CAnswer Forum Live
March 27, 2019
Agenda

12:00 – 12:05 pm  Welcome and General Information
12:05 – 12:15 pm  Tips for Searching in CAnswer Forum
12:15- 12:55 pm   Questions and Answers
12:55- 1:00 pm    Wrap-up
CAnswer Forum Usage and Resources
Have questions or need help?

- CAnswer Forum may provide assistance

- Search first before posting new question
  - Your question may already be posted
  - Find answers fast

- Please start new post if topic is different
  - Posting new question in unrelated post is confusing
  - Especially confusing if question is similar

- Post in correct forum so others may find it
Which Forum is the Right Forum?

- How to determine where to post, what forum is right?
  - Type of question
  - Who writes rules on that question
  - What book do you use to code or stage
  - Pick appropriate subforum
CAanswer Forum Search

• Home page includes guide document
  – Click on CAanswer Forum Guide
  – “Navigating the CAanswer Forum”

• Searching
  – Click on down arrow in search box
  – Select “Advanced Search”

• Advanced Search allows choice of
  – Specific forums
  – Keywords
  – Specified users
CAnswer Forum Searches

- Choose main forum or subforums

Sources

- AJCC TNM Staging 8th Edition
- Ca Staging Principles and General Info Chapters 1-4
- Principles of Cancer Staging Chapter 1
- Organization of AJCC Cancer Staging Manual Chapter 2
- Cancer Survival Analysis Chapter 3

- Choose members

Members

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CAnswer Forum Searches

• Keyword-based Boolean search
  – Multiple keywords but not specific phrases
  – Default comparison
    • ‘AND’
    • Must contain all keywords

• May use operators
  – AND (default)
  – OR
  – NOT
  – - (minus sign) for NOT

• Words omitted from search criteria
  – Short, common and bad words omitted
  – Defined by the site administrator
• Excluded Words
  – What it does: excludes search results with particular word or phrase
  – What to type: bass -fishing
  – What you'll get: results about bass not related to fishing

• Multiple Words
  – What it does: searches for results including either word
  – What to type: vacation London OR Paris
  – What you'll get: results with vacation and either London or Paris
Search by Question Number

• How to find question in CAnswer Forum by number in URL
• Forum URL for question titled “quiz”
  http://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging/ajcc-curriculum-for-registrars/general/55860-quiz
• Use question number and word "node" to locate question
  http://cancerbulletin.facs.org/forums/node/55860
• Save this URL, replace X with question number
  http://cancerbulletin.facs.org/forums/node/x
Rules or Guidance

• Dissect types of questions answered in forums
  – General rules applied to all cases
  – Guidance for specific rare scenarios only

• Use caution and read answers carefully
  – Is it same situation as your case
  – Was it answer for that specific situation
  – Important to understand context of answers
• Develop new knowledge while inspecting forum function
  – Learn how to use forum, perform searches
  – Opportunity to also learn from posted answers

• Identify staging rule explanations
  – Posts provide explanations based on scenarios
  – Opportunity to gain more thorough understanding of rules

• Choose correct resource for your question, finding answer
  – Review questions and answers carefully
  – Similar or differences from your scenario
  – Author of post, look for avatar (logo) and color logo signature
CAnswer Forum

• Submit questions to AJCC Forum
  – NEW 8th Edition Forum
  – 7th Edition Forum will remain
  – Located within CAnswer Forum
  – Provides information for all
  – Allows tracking for educational purposes

• http://cancerbulletin.facs.org/forums/
Questions and Responses
When will the Completeness Overuse Report be available?
The NCDB is working to provide Completeness and Default Overuse Reports for all facilities within the next few months.
Can you please give a list of detailed specialties that need Board Certification?

As an example, I see on the questions and answers that the anesthesiologists and radiologists are included. Our facility does not require Board Certification for all specialties so it is vital to have a precise guideline regarding the specialties that the standard refers to. Are internal medicine physicians included in this requirement?
Yes, internal medicine physicians are required to be Board Certified if they are involved in the evaluation and the management of your cancer patients.
CoC Standard 1.5 – Cancer

We want to explore the possibility of starting a prostate clinic for our programmatic goal.

If after doing all the research we find out that it is not feasible will this meet the intent of the standard even though we are not able to open the clinic?
Yes. If research determines your goal is not feasible, you can still meet the standard provided that the work on the goal and the reason that this is not feasible is documented in your Cancer Committee minutes followed by two subsequent evaluations.
Who would be responsible for Standard 3.1?

For example: the standard discusses a lot about the community needs assessment, which usually falls under the Community Outreach Coordinator’s responsibility, and yet we have a Oncology Patient Nurse Navigator. Please clarify.
Your oncology patient nurse navigator can be responsible for this standard. Other suggestions are a social worker, an oncology nurse, or any required or non-required committee member with appropriate background.
Is it acceptable to administer a Survivorship Care Plan after Herceptin for breast cancer?

The patient would receive adjuvant chemo first, then followed by a year of Herceptin or will that be too late according to the standard?
Yes, this would be acceptable since the timing of delivery of the Survivorship Care Plan is within one year of the cancer diagnosis and no later than six months after completion of adjuvant therapy.
Procedure and policies to meet compliance for the Survivorship Care Plan – is it more about the quality of the plan than the compliance of delivering the paper to the patient?

Timing is delicate in some situations with the immune agents and one might not finish treatment for some time.
While the quality of the SCP is extremely important, your program will need to provide your patients with their SCPs in a timely fashion.
I am seeing many facility’s confuse 4.5 Quality Improvement Measures with 4.8 Quality Improvements.

Would you please clarify for listeners?
Standard 4.5 Quality Improvement Measures
• Nationally accepted
• Tools to measures or quantify health processes, outcomes, patient perceptions, and organizational structure and/or systems
• Use Cancer Program Profile Reports (CP3R)
• Meet Estimated Performance Measures (EPRs) or provide an action plan

Standard 4.8 Quality Improvements
• Actions taken, processes implemented, or services created to improve cancer care
• Implement two annually
The CoC Standard of 4.7 is confusing when it states: “the study focuses on areas with problematic quality-related issues..." so how does one go about this realistically? How do you know if something is a problematic issue until you do a study, which doesn't count until the study results show there was a problem and then you can do a 4.8 QI? (just one example)

Is it still necessary to start with a problem or can we utilize other methods of identifying an area to study? In other words does it have to be a known perceived problem to start?
Yes, you must have identified a problem. A problem can come from many sources. What cannot be done is asking, “Is there a problem?” at the beginning of your study. Your problem statement should be specific and clearly identified at the beginning of the study.

- Data collection to perform a root cause analysis – to determine the root cause of the stated problem
- Comparison to national benchmark - to determine whether your program is meeting expectations
- Summary of analysis and data comparison – narrative format
- Recommendation for improvement, if needed

*See the Std 4.7 Informational Sheet located within the Standards Resource Library
If our previous 4.7 studies did not need any improvement based on results, how do we implement a 4.8 Qualify Improvement?
Quality improvements are to be implemented each calendar year:

- One QI resulting from a completed quality study
- One QI from another data source

Keep in mind that 4.7 studies begin with a problem and look for the best way to address the root cause.
If you are studying something more specific or current that does not yet have a national benchmarks/guidelines, can clinical studies be utilized for internal system benchmark comparison?
• National benchmark
• National treatment guidelines
• Published article/Peer Review
• Program established benchmark – no other option
If there are no national benchmarks or guidelines to compare our data results to, can our facility’s cancer committee create a benchmark and/or guideline?
Answer

- National benchmark
- National treatment guidelines
- Published article/Peer Review
- Program established benchmark – no other option
When writing a quality study the standard states that you should compare your results with an applicable national benchmark.

How do you know which resource to use and what is an acceptable benchmark? For example, what is a benchmark for time from a breast cancer diagnosis to a surgery?
The identification of an applicable national benchmark or guideline would vary depending on the problem that you are studying. This can be done by your Quality Improvement Coordinator working with your Cancer Committee and through online research to identify benchmarks.
Regarding the best practices - can the CoC suggest how to select and identify data sources when attempting to determine what should be considered for a study of quality and eventually a quality improvement project?

Are there practice sites that one would suggest utilizing on either a local, state, or national level to benchmark against to see if the facility is inline with norms?
• Your own data is the best source to identify problems.
• National Organizations involved in cancer care
• Government agencies-
• Peer reviewed literature
Do you have any updated handouts or guides to help ensure that our 4.7 and 4.8 are being documented well and in alignment with the requirements?

The most recent handouts and guides are from 2017, I believe and there has been some clarifications since then, but there is not much in the Best Practices for those standards.
Standards 4.7 and 4.8 have not changed since 2017, and the information in the Standards Resource Library is accurate.
Standard 4. 7

Have reporting templates for 4.7 been updated for conducting a quality study?
Since there were no changes for programs being surveyed in 2019, there were no changes to the templates.
When will there more resources added to the Standards Library?

Standard 4.7 is even more of a struggle than Standard 4.8. Sharing the best of the best formats was the idea behind the Standards Resource Library but nothing has been added for quite some time. Instead people turn to other sources (Social Media) that may not be taking us in the right direction.
We are in the process of reviewing resources to add.
Our cancer committee has identified a problem -- timely referral to hospice. We have proposed this as a 4.7 Quality Study. There have been several posts in CAnswer Forum on this topic that were answered as would be acceptable. However, there was a post entitled PC Consult Study where the response said that this would fall under Standard 2.4. Palliative Care.

Could you please clarify if this is an identified problem that can be used as a quality study?
Yes. If your program has identified timely referral to hospice as a problem and you are conducting the study as outlined in the Tips for 4.7 Compliance located in the Standards Resource Library this could qualify as a quality study.
NAPBC Standard 6.1 compared to CoC

Does NAPBC Standard 6.1 mimic the CoC Standard 4.7 where it is a study not a quality improvement or does NAPBC Standard 6.1 expect you to consider a study and a QI within the same calendar year?
NAPBC Standard 6.1 does not mimic CoC Standard 4.7. NAPBC Standard 6.1 requires not only a study, but that the Breast Program Leadership Committee set specific quality improvement goals for the center based on the study.
We are two separate hospitals under the same umbrella and per the CoC's direction, both hospitals are to apply for NAPRC accreditation separately. This means that our pathology and radiology teams will be separate, yet many patients receive care at both institutions. This results in the pathology and radiology teams having to do rereads on specimens and images which is not cost effective.

Is there consideration to allow an appointed radiologist and/or pathologist from another site to be able to sign-off on the standards so that a reread is not required?
At this time, in the limited circumstance where there are two hospitals that are both applying for NAPRC accreditation and under the same umbrella or hospital system, an arrangement may be utilized that allows radiologists/pathologists from hospital A to qualify as a compliant review for hospital B’s compliance (and vice-versa). In your policy and procedure, you must identify how you will keep updated on who are named as Rectal Cancer- Multidisciplinary Team (RC-MDT) members for radiology and pathology.
Please discuss or provide an overview of when/what quality/outcome reporting requirements there will be for accredited rectal cancer programs. (Other than requirements for timely treatment.)
The NAPRC specific quality measures will be released along with the infrastructure upgrade to the NCDB. We hope that will occur in late 2019. At that time, we will provide extensive information regarding requirements.
A Look Toward the Future

• CAnswer Forum Live question submission site to remain open.
• CAnswer Forum Live will be topic focused based on your submissions.
• The 2019 dates and topic areas for CAnswer Forum Live will be posted soon.
Thank you!

Please complete the evaluation form