

Cancer

PROGRAMS

AMERICAN COLLEGE OF SURGEONS

Return to Screening

Standards, Compliance, and Documentation

Dr. Rachel Hae-Soo Joung

Dr. Heidi Nelson

Dr. Scott Kurtzman

Dr. Timothy Mullett



AMERICAN COLLEGE OF SURGEONS

*Inspiring Quality:
Highest Standards, Better Outcomes*

Today's Agenda

1. Introduction- Dr. Joung
2. Review of Compliance breakout sessions: (CoC & NAPBC separate)
 - a. Standard by standard review of compliance
 - i. NAPBC standards 4.1, 6.1, 3.2-Dr. Kurtzman & Dr. Nelson
 - ii. CoC standards 8.3, 7.3, 9.1-Dr. Mullett & Dr. Joung
 - b. Documentation requirements
 - i. Fillable PDF
 - ii. REDCap
3. General Q &A-Dr. Joung, Jessica Dangles, Dr. Nelson

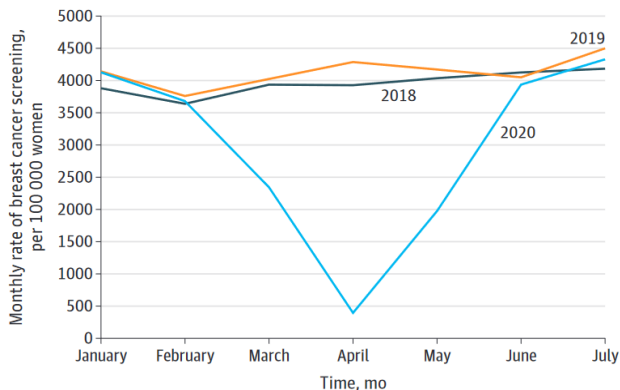
An Urgent, National Problem

COVID-19 & CANCER | NCI DIRECTOR'S REPORT

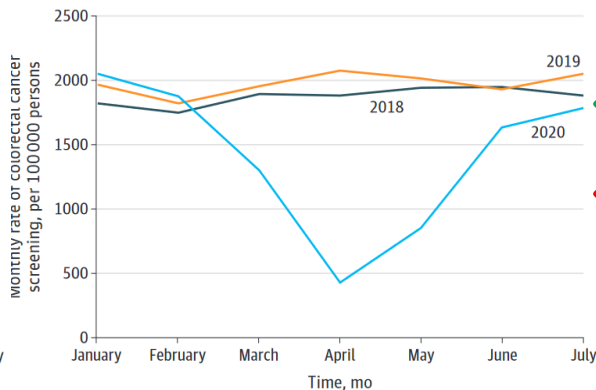
Sharpless: COVID-19 expected to increase mortality by at least 10,000 deaths from breast and colorectal cancers over 10 years

Unnecessary Cancer Deaths

A Breast cancer screening among female enrollees



B Colorectal cancer screening among enrollees



Screening Gaps

2020 Screening Deficit = 9 million

JAMA Oncology | Original Investigation

Association of Cancer Screening Deficit in the United States With the COVID-19 Pandemic

Ronald C. Chen, MD, MPH; Kevin Haynes, PharmD, MSCE; Simo Du, MBBS, MHS; John Barron, PharmD; Aaron J. Katz, PharmD, PhD



1 March 2021

Developed PDSA



American Cancer Society Urges People to Get Screened

May 17, 2021



The American Cancer Society (ACS) has launched a [Get Screened campaign](#) that encourages people to schedule regular cancer screening tests. Regular screening for cancer can help save lives. Screening increases the chance of finding certain cancers early when they might be easier to treat. And, some screening tests can prevent cancer by detecting and treating pre-cancers or cell changes before they have a chance to become cancer.

American Cancer Society
screening **toolkits**:

[Evidence-Based Interventions for Cancer Screening from the Community Guide](#)

Timeline & Document Recap

Enrollment April 8th - June 1st



1500



650



- 1 March 2021
- 2 April 2021

Developed PDSA



Timeline & Document Recap

Enrollment April 8th - June 1st

 Commission on Cancer® **1500**

 NAPBC® **650**
NATIONAL ACCREDITATION PROGRAM
FOR BREAST CENTERS



1 March 2021 2 April 2021 3 June 1st

Developed PDSA



**Form A Due
(Enrollment Complete)**

**749 Accredited Programs Enrolled
814 QI Projects Initiated**

Timeline & Document Recap

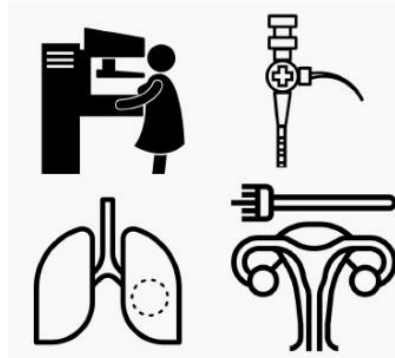
Enrollment April 8th - June 1st

 Commission on Cancer 1500

 NAPBC 650
NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS



Intervention Period



1 *Developed PDSA*



2 *Form A Due
(Enrollment Complete)*

749 Accredited Programs Enrolled
814 QI Projects Initiated

Timeline & Document Recap

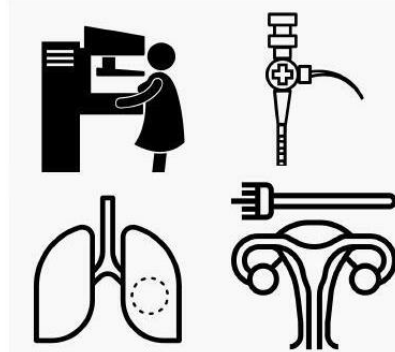
Enrollment April 8th - June 1st

 Commission on Cancer[®] 1500

 NAPBC[®] 650
NATIONAL ACCREDITATION PROGRAM
FOR BREAST CENTERS



Intervention Period



1 March 2021

Developed PDSA



2 April 2021

Form A Due
(Enrollment Complete)

749 Accredited Programs Enrolled
814 QI Projects Initiated

3 June 1st

4

June - Nov

5

Dec 2021

Submit Form B/C
By Dec 31st, 2021



Timeline & Document Recap

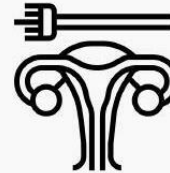
Enrollment April 8th - June 1st

 Commission on Cancer[®] 1500

 NAPBC[®] 650
NATIONAL ACCREDITATION PROGRAM
FOR BREAST CENTERS



Intervention Period



1 March 2021

Developed PDSA



2 April 2021

Form A Due
(Enrollment Complete)

749 Accredited Programs Enrolled
814 QI Projects Initiated

3 June 1st

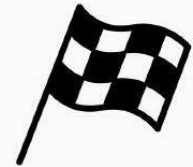
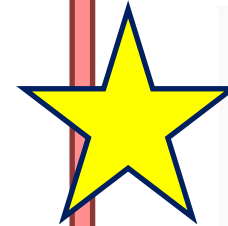
4

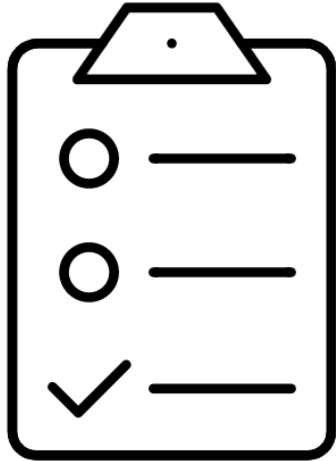
June - Nov

5

Dec 2021

Submit Form B/C
By Dec 31st, 2021





- ✓ Form A (Enrollment and Baseline Data Collection):
Completed June 1st, 2021
- ✓ Form B (Data Collection): **Due December 31st, 2021**
- ✓ Form C (Intervention Log): **Due December 31st, 2021**

Contact Information

Contact Information

Name of Individual Completing this Form

* must provide value

Email of Individual Completing this Form

* must provide value

Name of Local Study PI (as it should appear on authorship byline for final manuscript)

* must provide value

Full Name, Highest Degree (Ex. Jane Doe, MD)

Email of Local Study PI

* must provide value

The individual listed in Form B/C will be contacted for any questions after final submission

Contact Information

Contact Information

Name of Individual Completing this Form

* must provide value

Email of Individual Completing this Form

* must provide value

Name of Local Study PI (as it should appear on authorship byline for final manuscript)

* must provide value

Full Name, Highest Degree (Ex. Jane Doe, MD)

Email of Local Study PI

* must provide value

Will need Full Name (First, Last) of local PI and their highest degree for manuscript

Facility Information

Institution Information

Select the Accreditation Program for which you want Standards Credit (select only one per form)

* must provide value

- CoC
 NAPBC

reset

Name of CoC Institution

* must provide value

CoC Facility Identification Number (FIN #)

* must provide value

State

* must provide value

Select State

FIN # or Breast ID # must be **accurate** on **both** Form A and Form B/C

Institution Information

Select the Accreditation Program for which you want Standards Credit (select only one per form)

* must provide value

- CoC
 NAPBC

reset

Name of Breast Center

* must provide value

Breast Center ID #

* must provide value

State

* must provide value

Select State



Facility Information – Unique Circumstances

- Facility is undergoing accreditation and does not have an ID# yet
 - ✓ Please fill out the ID section with “AP[zipcode]” (ex. AP60611)

- Facility is part of an INCP
 - ✓ Will need participation at each “child” facility
 - ✓ For each facility, please indicate its “child” facility CoC unique ID



Questions about Contact Information



Breakout Sessions

Stay in this room

CoC standards-Dr. Mullett & Dr. Joung

- Standard by standard review of compliance (8.3, 7.3, 9.1)
- Documentation requirements-PDF & REDCap

Goes to breakout room

NAPBC standards-Dr. Kurtzman & Dr. Nelson

- Standard by standard review of compliance (4.1, 6.1, 3.2)
- Documentation requirements-PDF & REDCap



Example of Completed PDF: Due December 31, 2021

Return to Screening Study Form B – Post-Intervention Monthly Data Collection

Instructions: Monthly data collection should start on April 1, 2021 and continue through November 30, 2021. Complete this form no later than December 31, 2021. If your program only plans to participate in the PDSA Quality Improvement Project then you only need to complete this form and keep it in your files for future PRQ submission and review at your next accreditation site visit.

Completing these forms will provide you with credit for CoC standards 7.3 and 8.3 OR NAPBC standards 4.1 and 6.1

Local study PI name*: Name of Institution and FIN#* or Name of Breast Center and ID#:	
Contact Information:	Email: Phone number:
Disease site (check one per form):	<input checked="" type="checkbox"/> Breast <input type="checkbox"/> Cervical <input type="checkbox"/> Colorectal <input type="checkbox"/> Lung
Intervention start date:	June 1, 2021

Post-Intervention Monthly Screening Rates (for one disease site)	
April:	360
May:	354
June:	497
July:	502
August:	493
September:	485
October:	511
November:	496

Return to Screening Study Form C – Intervention Log

Instructions: Select all interventions implemented and provide the date when the intervention was started. Fill in this log as you conduct your efforts and complete the form no later than December 31, 2021. If your program only plans to participate in the PDSA Quality Improvement Project then you only need to complete this form and keep it in your files for future PRQ submission and review at your next accreditation site visit.

Completing these forms will provide you with credit for CoC standards 7.3 and 8.3 OR NAPBC standards 4.1 and 6.1

Local study PI name Name of Institution and FIN # or Name of Breast Center and ID#	
Contact Information	Email: Phone number:
Increase Community Demand	
PATIENT REMINDERS	
1. Patient outreach by healthcare providers to eligible and at-risk patients* (e.g., phone calls, EMR portal, email, text messages, letters)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Start date: June 1, 2021
2. Facility/Institution-level outreach* (e.g., automated notifications to eligible patients within health system)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Start date: _____
PATIENT EDUCATION	
3. One-on-One Education (delivers information to individuals about indications for, benefits of, and ways to obtain cancer screening)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Start date: _____
4. Group Education (Group education is usually conducted by health professionals or by trained lay people who use presentations or other teaching aids in a lecture or interactive format to a variety of groups)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Start date: _____
SMALL MEDIA	
5. Dissemination of guideline and messaging information to patients across the hospital system (e.g., banners/posters pamphlets, hospital website)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Start date: June 1, 2021
6. Dissemination of guideline and messaging information across community sites (e.g., vaccination sites, grocery stores, pharmacies, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No Start date: _____

Example of Completed REDCap : Due December 31, 2021

FORM B: MONTHLY SCREENING LOG

Breast Cancer Screening Test (select all that apply)

* must provide value

- Screening Mammograms
- Screening Breast MRI (for high-risk women)
- Other

Month	Number of Screening per Month (please record at the end of each month)
April	360
May	354
June	497
July	502
August	493
September	485
October	511
November	498

FORM C: INTERVENTION LOG

Instructions:

- Please note the **start date** of the FIRST intervention that was implemented at your institution
- At the end of each month, please return to this form to **check (select)** which interventions were implemented/performed during that month
- Note: Interventions need to be implemented by June 1st. You do **not** need to have had interventions implemented prior to June 1st.

You can find detailed information about the following evidence-based interventions here: [Evidence-Based Interventions for Increasing Cancer Screening from the Community Guide](#)

Intervention Start Date

* must provide value

06-01-2021 Today M.D.Y

Please note the start date of the FIRST intervention that was implemented at your institution

A. Patient Reminders

	March	April	May	June	July	August	Sept	Oct	Nov
1. Individual patient reminder/outreach by healthcare providers (e.g., phone calls, text, email, EMR messaging, letters)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Facility/institution-wide patient outreach (e.g., automated notifications to eligible patients within health system)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

B. Patient Education

	March	April	May	June	July	August	Sept	Oct	Nov
3. One-on-one education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Group education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Media

	March	April	May	June	July	August	Sept	Oct	Nov
5. Dissemination of guideline/messaging information to patients across the hospital system (e.g., banners/posters, pamphlets, hospital website)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6. Dissemination of guideline/messaging information across community sites (e.g., vaccination sites, pharmacies, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Social media posts and/or press releases (e.g., Twitter, Facebook)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Collaboration with local TV/radio/news channels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Breakout Session: CoC

Return to Screening Webinar

Compliance with CoC Standard 8.3 (Cancer Screening Event)

The cancer program fulfills 8.3 if the following conditions are met:

- The cancer program performed at least one screening intervention during the 6-month (June 1-November 30, 2021) PDSA.
- The cancer screening intervention was one of the evidence-based interventions provided in the Return to Screening PDSA protocol. If an evidence-based intervention was selected from outside the PDSA protocol, please site the source of the intervention in the cancer committee minutes.

Additional criteria on next slide

The cancer program fulfills 8.3 if the following conditions are met:

- A summary of the return to screening PDSA must be presented to the cancer committee and documented in the cancer committee minutes and it should include monthly interventions and monthly screening volumes.
- Keep records of the PDSA PDF or the PDF from REDCap as documentation for a future site visit and uploading into the Pre-Review Questionnaire (PRQ).

Return to Screening Study Form B – Post-Intervention Monthly Data Collection

Instructions: For clinical research study participation, complete this form and submit in REDCap by December 31st, 2021. Monthly data collection should start in April 1, 2021 and continue through November 30, 2021. These forms will be sent to programs who completed FORM A. Links to these forms will be sent to your email in early June.

Completing these forms will provide you with credit for CoC standards 7.3, 8.3 and 9.1 OR NAPBC standards 4.1, 6.1 and 3.2

PDF

*as it should appear on authorship byline for manuscript

Local study PI name*: Name of Institution and FIN#*or Name of Breast Center and ID#:	
Contact information:	<i>Email:</i> <i>Phone number:</i>
Disease site (check one per form):	<input type="checkbox"/> Breast <input type="checkbox"/> Cervical <input type="checkbox"/> Colorectal <input type="checkbox"/> Lung
Intervention start date:	

For clinical research study participation, complete this form and submit no later than May 31st. Fill out separate Form A for each cancer screening target if your facility has more than one target screening focus.

Note: This study is IRB exempt. This study does not require submission of any individual patient information. The only information required is aggregate institutional-level screening rates.

Response was added on 06-14-2021 10:54.

REDCap

Please refer to this document for detailed instructions

[Attachment: "Return_to_Screening_PDSA_and_Clinical_Study.pdf"]

Contact Information

Name of Individual Completing this Form

Examples of Completed PDF & REDCap: Due December 31, 2021



A QUALITY PROGRAM
of the AMERICAN COLLEGE
OF SURGEONS

Return to Screening Study Form C – Intervention Log
Instructions: Select all interventions implemented and provide the date when the intervention was started. Fill in this long as you conduct your efforts and complete the form no later than December 31, 2021. If your program only plans to participate in the PDSA Quality Improvement Project then you only need to complete this form and keep it in your files for future PRQ submission and review at your next accreditation site visit.

Completing these forms will provide you with credit for CoC standards 7.3 and 8.3 OR NAPBC standards 4.1 and 6.1

Local study PI name	
Name of Institution and FIN # or Name of Breast Center and ID#	
Contact Information	<i>Email:</i> <i>Phone number:</i>
Increase Community Demand	
PATIENT REMINDERS	
1. Patient outreach by healthcare providers to eligible and at-risk patients* (e.g., phone calls, EMR portal, email, text messages, letters)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Start date:</i> June 1, 2021
2. Facility/Institution-level outreach* (e.g., automated notifications to eligible patients within health system)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Start date:</i>
PATIENT EDUCATION	
3. One-on-One Education (delivers information to individuals about indications for, benefits of, and ways to obtain cancer screening)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Start date:</i>
4. Group Education (Group education is usually conducted by health professionals or by trained lay people who use presentations or other teaching aids in a lecture or interactive format to a variety of groups)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Start date:</i>
SMALL MEDIA	
5. Dissemination of guideline and messaging information to patients across the hospital system (e.g., banners/posters pamphlets, hospital website)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Start date:</i> June 1, 2021
6. Dissemination of guideline and messaging information across community sites (e.g., vaccination sites, grocery stores, pharmacies, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Start date:</i>

PDF

FORM C: INTERVENTION LOG

Instructions:

- Please note the **start date** of the **FIRST** intervention that was implemented at your institution
- At the end of each month, please return to this form to **check/select** which interventions were implemented/performed during that month
- Note: Interventions need to be implemented by June 1st. You do not need to have had interventions implemented prior to June 1st.

You can find detailed information about the following evidence-based interventions here: [Evidence-Based Interventions for Increasing Cancer Screening from the Community Guide](#)

Intervention Start Date M-D-Y
 * must provide value
 Please note the start date of the FIRST intervention that was implemented at your institution

A. Patient Reminders

	March	April	May	June	July	August	Sept	Oct	Nov
1. Individual patient reminder/outreach by healthcare providers (e.g., phone calls, text, email, EMR messaging, letters)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Facility/institution-wide patient outreach (e.g., automated notifications to eligible patients within health system)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

B. Patient Education

	March	April	May	June	July	August	Sept	Oct	Nov
3. One-on-one education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Group education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Media

	March	April	May	June	July	August	Sept	Oct	Nov
5. Dissemination of guideline/messaging information to patients across the hospital system (e.g. banners/posters, pamphlets, hospital website)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6. Dissemination of guideline/messaging information across community sites (e.g., vaccination sites, pharmacies, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Social media posts and/or press releases (e.g., Twitter, Facebook)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Collaboration with local TV/radio/news channels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

REDCap



Standard 8.3: Questions



Compliance with CoC Standard 7.3 (Quality Improvement Initiative)

The cancer program fulfills 7.3 if all the compliance criteria are met:

- The four steps of the Return to Screening PDSA project are completed, presented, and documented in the cancer committee minutes.
- The four steps of the PDSA project include the **PLAN** and the problem statement; the **DO**, interventions performed during; the **STUDY**, monitoring progress through measuring interventions and monthly screening volumes; and **ACT**; reflecting on success.
- Documentation for a future site visit and uploading into the PRQ should include:
 - Either the PDSA PDF or the PDF from REDCap
 - Cancer committee minutes documenting the PDSA project, including the four steps

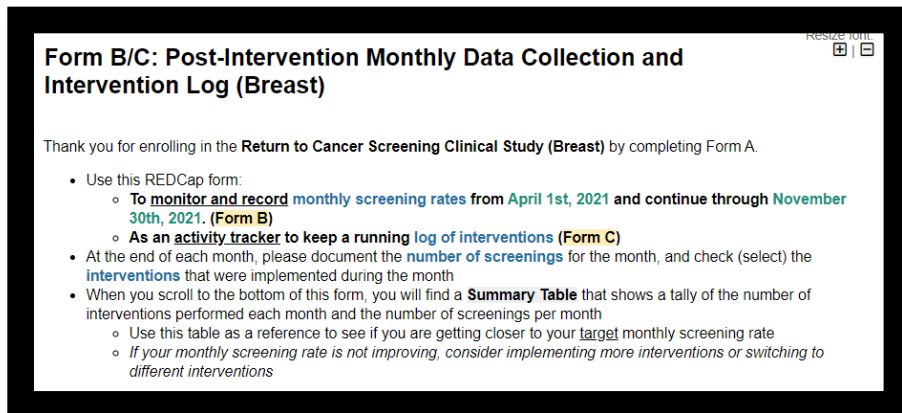
Standard 7.3: Questions



Compliance with CoC Standard 9.1 (Clinical Research Accrual)

The cancer program fulfills 9.1 if all the compliance criteria are met:

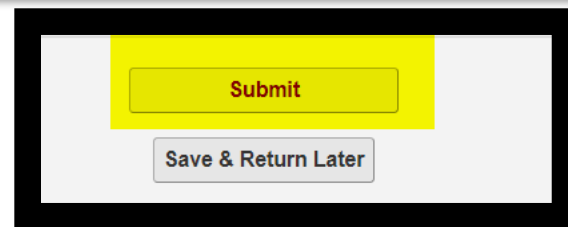
- Completed REDCap Form B/C is submitted
- No sooner than November 30, 2021
- No later than December 31, 2021



Form B/C: Post-Intervention Monthly Data Collection and Intervention Log (Breast)

Thank you for enrolling in the **Return to Cancer Screening Clinical Study (Breast)** by completing Form A.

- Use this REDCap form:
 - To **monitor and record** monthly screening rates from **April 1st, 2021 and continue through November 30th, 2021. (Form B)**
 - As an **activity tracker** to keep a running **log of interventions (Form C)**
- At the end of each month, please document the **number of screenings** for the month, and check (select) the **interventions** that were implemented during the month
- When you scroll to the bottom of this form, you will find a **Summary Table** that shows a tally of the number of interventions performed each month and the number of screenings per month
 - Use this table as a reference to see if you are getting closer to your **target** monthly screening rate
 - *If your monthly screening rate is not improving, consider implementing more interventions or switching to different interventions*



Submit

Save & Return Later

The cancer program fulfills 9.1 if all the compliance criteria are met:

- Form B must include complete information on monthly screening volumes, documenting volumes from April 1, 2021-November 30, 2021. (April and May months are documented for baseline data collection).
- Form B should also include the screening test that was measured (ex: colonoscopy vs. FIT test).

FORM B: MONTHLY SCREENING LOG

Colorectal Cancer Screening Test (select all that apply)
* must provide value

Screening Colonoscopy
 Screening Flexible Sigmoidoscopy
 Screening Computed Tomographic (CT) Colonography
 Screening Stool-Based Tests
 Screening Barium Enema
 Other

If other, please describe

Month	Number of Screening per Month (please record at the end of each month)
April	388
May	288
June	357
July	295
August	492
September	524
October	494
November	431

The cancer program fulfills 9.1 if all the compliance criteria are met:

- Form C must include complete information on monthly interventions, including which intervention(s) were performed each month.
- Form C must also document the date of the first intervention which could be as early as March 2021 and should be no later than June 15, 2021.

FORM C: INTERVENTION LOG

Instructions:

- Please note the **start date** of the FIRST intervention that was implemented at your institution
- At the end of each month, please return to this form to **check (select)** which interventions were implemented/performed during that month
- Note: Interventions need to be implemented by June 1st. You do not need to have had interventions implemented prior to June 1st.

You can find detailed information about the following evidence-based interventions here: [Evidence-Based Interventions for Increasing Cancer Screening from the Community Guide](#)

Intervention Start Date M D Y
* must provide value Please note the start date of the FIRST intervention that was implemented at your institution

A. Patient Reminders

	March	April	May	June	July	August	Sept	Oct	Nov
1. Individual patient reminder/outreach by healthcare providers (e.g., phone calls, text, email, EMR messaging, letters)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Facility/institution-wide patient outreach (e.g., automated notifications to eligible patients within health system)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

B. Patient Education

	March	April	May	June	July	August	Sept	Oct	Nov
3. One-on-one education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Group education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Media

	March	April	May	June	July	August	Sept	Oct	Nov
5. Dissemination of guideline/messaging information to patients across the hospital system (e.g. banners/posters, pamphlets, hospital website)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6. Dissemination of guideline/messaging information across community sites (e.g., vaccination sites, pharmacies, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Social media posts and/or press releases (e.g., Twitter, Facebook)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Collaboration with local TV/radio/news channels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

The cancer program fulfills 9.1 if all the compliance criteria are met:

- Programs are still expected to complete and submit the CoC Clinical Research Template as documentation for a future site visit and uploading into the PRQ.



Clinical Research Template - Standard 9.1 Clinical Research Accruals - 2020, 2021, 2022



Facility Name:	
CoC FIN:	
Completed By:	

Click on the following box(s) to view the complete standard:

[Standard 9.1](#)

Standard 9.1: Questions



Reminder: CoC PRQ Templates



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- CoC Standard 8.3: The Community Outreach template is not required*
- CoC Standard 7.3: The Quality Improvement Initiative template is not required
- CoC Standard 9.1: Programs are still expected to complete and submit the CoC Clinical Research template as additional documentation for a future site visit and uploading into the PRQ.

*The Community Outreach template is required as documentation for Standard 8.2 Cancer Prevention Event

- If a facility is seeking credit for both NAPBC and CoC, two projects must be completed: breast for NAPBC, and lung, cervical, or colon for CoC
- A breast Return to Screening PDSA/ Clinical Study cannot be used to receive both CoC and NAPBC credit for the same facility.

Will compliance still be counted for applicable standards if participants do not reach the pre-pandemic screening rates, or the goal of a 10% increase is not achieved?

- Participation will still qualify if the 10% increase goal is not met as long as there is documentation that there is continued effort to improve the rate. This includes but is not limited to, assessing your improvement, and trying multiple interventions in an attempt to close the gap.

Can activity on this project extend into 2022?

Yes, however, the compliance credit for all standards will apply to 2021 even if activity extends into 2022.

What if I cannot locate my REDCap Form A and/or Form B/C?

- Email Jessica Dangles (jdangles@facs.org) and include the name of the individual that completed the form(s) along with the disease site.

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NAPBC[®]

NATIONAL ACCREDITATION PROGRAM
FOR BREAST CENTERS

A **QUALITY PROGRAM**
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OF SURGEONS

Breakout Session: NAPBC

Return to Screening Webinar

Scott Kurtzman, MD, FACS

Heidi Nelson, MD, FACS

Jessica Dangles



AMERICAN COLLEGE OF SURGEONS

Inspiring Quality:
Highest Standards, Better Outcomes

100+ years

Compliance with NAPBC Standard 4.1 (education, prevention, and early detection programs)

The breast center fulfills 4.1 if the following conditions are met:

- The breast center performed at least one screening intervention during the 6-month (June 1-November 30, 2021) PDSA.
- The cancer screening intervention was one of the evidence-based interventions provided in the PDSA protocol. If an evidence-based intervention was selected from outside the PDSA protocol, please cite the source of the intervention in the BPLC minutes.

NAPBC Standard 4.1: Education, Prevention, & Early Detection Programs

The breast center fulfills 4.1 if the following conditions are met:

- A summary of the return to screening PDSA must be presented to the Breast Program Leadership Committee (BPLC) and documented in the BPLC minutes and it must include monthly interventions and monthly screening volumes.
- Keep records of the PDSA PDF or the PDF from REDCap as documentation for a future site visit and uploading into the Pre-Review Questionnaire (PRQ).

Return to Screening Study Form B – Post-Intervention Monthly Data Collection

Instructions: For clinical research study participation, complete this form and submit in REDCap by December 31st, 2021. Monthly data collection should start in April 1, 2021 and continue through November 30, 2021. These forms will be sent to programs who completed FORM A. Links to these forms will be sent to your email in early June.

Completing these forms will provide you with credit for CoC standards 7.3, 8.3 and 9.1 OR NAPBC standards 4.1, 6.1 and 3.2

*as it should appear on authorship byline for manuscript

Local study PI name*: Name of Institution and FIN#* or Name of Breast Center and ID#:	
Contact information:	Email: Phone number:
Disease site (check one per form):	<input type="checkbox"/> Breast <input type="checkbox"/> Cervical <input type="checkbox"/> Colorectal <input type="checkbox"/> Lung
Intervention start date:	

PDF

For clinical research study participation, complete this form and submit no later than May 31st. Fill out separate Form A for each cancer screening target if your facility has more than one target screening focus.

Note: This study is IRB exempt. This study does not require submission of any individual patient information. The only information required is aggregate institutional-level screening rates.

Response was added on 06-14-2021 10:54.

REDCap

Please refer to this document for detailed instructions

[Attachment: "Return_to_Screening_PDSA_and_Clinical_Study.pdf"]

Contact Information

Name of Individual Completing this Form

Examples of Completed PDF & REDCap: Due December 31, 2021

Return to Screening Study Form C – Intervention Log

Instructions: Select all interventions implemented and provide the date when the intervention was started. Fill in this long as you conduct your efforts and complete the form no later than December 31, 2021. If your program only plans to participate in the PDSA Quality Improvement Project then you only need to complete this form and keep it in your files for future PRQ submission and review at your next accreditation site visit.

Completing these forms will provide you with credit for CoC standards 7.3 and 8.3 OR NAPBC standards 4.1 and 6.1

Local study PI name	
Name of Institution and FIN # or Name of Breast Center and ID#	
Contact information	Email: Phone number:
Increase Community Demand	
PATIENT REMINDERS	
1. Patient outreach by healthcare providers to eligible and at-risk patients* (e.g., phone calls, EMR portal, email, text messages, letters)	<input checked="" type="checkbox"/> Yes Start date: June 1, 2021 <input type="checkbox"/> No
2. Facility/Institution-level outreach* (e.g., automated notifications to eligible patients within health system)	<input type="checkbox"/> Yes Start date: <input checked="" type="checkbox"/> No
PATIENT EDUCATION	
3. One-on-One Education (delivers information to individuals about indications for, benefits of, and ways to obtain cancer screening)	<input type="checkbox"/> Yes Start date: <input checked="" type="checkbox"/> No
4. Group Education (Group education is usually conducted by health professionals or by trained lay people who use presentations or other teaching aids in a lecture or interactive format to a variety of groups)	<input type="checkbox"/> Yes Start date: <input checked="" type="checkbox"/> No
SMALL MEDIA	
5. Dissemination of guideline and messaging information to patients across the hospital system (e.g., banners/posters/pamphlets, hospital website)	<input checked="" type="checkbox"/> Yes Start date: June 1, 2021 <input type="checkbox"/> No
6. Dissemination of guideline and messaging information across community sites (e.g., vaccination sites, grocery stores, pharmacies, etc.)	<input type="checkbox"/> Yes Start date: <input type="checkbox"/> No

PDF

FORM C: INTERVENTION LOG

Instructions:

- Please note the start date of the FIRST intervention that was implemented at your institution
- At the end of each month, please return to this form to check (select) which interventions were implemented/performed during that month
- Note: Interventions need to be implemented by June 1st. You do not need to have had interventions implemented prior to June 1st.

You can find detailed information about the following evidence-based interventions here: [Evidence-Based Interventions for Increasing Cancer Screening from the Community Guide](#)

Intervention Start Date

* must provide value

06-01-2021 Today M-D-Y

Please note the start date of the FIRST intervention that was implemented at your institution

A. Patient Reminders

	March	April	May	June	July	August	Sept	Oct	Nov
1. Individual patient reminder/outreach by healthcare providers (e.g., phone calls, text, email, EMR messaging, letters)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Facility/institution-wide patient outreach (e.g., automated notifications to eligible patients within health system)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

B. Patient Education

	March	April	May	June	July	August	Sept	Oct	Nov
3. One-on-one education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Group education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Media

	March	April	May	June	July	August	Sept	Oct	Nov
5. Dissemination of guideline/messaging information to patients across the hospital system (e.g., banners/posters, pamphlets, hospital website)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6. Dissemination of guideline/messaging information across community sites (e.g., vaccination sites, pharmacies, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Social media posts and/or press releases (e.g., Twitter, Facebook)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Collaboration with local TV/radio/news channels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Standard 4.1: Questions



Compliance with NAPBC Standard 6.1 (quality and outcomes)

NAPBC Standard 6.1: Quality & Outcomes

The breast center fulfills standard 6.1* if the following conditions are met:

- The four steps of the Return to Screening PDSA project are completed, presented, and documented in the breast program leadership committee (BPLC) minutes.
- The four steps of the project include the **PLAN** and the problem statement; the **DO**, interventions performed during; the **STUDY**, monitoring progress through measuring interventions and monthly screening volumes; and **ACT**; reflecting on success.
- Documentation for a future site visit and uploading into the PRQ should include:
 - Either the PDSA PDF or the PDF from REDCap
 - BPLC minutes documenting the project, including the four steps

* NAPBC Standard 6.1 requires **two** studies each year or one study and a physician specialty specific quality improvement. This project only counts as **one** of those, so either an additional center specific study or a physician-specialty quality improvement program will also need to be completed.

Standard 6.1: Questions



Compliance with NAPBC Standard 3.2 (clinical trial accrual)

NAPBC Standard 3.2: Clinical Trial Accrual

The breast center fulfills standard 3.2* if the following conditions are met:

- Completed REDCap Form B/C is submitted
- No sooner than November 30, 2021
- No later than December 31, 2021.

Form B/C: Post-Intervention Monthly Data Collection and Intervention Log (Breast)

Thank you for enrolling in the **Return to Cancer Screening Clinical Study (Breast)** by completing Form A.

- Use this REDCap form:
 - To **monitor and record** monthly screening rates from **April 1st, 2021** and continue through **November 30th, 2021. (Form B)**
 - As an **activity tracker** to keep a **running log of interventions (Form C)**
- At the end of each month, please document the **number of screenings** for the month, and check (select) the **interventions** that were implemented during the month
- When you scroll to the bottom of this form, you will find a **Summary Table** that shows a tally of the number of interventions performed each month and the number of screenings per month
 - Use this table as a reference to see if you are getting closer to your **target** monthly screening rate
 - *If your monthly screening rate is not improving, consider implementing more interventions or switching to different interventions*

Submit

Save & Return Later

*Programs are still expected to complete and submit required documentation related to other breast cancer-related clinical research accruals for 2021 for internal quality improvement purposes and for discussion at future site visits.

NAPBC Standard 3.2: Clinical Trial Accrual

The breast center fulfills standard 3.2 if the following conditions are met:

- Form B must include complete information on monthly screening volumes, documenting volumes from April 1, 2021- November 30, 2021. (April and May months are documented for baseline data collection).
- Form B should also include the screening test that was measured (ex: screening mammogram vs. screening breast MRI).

FORM B: MONTHLY SCREENING LOG

Breast Cancer Screening Test (select all that apply)
* must provide value

Screening Mammograms
 Screening Breast MRI (for high-risk women)
 Other

Month	Number of Screening per Month (please record at the end of each month)
April	948
May	995
June	884
July	1094
August	832
September	901
October	894
November	992

NAPBC Standard 3.2: Clinical Trial Accrual

The breast center fulfills standard 3.2 if the following conditions are met:

- Form C must include complete information on monthly interventions, including which intervention(s) were performed each month.
- Form C must also document the date of the first intervention which could be as early as March 2021 and should be no later than June 15, 2021.

FORM C: INTERVENTION LOG

Instructions:

- Please note the **start date** of the **FIRST** intervention that was implemented at your institution
- **At the end of each month, please return to this form to check (select) which interventions were implemented/performed during that month**
- *Note: Interventions need to be implemented by June 1st. You do not need to have had interventions implemented prior to June 1st.*

You can find detailed information about the following evidence-based interventions here: [Evidence-Based Interventions for Increasing Cancer Screening from the Community Guide](#)

Intervention Start Date
 * must provide value M.D.Y
 Please note the start date of the FIRST intervention that was implemented at your institution

A. Patient Reminders

	March	April	May	June	July	August	Sept	Oct	Nov
1. Individual patient reminder/outreach by healthcare providers (e.g., phone calls, text, email, EMR messaging, letters)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Facility/institution-wide patient outreach (e.g., automated notifications to eligible patients within health system)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

B. Patient Education

	March	April	May	June	July	August	Sept	Oct	Nov
3. One-on-one education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Group education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Media

	March	April	May	June	July	August	Sept	Oct	Nov
5. Dissemination of guideline/messaging information to patients across the hospital system (e.g., banners/posters, pamphlets, hospital website)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6. Dissemination of guideline/messaging information across community sites (e.g., vaccination sites, pharmacies, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Social media posts and/or press releases (e.g., Twitter, Facebook)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Collaboration with local TV/radio/news channels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Standard 3.2: Questions



Additional Clarifications

- If a facility is seeking credit for both NAPBC and CoC, two projects must be completed: breast for NAPBC, and lung, cervical, or colon for CoC
- A breast Return to Screening PDSA/ Clinical Study cannot be used to receive both CoC and NAPBC credit for the same facility.

Will compliance still be counted for applicable standards if participants do not reach the pre-pandemic screening rates, or the goal of a 10% increase is not achieved?

- Participation will still qualify if the 10% increase goal is not met as long as there is documentation that there is continued effort to improve the rate. This includes but is not limited to, assessing your improvement, and trying multiple interventions in an attempt to close the gap.

Can activity on this project extend into 2022?

Yes, however, the compliance credit for all standards will apply to 2021 even if activity extends into 2022.

What if I cannot locate my REDCap Form A and/or Form B/C?

- Email Jessica Dangles (jdangles@facs.org) and include the name of the individual that completed the form(s) along with the disease site.

Webinar Wrap-Up



- Return to Screening data analysis
- Manuscript preparation
- Author engagement
- Model for future studies
 - Tobacco cessation study

Contact Information

- Accreditation questions:
 - Commission on Cancer: COC@FACS.org
 - National Accreditation Program for Breast Centers: NAPBC@FACS.org
- REDCap questions:
 - Jessica Dangles: jdangles@facs.org

Thank You!

