Recommendations for Self-Auditing Commission on Cancer (CoC) Standards 5.3–5.8

Purpose

Self-audits are not required for compliance with CoC Standards 5.3–5.8. However, a self-audit of these standards to assess an institution's performance is encouraged to help CoC programs to establish baseline metrics and to identify any gaps in compliance.

CoC Standards 5.7 and 5.8 are live as of 2021 and will be assessed at upcoming site visits. Programs are strongly encouraged to perform audits of these two standards to identify, acknowledge, and remedy any compliance gaps prior to site visits. This process can be used to improve compliance for future site visits as well.

CoC Standards 5.3–5.6 will take effect on January 1, 2023. Performing a self-audit during the 2022 calendar year is recommended to prepare for the synoptic operative reporting requirements of these standards and avoid future gaps in compliance. If a program chooses to complete a self-audit on CoC Standards 5.3–5.6 in 2022, it should be included as part of their formal implementation plan for these standards. These implementation plans will be reviewed at site visits in 2023, 2024, and 2025.

Steps of Initial Review

- Form a review team (may include registrars, surgeons, pathologists, residents, etc.) in conjunction with local cancer committee.
- Identify cases through the surgical scheduling system and/or cancer registry.
- Use Case Identification Guidelines to pull cases within the scope of the standards:
    - 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
- Evaluate charts for measures of compliance:
    - Review operative reports for cases selected for Standards 5.3–5.6. Review pathology reports for cases selected for Standards 5.7 and 5.8.
    - Programs may wish to assess compliance with the technical component of the standard separately from compliance with the synoptic documentation component, particularly if the program had not used synoptic operative reports prior to the self-audit.
- Calculate overall compliance for each standard based on the number of compliant cases divided by the number of cases assessed.

Analysis

Overall compliance should meet or exceed the threshold compliance level (detailed on the Timeline and Compliance Information webpage). Programs should identify areas of improvement and develop a site-specific plan to address them.

Interventions

In order to improve compliance, necessary interventions may include:

- Active discussions with stakeholders (e.g., surgeons, pathologists, registrars, administration)
  - Engaging leaders such as divisional/departmental leadership and cancer committee chairs to help disseminate information
  - Using tumor boards and cancer committee meetings to review educational materials and answer questions about the CoC Operative Standards
- Education of team members, especially surgeons and pathologists who are completing the operative/pathology reports
  - Any new staff should be informed of the requirements for these standards and ongoing compliance efforts.
- Development of site-specific tools or solutions to help surgeons/pathologists meet the standards (e.g., smart phrases to meet synoptic reporting requirements, pre-labeled specimen kits to help surgeons correctly remove and label lymph node stations)

Continuous Improvement

Programs should repeat their self-audit process to monitor their progress and assess whether the interventions have improved performance. For example, programs may want to assess a sample of reports each time their cancer committee meets (at least once each calendar quarter).

Resources

- *Optimal Resources for Cancer Care (2020 Standards)*
- Operative Standards Toolkit
- Timeline and Compliance Information
- Implementation Options for Synoptic Operative Reporting

Questions about the CoC Operative Standards can be directed to cssp@facs.org.