

A Registrars Defense to ACoS Accreditations

NAACCR 2018-2019 WEBINAR SERIES

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Q&A

Please submit all questions concerning the webinar content through the Q&A panel.

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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Guest Speaker

Sara Morel, CTR

- Lead Network CTR/Tumor Registry. MidMichigan Health

Courtney Jagneaux, RHIA, CTR

- Senior Registry Operations Director, RegistryPartners

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Agenda

Managing Change with Tracking Tools Version 2.0

- Sara Morel

Survival Guide to Survey Preparations & NCDB Tools

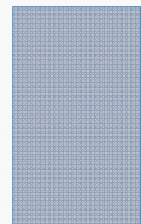
- Courtney Jagneaux

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MANAGING CHANGE WITH TRACKING TOOLS VERSION 2.0

PRESENTED BY SARA MOREL, CTR



OBJECTIVES

Version 2.0: Managing change in 2019

- Provide updated standards tracking templates to be able to prepare for an Commission on Cancer Survey with a focus on Integrated Network Cancer Programs.
- Introduce new tracking and reporting templates for the Rectal Cancer Center for Excellence Standards for the NAPRC Accreditation
- Review EPIC Case Finding reporting that provides improved workflows.
- No relevant disclosures

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TOPICS TO BE COVERED

- NAPRC Tracking templates (National Accreditation Program for Rectal Cancer)
- NAPBC Breast Tracking (National Accreditation Program for Breast Cancer for Cancer Conferences)
- Cancer Conference Reporting
- Commission on Cancer Standards Tracking
- EPIC Reporting
- Integrated Network Cancer Program Cancer Committee Minutes Template
- Survey Prep Templates
- CTR Education Tracking Template
- Updated Abstracting Guide

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NAPRC: CHAPTER 1
RC-MDT: RECTAL CANCER MULTIDISCIPLINARY TEAM

- **NAPRC Standard 1.2: RC-MDT:** The rectal MDT team must have at least 1 appointed physician from each specialty : Pathology, Radiology, Surgery, Medical and Radiation Oncology. All surgeons who are performing rectal cancer surgeries must be required members of the RC-MDT-Rectal Cancer Multidisciplinary Team. This must be documented in the rectal MDT meeting minutes. The team also must appoint a Rectal Cancer Program Director and a Rectal Cancer Program Coordinator.
- **NAPRC Standard 1.2: Alternates:** *Alternates may be appointed annually but this must be done at the first meeting of the year.* This must be documented in the rectal leadership meeting minutes. Surgeons will not have alternates due to that they are all required to be on this MDT team and no required member is allowed to be an alternate for more than one role.
- **NAPRC Standard 1.2: Meetings:** The standard recommends that these RC-MDT/Rectal Cancer Conferences be held at a different times from other cancer sites cancer conferences; however if all specialties are present they may be held in conjunction with a general or other site cancer conference. These are the meetings where the standards will be discussed and documented.

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NAPRC: RC-MDT RECTAL CANCER
MULTIDISCIPLINARY TEAM ATTENDANCE

- **NAPRC Standard 1.3: Required Attendance Percentage:** Each required member/alternate appointed is required to attend at least 50% and this is monitored by the Rectal Cancer Program Director. If you need to appoint more than 2 groups for each specialty this is allowed but each grouping must meet the 50% attendance requirement.
- **NAPRC Standard 1.3: Discussion and Participation MDT/Rectal Cancer Conference:** Video Conferencing is allowed as long as any member has access to review all radiology and pathology slides and that they can participate in the RC MDT/Cancer Conference. *Each rectal cancer case must be presented twice at cancer conferences; pre and post op.*
- **NAPRC Standard 1.4: Frequency of RC-MDT/Rectal Cancer Conference:** Must meet at least twice per month and it is required for at least 1 physician member from each specialty to attend each RC-MDT/Cancer Conference.
- **NAPRC Standard 1.5: RC MDT/Cancer Conference Minutes:** Each year the 2 monthly meetings/cancer conferences must be documented along with documented compliance with the required standards.

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NAPRC: RC-MDT
CANCER CONFERENCE ATTENDANCE TEMPLATE

RECTAL CANCER CONFERENCE (MDT) ATTENDANCE 2019														
MUST ATTEND 12/24-50%														
CORE GROUP 2019														
(Can miss 12 total for the entire year)	Date	Date	Date	Date										
Surgery														
Pathology														
Radiology														
Medical Oncology														
Radiation Oncology														
Rectal Cancer Program Director														
Rectal Cancer Coordinator														
Tumor Registry														
x=present														
yellow-absent														
CORE GROUP 2019	Date	Date	Date											
Surgery														
Pathology														
Radiology														
Medical Oncology														
Radiation Oncology														
Rectal Cancer Program Director														
Rectal Cancer Coordinator														
Tumor Registry														
x=present														
yellow-absent														

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NAPRC: RECTAL CANCER PROGRAM DIRECTOR AND RECTAL CANCER PROGRAM COORDINATOR

- **NAPRC Standard 1.1: CoC Accreditation:** Before moving forward with an NAPRC Accreditation the facility must be Accredited with the Commission on Cancer.
- **NAPRC Standard 1.5: Rectal Cancer Program Director** is responsible to:
 - Chair the Rectal MDT/Cancer Conferences
 - Will be the liaison between the NAPRC and CoC. Must attend at least 1 CoC meeting annually to present the rectal data once available.
 - Must review and present the NCDB Data (at least 4 times per year)
 - Must do a chart review for the Chapter 2 Standards
- **NAPRC Standard 1.6: Rectal Cancer Program Coordinator** is responsible to:
 - Provides support for the MDT/Cancer Conferences
 - Monitor and coordinate the care for rectal cancer patients from diagnosis through treatment with policies and procedures in place.
- **NAPRC Standard 1.7: Rectal Cancer Program Required Education**
 - Required education modules for surgeons, pathologists and radiologists of the RC MDT will be assigned annually and completed certificates must be uploaded annually.

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NAPRC: CHAPTER 2: PATHOLOGY AND STAGING

- **NAPRC Standard 2.1: Review of Diagnostic Pathology**
 - 95% of all new rectal cancer patients must have their biopsy confirmed by an appointed Pathologist before the start of any treatment. If done outside the report/slides must be reviewed and documented in the medical record.
 - Example: Our pathologists review all slides and reports for the Rectal Cancer Conferences so we document this review in our Tumor Board Note in EPIC.
 - If the pathology slides are not available a RC MDT report must be reviewed and documented by an RC MDT pathologist.
 - If neither are available then the patient must be re-biopsied.
 - 20% of cases will be randomly audited at the survey (max 100 cases)
- **NAPRC Standard 2.2: Staging to be completed before definitive treatment**
 - 95% of all new rectal cancer cases must be staged before the start of definitive treatment and must be documented in the medical record.
 - **Systemic and Local staging**
 - CT Scan or PET Scan of the Chest, Abdomen and Pelvis & MRI of the Rectum (a combined CT/PET is acceptable however if a PET is done without a CT, it does not meet this standard)
 - 20% of cases will be randomly audited at the survey (max 100 cases)
 - Use of EPIC staging forms.

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NAPRC: CHAPTER 2 MRI AND CEA

- **NAPRC Standard 2.3: MRI Reporting (Standardized)**
 - 90% of new rectal cancer cases who have not had treatment yet must have an MRI of the rectum performed and the report must be read by an appointed radiologist of the RC MDT.
 - 95% of new rectal cancer cases who have not had treatment, the MRI reports must be standardized and must contain all required elements for staging.
 - 20% of cases will be randomly audited at the survey (max 100 cases)
- **NAPRC Standard 2.4: CEA Labs**
 - For 75% of new rectal cancer cases who have not had treatment yet; they must have a CEA- Carcinoembryonic Antigen level drawn and this must be documented in the medical record.
 - 20% of cases will be randomly audited at the survey (max 100 cases)

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NAPRC: CHAPTER 2

RECTAL PLANNING MDT DISCUSSION

(CANCER CONFERENCE)

- NAPRC Standard 2.5: Treatment Planning Discussion (Must be done for 100% of cases; 20% review, max 100 cases)
 - 1st time being presented at cancer conference template of the required items for the Agenda:
 - Pre Op Information: (1st time presented)
 - Patient name:
 - DOB, age & sex:
 - Site: RECTUM
 - MRN:
 - Clinical Diagnosis:
 - Presenting physician/navigator:
 - Other physicians:
 - Pathology:
 - Question for the pathologist:
 - Clinical AJCC stage:
 - CT Chest/ABD/Pelvis imaging date:
 - PET imaging date:
 - MRI imaging date:
 - Reason for review:
 - Colonoscopy outcomes:
 - Pre-Treatment CEA:
 - Pre-Treatment MSI:
 - Additional Information:
 - Discussion included: Clinical Trial, Genetics, Palliative Care, Social Services, Rehab or Plastic Surgery
 - Referrals to: Medical Oncology, Radiation Oncology
 - Intent for treatment: Curative, Control, Maintenance, Palliative, Supportive
 - Tumor Board note is done in EPIC as well

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NAPRC: CHAPTER 2

RECTAL PLANNING MDT DISCUSSION DOCUMENTATION

- NAPRC Standard 2.5: Treatment Planning Discussion (Cancer Conference)

Tumor Board Treatment Recommendations

Patient:

DOB:

MRN:

Date Presented:

Presenting Provider:

Care Team:

Primary Care Provider:

Referring Provider:

Gastroenterologist:

Radiation Oncologist:

Medical Oncologist:

Surgeon:

Tumor Board Conference Details:

Presenting Provider:

Specialties Present:

Cancer Diagnosis Details:

Date of Biopsy:

Biopsy and/or pathology slides and/or reports were reviewed at Tumor Board by the Rectal Multi-Disciplinary Team and Pathologist:

Histology:

Tumor Location in the Rectum:

Indication of Sphincter Involvement:

Pretreatment circumferential resection margin status:

Pretreatment (clinical) AJCC Stage:

Pretreatment CEA Level:

Treatment Recommendations:

Neo-adjuvant therapy recommendations:

Recommended Plan:

Recommended Duration:

Anticipated Date of Surgery:

Clinical Trial Eligibility:

Other Referrals:

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NAPRC: CHAPTER 2
TREATMENT EVALUATION
LETTER TO PRIMARY CARE PHYSICIAN

- **NAPRC Standard 2.6: Treatment Evaluation/Discussion Summary (from Cancer Conference/Tumor Board)**
 - This must be completed for at least 50% of all rectal cancer patients.
 - 20% of cases will be randomly audited at the survey (max 100 cases)
- **Letter to PCP with recommendations from Cancer Conference Template**
 - Patient Name, Date of Birth, MRN
 - Dear Dr _____
 - **Example: Items included:**
 - Thanking them for their referral
 - Date patient was presented at a Rectal Cancer Conference
 - Presenting physician and specialties in attendance
 - We include what was presented for example: clinical history and any pertinent imaging and pathology.
 - NCCN Guidelines and recommendations for treatment
 - Clinical trials status if eligible
 - The presenting physician signs off on note in EPIC and this goes to the PCP/referring physician.
 - All of this gets documented in the Oncology History in EPIC by the Rectal Cancer Coordinator.

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NAPRC: CHAPTER 2
DEFINITIVE TREATMENT, SURGICAL RESECTION AND PATHOLOGY

- **NAPRC Standard 2.7: Definitive treatment** (to start within 60 days from initial clinical eval-bx/dx)
 - 80% are required to have 1st course treatment within 60 days
 - 20% of cases will be randomly audited at the survey (max 100 cases)
- **NAPRC Standard 2.8: Surgical Resection**
 - 80% of cases are required to have surgery by an appointed Rectal Surgeon on the MDT
 - 95% of operative notes are required to be in standardized synoptic format
 - 20% of cases will be randomly audited at the survey (max 100 cases)
- **NAPRC Standard 2.9: Pathology CAP Reports**
 - 90% of case are to be read by an appointed pathologist on the MDT
 - 95% of cases are required to be in the CAP template and reported out within 2 weeks from surgery
 - 20% of cases will be randomly audited at the survey (max 100 cases)
- **NAPRC Standard 2.10: Photographs of Surgical Specimens**
 - 65% of case are to be required to be photographed—anterior, posterior and lateral views (must be presented at cancer conference)
 - 20% of cases will be randomly audited at the survey (max 100 cases)

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NAPRC: CHAPTER 2

TREATMENT OUTCOMES DISCUSSION AT

CANCER CONFERENCE

- Standard 2.11: Treatment Outcomes Discussion (Template for Cancer Conference/Tumor Board Agenda)
- Post Op information: (2nd time presented) (20% review, max 100 cases)
 - Imaging: None requested unless otherwise specified
 - Patient name, DOB, age & sex:
 - Site: RECTUM
 - MRN:
 - Presenting physician/navigator:
 - Final Pathological Diagnosis & Final Pathological AJCC Stage:
 - Prior date presented at Cancer Conference:
 - Neo-Adj treatment before surgery:
 - Neo-Adj treatment date of completion:
 - Date of surgery and Type of surgery:
 - Surgical approach:
 - Presence or 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:
 - Discussion included: Clinical Trial, Genetics, Palliative Care, Social Services, Rehab or Plastic Surgery
 - Referrals to: Medical Oncology, Radiation Oncology, Palliative Care, Nutrition, PT, Ostomy
 - Tumor Board note is done in EPIC as well

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NAPRC: CHAPTER 2

TREATMENT OUTCOME SUMMARY

SURVIVORSHIP CARE PLAN

- Standard 2.12: Treatment Outcome Summary/SCP
 - 50% of eligible surgical patients must have a treatment summary provided *within 4 weeks of surgery*. A copy is provided to the PCP/referring physician.
 - 20% of cases will be randomly audited at the survey (max 100 cases)
- Standard 2.13: Adjuvant Treatment after the Surgical Resection
 - 50% of surgery cases that are eligible should begin any adjuvant treatment within 8 weeks from their definitive surgery of the primary rectal cancer tumor. This referral process and monitoring of patients is done by the Rectal Cancer Coordinator.
 - 20% of cases will be randomly audited at the survey (max 100 cases)
- Chapter 3 in progress: RQRS, NCDB data and measures
- Policies and Procedures

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NAPRC: RECTAL STANDARDS COMPLIANCE

- Review of the standards and chapter 2 chart audits must be documented annually
- Tracking template provided

National Rectal Cancer Accreditation Program					
Annual Audit and Compliance of standards					
Date completed: 2019					
Standards	MDT meeting discussed at:	MDT meeting discussed at:	MDT meeting discussed at:	MDT meeting discussed at:	Outcome/Action Items from last date approved
Standard 1.1 Commission on Cancer Accreditation					
Standard 1.2 Rectal Cancer Multidisciplinary Care					
Standard 1.3 Rectal Cancer Multidisciplinary Team Attendance					
Standard 1.4 Rectal Cancer Multidisciplinary Team Meetings					
Standard 1.5 Rectal Cancer Program Director					
Standard 1.6 Rectal Cancer Program Coordinator					
Standard 1.7 Rectal Cancer Program Education					
Standard 2.1 Review of Diagnostic Pathology					
Standard 2.2 Staging Before Definitive Treatment					

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NAPRC: PATIENT TRACKING AND CHAPTER 2 CHART AUDIT

Patient name and Date of Birth:			
Facility and MRN:			
Physicians:			
Standards		Notes	Date
1-Standard 2.1	Date of biopsy, facility & pathologist		
	Biopsy reviewed by a MDT pathologist		
2-Standard 2.2	Date clinical staging done, physician and stage		
	If previously diagnosed is the clinical/pathological staging noted in EPIC?		
3-Standard 2.2	Imaging done (CT CAP or PET scan)		
4-Standard 2.3	Date MRI done, facility, physician		
	Is the MRI report in the synoptic reporting format?		
5-Standard 2.4	Date Pre-Treatment CEA, facility and level		
6-Standard 2.5	Date initially presented at cancer conference and all items discussed before definitive treatment		
	Date noted in EPIC that the patient was presented (Tumor Board Note)		
7-Standard 2.6	Date treatment evaluation and recommendations created (Letter to PCP-Communication)		
8-Standard 2.7	Date patient began 1st course definitive treatment, facility, physician		
	Total number of days from tissue biopsy to first treatment (goal 60 days)		
9-Standard 2.8	Date of surgical resection & physician		
10-Standard 2.9	Date pathology report date, CAP and Ostrich compliant		
11-Standard 2.10	Date surgery photos presented at cancer conference and pathologist (must be within 4 weeks-28 days)		
	Days from surgery to 2nd presentation at cancer conference		
12-Standard 2.11	2nd date presented at cancer conference post op and physician: Tumor Board Discussion noted in EPIC		
13-Standard 2.12	Date Treatment Summary/Survivorship CP due date (due within 4 weeks from date in 2.11)		
14-Standard 2.13	Date adjuvant treatment started (within 8 weeks) from surgery from 2.8		

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CANCER CONFERENCE AGENDA TEMPLATE

Example for General CoC

CoC: Standard 1.7

- Patient name:
- DOB, age & sex:
- Site:
- MRN:
- Diagnosis:
- Presenting:
- Other physicians:
- Pathology:
- Stage:
- Imaging:
- Reason for Review:
- Additional Information or questions for pathology or radiology:
- Discussion included: Clinical Trial, Genetics, Palliative Care, Social Services, Rehab or Plastic Surgery

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CANCER CONFERENCE AGENDA TEMPLATE

Example for Breast

NAPBC: Standard 1.2

- Patient Name:
- DOB, Age & Sex:
- MRN:
- BMI:
- Presenting and Other physicians:
- Site:
- Diagnosis, Grade, ER/PR, HER2, KI67:
- Stage:
- Imaging & Pathology:
- Surgery type and date:
- Genetics eligible or Clinical Trials eligible:
- Chief Complaint:
- Prior Mammogram & Past Medical and Surgical History:
- Signs and Symptoms:
- Smoking and Alcohol History:
- Family History of Cancer:
- Menopause Status:
- Discussion included: Palliative Care, Social Services, Rehab, Plastic Surgery
- Treatment Plan:
- Intent for treatment: Curative, Control, Maintenance, Palliative, Supportive

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PREPARING CANCER CONFERENCE AGENDA’S

Workflow for Preparing Cancer Conference Agenda’s

- Create Word Agenda using template
- InBasket name “Cancer Conference”
- Create a new InBasket Message
- Distribution List in EPIC and Managing it
- Options-Set expiration date for message
- Subject line-labeling per facility
- Copy and paste from the Word document into the body of the message and click Accept
- Frequency of sending each agenda
- Accessibility to physicians and staff attending
- Ability to add cases through EPIC messaging

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AFTER CANCER CONFERENCE REPORTING

UDF:

- CC NCCN Guidelines Followed
- CC Clinical Trials Discussed
- CC Genetics Discussed
- CC Palliative Care Discussed
- CC Psychosocial Discussed
- CC Rehab Discussed
- CC Plastic Surgery Discussed
- CC Discussion of workup/stage
- CC Prognostic Factors Discussed
- CC Last name presenting physician (text)

General Page:

- Presentation CA Conf & Date of CA Conf
- Query Wizard Report
- Patients presented multiple times, Total case presentations & Overall tracking

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CANCER REGISTRY QUALITY CONTROL
STANDARD 1.6 QA REVIEWER TEMPLATE

CoC Standard 1.6

- Patient name & Date of birth:
- Facility & MRN:
- Primary site & laterality if applicable:
- Histology:
- Class of case:
- Date of 1st contact:
- Date of initial diagnosis:
- Date of 1st course treatment: (CTR to list treatment):
- Clinical grade:
- Pathological grade:
- Post treatment grade:
- Clinical TNM and Stage group:
- Pathological TNM and Stage group:
- Evidence of this cancer:
- Date of 1st recurrence if applicable: NA (unless known recurrence):
- Case finding source & Abstracted by:
- Date reviewed: _____ Initials: _____
- *Abstracting timeliness: All cases are abstracted within 3-6 months from date of diagnosis or date of first contact. All unknown fields or fields coded as 9 are reviewed on a monthly basis for all cases.*
- *All cases are submitted when requested to the NCDB.*

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DISTRESS TRACKING
STANDARD 3.2

CoC: Standard 3.2 Distress Scores

- Distress routing in EPIC to Tumor Registry InBasket
- Quarterly report for Social Workers/Nurses
- Metriq UDF (Psych Distress Screen Score)
- Query Wizard report

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CANCER CONFERENCE ATTENDANCE TRACKING

CANCER CONFERENCE SPECIALTY ATTENDANCE 2019																												
(example) 70% REQUIRED FOR EACH SPECIALTY ANNUALLY																												
	Date	Date																										
Medical Oncology																												
Radiation Oncology																												
Surgery																												
Pathology																												
Radiology																												
Yellow-absent																												
x=present																												
Medical Oncology																												
Radiation Oncology																												
Surgery																												
Pathology																												
Radiology																												
Yellow-absent																												
x=present																												

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SURVIVORSHIP CARE PLAN TRACKING AND REPORTING IN EPIC

Standard 3.3 SCP

- Metriq tracking using a UDF (Survivorship Care Plan Completed)
- Eligible list of patients tracking
- Must be at 50% for 2018

Medical Record Number	Last Name	First Name	Date of 1st Contact	Primary Site	Primary Site-Desc	Best AJCC Stage	Class of Case	1st Course Rx Summary	Endo/Radiation Oncology Physician Last Name	Medical Oncology Physician Last Name	Primary Surgeon-Last Name	Notes	Vital Status	Survivorship Care Plan Completed	Marked in Metriq
-----------------------	-----------	------------	---------------------	--------------	-------------------	-----------------	---------------	-----------------------	---	--------------------------------------	---------------------------	-------	--------------	----------------------------------	------------------

- EPIC Reporting for Completed SCP
 - Patient information
 - End of treatment
 - Date Summary created
 - Date summary given to patient
 - Summary created by

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CASE FINDING USING EPIC

- Case finding report for reportable diagnosis codes for Head and Brain Imaging
 - Patient information
 - MRN
 - Procedure
 - Department
 - Impression
- EPIC Staging using the InBasket feature
 - Reportable cases
- EPIC Infusion Center Case Finding lists
 - Patient information
 - MRN
 - Plan Name (Chemotherapy/Immunotherapy/Hormone/Other)
 - Provider
 - Active Problem/Diagnosis
 - Department/Facility
 - Plan Start Date

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CTR ANNUAL EDUCATION TRACKING

CTR NAME:
4 category A credits every 2 years (20 credits every 2 years)
CME Cycle due by the end of 2020 (add year due)

	Total Credits	Category A Credits
2018		
List education and credits (Example)	1	
List education and credits (Example)	6	5
List education and credits (Example)	1	
List education and credits (Example)	1	
List education and credits (Example)	1	
	10	5
2019		
List education and credits (Example)	1	
List education and credits (Example)	1	
List education and credits (Example)	1	
List education and credits (Example)	9.5	4.5
List education and credits (Example)	14	10
	26.5	14.5
2020		
List education and credits (Example)	1	
List education and credits (Example)	1	
List education and credits (Example)	1	
List education and credits (Example)	9.5	4.5
List education and credits (Example)	14	10
	26.5	14.5

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SURVEY PREP FOR AN INTEGRATED NETWORK CANCER PROGRAM

Hospital Name

(example) Standard 1.6 Cancer Registry Quality Control Plan

INCP

Facility #1

Facility #2

Facility #3

Standard 1.6 Cancer Registry QA Control plan and review

Add annual summary and other items for a quick reference for the surveyors

Make sure all items are documented in your cancer committee meeting minutes

Agenda for drop in session

Attendance confirmation for survey

Chapter 1 Standards

Chapter 2 Standards

Chapter 3 Standards

Chapter 4 Standards

Chapter 5 Standards

ER1-12

Final reminder

Minutes for the survey

Overview

QI for Survey Courtney

Survey Agenda

Survey Savvy

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GUIDES AND TEMPLATES PROVIDED

Abstracting Guide

2019 CoC, NAPBC: Blank Cancer Conference/Tumor Board Agenda Templates

2019 CoC Cancer Committee Standards tracking

2019 CoC Cancer Committee Minutes Templates

2019 CoC Standards 1.6, 1.8, 2.2, 3.1, 4.1, 4.2 Tracking Templates

2019 CoC Annual Standard Audit Template

2019 NAPRC Tracking templates

Monthly Suspense/Productivity reporting Template

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UDF TRACKING

Any Stage Palliative Referral

Any Stage Hospice Referral

Clinical Trial enrolled

Clinical Trial number

Survivorship Care Plan Completed

CAP Reviewed by Tumor Registry

Psych Distress Screen Score

All patients Intent for treatment

Genetics Eligible/Referral Recomm

Genetics Testing/counsel done

Referral to Nutritional Services

Referral to Rehab Services

Breast SLN Bx OP Note done

BreastAxillary Disse OP Note done

Melanoma Dissection OP note do...

Colon Resection Path note done

Lung Resection Path note done

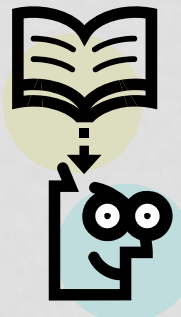
Rectum Mesorectum Path not...

COMING SOON

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NEW!! 2020 STANDARDS TRACKING

Coming soon!!




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REFERENCES

- Commission on Cancer Program Standards; <https://www.facs.org/quality-programs/cancer/coc/standards>
- Breast NAPBC Standards: <https://www.facs.org/quality-programs/napbc/standards>
- Rectal NAPRC Standards: <https://www.facs.org/quality-programs/cancer/naprc/standards>
- Abstracting Guide: AJCC Staging Manual, Collaborative Staging-prior to 2018, ICD-O, SEER Coding Manuals, Hematopoietic Database, SEER RX, Multiple Primaries Manual, MCSP Manual, STORE manual, SEER Website, NAACCR Website.
- Thanks to Wendy Johnson, CTR, Ginger Greenwood, CTR, Maggie Nelson, CTR, and Tara Talaski CTR for assisting with reviewing and editing these presentation slides.


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QUESTIONS?




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Survival Guide to Survey Preparations & NCDB Tools



RegistryPartners
DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING




RegistryPartners

ONCOLOGY

DIVISION


Presented by: Courtney Jagneaux, RHIA, CTR

Disclosures




RegistryPartners
DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING

- I have no relevant financial or nonfinancial relationships to disclose




Survival Guide to Survey Preparations & NCDB Tools 20190711

Learning Objectives




RegistryPartners
DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING

- Identify best practices for preparing a cancer program for survey
- Provide tools to assist in survey application documentation
- Educate registrars on how to support their Cancer Liaison Physician
- Review NCBD Reporting tools and best practices



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Tactical Planning for ACoS Cancer Programs



RegistryPartners
DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING

Cancer

PROGRAMS

AMERICAN COLLEGE OF SURGEONS

12 Months
Compliance with
Standards




Submit
Application

SAR completed
30 days prior to
survey

Post Survey
Evaluation within
14 days of site
visit

Notification of
Survey Results
within 45 days


Appeals must be
submitted within
30 days of
Survey Results*



Survival Guide to Survey Preparations & NCDB Tools 20190711


NAACCR 2018-2019 Webinar Series21

CoC



RegistryPartners
DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING

- **CoC 2016 Edition**- 12 Eligibility Requirements; 34 Standards
- Chapter 1: **Program Management**- 12 Standards
- Chapter 2: **Clinical Services**- 4 Standards
- Chapter 3: **Continuum of Care Services**- 3 Standards
- Chapter 4: **Patient Outcomes**- 8 Standards
- Chapter 5: **Data Quality**- 7 Standards
- **CoC DRAFT 2018 Edition**: 9 Chapters, 34+ Standards



Eligibility Requirements Updated **Annually**


Recommendation Update SAR **Quarterly**

Carefully review the SAR At least **6 weeks** prior to due date

SAR completed **30 days** prior to survey

Survival Guide to Survey Preparations & NCDB Tools 20190711

CoC SAR Resource



RegistryPartners
DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING


Required Documents for 2019 Survey Application Record

Standard or ER	Documentation Required	Comment
Eligibility Requirements		
ER1: Facility Accreditation	Accreditation certificate or letter from accrediting agency.	Complete and upload each calendar year.
ER2: Cancer Committee Authority	Facility bylaws, policy or procedure, or other sources that set forth the authority of the cancer committee.	Bylaws: only that portion having to do with cancer committee. Complete and upload each calendar year.
ER3: Cancer Conference Policy	Cancer conference policy or procedure.	Complete and upload each calendar year.
ER4: Oncology Nursing Leadership	Not applicable.	
ER5: Cancer Registry Policy and Procedure	Table of contents from facility's cancer registry policy and procedure manual.	Complete and upload each calendar year.
ER6: Diagnostic Imaging Services	Most recent certificate of accreditation, attestation letter, or documentation that describes the patient-specific and machine-specific QA practices for diagnostic imaging services.	Complete and upload each calendar year.

https://www.facs.org/~media/files/quality%20programs/cancer/coc/coc_sar_docs.ashx


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NAPBC



RegistryPartners
DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING

- **NAPBC 2018 Edition**- 28 Standards
- Chapter 1: **Center Leadership**- 3 Standards
- Chapter 2: **Clinical Services**- 20 Standards
- Chapter 3: **Research**- 2 Standards
- Chapter 4: **Community Outreach**- 1 Standard
- Chapter 5: **Professional Education**- 1 Standard
- Chapter 6: **Quality Improvement**- 1 Standard



12 Month*
Compliance with
NAPBC Standards

Submit NAPBC
Application

Site will be
contacted within
30 days


SAR completed
30 days prior to
survey

Accession list
submitted 2
weeks prior to
survey

Reaccreditation SAR available 3 months prior to current accreditation end date.


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NAPRC



RegistryPartners
DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING

- **NAPRC 2017 Edition**- 22 Standards
- Chapter 1: **Program Management**- 7 Standards
- Chapter 2: **Clinical Services**- 13 Standards
- Chapter 3: **Quality Improvement**- 2 Standards



12 Months*
Compliance with
NAPRC Standards

Submit NAPRC
Application

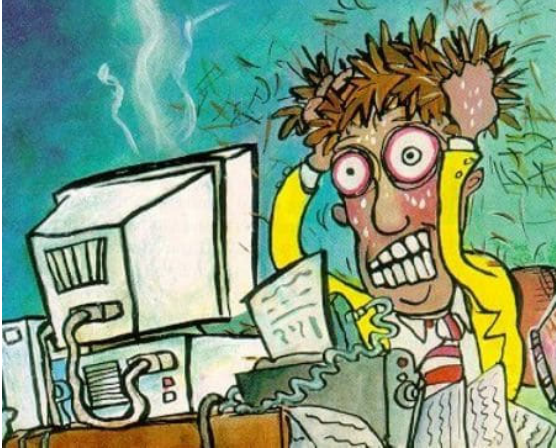
Site Visit within
3-6 months

SAR completed
30 days prior to
survey

Accession review
list provided 2
weeks prior to
survey

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Accreditation Preparation



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Survival Guide to Survey Preparations

- ✓ **Planning**
 - Set your program up for success in advance with best practice tools
- ✓ **Timeline**
 - Communicate schedules and deadlines to your committee members
- ✓ **Organization**
 - Establish a system that allows for multiple contributors
- ✓ **Team Work**
 - Hold all cancer committee members accountable for their roles and responsibilities

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DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING

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Standards Distribution Template


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DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING

Eligibility Criteria	TITLE	2ND QTR IS RECOMMENDED	1ST QUARTER 2/28/19	2ND QUARTER 5/23/19	3RD QUARTER 8/22/19	4TH QUARTER 10/24/19	5TH/FINAL MEETING 12/5/19		
ER 1	Facility Accreditation		X						
ER2	Cancer Committee Authority	Committee review discussion to determine if services and programs are available. Are there additional needs? Recommendations? Revisions needed? Do the patients and medical, hospital staff know about all the services and programs? Can use subcommittee or individual to perform any initial review for needed changes.	X						
ER3	Cancer Conference Policy		X						
ER4	Oncology Nurse Leadership		X						
ER5	Cancer Registry Policy and Procedure		X						
ER6	Diagnostic Imaging			X					
ER7	Radiation Oncology Services			X					
ER8	System Therapy Services	STANDARD	TITLE	BRIEF EXPLANATION	1ST QUARTER 2/28/19	2ND QUARTER 5/23/19	3RD QUARTER 8/22/19	4TH QUARTER 10/24/19	5TH/FINAL MEETING 12/5/19
ER9	Clinical Research Information	Standard 1.1	Physician Credentials	Physicians must be board certified or in the process of certification.	Verify board certification of: diagnostic radiologists, pathologists, general surgeons (top five major sites), radiation oncologists, medical oncologists		If all Board Certified you do not need to present again.		
ER10	Psychosocial Services						If not all board certified		
ER11	Rehabilitation Services								
ER12	Nutrition Services								
STANDARD	TITLE	BRIEF EXPLANATION	1ST QUARTER 2/28/19	2ND QUARTER 5/23/19	3RD QUARTER 8/22/19	4TH QUARTER 10/24/19	5TH/FINAL MEETING 12/5/19		
Standard 3.1	Patient Navigation Process	A patient navigation process, driven by a triennial community needs assessment (CNA), is established to address health care disparities and barriers to care for patients. Resources to address identified barriers may be provided either on-site or by referral to community-based or national organizations. See manual page 54 for requirements for CNA.	Determine if Community Needs Assessment needs to be completed. (Required every 3 years) Otherwise, evaluate process from previous year, identify additional needs, and make plans for current year. New barrier/need discussed each year.	Discuss any new barriers to care. Select disparity and process.		Update committee on navigation process and evaluate effectiveness.	Present final report.		

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Minutes Templates


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Required Members:			
Chair	CLP	Diagnostic Radiology	Genetics Professional
Member	Member	Member	Member
Designated Alternate	Designated Alternate	Designated Alternate	Designated Alternate
Medical Oncology	Palliative Care Representative	Cancer Registry Quality Coordinator	Radiation Oncology
Member	Member	Member	Member
Designated Alternate	Designated Alternate	Designated Alternate	Designated Alternate
Pathology	Cancer Program Administrator	Certified Tumor Registrar	Clinical Research Coordinator
Member	Member	Member	Member
De Comm	TOPIC		REPORT/DISCUSSION/CONCLUSIONS
Me			CONTRIBUTORS/ ACTION/FOLLOW-UP
De	Call to Order	The meeting was called to order by...	
Cance	Approval of Minutes	Minutes from the last Cancer Committee meeting on ___ were reviewed and approved.	
Me	Eligibility Requirements	Eligibility requirements were reviewed and discussed with the committee.	
De	Std 1.5 Cancer Program Goals	Clinical Goal: Involving the diagnosis, treatment, and care of the program's patients. 2019 Clinical Goal – Programmatic Goal: Directed toward the scope, coordination, and processes of care for patients in the cancer program. 2019 Programmatic Goal –	

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Gap Analysis



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Std.	Requirement	Measuring Compliance	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	SAR Comments	Compliance Status	Reason for Possible Deficiency (if applicable)	Additional Comments / Action Items
1.1	Physician Credentials	<p>Diagnostic and treatment services are provided by or referred to physicians who are currently board certified (or the equivalent) in their medical specialty or are in the process of becoming board certified.</p> <p>Documentation: *Copy of medical staff bylaws that address requirements of current board certification of physicians; OR *Roster of board certification status for all physicians involved in eval & mgmt of cancer patients and those serving in a required position on cancer committee; AND *Documentation of 12 annual cancer-related CME hours for all physicians who are not board certified or those in process of becoming board certified who are involved in eval and mgmt of cancer patients</p> <p>Compliance: Documentation from the medical staff bylaws or guidelines and proof of 12 cancer related CME hours for physicians not board certified. SAR will include an additional table for the five major site surgeons.</p>								
1.2	Cancer Committee Membership and Coordinators	<p>Membership of the cancer committee is multidisciplinary, representing physicians from diagnostic and treatment specialties and non-physicians from administrative and supportive services, Cancer Committee coordinators, who are responsible for specific areas of cancer program activity, are designated each calendar year.</p> <p>Documentation: Upload cancer committee minutes that identify required cancer committee members and coordinators</p> <p>Compliance: Membership of cancer committee includes required physicians, non-physicians from administrative and supportive services, and coordinators.</p>								

Compliance Key

	In place & operational
	In place, but not documented
	In place but not in SAR
	Partially completed
	Concerning for compliance
	Not met

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Cancer Program Shared Folder



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DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING

Name

Cancer Committee Meetings

CoC Compliance Tools

Data Requests

Eligibility Requirements

SAR

Std 1.1 - Physician Credentials

Std 1.2 Coordinators

Std 1.3 Cancer Committee Attendance

Std 1.4 Cancer Committee Meetings

Std 1.5 - Goals

Std 1.6 - Cancer Registry Quality Control

Std 1.7 - Cancer Conference

Std 1.8, 4.1-4.2 - Community Outreach

Std 1.9 - Clinical Trials Accrual

Std 1.10 - Annual Educational Activity

Std 1.11 - Cancer Registrar Education

Std 1.12 - Public Reporting of Outcomes

Std 2.1 - CAP Protocols

Std 2.2 - Nursing Care

Std 2.3 - Risk Assessment & Genetics

Std 2.4 - Palliative Care Services

Std 3.1 - Patient Navigation

Std 3.2 - Psychosocial Distress S

Std 3.3 - Survivorship

Std 4.3 - Cancer Liaison Physi

Std 4.4-4.5 - Quality Tools

Std 4.6 - Compliance with Evid

Std 4.7-4.8 - Quality Studies & I

Std 5.2 - RQRs

Std 5.3 - 5.4 Follow Up

Std 5.5-5.6 - NCDB Submission

Std 5.7 Special Studies

Name

Archived

Example

Resources

Standard Procedure

2019 Q1 CLP Report_CP3R Review

➤ Create a shared folder system that mimics the cancer program standards and application

➤ Give all program committee members read/write access to all folders


➤ Communicate expectations for contributions

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NAACCR 2018-2019 Webinar Series


26

Supporting Your Cancer Liaison Physician



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DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING


- **Understanding the CLP Role**
 - Primary Responsibilities : monitor, interpret, and provide update reports of the program’s performance using NCDB data to evaluate and improve the quality of care.
 - Secondary Responsibilities :
 - Report on CoC activities, initiatives, and priorities to the cancer committee.
 - Serve as liaison between the cancer program, the CoC, and the American Cancer Society.
 - Attend the CoC on-site survey and meets with the surveyor
- **Being “In the Know”**
 - Complete CLP orientation within three months of initial appointment AND on reappointment every three years.
 - Know the ACS Representative & State Chair
 - Attend CLP Breakfast sessions when possible
 - Subscribe to the NewsCLiPs
 - Subscribe to the CoC Newsbreaks
 - Using NCDB Reporting Tools




<https://www.facs.org/quality-programs/cancer/clp>

Survival Guide to Survey Preparations & NCDB Tools 20190711

NCDB Tools



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DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING




NATIONAL
CANCER
DATABASE

- NCDB Hospital Comparison Benchmark Reports (HCBR)
- NCDB Survival Reports (Survival)
- Cancer Program Practice Profile Reports (CP³R)
- Rapid Quality Reporting System (RQRS)
- Cancer Quality Improvement Program (CQIP)
- Annual Cancer Case Volume
- Data Completeness and Default Overuse Report

<https://www.facs.org/quality-programs/cancer/ncdb/qualitytools>


Survival Guide to Survey Preparations & NCDB Tools 20190711

User Roles and Access Definitions



User Roles & Access Definitions

Cancer Program Role	Datalinks Access Definition	Limit Per Facility
Hospital Registrar	Full Data Access for CoC Datalinks+ NCDB Data Submission	1
Hospital Co-Registrar	Full Data Access for CoC Datalinks+ NCDB Data Submission	3
Cancer Program Administrator	Full Data Access for CoC Datalinks	1
Cancer Committee Chair	Full Data Access for CoC Datalinks	1
Cancer Liaison Physician	Full Data Access for CoC Datalinks	2
Cancer Conference Coordinator	Full Data Access for CoC Datalinks	1
Quality Improvement Coordinator	Full Data Access for CoC Datalinks	1
Cancer Registry Quality Coordinator	Full Data Access for CoC Datalinks	1
Community Outreach Coordinator	Full Data Access for CoC Datalinks	1
Clinical Research Representative	Full Data Access for CoC Datalinks	1
Datalinks Contact	Full Data Access for CoC Datalinks	Unlimited
NCDB Tools User	Access to NCDB Reporting Tools section ONLY	Unlimited
Marketing/Public Resources Director	Access to Marketing Resources Web Page ONLY	2
NCDB PUF Applicant	Access to NCDB PUF Login Web Page ONLY	Unlimited
CEO	Listing only- NO Access to CoC Datalinks	1
HIPAA Privacy Officer	Listing only- NO Access to CoC Datalinks	1




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DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING

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CoC Datalinks to Access to NCDB Tools



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DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING

Log On

CoC Datalinks is a password-protected resource area for CoC-accredited Cancer Programs. Please enter your username and password.

User name

Password

Log On

Access through CoC Datalinks <https://datalinks.facs.org/>

Home | Standards Resource Library | News | Contact Us

Facility Selection Menu

Choose your facility and role.

Select Facility

Go

National Cancer DataBase (NCDB) Reporting Tools

- NCDB: Hospital Comparison Benchmark Reports
- NCDB: Survival Reports (V2)
- NCDB: Cancer Program Practice Profile Reports (CP3R) (v3)
- RQRS (v1.1)
- Cancer Quality Improvement Program (CQIP) Reports
- Annual Cancer Case Volume


National Cancer DataBase (NCDB) Data Transmission

- NCDB: Submit/Resubmit Data *Accepting v16 and v18*
- NCDB: Data Submission History and Edits
- NCDB: Authorize Third Party Submission
- NCDB Completeness and Default Overuse Reports

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NAACCR 2018-2019 Webinar Series28

NCDB: Hospital Comparison Benchmark Reports



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National Cancer DataBase (NCDB) Reporting Tools


- [NCDB: Hospital Comparison Benchmark Reports](#)
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- [RQRS \(v1.1\)](#)
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Hospital Comparison Benchmark Reports



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USER TIP SHEET

HCBM Navigation

HCBM TipSheet

HCBM Graphs

HOSPITAL SELECTION

Hosp. Type / System

Geographic Areas

CASE SELECTION

About Case Selection

ANALYSIS VARIABLES

Patient Demograph.

First Crs. Therapy


Days to 1st Rc.

Tumor Charact.

TERMS AND CONDITIONS

NCDB Public

Reporting Policy



AMERICAN COLLEGE OF SURGEONS
*Inspiring Quality:
Highest Standards, Better Outcomes*

NCDB

BENCHMARK REPORTS

NCDB Hospital Comparison Benchmark Reports. Cases Diagnosed 2007 - 2016.

My Hospital Only

Aggregate Report

Comparison Report

Submit

Select Your Hospital

Dx. Year

☐ Deselect All

☒ 2007

☒ 2008

☒ 2009

☒ 2010

☒ 2011

☒ 2012

☒ 2013

☒ 2014

☒ 2015

☒ 2016

Site

Breast

Case Type

All Diagnosis Types

Analysis Variables

Var. 1

Age Group

Var. 2

- not selected -

Var. 3

- not selected -

Review the appropriate "Terms & Conditions" Agreement in advance of using any text, tables or figures generated from the NCDB Benchmark Reports

Use of these data and the NCDB Hospital Comparison Benchmarks is strictly limited to registered CoC DataLinks users for this CoC-Accredited Cancer Program only and should not be shared with unauthorized users at any other facility. The CoC is not responsible for the unauthorized release or sharing of data by any user.

For technical assistance - contact ncdb@facs.org


©2019 National Cancer Data Base (NCDB) – Commission on Cancer (CoC) – Wednesday, June 19, 2019

Submit

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NAACCR 2018-2019 Webinar Series29

Hospital Comparison Benchmark Report




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DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING

- **My Hospital Only**
 - Create comparisons of data reported to the NCDB from your own cancer registry
 - Assess up to 3 variables
- **Aggregate Report**
 - Create reports made from combined data at the hospital system, state, region, or at the national level.
 - Assess up to 3 variables
- **Comparison Report**
 - Create comparison reports of the cases submitted to the NCDB by your cancer program and all the other programs identified in your comparative group
 - Assess only 1 variable

Age Group	Histology	Zip Code Level Income
Stage	Tumor Behavior	Days to Treatment
Diagnosis Year	First Course Treatment	First Course Surgery
Gender	Charleston Comorbidity Score	Radiation Therapy
Race/Ethnicity	Distance Traveled	Systemic Therapy
Insurance Status	Zip Code Level Education	

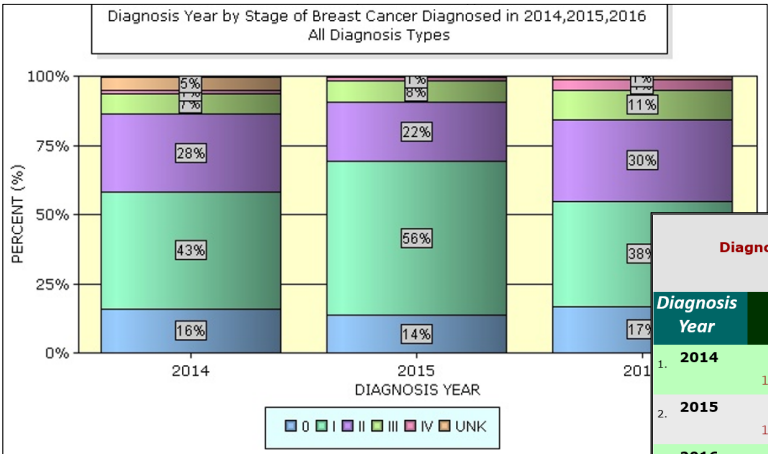
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My Hospital Only



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DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING

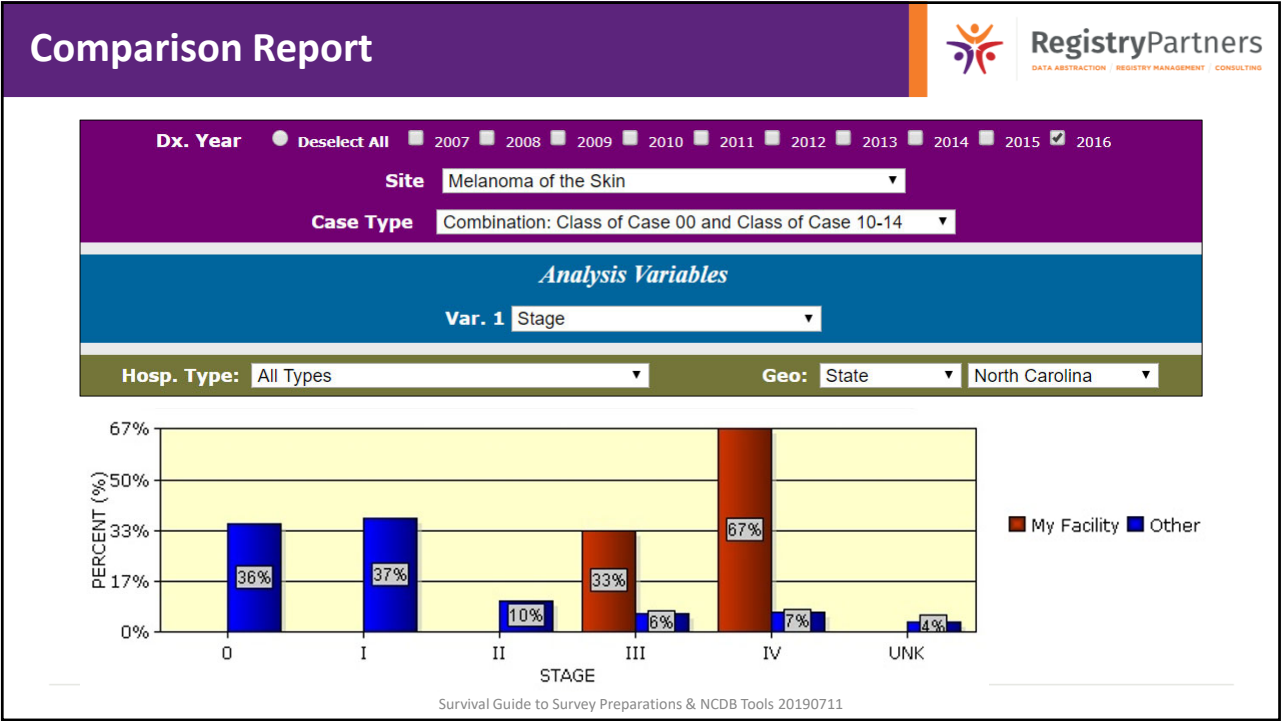
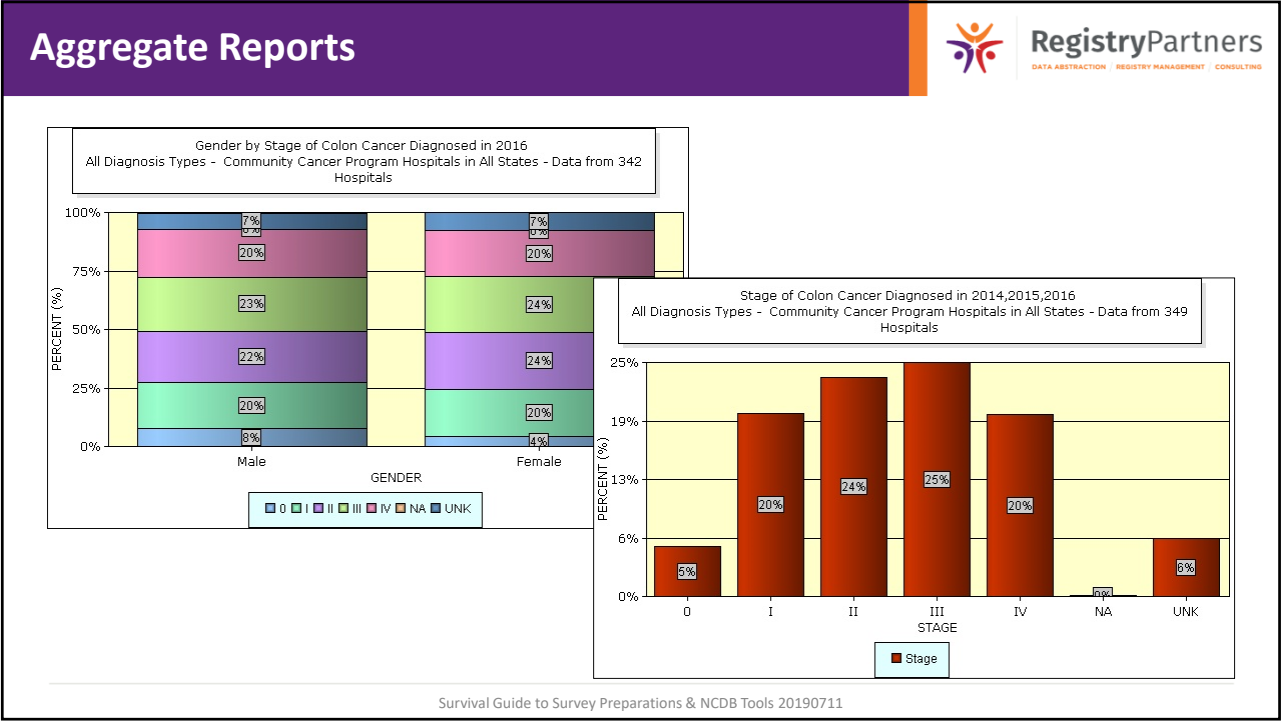
Diagnosis Year by Stage of Breast Cancer Diagnosed in 2014,2015,2016
All Diagnosis Types




Diagnosis Year	0	I	II	III	IV	UNK	N	%
1. 2014	13	35	23	6	1	4	82	33.47%
2. 2015	11	44	17	6	1	.	79	32.24%
3. 2016	14	32	25	9	3	1	84	34.29%
TOTAL	38	111	65	21	5	5	245	100%

Diagnosis Year	Stage						Totals	
	0	I	II	III	IV	UNK	N	%
1. 2014	13	35	23	6	1	4	82	33.47%
	15.9%	42.7%	28%	7.3%	1.2%	4.9%		100%
2. 2015	11	44	17	6	1	.	79	32.24%
	13.9%	55.7%	21.5%	7.6%	1.3%	.		100%
3. 2016	14	32	25	9	3	1	84	34.29%
	16.7%	38.1%	29.8%	10.7%	3.6%	1.2%		100%
TOTAL	38	111	65	21	5	5	245	100%
	15.5%	45.3%	26.5%	8.6%	2%	2%		100%

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HCBR Graph Options



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☒ Chart

☐ N

☐ %

☐ Custom

☒ Table

☐ N

☐ %

Save as

☐ PDF

☒ Power Point

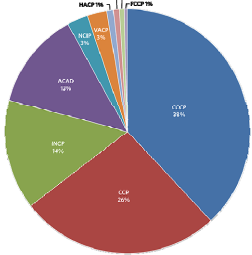
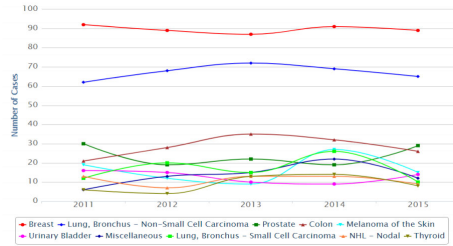
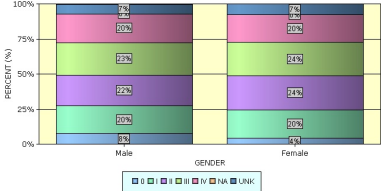
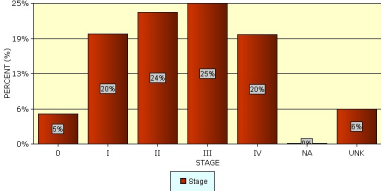
☐ iPad/Mobile/Prt. Friendly

HOME

❖ Bar graphs


❖ Line graphs

❖ Pie charts



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NCDB: Survival Reports



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DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING

National Cancer DataBase (NCDB) Reporting Tools


- [NCDB: Hospital Comparison Benchmark Reports](#)
- [NCDB: Survival Reports \(V2\)](#)
- [NCDB: Cancer Program Practice Profile Reports \(CP3R\) \(v3\)](#)
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- [NCDB Completeness and Default Overuse Reports](#)


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NCDB Survival Reports




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DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING

- Includes cases reported by ACoS Accredited hospitals 1994-2011
- 61 disease sites available
- Adult patients only
- Must have >30 cases to be statistically significant



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Building an NCDB Survival Report



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DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING

Choose Role:

Hospital Registrar

Go ->

- ✓ Select Role
- ✓ Agree to Terms
- ✓ Select Facility
- ✓ Choose Site(s)
- ✓ Chose Stage(s)

Uncheck All NCDB Cases to Select a Facility

☐ All NCDB Cases

Use cases from the following

Click on the header to sort by Facility ID, Name, City, State or Zip

Search:

<input checked="" type="checkbox"/> Facility ID	<input type="checkbox"/> Name
<input checked="" type="checkbox"/> 123456	ABC Medical Center

Sites

Stage of Disease

Select All

Deselect All


Select All

Deselect All

Title	Title
<input type="checkbox"/> Head and Neck	<input type="checkbox"/> Stage 0 (0)
<input type="checkbox"/> Digestive	<input type="checkbox"/> Stage I (I)
<input type="checkbox"/> Respiratory	<input type="checkbox"/> Stage II (II)
<input type="checkbox"/> Bones and Joints	<input type="checkbox"/> Stage III (III)
<input type="checkbox"/> Soft Tissue including Heart	<input type="checkbox"/> Stage IV (IV)

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Building an NCDB Survival Report



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Diagnosis Years:

2010 - 2011

Sequence Number:

(00,01) Both 00 and 01

Age:

All Adults

Reference Date:

Use All Cases


Stratification Variable:

Stage

Every facility has a reference date, from which they are accountable for the completeness of the data for cases diagnosed in that year through the present. Since a facility may request to move their reference date forward, there are some instances where a case's diagnosis year falls before the facility's reference date. Reports for cases whose diagnosis date is prior to the reference date cannot be changed or updated by the facility.


Begin Generating your NCDB Survival Report

The **generate** button below will start the process

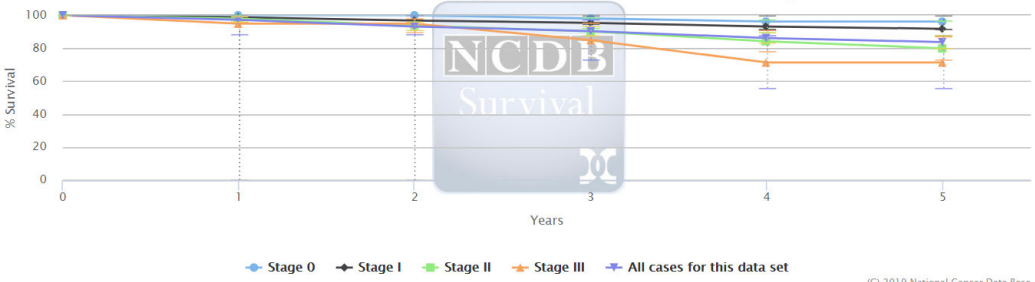
Generate

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Survival Reports



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DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING




(C) 2019 National Cancer Data Base

NCDB Survival Table								
Stage	Enter	0 Year	1 Year	2 Year	3 Year	4 Year	5 Year	5 Year 95% CI
Stage 0	66	100.0	100.0	100.0	98.1	96.2	96.2	91.1-100.0
Stage I	174	100.0	98.8	96.8	95.4	93.2	91.8	87.4-96.3
Stage II	147	100.0	97.9	93.7	90.2	84.2	79.9	72.7-87.1
Stage III	41	100.0	94.9	94.9	84.9	71.3	71.3	55.3-87.3
Stage IV	18				Insufficient cases (n<30)			
All cases for this data set	446	100.0	97.2	93.2	90.4	86.2	83.7	79.9-87.4

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Survival Reports




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Download Chart

PDFPowerPointImageWord Document


✓ Select the display format that works best for you, but remember only to share the information with your facility.



You have agreed not to publicly share results

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NCDB: Cancer Practice Profile Reports



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National Cancer DataBase (NCDB) Reporting Tools


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- [NCDB Completeness and Default Overuse Reports](#)

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Cancer Program Practice Profile Report



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Cancer Program Practice Profile Report (CP3R)


Displays estimated performance rates with 23 quality measures, from 10 primary sites

- ✓ Perform initial review
- ✓ Update any applicable cases
- ✓ Create a summary report
- ✓ Share with your committee




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CP3R



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- To enter CP3R, select your facility from the facility list.



AMERICAN COLLEGE OF SURGEONS
*Inspiring Quality:
Highest Standards, Better Outcomes*

NCDB
CP3R

Cancer Program Practice Profile Reports (CP3R)
Bladder, Breast, Cervix, Colon, Endometrium, Gastric, Kidney, Lung, Ovary, and Rectum Cancers Diagnosed 2013 - 2016

Attention!
2016 CP3R data released on November 27, 2018

Overview

Measure Specifications

Navigation

TERMS AND CONDITIONS

Permissions Requests

Select Facility			
FACILITY_KEY	NAME	CITY	STATE
123456	General Medical Center	Chicago	IL

Survival Guide to Survey Preparations & NCDB Tools 20190711

CP3R Measure Specifications

Bladder Measure Specifications

Breast Measure Specifications

Cervix Measure Specifications

Colon Measure Specifications

Endometrium Measure Specifications

Gastric Measure Specifications

Kidney Measure Specifications

Non-Small Cell Lung Measure Specifications

Ovary Measure Specifications

Rectum Measure Specifications

Measure Specification Modifications

Measure Changes and Release Notes

Measure	Measure Abbreviation	Measure Type
(NQF #219) Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer.	BCSRT	Accountability

Measure Item List		
FORDS Data Item	NAACCR #	Description
Primary Site	400	Anatomic site of origin of the cancer
Sex	220	Sex of patient
Age at Diagnosis	230	Age of patient at diagnosis
Sequence Number	560	Sequence of malignant and nonmalignant neoplasms over the lifetime
Histology	522	Microscopic or cellular anatomy of the cancer
Behavior Code	523	Neoplastic behavior of the cancer
Class of Case	610	Indicates the reporting facility's role in managing the cancer
Clinical M	960	AJCC Clinical M
Pathologic M	900	AJCC Pathologic M
Clinical Stage Group	970	AJCC Clinical Stage Group
Pathologic Stage Group	910	AJCC Pathologic Stage Group
Surgical Procedure of the Primary Site	1290	Surgical procedure performed on the primary site of the cancer
Date of Initial Diagnosis	390	Date of initial diagnosis of cancer by a physician
Date of Last Contact or Death	1750	Date of last contact with the patient, or date of patient death
Vital Status	1760	Vital status of the patient, as of the date of last contact or death
Radiation Treatment Modality	1570	Dominant modality of radiation therapy administered as first course treatment for the cancer, at the reporting facility and all other facilities
Date Radiation Started	1210	Date of initiation of radiation
Exclusion (This is a user field in CP3R, it is not a FORDS item)	N/A	Field used to manually exclude cases

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CP3R

- Facility Measures:** Reports estimated performance rates (EPRs) for your cancer program.
- Measure Comparisons:** Reports the difference between your programs EPR and the average for all CoC programs. This report also provides the 95% confidence intervals for EPRs.

Facility Selection

Facility Measures

Measures Comparison

Interpreting This Report: The estimated performance rates shown below provide your cancer program with an estimate of the propo performance rates are representative of the care provided at the institution and to review and modify case information using the review

Bladder

Breast

Cervix

Colon

Endometrium

Gastric

Kidney

Lung

Ovary

Rectum

Save to Excel


Select Measures

https://www.facs.org/~media/files/quality%20programs/cancer/ncdb/cp3r_navigation.ashx

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Standards 4.4 & 4.5 – Measure Type, Definition & Use




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- **Accountability (Std 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 (Std 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

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CP3R Measures Example



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AMERICAN COLLEGE OF SURGEONS
Inspiring Quality:
Highest Standards, Better Outcomes



NCDB
CP3R

Cancer Program Practice Profile Reports (CP³R)
Bladder, Breast, Cervix, Colon, Endometrium, Gastric, Kidney, Lung, Ovary, and Rectum Cancers Diagnosed 2013 - 2016

Facility MeasuresMeasures 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. 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.


BladderBreastCervixColonEndometriumGastricKidneyLungOvaryRectum

Save to Excel

Select Measures	Measure	CoC Std / %
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)	BCSRT	4.4 / 90%
	Accountability	
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%
	Accountability	
Radiation therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with >= 4 positive regional lymph nodes (Accountability)	MASTRT	4.4 / 90%
	Accountability	
Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer (Quality Improvement)	nBx	4.5 / 80%
	Quality Improvement	
Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II breast cancer (Surveillance)	BCS	Not Applicable
	Surveillance	
Combination chemotherapy is recommended or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0, or stage IB - III hormone receptor negative breast cancer (Accountability)	MAC	Not Applicable

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Estimated Performance Rates



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Facility Measures

Measures Comparison

Bladder

Breast

Cervix

Colon

Endometrium

Gastric

Kidney

Lung


Ovary

Rectum

Measure	CoC Std / %	Estimated Performance Rates (%)				Review
		2013	2014	2015	2016	
BCSRT	4.4 / 90%	87.50	93.80	91.30	100.00	<div><div>BCSRT</div><div>✓</div></div>
HT	4.4 / 90%	95.50	86.20	96.70	100.00	<div><div>HT</div><div>✓</div></div>
MASTR	4.4 / 90%	100.00	100.00	100.00	100.00	<div><div>MASTR</div><div>✓</div></div>
nBx	4.5 / 80%	92.00	100.00	93.70	95.20	<div><div>nBx</div><div>✓</div></div>

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Measures Comparison Review



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DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING

Facility Measures

Measures Comparison

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

Bladder

Breast

Cervix

Colon

Endometrium

Gastric

Kidney

Lung

Ovary


Rectum

Select Measures	Measure	Facility minus National EPR Difference				Review
		2013	2014	2015	2016	
At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer (Quality Improvement)	12RLN	-48.20	-22.10	-32.20	7.10	<div><div>12RLN</div><div>✓</div></div>


- 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.

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Confidence Interval




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DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING

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

	2013	2014	2015	2016		2013	2014	2015	2016		2013	2014	2015	2016
Comparison To:					Diagnosis					Diagnosis				
					EPR (%) 95% CI # Cases # Facilities					EPR (%) 95% CI # Cases # Facilities				
My Cancer Program					86.6 [78.4 - 94.8] 67 1					56.9 [44.9 - 68.9] 65 1				
My ACS Region (Southeast)					88.9 [88.1 - 89.7] 6030 104					89.5 [88.8 - 90.2] 6455 106				
My Census Region (South Atlantic)					91 [90.4 - 91.6] 9520 168					91.5 [91 - 92] 10073 170				
My CoC Program Type (CCP)					92.6 [92.3 - 92.9] 33984 576					92.6 [92.3 - 92.9] 34185 571				
My State (NC)					88.9 [88.1 - 89.7] 6030 104					89.5 [88.8 - 90.2] 6455 106				
All CoC Approved Programs					92.2 [92 - 92.4] 72668 1447					92.6 [92.4 - 92.8] 74345 1428				

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Measure Review




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DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING

Facility Measures

Measures Comparison

	Bladder	Breast	Cervix	Colon	Endometrium	Gastric	Kidney	Lung	Ovary	Rectum
Measure		CoC Std / %								
BCSRT		4.4 / 90%		87.50	93.80		91.30		100.00	




- 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	2013	2014	2015	2016	all
Estimated Performance Rates	87.50 %	93.80 %	91.30 %	100.00 %	93.59 %
Performance Rate Numerator / Denominator	14/16	15/16	21/23	23/23	73/78
Cases eligible for the measure (Denominator) [Comp] + [rRx]	16	16	23	23	78
- Concordant, treatment administered [Comp]	14	15	21	23	73
- Nonconcordant [rRx]	2	1	2	0	5
Cases not assessable due to incomplete tumor characteristics [I]	0	0	0	0	0
Cases not eligible for consideration for the measure [NE]	63	68	57	66	254
Total number of breast cancer cases reported to NCDB	79	84	80	89	332

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Review Non Concordant (rRX)



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DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING

Performance Rates and Reported Cases	2013	2014	2015	2016	all
Cases eligible for the measure (Denominator) [Comp] + [rRx]	16	16	23	23	78
- Concordant, treatment administered [Comp]	14	15	21	23	73
- Nonconcordant [rRx]	2	1	2	0	5

Measure Records

Save to CSV

Clear Filters

RECORD#	MSR STAT	STAT DSCRPT	UPDATED	HOSP ID	ARCHV FIN	ACCSION#	SEQNCE#	VITAL ST	LST CONTCT	SEX	AGE	CL OF CASE	DATE INIT DX	PRM SITE	HIST	BEHVR
1	209630853	NE														
2	200634455	NE														

Place mouse over column header for additional information.

Select dropdown arrow to customize view.

Measure Records

Save to CSV

Clear Filters

RECORD#	MSR STAT	STAT DSCRPT	UPDATED	HOSP ID	ARCHV FIN	ACCSION#	SEQNCE#	VITAL ST	LST CONTCT	SEX	AGE	CL OF CASE	DATE INIT DX	PRM SITE	HIST	BEHVR
1	209630853	NE														
2	200634455	NE														

Comp = satisfies the numerator criteria and are concordant with this measure
Consid = rx considered, satisfies the numerator criteria and is concordant with this measure
rRx = failed to satisfy the numerator criteria and are not concordant with this measure
I = reported treatment information is incomplete, inconsistent or conflicting
NE = failed to satisfy the initial overall eligibility requirements for measure assessment due to one or a combination of reasons

STAT DSCRPT

UPDATED

HOSP

Patient underwent mastectomy or surgery type unknown

Age >= 70

Metastatic


Metastatic

No surgery performed

Not first or only cancer diagnosis

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



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Performance Rates and Reported Cases	2013	2014	2015	2016	all
Cases not assessable due to incomplete tumor characteristics [I]	2	1	2	0	5

Measure Records

Save to CSV

Clear Filters

RECORD#	MSR STAT	STAT DSCRPT	UPDATED	HOSP ID	ARCHV FIN	ACCSION#	SEQNCE#	VITAL ST	LST CONTCT	SEX	AGE	CL OF CASE	DATE INIT DX	PRM SITE	HIST	BEHVR
1	209630853	NE														
2	200634455	NE														

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	1			30
1A	2				23

Update Cancel


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.

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



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Performance Rates and Reported Cases	2013	2014	2015	2016	all
Cases not eligible for consideration for the measure [NE]	2	1	2	0	5

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				
nroun				
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#
No 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.

Check for coding errors.

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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 is helpful during case review/update.

❖ Be sure any modifications made in CP3R database are also updated in the cancer registry database.

❑ Click on case needing updated.

❑ Enter information

❑ Click Update

DT CHMO STRT	RAD VOL	RAD MOD	DT RAD STRT	RSN NO RAD	HT	DT HT STRT	HER2
0000/00/00	00	00	0000/00/00	1	00	0000/00/00	X 020
		Update	Cancel				

Measure Records


Save to CSV

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CP3R Presentation to Cancer Committee




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

Quality Measure	EPR	PR	95% CI	Cases	Action Plan/Comments
BREAST [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. Std 4.4	90%	53.8	(41.7, 61.9)	35/65	Non-compliant. 28 cases-no documentation of HT Given. 2 cases-HT started >365 days.
BREAST [aBx]: Image or palpation-guided needle biopsy (core or FNA) is performed to establish diagnosis of breast cancer Std 4.5	80%	100%	(100, 100)	57/57	Compliant. No Action Needed
BREAST [BCS]: Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II breast cancer. (Surveillance)	Not Applicable	57.4%	(43.3, 71.5)	27/47	No EPR. Not applicable. No Action Needed
CERVIX [CBRR]: Use of brachytherapy in patients treated with primary radiation with curative intent in any stage of cervical cancer. (Surveillance)	Not Applicable	100%	(100, 100)	2/2	No EPR. Not applicable. No Action Needed
COLON [12RLN]: At least 12 regional lymph nodes are removed and examined for resected colon cancer. Std 4.5	85%	69.2%	(44.1, 94.3)	9/13	Compliant. No Action Needed.

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CP3R Action Plan



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DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING

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

Quality Measure	EPR	PR	95% CI	Cases	Action Plan/Comments
BREAST [HT]: Tamoxifen or third generation <u>aromatase</u> 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. Std 4.4	90%	85.7%	(72.7, 98.7)	24/28	Compliant. No Action Needed
		53.8	(41.7, 61.9)	35/65	28 cases-no documentation of HT Given. 2 cases-HT started >365 days.

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: Reviewed 28 cases with no information and found that managing physicians were from the 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: 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.

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RQRS



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National Cancer DataBase (NCDB) Reporting Tools


- [NCDB: Hospital Comparison Benchmark Reports](#)
- [NCDB: Survival Reports \(V2\)](#)
- [NCDB: Cancer Program Practice Profile Reports \(CP3R\) \(v3\)](#)
- [RQRS \(v1.1\)](#)
- [Cancer Quality Improvement Program \(CQIP\) Reports](#)
- [Annual Cancer Case Volume](#)

National Cancer DataBase (NCDB) Data Transmission

- [NCDB: Submit/Resubmit Data](#) *Accepting v16 and v18*
- [NCDB: Data Submission History and Edits](#)
- [NCDB: Authorize Third Party Submission](#)
- [NCDB Completeness and Default Overuse Reports](#)

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RQRS- Minimum Requirements



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- NCDB needs basic information from a pathology report, an assigned accession number, and a sequence number to assess cases for RQRS adjuvant therapy measures.
- Records may be submitted at any time and in varying states of completeness.
 - To be compliant with Standard 5.2, records must be submitted quarterly.
 - For commendation of Standard 5.2, records must be submitted monthly.
 - I recommend to submit weekly or bi-monthly depending on your program size.
- The minimum data requirements are found in Table 1. Table 2 documents all required data element for the measure algorithms to run. (page 9)


Rapid Quality Reporting System (RQRS)

- [RQRS: Submit/Resubmit Data](#)
- [RQRS: Data Submission History and Edits](#)
- [RQRS \(v1.1\)](#)

https://www.facs.org/~media/files/quality%20programs/cancer/ncdb/rqrs_userguide.ashx

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RQRS- Data Submission Edits



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You've gotten the "RQRS - Thank you for your patient-level data submission"– Now what??

➤ **RQRS: Data Submission History and Edits**

- Records with Data Quality Problems
- Records Rejected
 - Rejected Records Identification Report
- RQRS Edit Report
 - Edit Summary
 - Edit Error by Case
 - An edit score of 200 needs to be reviewed, corrected and resubmitted

Rapid Quality Reporting System (RQRS)

- [RQRS: Submit/Resubmit Data](#) Accepting v16 and v18
- [RQRS: Data Submission History and Edits](#)
- [RQRS \(v1.1\)](#)

Status
Records written to RQRS analytical database
View Detail

Records with Data Quality Problems
0


Records Rejected
1

RQRS Edits Report
[View Edit Report](#)

Edit Errors by Case							
Acc/Seq	Facility ID	DX Date	Site	ICD-O-3 Hist	Abstracted By	Report Date	Edit Score

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RQRS Dashboard



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BREAST MEASURES

93.8% n=84

Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer.

BCSRT

96.1% n=76

Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0, or stage IB - III hormone receptor positive breast cancer.

HT

71.5% n=7

Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or stage IB - III hormone receptor negative breast cancer.

MAC

BREAST MEASURES

75.0% n=8

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

MASTR

COLON MEASURES

96.0% n=25

At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.

12RLN

ACT

100.0% n=7

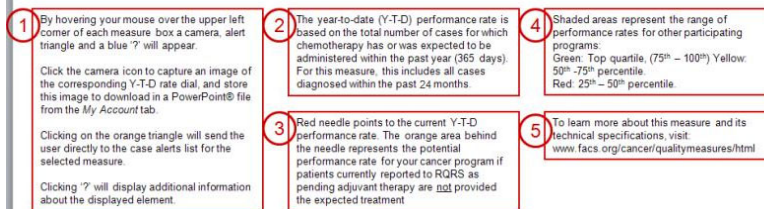
Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer.

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DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING



RQRS Alerts



DATA ABSTRACTION / REGISTRY MANAGEMENT / CONSULTING

Notes for 201800051 / 00

07/01/2019 at 16:14:26 by Courtney Jagneau

Patient schedules to start HT upon completion of RT expected 7/15/19

+

46

RQRS Case Lists

DashboardAlertsCase List

All 2019 Breast data

▼ [124] 2014

▼ [90] Breast

▼ [34] Colon

▼ [108] 2015

▼ [120] 2016

▼ [136] 2017

▼ [137] 2018

▼ [21] 2019

▼ [19] Breast

▼ [2] Colon

YTD	Acc#	Seq#	Meas#	Case Status
	201900010	00	rRx	RT not administered NAACCRv18
	201900011	00	NE	Age >= 70
	201900011	00	S	HT status unknown, administration expected within 365 days of diagnosis
	201900011	00	NE	Breast conserving surgery
	201900011	00	NE	Age >= 70
	201900015	02	NE	Patient underwent mastectomy or surgery type unknown
	201900015	02	NE	Not first or only cancer diagnosis
	201900015	02	NE	Not first or only cancer diagnosis
	201900015	02	NE	Not first or only cancer diagnosis
	201900016	00	NE	Breast conserving surgery
	201900016	00	NE	AJCC8 N0 Tumor 1 cm or less in greatest dimension
	201900016	00	Comp	RT started within 365 days following diagnosis NAACCRv18

Measure Status Legend

❖ rRx: Non-concordant, Rx not administered

❖ S: Suspected, case pending tx or decision for adjuvant tx

❖ C/Comp: Concordant, tx administered

❖ CNA/Consid: Concordant, tx considered not administered

❖ I: Case not eligible due to incomplete tumor characteristics

❖ NE: Case not eligible for measure consideration

Clicking on the dial provides a detailed case report with the option to export to PDF.

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RQRS Compare

Measure Selection

▼ All RQRS Measures

▼ Colon

☐ 12RLN

☐ ACT

▼ Breast

☐ BCSRT

☐ HT

☒ MAC

☒ MASTRT

Comparisons

My Facility:

Compared With:

Program Category (Community)

Clear

Performance Rates

Quarterly

Annually

2014

2015

2016

2017

2018

100

80

60

40

20

0

2016

2017

MAC

MAC Program Category (Community)

MASTRT

MASTRT Program Category (Community)

Select your measure(s)

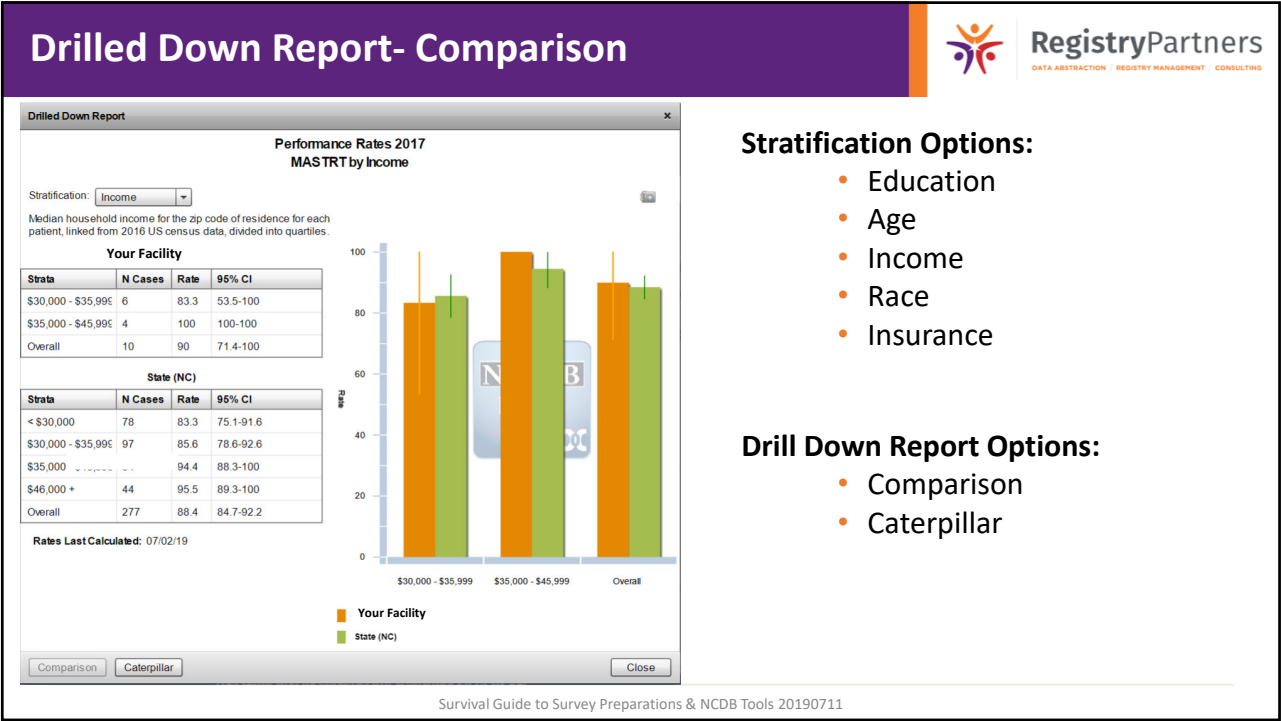
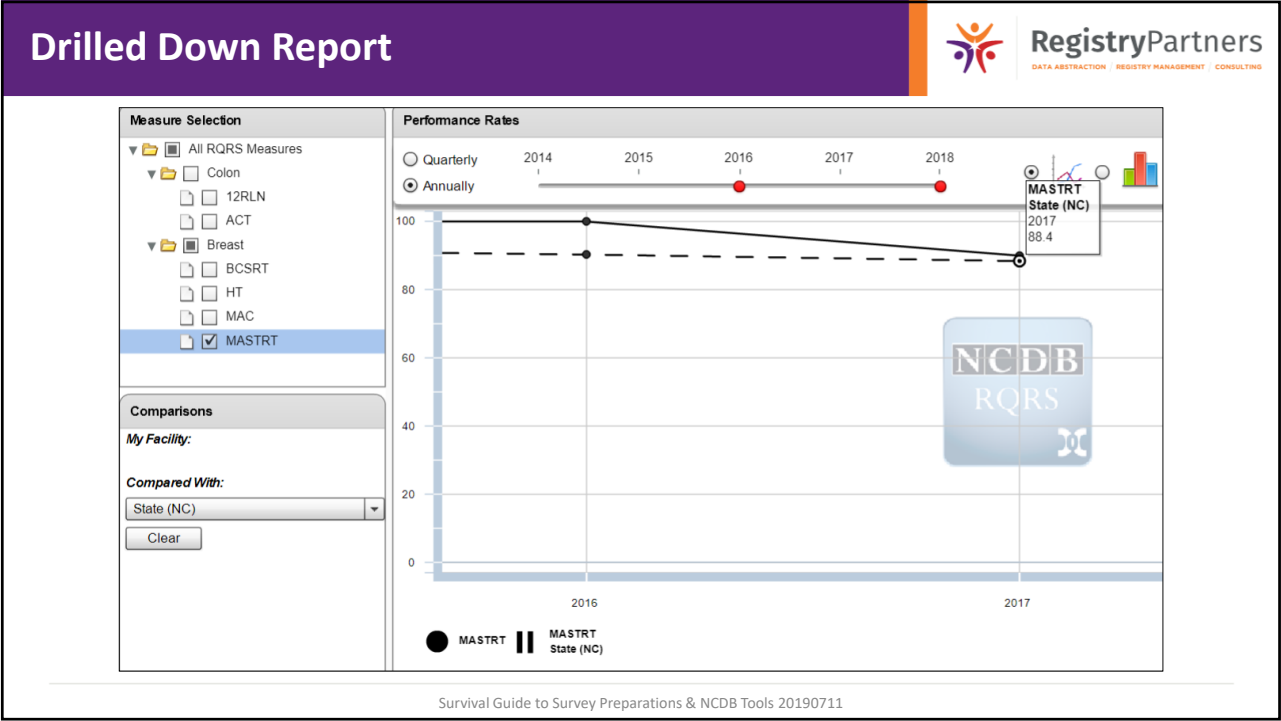
Select your comparison

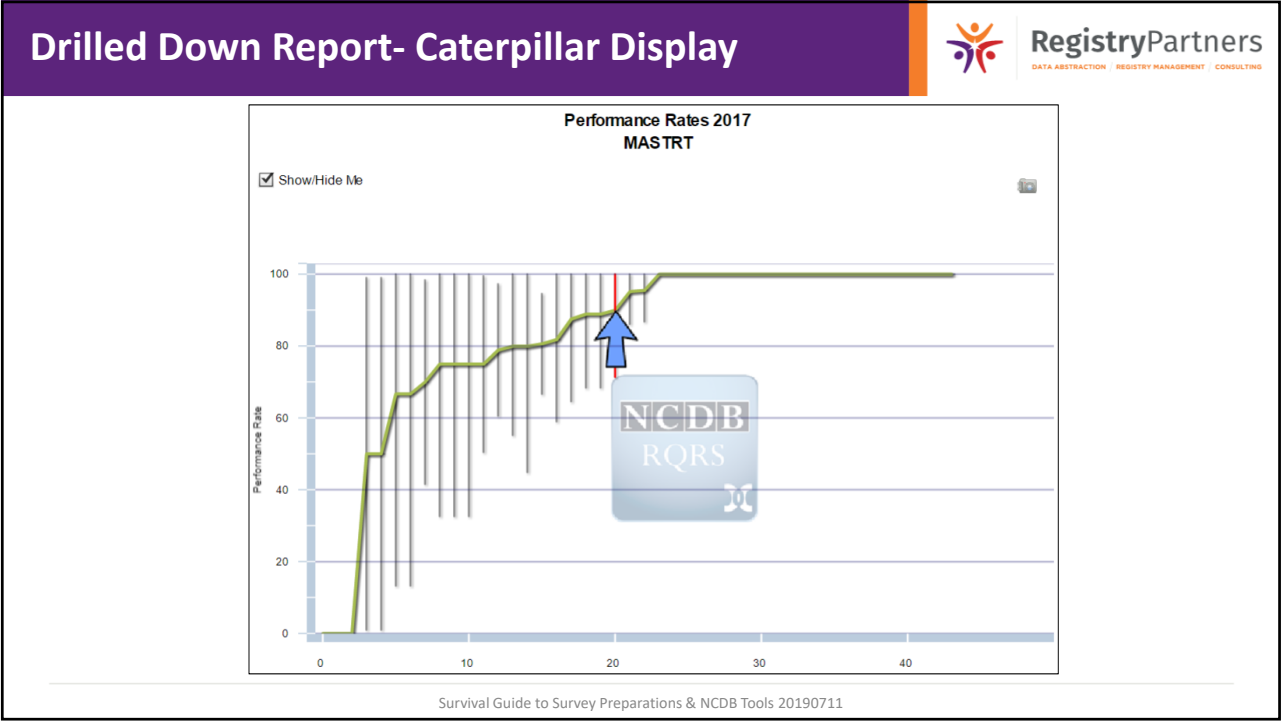
- Program Category
- State
- Census Region
- ACS Region
- All Programs

Select year(s)


Select graph display

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RQRS My Account





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Dashboard Alerts Case List Compare My Account Change Facility Exit

Facility Case Counts			Important RQRS Dates		Monthly Alerts Receipt	
Year	Cancer Site	Case Count	Function	Date	Role	Alerts
2015	Breast	84	Last Submission	06/07/2019	DLC	<input type="checkbox"/>
2015	Colon	22	RQRS Enrollment	06/23/2014	HR	<input type="checkbox"/>
2016	Breast	94	Last Comparison	04/02/2019	CPA	<input type="checkbox"/>
2016	Colon	26			DLC	<input type="checkbox"/>
2017	Breast	110			CHR	<input type="checkbox"/>
2017	Colon	26			CCC	<input type="checkbox"/>
2018	Breast	105			CEO	<input type="checkbox"/>
2018	Colon	32				
2019	Breast	19				

Your PowerPoint Slides




 Download

Roles:

- CCC- Cancer Committee Chairman
- CLP- Cancer Liaison Physician
- CPA- Cancer Program Administrator
- HR- Hospital Registrar
- CHR- Co-Hospital Registrar
- BRU- NCDB Tools User
- CEO- Chief Executive Officer
- DLC- Data Link Contact

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Cancer Quality Improvement Program



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National Cancer DataBase (NCDB) Reporting Tools


- [NCDB: Hospital Comparison Benchmark Reports](#)
- [NCDB: Survival Reports \(V2\)](#)
- [NCDB: Cancer Program Practice Profile Reports \(CP3R\) \(v3\)](#)
- [RQRS \(v1.1\)](#)
- [Cancer Quality Improvement Program \(CQIP\) Reports](#)
- [Annual Cancer Case Volume](#)

National Cancer DataBase (NCDB) Data Transmission

- [NCDB: Submit/Resubmit Data](#) *Accepting v16 and v18*
- [NCDB: Data Submission History and Edits](#)
- [NCDB: Authorize Third Party Submission](#)
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CQIP




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DATA ABSTRACTION | REGISTRY MANAGEMENT | CONSULTING

- Cancer Quality Improvement Program
- Released annually
- Forward to:
 - ✓ CLP
 - ✓ Cancer Program Administrator
 - ✓ Hospital Administrators
 - ✓ Marketing Department




AMERICAN COLLEGE OF SURGEONS
ACCREDITED SURVEILLANCE
AND IMPROVEMENT REPORTING PROGRAM

CQIP
Cancer Quality Improvement Program



Commission
on Cancer



NCDB
CQIP

Annual Report 2018

Updated March 2019

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CQIP Includes...

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- General Commission on Cancer information
- CoC Recommendations on the use of the CQIP Report
- Quality Measures for various cancer sites
- Mortality rates
- Major surgical resection data for selected cancers
- Stage distribution for select cancer sites
- Distance traveled
- Treatment comparisons
- Cancer program volumes
- In-migration and out-migration rates
- Insurance status data
- Survival data

Table of Contents

[Slide #5: Cancer Program Administrative Reports](#)

[Slide #11: Quality Measure Reports](#)

[Slide #46: Surgical Volume and Unadjusted 30, 90 Day Mortality After Complex Operations](#)

[Slide #56: Survival Reports](#)

[Slide #71: Breast Cancer - Additional Reports](#)

[Slide #81: Colon Cancer - Additional Reports](#)

[Slide #89: Non-Small-Cell Lung Cancer \(NSCLC\) - Additional Reports](#)

[Slide #98: Prostate Cancer - Additional Reports](#)

[Slide #108: Melanoma of the Skin Cancer - Additional Reports](#)


[Slide #116: Commission on Cancer](#)

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CQIP Recommended Uses

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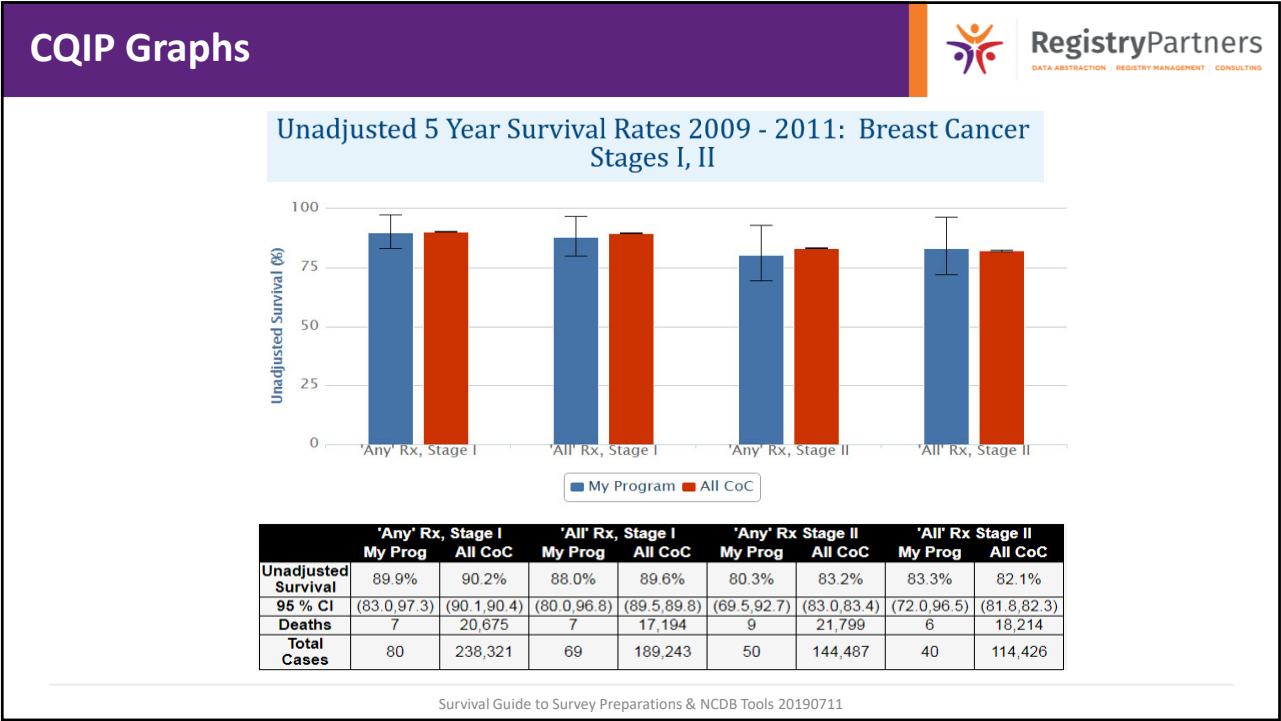
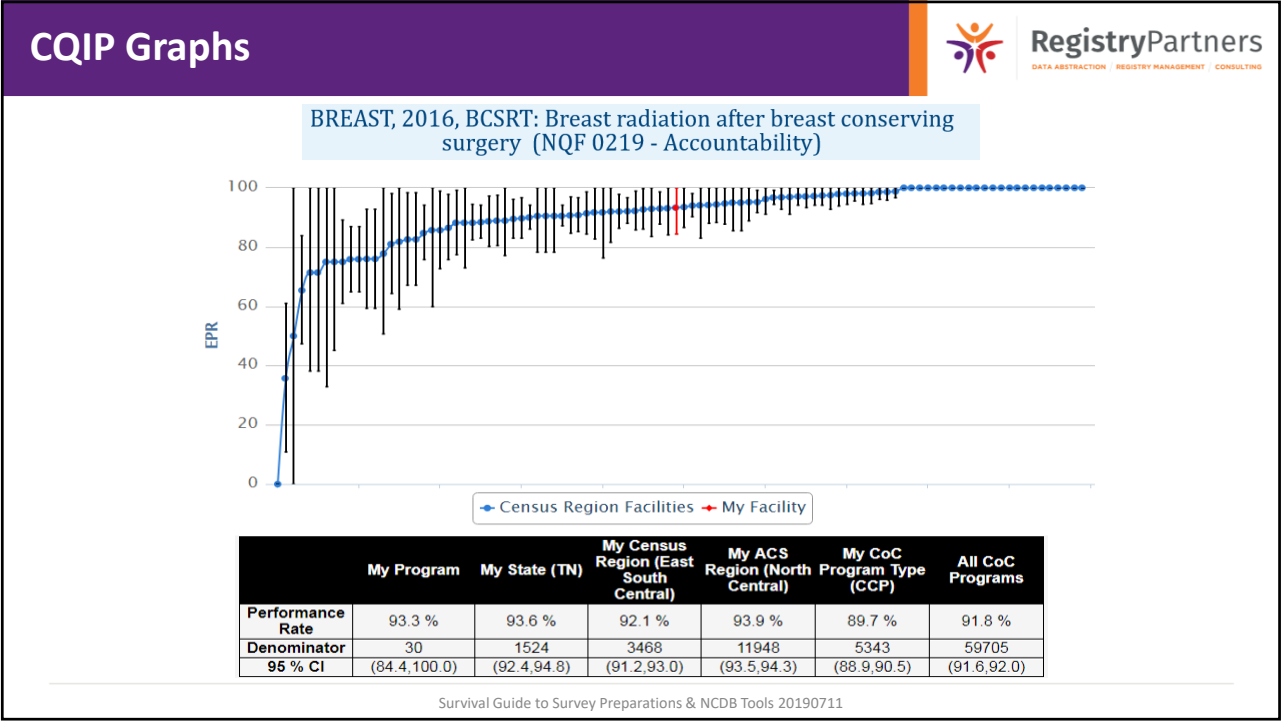


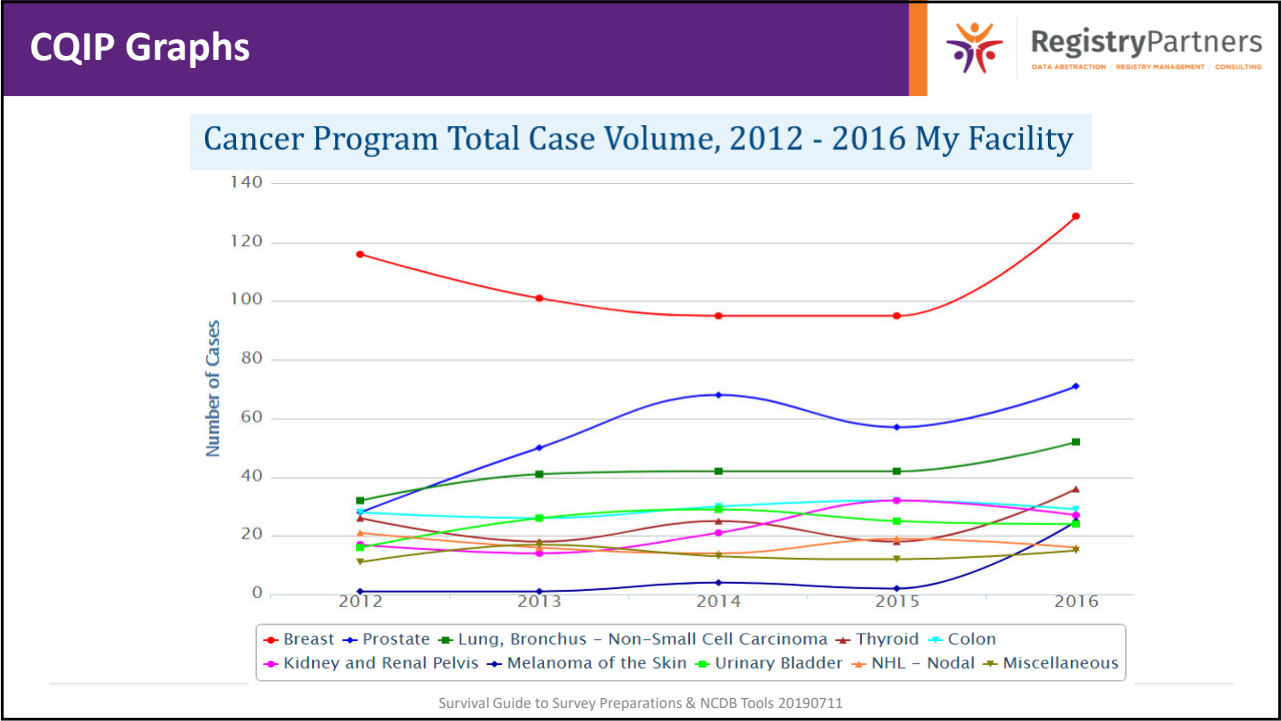
- Present and discuss at the Cancer Committee meeting
 - Major findings relevant to the cancer program
 - Recommended interventions for improvement of quality of cancer care
- Cancer Committee Leadership should present the report, major findings and recommendations to hospital leadership

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Annual Cancer Case Volume



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National Cancer DataBase (NCDB) Reporting Tools


- [NCDB: Hospital Comparison Benchmark Reports](#)
- [NCDB: Survival Reports \(V2\)](#)
- [NCDB: Cancer Program Practice Profile Reports \(CP3R\) \(v3\)](#)
- [RQRS \(v1.1\)](#)
- [Cancer Quality Improvement Program \(CQIP\) Reports](#)
- [Annual Cancer Case Volume](#)

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Annual Cancer Case Volume



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Cases Reported to the National Cancer Data Base by Site and Stage

Annual Cancer Case Volume Disclaimer

Prior to reviewing your Annual Cancer Case Volume Data, please consider the following:

(1) Your Annual Cancer Case Volume Data table and NCDB Submission Receipt table may not match exactly. There may be differences from the number of cases in your registry database if you have accessioned additional 2016 diagnoses since submitting data to the NCDB. In addition, the site-stage receipt includes all non-rejected records diagnosed in 2016 submitted in a particular file. The Annual Cancer Case Volume data table is compiled from the stored NCDB data after all input files with 2016 cases are processed, and may have fewer cases as a result of deduplication.

(2) The 2016 Annual Cancer Case Volume Data table displays the best AJCC Seventh Edition stage group, pathologic stage over clinical. The NCDB Submission Receipt table produced when you submitted 2016 cases is based on the direct-coded AJCC stage group. Because the rules differ somewhat between CS and AJCC, and because CoC requirements for completing the two also differ, there will be some differences between the two tables.

If you require further clarification, please email NCDB@facs.org with your specific question(s).

Please indicate that you read and understand the above information and are ready to view your facility's Annual Cancer Case Volume data by clicking on the "accept" button.

AcceptCancel


American College of Surgeons Commission on Cancer
633 N Saint Clair Street, Chicago, IL 60611-3211
Phone: 312/202-5085
Fax: 312/202-5009
CoCDatalink@facs.org

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- NCDB data used for the CoC “Find an Accredited Program” hospital locator
- You will be notified when the Annual Cancer Case Volumes are released
- Review for major discrepancies
- Provide brief description of your cancer program population, service offerings, approach to cancer care, mission, specialties, etc.

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Annual Cancer Case Volume



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Cases reported to the National Cancer Data Base by Site and Stage

[View the NCDB Data disclaimer](#)

[Click Here to see the Site by Stage Case Distribution Report](#)

- ❖ Compare Site by Stage Case Distribution Report to the information in your Cancer Registry Database

Cancer Site

Head and Neck: 11

Digestive: 68

Respiratory: 59

Bones and Joints: 0

Soft Tissue including Heart: 2

Skin: 3

Breast: 89

Female Genital: 15

Male Genital: 26

Urinary: 29

Eye and Orbit: 0

Facility IDFacility TypeMembersFacility NameSAR CategStreetCityState

Facility IDFacility TypeMembersFacility NameSAR Ca...StreetCitySt...

Select Your Facility Here

Page 1 of 1


Site by Stage Case Distribution Report • Breast: 89 • Cases Diagnosed 2016

Breast: 89	Stg 0	Stg I	Stg II	Stg III	Stg IV	Unk.	N.A.	All
Breast	15	35	25	10	3	1	.	89
TOTAL	15	35	25	10	3	1	.	89

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Annual Cancer Case Volume



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❖ Once you’ve compared your data, and discussed the decision with your cancer committee, select the appropriate option on the screen.

Cases reported to the National Cancer Data Base by Site and Stage

[View the NCDB Data disclaimer](#)

[Click Here to see the Site by Stage Case Distribution Report](#)


Accurate Release to CoC

Accurate Do Not Release to CoC

Inaccurate Do Not Release to CoC

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NCDB: Completeness and Default Overuse Reports



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- [NCDB: Hospital Comparison Benchmark Reports](#)
- [NCDB: Survival Reports \(V2\)](#)
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Data Completeness & Default Overuse Report



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AMERICAN COLLEGE OF SURGEONS
Cancer Programs



NCDB Data Completeness Reports for Cases Diagnosed in 2016

ACTIVITY MENU

HELP

Legend:
(S) Standalone Facility
(N) Network Facility
(M) Merger Facility

All CoC Accredited Hospitals

ABC Medical Center, Chicago IL

Report Type:
All Sites
Site Specific

Save Report As:
- not selected -
Excel
PDF

1. Report and Case IDs2. Patient3. Diagnostic4. Staging5. Surgery6. Radiation7. Other Treatment8. Short-term Follow-Up, 20169. Long-term Follow-Up, 2011All Items


All CoC Accredited Facilities

Completeness Reports – Report and Case IDs – Data as of September 5th, 2018

Registry Item	Subset (denominator is in range described below)	Subset Description	NAACCR#	Code Evaluated	Benchmark (highlighted if % above this value)	Hospital Percent	Number (Num/Denom)	Message
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Data Completeness & Default Overuse Report



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9 sites included in the data completeness & default overuse reports

1. Breast2. Colon3. Rectum4. Stomach5. Esophagus and EGJ6. Lung7. Cervical8. Endometirum9. Ovary

All CoC Accredited Facilities

Completeness Reports – Breast – Data as of September 5th, 2018


Specific Completeness for Female Breast Cancer

For all items in this group (further subsetting is listed in the table below):
1. Primary Site = C50.0, C50.1, C50.2, C50.3, C50.4, C50.5, C50.6, C50.8, C50.9
2. Histology = 8000–8576, 8940–8950, 8980–8981, 9020 (AJCC stageable for breast)
3. Behavior = 2 or 3 (malignant, either in situ or invasive)
4. Sequence Number = 00 or 01 (sole or first tumor)
5. Class of Case = 10–22 (at least some treatment at facility)
6. Age > 17 and is known (not '999')

Registry Item	Subset (denominator is in range described below)	Subset Description	NAACCR#	Code Evaluated	Benchmark (highlighted if % above this value)	Hospital Percent	Number (Num/Denom)	Message
1. AJCC cT	All	All in group	940	X or blank	3%	3%	5700 / 206199	Limited cT information
2. AJCC cT	Class of Case (#610) = 10–14	Diagnosis and at least some treatment provided by facility	940	X or blank	3%	2%	2890 / 117614	cT should be known for patient with this amount of workup in the facility

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Data Completeness & Default Overuse Report



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- Review all highlighted fields—those that exceed the benchmark of allowable values


1. Report and Case IDs2. Patient3. Diagnostic4. Staging5. Surgery6. Radiation7. Other Treatment8. Short-term Follow-Up, 20169. Long-term Follow-Up, 2011All Items

All CoC Accredited Facilities
Completeness Reports – All Items – Data as of September 5th, 2018

Registry Item	Subset (denominator is in range described below)	Subset Description	NAACCR#	Code Evaluated	Benchmark (highlighted if % above this value)	Hospital Percent	Number (Num/Denom)	Message
1. Sequence Number	Class of Case = 00-22	All analytic diagnoses	560	88, 99	1%	0.01%	185 / 1430466	High number of unknown Sequence Numbers
2. Date of First Contact	Class of Case = 00-22	All analytic diagnoses	580	blank day	1%	0.01%	86 / 1430466	Full date should be known
3. Primary Payer at Diagnosis	Class of Case = 00-22	All analytic diagnoses	630	99	2%	1.29%	18469 / 1430466	High number unknown Primary Payer
4. NPI – Primary Surgeon	Surgical Procedure of the Primary Site at This Facility (#670) = 10-90	Surgery performed at facility	2485	blank	11%	10.29%	75253 / 731314	Surgeon NPI should be known for surgery at facility
6. Date of Birth	Class of Case (#610) = 00-22	All analytic diagnoses	240	blank day	1%	0%	32 / 1317597	Full date of birth not systematically recorded
7. City/Town at Diagnosis	Class of Case (#610) = 00-14	Diagnosis at facility	70	blank or "UNKNOWN"	1%	0.08%	768 / 908496	High number of unknown city at diagnosis
8. State at Diagnosis	Class of Case (#610) = 00-14	Diagnosis at facility	80	"US" or "ZZ"	1%	0.01%	86 / 908496	High number of unknown state at diagnosis
9. Postal Code at Diagnosis	Class of Case (#610) = 00-14	Diagnosis at facility	100	1st 5 digits = 99999	1%	0.04%	320 / 908496	High number of unknown ZIP or postal code at diagnosis
10. County at Diagnosis	Class of Case (#610) = 00-14	Diagnosis at facility	90	998 or 999	2%	2.37%	21487 / 908496	High number of unspecified county at diagnosis

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Data Completeness & Default Overuse Report




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- Export to Excel

	A	B	C	D	E	F	G	H	I
	REVIEW	FACILITY_ID	ACCESSION_NBR	SEQUENCE_NBR	SITE_NM	PRIMARY_SITE	HISTOLOGY_ICD03	AGE	CLIN_STAGE_GROUP
1	x		201600108	00	Breast	C503	8211	062	99
2	x		201600139	00	Breast	C504	8500	028	99
3	x		201600141	00	Breast	C508	8500	051	99
4	x		201600146	00	Breast	C503	8500	060	99
5	x		201600199	00	Breast	C502	8500	060	99
6	x		201600281	00	Breast	C504	8500	052	99
7	x		201600327	00	Breast	C504	8500	047	99
8	x								

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Public Reporting of NCDB Data




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Request type	Tool/Source
Approved Uses Reporting of NCDB Data	
Reporting your program's benchmark information	Benchmark Reports, CQIP
Comparison of benchmark data to similar types of cancer programs	Benchmark Reports
Comparisons to cancer program's state, ACS region or all CoC	Benchmark Reports, CQIP
Annual or quarterly program compliance with Accountability and Quality Improvement, including measure comparisons.	CP3R, RQRS, CQIP
Non-Approved Reporting of NCDB Data	
Survival rates	Survival Reports, CQIP
Surveillance measures rates	CP3R, RQRS, CQIP
Year-to-date compliance rates	RQRS
Heat map	CQIP
Completeness of registry data	Completeness and Default Overuse Report


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Conclusion



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- Use strategic planning when preparing a cancer program for survey
- Find the tools that work for you and your committees
- Hold all committee members accountable
- Support your Cancer Liaison Physician through education
- Know how to utilize all NCBD Reporting tools



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Questions



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References

- ❖ American College of Surgeons Cancer Programs: <https://www.facs.org/quality-programs/cancer>
 - Cancer Liaison Physician: <https://www.facs.org/quality-programs/cancer/clp>
 - Commission on Cancer: <https://www.facs.org/quality-programs/cancer/coc>
 - National Accreditation Program for Breast Centers: <https://www.facs.org/quality-programs/napbc>
 - National Accreditation Program for Rectal Cancer: <https://www.facs.org/quality-programs/cancer/naprc>
 - National Cancer Database: <https://www.facs.org/quality-programs/cancer/ncdb>
 - CoC Datalinks: <https://web5.facs.org/Cancer/Account> (login required)

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Thank You For Your Attention!



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Courtney Jagneaux, RHIA, CTR
(336) 684-0418
courtneyjagneaux@registrypartners.com

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Coming UP...

Collecting Cancer Data: Solid Tumor Rules

- 08/01/2019

Collecting Cancer Data: Coding Pitfalls (*last webinar of the season*)

- 09/05/2019
- Guest Host: Janet Vogel, CTR



2019-2020 Webinar Series

- 10/3/19** **Breast** Wilson Apollo, CTR, Radiation Therapist and Jim Hofferkamp, CTR
- 11/7/19** **Bladder** Iris Chilton, CTR, Alberta Cancer Registry and Jim Hofferkamp, CTR
- 12/5/19 **Base of Tongue/Head and Neck** Wilson Apollo, CTR, Radiation Therapist and Jim Hofferkamp, CTR
- 1/9/20 **Prostate** Bobbi Matt, BS, RHIT, CTR State Health Registry of Iowa and Jim Hofferkamp, CTR
- 2/6/20* **SSDI's: An In-Depth Look** Jennifer Ruhl, CTR, Chair SSDI WG, Public Health Analyst NIH/NCI SEER, and Jim Hofferkamp, CTR
- 3/5/20** **Abstracting and Coding Boot Camp** Jim Hofferkamp, CTR
- 4/2/20 **Melanoma** Denise Harrison, CTR and Louanne Currence, CTR
- 5/7/20** **Central Nervous System** Denise Harrison, CTR and Louanne Currence, CTR
- 6/11/20* **Esophagus** Tonya Brandenburg, CTR Kentucky Cancer Registry
- 7/9/20** **Navigating the 2020 Survey Application Record (SAR)** Cynthia Boudreaux, LPN, CTR, Owner/Consultant CB Professional Abstracting
- 8/6/20* **Corpus Uteri** Denise Harrison, CTR and Louanne Currence, CTR
- 9/3/20** **Coding Pitfalls** Janet Vogel, Compliance and Quality Auditor/Educator-Cancer Registry himagine solutions, inc.

<https://www.naaccr.org/cancer-registry-surveillance-webinar-series/#purchase>



CE Certificate Quiz/Survey

Phrase

Benchmark

Link

<https://www.surveygizmo.com/s3/5104850/A-Registrars-Defense-to-ACoS-Accreditations>



Fabulous Prize Winners



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Thank you!

SARA MOREL SARA.MOREL@MIDMICHIGAN.ORG

COURTNEY JAGNEAUX COURTNEYJAGNEAUX@REGISTRYPARTNERS.COM

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