

NBOCA Quality Improvement Plan, 2024 **Key Goals and Performance Indicators** 



QI Goal	Performance Indicator and Local Target	National Target
1. Improving the diagnostic pathway	More than 95% of patients seen by Clinical Nurse Specialist (CNS)	1. Increase in proportion of TRUSTS, MDTs meeting local QI target over time (three year period
	More than 90% of patients with mismatch repair (MMR) or microsatellite instability (MSI) tested at or around diagnosis <sup>#1</sup>	
	More than 70% data completeness of items for risk adjustment in patients undergoing major surgery <sup>†</sup>	
2. Improving perioperative care	More than 50% of all bowel cancer resections via a minimally invasive approach <sup>+</sup>	
	Less than 10% risk-adjusted 30-day unplanned return to theatre after all bowel cancer resections	
	Less than 15% risk-adjusted 30-day unplanned readmission after all bowel cancer resections	
	Less than 6% risk-adjusted 90-day mortality after all bowel cancer resections	
	Annual rectal cancer resection volume greater than 20 cases per centre*	
	Less than 35% risk-adjusted proportion of patients with unclosed diverting ileostomy 18-month after anterior resection	
3. Improving oncological care	More than 50% of patients with Stage 3 colon cancer receiving adjuvant chemotherapy	
	Less than 33% of patients experiencing severe acute toxicity related to adjuvant chemotherapy for Stage 3 colon cancer**	
	10% to 60% of rectal cancer patients undergoing major resection receiving neoadjuvant treatment	
	Greater than 70% risk-adjusted 2-year overall survival rate after bowel cancer resection	
	Recruitment to at least one NIHR portfolio trial in rectal organ preservation*#	
4. Improving management of stage four disease	More than 95% of patients with synchronous liver metastases discussed at specialist liver MDT <sup>#</sup>	
	More than 80% of patients with Stage 4 disease at diagnosis who have genetic tumour profiling ( <i>KRAS, NRAS, BRAF</i> ) <sup>#</sup>	
5. Improving end of life care	Risk-adjusted 30-day mortality after palliative systemic treatment in patients with Stage 4 disease <sup>#</sup>	
	More than 95% of patients referred to palliative care or enhanced supportive care clinic within last year life <sup>#</sup>	

<sup>1</sup>*Only applicable for patients with histological confirmation of bowel cancer* + Contextualising measure

*#* To be introduced once methodological development work is complete

\* Only applicable to centres undertaking rectal cancer surgery \*\* Severe acute toxicity defined as toxicity requiring an overnight stay, from administration of the first cycle of chemotherapy up until 8 weeks after administration of the last cycle of chemotherapy. Further information at NBOCA.org.uk.