Webinar Dates: July 10 & 11, 2024

General Questions/Comments

#	Question	Answer
1.	Does anyone know if online training modules for each COC Standard along with best practices and templates are available?	The CoC does have a YouTube channel for standards. https://www.youtube.com/playlist?list=PLe1WVrjVvNFd0p-yUfq4FeTPaCwIOmvC1 NCRA has a dedicated session as part of the ODS Prep series that walks through each standard in detail.
2.	Have your heard if a facility access version for AJCC forthcoming?	No plans at this time. I think they are working on a facility subscription option, if not already available.
	Be sure to provide the template to the committee member assigned to oversee these standards. I briefly review it with them as well.	Yes! Very important, great point! Takes teamwork to get this all done. QPort has resources available in the Resources Section, under the PRQ Templates. This includes standards 2.1, 2.3, 2.4, 2.5, 4.1, 4.2, 4.3, 6.1, 7.2, 7.3, 7.4, 8.1, 8.2, 8.3, and 9.1. There are also Network-specific templates for INCP programs for 2.1, 2.3, 2.4, 6.1, 7.3 and 7.4.

Chapter 2: Program Scope and Governance

#	Question	Answer
1.	How do you designate alternates when you only have one person in your facility that meets that requirement (such as only one oncologist on staff?)	Alternates are optional. Keep in mind 75% is the minimum requirement so if it's becoming an issue, you may need to address this on a higher level with administration since it would create a deficiency for your program. An alternate is not required per the CoC. As mentioned - virtual attendance is also a great alternative to meet compliance.

Chapter 4: Personnel and Services Resources / Chapter 5: Patient Care – Expectations and Protocols

#	Question	Answer
		Lillian Antonelli-Twal, MS, ODS-C: I developed templates to meet standards 4.4 - 4.8 and 5.2. We use it to track our numbers over the survey cycle and can monitor if any barriers have been identified. Sent to the presenters for distribution.

Chapter 6: Data Surveillance and Systems

#	Question	Answer
1.	Can we discuss 6.1? I keep getting slapped on the hands for not enough in the minutes. What do they want from me? I put in the grid, the P&P, etc...	Documentation requirements are also listed in the standard - (1) P&P including process to resolve deficits, (2) quality control template, (3) any external audits used to evaluate registry data, and (4) minutes documentation. Also note that there is a CoC template to use for this, so it gives you all the fields they are looking for to be QA'd. Be sure that the P&P is thorough and describes QA activities, timeframes, and utilization of external sources for QA such as from your state central registry.
2.	What type of study or project is needed for Std 6.4 RCRS?	There is no study/project but there are criteria needed to be met. (1) Ensure you are submitting all new and updated cases monthly (2) Participate in annual call for data and (3) make sure that your committee reviews the RCRS data at least twice annually. No extra study needed; you should be meeting those goals if you're following those criteria.
3.	Can we still use the completeness report for overuse report? Can this be reported once a year?	Great questions! As Kim shared, other sources can be used for Standard 6.1 quality control activities, and you can absolutely use this report that as well. Standard 6.1 is an annual review standard. **Per the CoC Standards Manual (2020 v2.2024)**: External audits, such as state or central cancer registry casefinding audits) may be used to fulfill part of this requirement.

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		CAnswer Forum: use of the Completeness report is optional https://cancerbulletin.facs.org/forums/node/153151 but also note that monitoring the use of unknowns is required, per the standard https://cancerbulletin.facs.org/forums/node/152372.
4.	I do have a template that I made for 6.1 that is really detailed by all the elements if anyone is interested. Would love feedback and improvements	Deborah, you can email it to me and we can include when we send out the FAQ to the group - krodriguez@eisenhowerhealth.org
	Concurrent Abstracting – We do all sites for measures plus our top 5 sites concurrently. We have some registrars that like to be site-specific and some that like to do all of the sites. Our WQs are site-specific, so registrars can switch between different WQs for each month so they can do the same site for a couple of weeks or more then switch to a different WQ once it's complete. WQ = Work que	

Chapter 7: Quality Improvement

#	Question	Answer
1.	For pediatric cancer program I don't see that Standard 7.4 is required?	Hi Iris, great question! We can confirm but I checked the standards (updated February 2024) and it looks like the following standards are exempt for a standalone Pediatric Cancer Program (PCP): • Standard 5.3: Sentinel Node Biopsy for Breast Cancer • Standard 5.4: Axillary Lymph Node Dissection for Breast Cancer • Standard 5.5: Wide Local Excision for Primary Cutaneous Melanoma • Standard 5.6: Colon Resection • Standard 5.7: Total Mesorectal Excision • Standard 5.8: Pulmonary Resection • Standard 7.1: Quality Measures **From CoC, Senior Manager of Accreditation:** Unless it's listed on the exempt list or a modification is listed in the Specifications by Category, then the standard is expected to be met as written.

| 2. | if your goal extends to the second year, do you establish a new goal at qtr. one's meeting? | You can extend it a year if you need more time, but you still must establish a new goal annually at the Q1 meeting. **Per the CoC Standards Manual (2020 v2.2024):** Goals should last approximately one year. **If additional time is needed, a goal may be extended for a second year (for a total of two years). However, a new goal must be established at the beginning of each calendar year even if a previous goal is still in progress.** If the goal will extend into the second year, then a status update must be provided at the last meeting of the first calendar year. Additionally, there must be at least one additional status update documented in the cancer committee minutes during the second year. By the end of the second year, the cancer program must document in the cancer committee minutes that the goal is either completed or retired. |
| 3. | In addition to the annual review on the agenda, I also add on the agenda if the discussion is an "update". For instance, standards 7.3 and 7.4 which must be presented at 3 separate meetings (1 established, 1 update, and 1 outcome). | Excellent idea! |