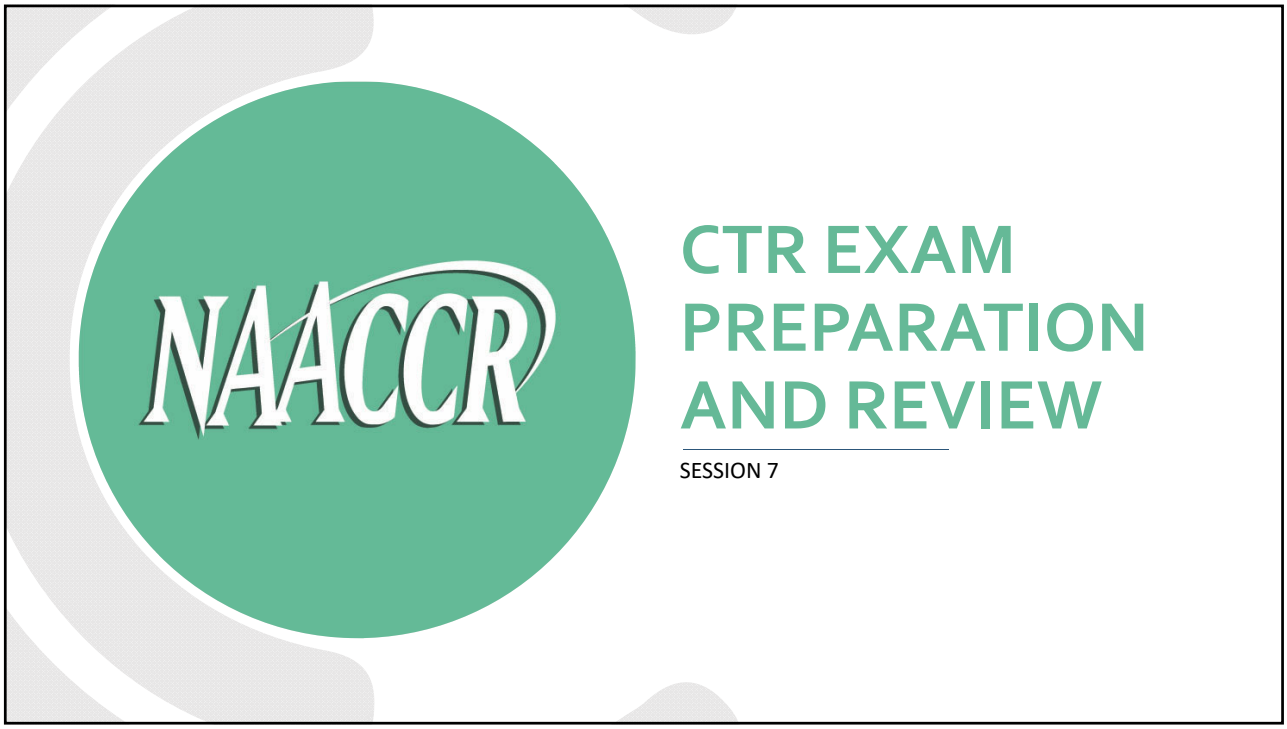

DATA QUALITY ASSURANCE

27 Questions

CANCER PROGRAM ACCREDITATIONS

18 Questions

RESOURCES

Cancer Registry Management Principles & Practices for Hospitals and Central Registries, 3rd Edition

Optimal Resources for Cancer Care

https://www.facs.org/-/media/files/quality-programs/cancer/coc/optimal_resources_for_cancer_care_2020_standards.ashx

3

QUALITY CONTROL OF CANCER REGISTRY DATA

- Quality
  - Fitness for use
- Quality control
  - Planned set of activities to monitor quality
- Quality assurance
  - Monitoring processes and methods to ensure quality

4

QUALITY CONTROL OF CANCER REGISTRY DATA

- General concepts
  - Quality control of operations
    - Monitor and evaluate casefinding completeness, timely reporting, policy and procedure manuals, and staff training
  - Quality control of data
    - Monitor and evaluate accuracy of the information reported

5

QUALITY CONTROL OF CANCER REGISTRY DATA

- Cancer registry quality control program
  - Monitor activities in all areas of the registry
  - Establish uniform standards of quality
  - Provide communication and feedback
  - Collect and maintain data on data quality
  - Balance costs and benefits

6

QUALITY CONTROL OF CANCER REGISTRY DATA

- Acceptance sampling
  - Visual review
  - Computer edit checks
  - Casefinding audits
  - CoC survey review

QUALITY CONTROL OF CANCER REGISTRY DATA

- Process control
  - Edit rejection rates
  - Death certificate only (DCO) percentage
  - Historical data review
  - Use of ‘unknown’
  - Lag time in reporting

QUALITY CONTROL OF CANCER REGISTRY DATA

- Designed studies
  - Recoding audit
  - Independent case ascertainment (ICA) study
  - Reabstracting study
  - Reliability study

QUALITY CONTROL OF CANCER REGISTRY DATA

- Accuracy
  - Computerized data editing
    - Verify data accuracy using software algorithm
    - NAACCR Volume IV: Standard Data Edits
      - Improve data quality
      - Standardize the way data are checked for validity

QUALITY CONTROL OF CANCER REGISTRY DATA

- Accuracy
  - Computerized data editing
    - Edit components
      - Metafile
        - Instructions to run edits
      - Edit set
        - Groups of individual edits with a specific purpose
      - Edits
        - Individual data check

QUALITY CONTROL OF CANCER REGISTRY DATA

- Accuracy
  - Computerized data editing
    - Types of edits
      - Range and allowable code (single field or item)
      - Inter-field (item) or multi-field (item) edit
      - Inter-record or multi-record edit
      - Inter-database edit

QUALITY CONTROL OF CANCER REGISTRY DATA

- Accuracy
  - Visual editing
    - Comparison of text in abstract to coded data items
      - Hospital-based registries should visually review abstracts
      - Central registry may visually review 100% of abstracts submitted by the reporting facility or may select a sample
        - May review all data items or a sample of data items

QUALITY CONTROL OF CANCER REGISTRY DATA

- Accuracy
  - Recoding audits
    - Recode samples of submitted abstracts using text provided
    - Verify that coding guidelines and rules are being correctly applied
    - Identify areas for training

QUALITY CONTROL OF CANCER REGISTRY DATA

- Accuracy
  - Re-abstracting studies
    - Re-abstract data from source document and compare to original abstract
    - Include a written protocol
    - Provide feedback to study participants
    - Identify coding problems for data items
    - Identify ambiguous coding rules and/or data definitions
    - Allow correction of inaccurate data

QUALITY CONTROL OF CANCER REGISTRY DATA

- Case incidence completeness
  - Casefinding audits
    - Evaluate a registry's case completeness
    - Involve review of most likely case sources
      - Disease indices
      - Path reports
      - Autopsies
      - Radiation logs
  - Independent case ascertainment
    - Assess case completeness using estimates from an independent survey

QUALITY CONTROL OF CANCER REGISTRY DATA

- Case incidence completeness
  - Death certificate only
    - Monitor percentage of cases in central registry database with cancer diagnosis only from death certificate
  - Historical data review
    - Comparison of number of cases expected based on previous years with number of cases observed

17

QUALITY CONTROL OF CANCER REGISTRY DATA

- Data completeness
  - Text documentation
    - Must be dated, complete, and succinct
    - Support coded data in abstract
  - Unknown values
    - Monitor use of unknown or ill-defined codes

18

QUALITY CONTROL OF CANCER REGISTRY DATA

- Timeliness
  - Generate monthly reports to monitor adherence to timeliness standard
  - Lag-time reports
    - Compare date of diagnosis to date received in central registry

QUALITY CONTROL OF CANCER REGISTRY DATA

- Consistency
  - Reliability study
    - Standardized source documents abstracted by a sample of data collectors
    - Results analyzed to identify differences in coding
    - Education and training targeted to areas in disagreement

QUALITY CONTROL OF CANCER REGISTRY DATA

- Benchmarking
  - Compare processes and performance to best practices
  - CoC Cancer Program Practice Profile Reports (CP3R)
- Total quality management
  - Organization-wide effort to continuously improve products and services
  - Joint Commission on Accreditation of Healthcare Organizations' (JCAHO's) 10-step Quality Improvement Program Components

POP QUIZ

When a data submitter sends a data file to Central Registry XX, registry staff review every 5th record in the file and compare coded data items to text on the abstract. This is:

a. Inter-field edit
b. Recoding study
c. Reliability study
d. Visual editing

POP QUIZ

What is used to resolve incorrect coding or incongruity between codes?

a. Casefinding audit
b. Edit rejection rates
c. Reabstracting study
d. Text documentation

POP QUIZ

If primary site code entered is C54.9 (corpus uteri) and sex code is 1 (male), what type of edit will be generated?

a. Range and allowable code
b. Inter-field (item) or multi-field (item) edit
c. Inter-record or multi-record edit
d. Inter-database edit

POP QUIZ

What type of study evaluates the registry's completeness of case incidence reporting?

a. Casefinding study
b. Lag-time study
c. Reabstracting study
d. Recoding study

25

POP QUIZ

Mary is the cancer data manager at an integrated network cancer program. She manages 10 abstractors and wants to evaluate the consistency of their abstracting. What type of study should she perform?

a. Casefinding audit
b. Reabstracting study
c. Recoding audit
d. Reliability study

26

POP QUIZ

Quality control activities in the cancer registry are performed to evaluate:

a. Registry data quality
b. Quality of registry operations
c. Both a and b
d. None of the above

27

ACCREDITATION

THREE-YEAR ACCREDITATION

- Complies with all standards or is awarded when all deficiencies are Resolved

THREE-YEAR ACCREDITATION WITH CONTINGENCY

1–7 deficiencies for established programs

1–2 deficiencies for new programs

NON-ACCREDITATION

8 or more deficiencies for established programs

3 or more deficiencies for new programs

28

STANDARDS REQUIRING ANNUAL REVIEW

- Standard 2.5: Multidisciplinary Cancer Case Conference
- Standard 4.4: Genetic Counseling and Risk Assessment
- Standard 4.5: Palliative Care Services
- Standard 4.6: Rehabilitation Care Services
- Standard 4.7: Oncology Nutrition Services
- Standard 4.8: Survivorship Program
- Standard 5.2: Psychosocial Distress Screening
- Standard 6.1: Cancer Registry Quality Control
- Standard 8.1: Addressing Barriers to Care
- Standard 8.2: Cancer Prevention Event
- Standard 8.3: Cancer Screening Event
- Standard 9.1: Clinical Research Accrual

29

INSTITUTIONAL ADMINISTRATIVE COMMITMENT

Administrative Commitment

Compliance Measure

Cancer committee authority is established and documented by the facility through a letter from facility leadership that includes all required elements.

30

PROGRAM SCOPE AND GOVERNANCE

Cancer Committee
Cancer Liaison Physician
Cancer Committee Meetings
Cancer Committee Attendance
Multidisciplinary Cancer Case Conference.

PROGRAM SCOPE AND GOVERNANCE

Cancer Committee

Required physician members:
- Cancer Committee Chair
- Diagnostic radiologist
- Pathologist
- Surgeon
- Medical oncologist
- Radiation oncologist

Required non-physician members:
- Cancer Program Administrator
Responsible for the administrative oversight and has budget authority for the cancer program
- Oncology nurse
- Social worker (licensed social worker, OSW-C preferred)
- Certified Tumor Registrar (CTR)

CANCER COMMITTEE

Cancer Committee - Required Coordinators

- Cancer Conference Coordinator oversees standard 2.5 Multidisciplinary Cancer Case Conference
- Quality Improvement Coordinator – overseas standard 7.3 Quality Improvement Initiative
- Cancer Registry Quality Coordinator – overseas Standard 6.1: Cancer Registry Quality Control and Standard 4.3: Cancer Registry Staff Credentials
- Clinical Research Coordinator - oversees Standard 9.1: Clinical Research Accrual
- Psychosocial Services Coordinator - Standard 5.2: Psychosocial Distress Screening
- Survivorship Program Coordinator - overseeing Standard 4.8: Survivorship Program

33

PROGRAM SCOPE AND GOVERNANCE

Cancer Liaison Physician

- Physician quality leader of the cancer program
- Alternate for the Cancer Committee Chair
- identifies, analyzes, and presents NCDB data pertinent and specific to the cancer program to the cancer committee at a minimum of two meetings each calendar year

34

PROGRAM SCOPE AND GOVERNANCE

Cancer Committee Meetings

Each calendar year, the cancer committee meets at least once each calendar quarter.

Yearly calendar quarters are defined as:

- January 1–March 31
- April 1–June 30
- July 1–September 30
- October 1–December 31

PROGRAM SCOPE AND GOVERNANCE

Cancer Committee Attendance

- Required cancer committee member/designated alternate attends at least 75 percent of the cancer committee meetings held each calendar year
- May have one alternate per role
- Designating of an alternate must take place at the first meeting of the calendar year
- Alternates designated at least once during the accreditation cycle.

PROGRAM SCOPE AND GOVERNANCE

Multidisciplinary Cancer Case Conference.

- Cancer programs have a policy and procedure to govern multidisciplinary cancer case conference activity
- Program specifies frequency of conference in policy
- Each year, present a minimum of 15 percent of the annual analytic caseload
- Prospective presentation of a minimum of 80 percent of the total presented

37

FACILITIES AND EQUIPMENT RESOURCES

Facility Accreditation

If required by state law, the facility must be licensed by the appropriate state licensing authority. If state licensure is not required, the facility is accredited or licensed by a recognized federal, state, or local authority appropriate to facility type

38

FACILITIES AND EQUIPMENT RESOURCES

Evaluation and Treatment Services

- The program provides diagnostic imaging services, radiation oncology services, and systemic therapy services on-site or by Referral
- Quality assurance practices are in place for the required services available on-site

PERSONNEL AND SERVICES RESOURCES

Physician Credentials
Oncology Nursing Credentials
Cancer Registry Staff Credentials
Genetic Counseling and Risk Assessment
Palliative Care Services
Rehabilitation Care Services
Oncology Nutrition Services
Survivorship Program

PERSONNEL AND SERVICES RESOURCES

Physician Credentials

Cancer patient management is conducted by a multidisciplinary team, including radiologists, pathologists, surgeons, radiation oncologists, and medical oncologists. All physicians involved in the evaluation and management of cancer patients must:

• Be American Board of Medical Specialties (ABMS)

or American Osteopathic Association (AOA) board certified

• Demonstrate ongoing cancer-related education by earning 12 cancer-related Continuing Medical Education(CME) hours each calendar year

41

PERSONNEL AND SERVICES RESOURCES

Oncology Nursing Credentials

Oncology nursing care is provided by nurses with specialized knowledge and skills demonstrated by a cancer-specific certification or continuing education in oncology nursing.

- Oncology nursing competency is reviewed each year per hospital policy.
- Hold Current cancer-specific certification in the nurse's specialty or
- Earn 36 cancer-related continuing education nursing contact hours each accreditation cycle

42

PERSONNEL AND SERVICES RESOURCES

Cancer Registry Staff Credentials

Case abstracting is performed by a Certified Tumor Registrar (CTR).

- Each calendar year, non-CTR members of the cancer registry staff demonstrate completion of three hours of cancer-related continuing education applicable to their roles.
- A non-CTR may abstract under the supervision of a CTR
- On-site review of verification of the date of hire for staff to perform case abstracting in the cancer registry

PERSONNEL AND SERVICES RESOURCES

Genetic Counseling and Risk Assessment

Cancer risk assessment and genetic counseling are the processes to identify and counsel people at risk for familial or hereditary cancer syndromes

- Policy and Procedure for Genetic Counseling and Risk Assessment Services
- Monitors Genetic Assessment for a Selected Cancer Site
- Evaluates Genetic Counseling and Risk Assessment Services Annually
- Document in the minutes

PERSONNEL AND SERVICES RESOURCES

Palliative Care Services

Palliative care services are available to cancer patients and their family members or caregivers either on-site or by referral and are evaluated at least once each calendar year

- Evaluate Palliative Care Services Annually
- Documents the evaluation in cancer committee minutes

PERSONNEL AND SERVICES RESOURCES

Rehabilitation Care Services

Policies and procedures are in place to guide referral to appropriate rehabilitation care services on-site or by referral. Rehabilitation care is patient-centered care that optimizes patient functional status and quality of life through preventive, restorative, supportive, and palliative interventions.

- Policy and procedure the rehabilitation care services provided on-site and by referral
- Each calendar year, the cancer committee monitors, evaluates, and make recommendations for improvements
- Document review in cancer committee minutes

PERSONNEL AND SERVICES RESOURCES

Oncology Nutrition Services

Oncology nutrition services are provided, on-site or by referral, by Registered Dietitian Nutritionists (RDN) with knowledge and skills to address nutrition and hydration requirements and recommendations throughout the continuum of cancer care, including prevention, diagnosis, treatment, survivorship, and palliative care.

- Evaluates Oncology Nutrition Services each calendar year
- Document evaluation in cancer committee minutes

PERSONNEL AND SERVICES RESOURCES

Survivorship Program

The cancer committee oversees the development and implementation of a survivorship program directed at meeting the needs of cancer patients treated with curative intent..

- Appoints a coordinator of the survivorship program
- Survivorship program coordinator gives a report each year for the cancer committee review
- Survivorship Care Plans (SCP) are encouraged but not required
- Document evaluation in cancer committee minutes

PATIENT CARE: EXPECTATIONS AND PROTOCOLS

College of American Pathologists Synoptic Reporting
Psychosocial Distress Screening
Sentinel Node Biopsy for Breast Cancer
Axillary Lymph Node Dissection for Breast Cancer
Wide Local Excision for Primary Cutaneous Melanoma
Colon Resection
Total Mesorectal Excision
Pulmonary Resection

PATIENT CARE: EXPECTATIONS AND PROTOCOLS

College of American Pathologists Synoptic Reporting

Ninety percent of the eligible cancer pathology reports are structured using synoptic reporting format as defined by the College of American Pathologists (CAP) cancer protocols, including containing all core data elements within the synoptic format.

- Reviewed On-Site

PATIENT CARE: EXPECTATIONS AND PROTOCOLS

Psychosocial Distress Screening

Psychosocial services are available on-site or by referral.

- cancer committee implements a policy and procedure for providing and monitoring psychosocial distress screening and referral for psychosocial care.
- psychosocial distress screening process is evaluated
- findings are reported to the cancer committee by the Psychosocial Services Coordinator.
- Findings are documented in cancer committee minutes

51

PATIENT CARE: EXPECTATIONS AND PROTOCOLS

Sentinel Node Biopsy for Breast Cancer

All sentinel nodes for breast cancer must be identified, removed, and subjected to pathologic analysis to ensure that sentinel lymph node mapping and sentinel lymphadenectomy provide accurate information for breast cancer staging.

- Requirements for Synoptic Operative Report
- Reviewed On-Site

52

PATIENT CARE: EXPECTATIONS AND PROTOCOLS

Axillary Lymph Node Dissection for Breast Cancer

Axillary dissection for breast cancer constitutes removing level I and II lymph nodes within an anatomic triangle comprised of the axillary vein, chest wall, and latissimus dorsi, while preserving key neurovascular structures.

- Synoptic Operative Report Requirements
- Reviewed On-Site

53

PATIENT CARE: EXPECTATIONS AND PROTOCOLS

Wide Local Excision for Primary Cutaneous Melanoma

Clinical margin width for wide local excision of invasive melanoma is:

- 1 cm for melanomas <1 mm thick,
- 1 to 2 cm for invasive melanomas 1 to 2 mm thick,
- 2 cm for invasive melanomas > 2 mm thick.
- The clinical margin width for wide local excision of a melanoma in situ is at least 5 mm.
- Synoptic Operative Report Requirements
- Reviewed On-Site

54

PATIENT CARE: EXPECTATIONS AND PROTOCOLS

Colon Resection

Resection of the tumor-bearing bowel segment and complete lymphadenectomy is performed en bloc with proximal vascular ligation at the origin of the primary feeding vessel(s).

- Synoptic Operative Report Requirements
- Reviewed On-Site

PATIENT CARE: EXPECTATIONS AND PROTOCOLS

Total Mesorectal Excision

Total mesorectal excision (TME) is performed for all patients undergoing radical surgical resection of mid and low rectal cancers. Limited, tumor-specific mesorectal excision with a distal mesorectal margin of 4 to 5 cm of mesorectum may be performed for proximal rectal cancers.

- Reviewed On-Site

PATIENT CARE: EXPECTATIONS AND PROTOCOLS

Pulmonary Resection

The surgical pathology report following any curative intent pulmonary resection for primary lung malignancy must contain lymph nodes from at least one (named and/or numbered) hilar station and at least three distinct (named and/or numbered) mediastinal stations.

- Reviewed On-Site

57

DATA SURVEILLANCE AND SYSTEMS

Cancer Registry Quality Control

Rapid Cancer Reporting System: Data Submission

Follow-Up of Patients

Data Submission (Retired in 2021)

Data Accuracy (Retired in 2021)

58

DATA SURVEILLANCE AND SYSTEMS

Cancer Registry Quality Control

Each calendar year, the cancer committee implements a policy and procedure to annually evaluate the quality of cancer registry data and activity, including procedures to monitor and evaluate each required control component.

- Sets the review criteria
- Sets the quality control timetable
- Specifies the quality control methods, sources, and individuals involved
- Identifies the activities to be evaluated for all cases each year
- Establishes the minimum quality benchmarks and required accuracy. Cancer registry data submitted to the NCDB meet the established quality and timeliness criteria included in the annual NCDB Call for Data.
- Maintains documentation of the quality control activity
- Results of Quality activities reviewed by cancer committee

59

DATA SURVEILLANCE AND SYSTEMS

Cancer Registry Quality Control - **Identifies the activities to be evaluated each year for the accuracy of abstracted data.**

A review of a minimum of 10 percent of the annual analytic caseload (up to **200** cases annually) is required each year for the accuracy

- Class of Case
- Primary Site
- Histology
- Grade
- AJCC Stage or other appropriate staging system according to cancer site
- First course of treatment
- Follow-up information

60

DATA SURVEILLANCE AND SYSTEMS

Rapid Cancer Reporting System: Data Submission

The Rapid Cancer Reporting System (RCRS) enables accredited cancer programs to report data on patients concurrently and receive notifications of treatment expectations. This tool presents performance rates for each CoC quality measure for individual programs as well as comparison with the state, other hospital groups, and hospitals at the national level.

- All new and updated cases are submitted monthly
- Once each calendar year, programs submit all complete analytic cases for all disease sites via RCRS as specified by the annual Call for Data.
- RCRS data and required quality measure performance rates must be reported to the cancer committee at least twice each calendar year.
- RCRS review documented in cancer committee minutes

61

DATA SURVEILLANCE AND SYSTEMS

Follow-Up of Patients

For all eligible cases, an 80 percent follow-up rate is maintained from the cancer registry reference date.

A 90 percent follow-up rate is maintained for all eligible analytic cases diagnosed within the last five years or from the cancer registry reference date, whichever is shorter

- Reviewed On-Site

62

DATA SURVEILLANCE AND SYSTEMS

Data Submission

Data submitted to the National Cancer Database (NCDB) are used to provide feedback to assess the quality of patient care. This feedback enables cancer programs to compare treatment and outcomes with regional, state, and national patterns of care.

- Each calendar year, complete data for all requested analytic cases are submitted to the NCDB in accordance with the annual Call for Data.
- Data are submitted, and errors and rejected records are corrected

63

DATA SURVEILLANCE AND SYSTEMS

Data Accuracy

Accurate data are necessary for meaningful comparison of treatment and patient outcomes. These data are the basis for the feedback provided to cancer programs.

- Each year, the cases satisfy the established quality criteria by the deadline specified in each Call for Data specification. Problematic cases are corrected and resubmitted according to the Call for Data specifications.
- The cancer committee monitors the resolution and resubmission of problematic cases

64

QUALITY IMPROVEMENT

Accountability and Quality Improvement Measures

Monitoring Concordance with Evidence-Based Guidelines

Quality Improvement Initiative

Cancer Program Goal

QUALITY IMPROVEMENT

Accountability and Quality Improvement Measures

The cancer committee monitors the program's expected Estimated Performance Rates for accountability and quality improvement measures selected annually by the CoC.

- A a corrective action plan is developed and executed in order to improve performance when it falls below expected performance rate
- Cancer committee reviews facility performance on measures

QUALITY IMPROVEMENT

Monitoring Concordance with Evidence-Based Guidelines

Each calendar year, a physician performs an in-depth analysis of the diagnostic evaluation and treatment of individual patients to determine whether it is concordant with recognized evidence-based national guidelines. The study must be a retrospective review of individual patient evaluation and treatment information, which includes a patient medical record review. The study and results are presented to the cancer committee and documented in cancer committee minutes.

- Specify the patient population to be reviewed.
- Through review of each patient
- Use a reporting format that permits data analysis
- Present study results to cancer committee
- Document report and recommendations for improvement in minutes

QUALITY IMPROVEMENT

Quality Improvement Initiative

This quality improvement (QI) initiative requires the program to:

- identify a problem
- Use recognized performance improvement methodology to understand what is causing the identified problem
- Implement a planned solution to the problem.
- Report on the status of the QI initiative must be given to the cancer committee at least twice each calendar year
- Document initiative and results in the cancer committee minutes.
- Reviewed On-Site

QUALITY IMPROVEMENT

Cancer Program Goal

Each calendar year, the cancer program establishes, and documents in the cancer committee minutes, one cancer program goal appropriate and relevant to the cancer program and its patient population.

- Document substantive status updates on goal progress at two subsequent meetings after the goal's establishment in the same calendar year
- Ideally goal should be Specific, Measurable, Achievable, Realistic, and Timely

69

EDUCATION: PROFESSIONAL AND COMMUNITY OUTREACH

Addressing Barriers to Care

Cancer Prevention Event

Cancer Screening Event

70

EDUCATION: PROFESSIONAL AND COMMUNITY OUTREACH

Addressing Barriers to Care

Each calendar year, the cancer committee identifies at least one patient-, system-, or provider-based barrier to accessing health and/or psychosocial care that its patients with cancer are facing and develops and implements a plan to address the barrier.

- Cancer Barriers Analysis
- Identification of Barriers
- Select one barrier to focus on for the upcoming year
- Evaluate the resources and processes adopted to address the barrier to care and identify strengths and areas for improvement.
- Document report in minutes

71

EDUCATION: PROFESSIONAL AND COMMUNITY OUTREACH

Cancer Prevention Event

The cancer committee holds at least one event each year focused on decreasing the number of diagnoses of cancer.

- The planned event must be consistent with evidence-based national guidelines and interventions
- Present summary of the event to the cancer committee for discussion
- Document cancer committee report in minutes

72

EDUCATION: PROFESSIONAL AND COMMUNITY OUTREACH

Cancer Screening Event

The cancer committee holds at least one event each year focused on decreasing the number of diagnoses of cancer

- The planned event must be consistent with evidence-based national guidelines and interventions
- Present summary of the event to the cancer committee for discussion
- Document cancer committee report in minutes

73

RESEARCH

Clinical Research Accrual

Commission on Cancer Special Studies

74

RESEARCH

Clinical Research Accrual

As prescribed for cancer program category, the required percentage of subjects is accrued to eligible cancer-related clinical research studies each calendar year.

- The Clinical Research Coordinator documents and reports clinical research information and the annual enrollment in clinical research studies to the cancer committee each calendar year
- A screening policy and procedure to identify participant eligibility for clinical research studies and how to provide clinical research information to subjects
- Clinical Research Coordinator report documented in the minutes
- Reviewed on site

75

RESEARCH

Commission on Cancer Special Studies

The Commission on Cancer (CoC) will periodically design and conduct special studies. Based on study criteria, selected accredited programs will be required to participate in each study for standard compliance.

- All selected programs must submit all requested information for the cases identified by the specified deadline.

76

POP QUIZ

Which statement is most accurate related to the Survivorship program?

a. All cancer patients must have a survivorship care plan.
b. Only stage III patients require a survivorship care plan.
c. The Survivorship Program Coordinator gives a report every three years for the cancer committee review
d. The Cancer Committee appoints a coordinator of the survivorship program

77

POP QUIZ

Which statement is most accurate related to the Quality Improvement Initiative

a. Report on the status of the QI initiative to the cancer committee at least twice each calendar year
b. Report on the status of the QI initiative to the cancer committee at least once each calendar year
c. Report on the status of the QI initiative to the cancer committee at least twice during each 3-year accreditation cycle
d. Report on the status of the QI initiative to the cancer committee at least once quarter

78

POP QUIZ

When considering cancer registry quality control, which statement is most accurate related to analytic caseload review?

a. A review of a minimum of 15 percent of the annual analytic caseload is required to be reviewed for accuracy.
b. A minimum of 10 percent and maximum of 200 analytic cases must be reviewed annually for accuracy.
c. A minimum of 10 percent and maximum of 300 cases must be reviewed annually for accuracy.
d. A minimum of 15 percent and maximum of 300 cases must be reviewed annually for accuracy.

79

POP QUIZ

Which statement is most accurate related to Cancer Registry Staff Credentials?

a. Each calendar year, non-CTR members of the cancer registry staff demonstrate completion of three hours of cancer-related continuing education applicable to their roles
b. Each calendar year, non-CTR members of the cancer registry staff demonstrate completion of six hours of cancer-related continuing education applicable to their roles
c. Registry supervisors are exempt from the continuing education requirement.
d. CTR staff must complete three hours of continuing education annually.

80

POP QUIZ

The Cancer Conference Coordinator oversees which standard?

a. Quality Improvement Initiative
b. Cancer Registry Staff Credentials
c. Multidisciplinary Cancer Case Conference
d. Clinical Research Accrual

81

POP QUIZ

A Cancer Registrar can serve in which coordinator role?

a. Psychosocial Services Coordinator
b. Cancer Registry Quality Coordinator
c. Quality Improvement Coordinator
d. Clinical Research Coordinator

82

POP QUIZ

The Cancer Liaison Physician presents NCDB data pertinent and specific to the cancer program to the cancer committee a minimum of ?

a. three meetings each calendar year
b. two meetings each calendar year
c. one meeting per quarter
d. One meeting per year

HOMEWORK

- Complete session 7 quiz
- Self assessment
  - Independent study
- **Next week is the timed practice exam!**


NAACCR
THANK YOU