

2016 Public Reporting of Outcomes

Cancer Program Profile Report (CP3R)

As a Comprehensive Community Hospital CoC- Accredited Cancer Program (CCCP), Las Palmas Del Sol Healthcare, has maintained accreditation with the Commission on Cancer since 1994. LPDS ensures that patients with cancer are treated according to national treatment guidelines. Cancer programs must achieve specified levels of performance for defined measures of care.

Cancer Registry data elements are nationally standardized and considered an open source. Each of these measures was developed by the CoC with the expectation that Cancer Registries would be used to collect the necessary data to assess and monitor concordance with the measures. Extensive assessment and validation of the measures is performed using Cancer Registry data reported to the National Cancer Database (NCDB).

Annually, CoC-accredited cancer programs are required to review the quality of patient care using the CP3R Report. The CP3R provides feedback to cancer programs to:

- Improve the quality of data across several disease sites
- Foster awareness of the importance of charting and coding accuracy
- Improve clinical management and coordination of patient care in the multi-disciplinary setting

The report focuses on several quality measures for data year 2014:

- Breast
- Colon
- Endometrium
- Lung

With the CP3R we are able to analyze the facilities performance compared to the national standard as well as to the state of Texas. Las Palmas Del Sol Healthcare exceeds CoC expected performance rates (EPR) for these measures.

Las Palmas Del Sol Healthcare, El Paso, TX

Interpreting This Report: The estimated performance rates shown below provide your cancer program with an estimate of the proportion of patients concordant with measure criteria by diagnosis year. If appropriate the CoC Standard and benchmark compliance rate is provided. This application provides cancer programs the opportunity to examine data to determine if performance rates are representative of the care provided at the institution and to review and modify case information using the review function for the measure of interest.

SELECT MEASURES FOR DATA YR 2014: BREAST, COLON, ENDOMETRIUM AND LUNG	Measure	CoC Std / %	LPDS	Texas	CoC Approved Programs
Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer (Quality Improvement)	nBx	4.5 / 80%	86.20	92.20	91.90
At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer (Quality Improvement)	12RLN	4.5 / 85%	95.50	91.90	91.20
Adjuvant chemotherapy is recommended, 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	Not Applicable	87.50	84.00	89.10
Chemotherapy and/or radiation administered to patients with Stage IIIC or IV Endometrial cancer (Surveillance)	ENDCTRT	Not Applicable	100.00	75.00	83.10
Endoscopic, laparoscopic, or robotic performed for all Endometrial cancer (excluding sarcoma and lymphoma), for all stages except stage IV (Surveillance)	ENDLRC	Not Applicable	92.30	66.80	74.80
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)	LCT	4.5 / 85%	100.00	86.70	92.20
Surgery is not the first course of treatment for cN2, M0 lung cases (Quality Improvement)	LNoSurg	4.5 / 85%	100.00	90.40	92.60

References: American College of Surgeons 2016; NCDB