



Frequently Asked Questions

New Standard 4.6 - **The guidelines for patient management and treatment currently required by the CoC are followed.**

Q: When does this standard take effect?

A: The standard is effective on January 1, 2009.

Q: What is the definition of synoptic reporting for the pathology reports?

A: Synoptic can have more than one meaning. The College of American Pathologists (CAP) Cancer Committee is developing a definition for synoptic reporting in pathology reports that can be used by all CoC-approved Cancer Programs. This definition will be available by the end of 2008. Watch for a notice of availability in the CoC Flash electronic newsletter.

Q: Will the surveyor review abstracts and medical records to assess the pathology reports?

A: Yes. To assess compliance with the standard, the surveyor will review a random sample of 25 pathology reports from surgical specimens from the last complete year of abstracting.

Q: How will compliance with the CAP requirement be assessed during the surveys in 2009?

A: First, the surveyor will review a random sample of pathology reports from the last complete year to confirm that all of the scientifically validated data items are present in 90% of the reports reviewed. Second, the surveyor will determine if a synoptic format is present.

If the pathology reports meet both criteria, and if the program has monitored their performance using the CoC quality reporting tools and documented this information in the cancer committee minutes, then the facility complies with the Commendation for this standard.

Q: What if we didn't use synoptic reporting in the pathology reports prior to 2009??

A: If synoptic reporting was not used in the pathology reports during the years prior to 2009, then the program is not eligible for the Commendation rating for this standard during the 2009 surveys.

Reporting the scientifically validated data elements identified in the CAP protocol checklists in synoptic format has been encouraged and facilitated by both the CAP and many of the pathology reporting software products used by pathology laboratories for some time.

Q: What are the CoC quality reporting tools?

A: These are the Cancer Program Practice Profile Report (CP³R) tools. The CP³R tools are currently limited to three sites: breast colon, and rectum. Other sites will be added in the future.

Q: Our cancer committee meets monthly. Are we required to monitor and discuss our performance at every cancer committee meeting?

A: No. The results of the monitoring of performance using the CoC quality reporting tools are to be reviewed by the cancer committee at least annually, though a satisfactory review may require discussion and recommendations for action at more than one meeting.

Q: How will compliance with the quality of patient care be assessed during the surveys in 2009?

A: First, the surveyor will discuss with the cancer committee their plan to monitor the quality of patient care using the CoC quality reporting tools.

Second, for surveys scheduled in the first half of 2009, the surveyor will confirm the date that the quality of patient care monitoring results will be reported to the cancer committee. For surveys scheduled in the second half of 2009, the surveyor will discuss with the cancer committee the results of their quality of patient care monitoring and confirm that this has been reported to the cancer committee through the review of cancer committee minutes.

If this monitoring and reporting of the quality of patient care either has, or is scheduled to, take place during 2009, then the program complies with this portion of the standard. Keep in mind that the program must also comply with the CAP protocol portion of the standard (as discussed previously) to receive a compliance rating for this standard.

Q: What information will be reviewed by the surveyor to assess the quality of care measure?

A: For surveys performed in 2009, the National Cancer Data Base (NCDB) will select from among the National Quality Forum (NQF)- endorsed measures and will also identify a maximum of 25 cases eligible for that measure to be reviewed by the surveyor.

The information to be reviewed for each case is dependant on the measure selected and the data reported to the NCDB for each case. This can vary from case to case. The surveyor will be assessing the accuracy and completeness of the data submitted to the NCDB. The case specific criteria of the review will not be provided to the facilities in advance of the survey.

Q: How will the rating for this standard be affected if the surveyor finds errors or missing data in the cases selected for review of the quality of care measure?

A: The surveyor will discuss these findings with the cancer committee as part of the educational component of the survey. At this time, identified errors or missing data will not affect the rating for this standard.

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