

2018 Quality Study

Colon Cancer: Subsequent Colonoscopy a Year Post Surgery

Clinical Leads:

CK Oh, MD, Gastroenterologist

Amanda Johnson, BSN, RN, Oncology Quality Specialist

Objective:

Identify a surveillance baseline compliance rate based upon national guidelines. As well as identify barriers that impede the continuity of care and assessing opportunities to improve survivorship.

Study Population:

All analytical colon cancer cases diagnosed in 2016. CaroMont Health's cancer registry reported 65 patients diagnosed with colon cancer from January 2016 to December 2016.

Methodology:

In 2018, an estimated 140,250 new cases of colorectal cases diagnosed in the United States. And an estimated 50,630 people will die from this disease.

According to the American Cancer Society, colorectal cancer is the fourth most common cancer for both men and women.

According to the National Cancer Institute, based upon data from Surveillance, Epidemiology and End Results Program (SEER 2018), the survival rate for colorectal cancer is 64.5%.

Conclusions/Findings:

According to the data abstracted within our database, roughly 22% of the patients received their follow up colonoscopies within one year.

- 18% died prior to 1 year surveillance
- 3% post 1 year surveillance
- 3% elected hospice
- 3% n/a appendectomy
- 40% lack of documentation
- 11% lack of compliance efforts made

Recommendations / Goals:

Create algorithm that illustrates a process for disseminating pathology reports, prior to surgery, increasing patient Oncology Nurse Navigation awareness and support.

Collaborate with leadership to devise a standard protocol that determines the hierarchy as it relates to ordering and confirming one year surveillance colonoscopy.

Collaborate with leadership to create a system generated reminder letter.

Identify ways to increase nurse navigation involvement in the surveillance process.

Continue to educate patients regarding the importance of follow up colonoscopies and how they aid in early detection.

Identify factors that could impede our compliance rates, for example documentation and colonoscopies performed outside the health system.

2018 Quality Study

Kidney Cancer: Diagnosis to Treatment

Clinical Leads:

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Lia Spina, MD, Medical Oncologist, Oncology Quality Coordinator

Objective:

Analyze the time frame from diagnosis to treatment, identify any trends and or areas of opportunities, and/or evaluate our standards of care.

Study Population:

All analytical kidney cancer patients diagnosed in 2017. CaroMont Health's cancer registry reported 28 patients diagnosed with kidney cancer from January 2017, to December 2017 with an average age of 65.

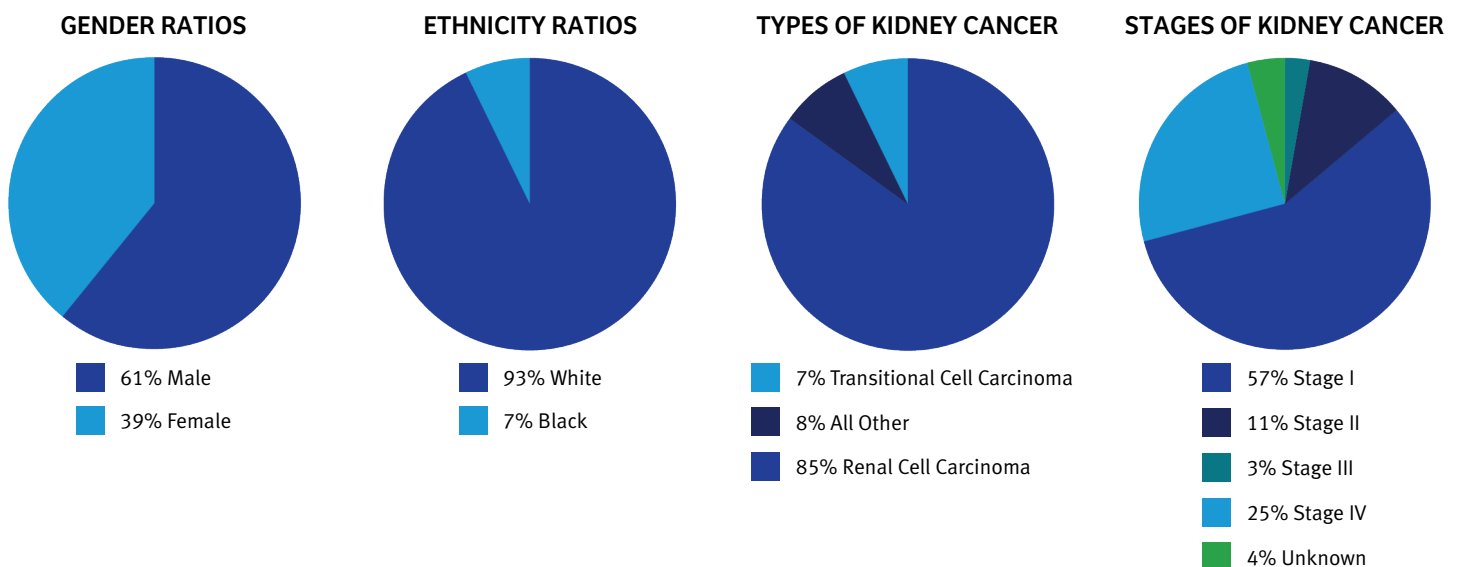
Methodology:

In 2018, an estimated 65,340 adults in the United States will be diagnosed with kidney cancer.

According to the American Cancer Society, kidney cancer is the sixth most common cancer for men and tenth most common cancer for women in the United States with an average age at diagnosis of 64.

American Cancer Society, Facts and Figures 2018

Conclusions/Findings:



STAGE AT DIAGNOSIS	CAROMONT AVERAGE DAYS TO TREATMENT	NATIONAL AVERAGE DAYS TO TREATMENT
Stage I (T1)	42.53	57
Stage II (T2)	20.66	36
Stage III & IV (T3 & T4)	25.25	30
Overall	36.55	41

Recommendations

Continued emphasis on relationship-based interdisciplinary model of care.

Increase urology participation in tumor boards.

Increase navigation awareness system wide.

Explore avenues to partner with specialty and primary care physicians to increase patient education regarding signs and symptoms of kidney cancer.

Explore ways to generate system applications to capture patients at risk for kidney cancer.