

NEWYORK-PRESBYTERIAN QUEENS

Standard 1.12: 2017 Public Reporting of Outcomes

December 2017

The Committee voted on for our 2017 prevention goal to focus on chronic hepatitis B and C infections as important risk factors for liver cancer. In our review of the NYS Cancer Control Plan, it was noted that over 1,900 New Yorkers are diagnosed with liver cancer and over 1,300 die from the disease each year. Persons born between 1945 and 1965 account for 75% of all HCV/HBV infections in the US; and an estimated 200,000 New Yorkers are living with HCV/HBV and are not aware. We estimate the incidence of infection to be even higher in Queens given the large immigrant and undocumented Asian population residing here. One of NYS measurable cancer objective is to decrease the rate of liver cancer from 7.6 /100,000 to 7.2/100,000. Suggested strategies are educational campaigns; healthcare provider education; vaccination programs targeting moderate and high risk populations. We will launch our outreach initiative over the course of the year, to be in line with NYS cancer control plan.

Community education programs and events are as follows:

Date	Event	By	Location	People attended
4/29/2017	Are you at Risk for Hepatitis?	Radeos, PA	Queens Night Market at Flushing	500
5/6/2017	Cancer Screening		Queens Night market in Corona Park	375
5/20/2017	Are you at Risk? HBV/HCV Screening	Radeos, PA	Whitestone Episcopal Church, Whitestone	45
5/21/2017	Are you at Risk? HBV/HCV Screening	Radeos, PA	Hillcrest Jewish Center, Fresh Meadows	35
5/28/2017	Are you at Risk? HBV/HCV Screening	Radeos, PA	Little Neck Mall; Memorial Day Event	125
6/3/2017	Cancer Service Overview. Hepatobiliary Program. HBV/HCV Screening	Radeos, PA	Bayside High School	75
6/4/2017	National Cancer Survivors Day	Radeos, PA	Bayside Relay For Life	150

6/5/2017	Hepatitis and Liver Cancer – Is there Risk?	Dr. Chao, Dr. Foglia, Alex Lucy, Ann Pirro-Radeos, PA-C, MS, MPH	Christos Steakhouse in Astoria	22
6/10/2017	Are you at Risk? Hepatitis and Liver Cancer	Radeos, PA	Corona Health Center Junction Blvd., Corona, NY	50
6/19/2017	HBV.HCV Prevention	Radeos, PA	Queens Library	65

Guidelines used: American Cancer Society, NCI

Process to Follow-up: A Clinician contact all persons screened with results. The program navigator assists with the scheduling of follow-up diagnostic and treatment appointments and to overcome barriers that exist in accessing services.

Screening Programs

Community Need addressed No Cost Screening Program – Health disparities, Uninsured /underinsured and unserved.

Cancer Site: Liver, Colon, Cervix and Breast

Date Held: These programs are held throughout the year.

Guidelines: American Cancer Society, NCI, Preventative Task Force

It provided a free service to patients seen in NYPQ’s Emergency Department and the hospital’s community-based primary care centers.

From January 2016-September 2017, 8,628 patients were tested for HCV. HCV antibody was found in 108 (1.25%), reflex testing for HCV RNA was performed on 91 patients and 24 (26.4%) had detectable viral loads, with 4 patients newly diagnosed as HCV RNA positive. Of the HCV RNA positive patients, 17 (70.1%) were linked to care.

Over the same period, 9,701 patients were offered HIV tests, 28 (0.29%) were positive, of which only 2 patients were newly diagnosed with HIV. Among the 28 HIV positive patients, 24 (89.3%) were linked to care.

Ms., Ms. Xouris also reported on prostate, colon, breast screening programs as follows:

1. Grant Name:

NYSDOH Breast and Prostate Peer Education Project

Contract Period: 10/1/16-9/30/19 (Total value: \$600,000)

Purpose: To increase NYS's breast cancer screening rate by 10% over the next five years. To increase the number of men who discuss both the risks and benefits of prostate cancer screening with their providers. This work will be accomplished via peer-led, community-based education activities to targeted populations. (African American men and Latino women)

Year to date: 26 workshops 44 Participants: 891 women educated/142 referrals
516 men educated/87 referrals

3. Grant Name:

Komen Community Breast Health (CBH)

Contract Period: 4/1/17-3/31/18 (Total value = \$60,000)

Purpose: To increase the rate of mammogram screening in the African American (AA) communities of South Jamaica, Hollis, and Queens Village. To ensure AA women in Queens have a competent patient navigation program at our Hollis Family Health Center to ensure timely screening, diagnosis and treatment.

Navigator began in July; we have already seen 62 women at Hollis for breast cancer screening with one cancer diagnosed

4. NYSDOH Patient Navigation Demonstration Project at JHFHC March 2014-present

Purpose: To increase guideline concordant cancer screening rates among the insured and uninsured populations through patient navigation.

Patient navigation + Health systems change = Increased cancer screening

Since inception:

Breast cancer screening rates increased from 25% to 41.7%

Cervical cancer screening rates increased from 42% to 52.2%

Colorectal cancer screening rates increased from 27% to 38.67%

5. Borough Wide Colon Cancer Awareness Event:

Super Colon Day March 25, 2017 held at the Queens Mall

Purpose: As a pledged member of the 80% by 2018 initiative, NYPQ spearheaded a borough wide colon Foundation's 18 X 18-foot inflatable Super Colon to have onsite as an educational walkthrough exhibit that "Spoke a thousand words" to the diverse population of Queens. This allowed us to raise awareness on importance of colon cancer screening, and to provide direct access to colon cancer screening to those in need.

1,089 men and women walked through the Super Colon (Picture attached)

We just received funding to do this again: March 3, 2018

6. Additional NYSDOH Funding:

Fiscal year 2016-17 COLA Total value \$47,288

Purpose: NYPQ spearheaded a subway platform poster campaign to promote and educate Queen's residents on access to no cost cancer services. 30 Platform stations throughout Queens ran the poster for two months.

Year to Date SCP Screenings at NYPQ:

317 Uninsured women for breast cancer screening

196 Uninsured women for cervical cancer screening

129 uninsured men and women had FIT kits for colorectal cancer screening

138 Diagnostic colonoscopies were done based on increased risk, high risk, or FIT

4 Breast cancer found

0 Cervical cancers

0 colon cancer but 9 with adenomatous polyps

Process to Follow-up: Clinicians contact all persons screened to provide results. The program navigator assists with the scheduling of follow-up diagnostic and treatment appointments and assist with any barriers that may exist in accessing services.

Standard 4.4 & 4.5 Accountability Measures

BCSRT - Radiation is administered within 1 year (365 days) of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer (Accountability)

Expected (Estimated Performance Report) EPR – 90%

2012 - 93.5% (88 – 99%)	2013 – 95.9(92- 99.8)
2014 - 94.7% (90.2.7 -99.2%)	2015 – 86(78.7- 93.3)

HT - Tamoxifen or third generation aromatase inhibitor is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1c or stage IB-III hormone receptor positive breast cancer (Accountability)

Expected (Estimated Performance Report) EPR – 90%

2012 – 93.3(88.1-98.5%)	2013- 98.4% (96.2 -100%)
2014 – 95.8% (92.2 -99.4%)	2015 - 90% (84.4 -95.6%)

MASTRT - Radiation therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with >= 4 positive regional lymph nodes (Accountability)

Expected (Estimated Performance Report) EPR – 90%

2012 – 92.3(77.8- 100)	2013- 82.4% (64.3 -100)
2014- 93.3% (80.6 - 100)	2015- 75% (50.5- 99.5)

MAC - Combination chemotherapy is recommended or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0, or stage IB - III hormone receptor negative breast cancer (Accountability)

Expected (Estimated Performance Report) EPR – Not Applicable

2012 – 100%(100- 100)	2013 92.3 (82.1 -100)
2014 - 85.3% (73.4 -97.2)	2015 75% (56 -94)

ACT - 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) Not Applicable

2012 – 94.7%(84.6- 100)	2013 - 100% (100 -100)
2014- 100% (100 -100)	2015- 90% (76.9 -100)

Standard 4.5 – Quality Improvement

nBx - Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer (Quality Improvement)

Expected (Estimated Performance Report) EPR – 80%

2012 – 88.8%(84- 93.6)	2013 - 87.9% (83.6 -92.2)
2014- 90.3% (86.5 -94.1)	2015- 97.2% (94 -99.4)

12RLN - At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer (Quality Improvement)

Expected (Estimated Performance Report) EPR – 85%

2012 – 98.8%(96.5- 100)

2013 - 98.4% (95.3 -100)

2014- 96.8% (93.2 -100)

2015 95.8% (91.8 -99.8)

G15RLN - At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer (Quality Improvement)

Expected (Estimated Performance Report) EPR – 80%

2012 – 76.5%(56.3- 96.7)

2013 - 80% (64.3 -95.7)

2014- 92.3% (82.1 -100)

2015 - 75% (53.8 -96.2)

LCT - 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)

Expected (Estimated Performance Report) EPR – 85%

2012 – 87.5%(64.6- 100)

2013 76.9% (54 -99.8)

2014- 77.8% (50.6 -100)

2015 83.3% (53.5 -100)

LNoSurg - Surgery is not the first course of treatment for cN2, M0 lung cases (Quality Improvement)

Expected (Estimated Performance Report) EPR – 85%

2012 – 80%(55.2- 100)

2013 - 78.6% (57.1 -100)

2014- 87.5% (66.6 -100)

2015 - 80% (44.9 -100)

RECR TCT - Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or Postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0, or Stage III; or treatment is recommended; for patients under the age of 80 receiving resection for rectal cancer (Quality Improvement)

Expected (Estimated Performance Report) EPR – 85%

2012 – 100%(100- 100)

2013 - 100% (100-100)

2014- 93.3% (80.6 -100)

2015- 88.9% (68.4 -100)

Standard 4.6 Monitoring Compliance with Evidence-Based Practice

STUDY TOPIC: Adherence to National Comprehensive Cancer Network (NCCN) Guidelines

STANDARD 4.6 Monitoring Compliance with Evidence-Based Guidelines

STUDY TOPIC: Adherence to National Comprehensive Cancer Network (NCCN) Guidelines for Uterine Carcinoma

OBJECTIVE: To ensure patient treatment plans meet NCCN guidelines

MEASUREMENT: 2015 & 2016 Uterus (Analytic Class of Case 11-22) All stages

METHOD: Retrospective chart review; a total of 93 cases were reviewed from 2015 & 2016

RESULTS:

Out of 93 cases, one patient was expired and removed from the study. The results are below.

Distribution of cases by AJCC staging

STAGE	No. Patients	NCCN Compliance
Stage 1A	58	55
Stage 1B	10	10
Stage 2	3	3
Stage 3A	5	5
Stage 3C1	5	5
Stage 3C2	3	3
Stage 4B	8	8
Total	92	89

Out of the 3 stage 1 A cases which are not in accordance with NCCN treatment guideline, one of them was not a surgical candidate and received only radiation.

The other two cases received additional radiation after subtotal hysterectomy.

Stage 1A – Not as per NCCN guidelines

(Removed the 1 expired patient from the study)

CHECKLIST	MET	TOTAL	PERCENT
Rcv'd recommended treatment for stage	92	89	96%

CONCLUSIONS:

Retrospective chart review revealed the following:

1. 96% of the patients received the recommended treatment by stage per NCCN guidelines

Standard 4.7 Studies of Quality

Standard – 4.7 Quality Study (Genetic Counselling referrals)

Purpose: To review 2016 colon cancer cases with IHC positive and/or under the age of 50 if they were referred to genetic counselling as per NCCN to determine if colon cancer cases with positive IHC findings and /or patient age under the age of 50 years were referred to genetic counseling, as per NCCN guidelines

Method: 85 colon cancer cases were reviewed for IHC testing and/or under the age of 50. Patient charts (via EHR) corresponding with the confirmed colon cancer pathologies from Pathology Department were reviewed for evidence of referral to Genetic Counseling and Testing

Results:

NCCN guidelines	# of patients	# of patients genetic counselling
Number of patients under the age of 50	10	2
Number of patients with IHC positive	6	1

Conclusion: 20% of the patients under the age of 50 years were referred to Genetic Counseling & Testing. 17% of the IHC positive colon cancer patients were referred to Genetic Counseling & Testing

Standard – 4.7 Quality Study (IHC study performed on all colon cancer resections)

Purpose: 2016 colon cancer were reviewed to see if IHC studies were performed on all colon cancer resections as per hospital policy

Method: Cancer Center research associates reviewed pathology reports from all colon resection surgeries performed at NYP Queens from Jan 1 2016 to Dec 31 2016. A total of 119 cases were reviewed.

Results: Of the total number of colon resection performed at NYPQueens from Jan 1 2016 to Dec 31 2016, 76 were cancer cases. But 2 out of those cases were biopsy only specimens for which an IHC test is not recommended. All the remaining 74 cases were studied with an IHC testing.

Conclusions: IHC studies were done appropriately in all cases of colon cancer patients in compliance with our Medical Board policy.

Standard 4.8 Quality Improvement

Improvement 1(Roll Over 2016) - Increase the Review of outside pathology slides before definitive treatment in breast cancer patients.

Purpose: To review that all breast cancer cases operated at NYPQueens in 2016, for which the biopsies were performed elsewhere, were reviewed by our in-house pathologists.

Method: Pathology reports on all patients with outside biopsy and subsequent surgical excision at NYPQueens for cancer were obtained from the pathology database. The reports were then screened to evaluate if the outside slides were reviewed by pathologists at NYPQueens.

Results: 89 cases were reviewed. Of those cases, the outside pathology slides were reviewed in 52 cases, which is 58%.

Conclusion: Compared with 2015 data, which stands at 50% of outside slides reviewed, there is a quality improvement in 2016. Our goal of improvement is to have 100% of outside biopsy cases reviewed here at NYPQueens. The committee discussed the following steps to improve to review the outside pathology slides as follows:

1. To widely disseminate the written hospital policy and procedure

To educate all new surgeons and outside surgeons who has privileges to perform the surgery at our institution

Improvement 2. - Maintain the current surgical site infection rate (OR 0.62) in colorectal cases.

Actions to maintain excellence as compared to 2013 data in the SSI rate

Ms. Volpe, Director, Surgical Outcomes, Research, and Education, Department of Surgery Described the quality improvement as follows:

Background: Surgical Site Infection (SSI) ranks as second leading cause of hospital acquired infections

- Abdominal surgery SSI occurrence rate is 5 - 35%
- Processes that have been associated with a decrease in surgical SSI include:
 - Perioperative antibiotics
 - Normothermia
 - Skin preparation
 - Hair removal
 - Use of wound protector
 - Postoperative hyperoxygenation

Methods: 3 components:

- Institution of Comprehensive Unit-Based Safety Program (CUSP) Methodology
- Application of Colorectal Bundle
- Auditing
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Methods - CUSP

What is “CUSP Methodology”?

- Team approach to patient safety emphasizing education, standardized practices, communication
- Developed initially by Johns Hopkins Quality and Safety Research Group to address CLABSI

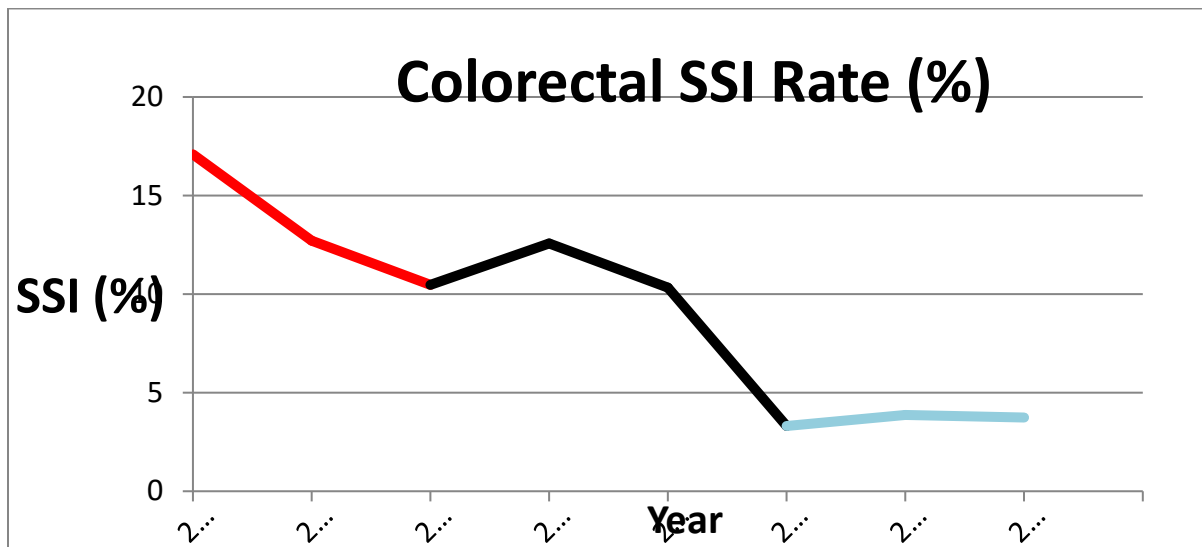
- Efficacious in nationwide reduction in CLABSI, UTI, VAP

Institution of CUSP at New York Presbyterian Queens

- Defect: Colorectal SSI
- Team:
 - Perioperative nursing staff
 - Anesthesiologists
 - Attending surgeons and residents
 - Infection control nurses
 - Pharmacy
- Development of colorectal bundle

Methods - Auditing

- Continuous performance monitoring
- Quarterly NSQIP reports



Conclusion

- The CUSP methodology is effective in changing clinical practice
- CUSP methodology combined with continuous auditing via NSQIP data yields a significant and **sustained** improvement in colorectal SSI.