

# Oncology Dashboard Quality Metric Picklist

Browse this compilation of quality metrics the we collected from Oncology Roundtable members to see which metrics your peers are tracking in their dashboards. Check out our [Cancer Quality Dashboard Metric Selection Tool](#) for metrics that have been endorsed by one or more quality organizations (e.g., QOPI, NQF).

Sub-category	Metric
<b>Process - Risk Assessment</b>	Genetic counseling and BRCA testing for women
	Annual mammography and MRI for high-risk women
	Minimize MRI screening for non-high-risk women
	Genetic counseling offered for patients age 60 and less with triple negative
	Referral to GYN and breast surgeon for risk reducing BSO and mastectomy in BRCA positive patients
<b>Screening</b>	Mammography call back rate
	False positive mammograms
	Mammogram of the contralateral breast within 6 months prior to definitive breast surgery
	Breast bilateral MRI for occult breast cancer with axillary adenopathy and/or BRCA carriers
	Breast MRI before and after neoadjuvant chemotherapy for patients treated with BCT
	PET/CT or CT chest/abdomen plus bone scan for clinical stage III or metastatic patients
	Percentage of patients with early-stage breast cancer that did not receive advanced imaging technologies to determine cancer's spread.
	Repeat mammogram prior to re-excision lumpectomy for patients with mammographic micro-calcifications and positive lumpectomy margins
<b>Process - Timeliness of Care</b>	Timeliness from abnormal screening mammogram to diagnostic imaging
	Timeliness from diagnostic mammogram to needle biopsy
	Pathology timeliness from surgery to initial pathology results
	Timeliness of care from positive diagnosis (biopsy) to first appointment with surgeon
	Timeliness of care from positive diagnosis (biopsy) to first appointment with radiation oncologist
	Timeliness of care from positive diagnosis (biopsy) to first appointment with medical oncologist
	Timeliness from positive diagnosis (core or excisional biopsy) to initiation of surgery

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Sub-category	Metric
<b>Process - Appropriateness of Care</b>	Adjuvant systemic treatment started within 12 weeks of surgery
	Combination chemotherapy received within 4 months of diagnosis by women under 70 with AJCC stage IA (T1c) and IB-III ER/PR negative breast cancer
	Tamoxifen or third generation aromatase inhibitor recommended or administered within 1 year of diagnosis for women with AJCC T1cN0M0, or stage IB-III hormone receptor positive
	Tamoxifen or AI received within 1 year of diagnosis by patients with AJCC Stage IA (T1c) and IB - III ER or PR positive breast cancer
	Radiation therapy administered within 1 year of diagnosis for women under age 70 receiving breast conserving surgery
	Radiation therapy recommended or administered following any mastectomy within 1 year of diagnosis of breast cancer for women with 4 >= positive regional lymph nodes
	Use of image-guided breast biopsy
	Analysis of ER, PR, and HER2 for all invasive breast core biopsy
	Confirmatory biopsy of metastatic site and repeat of HER2, ER, PR testing. Stage IV Only
	Reflex FISH testing for cases with HER2 staining intensity of 2+
	No reflexive excision for concordant classic lobular neoplasia
	Medical oncology consult prior to mastectomy for clinical T4 or N2 patients
	Pre-surgical medical oncology consultation
	Pre-surgical radiation oncology consultation
	Percutaneous sampling of suspicious nodes prior to surgery or neoadjuvant therapy
	Axillary dissection for all patients with positive post treatment nodes in post-neoadjuvant
	Use of SLN biopsy in post-neoadjuvant patients with clinically negative post-treatment axilla and positive node at presentation
	Pathology review using SLN biopsy checklist
	Use of SLN biopsy for patients with invasive cancer age 70 and younger with clinically negative axilla
	Hormonal therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) positive breast cancer
	Compliance with radiation treatment per NCCN guidelines for stage I-III disease
Hypofractionation for women requiring whole breast radiation but no regional nodal radiation therapy	
Use of breast excisional biopsy checklist	

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<b>Process - Appropriateness of Care (cont.)</b>	ER analysis for DCIS
	No routine repeat of ER, PR, or HER2 analysis for invasive cancer on excision if invasive carcinoma is positive
	DX for ER+, PR, or HER2 analysis for invasive cancer on excision if positive on diagnostic core biopsy
	Compliance with NCCN guidelines for monitoring metastatic disease
	Trastuzumab not received when Her-2/neu is negative or undocumented
	Trastuzumab received by patients with AJCC IA (T1c) and IB - III Her-2/neu positive breast cancer
	Routine use of SLN biopsy in DCIS undergoing mastectomy
	Intra-op evaluation of SLN in invasive cancer with mastectomy
	Use of ACOSOG Z11 criteria for breast conserving therapy (BCT)
	Complete ALND for $\geq 1$ positive macro metastatic lymph node with mastectomy
	Pathology review of post neoadjuvant cases
	Performance status reassessed at each encounter
	No routine imaging or cancer specific marker testing for non metastatic patients
	Anti HER2+ therapy for HER2+ cancers undergoing systemic therapy
	Procedural rates (e.g., breast conservation surgery, sentinel node biopsy)
	Breast conserving therapy avoidance if contraindications
	Referral to radiation oncology for patients receiving breast conserving therapy and for PMRT candidates
	Endocrine treatment options discussed for patients with ER+ and/or PR+ breast cancer in adjuvant setting
	Endocrine treatment options discussed in metastatic setting
	Frozen section false positive rate for lymph node evaluation
Negative margins for invasive breast cancer defined by no tumor on ink for breast conservation therapy (BCT) - Interview Question	
Number of margins identified in pathology (average)	
Breast conservation and mastectomy options discussion	

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<b>Process - Appropriateness of Care (cont.)</b>	Plastic surgery referral to discuss reconstruction
	Patients that received a treatment plan prior to the administration of chemotherapy
	National patient safety goals audit
	Medication reconciliation (CY YTD)
	Tissue banking (aspirational SoC)
	Stage at presentation
	Brain MRI for asymptomatic metastatic patients
<b>Process - Documentation Completeness</b>	Treatment documentation palliative vs. curative
	Documentation of current medication (monthly)
	Chart audit peer assessment
	Adherence to documentation guidelines
	Pathology report completeness - including margin analysis
<b>Process - Patient-Centered Care</b>	Patient experience: Overall score (percentile YTD)
	Patient experience: Overall care provider (percentile YTD)
	Willingness to recommend practice (percentile YTD)
	Ease of getting clinic on phone (percentile YTD)
	Ease of scheduling appointment (percentile YTD)
	Ambulatory patient satisfaction (percentile YTD)
	Tobacco use screening (CY YTD)
	Depression screening (CY YTD)
	Screening for future fall risk (CY YTD)
	Percentage offered multidisciplinary care
	Percentage of new cancer patients being navigated

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<b>Process - Patient-Centered Care (cont.)</b>	Percentage of cancer patients being navigated throughout their continuum of care receiving treatment
	Navigation: Chemotherapy
	Navigation: Radiation
	Navigation: Surgery
	Percentage of women <45 receiving chemotherapy who are offered fertility preservation
	Fertility referral for patients requiring systemic therapy
	Cancer patient undergoing treatment with a chemotherapy regimen with a 20% or more risk of developing neutropenia and also received GCSF/white cell growth factor
	Appropriate supportive care drugs administered
	LVEF monitoring prior to cardiotoxic therapy in adjuvant/neoadjuvant setting
	Antiemetic drugs given appropriately with highly emetogenic chemotherapy treatments according to guidelines
	Number of community events (screening, education, etc.)
<b>Outcome</b>	Chemotherapy ED admissions
	Emergent ED visits by tumor site
	ED visits within 30 days of chemotherapy
	ED visits during active chemotherapy
	Hospital visits after hospital outpatient surgery
	Hospital admissions within 30 days of chemotherapy
	Inpatient admission during chemotherapy treatment
	Readmission rates by tumor site
	Hospital readmission rate (within 30 days) any diagnosis
	Return to OR within 72 hours post-op

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<b>Outcome (cont.)</b>	30-day complication rates
	Breast re-excision rate
	Length of stay index
	Post-operative average length of stay by procedure
	Average length of stay
	Survival rates stage I through IV
	Mortality index
<b>Survivorship</b>	Percentage of new analytics stage I-III, initial cancer patients "seen" by the survivorship team within one year of dx or 6 months of completing curative treatment
	Percentage of new analytics stage I-III patients offered survivorship care plan
	Number of new analytics stage I-III patients who decline survivorship referral
	Number of new analytics stage I-III patients who "cancel" or "no show" to survivorship evaluation
	Percentage of patients compliant with surveillance testing (breast, mammogram), at one year follow up
	Percentage of patients with long term/late effects of cancer treatment by effect (depression, obesity, etc.)
	Patients receiving survivorship plan within 90 days of completion of treatment
	Patients receiving survivorship plan within 180 days of completion of treatment
	Patients receiving at least one psychosocial distress screening
	Annual surveillance mammography and/or MRI
	Annual mammography + MRI in BRCA carriers if breast tissue remaining
	Annual follow-up with health care provider including breast exam and screening for late effects
	No Routine imaging or markers to screen for metastases in asymptomatic patients
Offer chemo prevention to women who meet ASCO practice guidelines	
<b>Palliative Care and End of Life</b>	Number of days under hospice (home or inpatient) at time of death (average)
	Patient deaths in the acute care setting (inpatient)

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<b>Palliative Care and End of Life (cont.)</b>	Chemotherapy given within 30 days of end of life
	Patient that had Stage IV disease that had end-of-life care discussions documented
	Percentage of patients 65 or older who have advanced care plan documented in medical record
	Proportion of patients receiving chemotherapy in last 14 days of life
	Pain intensity quantified (medical oncology/radiation, monthly)
	Acceptable level of pain documented