Outcomes

2015-2016 NAACCR Webinar Series

July 7, 2016

1

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.

2

Fabulous Prizes

3

Speakers

- Lisa D Landvogt, BA, CTR
- Carla Edwards, CTR
- Linda Reimers, BS, CTR

4

Commission on Cancer Outcomes Chapter 4 – Fear No More!

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DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING

RegistryPartners ONCOLOGY DIVISION

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CE Disclosure

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- Carla Edwards has no relevant financial or nonfinancial relationships to disclose
- Lisa D. Landvogt has no relevant financial or nonfinancial relationships to disclose
- Linda L. Reimers has no relevant financial or nonfinancial relationships to disclose

Let's Review What We Will Present

Learning Objectives

- Identify quality measures and process for compliance with Standard 4.4 and Standard 4.5
- Identify study options for Standard 4.6 and Standard 4.7
- Identify examples of study documentation and methodologies
- Identify ways to use the analysis process to create quality improvements Standard 4.8
- Identify ways to appropriately interpret all specific requirements for these three standards

Let's Get Started with Standards 4.4 & 4.5

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"Oh yeah?! Well, I just invented regulations for the wheel!"

Standards 4.4 & 4.5 – Measure Type, Definition & Use

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- **Accountability 4.4**
  - High level of evidence supports the measure, including multiple randomized control trials. These measures can be used for public reporting, payment incentive programs, and the selection of providers by consumers, health plans, or purchasers
- **Quality Improvement 4.5**
  - Evidence from experimental studies, not randomized clinical trials support the measure. Intended for internal monitoring of performance within an organization
- **Surveillance**
  - Limited evidence exist that supports the measure or the measure is used for informative purposes to accredited programs. These measures can be used to identify the status quo as well as monitor patterns and trends of care in order to guide decision-making and resource allocation

CoC Definition: Standard 4.4 Accountability Measures

- Each calendar year, the expected Estimated Performance Rates (EPR) is met for each accountability measure as defined by the Commission on Cancer

Steps to Compliance 4.4

- Integration with Cancer Program Practice Profile Reports (CP^3R)
- Platform to allow evaluation of care within and across disciplines
- Ability to discuss processes that work and evaluate how processes can be improved to promote evidence-based practice
- Promotes improvement in care delivery and are the highest standard for measurement
  - Demonstrate provider accountability
  - Influence payment for services
  - Promote transparency

Steps to Compliance 4.4

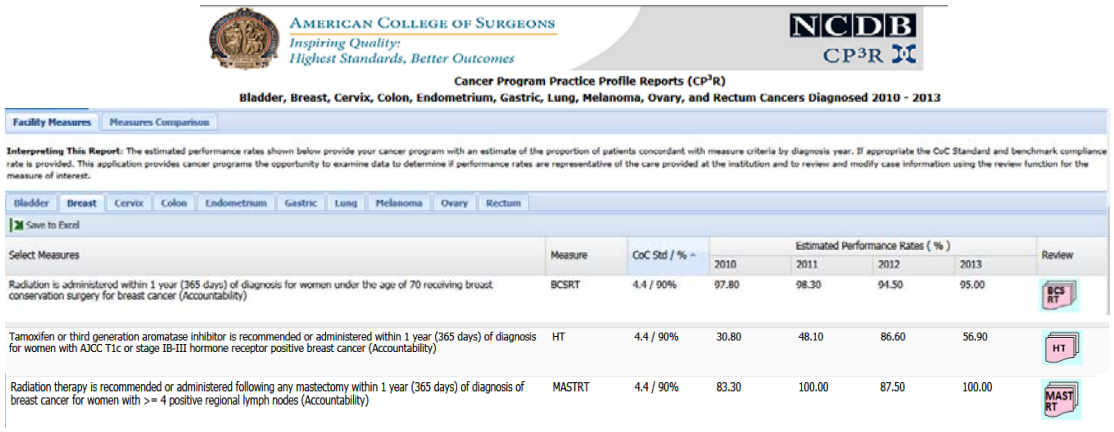
- The cancer committee monitors the program's expected Estimated Performance Rates for all accountability measures using CP^{3}R
- Monitoring activity is reported in the cancer committee minutes
- Each accountability measure quality reporting tool shows a performance rate equal to or greater than the Estimated Performance Rates specified by the CoC each year since the program's last survey, or the program has implemented an action plan that reviews and addresses program performance below the Estimated Performance Rates

Steps to Compliance 4.4

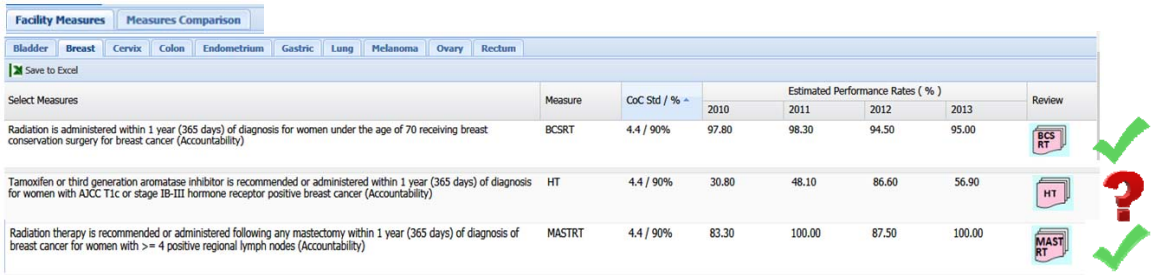
- Accountability Cancer Site and minimum Estimated Performance Rate as of June 2016
  - Breast
    - BCSRT – radiation therapy administered within 1 year (365 days) in women under the ago of 70 receiving Breast Conservation Surgery (BCS) for breast cancer (90%)
    - HT – Tamoxifen or 3rd generation aromatase inhibitor recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0 or stage IB-III hormone receptor positive breast cancer (90%)
    - MASTRT – radiation therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis with breast cancer for women with equal to or more than 4 positive regional lymph nodes (90%)

CoC Datalinks to Access CP3R

CP3R Std. 4.4 Dashboard

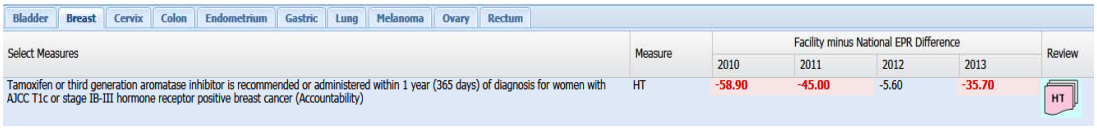


Estimated Performance Rates



Measures Comparison Review

The difference between your cancer program's Estimated Performance Report and the average for all CoC accredited cancer programs.



- A positive number highlighted green indicates that your EPR is higher than the national average.
- A negative number highlighted red indicates your EPR is lower than that in all CoC- accredited cancer programs.
- None highlighted cells indicate non-significant differences or surveillance measures.

Confidence Interval

Compliance is demonstrated by the estimated performance rate being at or above the CoC benchmark, or by falling within the 95% Confidence Interval (CI).

- Click  to review confidence interval.
- A confidence interval is used to express the degree of uncertainty associated with an estimate.

2012

Comparison To:	Diagnosis			
	EPR (%)	95% CI	# Cases	# Facilities
My Cancer Program	86.6	[78.4 - 94.8]	67	1
My ACS Division (California)	88.9	[88.1 - 89.7]	6030	104
My Census Region (Pacific)	91	[90.4 - 91.6]	9520	168
My CoC program Type (CCCP)	92.6	[92.3 - 92.9]	33984	576
My State (CA)	88.9	[88.1 - 89.7]	6030	104
All CoC Approved Programs	92.2	[92 - 92.4]	72668	1447

2013

Diagnosis			
EPR (%)	95% CI	# Cases	# Facilities
56.9	[44.9 - 68.9]	65	1
89.5	[88.8 - 90.2]	6455	106
91.5	[91 - 92]	10073	170
92.6	[92.3 - 92.9]	34185	571
89.5	[88.8 - 90.2]	6455	106
92.6	[92.4 - 92.8]	74345	1428

Measure Review

Facility Measures | Measures Comparison

Tamoxifen or third generation aromatase inhibitor is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1c or stage IB-III hormone receptor positive breast cancer (Accountability)	HT	4.4 / 90%	30.80	48.10	86.60	56.90

The Facility Measures review page allows programs to review case counts and individual cases. Users may click on the hyperlinked numbers in any row to view cases.

Performance Rates and Reported Cases	2010	2011	2012	2013	all
Estimated Performance Rates	30.80 %	48.10 %	86.60 %	56.90 %	55.43 %
- Administered	30.77 %	44.30 %	80.60 %	56.92 %	52.90 %
- Considered, not administered	no data	3.80 %	5.97 %	no data	2.54 %
Performance Rate Numerator / Denominator	20/65	38/79	58/67	37/65	153/276
- Administered	20/65	35/79	54/67	37/65	146/276
- Considered, not administered	0/65	3/79	4/67	0/65	7/276
Cases eligible for the measure (Denominator) [Comp] + [Consid] + [rRx]	65	79	67	65	276
- Concordant, treatment administered [Comp]	20	35	54	37	146
- Concordant, treatment considered not administered [Consid]	0	3	4	0	7
- Nonconcordant [rRx]	45	41	9	28	123
Cases not assessable due to incomplete tumor characteristics [I]	18	6	5	15	44
Cases not eligible for consideration for the measure [NE]	114	126	115	111	466

Review Cases Not Assessable Due to Incomplete Tumor Characteristics (I)

Performance Rates and Reported Cases	2010	2011	2012	2013
Cases not assessable due to incomplete tumor characteristics [I]	18	6	5	15

Measure Records

Save to CSV | Clear Filters

RECORD#	MSR STAT	STAT DSCRPT	UPDATED	HOSP ID	ARCHV FIN	ACCSSION#	SEQNCE#	VITAL ST	LST CONTCT	SEX	AGE	CL OF CASE	DATE INIT DX	PRM SITE
		Unknown cStage and pStage Group												
		Unknown pN												
		Unknown tumor size												

Review cases.
Update, if possible.

cSTG GR	pT	pN	pM	pSTG GR	SRG PRM STE
2A	2				30
1A	2	Update	Cancel		23

If updated, the case will become eligible for measure.
The change in the numerator or denominator will change the Estimated Performance Rate percentage for the measure.

Any modifications will need to be made in CP3R database as well as local cancer registry.

Review Cases Not Eligible for Consideration for the Measure (NE)

Performance Rates and Reported Cases	2010	2011	2012	2013
Cases not eligible for consideration for the measure [NE]	114	126	115	111

STAT DSCRPT	UPDATED	HOSP ID	ARCHV FIN	ACCSSION#
Died within 365 days of diagnosis Metastatic by cM No surgery performed				
HR negative tumor				
In situ by cStage group				
Metastatic by cM				
Metastatic by cM No part of first course treatment provided at the reporting facility No surgery performed				

Not all cases need to be reviewed.

STAT DSCRPT	UPDATED	HOSP ID	ARCHV FIN	ACCSSION#
N0 Tumor 1 cm or less in greatest dimension				
No part of first course treatment provided at the reporting facility				
No surgery performed				
Non-invasive by behavior				
Not first or only cancer diagnosis				
Patient not female				

Review for treatment.
Review for treatment.
Check for coding errors.

Review Non Concordant (rRX)

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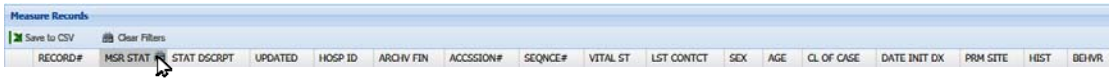
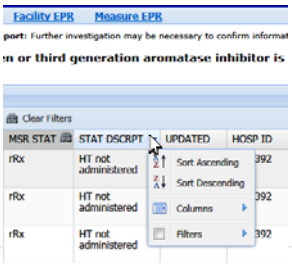
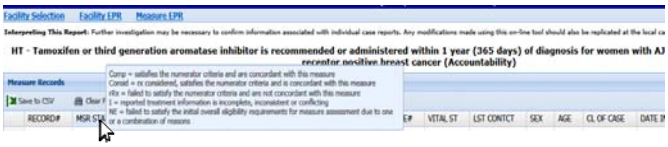
Performance Rates and Reported Cases	2010	2011	2012	2013
Cases eligible for the measure (Denominator) [Comp] + [Consid] + [rRx]	65	79	67	65
- Concordant, treatment administered [Comp]	20	35	54	37
- Concordant, treatment considered not administered [Consid]	0	3	4	0
- Nonconcordant [rRx]	45	41	9	28



Select dropdown arrow to customize view.



Place mouse over column header for additional information.



Update A Case

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Investigate each case to determine if treatment was given.

- Develop a process

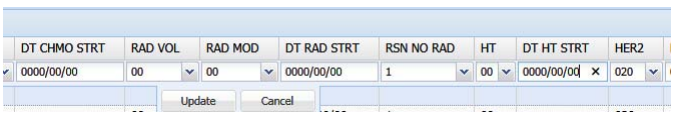
  Example:
  - Check Cancer Registry database for updates since NCDB submission.
  - Search EMR for additional information.
  - Send request to managing physician.

Option to export to Excel

Helpful during case review/update.

Any modifications will need to be made in CP3R database as well as cancer registry database.

- Click on case needing updated.
- Enter information
- Click Update



CoC Definition: Standard 4.5 Quality Improvement Measures

- Each calendar year, the expected Estimated Performance Rates (EPR) is met for each quality improvement measure as defined by the Commission on Cancer

Steps to Compliance 4.5

- Integration with Cancer Program Practice Profile Reports (CP^3R)
- The function of the quality improvement measure is to monitor the need for quality improvement or remediation of treatment provided
- Quality improvement measures are intended for internal monitoring of performance within a cancer program

Steps to Compliance 4.5

- The cancer committee monitors the program's expected Estimated Performance Rates for all quality measures using the CP^{3}R
- Monitoring activity is reported in the cancer committee minutes
- Each quality measure selected by the CoC, the quality reporting tools show a performance rate equal to or greater than the expected Estimated Performance Rates specified by the CoC each year since the program's last survey, or the program has implemented an action plan that reviews and addresses program performance below the Estimated Performance Rates

Steps to Compliance 4.5

- Quality Improvement Cancer Site and minimum Estimated Performance Rate as of June 2016
  - Breast
    - nBx – Image or palpation-guided needle biopsy to the primary site to establish a diagnosis of breast cancer (80%)
  - Colon
    - 12RLN – At least 12 RLN are removed and pathologically examined for resected colon cancer (85%)
  - Rectum
    - RECRCT - Pre op chemo and radiation administered for clinical AJCC T3N0, T4N0, or stage III or post op chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0, or stage III, or treatment is recommended, for patients under the age of 80 receiving resection for rectal cancer (85%)
  - Gastric
    - G15RLN – At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer (80%)
  - Lung
    - LCT – Systemic chemo is administered within 4 months to day pre op or day of surgery to 6 months post op or is recommended for surgically resected cases with pathologic, lymph node positive pN1 and pN2 non-small cell lung cancer (85%)
    - LNoSurg – Surgery is not the first course for treatment of cN2, M0 lung cases (85%)

CP3R Std. 4.5 Dashboard

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NCDB
CP3R

Cancer Program Practice Profile Reports (CP3R)
Bladder, Breast, Cervix, Colon, Endometrium, Gastric, Lung, Melanoma, Ovary, and Rectum Cancers Diagnosed 2010 - 2013

Facility Measures | Measures Comparison

Interpreting This Report: The estimated performance rates shown below provide your cancer program with an estimate of the proportion of patients concordant with measure criteria by diagnosis year. If appropriate the CoC Standard and benchmark compliance rate is provided. This application provides cancer programs the opportunity to examine data to determine if performance rates are representative of the care provided at the institution and to review and modify case information using the review function for the measure of interest.

Bladder | **Breast** | Cervix | Colon | Endometrium | Gastric | Lung | Melanoma | Ovary | Rectum

Save to Excel

Select Measures	Measure	CoC Std / %	Estimated Performance Rates (%) 2010	2011	2012	2013	Review
Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer (Quality Improvement)	nBx	4.5 / 80%	77.10	79.30	100.00	83.00	nBx

Bladder | Breast | Cervix | **Colon** | Endometrium | Gastric | Lung | Melanoma | Ovary | Rectum

Save to Excel

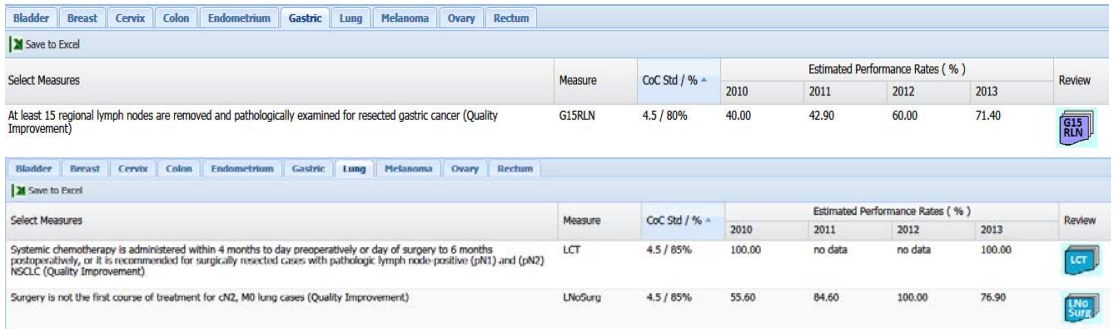
Select Measures	Measure	CoC Std / %	Estimated Performance Rates (%) 2010	2011	2012	2013	Review
At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer (Quality Improvement)	12RLN	4.5 / 85%	92.30	90.30	88.70	94.10	12 RLN

Bladder | Breast | Cervix | Colon | Endometrium | Gastric | Lung | Melanoma | Ovary | **Rectum**

Save to Excel

Select Measures	Measure	CoC Std / %	Estimated Performance Rates (%) 2010	2011	2012	2013	Review
Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or Postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0, or Stage III; or treatment is recommended; for patients under the age of 80 receiving resection for rectal cancer (Quality Improvement)	RECRTCT	4.5 / 85%	100.00	50.00	66.70	88.90	REC RTRC

Cont. CP3R Std. 4.5 Dashboard



Bladder | Breast | Cervix | Colon | Endometrium | **Gastric** | Lung | Melanoma | Ovary | Rectum

Save to Excel

Select Measures	Measure	CoC Std / %	Estimated Performance Rates (%) 2010	2011	2012	2013	Review
At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer (Quality Improvement)	G15RLN	4.5 / 80%	40.00	42.90	60.00	71.40	G15 RLN

Bladder | Breast | Cervix | Colon | Endometrium | Gastric | **Lung** | Melanoma | Ovary | Rectum

Save to Excel

Select Measures	Measure	CoC Std / %	Estimated Performance Rates (%) 2010	2011	2012	2013	Review
Systemic chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is recommended for surgically resected cases with pathologic lymph node-positive (pN1) and (pN2) NSCLC (Quality Improvement)	LCT	4.5 / 85%	100.00	no data	no data	100.00	LCT
Surgery is not the first course of treatment for cN2, M0 lung cases (Quality Improvement)	LNoSurg	4.5 / 85%	55.60	84.60	100.00	76.90	LNo Surg

Surveillance Measures – Information Only

- Lung - non-small cell lung cancer (NSCLC)
  - 10 RLN – At least 10 regional lymph nodes are removed and pathologically examined for AJCC stage IA, IB, IIA and IIB resected NSCLC
- Cervix
  - CBRRT - Use of brachytherapy in patients treated with primary radiation with curative intent in any stage cervical cancer
  - CERRT – Radiation therapy completed within 60 days of initiation of radiation therapy among women diagnosed with any stage cervical cancer
  - CERCT – Chemo administered to cervical cancer patients who received radiation therapy for stages IB2-IV cancer (group 1) or with positive pelvic nodes, positive cervical margin, and/or positive parametrium (group 2)

Surveillance Measures – Information Only

- Ovary
  - OVSAL – Salpingo-oophorectomy with omentectomy, debulking; cytoreductive surgery, or pelvic exenteration in stages I-IIIC ovarian cancer
- Endometrium
  - ENDCTRT – Chemo and/or radiation therapy administered to patients with stage IIIC or IV endometrial cancer
  - ENDLRC – Endoscopic, laparoscopic, or robotic surgery performed for all endometrial cancer (excluding sarcoma and lymphoma) for all stages except stage IV
- Bladder
  - BL2RLN – At least 2 lymph nodes are removed in patients and examined in inguinal lymph node dissection

Surveillance Measures – Information Only

- Skin – Melanoma
  - M05lgLN – At least 5 regional lymph nodes are removed and examined in inguinal lymph node dissection
  - M10AxLN – At least 10 regional lymph nodes are removed and examined in Axillary lymph node dissection
  - MCLND – Completion lymph node dissection use after positive sentinel lymph node biopsy

CP3R Surveillance Dashboard

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NCDB
CP3R

Cancer Program Practice Profile Reports (CP³R)

Bladder, Breast, Cervix, Colon, Endometrium, Gastric, Lung, Melanoma, Ovary, and Rectum Cancers Diagnosed 2010 - 2013

Facility Measures | Measures Comparison

Interpreting This Report: The estimated performance rates shown below provide your cancer program with an estimate of the proportion of patients concordant with measure criteria by diagnosis year. If appropriate the CoC Standard and benchmark compliance rate is provided. This application provides cancer programs the opportunity to examine data to determine if performance rates are representative of the care provided at the institution and to review and modify case information using the review function for the measure of interest.

Bladder | Breast | Cervix | Colon | Endometrium | Gastric | Lung | Melanoma | Ovary | Rectum

Save to Excel

Select Measures	Measure	CoC Std / %	Estimated Performance Rates (%) 2010	2011	2012	2013	Review
At least 10 regional lymph nodes are removed and pathologically examined for AJCC stage IA, IB, IIA, and IIB resected NSCLC (Surveillance)	10RLN	Not Applicable	0.00	20.00	10.00	11.10	10 RLN

Bladder | Breast | Cervix | Colon | Endometrium | Gastric | Lung | Melanoma | Ovary | Rectum

Save to Excel

Select Measures	Measure	CoC Std / %	Estimated Performance Rates (%) 2010	2011	2012	2013	Review
Use of brachytherapy in patients treated with primary radiation with curative intent in any stage of cervical cancer (Surveillance)	CBRRT	Not Applicable	100.00	100.00	no data	100.00	CBR RT
Chemotherapy administered to cervical cancer patients who received radiation for stages IB2-IV cancer (Group 1) or with positive pelvic nodes, positive surgical margin, and/or positive parametrium (Group 2) (Surveillance)	CERCT	Not Applicable	100.00	100.00	no data	no data	CER CT
Radiation therapy completed within 60 days of initiation of radiation among women diagnosed with any stage of cervical cancer (Surveillance)	CERRT	Not Applicable	100.00	no data	no data	0.00	CER RT

Cont. CP3R Surveillance Dashboard

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Bladder | Breast | Cervix | Colon | Endometrium | Gastric | Lung | Melanoma | **Ovary** | Rectum

Save to Excel

Select Measures	Measure	CoC Std / %	Estimated Performance Rates (%)				Review
			2010	2011	2012	2013	
Salpingo-oophorectomy with omentectomy, debulking/cytoreductive surgery, or pelvic exenteration in Stages I-IIIC Ovarian cancer (Surveillance)	OVSAL	Not Applicable	78.10	82.80	73.90	79.50	OVSAL

Bladder | Breast | Cervix | Colon | **Endometrium** | Gastric | Lung | Melanoma | Ovary | Rectum

Save to Excel

Select Measures	Measure	CoC Std / %	Estimated Performance Rates (%)				Review
			2010	2011	2012	2013	
Chemotherapy and/or radiation administered to patients with Stage IIIC or IV Endometrial cancer (Surveillance)	ENDCTRT	Not Applicable	30.00	66.70	42.90	35.00	END CTRT
Endoscopic, laparoscopic, or robotic performed for all Endometrial cancer (excluding sarcoma and lymphoma), for all stages except stage IV (Surveillance)	ENDLRC	Not Applicable	82.60	86.20	93.10	88.80	END LRC

Bladder | Breast | Cervix | Colon | Endometrium | Gastric | Lung | Melanoma | Ovary | Rectum

Save to Excel

Select Measures	Measure	CoC Std / %	Estimated Performance Rates (%)				Review
			2010	2011	2012	2013	
At least 2 lymph nodes are removed in patients under 80 undergoing partial or radical cystectomy (Surveillance)	BL2RLN	Not Applicable	100.00	no data	100.00	no data	BL2 RLN

Cont. CP3R Surveillance Dashboard

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Bladder | Breast | Cervix | Colon | Endometrium | Gastric | Lung | **Melanoma** | Ovary | Rectum

Save to Excel

Select Measures	Measure	CoC Std / %	Estimated Performance Rates (%)				Review
			2010	2011	2012	2013	
At least 5 regional lymph nodes are removed and examined in Inguinal lymph node dissection (Surveillance)	M05IgLN	Not Applicable	no data	no data	100.00	no data	M05I gLN
At least 10 regional lymph nodes are removed and examined in Axillary lymph node dissection (Surveillance)	M10AxLN	Not Applicable	no data	no data	no data	no data	M10A xLN
Completion Lymph Node Dissection use after positive Sentinel Lymph Nodes biopsy (Surveillance)	MCLND	Not Applicable	no data	no data	no data	no data	MCL ND

CP3R Presentation to Cancer Committee

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A Summary is presented by the Cancer Liaison Physician (CLP) at least once per year.

Site	Quality Tool Measure	Expected Performance Rate	Performance Rate	95% Confidence Interval / Compliance Status	My CoC Program Type Performance Rate	Cases in Concordance / Total Eligible Cases	Number of Cases Needing Review	Committee Discussions/ Further actions
	[BCS]: Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II breast cancer.	Not Determined	44.3%	[34.4-54.2] Not Applicable	62.8%	43/97	54 cases – No BCS performed	
	[nBx]: Image or palpation-guided needle biopsy (core or FNA) is performed to establish diagnosis of breast cancer	80%	83%	[72.3-93.7] Compliant	88.2%	39/47	8 cases – no incisional biopsy	
	[MASTRT]: Radiation therapy is considered or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with >= 4 positive regional lymph nodes.	90%	44.4%	[11.9-76.9] Not Compliant	81.4%	4/9	5 cases – No information	

CP3R Action Plan

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An action plan is developed and executed if programs performance rates are below the CoC's expected performance rates.

[HT]: Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1c or stage IB-III hormone receptor positive breast cancer.	90%	53.8%	[41.7-65.9] Not Compliant	88%	35/65	28 cases – No documentation of HT given. 2 cases – Hormone started >365 days

Example:

Quality Measure : *HT – Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women AJCC T1c or Stage 1B-Stage 3 hormone receptor positive breast cancer.*

Expected Performance Rate: *90%*

Actual Performance Rate: *53.8%*

Action plan Implemented: *Reviewed 28 cases with no information and found that managing physicians were from same physician group that will not respond to our request for treatment information. The Cancer Program administrator and CLP agreed to meet with the administrator from the physician group. They will explain the importance of the information and the impact it has on our cancer program. They will request electronic access to the physician group's patients.*

Effectiveness of action plan: *The physician group agreed to give us access for 30 days to the patients that needed additional treatment information. The Cancer Registry will submitted a list of patients and update once access is granted.*

Value of 4.4 & 4.5

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- Quality of care for patients
- Communication and relationship with physician practices
- Relationship with concurrent abstraction
- Relationship with the Rapid Quality Reporting System (RQRS)
- Continued expansion

Pop Quiz #1

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AJCC Staging System

- What happened to the TNM staging standard

CoC Definition:
4.6 Monitoring Compliance With Evidence-Based Guidelines

- Each calendar year, the cancer committee designates a physician member to complete an in-depth analysis to assess and verify that cancer program patients are evaluated and treated according to evidence-based national treatment guidelines. Results are presented to the cancer committee and documented in cancer committee minutes.

Steps to Compliance 4.6

- Review the intent of the standard
- Select Cancer site, year(s) and stage selection
- Physician volunteer
- Determine which national guideline to utilize
- CTR performs data request and compiles data
- Physician led in-depth review
- Cancer Committee presentation
- Minute documentation

Steps to Compliance 4.6

- **Intent of the standard**
  - Ensure that the evaluation and treatment conforms to evidence-based national treatment guidelines using AJCC stage or other appropriate staging, including appropriate prognostic indicators. Are the correct diagnostic testing and treatment modalities being performed in the correct order at the right time.
- **Cancer site, year(s) and stage selection**
  - Site should be relevant to the program
  - One particular year or multiple years
  - Single stage, multiple stages or all stages

Components for Compliance 4.6

- **Source:** cancer site specific sample or single treatment regimen for a specific cancer site
- **Determination:** first course of therapy is concordant with evidenced based national treatment guidelines and/or prognostic indicators
- **Report:** format that permits analysis and provides an opportunity to recommend performance improvements based on data the from analysis

Steps to Compliance 4.6

- **Physician volunteer**
  - Based on the site being studied
  - Cancer Liaison Physician (CLP)
  - Other appropriate cancer committee physician specialist
- **National guideline selection**
  - National Comprehensive Cancer Network (NCCN)
  - Association of Society of Clinical Oncology (ASCO)
  - Other acceptable national guideline

Steps to Compliance 4.6

- **Exclusions**
  - Cannot use Quality Oncology Practice Initiative (QOPI) results as a study for this standard
  - Cannot use quality measures that are included for Standards 4.5 and 4.5
  - Cannot be used to fulfill the requirements for Standard 4.7

Steps to Compliance 4.6

- **Certified Tumor Registrar data request**
  - Software request using appropriate parameters for case selection and subsequent analysis
  - Perform quality control on selected cases
- **Physician led in-depth review**
  - Provide physician with selected cases and review form for interpretation and outcome analysis on guideline compliance

Steps to Compliance 4.6

- **Cancer committee presentation**
  - Physician who led the review should present the entire study (concept and results) to the cancer committee in the same year the study was performed
- **Minute documentation**
  - The minutes should reflect all the components of the study outline (concept and results) presented to the cancer committee along with a copy of the presentation to upload to the Program Activity Record (PAR)

4.6 The Real Deal

- **2015 Invasive Breast Cancer**
  - Determine if reviewing all cases or a percentage – depending on volume
- **Clinically stage I and IIA**
- **Diagnosed and treated at your facility**
- **NCCN Guideline**
  - Invasive Breast Cancer – Stage I and IIA "Workup & Treatment" (2015)

4.6 The Real Deal

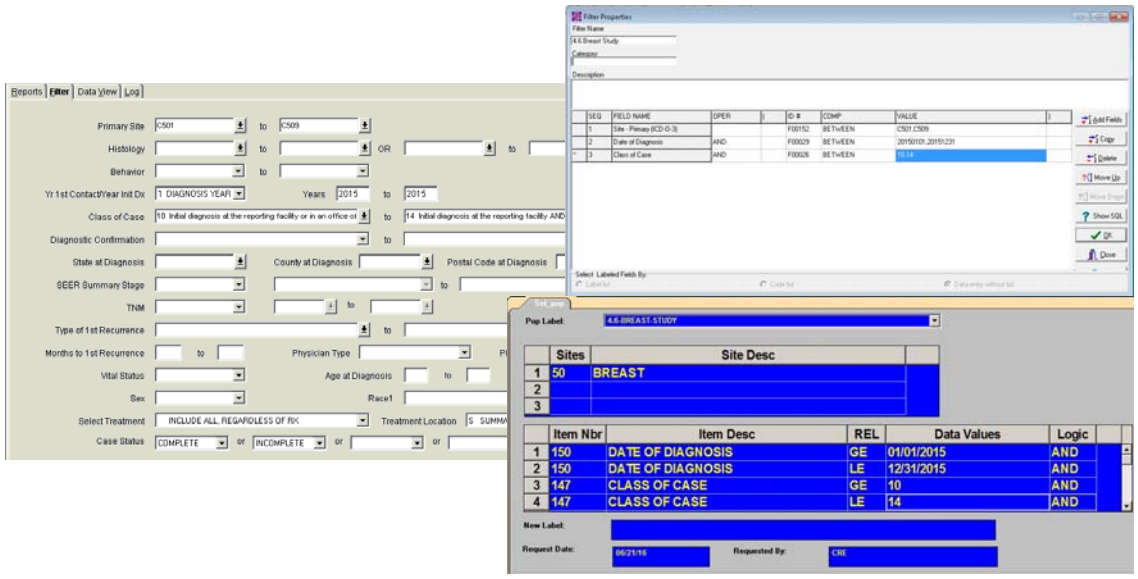
RegistryPartners
DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING

Certified Tumor Registrar runs cancer registry reports using the following parameters:

- Cancer site code 50.1 to 50.9
- Date of diagnosis greater than or equal to 1/1/2015 and less than or equal to 12/31/2015
- Clinically AJCC stage group I and IIA
- Class of case (diagnosed and treated at your facility)

Create Report Filter

RegistryPartners
DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING



4.6 The Real Deal

RegistryPartners
DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING

Certified Tumor Registrar drills down data report and includes the following:

- Accession number
- Medical record number
- Extract note pad information regarding work-up and testing process prior to treatment, treatment
- Perform quality control on all data collected to date to confirm accuracy of abstracted data

4.6 The Real Deal

RegistryPartners
DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING

NCCN "workup" guideline:

- H&P exam
- CBC, platelets
- Liver function test and alkaline phosphatase
- Diagnostic bilateral mammogram; ultrasound as necessary
- Pathology review
- Determine tumor estrogen/progesterone receptor (ER/PR) status and HER2 status
- Genetic counseling if patient is high risk for hereditary breast cancer
- Breast MRI (optional) with special consideration for mammographically occult tumors
- Fertility counseling if premenopausal
- Assess for distress

4.6 The Real Deal

RegistryPartners
DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING

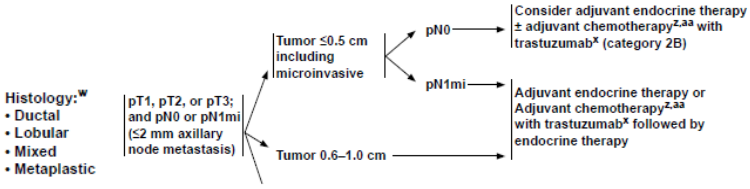
NCCN "treatment" guideline:

- Lumpectomy with surgical axillary staging
  - Radiation therapy to whole breast

- Total Mastectomy with surgical axillary staging

- Histology, Positive Lymph Nodes, Hormone Receptor and Her2 Status determines recommendation for systemic adjuvant treatment

Example:



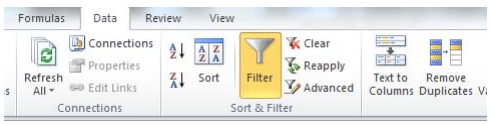
Create Report

RegistryPartners
DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING

- Include as much information as possible on the report.
  - Accession Number
  - Medical Record Number
  - Site
  - Histology
  - Class of Case
  - Age at Diagnosis
  - PE Text
  - Lab Text
  - Xray/scans Text
  - Pathology Text
  - ER/PR
  - Her 2neu
  - Clinical T
  - Clinical N
  - Clinical M
  - Clinical Stage Group
  - Managing Physician
  - Surgery Date and Text
  - Radiation Date and Text
  - Hormone Date and Text
  - Chemo Date and Text

  *Do not use patient name

- Export to Excel
- Manipulate in Excel using filters
- Evaluate unknown stages
- Filter by Stage 1 and Stage 2A
- Add Columns for NCCN workup guidelines



Working Report Example

RegistryPartners
DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING

C	D	E	F	S	T	U	V	Y	Z
Accession Number	Medical Record Numbe	Name, Fir	Name, Last	H&P	CBC, platelets, LFT and Alkaline Phosphatase	Diagnositic Bilat Mammo	Gentic Counseling	NCCN Guideline Followed (Y/N	Comments
201500001	123456	XXXXX	XXXXX	Y	N	Y	Y	Y	
201500002	789101	XXXXX	XXXXX	Y	N (CBC only)	Y	N	Y	
201500003	112131	XXXXX	XXXXX	Y	Y	N	Y	Y	
201500004	415161	XXXXX	XXXXX	Y	Y	Y	NA	Y	
201500005	718192	XXXXX	XXXXX	Y	Y	Y	NA	Y	
201500006	202122	XXXXX	XXXXX	Y	N	Y	Y	Y	
201500007	232425	XXXXX	XXXXX	Y	Y	N	Y	Y	

4.6 The Real Deal

RegistryPartners
DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING

Medical Record #	H&P	CBC, Platelets	LFT and Alk. Phosphatase	DX Bilateral Mammo	Pathology Review	ER/PR status and HER2	If Pt. is high risk/ Genetic Counseling	NCCN Treatment Followed
123456	Yes	Yes	Yes	Yes	Yes	Yes	High risk nothing documented	Yes
345678	Yes	Yes	Yes	Yes	Yes	Yes	Not high risk	Yes
456789	Yes	Yes	Yes	Yes	Yes	Yes	Not high risk	Yes
112233	Yes	Yes	Yes	Yes	Yes	Yes	Recommend Pt. seen	Yes

4.6 The Real Deal

- The Certified Tumor Registrar and the physician perform the initial tabulation results for all eligible cases in an excel file or table graph
- The physician review each abstract and any supporting documentation to verify workup and treatment results in comparison with NCCN guideline recommendations
- Track results and determine findings of compliance with NCCN guideline
- Create a power point presentation to present the study, concept, tools and outcome results to present to the cancer committee and document in the minutes and include in the Program Activity Record (PAR)

4.6 SAR/PAR

- Enter the date the study was reported to the cancer committee
- Enter the name of the physician member from the cancer committee selected to complete the study
- Briefly describe the analysis
- Upload in-depth analysis documentation including methodology, summaries, analysis, recommendations and follow-up
- Cancer committee minutes documenting the analysis reported will also be uploaded

ABC Cancer Program

RegistryPartners
DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING

2015 study of compliance with stage I and IIA Female breast cancer using NCCN workup and treatment guidelines (S4.6)

Dr. Seuss
Cancer Liaison Physician
Breast Center Medical Director

ABC Hospital – Standard 4.6

RegistryPartners
DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING

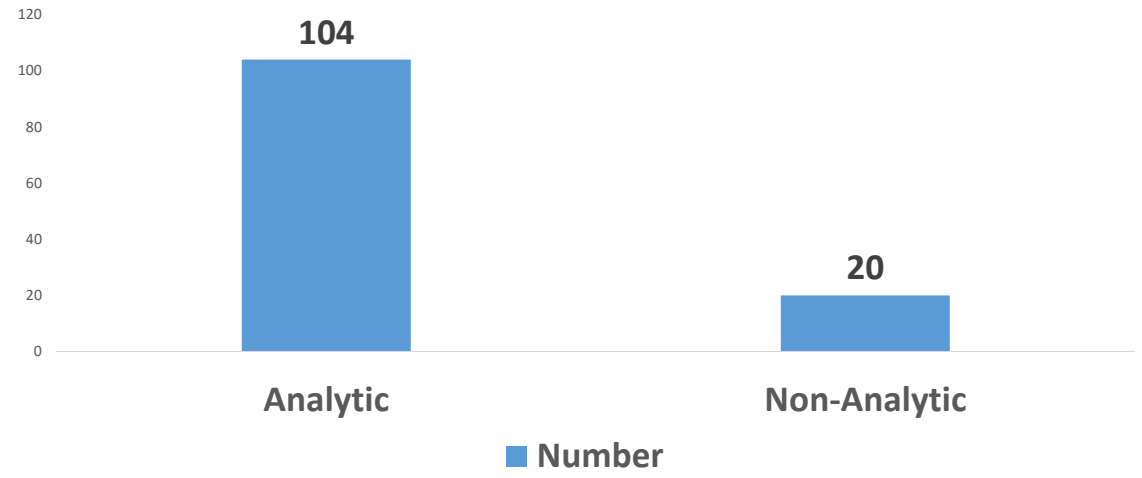
Study:

- Review 100% of 2015 female breast cancer cases clinically stage I or IIA diagnosed and treated at ABC Hospital to verify compliance with National Comprehensive Cancer Network (NCCN) Guidelines (2015) for workup and treatment.

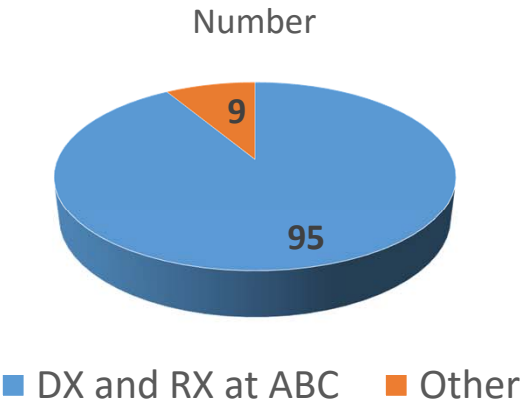
Guideline for Workup and Treatment of Stage I and IIA:

- H&P, CBC, platelets, LFT, alkaline phosphatase, diagnostic bilateral mammogram (ultrasound as necessary), pathology review, determination of ER/PR status and HER2 status, genetic counseling if patient is high risk for hereditary breast cancer, breast MRI (optional), with special consideration for mammographically occult tumors, fertility counseling if premenopausal and assess for distress
- Lumpectomy with surgical axillary staging followed by Radiation therapy to whole breast or Total Mastectomy with surgical axillary staging. Histology, Positive Lymph Nodes, Hormone Receptor and Her2 Status determines recommendation for systemic adjuvant treatment .

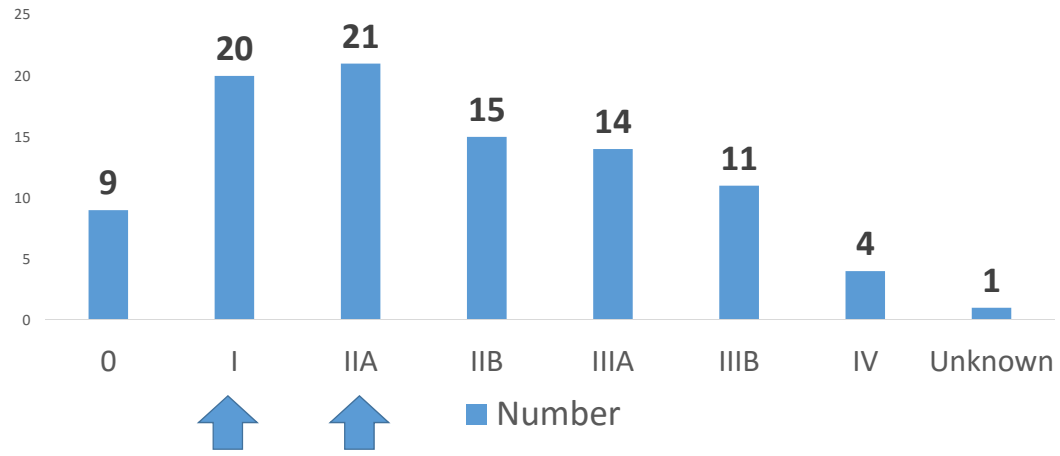
ABC Hospital 2015 Breast Cancer Cases - All Stages



2015 Analytic Breast Cases Diagnosed & Treated at ABC Hospital – All Stages



2015 All Analytic Breast Cases Diagnosed & Treated at ABC Hospital – By AJCC Stage



Summary of NCCN Compliance Guidelines for ABC Hospital Stage I & IIA Breast Cancer Workup

Cases reviewed for NCCN Invasive Breast Cancer Stage I and IIA guideline compliance

- 41 cases were eligible for criteria of study out of all analytic cases (39%)
- 41/41 (100%) were reviewed by Dr. Seuss for compliance with NCCN workup guideline
- 41/41 (100%) met all eligible components of NCCN guideline for workup except for one measure
- 10/41 (24%) were considered high risk for hereditary breast cancer and of those 10 patients only 5 (50%) had actual documentation of consideration for genetic counseling in their medical record for compliance with NCCN workup guideline for Stage I and IIA breast cancer
- 41/41 (100%) had treatment that was recommended by the NCCN guidelines

ABC Hospital S4.6 Summary & Cancer Committee - Questions for Discussion

Only 50% of the high risk for hereditary breast cancer cases diagnosed and treated at RPI hospital in 2015 had documentation of genetic counseling recommendation in their medical record as recommended by NCCN workup guidelines

- Is this a documentation issue?
- Is this a physician referral issue?
- Is this an educational issue?
- Next steps?

Pop Quiz #2

Let's Move On To Our Next Standard – 4.7

"I think we can charge more if we calculate our billable hours in dog years."

CoC Definition: 4.7 Studies of Quality

Each calendar year, the cancer committee, under the guidance of the Quality Improvement Coordinator, develops, analyzes, and documents the required number of studies (based on the program category) that measure the quality of care and outcomes for cancer patients.

4.7 Studies of Quality Requirements

- Annual evaluation of care of patients with cancer provides a baseline to measure quality
- Offers an opportunity to correct or enhance care and quality outcomes
- Multidisciplinary effort, must include support and representation from all clinical, administrative and patient perspectives
- The QI coordinator, under the direction of the cancer committee focuses on evaluating areas of cancer care
- Study topics are selected by the cancer committee and the QI coordinator
- The study focuses on areas with problematic quality-related issues relevant to the program and local cancer patient population

4.7 Studies of Quality

Study topics must be designed to evaluate the entire spectrum of cancer care including:

- Diagnosis, treatment, psychosocial care of patients, supportive care of patients

The spectrum of cancer includes issues related to the following:

- Structure
- Process
- Outcomes

4.7 Studies of Quality Checklist

- Indicate the study topic that identifies a problematic quality-related issue with the cancer program
- Define the study methodology and criteria for evaluation, including data needed to evaluate the study topic or answer the quality-related question
- Conduct the study according to the identified measures and methodology
- Prepare a summary of findings
- Compare data results with national benchmarks or guidelines
- Design a corrective action plan based on evaluation of the data
- Establish follow-up steps to monitor the actions implemented

4.7 Quality Improvement Coordinator

- Facility Quality Management Department representative
- Familiar with quality improvement principles
- Educated on the requirements of Standard 4.7 and proficient in study methodology and document
- Cannot be a cancer registrar
- Subcommittee opportunities
- Cancer committee involvement

4.7 Identify the Problem

- Problematic quality-related issue specific to the cancer program
- Studies is conducted to understand why a problem is occurring – the root case, what causes the problem (not if an issue is a problem)
- Study topic cannot be written from the perspective of a quality improvement
- "What is the problem….?"
- "Why is "X" happening?"

4.7 Identify the Problem & National Benchmark or Guideline

- 4.7 studies are NOT audits to ensure compliance or to determine if a problem occurs
- Examples of common problems
  - Gaps in resources or care
  - Gaps in healthcare technology
  - Issues with patient satisfaction survey results
  - Safety and cleanliness problems?
  - Educational gaps and needs for staff or patients
  - Delays in appointments, treatment, test

4.7 Define How the Study Will be Conducted

- Study methodology
- What type of data needed to effectively evaluate the topic
- What type of data needed to answer the question, “why is this happening?”
- Specify the population to analysis
- Define the type of data to obtain that will help understand the cause of the problem
- Identify who will conduct the study and compile the results
- Determine whether your study design is suitable for the question that needs to be answered

4.7 Conduct Study

- Follow the determined methodology and measures and organize the data collection
- Data collection method are diverse
- Observe, administer test of skill, administer personality and attitude inventories, interviews, content-analyze transcripts, review documentation

4.7 Analysis Summary

- Select best tools to use to display the results in an organized and readable manner
- Quality Improvement Principles
  - Checklist
  - Fishbone diagram
  - Flowchart
  - Pareto Chart
  - Run Chart

4.7 Quality Tool: Checklist

- Simple data recording device custom designed by the user(s)
- Allow for easy data collection
- Allow for easy data interpretation

4.7 Quality Tool: Checklist Example

RegistryPartners
DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING

Quality Checklist for a Systematic Review or Meta-Analysis			
Study ID:			
Guideline topic:		Key question no:	
Checklist completed by:			
SECTION 1: INTERNAL VALIDITY			
In a well-conducted systematic review:		In this study this criterion is: *(Circle one option for each question)*	
1.1	The study addresses an appropriate and clearly focused question.	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
1.2	A description of the methodology used is included.	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
1.3	The literature search is sufficiently rigorous to identify all the relevant studies.	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
1.4	Study quality is assessed and taken into account.	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
1.5	There are enough similarities between the studies selected to make combining them reasonable.	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
SECTION 2: OVERALL ASSESSMENT OF THE STUDY			
2.1	How well was the study done to minimise bias? *Code ++, + or -*		

4.7 Quality Tool: Fishbone Diagram

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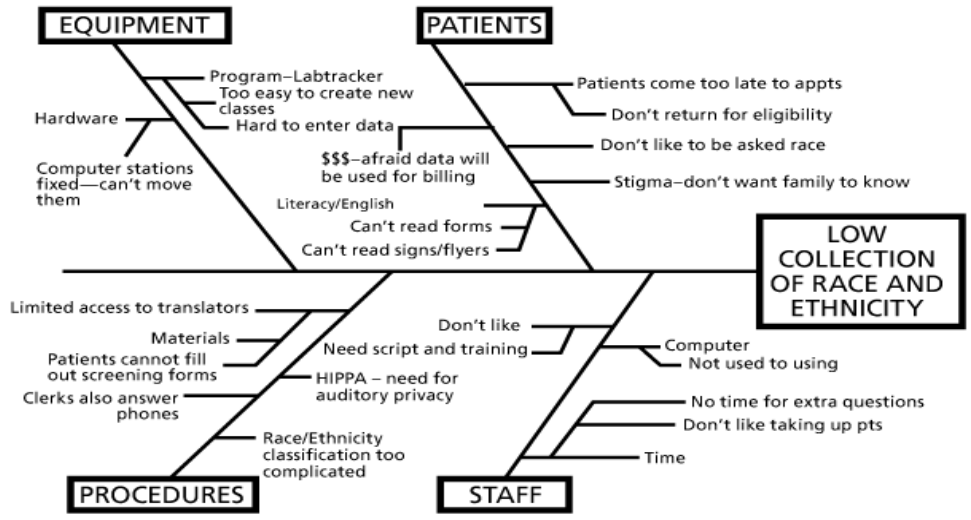
DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING

Also known as cause-effect diagram or Ishikawa diagram

- Tool for analyzing a process
- Illustrate the main causes and sub-causes leading to an effect or symptom
- Resemble a fish skeleton when completed

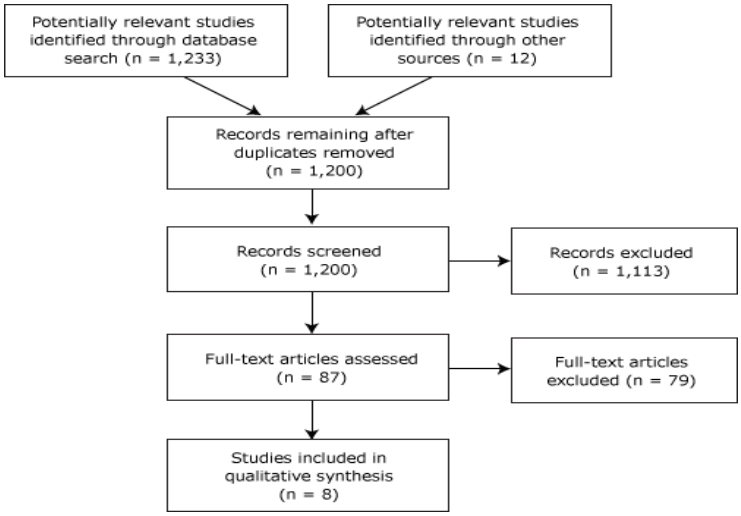
4.7 Quality Tool: Fishbone Diagram Example



4.7 Quality Tool: Flowchart

- Graphical tools for process understanding
- Creates a map of the steps in a process
- Documents the inputs and outputs for each step

4.7 Quality Tool: Flowchart Example

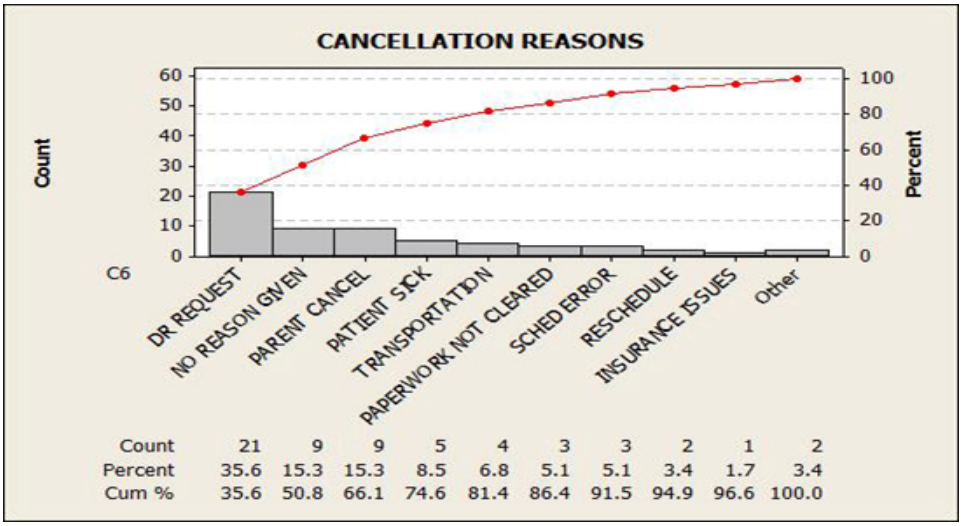


4.7 Quality Tool: Pareto Chart

Named for Economist Vilfredo Pareto

- Graphic tool for ranking causes from most significant to least significant
- Most effects come from relatively few causes; 80% of the effects come from 20% of the possible causes
- Use when analyzing data about frequency of problems or causes in a process

4.7 Quality Tool: Pareto Chart Example



4.7 Quality Tool: Run Chart

- Similar to a control chart
- Chart with upper and lower limits
- Graphically summarize a univariate data set
- Finds anomalies in data that suggests shifts in a process over time
- Use when analyzing patterns of a process variation from special causes or common causes or when determining if a process is stable

4.7 Quality Tool: Run Chart Example

4.7 Compare Data Results with National Benchmark or Guideline

- Comparing through healthcare organizations, professional associations, national quality projects allows a facility to evaluate their performance
- Benchmark, performance rate, or guideline needed to determine if meeting expectations and if an improvement is warranted
- Benchmark, performance rate, or guideline needed to determine how much of an improvement is needed

Design a Corrective Action Plan Based on Study Results

RegistryPartners
DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING

- If study data results identify a quality improvement is needed, develop a plan for implementation
- Include multidisciplinary cancer committee methods in review
- Document study results and subsequent improvement in the cancer committee minutes

4.7 Studies of Quality: Need a Kick Start?

RegistryPartners
DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING

4.7 Studies of Quality: Topic Suggestions

RegistryPartners
DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING

- Time to testing/workup/treatment
- Readmission rates
- End of life care – treatment to hospice or death
- Standard of care (non CP^{3}R) site by stage
- Documentation/physician order issues
- Errors/inconsistencies
- Treatment trends by physicians
- Infection rate

4.7 Studies of Quality: Do's & Don'ts

RegistryPartners
DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING

DO	DON'T
IDENTIFY A RELEVANT CANCER PROBLEMATIC ISSUE	DUPLICATE A TOPIC OR STUDY ALREADY PERFORMED FROM A PREVIOUS YEAR
DEFINE THE STUDY METHODOLOGY	UTILIZE ANOTHER STANDARD TO COMPLY WITH THIS STANDARD (EXAMPLE 4.6)
USE QUALITY TOOLS AND RESOURCES	UTILIZING ALREADY CREATED NCDB DATA THAT IS PROVIDED TO YOUR FACILITY
COMPARE DATA RESULTS WITH NATIONAL BENCHMARKS OR GUIDELINES	FORGET TO ENTER ALL REQUIRED INFORMATION IN THE SAR OR PAR EACH YEAR
PREPARE A SUMMARY OF FINDINGS	ALLOW A SINGLE INDIVIDUAL TO COMPLETE THE STUDIES – SHOULD BE MULTIDISCIPLINARY
DOCUMENT RESULTS IN CANCER COMMITTEE MINUTES	FORGET TO IDENTIFY ANY CORRECTIVE ACTION PLAN BASED ON THE STUDY EVALUATION
PERFORM THE CORRECT NUMBER OF STUDIES EACH CALENDAR YEAR BASED ON YOUR COC CATEGORY	FORGET TO ESTABLISH ANY FOLLOW-UP SEPS TO MONITOR THE ACTIONS IMPLEMENTED
CREATE A MEANINGFUL QUALITY STUDY IDENTIFY WAYS TO IMPROVE CANCER CARE	FORGET TO IDENTIFY AN IMPROVEMENT THAT CAN BE IMPLEMENTED FOR COMPLIANCE WITH 4.8

4.7 Studies of Quality: Resources

- Quality or Care Management leadership – Quality Improvement Coordinator
- Cancer department leadership/representatives
- Physicians and Clinicians
- CTR colleagues – state and national associations
- Consultants
- CoC CAnswer Forum
- Historical SAR/PAR

Example of Quality Study #1

- **Problem Identified:** Colon cancer patients that are diagnosed and receive all or part of their treatment here are not returning for surveillance colonoscopies.
- **Study Methodology and Criteria for Evaluation:**
  Review charts for Colon Cancer patients diagnosed between 2014, Stage Groups I through Stage Group IIC.
- **National Benchmark or Guideline for Comparison:**
  AGSE, ASCO/QOPI – Average Performance: 49% after 14 months, Ideal benchmark > 90%.
- **Analysis of Study Findings and Results:**
  - In 2013, 4/11 eligible patients received surveillance colonoscopies – 36%
  - In 2014, 6/15 eligible patients received surveillance colonoscopies – 40%
    Survey of patients revealed the following reasons:
    - 9 – No recommendation or referral from PCP

Cont. Example of Quality Study #1

- 3 – Scheduling conflicts with facility
- 2 – Insurance would not cover the expense
- 2 – Patient refused

- **Comparison of Data with National Benchmark or Guideline:**

  Approximately, 50% lower than the ideal benchmark of 90% and 10% lower than the average performance of other facilities.

- **Corrective Action Plan and Follow up Actions:**

  Primary care physicians need to be educated on the importance of surveillance colonoscopies. Patient navigators should include this as part of the patient's survivorship care plan and educate the patient on the importance. Patient navigators should also work with the patient and scheduling department to find a time that will accommodate the patient's schedule.

Example of Quality Study #2

- **Problem Identified:** Number of days from Diagnosis to Treatment in Lung Cancer Patients
- **Study Methodology and Criteria for Evaluation:**

  Using the Cancer Registry Data, between January to July 2014, there were total of 119 patients diagnosis with lung cancer.

  Analytical cases: 94

  Diagnosis only: 21
  Treatment only: 28
  Diagnosis and treatment: 45

  Non-analytical cases: 25
- **National Benchmark or Guideline for Comparison:**

  32 to 79 days; Facility goal is < 60 days
- **Analysis of Study Findings and Results:**

  Eligible for study: 73

  Days to initial treatment:

  1-31 days: 8
  32-79 days:49
  >80 days: 16

  Remarks: 1 patient expired - 3 patients refused treatment

  Average days: 74 days

Cont. Example of Quality Study #2

Further review of the cases that days to initial treatment > 60 days revealed the following reasons for the delay.

Appointment with Medical Oncologist and Radiation Oncologist taking an average of 4 weeks
Comorbid conditions

- **Comparison of Data with National Benchmark or Guideline:**
  - Although the average number of days is within the national benchmark range, it is considered on the high end of the range. The Cancer Committee would like to see treatment started within 60 days.
- **Corrective Action Plan and Follow up Actions:**
  - Work with oncologist schedule to determine physician availability.
  - Include Lung cases in Tumor Board discussions or create a Tumor Board specific to Lung Cancer to have more collaboration between the physicians.

Example of Quality Study #3

- **Problem Identified:** Delay of Hospice Referrals
- **Study Methodology and Criteria for Evaluation:**
  Review number of hospice referrals and length of stay
- **National Benchmark or Guideline for Comparison:**
  Average 41 days
- **Analysis of Study Findings and Results:**
  Total number of referrals to Hospice YTD = 45
  By hospital = 24
  By physician = 4
  By Palliative Care agency = 10
  By Skilled Facilities = 7

  Hospice stay average for year to date = 22 days

Cont. Example of Quality Study #3

- **Comparison of Data with National Benchmark or Guideline:**

  Hospice stays are about half the time of the overall average

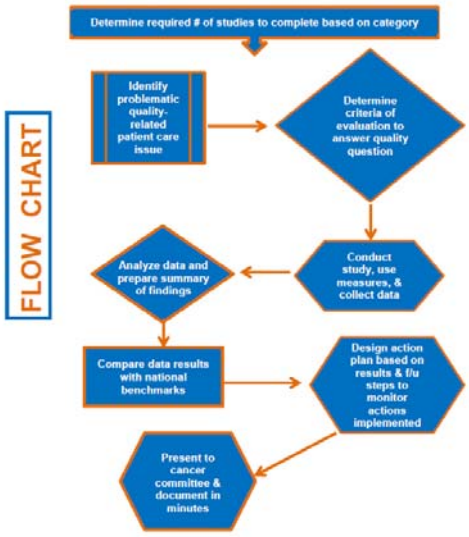
- **Corrective Action Plan and Follow up Actions:**

  We feel that our physicians and staff do not begin the discussion of Hospice with patient's and family as early as they could. The Hospice Medical Director and Social Worker will do a presentation for the Medical Staff at the March Medical Staff Meeting. They will discuss the benefits of early Hospice referrals.

4.7 SAR/PAR

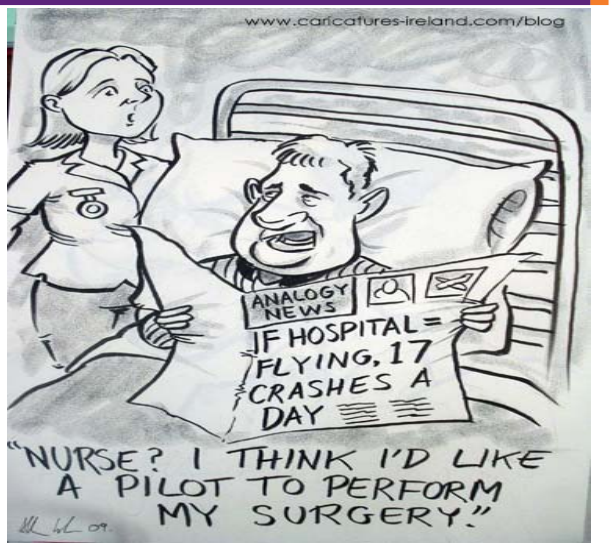
Year	**Select year**
Date the quality study was reviewed by the cancer committee	**Enter date**
Upload the quality study that meets ALL criteria outlined in standard (methodology, summary, analysis, recommendations, and follow –up)	**Upload Study**

4.7 Studies of Quality - Design



Pop Quiz #3

Last, But Not Least… 4.8 – Quality Improvements



CoC Version: 4.8 Quality Improvements

Each calendar year, the cancer committee, under the guidance of the Quality Improvement Coordinator, implements two cancer care improvements. One improvement is based on the results of a quality study completed by the cancer program that measures the quality of cancer care and outcomes.

One improvement can be based on a completed study from another source. Quality improvements are documented in the cancer committee minutes and shared with medical staff and administration.

4.8 Quality Improvements

RegistryPartners
DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING

Sources for quality improvements may include:

- Actions based on analysis and findings of a quality study under S4.7
- Actions to address substandard patient care or process performance
- Changes to improve upon acceptable patient care or process performance

4.8 Quality Improvements

RegistryPartners
DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING

Ensuring compliance

- Completed documentation for the implementation of the quality improvements
- Cancer committee minutes in which the results of the improvements were reported reflect the implementation and this is shared with the medical staff and administration
- Do not utilize compliance or improvement of a currently required standard or attempt for commendation of a standard vs compliance
- Do not attempt to “predict” the improvement of a study that has yet to be completed

4.8 SAR/PAR

RegistryPartners
DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING

Date the QI was discussed and documented in the CC minutes	**Enter date**
Describe the cancer-related quality improvement	**Enter text**
Was this QI implemented as a result of a quality study?	**Yes ____ No _____**
Date improvement(s) were documented to the medical staff and administration	**Enter date**

4.8 Quality Improvements: Examples

RegistryPartners
DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING

FROM A QUALITY STUDY 4.7	BASED ON A STUDY OR RELEVANT DATA SOURCE
Increase in staffing or adding an additional position based on a time study	Purchasing/upgrade of new cancer related equipment or technology
Change in policy and/or procedure based on the results of a quality study	Brick and mortar changes for oncology services - construction
Implementation of a process/program that is not a standard requirement based on a quality study gap analysis	Addition of new staff based on other sources besides a quality study
Improvement from a quality research study that identified a specific improvement in care	Improvement implemented based on patient satisfaction feedback or patient surveys/focus groups

There Is ALWAYS Room For Improvement!

Thank You For Your Interest!

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Coming Up…

- Collecting Cancer Data: Bladder
  - 8/4/2016
- Coding Pitfalls
  - 9/1/12016
- NEW SEASON STARTS 10/16/16!
  - Subscriptions are available at
  - http://www.naaccr.org/EducationandTraining/WebinarSeries.aspx

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And The Winners Are…

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CE Certificate Quiz/Survey

- Phrase
- Link
  - http://www.surveygizmo.com/s3/2898919/Outcomes-2016

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Thank You!!!!

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