM**

Please call our Breast Health Nurse Navigators  
at 989.583.5154 or 989.583.5263 if you meet  
these requirements:

- Age 40 or over
- Uninsured
- Have not had a mammogram in the past 12 months
- Eligibility based on household income

**You must sign up in advance.**

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### Free Breast Cancer Screening Summary (January 1, 2018-December 1, 2018)

- To date, we have received 50 phone calls requesting information about the screening.
- Five had insurance and were educated on coverage they currently had, self-scheduled mammogram with insurance paying.
- Five “no shows” for mammogram or never returned phone calls to schedule after screening evaluation began.
- Four received a mammogram with BCCCP funding.
- Thirty received a mammogram with CARE fund funding.
  - Two of the CARE fund patients have gone on to additional views and/or biopsies (results benign).
- Six patients did not meet income eligibility requirements.



## ■ Standard 4.4 Accountability Measures

### Oncology Dashboard - Accountability Measures

Source/Measures	Tumor Site	Type*	Baseline	2017 Target	Benchmark	2017 Results
<b>BCSRT</b> CP3R / 2.12a NAPBC Radiation is administered within one year (365 days) of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer.	Breast	A	100.00%	>90%	National Cancer Database Average: <b>72%</b> ACoS / CoC Cp3R Required Performance Rate: <b>&gt;90%</b>	<b>94.59%</b>
<b>MASTR</b> CP3R / 2.12b NAPBC Radiation therapy is considered or administered following any mastectomy within one year (365 days) of diagnosis of breast cancer for women with ≥ four positive regional lymph nodes.	Breast	A	100.00%	>90%	Ideal Benchmark: <b>100%</b> as per ASCO Guidelines	<b>100.00%</b>
<b>MAC</b> CP3R / 2.13a NAPBC Combination chemotherapy is considered or administered within four months (120 days) of diagnosis for women under 70 with AJCC T1cN0, or stage IB-III hormone receptor negative breast cancer.	Breast	A	80.00%	>90%	ACoS / CoC CP3R Required Performance Rate: <b>&gt;90%</b> Ideal Benchmark: <b>100%</b>	<b>100.00%</b>
<b>HT</b> CP3R / 2.13b NAPBC Tamoxifen or third generation aromatase inhibitor is considered or administered within one year (365 days) of diagnosis for women with AJCC T1c, Stage II or III hormone receptor positive breast cancer.	Breast	A	100.00%	>90%	ACoS / CoC CP3R Required Performance Rate: <b>&gt;90%</b> Ideal Benchmark: <b>100%</b>	<b>93.33%</b>
<b>ACT</b> CP3R / NQF #0223 Adjuvant chemotherapy is considered or administered within four months (120 days) of diagnosis for patients under the age of 80 with AJCC stage III (lymph node positive) colon cancer.	Colon	A	100.00%	100%	Ideal Benchmark: <b>100%</b> of Eligible Patients	<b>100.00%</b>
<b>nBx</b> CP3R / 2.9 NAPBC Image or palpation-guided needle biopsy (core or FNA) is performed to establish diagnosis of breast cancer.	Breast	QI	93.02%	>90%	NCBC Average: <b>90%</b> NQF Recommendation: Needle biopsy should precede surgical excision/resection.	<b>95.02%</b>

\*In the TYPE Column: A = Accountability / QI = Quality Improvement

## Selecting the Topic

In an effort for the Covenant Cancer Care Center to be compliant with the American College of Surgeons Commission on Cancer and improve the quality of care our patients receive, the Cancer Committee selected a study to review the Neoadjuvant status (yp) Documentation on Pathology Reports. The Commission on Cancer Standard 4.7 states “that the topic identifies a problematic quality-related issue within the cancer program.” The Cancer Committee raised concerns that the neoadjuvant status was not routinely being documented on pathology reports.

## References for Necessity of yp Documentation on Pathology Reports

CAP Guidelines 2018 AJCC Staging Manual – After completion of neoadjuvant therapy followed by surgery, patients should be staged as yp post-therapy pathological. The time frame should be such that the post neoadjuvant surgery and staging occur within a time frame that accommodates disease-specific circumstances, as outlined in the specific chapters and in relevant guidelines. Clinical stage should be assigned before the start of neoadjuvant therapy.

## Methodology, Criteria and Data

The methodology, criteria and data included a Metriq tumor registry report of patients who had neoadjuvant chemotherapy or radiation in 2017. An in-depth chart analysis of the 90 patients was performed by the nurse navigators. The study identified if neoadjuvant therapy was documented. If neoadjuvant therapy was not documented, was there a common theme?

## Summary of Findings

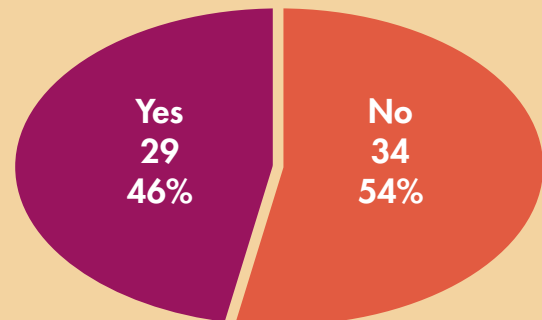
Ninety patient charts were reviewed (see pie charts on right):

- Twenty-seven patients had surgery elsewhere and did not count toward the study numbers.
- Sixty-three had either neoadjuvant chemotherapy or radiation. 46% of the pathology reports had neoadjuvant status documented and 54% of the pathology reports did not have neoadjuvant status documented.
- Fifteen patients received neoadjuvant radiation therapy – 40% with yp documentation and 60% did not have neoadjuvant status documented.
- Forty-eight patients received neoadjuvant chemotherapy – 48% with yp documentation and 52% did not have neoadjuvant status documented.

## 2017 Covenant Oncology Patients

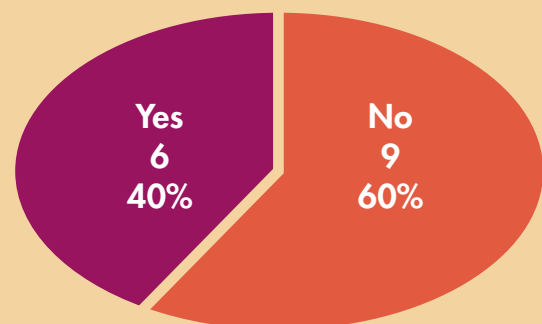
With Neoadjuvant Radiation Therapy or Chemotherapy Numbers and Percent of Pathology Reports with yp Documented for Staging

Total Number of Patients = 63



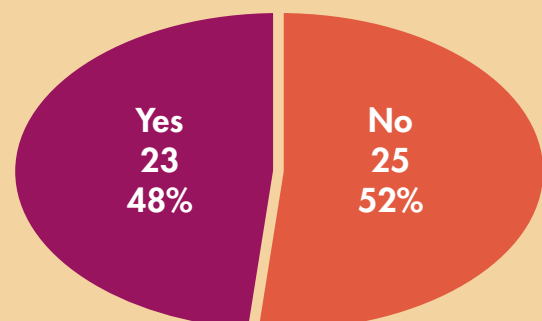
With Neoadjuvant Radiation Therapy Numbers and Percent of Pathology Reports with yp Documented for Staging

Total Number of Patients = 15



With Neoadjuvant Chemotherapy Numbers and Percent of Pathology Reports with yp Documented for Staging

Total Number of Patients = 48



### Opportunity for Quality Improvement

There was no consistent process in place for documentation of neoadjuvant status when submitting the pathology requisition form. Asking about or considering neoadjuvant status was not part of the OR's standard workflow. Based on the study results it was determined to put in place a standard workflow so staff would be hard-wired in the OR to consistently document neoadjuvant status on the pathology requisition.

### Action Plan

The Quality Team turned to Epic to help ensure neoadjuvant status was not missed on the requisition forms. Working with Information Technology and the Lab Team, this was accomplished. A question was added to the specimen form and the time-out form in OpTime so it would print on the requisition form submitted to Pathology. The question is a hard stop and must be answered by the OR staff before continuing on.

### Epic Forms with Questions

Has patient received Chemo/Radiation Therapy?

The screenshot shows an Epic pathology requisition form for 'Abdomen - Biopsy'. The form includes the following fields and options:

- Type:** Biopsy (selected), Tissue, Wound swabs- Deep/Tunneling/OR- 2 swabs
- Tests:** + Add, ✓ SURGICAL PATHOLOGY
- Collected by:** Surgeon Optime, MD (selected), Surgeon Optime, MD
- Specimen ID:** 1
- Collected at:** 1353, 3/13/2018, Now
- Marked as Sent:** Now
- Description:** (empty text box)
- Frozen?:** Yes, No
- Diagnosis codes:** + Add, ✓ Carpal tunnel syndrome of left wrist [G56.02]
- Has patient received Chemo/Radiation Therapy?:** No, Chemo / radiation therapy (selected)
- Non-frozen attributes:** Formalin, No Fixative, Saline Gauze, Saline, Saline Solution
- Priority:** STAT

### National Benchmark

The benchmark goal from "CAP Guidelines Requires Pathologic Stage Classification" (pTNM, AJCC 8th Edition) is for 100% of neoadjuvant pathology reports to include yp documentation for staging.

### Results and Follow-Up

Since the go live date, twelve charts of patients who have had neoadjuvant treatment and surgery were reviewed. 100% compliance was found. Compliance will continue to be monitored to ensure that neoadjuvant status is documented.



# Covenant Medical Center Primary Site Table 2017 (as of August 27, 2018 at 11:53 am)

Primary Site	Number	Total (%)	Gender		Class of Case	Status		Stage Distribution						
			M	F	Analytic	Alive	Exp	Stg 0	Stg I	Stg II	Stg III	Stg IV	88	Unk
Anus, Anal Canal and Anorectum	3	(0.2%)	2	1	3	1	2	1	0	0	2	0	0	0
Bones and Joint	1	(0.1%)	1	0	1	0	1	0	1	0	0	0	0	0
Brain	9	(0.7%)	4	5	9	5	4	0	0	0	0	0	9	0
<b>Breast</b>	290	(22.8%)	1	289	290	283	7	57	130	66	26	7	1	3
Cervix Uteri	12	(0.9%)	0	12	12	9	3	0	4	3	1	2	1	1
<b>Colon Excluding Rectum</b>	101	(8.0%)	53	48	101	82	19	5	17	27	17	23	3	9
Corpus and Uterus, NOS	44	(3.5%)	0	44	44	40	4	0	34	1	2	2	3	2
Cranial Nerves Other Nervous System	24	(1.9%)	7	17	24	22	2	0	0	0	0	0	24	0
Esophagus	12	(0.9%)	10	2	12	10	2	0	2	0	5	3	0	2
Gallbladder	3	(0.2%)	0	3	3	1	2	0	0	1	0	1	0	1
Gum and Other Mouth	2	(0.2%)	2	0	2	2	0	0	0	0	0	1	0	1
Hypopharynx	2	(0.2%)	1	1	2	1	1	0	0	0	0	2	0	0
<b>Kidney and Renal Pelvis</b>	56	(4.4%)	34	22	56	45	11	1	33	4	7	7	0	4
Larynx	7	(0.6%)	5	2	7	6	1	0	1	0	2	4	0	0
Liver and Intrahepatic Bile Duct	17	(1.3%)	12	5	17	5	12	0	4	2	4	4	0	3
<b>Lung and Bronchus</b>	178	(14.0%)	92	86	178	92	86	0	42	13	29	80	2	11
Lymphocytic Leukemia	13	(1.0%)	10	3	13	10	3	0	0	0	0	0	13	0
Lymphoma – Hodgkin	5	(0.4%)	2	3	5	5	0	0	1	2	2	0	0	0
Lymphoma – Non-Hodgkin	45	(3.5%)	18	27	45	41	4	0	8	9	8	15	0	5
Melanoma – Skin	30	(2.4%)	22	8	30	25	5	6	11	7	0	3	0	3
Mesothelioma	5	(0.4%)	5	0	5	2	3	0	0	1	2	2	0	0
Miscellaneous	42	(3.3%)	24	18	42	16	26	0	0	0	0	0	42	0
Myeloid and Monocytic Leukemia	19	(1.5%)	10	9	19	8	11	0	0	0	0	0	19	0
Myeloma	24	(1.9%)	13	11	24	16	8	0	0	0	0	0	24	0
Nasopharynx	1	(0.1%)	1	0	1	1	0	0	0	0	0	1	0	0
Nose, Nasal Cavity and Middle Ear	1	(0.1%)	1	0	1	1	0	0	0	0	0	0	1	0
Other Biliary	3	(0.2%)	1	2	3	1	2	0	1	0	0	0	2	0
Other Digestive Organs	5	(0.4%)	3	2	5	1	4	0	0	0	0	0	5	0
Other Endocrine (including Thymus)	12	(0.9%)	6	6	12	10	2	0	0	0	0	0	12	0
Other Female Genital Organs	1	(0.1%)	0	1	1	0	1	0	0	0	0	0	1	0
Other Male Genital Organs	1	(0.1%)	1	0	1	1	0	0	0	0	0	0	0	1
Other Non-Epithelial Skin	4	(0.3%)	3	1	4	4	0	0	0	0	0	0	4	0
Other Urinary Organs	2	(0.2%)	1	1	2	2	0	0	0	2	0	0	0	0
Ovary	10	(0.8%)	0	10	10	8	2	0	3	0	2	5	0	0
Pancreas	28	(2.2%)	17	11	28	10	18	0	2	8	3	12	0	3
Penis	3	(0.2%)	3	0	3	2	1	1	1	1	0	0	0	0
Peritoneum, Omentum and Mesentery	1	(0.1%)	0	1	1	1	0	0	0	0	0	0	1	0
<b>Prostate</b>	97	(7.6%)	97	0	97	91	6	0	14	57	7	10	0	9
<b>Rectum and Rectosigmoid</b>	37	(2.9%)	19	18	37	30	7	2	8	8	6	9	0	4
Salivary Glands	1	(0.1%)	1	0	1	1	0	0	0	0	0	1	0	0
Small Intestine	4	(0.3%)	2	2	4	0	4	0	0	0	0	2	0	2
Soft Tissue (including Heart)	9	(0.7%)	3	6	9	7	2	0	3	2	0	1	0	3
Stomach	21	(1.7%)	15	6	21	15	6	0	5	4	6	4	1	1
Testis	13	(1.0%)	13	0	13	12	1	0	8	1	2	0	1	1
Thyroid	21	(1.7%)	5	16	21	21	0	0	16	1	3	0	0	1
Tongue	7	(0.6%)	6	1	7	4	3	0	0	0	0	7	0	0
Tonsil	7	(0.6%)	7	0	7	4	3	0	1	0	1	5	0	0
Ureter	3	(0.2%)	2	1	3	1	2	2	1	0	0	0	0	0
Urinary Bladder	32	(2.5%)	24	8	32	27	5	16	3	8	0	3	0	2
Vagina	2	(0.2%)	0	2	2	2	0	0	0	2	0	0	0	0
Vulva	3	(0.2%)	0	3	3	3	0	2	0	0	1	0	0	0
<b>TOTAL</b>	<b>1,273</b>		<b>559</b>	<b>714</b>	<b>1,273</b>	<b>987</b>	<b>286</b>	<b>93</b>	<b>354</b>	<b>230</b>	<b>138</b>	<b>216</b>	<b>169</b>	<b>72</b>

NOTE: Bolded sites represent the top five sites (colon, rectum and rectosigmoid are combined).

An extraordinary affiliation to  
**fight cancer.**



**Covenant Cancer Care Center**  
5400 Mackinaw  
Saginaw, MI 48604  
covenanthealthcare.com