Best Foot Forward: Strategies for Successfully Documenting your Accreditation Program

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Moderator/ Speaker

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Speaker Disclosures

No disclosures to report.

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Themes for session

- Inter-relatedness of activities
- Communication to support accreditation
- Documentation tips
- Common mis-steps

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Accreditation Benefit

Site Visit Experience Survey

Question #22: Preparations for accreditation resulted in enhanced organization and coordination within your program

Strongly agree or agree:
All programs average is **94%**

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Standards manual

- Accreditation information
  - Standards
    - Supporting information

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Accreditation Cycle

- Accreditation term
- Years reviewed for site visit
- "Ramping up" vs smooth flow
- Annual check for changes in templates
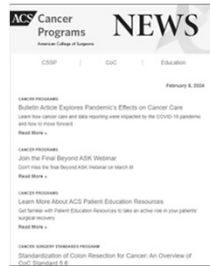- CoC Specifications by Category
- Regular checks for updated FAQs

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Cancer Program News

Cancer Program News

✓Sign up on webpage

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Communication Flow

- Multidisciplinary approach
- Team development
- Coordination within program
- Coordination with those "outside" program but within facility
- Sharing information

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QPort Communication Sharing

- Identify relevant staff that may need information (with or without direct access)
- Access by contact role

Site Information
Site Profile
Site Contacts
Data Platform Contacts
Invoice
Schedule Site Visit
PRQ
Networks
Network & Merger Applications
NCDB Reporting Tools
Site Visit History
File Sharing
Resources
Surgical Quality Partner
Marketing Resources

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Site Contacts & Data Platform Contacts

	RCRS	NCDB Reporting Tools	Site Information	Site Profile	Site Contacts	Data Platform Contacts	Schedule Site Visit	PRQ	Site Visit History	Resources	SQP Store
Data Platform Contacts											
Uploader	√	√									
Report Viewer	√	√									
Site Contacts											
CEO			√	√	√	√	√	√	√		
Cancer Committee Chair			√	√	√	√	√	√	√		
Cancer Liaison Physician			√	√	√	√	√	√	√		
Cancer Liaison Physician (Pediatric)			√	√	√	√	√	√	√		
Cancer Program Administrator			√	√	√	√	√	√	√		
Hospital Registrar			√	√	√	√	√	√	√		
Hospital Co-Registrar			√	√	√	√	√	√	√		
CoC Primary Contact			√	√	√	√	√	√	√	√	
CoC Tools User									√		
All Cancer Committee Coordinators			√	√	√	√	√	√	√		
Marketing / Public Relations Director										√	√

Find in CoC Resources:

CoC Contact Roles for Accreditation Process

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QPort Resource Sharing

- Explore Resources
- Sections for general forms, manuals, templates, site visit information, corrective action instructions, and more!

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Documents and Documentation

- QPort Resources: "Accreditation Folder Structure Tutorial"
- Program vs facility
  - Fiscal year or calendar year (standards)
  - Formatting minutes
  - Policies and procedures

- PRQ tip: in PRQ standard comment section, identify key pages/paragraphs in facility policy or explain if policy changed during review time years

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Documents and Documentation

- Documenting change in policy
  - ❑ Summary statement in PRQ
  - ❑ If applicable, submit old version

- PRQ tip: if submitting long policy/procedure, highlight pertinent information

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Accreditation Synergy

- Success of one program helps other programs
- Accreditation cycle differences
- Standards may overlap – but still different
- CoC – NAPBC templates:
  - ❑ Oncology Nursing Credentials
  - ❑ Physician Certification
  - ❑ Quality Improvement Initiative
  - ❑ Clinical Research

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Templates

- Useful for tracking purposes
  - Committee attendance
  - Physician credentials/education
  - Nursing/Physician Assistant/ODS (Registrar) certification/education
- Tool to develop projects
  - Quality initiatives
  - Program goals/Barriers/Education

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Using Templates
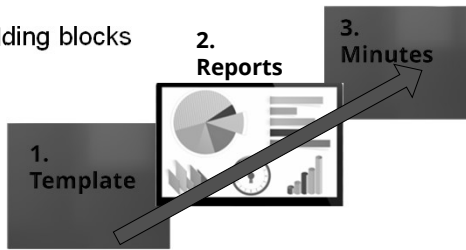
- Building blocks

1. Template
2. Reports
3. Minutes

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Completing templates

Quality Improvement Initiative Year (yyyy):	
Study title	Succinct but descriptive
Date the quality improvement initiative was completed (mm/dd/yy)	Important for tracking
Problem statement (The problem statement must include numerical baseline and goal metrics and anticipated timeline)	Be sure to include the requirements
How problem was identified	Limit to how problem was identified – plan will be described later
Quality improvement initiative team members	Have you remembered to include the physicans (e.g., CLP)?
Performance improvement tool (e.g. PDSA, DMAIC)	Identify tool – okay if it isn't PDSA or DMAIC
Data (identifying all possible factors contributing to problem (e.g. root cause))	What did you look at to find the root(s) of the problem?
Results of data analysis, discussion and decisions	THIS is for your results – let them shine here, not obscured in other fields
Comparison to national data (if available)	List your comparison source – if none, suggest stating
Intervention implemented	List all interventions – the good, bad, and iffy
Results of implemented intervention	Even if something didn't work, there's value to identifying that
Planned next steps (as appropriate)	This ties back to the 2nd row – are you done or more is needed?

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Complete templates
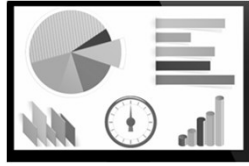
Template should contain sufficient information to begin building your committee report

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Minutes

• Disclaimer – not legal advice!
  (See your hospital administrative, legal, and quality departments regarding your specific minutes)

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Importance of minutes

• Evidence that meeting occurred

• Record of discussions and actions

• Sharing information

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Minutes and reports

- Documenting reports
  - Summary of discussion
  - Screen shots of templates
  - Embedding/linking reports in minutes

- PRQ tip: Critically review your templates if using them as committee reports

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Finding your minutes

- Mystery or inconsistent naming
  - ABC Cancer Center Committee Minutes Q1 2022
  - ABC Cancer Center Committee Minutes Q2 2022
  - ABC Cancer Center Committee Minutes Q3 2022
  - ABC Cancer Center Committee Minutes Q4 2022
  - COC Meeting Minutes 4-30-2023
  - CoC Q1 2023 meeting mins
  - Q4 CoC minutes 12-1-2023
  - CoC minutes Quarter 3 9-20-23

- PRQ comment:
  For Year 2, the minutes are not attached but the presentations are. The minute taker responsible for the minutes retired and we were unable to locate the minutes for that time period.

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Minutes Format

- Common format

Standard # and Presenter Name	Discussion	Follow up	Responsible Person
	➢ Objective ➢ Important ➢ Relevant ➢ Meaningful ➢ Key decision points ➢ Concise		

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Minutes Format

• Common format

Standard # and Presenter Name	Discussion	Follow up	Responsible Person
	▪ Missing information ▪ Extraneous information ▪ Lack of relevant information ▪ Action and discussion unclear ▪ No actions noted for items needing actions ▪ Lack of follow-up ▪ Meeting according to schedule		
CoC Standard 2.4	"Dr. Jones asked if Ms. Smith if she would like to go over the attendance requirements." ...and what happened? Was there a discussion?		

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Annual or triennial cycle activities

• Appointments – annually or once each cycle

• Annual reports – last quarter or first quarter of next calendar year

• Does your template have the correct meeting date?

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Writing minutes

• No "school" for training
• Perpetuating habits – good and bad
  ➢ Format of minutes
  ➢ What's a key point
  ➢ Tracing approvals
  ➢ Tracing follow-up actions
  ➢ Filing minutes

• Seek help from knowledgeable resources

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Network

An organization that owns a group of facilities that offer integrated cancer care services and that are overseen by a centralized governance structure.

• CoC Categories: INCP and NCIN
• Resources in QPort: Guidelines and FAQs
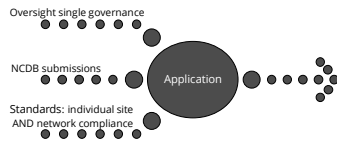• Standards: Specifications by Category

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Networks continued

• Timeline

• Standards
• NCDB Call for Data
• RCRS monthly

• Application process:
    Accessed through QPort

Oversight single governance

NCDB submissions

Application

Standards: individual site AND network compliance

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Wrap up

• Inter-relatedness of activities
• Communication to support accreditation
• Template documentation tips
• Meeting minutes documentation tips

Accreditation is a marathon, not a sprint!

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