2019 Surveys: Important Changes to CoC Standards for Accreditation

2019 Surveys

Standard 1.6 requirements

Cancer Registry Quality Control Plan: Each calendar year, the cancer committee establishes and implements a plan to annually evaluate the quality of cancer registry data and activity. The plan includes procedures to monitor and evaluate each required control plan component.

When abstracting 2018 cases, some fields will not be available due to version 18 issues. NCDB has recommended that registrars enter information in the free text area of the abstract for fields not available, such as AJCC Stage. Reports can be retrieved with the free text to use with the quality control reviews.

Because QC review for 2018 cases may be behind due to software issues, the cancer committee is expected to have a <u>written</u> plan in place regarding the start and expected completion of 2018 case QC review. The plan is to be documented in the Cancer Committee minutes and shared with the surveyor.

Standard 5.2 requirements

Rapid Quality Reporting System (RQRS) Participation: From initial enrollment and throughout the accreditation period, the cancer program actively participates in RQRS, submits all eligible cases for all valid performance measures, and adheres to the RQRS terms and conditions.

For Compliance

For calendar years **2017 and 2018, compliance** will be measured according to the requirements detailed in the *Cancer Program Standards: Ensuring Patient-Centered Care Manual (2016 edition)*

- Submits all new and updated cancer cases at least once each calendar quarter.
- RQRS data and performance reports are reviewed by cancer committee at least semi-annually and documented in the cancer committee minutes.

For Commendation

For calendar year **2016**, **commendation** will be measured according to the requirements detailed in *Cancer Program Standards 2012: Version 1.2.1: Ensuring Patient-Centered Care Manual*

- Enrolled in RQRS and made first submission prior to 12/31/2014.
- Submits data at least quarterly
- Reports and documents RQRS to cancer committee semi-annually

For calendar years **2017 and 2018, commendation** will be measured according to the requirements detailed in in the *Cancer Program Standards: Ensuring Patient-Centered Care Manual (2016 edition)*

- Submits all new and updated cancer cases at least once each calendar month.
- All cancer cases submitted to RQRS with edit errors are corrected and resubmitted.
- RQRS data and performance reports are reviewed by cancer committee at least quarterly and documented in the cancer committee minutes.

Standard 5.3 Requirements

Follow-up of all Patients: For all eligible analytic cases, an 80 percent follow-up rate is maintained form the cancer registry reference date.

No changes **will be made for the rating of this standard.**

Standard 5.4 Requirements

Follow-up of Recent Patients: A 90 percent follow-up rate is maintained for all eligible analytic cases diagnosed within the last 5 years or from the cancer registry reference date, whichever is shorter.

All programs will receive a rating of 8, Not Applicable.
If your program has already been surveyed in the first quarter of 2019, a rating adjustment will be made to reflect a rating of 8, Not Applicable.

Standard 5.5 Requirements

Data Submission: Each year, complete data for all requested analytic cases are submitted to the National Cancer Data Base (NCDB) in accordance with the annual Call for Data.

No changes will be made for the rating of this standard for surveys conducted in 2019. All programs will be *required* to meet the requirements for the **2016, 2017 and 2018 Call for Data**.

Standard 5.6 Requirements

Accuracy of Data: Annually, cases submitted to the National Cancer Data Base (NCDB) that were diagnosed on January 1, 2003 or later meet the established quality criteria and resubmission deadline specified in the annual Call for Data.

No changes will be made for the rating of this standard, which evaluates **Call for Data submissions from 2016, 2017, and 2018** (this includes analytic cases diagnosed on or after the program's reference date, and not earlier than 1985 through 2016).