2014 Quality Reports

The Cancer Committee works to review the quality of cancer care in our community and optimize the way we treat our patients. Several of the quality reports reviewed by the Cancer Committee are summarized in this brief communication.

We just completed the onsite survey performed by our accrediting body – The American College of Surgeons Commission on Cancer (ACoS CoC). Feedback from the surveyor was very positive. We anticipate commendations for the majority of our program elements but need to await the final determination of the ACoS CoC body. Thank you to all whose efforts contributed to this outcome.

Specific Quality studies reported this year include reviews of:

**Esophageal Cancer** – Compliance with NCCN guidelines in terms of work up and management was confirmed. Increased utilization of endoscopic ultrasound here in Bellingham was identified as an opportunity for improvement.

**Pancreatic Cancer** – The challenge of late diagnosis and advanced disease was clear. For those patients who were identified to have operable disease, long term disease control and survivals were confirmed for some patients. Practice patterns for the study’s time frame (2010 – 2012) fit with good clinical practice and generally met NCCN guidelines but opportunities for improved were identified. These include increased utilization of endoscopic ultrasound here and the importance of returning patients to Bellingham for their neoadjuvant or adjuvant chemotherapy and radiation. No variation in adjuvant care delivered at Seattle institutions verses here could be identified except for the long commute. Surgery still needs to be referred out but early local oncology referral is recommended to help patients negotiate this most challenging of cancer paths.

**Chemotherapy delivered within 14 days of death** - Clinical judgment and patient guidance appears to be very good as per this measure. Few patients are exposed to chemotherapy in their last few days of life. We meet or exceed the American Society of Oncology guidelines for this measure.

Department Reports:

**Radiology**: 18,000 screening mammograms were performed in 2013 with a cancer identification rate better than national benchmarks. Ultrasound system was improved. New or expanded staging/intervention programs include Radiofrequency (RF) ablation, MR enterography, MR rectal staging, MR breast biopsy, CT colonography, Mount Baker RIS system and low-dose CT lung screening.

All outpatient MRI’s were significantly upgraded. A new CT scanner was placed at St. Joes Medical Center (SJMC). The CT angiogram program was expanded.
A fixed site PET-CT scanner now serves patients across the street from SJMC.

ACR accreditation was achieved for SJMC programs.

Pathology (2013 Data):

Telepathology served PeaceHealth Ketchikan Medical Center well.

Molecular testing is now provided for Breast and Lung cases.

The Lynch syndrome algorithm was created.

The new quality improvement program served the department well including documentation of 100% concordance in the 1,935 cases reviewed for tumor board. CAP compliance was assured. Frozen section concordance was excellent at 2%. Inter-Institutional review concordance was also excellent at 100%. The department continued to provide rapid service with turnaround times between 1 to 3 days.

Medical Oncology:

Patient complexity has increased as have the number of patients treated with oral chemotherapy. A shift in scheduling and the assistance of a new clinic PA resulted in decreased wait times for initial consultations. Continuity of care improved as more patients are managed in the department verses the hospital.

Program Reports:

Thoracic Oncology (2013 data):

288 lung cancer cases were presented at the multidisciplinary chest conference. An increasing number of potential lung cancer cases are being identified and evaluation management recommendations made by the group. Patients benefited from more rapid diagnosis to biopsy and biopsy to treatment between 2012 and 2013 which are now faster than published time frames. Physician and patient impressions are of significant improvement in the care experience due to the Lung Cancer Navigator position.

Head and Neck Program (2013 data):

The number of Head and Neck cancers diagnosed in Bellingham continues to increase (double the rate in the mid to late 2000’s time frame). This is driven by HPV mediated cancers in males and reflects national trends. Significant progress in the process of pre treatment preparation (imaging, dental evaluation, social/financial support) has facilitated a more rapid assessment and definitive treatment.