

<b>Name of Policy:</b>	Reports Generated by the Cancer Registry	 <b>Effective Date:</b> 03/2009 <b>Initial Effective Date:</b> 1/1973
<b>Policy Number:</b>	3364-105-410	
<b>Department:</b>	Health Information Management	
<b>Approving Officer:</b>	Vice President & Executive Director	
<b>Responsible Agent:</b>	Director, Health Information Management	
<b>Scope:</b>	Health Information Management	
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy		<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy

**(A) Policy Statement**

The Cancer Registry will assist the Cancer Committee in creating an Annual Report and one Quality Study, using the Cancer Registry data including survival. Another Quality Enhancement study will be completed by the Cancer Committee annually (refer to Policy Number 3364-105-411).

**(B) Purpose of Policy**

The analysis of all patient diagnoses, treatments and outcomes is essential in ensuring the University of Toledo Medical Center (UTMC) in administering quality care to its cancer patients. The Annual Report is created in order to document, not only the overall all goals and activities of the UTMC Cancer Program, but also to summarize the results of the Cancer Registry data, recap the cancer conferences, evaluations of patient care and accompanying divisional reports of the hospital relating to cancer.

**(C) Procedure**



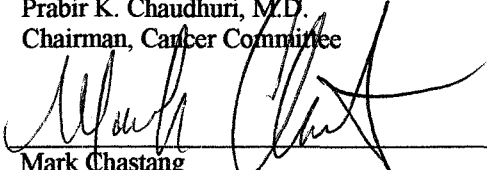
Annual Report:

1. The Annual Report will document the analysis of patient outcomes.
  - a. A survival analysis of one cancer site is the preferred method of the American College of Surgeons Commission on Cancer (ACS/CoC), but other outcomes may be selected at the discretion of the Cancer Committee.
  - b. The Annual Report includes the facility's experience with cancer.
  - c. Use of the Cancer Registry data as the basis of the Annual Report is recommended by the ACS/CoC.
  - d. UTMC's experience with National Cancer Data Base (NCDB) data through benchmark reports and is the primary source for comparison data for the Annual Report.
  - e. UTMC's experience shall include:
    - i. Diagnostic evaluation
    - ii. Treatment modalities
    - iii. Prognostic factors
    - iv. Survival data by American Joint Commission on Cancer (AJCC) stage of disease
    - v. Comparison with NCDB benchmarks
  - f. The Cancer Registry will create analyses which have statistics, graphs and reports. These analyses can be generated through the Electronic Registry Systems (ERS) database and be placed in an Excel format.
  - g. The ACS/CoC Standards and National Cancer Institute's (NCI) program Surveillance, Epidemiology and End Results (SEER) will be used to prepare the Annual Report.
  - h. Physicians then review and summarize the data with the end result being the Annual Report.
  - i. The agreed upon Annual Report is then approved by the Cancer Committee.
  - j. Upon approval, the Annual Report is submitted to the Executive Committee.

- k. After review and approval from the Executive Committee, the report is then distributed to the entire Medical Staff.
- l. Publication of the Annual Report is at the discretion of the Cancer Committee.

**Quality Report:**

- 1. The Quality Report is used to document the required studies that measure quality and outcomes.
  - a. The report is a multidisciplinary effort with representation from all clinical, administration and patient perspectives.
  - b. The Cancer Committee decides on the topic of the report. Focus is on quality-related issues relevant to UTMC, local patient population and any area of the cancer program.
  - c. The Cancer Committee will determine the domain of the topic. The domains of structure, process and outcomes are examples given by the ACS/CoC.
  - d. The Cancer Registry will gather the required data determined by the Cancer Committee and submit the data to the Cancer Committee appointed coordinator.
  - e. Use of the Plan-Do-Study-Act (PDSA) cycle assists in the design, conduct, implement and evaluation of a study.
  - f. The assigned coordinator monitors the progress and creation of the final Quality Report.
  - g. The Quality Report generated will fulfill the ACS/CoC Standard 8.1 and may serve as the basis for fulfilling ACS/CoC Standard 8.2
  - h. Once generated, the Quality Report is submitted to the Cancer Committee for approval.
  - i. Based on study criteria, the CoC will determine if CoC designed special studies will fulfill Standard 8.1
  - j. A summary of the Quality Report is documented in the Cancer Committee minutes which include
    - i. The study topic
    - ii. Criteria for evaluation
    - iii. A summary of the findings
    - iv. The actions recommended
    - v. Follow-up steps to monitor the actions implemented

<p><b>Approved by:</b></p> <p>          Paula F. Kessler, RHIA          Director, Health Information Management</p> <p>          Prabir K. Chaudhuri, M.D.          Chairman, Cancer Committee</p> <p>          Mark Chastang          Vice President &amp; Executive Director</p> <p><i>Review/Revision Completed By:          Health Information Management</i></p>	<p><b>Review/Revision Date:</b></p> <p>9/86          4/87          6/88          8/91          2/94          9/96          1/99          3/02          4/03          8/04          7/05          5/06          11/07          4/08          3/09</p> <hr/> <p><b>Next Review Date:</b> 03/1/2010</p>
<p><b>Policies Superseded by This Policy:</b> 10-410</p>	

*It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.*