Overview of NAPRC QPort and 2020 Standards
Objectives of Today’s Webinar

- High-level overview of the new NAPRC Quality Portal

- High-level overview of Optimal Resources for Rectal Cancer Care (2020 Standards)
Q&A Webinar: August 26

August 26
Noon CT

Registration
Submit Questions
Location: [https://qualityportal.facs.org/qport](https://qualityportal.facs.org/qport)
NAPRC Quality Portal (QPort) User Guide

This User Guide will assist you in navigating the American College of Surgeons (ACS) Quality Portal for NAPRC (NAPRC QPort). In this portal you will be able to access all information and activity needed for your site’s NAPRC accreditation. If you have any questions after reviewing this document, please contact the ACS staff at NAPRC@facs.org.

Website

ACS QPort is accessible at: https://qualityportal.facs.org/qport

Login using your ACS Username.

If you have forgotten your username and/or password or do not have a password, use the Forgot Username/Password link.

Please note: It is recommended that you use Internet Explorer (Version 10 or higher) or Firefox, as other browsers may not capture information correctly. Please turn off any Pop-up blockers installed on your browser, as they can prevent applications from loading.

Logging in

You can access the portal homepage directly at https://qualityportal.facs.org/qport

If you have an existing username and password with www.facs.org, either though a Quality Program or an ACS membership, your login username and password will be the same.
Site Information

NAPRC Site Information

Below is the site contact information. This information is used in displaying your site's location information on the American College of Surgeons website.

If you need to update this information, contact the NAPRC at NAPRC@facs.org.

Name: ACS NAPRC Test Site
Address: 633 N Saint Clair

Country: United States
City: Chicago
State: IL
Zip: 60611

Telephone: (Country Code Area Code Number) Ext:
Fax: (Country Code Area Code Number) Email:

Web Site: FEIN: NPI:
### Site Contacts

<table>
<thead>
<tr>
<th>Name</th>
<th>Site Role</th>
<th>Status</th>
<th>Additional Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erica McNamara</td>
<td>Rectal Cancer Program Coordinator</td>
<td>Active</td>
<td></td>
</tr>
<tr>
<td>Erin DeKoster</td>
<td>Rectal Cancer Program Director</td>
<td>Active</td>
<td>Primary Contact/Billing Contact</td>
</tr>
<tr>
<td>Ingrid Katauskas</td>
<td>Rectal Cancer Program Contact</td>
<td>Active</td>
<td></td>
</tr>
</tbody>
</table>
Site Contacts
Data Platform Contacts

Please manage Rectal Cancer Program access to the National Cancer Database through your facility's Commission on Cancer program.
Site Profile

To input information, click "edit."

* Rectal Cancer Cases
100

* COC Facility Id
10000465

* Hospital Type
Academic Teaching

* Month and Year that the NAPRC standards were implemented in the program:
9/2020

PROFILE MAINTENANCE

- Rectal Cancer Cases: Provide the number of rectal cancer cases for the last full calendar year.
- CoC Facility Id: Click "search" and enter part of the facility name or Commission on Cancer Facility Identification Number (FIN) into the search box to find the CoC FIN.
- Hospital Type: Select the option that best describes your facility.

Once information is entered, click "save."

* Rectal Cancer Cases
100

* COC Facility Id
10000465

* Hospital Type
Academic Teaching

* Month and Year that the NAPRC standards were implemented in the program:
9/2020

Save
Schedule Site Visit

Please provide at least 4 dates for your initial NAPRC site visit. The site visit must occur on a day when a Rectal Cancer Multidisciplinary Team meeting is held.

Visit Type: Initial

Program Selection: NAPRC

Your site visit must occur between 10/1/2020 and 6/30/2021.

Available

Select Dates

October, 2020

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</table>

Add Date(s)

Blackout

Select Dates

October, 2020

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<td>31</td>
</tr>
</tbody>
</table>

Add Date(s)
**Pre-Review Questionnaire (PRQ)**

Active PRQs are found below along with information relevant to a pending site visit. Please complete the PRQ at least 30 days before the confirmed site visit date.

Corrective Action PRQs are open when an institution needs to correct deficiencies found at the time of the site visit.

<table>
<thead>
<tr>
<th>PRQ</th>
<th>Program Selection</th>
<th>Type</th>
<th>Reviewers</th>
<th>Site Visit Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRQ</td>
<td>NAPRC</td>
<td>Initial</td>
<td>Reviewers</td>
<td></td>
<td>Approved</td>
</tr>
</tbody>
</table>

Showing 1 to 1 of 1 entries
## Site Visit History

The table below shows the history of site visit outcomes for your site. Submitted PRQs and Accreditation Reports are available for download.

<table>
<thead>
<tr>
<th>Type</th>
<th>AV Status</th>
<th>Site Visit Date</th>
<th>Program Selection</th>
<th>Outcome</th>
<th>PRQ</th>
<th>Performance Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td></td>
<td>6/11/2020</td>
<td>NAPRC</td>
<td>Verified / Accredited</td>
<td></td>
<td>Report</td>
</tr>
</tbody>
</table>

Showing 1 to 1 of 1 entries
File Sharing

This area allows for sharing of documents between the site and NAPRC Staff. Staff do not receive a notification when documentation is shared. When files are shared that require review, notify Staff of updates.

Note: Documents required for the Pre-review Questionnaire (PRQ) must be uploaded in the PRQ. Documents shared here are not accessible by the Site Reviewer.

<table>
<thead>
<tr>
<th>File</th>
<th>Category</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Audit Template (NAPRC).docx</td>
<td>Documents</td>
<td>4/17/2020 1:10:40 PM</td>
</tr>
</tbody>
</table>

Showing 1 to 1 of 1 entries

Drag & Drop files here to upload.

Or click here to select files individually.
NAPRC Site Resources

General Resources
NAPRC Website
NAPRC Accreditation Processes and Policies
2020 Accreditation Fee Chart
NAPRC Quality Portal User Guide
Accreditation Folder Structure Tutorial Powerpoint
Accreditation Folder Structure Zip File

Standard Compliance Resources
Optimal Resources for Rectal Cancer Care (2020 Standards)
Notable Changes in the 2020 Accreditation Standards
Frequently Asked Questions: Radiology and Pathology Standards
Standard 5.3: Society of Abdominal Radiology Template
Standard 8.1: Pathology Webinar
Standard 8.1: Radiology Module (Note: Applicant programs are eligible for institutional pricing)
Standard 8.1: College of American Pathologists (CAP) Protocol for the Examination of Resection Specimens From Patients With Primary Carcinoma of the Colon and Rectum
Standard 8.1: Pathology Education Module Attestation

Site Visit Resources
Preparing for the Site Visit
Sample Site Visit Agenda
Site Visit Review Timeline
Pre-Review Questionnaire PDF
Required PRQ Documents for Initial Site Visits
Internal Audit Template
Site Reviewer Profiles
Site Visit Experience Survey (to be completed within 14 days of a site visit)

2017 NAPRC Standards
Updates to Standards 2.5, 2.6, 2.11, 2.12 (November 2019)
Scope of Standards Revision

1. Aligned with ACS Quality Programs
2. Updated MDT and attendance standards
3. Clarified/simplified language
Standards Organization

Nine Domains [Chapters]

1: Institutional and Administrative Commitment
2: Program Scope and Governance
3: Facilities and Equipment Resources
4: Personnel and Services Resources
5: Patient Care: Expectations and Protocols
6: Data Surveillance and Systems
7: Quality Improvement
8: Education: Professional and Community Outreach

Why?
Align all ACS Quality Programs to ensure common experience across spectrum of hospital care
# Notable Changes in the 2020 NAPRC Accreditation Standards

**Note:** This is a high-level overview of notable changes reflected in the *Optimal Resources for Rectal Cancer Care (2020 Standards)*. It is not exhaustive and does not substitute for reading the requirements in full as detailed in *Optimal Resources for Rectal Cancer Care (2020 Standards)*.

<table>
<thead>
<tr>
<th>2020 Standard</th>
<th>2017 Standard</th>
<th>Notable Change in 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Standards</td>
<td></td>
<td>• Re-organized and re-formatted to align with the American College of Surgeons Common Chapters</td>
</tr>
<tr>
<td>1.1: Administrative Commitment</td>
<td>Not Applicable</td>
<td>• Standard language was updated to improve readability and remove redundancies</td>
</tr>
<tr>
<td>2.1: Rectal Cancer Multidisciplinary Care</td>
<td>1.2: Rectal Cancer Multidisciplinary Care</td>
<td>• Added requirement that a lead pathologist, radiologist, radiation oncologist, and medical oncologist must be designated.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Added that a maximum of 8 specialists may be appointed to the RC-MDT for the following specialties: radiology, pathology, medical oncology, and radiation oncology.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Removed language addressing alternates.</td>
</tr>
<tr>
<td>2.2: Rectal Cancer Program Director</td>
<td>1.5: Rectal Cancer Program Director</td>
<td>None</td>
</tr>
<tr>
<td>2.3: Rectal Cancer Program Coordinator</td>
<td>1.6: Rectal Cancer Program Coordinator</td>
<td>None</td>
</tr>
<tr>
<td>2.4: Rectal Cancer Multidisciplinary Team Meetings</td>
<td>1.4: Rectal Cancer Multidisciplinary Team Meetings</td>
<td>None</td>
</tr>
<tr>
<td>2017 Term</td>
<td>2020 Term</td>
<td></td>
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<td>----------------------------</td>
<td>----------------------------------</td>
<td></td>
</tr>
<tr>
<td>Survey Application Record (SAR)</td>
<td>Pre-Review Questionnaire (PRQ)</td>
<td></td>
</tr>
<tr>
<td>Survey</td>
<td>Site Visit</td>
<td></td>
</tr>
<tr>
<td>Surveyor</td>
<td>Site Visit Reviewer</td>
<td></td>
</tr>
<tr>
<td>Survey cycle</td>
<td>Accreditation cycle</td>
<td></td>
</tr>
</tbody>
</table>
• This is a high-level overview

• Only covering those with notable changes

• For full details on standards requirements, review the Definitions and Requirements, Documentation, and Measure of Compliance sections for each standard in the Optimal Resources for Rectal Cancer Care (2020 Standards)
New Programs

Period reviewed at initial site visit:
- Rolling 12 months (not calendar year)
- Dependent on the date of the site visit*

<table>
<thead>
<tr>
<th>Month of Initial Site Visit</th>
<th>Timeframe Reviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2020</td>
<td>November 2018-October 2019</td>
</tr>
<tr>
<td>February 2020</td>
<td>December 2018-November 2019</td>
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<tr>
<td>March 2020</td>
<td>January 2019-December 2019</td>
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<td>April 2020</td>
<td>February 2019-January 2020</td>
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<td>May 2020</td>
<td>March 2019-February 2020</td>
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<td>June 2020</td>
<td>April 2019-March 2020</td>
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<tr>
<td>July 2020</td>
<td>May 2019-April 2020</td>
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<tr>
<td>August 2020</td>
<td>June 2019-May 2020</td>
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<tr>
<td>September 2020</td>
<td>July 2019-June 2020</td>
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<td>October 2020</td>
<td>August 2019-July 2020</td>
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<tr>
<td>November 2020</td>
<td>September 2019-August 2020</td>
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<td>December 2020</td>
<td>October 2019-September 2020</td>
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<tr>
<td>January 2021</td>
<td>November 2019-October 2020</td>
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<td>February 2021</td>
<td>December 2019-November 2020</td>
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<tr>
<td>March 2021</td>
<td>January 2020-December 2020</td>
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<td>April 2021</td>
<td>February 2020-January 2021</td>
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<td>May 2021</td>
<td>March 2020-February 2021</td>
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<td>June 2021</td>
<td>April 2020-March 2021</td>
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<td>July 2021</td>
<td>May 2020-April 2021</td>
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<td>August 2021</td>
<td>June 2020-May 2021</td>
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<td>September 2021</td>
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<td>October 2021</td>
<td>August 2020-July 2021</td>
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<td>November 2021</td>
<td>September 2020-August 2021</td>
</tr>
<tr>
<td>December 2021</td>
<td>October 2020-September 2021</td>
</tr>
</tbody>
</table>
Standard 1.1: Institutional Administrative Commitment

**What?**
Letter of authority from hospital facility leadership demonstrating commitment to the rectal cancer program.

Letter focuses on:

- Rectal cancer program initiatives related to quality and safety
- Facility leadership’s involvement in rectal cancer program
- Examples of financial investment
  - Generalized examples ok
  - Does not need to be line-item budget

**When?**
Once each accreditation cycle

**Why?**
Documented acknowledgment of authority
2.1: Rectal Cancer Multidisciplinary Care

All surgeons performing rectal cancer surgery

Rectal Cancer Multidisciplinary Team

At least one specialist, but not more than eight

Surgeon
Radiation Oncology
Medical Oncology
Pathologist
Radiologist

At least one specialist, but not more than eight
Notable Changes: Rectal Cancer Multidisciplinary Care

• Must designate a lead radiologist, pathologist, radiation oncologist, medical oncologist

• Maximum of 8 radiologists, pathologists, radiation oncologists, medical oncologists are appointed to the RC-MDT

• Removed references to alternates
## 2.5: Rectal Cancer Multidisciplinary Team Attendance

<table>
<thead>
<tr>
<th>Specialty/Role</th>
<th>Minimum Attendance Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgeons</td>
<td>50%</td>
</tr>
<tr>
<td>Pathologists</td>
<td>20%</td>
</tr>
<tr>
<td>Radiologists</td>
<td>20%</td>
</tr>
<tr>
<td>Radiation Oncologists</td>
<td>20%</td>
</tr>
<tr>
<td>Medical Oncologists</td>
<td>20%</td>
</tr>
<tr>
<td>Rectal Cancer Program Director</td>
<td>50%</td>
</tr>
<tr>
<td>Rectal Cancer Program Coordinator</td>
<td>50%</td>
</tr>
<tr>
<td>Lead pathologist/radiologist/medical oncologist/radiation oncologist</td>
<td>30%</td>
</tr>
</tbody>
</table>
Chapter 4: Personnel and Services Resources

Fulfilled by Commission on Cancer Requirements
Minimum of 90% of rectal cancer staging MRIs read/reviewed by a radiologist who is appointed RC-MDT member

95% of results must be reported in a standardized synoptic report

Link to elements: https://www.abdominalradiology.org/page/DFPrectalanalcancer
Individualized treatment planning discussion before beginning definitive treatment in all patients

Definitive treatment is defined as neoadjuvant therapy, surgical resection, or initiation of palliative care
Changes to MDT Standards

- Allows programs to document RC-MDT discussions in ways that are consistent with local requirements related to risk management, peer review, and patient privacy.

- Directs all RC-MDT communication to the treating physician, who then oversees appropriate communication to the patient and any referring providers.
Original Requirement

The RCP Coordinator must document in the patient’s medical record the date the patient was discussed at the RC-MDT meeting and which physician presented the case.

Revised Language

The Rectal Cancer Program consults with its legal and/or risk management department(s) to conform to local policy and requirements for conducting and documenting multidisciplinary team treatment discussions and communicating with the patient.
Original Requirement

Recommendation summary provided to primary care and/or referring physician for 50 percent of patients

Recommendation summary is recorded in the patient’s medical record

Revised Requirement

Recommendation summary is provided to treating physician for 50 percent of patients.

No requirement to record in medical record
At least 80% of surgical resections for rectal cancer are performed by a RC-MDT surgeon.

95% operative reports recorded in a standardized synoptic report format.
Minimum of 90% of patients read/reviewed by a pathologist who is appointed RC-MDT member

95% of results must be reported in a standardized synoptic report, include all elements, and be completed within 2 weeks.

Link to elements:
5.10: Photographs of Surgical Specimens

A minimum of 65% of all eligible surgical specimens are photographed

- Four views: anterior, posterior, and two lateral views
- Presented to and discussed by the Rectal Cancer Multidisciplinary Team and electronically stored with patient identifier (does not need to be in EMR)
After completion of definitive surgical treatment, all rectal cancer patients treated must be discussed at a RC-MDT meeting within 4 weeks of surgery.

Four steps of discussion:
- Presurgical evaluation and treatment
- Review of the outcome of the surgery
- Review of final pathology report and stage
- Recommendations for adjuvant treatment
Post-surgical treatment outcome discussion summary is provided to treating physicians for **50%** of patients.
Standard Name Changes

Previous Standard Name:

**Standard 2.11**: Multidisciplinary Team Treatment Outcome Discussion

**Standard 2.12**: Treatment Outcome Discussion Summary

New Standard Name:

**Standard 2.11**: Multidisciplinary Team Post-Surgical Treatment Outcome Discussion

**Standard 2.12**: Post-Surgical Treatment Outcome Discussion Summary
Standard 5.12: Post-Surgical Treatment Outcome Discussion Summary

Original Requirement
Outcome discussion summary provided to primary care and/or referring physician for 50 percent of patients
Outcome discussion summary is given to 50 percent of patients

Revised Requirement
Outcome discussion summary is provided to treating physician for 50 percent of patients.
No requirement to provide to patient or put in medical record
Chapter 6: Data Surveillance and Systems

Fulfilled by Commission on Cancer Requirements
7.1: Accountability and Quality Improvement Measures

Programs will review rectal cancer accountability and QI measures as required by NAPRC

If measure not meeting expected Estimated Performance Rate, then an action plan is implemented to address performance
8.1: Rectal Cancer Program Education

Radiology—Available Now
• Rectal Cancer Staging: A Competency-Based Assessment of MR Imaging Proficiency
• NAPRC applicants get special pricing

Pathology—Available Now
• Self-study of CAP’s “Cancer Protocol for the Examination of Specimens of Patients with Primary Carcinoma of the Colon and Rectum”
• Webinar: https://www.youtube.com/watch?v=04Rz3h1mvTM

Surgery—In Development by ASCRS
Implementation Timelines

The changes in the following standards went into effect in **November 2019**:

- **Standard 5.5**: Rectal Cancer Multidisciplinary Team Treatment Planning Discussion
- **Standard 5.6**: Treatment Evaluation and Recommendation Summary
- **Standard 5.11**: Multidisciplinary Team Post-Surgical Treatment Outcome Discussion Summary
- **Standard 5.12**: Post-Surgical Treatment Outcome Discussion Summary

The changes in the following standards will go into effect **January 2021**:

- **Standard 1.1**: Administrative Commitment
- **Standard 2.1**: Rectal Cancer Multidisciplinary Care
- **Standard 2.5**: Rectal Cancer Multidisciplinary Team Attendance
- **Standard 5.8**: Surgical Resection and Standardized Operative Reporting
- **Standard 5.10**: Photographs of Surgical Specimens
Questions?

Optimal Resources for Rectal Cancer Care (2020 Standards) ➔ CAnswer Forum

August 26th Webinar ➔ Submit Questions

NAPRC Quality Portal ➔ NAPRC@facs.org
https://www.facs.org/quality-programs/cancer/news