(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) Scope

This policy applies to all health information management employees. Mainly used by the cancer registry department in conjunction with the cancer committee.

(D) Procedure

Annual Report:

1. The Annual Report will focus on outcomes. The ACOS/CoC Standard 1.12 States “Each year, the cancer committee develops and disseminates a report of patient or program outcomes to the public.”

2. The content of the report includes outcome information on 1 or more of the following standards: Standard 4.1 Prevention Programs, Standard 4.2 Screening Programs, Standard 4.4 Accountability Measures, Standard 4.5 Quality Improvement Measures, Standard 4.6 Assessment of Evaluation and Treatment Planning, Standard 4.7 Studies of Quality, or Standard 4.8 Quality Improvements

3. The report may be published in electronic or printed format and must be distributed to an audience external to the facility and medical staff
   a. 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.
   b. 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.
   c. Physicians then review and summarize the data with the end result being the Annual Report.
   d. The agreed upon Annual Report is then approved by the Cancer Committee.
   e. Upon approval, the Annual Report is submitted to the Executive Committee.
f. After review and approval from the Executive Committee, the report is then distributed to the Medical Staff.

g. 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 ACOS/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-Measure-Analyze-Act (PMAAR) 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 ACOS/CoC Standard 8.1 Once generated, the Quality Report is submitted to the Cancer Committee for approval.
   h. 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

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Policies Superseded by This Policy:  10-401

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