Preparing For Commission on Cancer Accreditation Survey

Lisa Landvogt, CTR
Administrator, Commission on Cancer
American College of Surgeons, Chicago, IL

Outline of Activity

• Notifications
• Survey Agenda
• Participants
• Survey Application Record (SAR)
• Documentation
• Day of Survey
• Post Survey

Notifications

• Always electronic via email
• Includes:
  – Cancer Program Administrator
  – Cancer Registrar
  – Cancer Committee Chair
  – Cancer Liaison Physician
Notification Schedule

• Initial notification (month/year survey is due)
  – June/July of the year before survey is due
• Second notification (assigned surveyor)
  – November/December of the year before survey is due
• Third notification (confirmed survey date and start time)
  – Once you have a mutually agreeable survey date and time
• Fourth notification (accounting invoice)
  – At least 30 days prior to confirmed survey date
• Fifth notification (NCDB chart selection for CP3R review on survey day)
  – 21 days prior to confirmed survey date
• Sixth notification (post survey evaluation)
  – The day after the survey is completed

Survey Agenda

• Meet the surveyor
• Chief Leadership Meeting
• Cancer Committee Team Meeting
• Cancer Conference/Tumor Board
• Record Review
• Cancer Registry Staff
• Facility Tour (optional)
• Surveyor private time (optional)
• Summation

Chief Leadership Meeting - Participants

• Cancer Committee Chair
• Cancer Liaison Physician (CLP)
• Cancer Program Administrator
• Chief Leadership (CEO, CFO, CNO, CMO, CIO, COO, Marketing Representative etc.)
Chief Leadership Meeting - Purpose

• Involve the high level decision makers from your facility
• Develop an awareness level of the capabilities of the Commission on Cancer and the National Cancer Data Base
• Dialogue on ways to share quality improvement activity
• Gain feedback from the chief leaders

Chief Leadership Meeting - Needs

• Computer with internet access
• LCD projector
• Private room/location
• Tech support if requested
• Allow a minimum of 45 minutes

Cancer Team Meeting - Participants

• All cancer committee members
• Any chief leadership attendees
• Other invited guests
**Cancer Team Meeting - Purpose**
- Review the Survey Application Record (SAR)
- Discuss NCDB quality tools and resources
- Interact with the cancer team
- Discuss the new cancer program standards
- Share best practices
- Q&A
- Allow a minimum of 90 minutes

**Cancer Team Meeting - Needs**
- Large room – prefer horseshoe or round table
- Computer with internet access
- LCD projector
- Microphone (if necessary)
- Tech support if available
- SAR copies for the participants
- Tent cards with participant name/specialty can be helpful but is not required

**Tumor Board/Cancer Conference - Participants**
- Surgeon(s)
- Radiation Oncologist(s)
- Medical Oncologist(s)
- Pathologist(s)
- Radiologist(s)
- Ancillary Staff
- Nursing
Tumor Board/Cancer Conference - Purpose

- Gives the surveyor a feel for the multidisciplinary process of the program
- Awareness of discussion items such as AJCC staging, NCCN guidelines, prognostic factors, research protocols etc.
- Confirming prospective case selection
- Allow 60 – 90 minutes

Tumor Board/Cancer Conference - Needs

- Conference room
- Audio/visual equipment
- Handouts if applicable

Facility Tour - Participants

- Designate at least one tour guide
- Have a designated staff member available in each area visited
- Map out where you are taking the surveyor in advance with approximate times
Facility Tour - Purpose

- Allows the program to share insight into the full range of program activity
- Highlight specific areas – such as infusion center, radiation therapy, resource center, pharmacy services, rehab services, specialty centers such as a breast center, women’s health etc.
- Surveyor has an opportunity to interact with staff
- Allow 30 – 60 minutes

Facility Tour - Needs

- Optional in 2012, if the program and surveyor have an opportunity to decide which if any areas are toured
- Time on the agenda for this activity
- A designated staff person to lead the surveyor through the tour and designated staff at various locations visited on the tour
- Be mindful of patient privacy and avoid disruption of patient services

Cancer Registry - Participants

- Cancer Registrar(s)
- Cancer Registry Support Staff
Cancer Registry - Purpose
• Allows surveyor time to interact with the cancer registrar and other support staff
• Review of manuals, education and certification documents to support compliance
• Discuss any cancer registry related issues or concerns
• Allow 30 minutes

Document/Chart Review - Participants
• Cancer Registrar
• Cancer Registry support staff
• Pathologist if available for CAP review

Document/Chart Review - Purpose
• Determine abstracting timeliness: 30 charts
  – 2009 analytic cases from top 5 cancer sites with definitive surgical resections and 2011 cases beyond the first quarter – surveyor selects 5-14 days prior to survey date
• Determine CAP compliance: 30 charts
  – Case selection same as above
• Determine synoptic reporting: 30 charts
  – Case selection same as above
• Examine NCDB resource tools related to CPRR random selection through NCDB – up to 25 charts maximum selected by NCDB three weeks prior to survey date
• Allow 90 – 120 minutes
Document/Chart Review - Tips

- Surveyor will select 20 charts in advance
  - Print a condensed abstract highlight the date of first contact and date abstracted
  - Add the appropriate information into the SAR under standard 3.3 – this carries over to 4.6 and add the cancer site name
  - Print a copy of the definitive surgical path report and attach to the abstract
- Surveyor selects 10 additional charts the morning of the survey – follow same process as above
- Medical Records are NOT required for this part of the review

Document/Chart Review – Tips (continued)

- NCDB review (up to 25 charts) does require specific information depending on the measure being reviewed
- Print a full abstract for the case and provide any supporting document or medical records related to that particular case/measure
- Flag any specific information within the record
- Contact NCDB at ncdb@facs.org if any problems or issues with this review

Surveyor Private Time (optional)

- If the survey request private time on the agenda – please allow a private area for him or her to collect their thoughts and prepare for the summation
- Inquire if any special equipment or internet access is needed
- Allow 30 minutes
  Do Not Disturb
Summation - Participants

• Cancer committee members
• Chief leadership
• Other interested facility staff

Summation - Purpose

• Allows the surveyor to feedback what he or she observed based on the visit and the information provided in the SAR
• Clarify any facility concerns or expectations
• Provide opportunities to share possible improvements or identify best practices
• Ask and answer any other questions
• Give the program a sense of areas of deficiency, compliance and commendation

Summation - Needs

• Conference room – horseshoe or round table
• Computer (if requested)
• LCD projector (if requested)
• Microphone (if needed)
• Allow 30 minutes
Post Survey Steps

- Surveyor approved SAR changes – three business days
- Post Survey Evaluation – 14 calendar days
- Performance report – 45 calendar days
- Appeal process – completed within 30 days of performance report being posted through CoC Datalinks
- Deficiency resolution process – one year, defined on the performance report

Other Survey Prep Suggestions

- Use your Survey Application Record (SAR) regularly throughout the year after activities have occurred
- Upload pertinent documents and label appropriately in the SAR
- Prepare for survey on a continuous basis not just the year before survey time

Who to Contact?

- Survey scheduling issues
  - Lisa Landvogt at llandvogt@facs.org
- SAR issues
  - SAR@facs.org include facility name, ID number and issue
- Standards compliance issues
  - CAnswer Forum at www.facs.org/cancer
- NCDB issues
  - NCDB@facs.org
Who to Contact

• Performance report, accreditation certificate issues – Melissa Howard at mhoward@facs.org
• Deficiency and Appeals issues – Vicki Chiappetta at vchiappetta@facs.org
• NEW cancer programs, cancer program networks, consultant issues – Karen Stachon at kstachon@facs.org
• Mergers or name changes – Carol Woody at cwoody@facs.org

Who to Contact

• Cancer Liaison Program or Cancer Liaison Physician issues – Carolyn Jones at cjones@facs.org
• CoC Datalinks access or staff changes – complete the new user form on our web page at www.facs.org/cancer or contact CoCdatalinks@facs.org
• Other questions – coc@facs.org

Thanks