

Optimal Resources for Cancer Care 2020 Standards Webinars



Effective January 1, 2020

Review all information in the manual

- Address changes to Accreditation process
- New terms defined in glossary
- Specifications by category

Access the 2020 Standards and Resources page for more information on the standards and upcoming activities

<https://www.facs.org/quality-programs/cancer/coc/standards/2020>

7

Quality Improvement

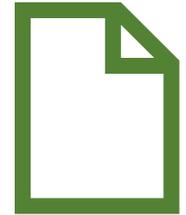


- **Quality Improvement Initiatives** focus on:
 - **Problem resolution**
 - **Outcomes improvement**
 - **Assurances of patient safety**
- Cancer program develops a **culture of collaboration** in order to analyze and implement strategies based on data to drive improvement in the quality of care
- Continuous quality improvement must be reflected in the results of such efforts



7.1 – Accountability/Quality Improvement Measures

- The Commission on Cancer (CoC) requires accredited cancer programs to treat cancer patients according to nationally accepted accountability and quality improvement measures indicated by the CoC quality reporting tool



Scope of the Standard

- Cancer committee monitors **Estimated Performance Rates (EPR)**
 - Accountability measures
 - Quality improvement measures selected annually by the CoC.
- If expected EPR of a measure(s) not met, then a corrective **action plan** must be developed and executed
- Corrective action plan documents how
 - Issue(s) for each measure will be investigated
 - Deficiency(ies) will be resolved and compliance improved

7.1 – Accountability/Quality Improvement Measures

Scope of the Standard

- Cancer committee responsibilities
 - Reviews compliance with required accountability and quality improvement measures
 - Monitors activity
 - Develops **action plan**, when needed
 - Documents activity in **cancer committee minutes**
- Note: Programs with no cases eligible for assessment in a selected measure are **exempt from requirements** for that individual measure



7.1 – Accountability/Quality Improvement Measures

- **Pre-Review Questionnaire (PRQ) documentation:**
 - **Cancer committee minutes**
 - Presentation and review of required accountability and quality improvement measures
 - Required **action plans**



7.1 – Accountability/Quality Improvement Measures

Compliance

1. The cancer committee monitors the program's expected EPR for accountability and quality improvement measures selected by the CoC
2. The monitoring activity is documented in the cancer committee minutes
3. For each accountability and quality improvement measure selected by the CoC, the quality reporting tools show a performance rate equal to or greater than the expected EPR specified by the CoC. If the expected EPR is not met, the program has implemented an action plan that reviews and addresses program performance below the expected EPR



7.2 – Monitoring Concordance with Evidence-Based Guidelines

- **In-depth analysis** of the diagnostic evaluation and treatment of individual patients
 - Performed by a physician
 - Confirms concordance with guidelines

Scope of the Standard

- Study requirements
 - Retrospective review of individual patient evaluation and treatment information
 - Includes a patient medical record review
 - Study and results are presented to the cancer committee
 - Documented in cancer committee minutes



Scope of the Standard

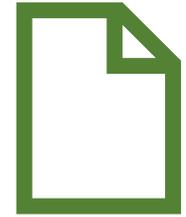
- The annual in-depth analysis must include all of the following components:
 1. **Patient population** to review. Sources for the assessment must include one of the following study topics:
 - All cases from a specific cancer site (or stage within that site), to a maximum of **100 cases** OR
 - An identified need or concern within a specific cancer site or stage of cancer



Scope of the Standard

2. Thorough review of pre-treatment evaluation

- Review of the medical record
- Pre-treatment initial diagnostic evaluation concordant with evidence-based national treatment guidelines
 - Initial evaluation includes
 - **Pathology**
 - **Diagnostic imaging**
 - **Laboratory tests**
 - **Recommended consultations**
- Thorough review of first course of treatment
 - Review of the medical record
 - First course of treatment is appropriate for
 - Stage of disease or prognostic indicators
 - Concordant with evidence-based national treatment guidelines



Scope of the Standard

4. Reporting format

- Permits analysis
- Provides an opportunity to recommend performance improvements



5. Report presentation detailing

- All required study elements
- Results of the analysis
- Presentation to the cancer committee
- Documentation in cancer committee minutes including any recommendations for improvement



7.2 – Monitoring Concordance with Evidence-Based Guidelines

- Evidence-Based Guidelines **Exceptions:**
 - Analysis and treatment discussions for patients at multidisciplinary cancer case conferences do not fulfill the requirements for Standard 7.2



7.2 – Monitoring Concordance with Evidence-Based Guidelines

- **Pre-Review Questionnaire (PRQ) documentation:**
 - **Report of the in-depth analysis**
 - **Cancer committee minutes**



Compliance

1. A physician conducts an in-depth analysis to determine whether initial diagnostic evaluation and first course of treatment provided to patients is concordant with evidence-based national treatment guidelines
2. The report detailing all required elements of the study, including the results of the analysis and any recommendations for improvement, are reported to the cancer committee and documented in the cancer committee minutes

7.3 – Quality Improvement Initiative

- Annual cancer-specific quality improvement initiative
- Guided by
 - Cancer Liaison Physician
 - Quality Improvement Coordinator
 - Cancer Committee
- Scope of work
 - Measure
 - Evaluate
 - Improve
- **Quality improvement (QI) initiative process**
 - **Identify** a problem
 - **Understand** what is causing the identified problem
 - **Implement** a planned solution to the problem
- Reports given to the cancer committee **at least twice each calendar year** and documented in the cancer committee minutes



7.3 – Quality Improvement Initiative Required Components

Scope of the Standard

1. Review Data to Identify the Problem

- Focus on an already identified, quality-related problem specific to the cancer program
- The following (in order of preference) may be used to identify the focus of the QI initiative:
 - Problems identified in a National Cancer Database (NCDB) accountability or quality improvement measure
 - Problems identified in a Standard 7.2: Monitoring Compliance with Evidence-Based Guidelines study
 - Problems identified through annual review of clinical services in other CoC standards (for example, palliative care services, genetics services, operative standards)
 - Problems identified through National Accreditation Program for Rectal Cancer (NAPRC) or National Accreditation Program for Breast Centers (NAPBC) accreditation initiatives
 - Problems identified through review of NCDB data other than accountability or quality improvement measures, including Cancer Quality Improvement Program (CQIP)
 - Any other cancer-specific, quality-related problem determined by the cancer committee



7.3 – Quality Improvement Initiative Required Components

Scope of the Standard

2. Write the Problem Statement

- The QI initiative **must** have a problem statement. The problem statement must identify:
 - A specific, already identified, quality-related problem specific to the cancer program to solve through the QI initiative
 - The baseline and goal metrics (must be numerical)
 - Anticipated timeline for completing the QI initiative and achieving the expected outcome
- The problem statement cannot state that a study is being done to see if a problem exists, rather it must already be known that a problem exists



7.3 – Quality Improvement Initiative Required Components

Scope of the Standard

3. Choose and Implement Performance Improvement Methodology and Metrics
 - Quality Improvement Coordinator and CLP must identify the content experts needed to execute the quality improvement initiative
 - Choose a recognized, standardized performance improvement tool to conduct the QI initiative
 - Team conducts analysis to identify all possible factors contributing to the problem. Develop intervention to fix the problem cause based on the results
 - Develop and use a project calendar (document launch date, report of updates and goal wrap-up date)
 - QI initiatives should last approximately one year. Extend time if needed; establish new initiative each year



7.3 – Quality Improvement Initiative Required Components

Scope of the Standard

4. Implement Intervention and Monitor Data

- **Important note:** The intervention chosen in step three must be implemented
- If oversight of the implementation suggests the intervention is not working, then it must be modified



7.3 – Quality Improvement Initiative Required Components

Scope of the Standard

5. Present Quality Improvement Initiative Summary

- Once the initiative has been completed, a document summarizing the initiative and the results must be presented and discussed with the cancer committee and documented in the cancer committee minutes. If possible, results are compared with national data.
- The summary presentation includes:
 - Summary of the data reviewed to identify the problem to study
 - The problem statement
 - The QI initiative team members
 - Performance improvement tool utilized
 - The intervention implemented
 - If applicable, any adjustments made to the intervention
 - Results of the implemented intervention



7.3 – Quality Improvement Initiative

Scope of the Standard

- The CLP or the Quality Improvement Coordinator updates the cancer committee on the quality improvement initiative's status **at least twice each calendar year**
- Status updates must include:
 - Current status of the QI initiative
 - Planned next steps
- **Final summary and results report** may qualify as one of the required reports



7.3 – Quality Improvement Initiative

- On-site documentation reviewed by site visit reviewer
 - **Documentation of QI initiative team's work** throughout the initiative (for example, minutes, literature used)
- **Pre-Review Questionnaire (PRQ) documentation:**
 - **Annual QI initiative summary** including all required elements
 - **Cancer committee minutes**
 - Required status updates
 - Presentation of the QI initiative summary



7.3 – Quality Improvement Initiative

Compliance

1. **One quality improvement initiative** based on an identified quality-related problem is initiated each year. The QI initiative documentation includes how it measured, evaluated, and improved performance through implementation of a recognized, standardized performance improvement tool
2. **Status updates are provided to the cancer committee two times.** Reports are documented in the cancer committee minutes
3. A **final presentation** of a summary of the quality improvement initiative is presented after the QI initiative is complete. The summary presentation includes all required elements



7.4 – Cancer Program Goal

- **Annual goal setting** provides direction for the strategic planning of cancer program activities.

Scope of the Standard

- **One cancer program goal each calendar year**
 - Establish
 - Document
- **Follow SMART to establish goal**
 - **Specific**
 - **Measurable**
 - **Achievable**
 - **Realistic**
 - **Timely**
- Direct goals to the scope, coordination, practices, processes, and provision of services for cancer care at the program



SMART

7.4 – Cancer Program Goal

Scope of the Standard

- Cancer committee **documents substantive status updates** on goal progress at two subsequent meetings after the goal's establishment in the same calendar year
- Goals should last approximately **one year**
- **New goal established** at the beginning of each calendar year even if a previous goal is still in progress



7.4 – Cancer Program Goal

- Cancer Program Goal **exceptions:**
 - A goal
 - **Cannot duplicate requirements**
 - **Be an improvement on requirements** from another standard
 - Be a program or initiative submitted to meet requirements of another standard



7.4 – Cancer Program Goal

- **Pre-Review Questionnaire (PRQ) documentation:**
 - **Cancer committee minutes** documenting the establishment and status updates of the cancer program goal



7.4 – Cancer Program Goal

Compliance

1. **One cancer program goal** is established and documented in the cancer committee minutes
2. At least **two substantive status updates** on goal progress are documented in the cancer committee minutes in the same calendar year as its establishment
3. For any goal extended into a second year, **at least one status update is documented in the minutes** during the second year to indicate whether the goal was completed or retired

