

# Patient Quality of Care and Outcomes Study

Lung Care Study

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# Studies of Quality

## Standard 4.7

Each year, the quality improvement coordinator, under the direction of the cancer committee, develops, analyzes, and documents the required studies that measure the quality of care and outcomes for patients with cancer.

Reason for study: The cancer committee would like to understand the quality of our current care for patients with lung cancer. The purpose of this study is to determine the current quality state of care provided at Trinity Medical Center for individuals with NSCLC and to identify any gaps or lapses. The committee requested a first pass study to determine timeliness of care for:

- » Image to diagnosis
- » Diagnosis to treatment
- » Image to Treatment

Data Source: registry data

NSCLC cases diagnosed in 2011

Cases included in study: 66

Class of cases:

10-14-cases diagnosed and receiving all/part of their first course treatment at the reporting cancer program

20-22-cases diagnosed elsewhere by receiving all/part of their first course treatment at the reporting cancer program

Excluded cases that did not seek treatment due to co-morbidities or other reasons

# Trinity Medical Center, Rock Island, IL

## Days to First Rx (Quartile) by Stage of Lung, Bronchus Non-Small Cell Carcinoma Cancer Diagnosed in 2011

Combination: Class of Case 10-14 and Class of Case 20-22

### Days to First Rx (Decile): 0-75 days

Days to First Rx (Quartile)	Stage					Totals	
	I	II	III	IV	UNK	N	%
1. <b>0-9 days</b>	6	1	2	2	1	<b>12</b>	<b>18.2%</b>
	50%	8.3%	16.7%	16.7%	8.3%	(100%)	
2. <b>10-27 days</b>	8	2	6	10	.	<b>26</b>	<b>39.4%</b>
	30.8%	7.7%	23.1%	38.5%	.	(100%)	
3. <b>28-47 days</b>	4	.	5	8	.	<b>17</b>	<b>25.8%</b>
	23.5%	.	29.4%	47.1%	.	(100%)	
4. <b>&gt;= 48 days</b>	2	1	4	4	.	<b>11</b>	<b>16.7%</b>
	18.2%	9.1%	36.4%	36.4%	.	(100%)	
<b>TOTAL</b>	<b>20</b>	<b>4</b>	<b>17</b>	<b>24</b>	<b>1</b>	<b>66</b>	<b>100%</b>
	30.3%	6.1%	25.8%	36.4%	1.5%	100%	

# A closer look

- Data Source: Cancer registry data of non-small cell lung cancers diagnosed in 2013

**36 cases reviewed**

## Class of cases:

10-14-cases diagnosed and receiving all/part of their first course treatment at the reporting cancer program

20-22-cases diagnosed elsewhere by receiving all/part of their first course treatment at the reporting cancer program

Excluded cases that did not seek treatment due to co-morbidities or other reasons

## Trinity Cancer Program Registry Data for 2013 cases

All cases considered	Days
Days from imaging to Bx	24
Days from Bx to 1 <sup>st</sup> course Rx	21
Days from imaging to 1 <sup>st</sup> course Rx	44

With outliers removed	Days
Days from imaging to Bx	23
Days from Bx to 1 <sup>st</sup> course RX	17
Days from imaging to 1 <sup>st</sup> course Rx	40

Range of 2 days to 117 days

# Advisory Board Timeliness of Care Benchmarks

<b>Image to Diagnosis</b>	<b>Observed Performance</b>
25 <sup>th</sup> percentile	6 days
50 <sup>th</sup> percentile	16 days
75 <sup>th</sup> percentile	43 days
<b>Diagnosis to Treatment</b>	
25 <sup>th</sup> percentile	20 days
50 <sup>th</sup> percentile	33 days
75 <sup>th</sup> percentile	53 days
<b>Image to Treatment</b>	
25 <sup>th</sup> percentile	34 days
50 <sup>th</sup> percentile	59 days
75 <sup>th</sup> percentile	93 days

# Next Steps

## **Enlist the support and assistance of the Oncology Co-Management Company to:**

- Develop an organized system of care for individuals with lung cancer
- Enlist a physician champion for lung care coordination
- Make recommendations for workforce involved to create an organized system of thoracic
- Establish a thoracic tumor board
- **Establish a goal for timeliness of care to meet the 25<sup>th</sup> percentile of the Advisory Board benchmarks**