A QUALITY PROGRAM
of the AMERICAN COLLEGE
OF SURGEONS

Deficiency Resolution Requirements for 2020 Site Visits

2020 site visits will review cancer program activity from 2017, 2018, and 2019 against the 2016 Cancer Program Standards

2016 Standard		2020 Corresponding Standard		Deficiency Resolution Requirement
1.1	Physician Credentials	4.1	Physician Credentials	1) Roster and/or 2) If required, documentation of 12 cancer-related continuing medical education hours from 2020 for each non-board certified physician treating cancer patients. Reminder: This standard applies to **all** physicians who are involved in the evaluation and management of cancer patients.
1.2	Cancer Committee Membership	2.1	Cancer Committee	2020 cancer committee minutes documenting the appointment of required physicians, non-physicians, coordinators, and designated alternates.
1.3	Cancer Committee Attendance	2.4	Cancer Committee Attendance	Cancer committee minutes for one complete calendar year (2020) demonstrating all required members and appropriate designated alternates attended at least 75% of the total meetings (include attendance grid, sign-in sheet).
1.4	Cancer Committee Meetings	2.3	Cancer Committee Meetings	Cancer committee minutes for one complete calendar year (2020) demonstrating quarterly meetings took place.
1.5	Cancer Program Goals	7.4	Cancer Program Goal	1) 2020 cancer committee minutes that clearly document the establishment and review of one cancer program goal. 2) Minutes from a minimum of three cancer committee meetings from the same calendar year must be submitted. Reminder: Goal progress must be monitored and evaluated at two subsequent meetings within the same calendar year.

A QUALITY PROGRAM
of the AMERICAN COLLEGE
OF SURGEONS

Deficiency Resolution Requirements for 2020 Site Visits

1.6	Cancer Registry Quality Control Plan	6.1	Cancer Registry Quality Control	1) Current quality control policy and procedure. 2) Audit reports from the state or central registry that were used in the evaluation of the cancer registry data. 3) 2020 cancer committee minutes documenting that the results of the annual quality control evaluation were presented and reviewed by the cancer committee. <u>Reminder:</u> Minutes submitted must be from the same calendar year the QC review took place.
1.7	Monitoring Cancer Conference Activity	2.5	Multidisciplinary Cancer Case Conference	1) Current multidisciplinary cancer case conference policy and procedure. 2) 2020 Cancer Conference Coordinator's report. 3) 2020 cancer committee minutes documenting the Cancer Conference Coordinator's report.
1.8	Monitoring of Prevention, Screening, and Outreach Activities	N/A	N/A	No resolution required.
1.9	Clinical Research Accrual	9.1	Clinical Research Accrual	1) Current policy and procedure for screening patients for clinical research studies and for providing subjects with information on clinical research studies. 2)2020 cancer committee minutes documenting the Clinical Research Coordinator's report that includes all required elements.
1.10	Clinical Education Activity	N/A	N/A	No resolution required.
1.11	Cancer Registry Education	4.3	Cancer Registry Staff Credentials	1) Current CTR credentials document for all certified cancer-registry staff. 2) Current plan for CTR supervision of non-credentials staff who perform case abstracting. 3) 2020 documentation of cancer-related continuing education (3 CE hours) for each non-credentialed member of the cancer registry staff.

A QUALITY PROGRAM
of the AMERICAN COLLEGE
OF SURGEONS

Deficiency Resolution Requirements for 2020 Site Visits

1.12	Public Reporting of Outcomes	N/A	N/A	N/A
2.1	CAP Protocols and Synoptic Reporting	5.1	CAP Synoptic Reporting	Random sample review of **10 CAP eligible pathology reports** documenting compliance with synoptic format, including all core data elements. Review to be performed and documented in the 2020 cancer committee minutes.
2.2	Oncology Nursing Care	4.2	Oncology Nursing Credentials **Phase in 2021**	No resolution required.
2.3	Genetic Counseling and Risk Assessment	4.4	Genetic Counseling and Risk Assessment	1) Current policy and procedure for providing cancer risk assessment, genetic counseling, and genetic testing services on-site or by referral that includes all required elements. 2)2020 cancer committee minutes that document the annual review of all required elements.
2.4	Palliative Care Services	4.5	Palliative Care Services	1) Current policy and procedure for providing palliative care services on-site for by referral. 2) 2020 cancer committee minutes that document the annual evaluation of the palliative care services that includes all required elements.
3.1	Patient Navigation Process	8.1	Addressing Barriers to Care	2020 cancer committee minutes that document the required annual report that includes all required elements.

A QUALITY PROGRAM
of the AMERICAN COLLEGE
OF SURGEONS

Deficiency Resolution Requirements for 2020 Site Visits

3.2	Psychosocial Distress Screening	5.2	Psychosocial Distress Screening	1) Current policy and procedure that ensure patient access to psychosocial services either on-site or by referral. 2) Current policy and procedure on psychosocial distress screening. 3) 2020 psychosocial services summary with all required elements. 4) 2020 cancer committee minutes documenting the annual summary.
3.3	Survivorship Care Plan	4.8	Survivorship Program **Phase in 2021**	1) Detailed action plan, documented in CC minutes, as to how compliance will be met for **Std 3.3**. Progress and/or barriers to also be documented at each meeting. **-OR-** 2) Detailed action plan, documented in CC minutes, as to how the **new Std 4.8** will be implemented. Progress and/or barriers to also be documented at each meeting.
4.1	Cancer Prevention Programs	8.2	Cancer Prevention Event	2020 cancer committee minutes documenting the summary of the cancer prevention event with all required elements.
4.2	Cancer Screening Programs	8.3	Cancer Screening Event	2020 cancer committee minutes documenting the summary of the cancer screening event with all required elements.
4.3	CLP Responsibilities	2.2	Cancer Liaison Physician	2020 cancer committee minutes documenting CLP reports from at least two separate meetings on cancer program NCDB data, including actions and response.
4.4	Accountability Measures	7.1	Accountability and Quality Improvement Measures	1) 2020 cancer committee minutes documenting the presentation and review of required CP^{3}R accountability and quality improvement measures, which includes any required action plans. 2) An action plan that was developed and executed if the program's performance rates were below the expected EPRs established by the CoC.

A QUALITY PROGRAM
of the AMERICAN COLLEGE
OF SURGEONS

Deficiency Resolution Requirements for 2020 Site Visits

4.5	Quality Improvement Measures	7.1	Accountability and Quality Improvement Measures	1) 2020 cancer committee minutes documenting the presentation and review of required CP^3R accountability and quality improvement measures, which includes any required action plans. 2) An action plan that was developed and executed if the program's performance rates were below the expected EPRs established by the CoC.
4.6	Monitoring Compliance with Evidence-Based Guidelines	7.2	Monitoring Concordance with Evidence-Based Guidelines	1) A 2020 report of the in-depth analysis with required elements. 2) 2020 cancer committee minutes that document the study was reported and any recommendations for improvement.
4.7	Studies of Quality	7.3	Quality Improvement Initiative	1) 2020 documentation summarizing at least one QI initiative which includes all required elements. 2) 2020 cancer committee minutes documenting required status updates and the presentation of the QI initiative summary.
4.8	Quality Improvements	7.3	Quality Improvement Initiative	1) 2020 documentation summarizing at least one QI initiative which includes all required elements. 2) 2020 cancer committee minutes documenting required status updates and the presentation of the QI initiative summary.
5.1	Cancer Registrar Credentials	4.3	Cancer Registry Staff Credentials	1) Current CTR credentials document for all certified cancer-registry staff. 2) Current plan for CTR supervision of non-credentialed staff who perform case abstracting. 3) 2020 documentation of cancer-related continuing education (3 CE hours) for each non-credentialed member of the cancer registry staff.

Deficiency Resolution Requirements for 2020 Site Visits

5.2	RQRS Participation	6.4	RQRS Participation	1) If deficiency is due to non-enrollment in RQRS: enroll in RQRS within one calendar quarter from receipt of performance report. Provide the RQRS enrollment email as the resolution documentation. 2) If deficiency is due to non-submission of data: Provide the RQRS data submission receipt email that documents submission to RQRS within one calendar quarter from receipt of performance report. 3) If deficiency is due to absence of cancer committee discussion of RQRS data: Submit cancer committee minutes that document of the required semiannual reviews of RQRS data by the cancer committee that occurred post-site visit.
5.3	Follow-Up of all Patients	6.5	Follow Up of Patients	Provide a copy of the current follow-up report that shows follow-up rate from the cancer registry date and follow-up rate for all eligible analytic cases diagnosed within the last five years or from the reference date, whichever is shorter.
5.4	Follow-Up of Recent Patients	6.5	Follow Up of Patients	See Standard 5.3.
5.5	Data Submission	6.2	Data Submission	Upload the NCDB email notification that shows the full analytic caseload for the deficient years of data were submitted without errors or the screenshot of the information in "View Detail" on the NCDB Submission History. This applies to deficiencies due to: 1) Diagnosis year/s that were not submitted 2) diagnosis year/s with far below the expected number of new and updated cases 3) diagnosis year's submitted after the Call for Data due date.

Deficiency Resolution Requirements for 2020 Site Visits

5.6	Accuracy of Data	6.3	Data Accuracy	Upload the NCDB email notification that shows the full analytic caseload for the deficient years of data were submitted without errors or the screenshot of the information in "View Detail" on the NCDB Submission History. This applies to deficiencies due to: 1) Diagnosis year/s that were not submitted 2) diagnosis year/s with far below the expected number of new and updated cases 3) diagnosis year's submitted after the Call for Data due date
5.7	CoC Special Studies	9.2	CoC Special Studies	Deficiency will time out in one year post-site visit if not asked to participate in the next study or no study is released by the CoC.