

Preparing for Implementation: Resources and Tools to Promote Success

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Disclosures

- None

Available Resources

Quality Portal (QPort)/Resources

2026 NAPRC Standards

- Optimal Resources for Rectal Cancer Care (2026 Standards)
- 2026 NAPRC Standards Overview
- 2026 NAPRC Standards FAQ



General Resources

- [NAPRC Quality Portal User Guide](#)
- [NAPRC Accreditation Policies and Processes](#)
- [Site Information Change Request](#)
- [Voluntary Withdrawal Request](#)

Financial Resources

- [2025 Accreditation Fees](#)
- [Accreditation Fee FAQ](#)
- [American College of Surgeons W9](#)

2026 NAPRC Standards

- [Optimal Resources for Rectal Cancer Care \(2026 Standards\)](#)
- [2026 NAPRC Standards Overview](#)
- [2026 NAPRC Standards FAQ](#)

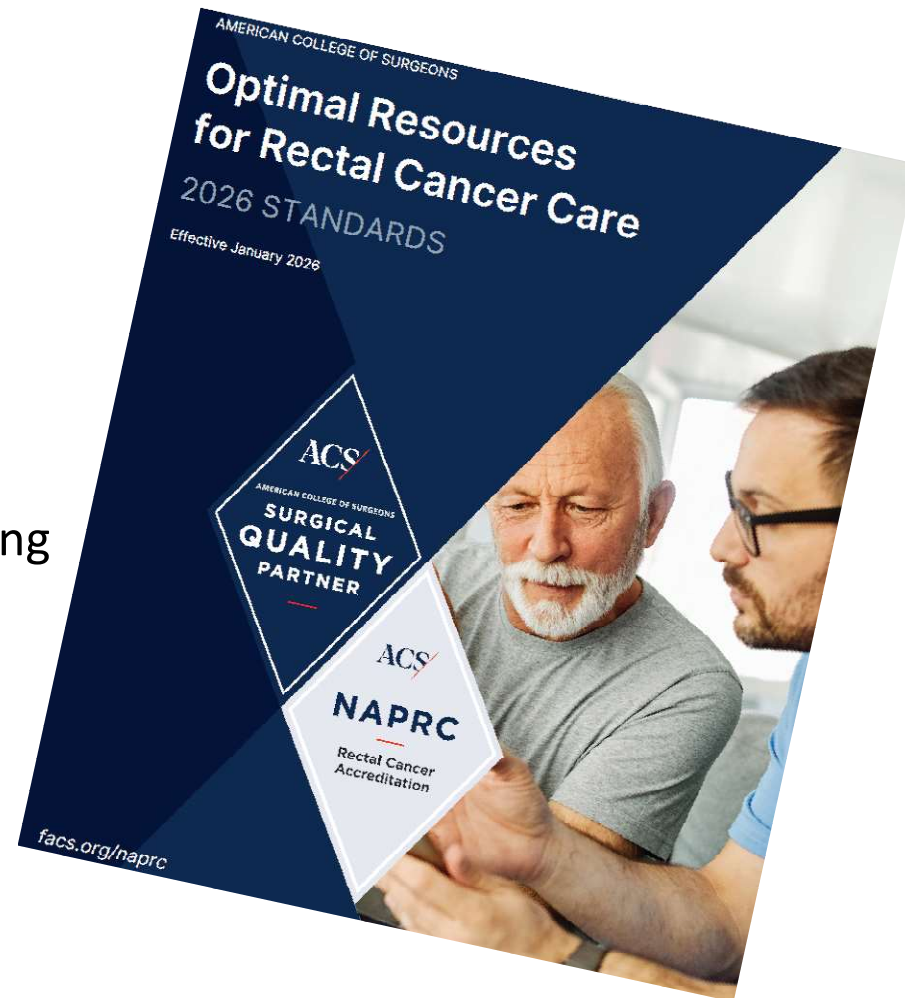
2026 Standard Compliance Resources

- Required Standards Templates**
- Standards 2.4 & 2.5: [RC-MDT Attendance Template](#)
- Standard 7.2: [Quality Improvement Initiative Template](#)

- RC-MDT Presentation and Discussion Templates**
- [RC-MDT Initial Treatment Recommendation Summary](#)
- [RC-MDT Local Excision Treatment Recommendation Summary](#)
- [RC-MDT Neoadjuvant Therapy Outcome Summary](#)
- [RC-MDT Local Excision Outcome Summary](#)
- [RC-MDT Surgical Outcome Summary](#)

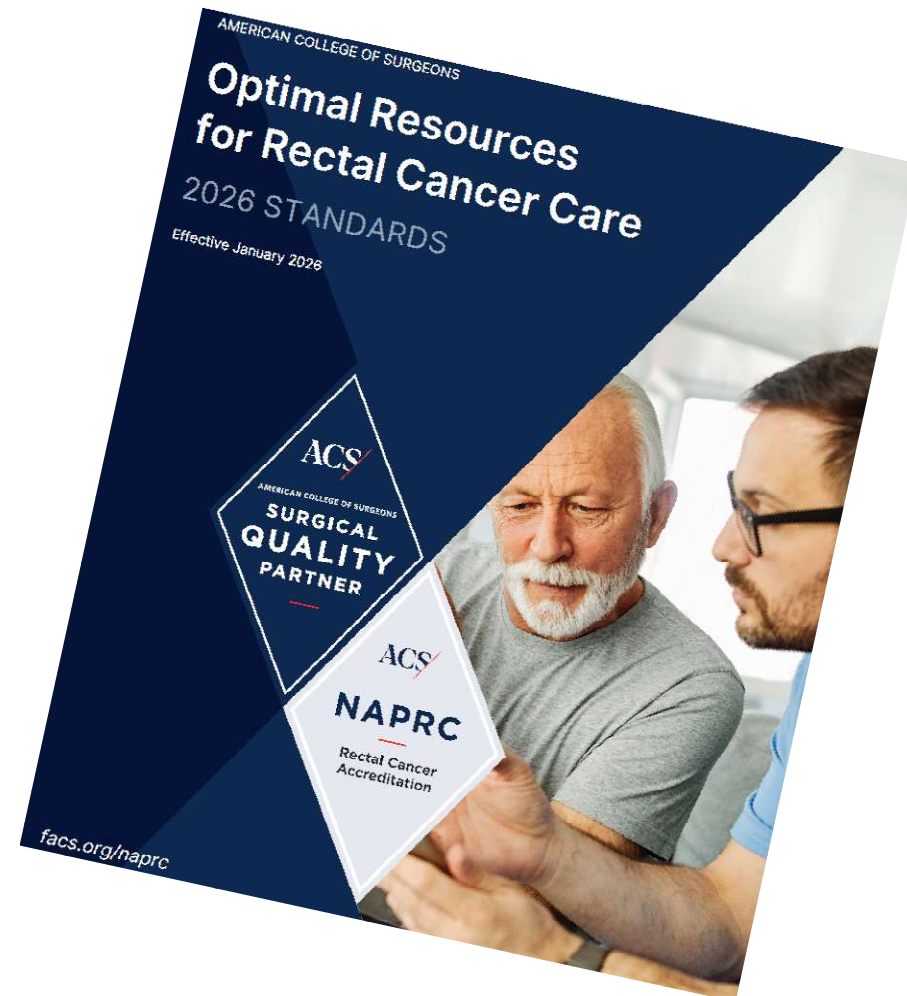
Get To Know The Standards

- Optimal Resources for Rectal Cancer Care (2026 Standards)
 - Available January 2025
 - Compliance effective January 1, 2026
 - *Not assessed in 2025 or 2026*
- Evaluated during NAPRC site visits beginning January 2027
 - 2027 site visit will review calendar year 2026 only
 - 2028 site visit will review calendar year 2026 and 2027
 - 2029 site visit will review calendar year 2026, 2027 and 2028



Get To Know The Standards

- Definition and Requirements
 - Expectations for each standard
- Documentation
 - Submitted with Pre-Review Questionnaire
 - **NO Protected Health Information (PHI)!**
- Measure of Compliance
 - Fulfill ALL compliance criteria
 - Basis for rating by site reviewer



2026 NAPRC Standards Overview

- Available with the release of the NAPRC Standards
- Provides *Summary of Requirements*
 - High-level overview of updates, not the complete list of requirements
 - Should not be referenced in place of the NAPRC Standards

ACS NAPRC National Accreditation Program for Rectal Cancer
American College of Surgeons

Optimal Resources for Rectal Cancer Care (2026 Standards)

This overview is not a substitute for reading the NAPRC standards in their entirety. Please refer to [Optimal Resources for Rectal Cancer Care \(2026 Standards\)](#) for full details.

2026 NAPRC Standards Overview

Standard	Change Date	Summary of Requirements
General Changes All Standards		
Front Content NAPRC Patient Care Algorithms		
Standard 1.1 Administrative Commitment		
Standard 2.1 Rectal Cancer: Multidisciplinary Care		
Standard 5.2 Review of Diagnostic Pathology	January 15, 2026	<ul style="list-style-type: none"> Standard updated for 2026 compliance A minimum of ninety percent (90%) of all previously undiagnosed and previously untreated patients with rectal cancer must have biopsy pathology confirming a diagnosis of rectal cancer before the initiation of definitive treatment at the NAPRC-accredited program Added requirements for local excision <ul style="list-style-type: none"> Maintain compliance with this standard as written for malignant rectal lesions removed endoscopically or by local excision as definitive treatment
Standard 5.3 Systemic Staging with Computerized Tomography	January 15, 2026	<ul style="list-style-type: none"> Standard updated for 2026 compliance A minimum of ninety percent (90%) of all previously untreated patients with rectal cancer must have completed systemic staging by CT or PET/CT scan of the chest, abdomen, and pelvis before definitive treatment is initiated by the NAPRC-accredited program The patient's chest CT scans must be presented and discussed by the RC-MDT Added requirements for local excision <ul style="list-style-type: none"> Maintain compliance with this standard as written for malignant rectal lesions removed endoscopically or by local excision as definitive treatment When invasive rectal cancer is determined as a result of local excision, the NAPRC-accredited program must complete systemic staging by CT or PET/CT scan of the chest, abdomen, and pelvis within ninety (90) days of the date of the sigmoidoscopy report diagnosing rectal cancer

2026 NAPRC Standards FAQ

- Available with the release of the NAPRC Standards
- Includes common questions asked during the public comment period
- Will be updated as needed

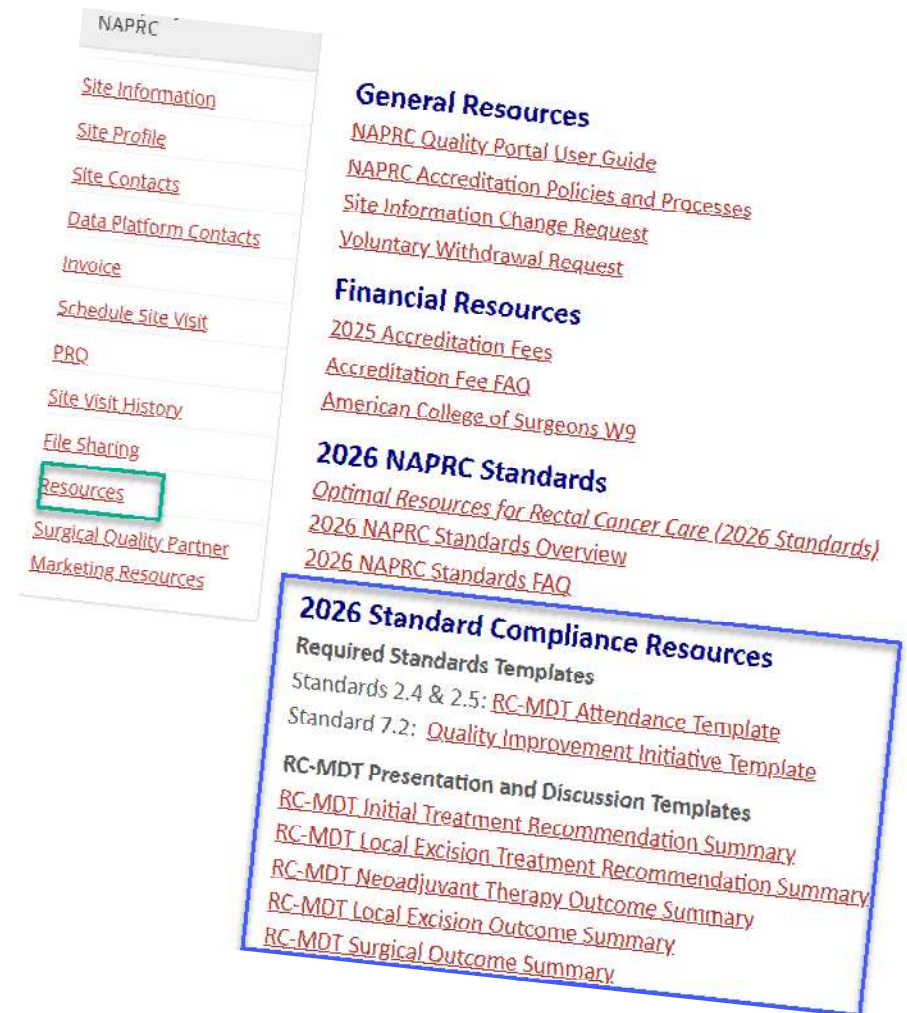


Available Resources

Quality Portal (QPort)/Resources


2026 Standard Compliance Resources

- 2026 NAPRC Templates
 - 2 required
 - 5 recommended



- RC-MDT Attendance (2.4 & 2.5)
- Quality Improvement Initiative (7.2)

[illegible]



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National Accreditation Program for Rectal Cancer

Quality Improvement Initiative Template

Program Name:	
Company ID:	
Completed by:	
Years of Accreditation Cycle:	

Documentation in the template does NOT preclude the required documentation in committee meeting minutes.

Purpose: Completion of this template will assist site reviewers and NAPRC staff to confirm compliance for the quality improvement initiatives conducted for each calendar year of the accreditation cycle.

Instructions: Programs approved by both the CoC and the NAPRC must meet compliance with both CoC Standard 7.3 and NAPRC Standard 7.2. The same QI initiative cannot be used to meet compliance with both standards, even if the QI initiative is rectal cancer-specific.

This template contains three worksheets to document the required rectal cancer-specific QI initiatives for NAPRC accreditation

1. Complete this table on each worksheet, documenting the QI initiative year, identified problem, methodology and metrics, and intervention implemented.
2. At the bottom of the table, enter the dates the study was discussed and documented in the RC-MDT meeting minutes.
3. Upload this completed template and any additional required documentation to the PQI prior to the site visit.

Study title	QI Initiative Year (yyyy):	QI Initiative is Rectal Cancer-Specific:
Rate the quality improvement initiative was completed (mm/dd/yyyy)		
Problem statement (The problem statement must include <u>measurable</u> baseline and goal metrics and anticipated timeline)		
How problem was identified		
Quality Improvement initiative team members		
Performance improvement tool (e.g. PDSA, DMAIC)		
Data (identifying all possible factors contributing to		

<
NAPRC Year 1 QI
NAPRC Year 2 QI
NAPRC Year 3 QI
>

Recommended Templates

- Case Presentation for Standard 5.6
 - Initial Treatment Recommendation Summary
 - Local Excision Treatment Recommendation Summary
- Case Presentation for Standard 5.11
 - Neoadjuvant Therapy Outcome Summary
 - Local Excision Outcome Summary
 - Surgical Outcome Summary

The image displays three overlapping ACS NAPRC form templates, each with a colored border: green, red, and yellow. All forms feature the ACS NAPRC logo and the text 'National Accreditation Program for Rectal Cancer American College of Surgeons'.

- Green Form:** Titled 'RC-MDT Initial Treatment Planning Discussion and Recommendation Summary'. It includes fields for Patient Name, Presented By, and checkboxes for Colonoscopy, Biopsy Results, and MRI.
- Red Form:** Titled 'RC-MDT Local Excision: Treatment Planning Discussion and Recommendation Summary'. It includes fields for Patient Name, DOB, MRN, and Diagnosis, as well as checkboxes for Reviewed by, Circumferential, Tumor Locat, Sphincter Im, and Suspicious E.
- Yellow Form:** Titled 'RC-MDT Neoadjuvant Therapy Outcome Discussion and Summary'. It includes fields for Patient Name, DOB, MRN, and Diagnosis, as well as checkboxes for CT Scan, PET Scan, CEA Level, ACJJ Stage, Microsatellite Sta, and Pre-Treatment CEA Level.

The bottom of the forms contains a 'Treatment' section with checkboxes for Total Neoadjuvant Therapy, Neoadjuvant Therapy, and Post-Treatment MRI, along with fields for Date of Completion and checkboxes for Post-Treatment Endoscopy and Clinical.

Recommended Templates

- Check boxes confirming item was discussed
- Notes do not need to be extensive

RC-MDT Surgical Outcome Discussion and Summary

Patient Name: _____ DOB: _____ MRN: _____ Diagnosis: _____

Presented By: _____ Date of RC-MDT Presentation: _____

Presurgical Evaluation and Treatment

☐ Pre-Treatment AJCC Stage: _____

☐ Pre-Treatment CEA Level: _____

☐ Microsatellite Status: Microsatellite Stable ☐ Microsatellite Instability ☐ Microsatellite Instability-High ☐

Neoadjuvant Therapy: Yes ☐ No ☐

Type of Neoadjuvant Therapy (if applicable): _____

Neoadjuvant Therapy Completed: Yes ☐ No ☐ Date of Completion: _____

Local Excision Procedure: Yes ☐ No ☐

Type of Local Excision Procedure (if applicable): _____

Date of Procedure: _____

Recommended Templates

- RC-MDT Discussion Templates are recommended for patient presentation
 - ✓ Easy documentation of RC-MDT requirements
 - ✓ **NOT Required**
- Each template includes the necessary discussion elements
- Programs may customize the templates
 - ✓ **Include all required elements!**

The image displays three overlapping ACS NAPRC templates for Rectal Cancer Multidisciplinary Team (MDT) discussions. Each template is titled 'RC-MDT [Topic] Treatment Planning Discussion and Recommendation Summary' and includes fields for Patient Name, DOB, MRN, and Date of RC-MDT Presentation. The first template is 'RC-MDT Initial Treatment Planning Discussion and Recommendation Summary'. The second is 'RC-MDT Local Excision Treatment Planning Discussion and Recommendation Summary'. The third is 'RC-MDT Neoadjuvant Therapy Outcome Discussion and Summary'. The third template also includes a 'Treatment' section with checkboxes for Total Neoadjuvant Therapy, Neoadjuvant Therapy, and Post-Treatment MRI, as well as fields for completion dates and review status.

Available Resources

NAPRC Standards and Resources

- Download the 2026 Standards

National Accreditation Program for Rectal Cancer > NAPRC Standards and Resources

Overview About NAPRC Accreditation **Standards & Resources** Find a Program FAQs

CANCER PROGRAMS

NAPRC Standards and Resources

10 Min Print Share Bookmark

The National Accreditation Program for Rectal Cancer (NAPRC) is pleased to announce the release of its new accreditation standards, *Optimal Resources for Rectal Cancer Care (2026 Standards)*. The new standards are available for download.

The standards have been updated to incorporate non-operative management and local excision treatment options for rectal cancer while providing comprehensive, multidisciplinary care.

Interested in using content from *Optimal Resources for Rectal Cancer Care (2026 Standards)*? Please review the [ACS Cancer Programs Accreditation Content Use Permission Requirements](#).

[Download Standards](#)



www.facs.org/quality-programs/cancer-programs/national-accreditation-program-for-rectal-cancer/standards-and-resources/

Available Resources

NAPRC Standards and Resources (cont'd)

- Implementation timeline
 - January 1, 2026
 - **NOT** rated at 2025 or 2026 site visits
- Site visit compliance requirements
 - Renewal sites
 - Initial sites

Overview About NAPRC Accreditation **Standards & Resources** Find a Program FAQs

Implementation Date

All NAPRC-accredited programs are required to come into compliance with the new standards no later than January 1, 2026. The NAPRC will continue providing guidance and education regarding the new standards and future site visits throughout the 2025 calendar year.

Site Visits

Compliance requirements for NAPRC site visits will follow the information provided in the tables below. The tables reference the year of a scheduled or anticipated site visit, the year(s) of compliance data that will be reviewed during that site visit, and the standards version against which compliance will be measured.

Please reference the correct table for Renewal Sites undergoing a reaccreditation site visit, and Initial Sites undergoing their first NAPRC site visit.

Renewal Sites

Year of Site Visit	Years to be Reviewed	2020 or 2026 Standards
2025	2022, 2023, 2024	2020 Standards
2026	2023, 2024, 2025	2020 Standards
2027	2026	2026 Standards
2028	2026, 2027	2026 Standards

Initial Sites

Year of Site Visit	Review Period	2020 or 2026 Standards
2025	Initial site visits for NAPRC accreditation review a rolling 12 months.	2020 Standards
2026		2020 or 2026 Standards*
2027		2026 Standards

www.facs.org/quality-programs/cancer-programs/national-accreditation-program-for-rectal-cancer/standards-and-resources/

Available Resources

NAPRC Standards and Resources (cont'd)

- Compliance Resources
 - FAQ – Radiology and Pathology
 - Quick reference for multiple standards
- Gap Analysis Tool
 - Available for purchase
 - NOT required



NAPRC Standards and Resources

Overview About NAPRC Accreditation **Standards & Resources** Find a Program FAQs

Compliance Resources

Frequently Asked Questions for Radiology and Pathology Standards ☐

Standard 2.2: Rectal Cancer Program Director ☐

Standard 5.3: Standardized Staging Reporting for MRI Results ☒

The required elements for rectal cancer MRI results are defined in the [Society of Abdominal Radiology template](#).

Standard 5.13: Adjuvant Therapy after Surgical Resection ☐

Standard 7.1: Accountability and Quality Improvement Measures ☐

Standard 8.1: Rectal Cancer Program Education ☐

NAPRC Optimal Resources for Rectal Cancer Care Gap Analysis Tool



To assist your accreditation journey, the NAPRC has developed a tool to help assess your site's readiness to apply for NAPRC accreditation. This resource includes:

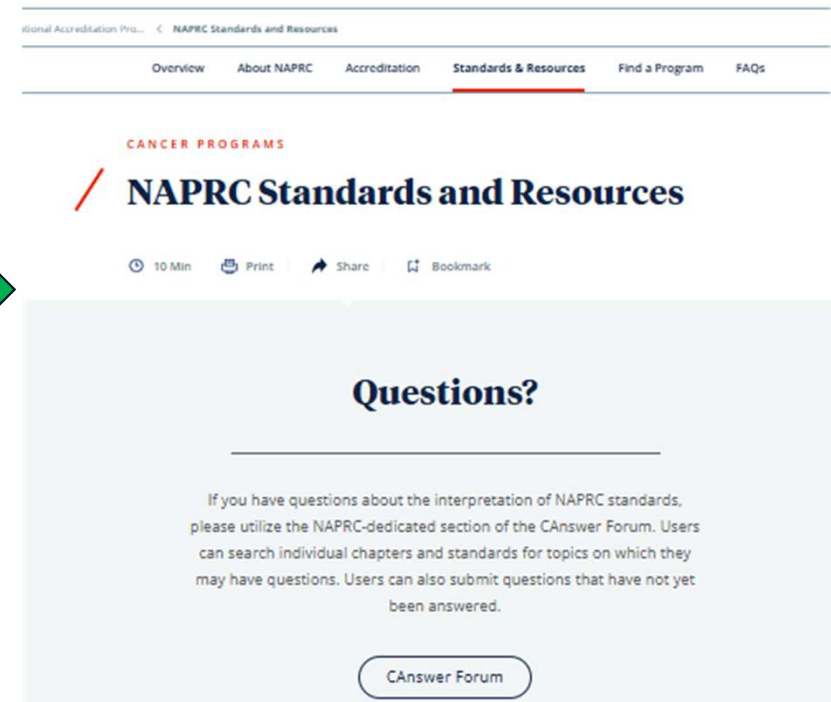
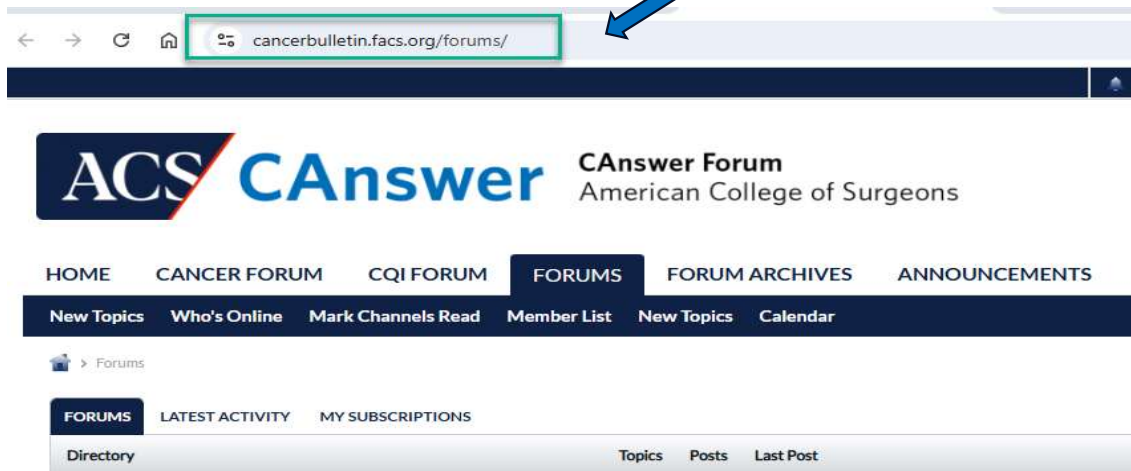
- **Standard Elements** - A basic description of the elements within each standard.
- **Required Documentation** - Information on what is needed to demonstrate compliance.
- **Site Status** - A space to document your site's current standard compliance status.
- **Action Plan** - A space to document an action plan to address compliance gaps.
- **Resources** - Links to available resources that can assist with compliance, including access to templates and an example of the Pre-Review Questionnaire (PRQ).

For more information on this tool, please visit the [ACS Store](#).

www.facs.org/quality-programs/cancer-programs/national-accreditation-program-for-rectal-cancer/standards-and-resources/

CAnswer Forum

- Access via
 - Quality Portal (QPort)/Resources
 - NAPRC Standards and Resources page 
 - <https://cancerbulletin.facs.org/forums/> 



CAnswer Forum (cont'd)

- Forums by Standards Manual
- 2020 or 2026
 - Select Forum by Chapter
 - Select sub-forum by Standard

The screenshot shows the ACS CAnswer Forum interface. The top navigation bar includes links for HOME, CANCER FORUM, CQI FORUM, FORUMS, FORUM ARCHIVES, ANNOUNCEMENTS, ADMIN CP, ADMIN REPORTS, and HELP. A search bar is located on the right. The main content area displays a list of forums organized by chapters (1-7) and standards (1-8). A green arrow points from the 'Select Forum by Chapter' bullet point to the 'Chapter 1: Institutional & Administrative Commitment' forum. A blue arrow points from the 'Select sub-forum by Standard' bullet point to the 'Standard 7.1 - Quality Measures' sub-forum.

Additional Questions?

Contact us at NAPRC@facs.org



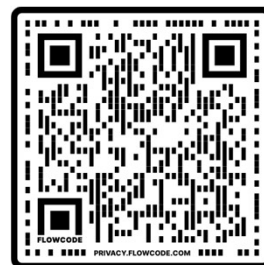
Follow Us on Social Media



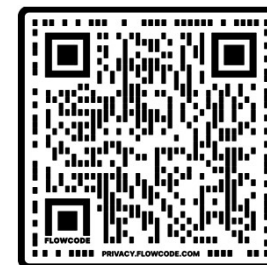
facs.org/quality-programs/cancer-programs/



ACS Cancer Programs



@AmColSurgCancer



Key Takeaways

Resources Supporting The 2026 NAPRC Standards Readily Available

- NAPRC Standards & Resources
 - 2026 Standards
 - Implementation Dates and Timeline
 - Compliance Resources
 - Gap Analysis Tool Available
- QPort Resources
 - 2026 Standards
 - 2026 Standards Overview
 - 2026 Standards FAQ
 - Templates – Required and Recommended
 - CAnswer Forum – Instructions and Link

Thank you!