



**Prepare for Survey:
Understanding
Standards for VA
Facilities**






***Cancer Program Standards
2004, Revised Edition***

What has remained the same?


- Manual format
 - Introduction
 - Chapter Purpose
 - Standard
 - Definition and Requirements
 - Category Specifications
 - Documentation
 - Rating




***Cancer Program Standards
2004, Revised Edition***

What has remained the same?

- 36 standards cover full scope of cancer care
- All standards required for approval
- Numeric rating of compliance
 - 1+ Commendation
 - 1 Compliance
 - 5 Noncompliance
 - 8 Not Applicable




What is different?



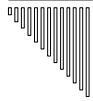
Rationale for Change

- Focuses requirements on methods for veterans care
- Allows for increased flexibility
- Enables the use of Veteran Integrated Service Network (VISN) resources and activities
- Recognizes resources available at VA facilities through a new category



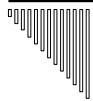
Veterans Affairs Cancer Program (VACP)

- New category designation for all VA hospitals
- Definition:
 - Provides care to military veterans
 - Offers the full range of diagnostic and treatment services, on site or by referral
 - Medical staff are board certified in the major medical specialties, including oncology, where applicable
 - Clinical research is required
 - Training residents is optional
 - No minimum caseload



Web-based Survey Application Record for VA programs

- Primary tool for gathering Approved Program information
- Resource and service data shared with the American Cancer Society
- Open at all times to all programs
- Selected data updated annually
 - Annual analytic caseload
 - Clinical research accrual
 - Cancer Liaison Physician activity report



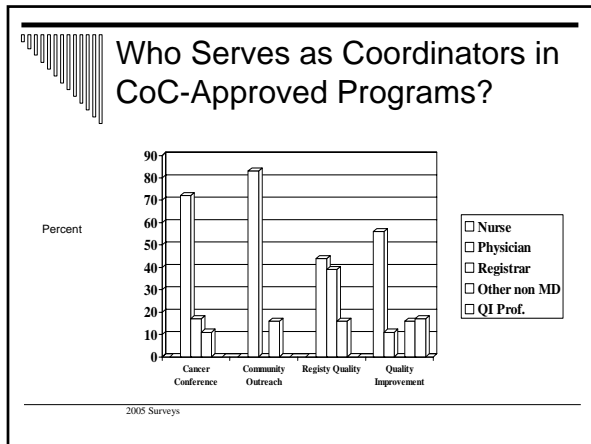
Standard 2.3 – Activity Coordinators

- Coordinators promote team involvement and help share responsibilities
- Appointed or reappointed annually
- Physicians and non-physicians participate
- Contribute to goal setting and monitoring of programmatic activities



How VA Programs Will Meet the Standard

- VACP facilities appoint 3 coordinators
 - Cancer conference
 - Quality of cancer registry data
 - Quality improvement
- Smaller facilities (<175 annual cases) may use
 - Ad hoc coordinators
 - As-needed (short term activity) coordinators
 - VISN-assigned coordinator
- Process documented in facility-approved sources



Coordinator Job Description

Coordinator for the Quality of Cancer Registry Data

The coordinator will be responsible for the quality of cancer registry data and will coordinate and monitor the data collection process. The coordinator will also be responsible for the data collection process and will coordinate and monitor the data collection process.

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- What makes a best practice?
 - CoC-developed coordinator job descriptions
 - Outline basics
 - Basis for facility-specific job descriptions
 - Available in the CoC Best Practices Repository at <http://www.facs.org/cancer/coc/bestpractices.html>

Standard 2.5 – Program Goals

- Goals provide direction and a basis for evaluation
- Established by cancer committee or subcommittee
- Committee or subcommittee chair guides development and evaluation
- Documented in minutes or facility-approved sources



How VA Programs Will Meet the Standard

- VACP facilities establish 3 goals
 - Clinical
 - Programmatic endeavors
 - Quality improvement
- Smaller facilities (<175 annual cases) may use VISN regional goals
- Process to use VISN goals documented
- Goals documented in minutes or facility-approved sources



Setting Program Goals

- S – Specific
- M – Measurable
- A – Attainable
- R – Realistic
- T – Timely



Goal Examples From Survey Experience

- Improve radiation oncology chart tracking and present findings at each cancer committee meeting
- Sponsor a breast education and screening program for African American women
- Increase awareness and use of the new Cancer Resource Center
- Monitor and improve pain control in cancer patients through nursing education

Standard 2.10 – Quality of Registry Data

- Monitoring ensures high quality data
- Covers registry operations and clinical activity
 - Casefinding, abstracting, follow up
 - Completion of AJCC staging in medical record
 - Recording the CAP scientifically validated data items in pathology reports
- 10% of caseload or a maximum of 300 cases
- Coordinator reports activity to committee
- Documented in committee minutes or other facility-approved sources

How VA Programs Will Meet the Standard

- Lead VISN CTR
 - Assists plan development
 - Coordinates QC review of registry data
- Committee members or their designee
 - Evaluates completion of AJCC staging in medical record
 - Reviews recording the CAP scientifically validated data items in pathology reports
- VISN CTR role documented in plan
- VISN CTR or coordinator reports activity to committee

Cancer Registry Quality

From Registry Quality Control Matrix (October 2008)

4. What makes a best practice?

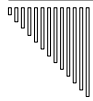
4.1. Quality control plan

4.2. Includes specific objectives of plan

4.3. Defines responsibilities

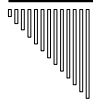
4.4. Establishes methods and timeline for completion of evaluation

- What makes a best practice?
 - Quality control plan
 - Includes specific objectives of plan
 - Defines responsibilities
 - Establishes methods and timeline for completion of evaluation



Standard 3.1 – Staff Qualifications

- Credentialed staff are knowledgeable and skilled in areas of oncology data collection and abstracting
- Options include
 - Facility employed
 - Contracted services through registry agencies or individuals
- Documented plan for CTR supervision when CTR not on staff
 - Scope of review
 - Educational feedback



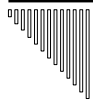
How VA Programs Will Meet the Standard

- VISN lead CTR may supervise abstracting
- Role documented in registry policies and procedures



Standard 3.2 – CoC Data Standards

- Standards ensure consistent data
- Facility Oncology Registry Data Standards (FORDS)
 - Establishes standard data elements
 - Establishes standard codes
 - Establishes directions for use



How VA Programs Will Use the FORDS to Record Stage

- In cancer registry database
 - Registrar-assigned Collaborative Stage
 - Registrar-assigned or completed AJCC stage
- Record 5 or 6 in "Staged By" field
 - 5 Cancer registrar
 - 6 Cancer registrar and physician
- IMPORTANT:** Does not affect physician staging in medical record (Standard 4.3)



Standard 4.3 – Staging

- Staging guides treatment decisions and evaluation of treatment results and outcomes
- Class of Case 1 and 2
- T, N, M, and Stage Group completed
- Assigned or supervised by managing physician
- Recorded in a standardized location
- Committee develops policy and procedure for full scope of staging activity
- Commendation applies



How VA Programs Will Meet the Standard

- Managing physician supervises staging
 - Fellows
 - Specialized physician assistants
 - Advanced nurse practitioners
- Designated location(s) include
 - CPRS problem list
 - Staging form
 - Others designated by the committee
- Committee develops policy and procedure for full scope of staging activity

Staging Policy

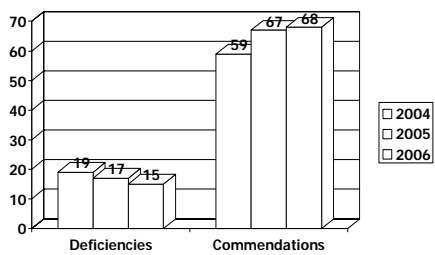
- Address activities at the facility
- Include QC review and action if noncompliant
- Address the managing physician question
- Apply consistently to all physicians

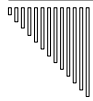
Define the Managing Physician

- If surgery is the only treatment, then the surgeon is the managing physician.
- If the patient is treated with surgery followed by radiation, then the radiation oncologist is the managing physician.
- If the patient is treated with surgery followed by radiation and chemotherapy, then the medical oncologist is the managing physician.
- If the patient is treated with radiation and/or chemotherapy prior to surgery, then the physician providing the first treatment modality is the managing physician.

- Address Fellows, Physician Assistants, Advanced Nurse Practitioners

Percentage Compliance with Standard 4.3: Deficiencies and Commendations, 2004–2006 Surveys





Standard 6.2 – Screening and Early Detection

- Prevention and early detection activities increase probability of survival and decreased morbidity
- Activities focus on patient needs
- Commendation applies



How VA Programs Will Meet the Standard

- VACP follow U.S. Preventive Service Task Force recommendations
- Services focus on veterans-related issues
 - Smoking and alcohol cessation
 - Prostate and colon
 - Chemical exposure
 - Breast and cervical in female veterans
- Provided through clinics or ongoing programs



Standard 8.1 – Studies of Quality

- Provides a baseline to measure quality
- Allows for correction or enhancement of patient outcomes
- Two studies completed annually



Standard 8.1 – Requirements

- Cancer committee responsibilities:
 - Establish the study topic
 - Define quality measures
 - Evaluate the data
 - Design and initiate actions
 - Monitor the effectiveness of action plans
 - Document activities



Standard 8.1 – Requirements

- Multidisciplinary activity involves:
 - Clinical representatives
 - Physician—all appropriate specialties
 - Non-physician—nursing, research, allied health
 - Administrative staff
 - Patient perspectives and needs
 - Patient-focused surveys
- Focus on quality-related issues
 - Relevant to the facility
 - Local patient population



Standard 8.1 – Requirements

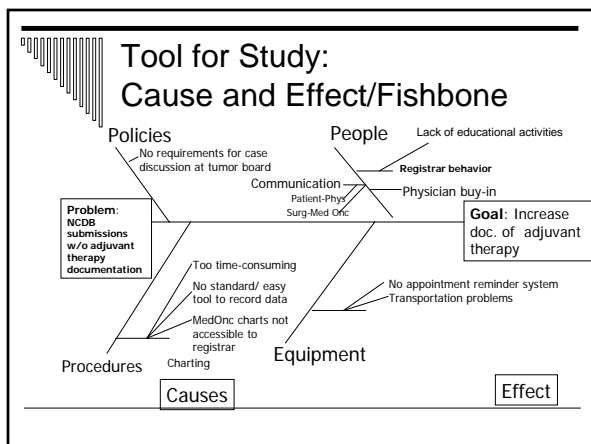
- The Three-legged Stool
 - Structure
 - Tangible elements affecting the delivery of treatment
 - Process
 - Appropriate care decisions
 - Outcomes
 - Treatment success or failure

Studies of Quality

- Study tools
 - Fishbone diagram
 - Pareto chart
 - Run chart
 - Flow chart
 - Checklists

Examples of Tools

Tool	When to use	To answer what question
Flow Chart	Document all process steps	At what point do problems exist?
Pareto Chart	Prioritize issues	What is the primary focus?
Scatter Chart	Determine relationship between 2 variables	Does change in one affect the other?
Cause and Effect Diagram	To identify root causes	What factors affect results?





Quality Improvement

- Quality improvement tools provided by the CoC
 - CP³R
 - Stage III colon cancer
 - e-QuIP
 - Breast cancer treated with breast conserving therapy
 - At least 12 regional lymph nodes are removed and pathologically examined for patients with resected colon cancer
 - Radiation therapy should be administered to, or be considered for, surgically resected Stage IIb or III rectal cancer patients




Study of Quality Topics From Survey Experience

- Study of referral patterns using zip codes to evaluate community outreach activities
- Evaluate the accuracy of identifying the location of tumor or specimen type in specimens sent to pathology
- Evaluate neutropenic patients to identify bacteria that may be a common source
- Treatment outcomes of 3D conformal radiation therapy for localized prostate cancer
- Evaluate the access to, and use of, palliative care services provided by the facility
- Evaluate the pain control programs to reduce the length of stay and improve pain scores for palliative care patients
- Evaluate the pre & post operative outcomes for surgically resected lung cancer patients Stage I and II
- Appropriate use of Pap testing in the eligible population at the facility
- Evaluate patient referral and access to TPN services




How VA Programs Will Meet the Standard


- Two completed studies annually
 - 1 study based on registry data
 - 1 additional study
- VISN or regionally defined study can be used

 **Standard 8.2 –
Improvements to Care**

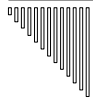
- Improvements demonstrate ongoing commitment to providing high-quality care
- Coordinator reports studies of quality and improvements to the committee
- Commendation applies

 **Standard 8.2 – Requirements**

- What is an improvement?
 - Actions taken
 - Processes implemented
 - Services created
- Sources for improvements include
 - Findings from a study
 - Addressing undesirable performance
 - Improving acceptable performance
 - Patient satisfaction survey
 - Staff identified concerns

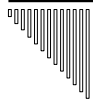
 **Use the Plan-Do-Study-Act
Cycle**

- Do–Make a change
 - Start on a small scale
 - Document results
- Study–Observe and analyze effects
 - Identify and analyze variations
 - Take action to change variation
- Act–Identify what was learned
 - Continue improvement
 - Return to plan phase to modify
- Plan-Do-Study-Act cycle is continuous



How VA Programs Will Meet the Standard

- Implement two improvements annually



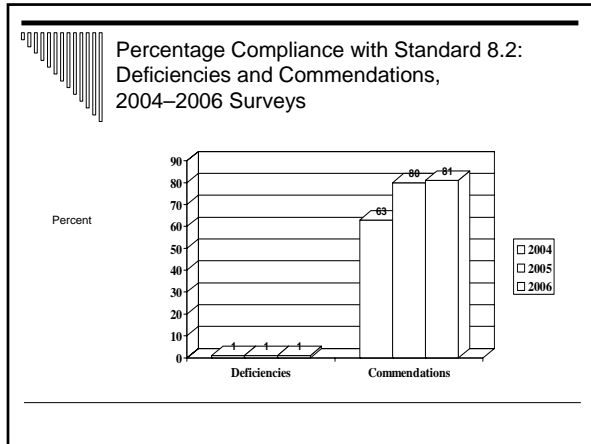
Quality Improvement Activities from Survey Experience

- Developed a palliative care program
- Implemented a subcommittee of surgeons and pathologists for collaboration on breast cancer specimen handling
- Expanded the healing art program to include regular workshops
- Initiation of treatment planning conference for CNS and Genitourinary cancers
- New Patient Education Notebooks developed in English and Spanish for all patients receiving either an Allogeneic or Autologous Stem Cell Transplant
- To better serve our community, the part-time Genetic Counselor position was increased from 1 day to 3 days a week
- Chemotherapy class presented in-house & Nurse Educator available on the unit to ensure new nurses are properly trained to provide quality patient care




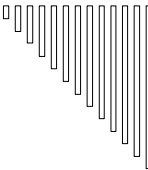
Distribution of Quality Improvements From Survey Experience

	2003	2004	2005
1 Improvement	13	8	27
2 Improvements	94	79	70
3 Improvements (Commendation)	157	140	116
4+ Improvements	163	219	150
Total	427	445	363
Annual Average	3.6	4	3.6



- Best Practice Examples
Available Online
- Planning grid of cancer committee activities
 - Cancer conference policies
 - Cancer conference grid
 - Staging policies
 - AJCC staging QC tool
 - QC checklists for CAP protocols
 - Treatment guideline resource list

- Questions and Clarifications
- Questions regarding the CoC standards for Veterans Affairs Cancer Programs should be submitted to the Inquiry & Response (I&R) System
 - Access to I&R is located on the CoC Web site at www.facs.org/cancer
- 



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