

## Frequently Asked Questions on the 2020 Optimal Resources for Cancer Care Standards Chapter 7: Quality Improvement

### Standard 7.1: Accountability and Quality Improvement Measures

**Should the CLP report on Standard 7.1 be part of the required CLP report in Std 2.2?**

It can be part of the CLP report for Standard 2.2, but it is not required.

**Is an action plan needed if we are below the Estimated Performance Rate (EPR) but within it with the confidence interval (CI)?**

No. If the EPR is below the threshold, but your upper confidence interval is above the threshold, then you are compliant with the standard and do not need an action plan. If the cancer program is not meeting the EPR or within the confidence interval, then a corrective action plan must be developed and executed in order to improve performance.

**Our program received a deficiency because our quality improvement study & subsequent action plan was deemed to be part of this standard. How can we differentiate what is an acceptable study/plan when the CoC standards are so broad/encompassing of many topics we need to improve?**

Starting in 2020, problems identified in NCDB accountability or quality improvement measures or through annual review of clinical services and other CoC standards may be used as a topic for the QI initiative under Standard 7.3. (See page 70)

### Standard 7.2: Monitoring Concordance with Evidence-Based Guidelines

**Is there a template for this standard?**

Yes, templates are available in the ACS Quality Portal. The completed template must be submitted with the Pre-Review Questionnaire

**Does the physician need to do the 100 cases review comprehensively? Or can it be structured with assistance of the PI Dept., cancer registry, or other department to support the review, data analysis and putting together presentation?**

The review must be done by a physician. It can be any physician in the program, including residents.

**Must the program review all elements of evaluation and treatment (not just one aspect of care)?**

Yes, please see the five required elements that must be part of the in-depth analysis on page 68 of the 2020 Standards manual.

**Does the standard require both an evaluation of the diagnostic process and a determination about the first course of treatment?**

Both are required. Please see the five required elements that must be part of the in-depth analysis on page 68 of the 2020 Standards manual.

**How many patients are to be included in the review?**

All patients of the chosen patient population must be reviewed up to a maximum of 100 cases.

**Where is the information for Standard 7.2 required to come from? Is there a requirement for how to gather the information?**

As stated in #2 of Definition and Requirements; review includes the medical record, pathology, diagnostic imaging, laboratory tests, and consultations recommended within the specific guidelines being reviewed.

### Standard 7.3: Quality Improvement Initiative

**Does a quality improvement initiative based on NCDB quality of care measures data falling below Estimated Performance Rates (EPR) count as an action plan required for Standard 7.1?**

Yes, a quality improvement initiative meeting the requirements of Standard 7.3 would be acceptable as an action plan for Standard 7.1.

**Could a quality improvement initiative be improving breast or lung cancer care continuum from screening through diagnosis and treatment?**

This question cannot be addressed as there is no **problem statement** on which to base the Quality Improvement Initiative.

### Standard 7.4: Cancer Program Goal

**Is it acceptable to perform strategy and goal setting at the sub-committee level?**

Yes, as long as the goal is reported to the cancer committee meeting once established and evaluations are documented as required.

**If a goal is reported complete at the first status update to the committee, must there be a second update?**

This would be acceptable only if the goal is 100% complete. Keep in mind that goals set by the committee should be substantive enough to last approximately one year.

**Is it mandatory to set goal at the first quarter meeting or can we set it by the second quarter?**

It is strongly recommended that goals be established at the first quarter cancer committee meeting, but it is acceptable to set the goal at the second quarter meeting as long as subsequent status updates are given within the same calendar year.