

## NEMICS Cancer Service Performance Indicator Audit

### Interim report 2014

|                             |  |                       |                |
|-----------------------------|--|-----------------------|----------------|
| <b>Date of report:</b>      | January 5 <sup>th</sup> 2015   | <b>Sample period:</b> | May & Jun 2014 |
| <b>Origin of Indicators</b> | Cancer Strategy and Development Unit, Department of Health & Human Services (DHHS) |                       |                |

#### 1. Background

**Purpose:** This report provides first half interim results of the 2014 DHHS performance indicator audit. NEMICS health services participate in this annual audit for the purpose of measuring progress with implementation of cancer reform policies and targets originating in the Cancer Strategy and Development unit of the DHHS.

**Patient group:** Patients diagnosed with cancer during May and June 2014 and receiving primary treatment in one of the NEMICS health services. Records were identified by using the Victorian Cancer registry (VCR) dataset.

**Sample selection process:** Records were selected based on the date of diagnosis and location of primary treatment. The sample size for each tumour stream reflected the activity data for each health service. **Three hundred and twenty-eight (328)** records were included in the data submitted to the DHHS. The treatment types included were surgery (including excisional biopsy), chemotherapy and radiotherapy for curative or palliative intent. Cases of diagnostic-only procedures were excluded.

**Audit methodology:** Records were identified as potential for inclusion and were listed in a purpose built Access database. Each patient's central medical record was accessed via SMR/CPF or by hard copy. Criterion for a positive response was the presence of written documentation.

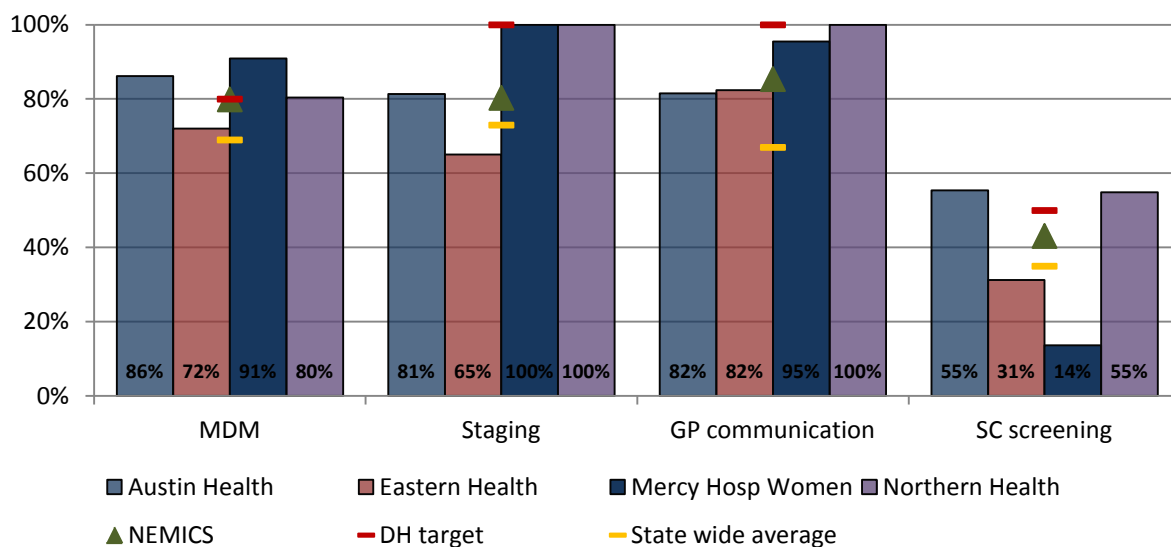
#### 2. Indicators

1. Documented evidence of multidisciplinary team recommendations
2. Documented evidence of cancer staging in the multidisciplinary team recommendations – denominator is number of patients with MDM recommendations
3. Documented evidence of communication of initial treatment plan to GP
4. Documented evidence of supportive care screening

#### 3. Round 1 2014 results summary for the region and by health service

| Indicator 1: Evidence of multidisciplinary team recommendations<br>Target – 80% | Indicator 2: Evidence of staging in multidisciplinary team recommendations<br>Target – 100% | Indicator 3: Documented evidence of communication of initial treatment plan to GP within 2 weeks<br>Target – 100% | Indicator 4: Evidence of supportive care screening<br>Target – 50% |
|---|---|---|--|
| 80%   | 80%   | 85%   | 43%  |

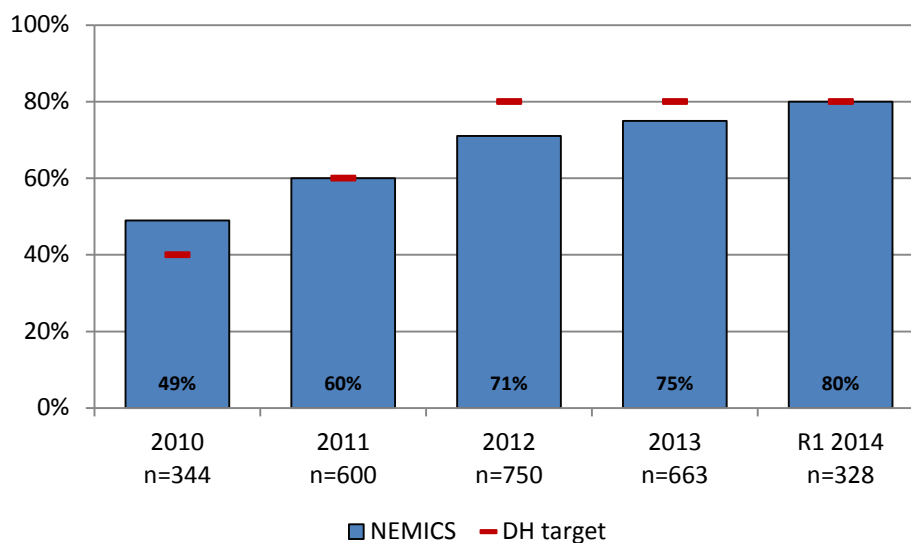
Table 1. Overall NEMICS results for each indicator



Graph 1. Round 1 2014 results for each indicator by health service with sample sizes

#### 4. Result details for each indicator

##### Indicator 1: Documented evidence of multidisciplinary team recommendations



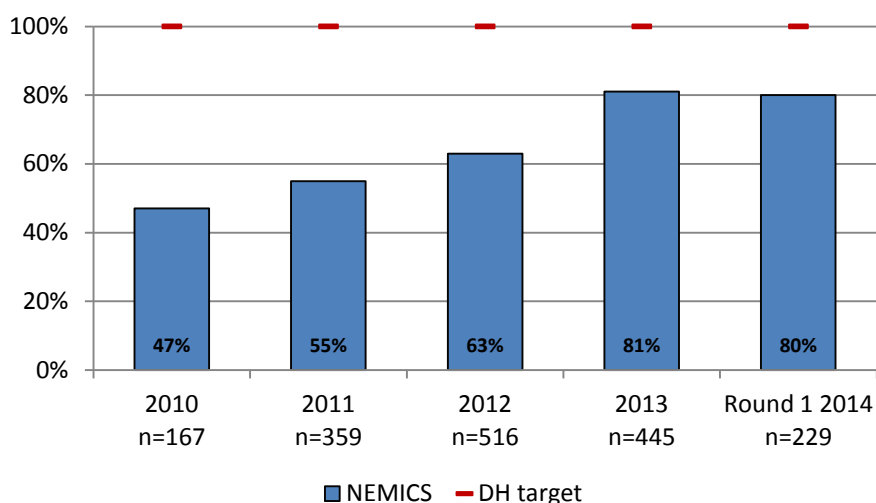
Graph 2. Results for MDM documentation over the last 5 years with sample sizes

Table 2, below shows comparative results by tumour streams for indicator 1: documented evidence of MDM treatment planning, across the region for the last two years and 2014 round 1.

|               | 2012 | 2013 | R1 2014 | Result |               | 2012 | 2013 | R1 2014 | Result |
|---------------|------|------|---------|--------|---------------|------|------|---------|--------|
| Breast        | 97%  | 99%  | 97%     | 40/41  | Haematology   | 47%  | 41%  | 67%     | 25/37  |
| CNS           | 95%  | 83%  | 90%     | 9/10   | Head and Neck | 73%  | 93%  | 100%    | 17/17  |
| Colorectal    | 70%  | 82%  | 79%     | 35/44  | Lung          | 60%  | 79%  | 78%     | 26/33  |
| Endocrine     | 12%  | 15%  | 26%     | 5/19   | Melanoma      | 17%  | 15%  | 50%     | 8/16   |
| Genitourinary | 72%  | 73%  | 79%     | 35/44  | UGI           | 75%  | 94%  | 97%     | 38/39  |
| Gynaecology   | 94%  | 84%  | 89%     | 25/28  |               |      |      |         |        |

Table 3. Results by tumour stream for the last 3 reporting periods

**Indicator 2: Documented evidence of cancer staging in the multidisciplinary team documents**



Graph 3. Results for staging information over the last 5 years, n = number of records with MDM documentation

The tables below show the comparison of the results for evidence of staging information in the MDM documentation by appropriate tumour streams across the region for the last three years. The CNS and haematology tumour streams are excluded from this indicator. The denominator for this measure is the number of records with evidence of an MDM discussion.

|             | 2012  | 2013   | R1 2014 | Result |             | 2012  | 2013  | R1 2014 | Result |
|-------------|-------|--------|---------|--------|-------------|-------|-------|---------|--------|
| Breast      | 50/94 | 98/104 | 82%     | 33/40  | Head & Neck | 35/38 | 21/26 | 82%     | 14/17  |
| Colorectal  | 61/74 | 77/83  | 88%     | 31/35  | Lung        | 25/39 | 42/50 | 73%     | 19/26  |
| Endocrine   | 1/6   | 4/4    | 100%    | 5/5    | Melanoma    | 4/4   | 1/3   | 75%     | 6/8    |
| GU          | 50/85 | 49/73  | 74%     | 26/35  | UGI         | 20/48 | 35/65 | 73%     | 28/38  |
| Gynaecology | 41/68 | 31/36  | 88%     | 22/25  |             |       |       |         |        |

Table 4. NEMICS tumour stream results for evidence of staging information in MDM documentation

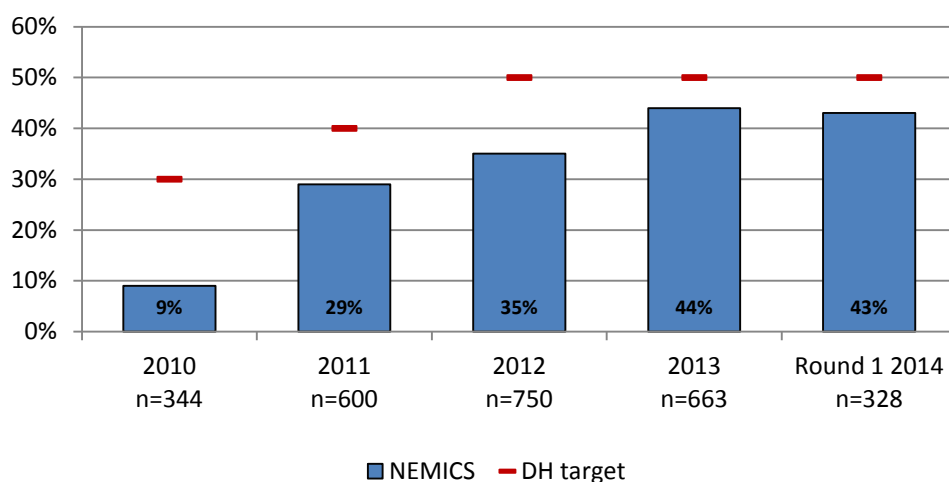
**Indicator 3: Documented evidence of communication of initial treatment plan to GP within 2 weeks of MDM or commencement of treatment**

NEMICS result – 85% (n=328)

|               | R1 2014 | Result |             | R1 2014 | Result |
|---------------|---------|--------|-------------|---------|--------|
| Breast        | 92%     | 38/41  | Haematology | 81%     | 30/37  |
| CNS           | 70%     | 7/10   | Head & Neck | 58%     | 10/17  |
| Colorectal    | 95%     | 42/44  | Lung        | 100%    | 33/33  |
| Endocrine     | 63%     | 12/19  | Melanoma    | 68%     | 11/16  |
| Genitourinary | 90%     | 40/44  | UGI         | 84%     | 33/39  |
| Gynaecology   | 89%     | 25/28  |             |         |        |

Table 5. The result by tumour stream for indicator 3 – there are no comparison figures for this indicator

#### Indicator 4: Documented evidence of supportive care screening



Graph 4. NEMICS results for supportive care screening documentation over the last 5 years with sample sizes

The table below show the comparison of the results for evidence of documented supportive care screening by tumour streams across the region for the last three years.

|               | 2012 | 2013 | R1 2014 | Result |             | 2012 | 2013 | R1 2014 | Result |
|---------------|------|------|---------|--------|-------------|------|------|---------|--------|
| Breast        | 73%  | 88%  | 80%     | 33/41  | Haematology | 60%  | 60%  | 62%     | 23/37  |
| CNS           | 55%  | 83%  | 70%     | 7/10   | Head & Neck | 48%  | 46%  | 52%     | 9/17   |
| Colorectal    | 14%  | 38%  | 34%     | 15/44  | Lung        | 45%  | 51%  | 36%     | 12/33  |
| Endocrine     | 10%  | 4%   | 15%     | 3/19   | Melanoma    | 45%  | 5%   | 12%     | 2/16   |
| Genitourinary | 8%   | 24%  | 50%     | 22/44  | UGI         | 38%  | 49%  | 30%     | 12/39  |
| Gynaecology   | 30%  | 40%  | 14%     | 4/28   |             |      |      |         |        |

Table 6. Tumour stream results for evidence of supportive care screening

## 5. Discussion

### Evidence of MDM recommendations

The result of 80% of the sample having evidence of MDM treatment planning is the highest ever result for NEMICS region and meets the 80% DHHS target.

There have been notable improvements in the results for the endocrine, melanoma and haematology tumour streams.

### Evidence of staging information in the MDM documentation

The staging information in MDM documentation has essentially remained the same since the last audit reporting period of 2013. At 80%, the target has not been met.

### **Documented evidence of communication of initial treatment plan to GP within 48 hours**

This indicator was introduced by the DHHS this year and is similar to one included in the performance indicator audit until 2010. All NEMICS health services have achieved results above 80% and the Northern Health result was 100%.

Documentation that constituted evidence for this indication included MDM outcomes forms that had been faxed to the GP, specialist clinic letters that included a carbon-copy to the patient's GP or a discharge summary copied to the GP if the plan was adequately explicit. Many patients had already received part of their treatment, having undergone surgery, prior to the confirmation of diagnosis and plan being communicated to the GP.

### **Supportive care screening**

There was a slight drop in the NEMICS result for supportive care screening evidence since the last audit reporting period. The overall result for this round was 43% whereas the 2013 result was 48%. Austin Health has improved slightly and two of the NEMICS health services exceeded the DHHS target. Declines were noted in Eastern, Northern and Mercy Hospital for Women.