Studies of Quality and Quality Improvements

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Program Planning Committee Disclosure

The following members of the Program Planning Committee have nothing to disclose:

- Connie Bura
- M. Asa Carter
- Greer Gay
- Jerri Linn Phillips

Studies of Quality (S4.7)

S4.7: Each year, based on category, the quality improvement coordinator, under the direction of the cancer committee, develops, analyzes, and documents the required studies that measure the quality of care and outcomes for patients with cancer.

- Quality improvement is a multidisciplinary effort and must include support and representation from all clinical, administrative, and patient perspectives
- Study topics are selected by the cancer committee and the QI Coordinator
- The study focuses on areas with problematic quality-related issues relevant to the program and local cancer patient population
Studies of Quality (S4.7)

- Studies are designed to evaluate the entire spectrum of cancer care including the diagnosis, treatment, as well as psychosocial and supportive care of patients. This includes issues related to:
  - Structure
  - Process
  - Outcomes

Studies are designed to involve both physicians and allied health professionals.

Studies of Quality (S4.7)

- Tools to help answer questions include:
  - Fishbone diagram
  - Pareto chart
  - Run charts
  - Flow charts
  - Checklists

Studies of Quality (S4.7)

- Focus on implementation or a correction or improvement in performance that is based on the findings from a study of quality.
Studies of Quality (S4.7)

- QI Coordinator and cancer committee responsibilities for each quality study
  - Set the study topic that identifies problematic quality related issue(s)
  - Define criteria for evaluation including the quality measure(s) data needed to evaluate the study topic or answer the quality-related question
  - Prepare a summary of data findings
  - Compare data results with national benchmarks
  - Design and initiate follow-up steps to monitor the actions implemented based on the data findings
  - Monitor the effectiveness of the study action plans
Studies of Quality (S4.7)

Key points

- Data monitoring may be used once to examine (study) a quality topic but not continued annually
- Activities that duplicate study topics and criteria without analysis of the findings do not fulfill this standard
- Ongoing monitoring activities do not fulfill this standard
- A study required by outside organizations related to oncology is acceptable if it follows the criteria outlined in this standard
- Review of data presented in the CoC quality reporting tools does not fulfill this standard

Category specific

- Three studies of cancer patient care quality and outcomes for INCP and NCIP programs
- Two studies of cancer patient care quality and outcomes for ACAD, COMP, CCP, HACP, PCP and FCCP
- One study of cancer patient care quality and outcomes and one additional program-defined study of quality at the VISN or regional level for VACP

Documentation

- The program completes the Survey Application Record (SAR)
- The program provides summaries of studies, analyses, recommendations, and follow-up annually

Note: We recommend updating the SAR as studies are completed and improvements implemented. This helps keep the program and cancer committee organized.
Studies of Quality (S4.7)

• Measuring compliance
  – Each year, the program fulfills all of the following criteria:
    • Based on category, the QI Coordinator, under the direction of the cancer committee, develops the required number of cancer patient care studies
    • The results of the required number of studies are analyzed by the QI Coordinator under the direction of the cancer committee
    • The results of the required number of studies are documented by the QI Coordinator in the cancer committee minutes

Quality Improvements (S4.8)

S 4.8: Annually, the quality improvement coordinator, under the direction of the cancer committee, implements 2 patient care improvements. One improvement is based on the results of a completed study that measures cancer patient quality of care and outcomes. One improvement can be identified from another source or from a completed. Improvements are documented in the cancer committee minutes and shared with medical staff and administration.
Quality Improvements (S4.8)

• We will no longer accept the following as improvements:
  - Fishtank
  - Striping the parking lot
  - New Curtains

Quality Improvements (S4.8)

• Quality or performance improvements are
  - Actions taken to improve patient care
  - Processes implemented to improve patient care
  - Services created to improve patient care

Quality Improvements (S4.8)

• QI Coordinator
  - Monitors, reports and recommends activity related to the quality improvement program and reports regularly to the cancer committee, and recommends corrective action if any area falls below acceptable norms or when undesirable performance is identified
  - The results and recommendations are documented in cancer committee minutes and shared with the medical staff and administration
Quality Improvements (S4.8)

- **Documentation**
  - The program completes the Survey Application Record (SAR)
  - The quality improvements are documented in the cancer committee minutes annually

  *Note: We recommend updating the SAR as studies are completed and improvements implemented. This helps keep the program and cancer committee organized.*

Quality Improvements (S4.8)

- **Measuring compliance**
  - The QI Coordinator, under the direction of the cancer committee, implements one patient care improvement based on the results of a completed study
  - The QI Coordinator, under the direction of the cancer committee, implements one patient care improvement based on any source
  - The improvements are documented in the cancer committee minutes
  - The improvements are shared with the medical staff and administration

Questions?

Please visit the CoC’s CAnswer Forum to post questions on this Webinar:
http://cancerbulletin.facs.org/forums/

Additional resources on the new Standards can be found at the Accreditation Best Practice Repository:
http://www.facs.org/cancer/coc/bestpractices.html

Webpage addresses and log in instructions can be found in the attachment posted along with the presentation handouts.