Public Reporting of Outcomes 2016

The Genesis Cancer Care Institute, Genesis Medical Center, Davenport, Iowa is an American College of Surgeon’s Commission on Cancer (CoC) accredited program. The CoC is dedicated to improving cancer care and the outcome of care. The CoC requires accredited cancer programs to treat cancer patients according to nationally accepted quality improvement measures indicated by the CoC quality reporting tool, Cancer Program Practice Profile Reports (CP³R).

Standard 4.4 and 4.5 Quality Improvement measures CP³R require estimated performance measures (EPR) levels are met yearly for each quality improvement and accountability defined by the CoC specified accountability and quality improvement. Quality Improvement and some Accountability measures are set at 80-90% by the CoC. Data reported is for 2013 and 2014.

The Genesis Cancer Committee a multidisciplinary committee monitors the EPR measures and addresses measures that are not within compliance. Any of the measures below the EPR rate are evaluated how processes can be improved based on evidence based guidelines. Genesis is exceeding or meeting all required performance measures.

**Rapid Quality Reporting System (RQRS):**

Genesis Medical Center started reporting RQRS to the National Cancer Database (NCDB) in 2012. RQRS is a reporting and quality improvement tool which provides real clinical time assessment of hospital level adherence to quality of cancer care measures. RQRS is a reporting system that advances evidenced-base treatment through a prospective alert system for anticipated care which supports care coordination required for breast and colorectal cancer patients at participating cancer programs.

Use of RQRS has shown the data collection and reporting system positively impacts and promotes the quality of care for breast and colorectal cancer patients.
Cancer Program Practice Profile Reports CP³R 2013 & 2014 comparison data

**BREAST MEASURES:**

**MASTRT** - 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 90%)

![Bar chart showing comparison of MASTRT over 2013 and 2014]

Genesis is above the 90% CoC accountability measure

**HT** - Tamoxifen or third generation aromastase inhibitor is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1c or stage Ib-III hormone receptor positive breast cancer (Accountability EPR 90%)

![Bar chart showing comparison of HT over 2013 and 2014]

Genesis is above the 90% CoC accountability measure
Genesis is within the 95% confidence interval. Accountability CoC is 90%. Genesis is 89.8%

Genesis is above the 80% Quality Improvement measure.
**COLON MEASURES:**

ACT: Adjuvant chemotherapy recommended or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC state III (Lymph node positive) colon cancer (Accountability 90%)

- Genesis is within the 95% confidence interval. Accountability CoC is 90%

12RLN: At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer (Quality Improvement 90%)

- Genesis is above the 90% Quality Improvement measure.
LUNG MEASURES:

LCT - Systemic chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively or it is recommended for surgically resected cases with pathologic lymph-node positive (pN1) and (pN2) NSCLC (Quality Improvement 2013-2014)

Genesis is above the 90% Quality Improvement measure.

LNoSurg - Surgery is not the first course of treatment for cN2,MO lung cases (Quality Improvement 90%)

Genesis is above the 90% Quality Improvement measure.