



National Accreditation Program for Rectal Cancer
American College of Surgeons

What Lessons Can be Applied to the New Standards?

Linda M. Farkas, MD FACS FASCRS
Chesapeake Regional Hospital

Disclosures

INTUITIVE- EDUCATIONAL FUNDS

What Lessons Can be Applied to the New Standards?

Organize and Anticipate

- Read the standards' full narrative details
- Two people – own it
- Write your protocols

What Lessons Can be Applied to the New Standards?

2.4 Meetings (Group Attendance) and 2.5 (Individual) Attendance

Organize and Anticipate

- Excel spreadsheets / automatic calculations of attendance
- Automatically adjust as new MD enter and exit program
- Two meetings per month (minimum)
- If not a full attendance meeting- can't count that meeting towards others' attendance count
- If 2 per month- adjust as needed for deadlines and holidays

What Lessons Can be Applied to the New Standards?

5.1 Local Excision – understand your definitions

- A polyp has cancer and fully excised (usually endo/GI) and low risk features – not evaluated by NAPRC
- Incompletely removed cancer OR high risk features – enters NAPRC and MDT review expected
- Transanal excision for TVA and final path is cancer, note if low/high risk features—MDT by features
- ** low vs high risk features is defined by MDT and documented in protocols

What Lessons Can be Applied to the New Standards?

5.2 Pathology review

- Read
 - Outside path slides must be obtained
 - Slides not possible then the report and document reviewed by MDT (MDT meeting)
 - Both no possible then re bx

What Lessons Can be Applied to the New Standards?

5.3 CT and 5.4 MRI

- Anticipate
 - Studies must be done prior to treatment and present at MDT
 - If emergency proactively document why pt cannot wait for studies.
 - Bleeding: document hypotension and units transfused
 - Obstruction : document procimal caliber or patient's PE
 - Outside studies?
 - Document their review at MDT , short summary if discrepancies /agreement

What Lessons Can be Applied to the New Standards?

5. 4 MRI- Read standard, anticipate

- Review SAR template
 - Must be applied to all MRI's
 - If outside MRI then second read (official or unofficial) - medical records vs discoverable
 - Define your protocol
- Reads by MDT member
 - If not initially :
 1. addendum read or
 2. Document at MDT meeting : agreement or note discrepancies

What Lessons Can be Applied to the New Standards?

5.5 CEA

- Value
 - Pre-treatment CEA ? Freq not available for MDT
 - Value is surveillance : must have level and document in one of the summaries (treatment outcome summary)

What Lessons Can be Applied to the New Standards?

5.6 Discussion and Recommendation Summary

5.11 Treatment Outcome Discussion and Outcome Summary

- Read
 - List out all required elements
- We have templates ! (not required / can be amended for your work flow)
- Save time and document treating MDT member is present and do not need to official send meeting summary to them

What Lessons Can be Applied to the New Standards?

Watch and wait

- 5.12 MDT review following Neoadjuvant
 - Documentation of team decision for watch and wait vs surgery
 - Team review of MRI
- 5.13 Watch and wait protocol
 - Documentation of processes of watch and wait (MRI, endoscopy, PE)
 - Intervals
 - Responsible providers
 - Tracking
 - Represent to MDT if significant clinical finding

What Lessons Can be Applied to the New Standards?

5.13 Watch and Wait

- Document
 - If initial read not read by MDT then document agreement/discrepancies in minutes of MDT meeting

TAKEAWAYS

- Read the standards
- Organize the standards with your workflow
- Anticipate deviations
- Document proactively
- Review systems' challenges
- Adjust to meet challenges
- Team work



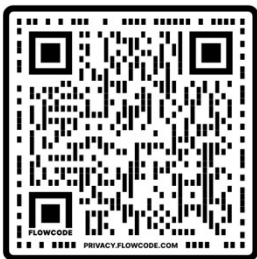
Thank You



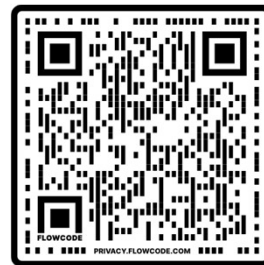
© American College of Surgeons 2024. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.



Follow Us on Social Media



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



ACS Cancer Programs



@AmColSurgCancer

