

## MANAGING CHANGE WITH TRACKING TOOLS

2017-2018 NAACCR WEBINAR SERIES

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### Q&A

- Please submit all questions concerning webinar content through the Q&A panel.
- Reminder:
- If you have participants watching this webinar at your site, please collect their names and emails.
- We will be distributing a Q&A document in about one week. This document will fully answer questions asked during the webinar and will contain any corrections that we may discover after the webinar.

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## FABULOUS PRIZES



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## AGENDA

- Learning New Things or How To Get Through 2018
  - Jocelyn Hoopes, MLIS, CTR, TTS
- Managing Change with Tracking Tools
  - Sara Morel, CTR

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NAACCR

## LEARNING NEW THINGS

OR HOW TO GET THROUGH  
2018

Jocelyn Hoopes  
[jhoopes2@wellspan.org](mailto:jhoopes2@wellspan.org)



## CASE STUDY



Tricia Lucas is a conscientious CTR. She began abstracting during the era of Collaborative Stage. She always heard the more experienced CTRs talk about how hard it was, “when CS was introduced.” She listened and was so glad that she didn’t have to through *that* learning curve!

*Fast forward to 2018...*

First, Tricia heard about the changes coming in 2018. Then she SAW the changes for 2018. Because she’s never had to cope with so many abstracting changes before she is very nervous. In preparation, she listened to all of the amazing NAACCR webinars, but the information seems to go in one side of her abstracting brain and out the other. She attended a regional meeting and didn’t feel any more confident. Instead she felt more confused, especially since she saw the more experienced abstractors looking confused.

Tricia comes to you to for advice about managing her stress and to learn some techniques to apply the information that is being presented.

***What advice can you give her based on this webinar? What advice can you give her from your experience?***

## DO YOU FORGET MORE THAN YOU REMEMBER?



It's not bandwidth



It's not distraction



It's not necessarily age

## WHAT IS **REAL** LEARNING?

A simple  
definition  
would be  
that you

Know more  
than you did  
when you  
started

AND can  
*apply it*



## WHAT GETS IN THE WAY?

MEMORIZATION

Without a  
feedback loop  
you will not  
learn ... BUT you  
will forget

## ICD-O 2018

2018 ICD-O-3 New Codes, Behaviors, and Terms-Updated 4/20/18						
Status	Histology	Be	Preferred	label	Reportabl	
New term	8010	3	FALSE	Urachal carcinoma (C65.9, C66.9, C67._, C68._)	Y	
New term	8013	3	FALSE	Combined large cell neuroendocrine carcinoma (C34._, C37.9)	Y	
New term & code	8023	3	FALSE	Midline carcinoma of children and young adults with NUT rearrangement (C30.0, C31.9, C34._)	Y	
New term & code	8023	3	TRUE	NUT carcinoma (C30.0, C31.9, C34._)	Y	
New term & code	8023	3	FALSE	NUT midline carcinoma (C30.0, C31.9, C34._)	Y	
New term	8041	3	FALSE	High-grade neuroendocrine carcinoma (C54._, C55.9)	Y	
New term	8041	3	FALSE	Neuroendocrine carcinoma, poorly differentiated (C50._)	Y	
New term	8041	3	FALSE	Small cell carcinoma pulmonary type (C56.9)	Y	
New term	8044	3	FALSE	Small cell carcinoma, hypercalcemic type (C56.9)	Y	

## WHAT GETS IN THE WAY?

NO CONTEXT

NEED TO KNOW  
WANT TO KNOW  
BASIS

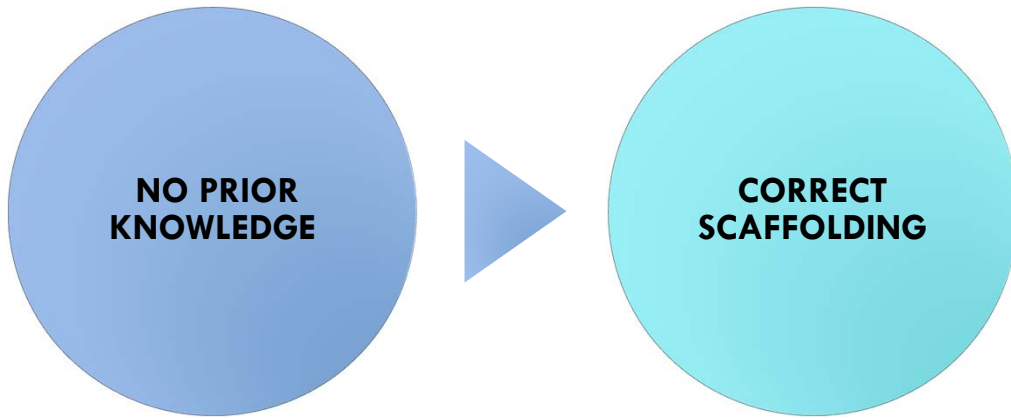
## GRADE TABLE -11 USE FOR GIST

### Grade 11

Grade ID 11-Clinical Grade Instructions			
Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00430	GIST	43.1	Gastrointestinal Stromal Tumor: Gastric and Omental
		43.2	Gastrointestinal Stromal Tumor: Small Intestinal, Esophageal, Colorectal, Mesenteric, and Peritoneal GIST

Code	Grade Description
L	Low: 5 or fewer mitoses per 5 square mm
H	High: Over 5 mitoses per 5 square mm
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed; Unknown

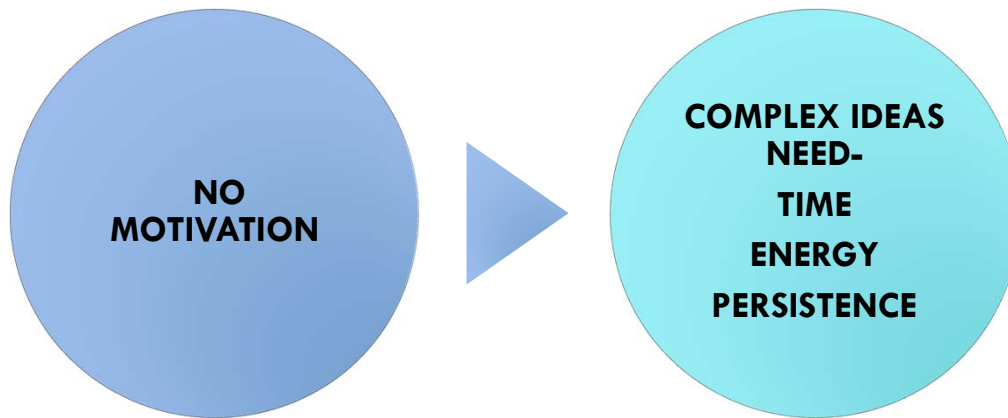
# WHAT GETS IN THE WAY?



## VOCABULARY



## WHAT GETS IN THE WAY?



## DAILY PRODUCTIVITY VS. LEARNING

Stress response makes learning difficult, as the stimulated senses are not those associated with deep learning. Think about it this way:



Would you be able to **LEARN** how to use a new table when you were being chased by a bear?



## SOME MYTHS ABOUT LEARNING

1

Learning Styles Are  
Out

2

Memorizing  
Random Facts is  
Out

3

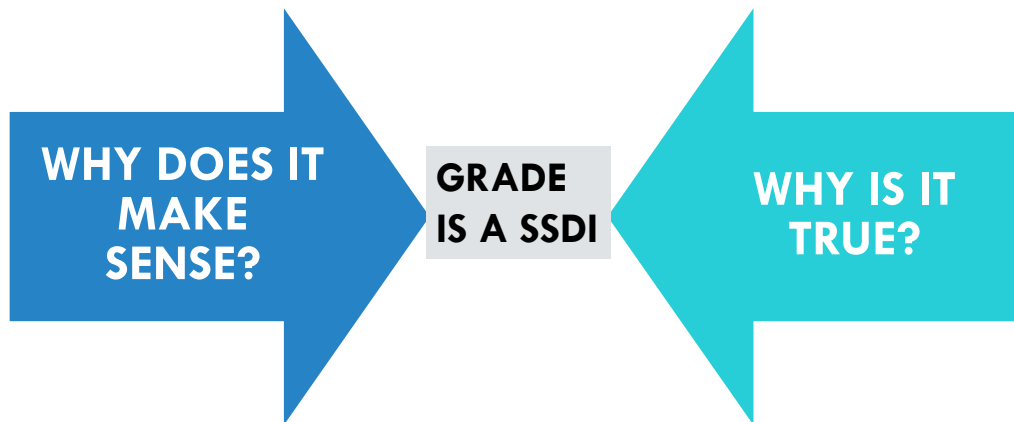
Long Periods of  
Concentration Are  
Out

## WHAT MAKES LEARNING EASIER?

MEDIATING STRESS LESSENS THE  
AFFECTIVE FILTER THAT GETS IN  
THE WAY OF LEARNING AND  
STORING INFORMATION



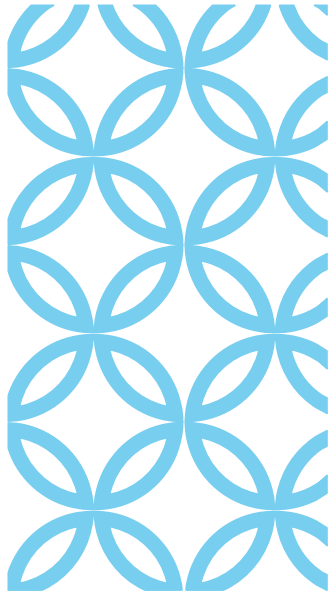
ASK KEY QUESTIONS WHEN LEARNING SOMETHING NEW



RETRIEVAL WORKS



Finding The Information You Stored in Your Head Is **The Most Effective Learning Strategy**



## TRACKING HELPS LEARNING TOO

### Definition of Learning analytics

involves the integration and analysis of data from multiple sources to inform action

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NAACCR JULY 12, 2018 21

## MAKING SENSE OUT OF CHAOS



## WHAT CAN SPREADSHEETS HELP YOU LEARN?

**REDUCE** Uncertainty

**UNDERSTAND** Probability

**CREATE** Models

**OPTIMIZE** Function

## TEACH IT BACK



“Bringing to mind what we’ve previously studied leads to deeper and longer-lasting acquisition of that information than more time spent passively re-studying.”

## WHY IT WORKS? THE PROTÉGÉ EFFECT



Mentor One Another

Teach Your Team

Call Your CTR-BFF

## TEST YOURSELF

**Self-Testing** beats out methods such as re-reading and reviewing notes when it comes to making sure your learning sticks



This is Where Your Notes Can Help- Ask Yourself Questions After You’ve Abstracted A Case

## RECALLING INFORMATION THAT YOU'VE LEARNED-- WHAT'S THE BEST APPROACH TO 2018?

### 01

Try to Recall the  
Concepts That Are  
Hard for You to  
Understand.

### 02

Quiz Yourself On  
Them.

### 03

Teach Them To  
Someone.

## CONNECT THE DOTS & THEN JUMBLE IT UP



## FINALLY REPEAT FOR SUCCESS

### The Loop



CONGRATULATE YOURSELF ON  
UNDERSTANDING THE BIG PICTURE  
OF 2018

LEARNING THE  
CHANGES

BEING ABLE TO  
APPLY THEM

## CASE STUDY



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## TRICKS OF THE TRADE 2018





# Managing Change with Tracking Tools



*Presented by Sara Morel, CTR*

## Objectives



Starting with managing change and moving into data tracking is required for 2018 and this presentation will:

- 🌀 Develop skills to learn how to track cancer registry data with formatted templates
- 🌀 Gathering data for each Commission on Cancer standard with ensuring all items required are documented
- 🌀 Presenting data gathered and tracked to the cancer committee and administration
- 🌀 Use of cancer data outcomes to make quality improvements in your cancer program
- 🌀 Gain overview of change management concepts

## Topics to be covered



- 🔗 Cancer conference tracking and required documentation
- 🔗 Cancer committee standards and cancer committee minutes tracking
- 🔗 Abstracting tips
- 🔗 Case finding tools & EPIC-Electronic medical record reports

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## Cancer Conference Agendas



- 🔗 Customization of cancer conference agendas.
- 🔗 Making sure all required elements are documented for each case presented.
- 🔗 **Examples on the next few slides**
  - 🔗 Breast and rectal cancer conference case templates

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**BREAST CANCER CONFERENCE AGENDA EXAMPLE:**

Date &amp; time of cancer conference

Location:

Radiologist:

Pathologist:

Total Number of cases being presented:

Imaging and pathology: Unless otherwise noted below all Imaging and pathology performed at our facility

Tumor Registry items: Treatment guidelines: NCCN (*unless otherwise stated for all cases below*).Prognostic indicators discussed & case status: Prospective (*unless otherwise stated*)**Case #1**

Patient name:

DOB, age &amp; sex:

MRN:

BMI:

Presenting &amp; other physicians:

Site:

Diagnosis, grade, ER/PR, HER2, KI67:

Stage:

Imaging:

Pathology:

Surgery type and date:

Genetics eligible or clinical trials eligible:

Chief complaint &amp; prior mammogram:

Past medical and surgical history &amp; signs and symptoms:

Smoking and alcohol history:

Family history of cancer:

Menopause status:

TUMOR REGISTRY USE: Treatment plan:

Referenced from the Commission on Cancer Program Standards

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**RECTAL CANCER CONFERENCE AGENDA EXAMPLE:****Pre Op Information: (1<sup>st</sup> time presented)****Case #1**

Patient name

DOB, age &amp; sex:

Site: RECTUM

MRN:

Clinical diagnosis:

Presenting physician/navigator:

Other physicians:

Pathology date and facility:

Question for the pathologist:

Clinical AJCC stage:

CT Chest, abdomen and pelvis dates &amp; facility:

PET scan dates &amp; facility:

MRI Scan dates &amp; facility:

Reason for review:

Colonoscopy outcomes:

Pre-treatment CEA &amp; pre-treatment MSI:

Additional Information:

Date of individualized treatment plan created:

Referrals to radiation oncology when indicated:

Referrals to medical oncology when indicated:

Prognostic indicators discussed:

Genetics eligible:

Clinical trials eligible:

TUMOR REGISTRY USE: Treatment Plan:

Referenced from the Commission on Cancer Program Standards

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**RECTAL CANCER CONFERENCE AGENDA EXAMPLE:**

**Post Op information: (2<sup>nd</sup> time presented)**

Patient name

DOB, age & sex:

Site: RECTUM

MRN:

Imaging: None requested unless otherwise specified

Final pathological diagnosis & final pathological AJCC Stage:

Prior date presented at cancer conference:

Physician presenting case:

Neo-Adj treatment before surgery:

Neo-Adj treatment date of completion:

Date of surgery and type of surgery:

Approach of surgery:

Presence of absence of stoma:

Post-op complications:

Unexpected findings:

Specimen photographs:

Tumor location:

Indication of sphincter involvement:

CRM margin status & distal margin status:

Tumor regression grade:

Mesorectal grade:

Recommendation for adjuvant treatment:

Referral to medical oncology & referral to radiation oncology:

Referral to palliative care when indicated:

Referral to nutrition when indicated:

Referral to physical therapy when indicated:

Referral to ostomy care when indicated:

Genetics eligible or clinical trials eligible:

TUMOR REGISTRY USE: Treatment Plan:

Referenced from the Commission on Cancer Program Standards

2018 ANNUAL NETWORK CANCER CONFERENCE REPORT						
Conferences through: 12/31/18						
TOTAL CANCER CONFERENCES	GENERAL	BREAST	TOTAL	PRESENTED CANCER SITES	# Discussed	# Discussed
				SITE	GENERAL	BREAST
January				Anus		
February				Adrenal/Appendix		
March				Bladder		
April				Brain		
May				Breast		
June				Cervix		
July				Colon		
August				Head and Neck/Esoophagus		
September				GIST		
October				Kidney/Renal		
November				Liver		
December				Lung		
TOTAL				Lymphoma		
				Ovary		
CASE MIX	GENERAL	BREAST	TOTAL	Pancreas		
Prospective				Pluera		
Retrospective				Prostate		
Total				Rectum		
% Prospective				Retroperitoneal		
				Small Bowel		
CLINICAL STAGING	GENERAL	BREAST	TOTAL	Spine		
Eligible for staging				Stomach		
Stage discussed				Testicle		
% Elig cases discussed				Thigh		
				Thyroid		
TREATMENT GUIDELINES	GENERAL	BREAST	TOTAL	Unknown Primary		
Elig for guidelines				Ureter		
Guidelines discussed				Uterus or Vagina		
% guidelines discussed						
				TOTAL	0	0
CLINICAL TRIALS	GENERAL	BREAST	TOTAL	Total 2018 susp + incomplete + complete		
				% Discussed		
GENETIC TESTING	GENERAL	BREAST	TOTAL	Must be at least 15%		
				PHYSICIAN ATTENDANCE	GENERAL	BREAST
				Active Staff		
				Average per conf		
PROGNOSTIC FACTORS DISCUSSED						
ON ALL PATIENTS PRESENTED						
SPECIALTY ATTENDANCE (Must be above 70%)	Total	GENERAL	BREAST	GENERAL	BREAST	
Medical Oncology						
Radiation Oncology						
Diagnostic Radiology						
Surgery						
Pathology						

2018 Cancer Conference Attendance					
Date					
Medical Oncology					
Radiation Oncology					
Diagnostic Radiology					
Surgery					
Pathology					
Other Physicians					
PA/NP					
Ancillary Staff					
<b>Total Physicians</b>					
<b>Total Cases Reportable</b>					

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## Cancer Conference Required Documentation



- ☞ Network cancer conference frequency and format:
- ☞ Multidisciplinary physician attendance:
- ☞ Attendance physician rate per each cancer conference:
- ☞ Discussion of stage, prognostic indicators and treatment planning using evidence based guidelines:  
Applies to all cases
- ☞ Options for clinical trials and genetics testing: applies to applicable cases
- ☞ NCCN Guidelines are available at every cancer conference
- ☞ Other topics discussed if applicable: palliative care and psychosocial services.
- ☞ Methods in place to address any areas that fall below the established policy:
- ☞ Number of analytical cases presented at cancer conference (15% required):
- ☞ Total prospective cases presented at cancer conference:
- ☞ Percentage of prospective cases presented at cancer conference (80% required):
- ☞ Video conferencing:
- ☞ Five major cancer sites for each facility:

*Referenced from the Commission on Cancer Program Standards*

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## Cancer Program Standards Tracking



### Standards to be covered

- ☞ **Chapter 1:** Standard 1.5, Standard 1.6, Standard 1.9 & Standard 1.10
- ☞ **Chapter 2:** Standard 2.2
- ☞ **Chapter 3:** Standard 3., Standard 3.2, Standard 3.3
- ☞ **Chapter 4:** Standard 4.1 & 4.2, Standard 4.3, 4.4, 4.5, Standard 4.6 & Standard 4.7
- ☞ **Chapter 5:** Standard 5.2

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## Standard 1.5: Annual Cancer Program Goals Review



**Clinical Goals:** These goals involve the diagnosis, treatment, services, and care of cancer patients.

**Programmatic Goals:** These goals are directed toward the scope, coordination, practices, and processes of cancer care for cancer patients.

### Example Goal #1:

- ☞ S: Specific Goal
- ☞ M: Measureable
- ☞ A: Attainable
- ☞ R: Relevant
- ☞ T: Time

- ☞ Date goal set:
- ☞ Date of 1st evaluation:
- ☞ Date of 2nd evaluation:
- ☞ Status of goal:
- ☞ Outcome of goal:

*Referenced from the Commission on Cancer Program Standards*

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## Standard 1.6: Cancer Registry Quality Control Reporting



- QR **Overview:** This a random sampling of all cancer sites will be included in this review. Any errors will be discussed with the network coordinator and the physicians who are also doing the QA reviews and then report to the cancer committee.
- QR **Items required to be reviewed:** This will be either be done by a CTR or a QA physician and these are the items: case-finding method, abstracting timeliness, accuracy of data abstracted (class of case, primary site, histology, collaborative staging items, AJCC staging, first course treatment, follow up information), recurrence information. All unknown primary site cases are also reviewed by a physician.
- QR **Quality Control:** For our facility this is done by a CTR on any items that are coded to a 9 or unknown in the abstracts. These are sent back to each abstractor to be reviewed and updated if possible. We run monthly unknown and over use reports.
- QR **Required amount to be reviewed:** A minimum of 10% of analytical cases is required to be reviewed for a maximum of 300 annually to meet this standard.
- QR **Documentation:** The tumor registry department keeps all reviewed documentation, review criteria, cases reviewed and identified errors. Any QA checked abstracts are noted in a data field in the registry so a report can be ran at any time to see how many are completed and our overall percentage.
- QR **Physicians who will be reviewing cases:**
- QR **Total cases eligible for review, total cases reviewed and overall percentage:**

*Referenced from the Commission on Cancer Program Standards*

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## Standard 1.9: Clinical Research and Trials Tracking



- QR **Know your required accrual percentage.**
  - QR **Example:** Integrated network cancer program is required to enroll: 6% to meet this standard and 8% for commendation
- QR **Example/Option:** Breast lymphedema IRB patient registry:
- QR **Example/Option:** Low dose lung CT patient registry:
- QR **Numerator:** Your facilities total enrolled/registered:
- QR **Denominator:** Total number of analytical cases:
- QR **Percentage** of enrolled over analytical cases:
- QR Categories of enrolled/registered patients:
- QR Date reported to the cancer committee:
- QR Current open trials:

*Referenced from the Commission on Cancer Program Standards*

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## Standard 1.10: Clinical Educational Annual Activity



- ☞ Annual cancer related education event date:
- ☞ Cancer related topic:
- ☞ Required objectives:
- ☞ Time:
- ☞ Locations:
- ☞ Video conferencing:
- ☞ Presenters:
- ☞ Other agenda items:
- ☞ Areas required to be presented: AJCC staging, prognostic indicators and evidence based treatment guidelines
- ☞ Attendance totals:
- ☞ *Required to attend from each facility to count; at least one of: Physician, nurse and other allied health professional*

*Referenced from the Commission on Cancer Program Standards*

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## Standard 2.2: Oncology Nursing Care Education and Competency



- ☞ Annual nursing competency topics covered:
- ☞ Annual competency passed/fail summary:
- ☞ Follow up from any issues on the annual competencies:
- ☞ Total number of nurses providing oncology care full/part time:
- ☞ Total number of nurses who are oncology certified:
- ☞ Overall percentage of nurses certified for commendation:

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CANCER COMMITTEE									
2018 Standard 2.2: Education and Nursing Competency Tracking									
Nurse First and Last Name	Status (Full time, part time or Casual)	Location (Facility)	RN (Date)	Basics: Date good until	Fundamentals: Date good until	Chemo/Bio card: Date good until	Responsible Manager to complete the annual Competency	Date Competency Completed for 2018; Passed/Failed	OCN/OTHER: Date good Until

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### Standard 3.1: Patient Navigation Documentation



- ☞ Date of community needs assessment:
- ☞ Barrier of care taken from the community needs assessment:
- ☞ Resources provided to address barrier:
- ☞ Date CNA was reviewed and discussed by the cancer committee:
- ☞ Activities and outcomes of navigation of barrier to care:
- ☞ Areas for improvement and enhancement:
- ☞ Future directions:
- ☞ Overall summary:
- ☞ Date the cancer committee evaluated the patient navigation process:
- ☞ *May address the same barrier for more than 1 year as determined by the cancer committee*

*Referenced from the Commission on Cancer Program Standards*

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## Standard 3.2: Psychosocial Distress Screening



- ☞ Timing of screening:
- ☞ Staff responsible for completing:
- ☞ Method of screening & tools used for screening:
- ☞ Assessment and referral process:
- ☞ Methods used to monitor and evaluate the distress screening activities:
- ☞ Tumor registry tracking report:
- ☞ **Example:**
  - ☞ Infusion Center
  - ☞ Number of newly diagnosed cancer cases:
  - ☞ Time frame:
  - ☞ Number of patients seen by nurse navigator:
  - ☞ Number of patients screened:
  - ☞ Number with a score >6 or =6:
  - ☞ Percentage with distress >6:
  - ☞ Number referred to onsite psychosocial services:
  - ☞ Comments:
  - ☞ Services referred to:
  - ☞ Follow up care offered:

*Referenced from the Commission on Cancer Program Standards*

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## Standard 3.3: Survivorship Care Plan Updates



- ☞ Policies and procedure must be defined:
- ☞ Designed SCP leader: (SCP is Survivorship care plan)
- ☞ Eligible patients:
- ☞ EPIC generated SCP:
- ☞ Methods of delivery for the SCP:
- ☞ Staff completing the SCP:
- ☞ Timing of delivery to the patients:
- ☞ Tracking and reporting SCP:
- ☞ Total number of eligible patients:
- ☞ Total number of complete SCP:
- ☞ Overall percentage of completed SCP:
- ☞ Must be at 50% by December 2018
- ☞ A sample SCP will be provided in the SAR
- ☞ Future plans to provide all cancer patients with a SCP:
- ☞ New long term requirement: must document the plan

*Referenced from the Commission on Cancer Program Standards*

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2018 ELIGIBLE SCP LIST (REMOVED STAGE 4, CLASS OF CASE 00, STAGE 88, STAGE 99, DECEASED PTS) (INCLUDED BREAST DCIS ONLY PATIENTS)																		
To meet the standard for 2018: 50%: patients must have a completed SCP by the end of 2018																		
Medical Record Number	Last Name	First Name	Date of Birth	Primary Site	AJCC Stage	Class of Case	1st Course Summary	Radiation Oncology Physician Last Name	Medical Oncology Physician Last Name	Primary Surgeon Last Name	NOTES	Vital Status	Year Treatment completed	SCP Completed	Date Care Plan Completed	Date Given to patient	Who Completed	MARKED IN METRIQ

## Standard 4.1 & 4.2: Cancer Prevention and Screening



- Annual **prevention** program offered:
- ☞ Evidence based guidelines followed:
  - ☞ Evaluate effectiveness of access and the referral process for prevention:
  - ☞ Annual outreach summary report:
  - ☞ How patients were screened:
  - ☞ Follow up for any positive findings:
- Annual **screening** program offered:
- ☞ Evidence based guidelines followed:
  - ☞ Evaluate effectiveness of access and the referral process for screening:
  - ☞ How many patients were screened:
  - ☞ Annual outreach summary report:
  - ☞ Follow up for any positive findings:

*Referenced from the Commission on Cancer Program Standards*

## Standard 4.3, 4.4 & 4.5: CLP & CP3R Reporting



### CLP Report

- ☞ CLP date appointed:
- ☞ CLP date term to be completed:
- ☞ CLP access to datalinks:
- ☞ CLP completed web based video:
- ☞ Reporting of RQRS 4 times a year:
- ☞ Reporting of the NCDB data 4 times a year:
- ☞ Benchmarking reporting:
- ☞ Survival reporting:
- ☞ CQIP reporting:
- ☞ Quality improvement set in place if any measures fall below the requirements:

**To ensure that you meet the reporting requirements each quarter this is how we divide it up:**

### CLP Quality reporting and analysis summary:

- ☞ Quarter 1 February meeting: CP3R, RQRS
- ☞ Quarter 2 May meeting: CP3R, RQRS, CQIP, tumor registry completeness /over use report
- ☞ Quarter 3 August meeting: CP3R, RQRS, benchmarking reports from the NCDB
- ☞ Quarter 4 November meeting: CP3R, RQRS, survival reports from the NCDB

*Referenced from the Commission on Cancer Program Standards*

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## CP3R: Accountability and Surveillance Measures



- ☞ Estimated performance rates for accountability from the CP3R summary:
- ☞ Corrective action if needed for any measures not meeting:
- ☞ Each facility in the integrated network must meet these individually
- ☞ Rectal measures presented by the rectal cancer program director 1 time per year
- ☞ Physician who reviewed data:
- ☞ Source Data: CP3R, RQRS, CQIP, benchmarking & survival reports
- ☞ Topic of Study: purpose of study:
- ☞ Data analysis:
- ☞ Problem Identified:
- ☞ Recommendations:
- ☞ Recommendation from CQIP report:

*Referenced from the Commission on Cancer Program Standards*

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NETWORK GASTRIC Measures CP3R: Cancer Program Practice Profile Report				JAN-DECEMBER: 2017		
MEASURE DESCRIPTION	MEASURE	CoC %	FACILITY 1	FACILITY 2	FACILITY 3	
1 At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer (Q); <b>Data analysis:</b> Need to fill in if meeting or not and why	G15RLN	80%	Example: 4/4=100%			
NETWORK LUNG Measures CP3R: Cancer Program Practice Profile Report				JAN-DECEMBER: 2017		
MEASURE DESCRIPTION	MEASURE	CoC %	FACILITY 1	FACILITY 2	FACILITY 3	
1 At least 10 regional lymph nodes are removed and pathologically examine for AJCC stage IA, IB, IIA, IIB resected NSCLC (Surveillance); <b>Data analysis:</b> Not required, surveillance only	10RLN	NA				
2 Surgery is not the first course of treatment for cN2, M0 lung cases (Q); <b>Data analysis:</b>	LNoSurg	85%				
3 Systemic chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively or it is considered for surgically resected cases with pathologic lymph node pN1/pN2 NSCLC (Q); <b>Data analysis:</b>	LCT	85%				
NETWORK COLON Measures CP3R: Cancer Program Practice Profile Report				JAN-DECEMBER: 2017		
MEASURE DESCRIPTION	MEASURE	CoC %	FACILITY 1	FACILITY 2	FACILITY 3	
1 Adjuvant chemotherapy is considered or administered within 4 months (120) days of diagnosis for patients under the age of 80 with AJCC Stage 3 lymph node positive colon cancer (Accountability); <b>Data analysis:</b> Not required, surveillance only	ACT	NA				
2 At least 12 RLN are removed and pathologically examined for resected colon CA (Q); <b>Data analysis:</b>	12RLN	85%				
NETWORK RECTUM Measures CP3R: Cancer Program Practice Profile Report				JAN-DECEMBER: 2017		
MEASURE DESCRIPTION	MEASURE	CoC %	FACILITY 1	FACILITY 2	FACILITY 3	
1 Pre-op chemo and radiation administered for Clinical AJCC T3N0, T4N0 OR STAGE III and radiation are admin within 180 days of dx for clinical AJCC T1-2N0 with Path AJCC T3N0, T4N0 or Stage 3 or Treatment is considered for pts under age of 80 receiving resection for rectal cancer (Q); <b>Data analysis:</b>	RECTCT	85%				
NETWORK BREAST Measures CP3R: Cancer Program Practice Profile Report				JAN-DECEMBER: 2017		
MEASURE DESCRIPTION	MEASURE	CoC %	FACILITY 1	FACILITY 2	FACILITY 3	
1 Breast conservation surgery rate for women with AJCC clinical Stage 0, 1 or 2 (Surveillance); <b>Data analysis:</b> Not required, surveillance only	BCS	NA				
2 Image of palpitation guided needle core or FNA o the primary site is performed to establish a diagnosis of breast cancer (Quality Improvement); <b>Data Analysis:</b>	nBx	80%				
3 Tamoxifen or third generation aromatase inhibitor is considered or administered W/ 1 year (365) days of diagnosis of breast cancer with AJCC T1c or stage 1b-3 Hormone receptor positive breast cancer (Accountability); <b>Data analysis:</b>	HT	90%				
4 Radiation therapy is considered or administered following a mastectomy W/ 1 year (365) days of diagnosis of breast cancer for women with >or=4 positive regional nodes (Accountability); <b>Data analysis:</b>	MASRT	90%				
5 Radiation is administered within 1 year (365) days of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer (Accountability); <b>Data analysis:</b>	BCSRT	90%				
6 Combination chemotherapy is considered or administered within 4 months (120) days of diagnosis for women under 70 with AJCC T1cNO stage 1b-3, hormone receptor negative Breast CA; <b>Data analysis:</b>	MAC	NA				

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NETWORK ENDOMETRIUM Measures CP3R: Cancer Program Practice Profile Report				JAN-DECEMBER: 2017		
MEASURE DESCRIPTION	MEASURE	CoC %	FACILITY 1	FACILITY 2	FACILITY 3	
1 Chemotherapy and/or radiation administered to patients with Stage IIC or IV Endometrial Cancer (Surveillance); <b>Data analysis:</b> NA	ENDCRT	NA				
2 Endoscopic, laparoscopic or robotic performed all for Endometrial Cancer excluding sarcoma and lymphoma for all stages except stage IV (Surveillance); <b>Data analysis:</b> NA	ENDLRC	NA				
NETWORK OVARY Measures CP3R: Cancer Program Practice Profile Report				JAN-DECEMBER: 2017		
MEASURE DESCRIPTION	MEASURE	CoC %	FACILITY 1	FACILITY 2	FACILITY 3	
1 Salpingo-oophorectomy with omentectomy, debulking, cytoreduction surgery or pelvic exenteration in Stage I-IIIC Ovarian Cancer (Surveillance); <b>Data analysis:</b> NA	OVSAL	NA				
NETWORK BLADDER Measures CP3R: Cancer Program Practice Profile Report				JAN-DECEMBER: 2017		
MEASURE DESCRIPTION	MEASURE	CoC %	FACILITY 1	FACILITY 2	FACILITY 3	
1 At least 2 lymph nodes are removed in patients under 80 undergoing partial or radical cystectomy (Surveillance); <b>Data analysis:</b> Not required, surveillance only	BL2RLN	NA				
2 Radical or partial cystectomy, or tri-modality therapy, local tumor destruction/excision with chemo and radiation for clinical T234N0M0 patients with urothelial bladder CA, 1st treatment W/ 90 days of DX (Surveillance); <b>Data analysis:</b> Not required, surveillance only	BLCSTRI	NA				
3 Neo-Adjuvant or adjuvant chemotherapy recommended or administered for patients with muscle invasive cancer undergoing radical cystectomy (Surveillance); <b>Data analysis:</b> Not required	BLCT	NA				
NETWORK CERVIX Measures CP3R: Cancer Program Practice Profile Report				JAN-DECEMBER: 2017		
MEASURE DESCRIPTION	MEASURE	CoC %	FACILITY 1	FACILITY 2	FACILITY 3	
1 Use of Brachytherapy in patients treated with primary Radiation with curative intent in any Stage of Cervical Cancer (Surveillance); <b>Data analysis:</b> Not required, Surveillance only	CBRRT	NA				
2 Chemotherapy administered to Cervical Cancer patients who received Radiation for stage IB2-IV Cancer (Group 1) or with positive lymph nodes, positive surgical margins and/or parametrium (Group 2) (Surveillance); <b>Data analysis:</b> Not required, Surveillance only	CERCT	NA				
3 Radiation therapy completed within 60 days of initiation among women diagnosed with any stage of Cervical Cancer (Surveillance); <b>Data analysis:</b> Not required, Surveillance only	CERRT	NA				
NETWORK MELANOMA Measures CP3R: Cancer Program Practice Profile Report				JAN-DECEMBER: 2017		
MEASURE DESCRIPTION	MEASURE	CoC %	FACILITY 1	FACILITY 2	FACILITY 3	
1 At least 5 lymph nodes are removed and examined in Inguinal node dissection (Surveillance); <b>Data analysis:</b> Not required, Surveillance only	M05GLN	NA				
2 At least 10 lymph nodes are removed and examined in Axillary node dissection (Surveillance); <b>Data analysis:</b> Not required, Surveillance only	M10AXLN	NA				
3 Completion Lymph node dissection use after positive Sentinel lymph node bx (Surveillance); <b>Data analysis:</b> Not required, Surveillance only	MCLND	NA				
NETWORK (PEDIATRIC) KIDNEY Measures CP3R: Cancer Program Practice Profile Report				JAN-DECEMBER: 2017		
MEASURE DESCRIPTION	MEASURE	CoC %	MIDLAND	GRATIOT/MP	ALPENA	
1 At least 1 regional lymph node is removed and pathologically examined for primarily resected unilateral nephroblastoma (Surveillance); <b>Data analysis:</b> Not required, Surveillance only	PD1RLN	NA				

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## Standard 4.6: Compliance with NCCN Guidelines



- ☞ Cancer site specific sample: (must review all cases for that site):
- ☞ Reason site chosen (could be based on need and/or cases not generally presented at cancer conference):
- ☞ In-depth analysis and methodology:
- ☞ Determination that the first course therapy is concordant with the evidence based national treatment guidelines and or prognostic factors:
- ☞ Reporting format:
- ☞ Review of AJCC staging or the appropriate staging:
- ☞ Summaries:
- ☞ Discussion for recommendations for quality improvement:

*Referenced from the Commission on Cancer Program Standards*

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## Standard 4.7: Studies of Quality



### **Example: Study of Quality #1:**

- ☞ Facility cancer program that study applies to:
- ☞ Department study applies to:
- ☞ Clinical staff responsible for study:
- ☞ Support from quality improvement coordinators:
- ☞ Date quality improvement or study of quality was discussed with the cancer committee:
- ☞ Define the study methodology and criteria for evaluation:
- ☞ Conduct the study according to the identified measure and methodology:
- ☞ Prepare a summary of the study findings:
- ☞ Compare data results with national benchmarks or guidelines:
- ☞ Other references, national benchmarking and guidelines used in this study were:
- ☞ Design a corrective action plan based on the evaluation of the data:
- ☞ Establish follow up steps to monitor the actions or implemented action plan:
- ☞ Quality Improvement implemented from this study of quality:
- ☞ Date quality improvement or study of quality was communicated to medical staff and administration:

*Referenced from the Commission on Cancer Program Standards*

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## Standard 5.2: RQRS



- ☞ Rectal Measures presented by the rectal cancer program director 1 time per year
- ☞ RQRS (Rapid Quality Control System) data is reviewed by the CLP 4 times a year at the network cancer committee meetings
- ☞ To meet this standard tumor registry must submit this data to the NCDB every month
- ☞ Patient cases are abstracted and submitted to the NCDB within a 3 month time frame:
- ☞ For commendation the data must be submitted to the NCDB exactly 90 days from the date of first contact.
- ☞ Compliance for facility 1 (2017-25%, 2018-50%, 2019-75%):
- ☞ Compliance for facility 2 (2017-25%, 2018-50%, 2019-75%):
- ☞ Compliance for facility 3 (2017-25%, 2018-50%, 2019-75%):
- ☞ Source data: CP3R, RQRS, CQIP, benchmarking and survival
- ☞ Topic of study:
- ☞ Purpose of study:
- ☞ Data analysis:
- ☞ Problem identified:
- ☞ RQRS recommendations:

*Referenced from the Commission on Cancer Program Standards*

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## Abstracting Tips



- ☞ Once you have reviewed the case, begin entering your info in the notepad section of the abstract. Once the notepad is complete you will have all the data necessary to fill in the rest of the abstract
- ☞ Physical exam
- ☞ Imaging
- ☞ Scopes
- ☞ Labs
- ☞ Operative
- ☞ Pathology
- ☞ Primary site
- ☞ Histology
- ☞ Staging
- ☞ Surgery
- ☞ Radiation
- ☞ Chemotherapy
- ☞ Hormone treatment
- ☞ Immunotherapy
- ☞ Other treatment
- ☞ Text remarks
- ☞ Place of diagnosis
- ☞ Occupation
- ☞ Industry

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## Questions



☞ **Break for questions**

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## Case Finding



Case finding resources (Not in EPIC)

- ☞ We have monthly work lists that I create and are assigned to each CTR and below are some of the reports that we use. These are saved on a shared drive so everyone can access and update as needed.
  - ☞ **Radiation log** (ARIA-Radiation Oncology software) We get a list of each patient right in ARIA once they are done with radiation and we can do case finding from these lists for each facility. We also get a
  - ☞ **Gamma Knife:** This is a log of patients each month who have completed treatment that is e-mailed to us.
  - ☞ **Deleted and non-reportable case log:** We keep an excel list of all patients that are deleted and non-reportable. This helps to track them and also not to have to do duplicate case finding.
  - ☞ **Pathology reports:** Each day our pathology department has it set up to auto fax to us every pathology report this signed out. We pull all positive pathology reports. Some day our hope is to review them in an excel file and not have to get from a fax. *We are working on a new EPIC report called: Patients with pathology results in the last 7 days.*

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## EPIC Reports



- 🔗 **EPIC staging log:** Any time a patient is staged in EPIC we get an InBasket message with that patient's name and staging information. We can then check to see if these cases are reportable and add the staging information.
- 🔗 **Head and brain imaging:** This a monthly report that we have set up to pull the final diagnosis text so we can review for any clinically diagnosed brain conditions.
- 🔗 **Distress screening scores:** Anytime a distress score is completed anywhere in our health system in EPIC this comes to an InBasket and we are able to add those to each patient's abstract. This is not required by the standard to track in the abstract but we can then run a report to see which scores are missing and then inform the social workers to complete.

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## EPIC Reports



- 🔗 **Master disease index report:** This is a monthly report in EPIC we had set up to include patients who fall within the reportable conditions lists from the standard setters. The report is also formatted in Excel to meet the state's expectations. When audited, this report will have what is needed.
- 🔗 **Infusion center/chemo patients:** We can run a report in "EPIC called Patients with a new treatment plan" monthly and this will give us all new patients to do case finding from.
- 🔗 **All cancer patients by Stage and site**
- 🔗 **Completed survivorship care plans:** Included the date completed it, who completed it and the date provided to the patient
- 🔗 **New reports we are working on:** Tracking palliative care and hospice referrals

*Thanks to our awesome EPIC analysts!!*

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## References



- Commission on Cancer Program Standards; <https://www.facs.org/quality-programs/cancer/coc/standards> & <https://www.facs.org/quality-programs/cancer/coc/standards>
- Thanks to Wendy Johnson, CTR & Ginger Greenwood, CTR, Maggie Nelson, CTR and Tara Talaski for assisting with reviewing and helping to edit these slides in this presentation.

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## Thank You!

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## COMING UP....

- Multiple Primary and Histology Coding Rules
  - 08/02/2018
- Coding Pitfalls
  - 09/06/2018

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NAACCR

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## FABULOUS PRIZES WINNERS



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