Standard 5.1 CTR Abstracting:

Q. Case finding is not defined as abstracting, therefore can a non CTR perform case finding?

Yes

Q: For Standard 5.1: if we start the year with 5 non-credentialed staff and 3 pass the CTR exam during that year--Can we update the non-credentialed staff to 2 and add the 3 to CTR staff? Or do we wait until the next year to update?

You can update the PAR every year

Q: please elaborate that a CTR must enter the recurrent information on follow-up...why can't a non CTR enter data?

Per the COC CAnswer Forum:

A CTR or non-CTR, who is still within the 3yr grace period and under CTR supervision and quality control, can enter recurrence information.

Q: as follow up to the data for first recurrence by CTR, how would a CTR know the date/type of first recurrence, after they abstracted the case and all follow-up is done by non CTR?

The person doing follow-up would have to pass that case to a either a CTR or a non-CTR still within the 3 year grace period and under the supervision and quality control of a CTR to enter recurrence information,

Q: "Supervised by a CTR", does that mean the Supervisor/Manager of the department needs to be a CTR, or as long as a CTR is supervising/QA'ing a non-CTR's abstracts?

Must be a CTR

Standard 5.2 RQRS:

Q: Confirming RQRS reporting fulfills standard 4.3?

The CLP may report the RQRS data and performance rates as partial fulfillment of the requirements of Standard 4.3. They should also be using other NCDB reporting tools to meet this requirement. This includes, CP3R, CQIP, Hospital Comparison Benchmark Reports.
Q: If the CTR reports RQRS, confirming this reporting cannot be substituted or fulfilled for 4.3?

Correct

Q: for RQRS slide n=14, is there a way to find all 14 cases accession # so we can review the cases that not meeting the requirements?

Yes. When you are in the RQRS site, you can drill down to get the list of patients

Q: The edits for the 8th edition are not in our software yet. Therefore, if I submit my 2018 RQRS cases, there will be errors. Please advise.

Incomplete cases, and those with edits can be submitted to RQRS. You should include all eligible cases in each submission to RQRS. The cases will be resubmitted during a submission after the edits are in place and the case has been completed.

Q: Does RQRS need to be reported every month for commendation? If so, when did this start?

Cases must be submitted to RQRS quarterly for compliance and monthly for commendation. RQRS data is to be presented to the cancer committee semi-annually for compliance and quarterly for commendation.

Q: therefore, clarifying rqrs can be used one time for standard 4.3

Per the CoC Accreditation Standards: "The Cancer Liaison Physicians may report RQRS data and performance in partial fulfillment of the requirement for Standard 4.3." The Standard does not specify the number of times. Suggest posting this question on CAnswer Forum.

Q: For 5.2 commendation, how do you count the 3 months prior to diagnosis? If patient diagnosed in December, should the RQRS submission be in February or March?

March

Q: are facilities to submit only the current year or older years in RQRS

I would suggest submitting all eligible cases for all years with each submission. This will update RQRS to include any changes / additional treatments that have been added since the previous submission. The full details for RQRS participation are provided in the RQRS terms and conditions available on the National Cancer Data Base (NCDB) website (facs.org/ quality-programs/cancer/ncdb/qualitytools/rqrs ).
Q: For 2018 breast cases for the software that does not have the 8th edition edits, for clinical and pathologic staging, there are still RQRS edits. Although this shows that this is not one of the required items, I can still submit with edits?

Yes, cases do not need to be complete or clear of edits for submission to RQRS

Q: Clarification- should RQRS be reported to Cancer Committee quarterly for commendation? And if so, when did this start?

Correct. 2017

Q: Is there not a percentage of cases submitted to RQRS within 3 months of diagnosis to meet the commendation criteria? I had heard 25%

Please see the attached pdf document (Standard 5.2_2017 Update), or go to the following link for clarification on required percentages.

https://www.facs.org/~/media/files/quality%20programs/cancer/ncdb/standard%205%202_2017%20update.ashx

Q: I was thinking that your RQRS cases had to be submitted within 3 months of date of first contact with your facility, not within 3 months of date of diagnosis. Clarify on 5.2 that 90 days is based on Date of First contact instead of Date of Diagnosis

This is correct, it is the Date of 1st Contact.

Q: Pt comes to my facility for radiation or chemo. We catch it on a disease index review several months later. Will that count against us for accommodation, since it is submitted after 3 months.

This case will be delinquent, but 100% reporting within 3 months of first contact is not required. See the attached document or go to the link listed below for more details.

https://www.facs.org/~/media/files/quality%20programs/cancer/ncdb/standard%205%202_2017%20update.ashx

Standards 5.3 and 5.4 Follow-up

Q: When do we report f/u data in the SAR? Annually? Quarterly? Or do we just put it in the SAR the year the surveyor is coming?

You put the most recent follow-up statistics in the SAR when you are preparing the SAR for submission for you your survey
Q: For Standard 5.3 and 5.4 -- how can you rely on Accurint or Redsson for a quality data when all you get is a date? There is no recurrent or disease-free information -- how do you propose we obtain that information when all other options such as contacting physician offices? We have a large database and it is difficult to obtain the information as we are challenged by MD office claiming lack of staff (like we are) and HIPAA compliance issues despite our constant reiteration that we are exempt from obtaining patient permission to obtain this information under HIPAA rules itself.

This is a very difficult situation. I would use Accurint or Redsson only as a last resort. You are correct that the only information you will get is a date. Physician response to follow-up has become even more challenging and frustrating since HIPAA and makes follow-up even more difficult.

Q: What are some of the follow up vendors that can by used to identify death dates?

I can only speak for Onco, Inc. If the client has purchased the DeathLog Interface, a monthly listing of deaths is obtained from the Social Security Death Index and the cases are matched against the client’s database and can be updated electronically.

Q: what recommendations do you have for hospitals who have a hard time with f/u when patients do not return to the facility, addresses are listed as "bad or unk", or the hospital has a large inmate population? Letters are also mailed to patients, MD's or secondary contacts but without success.

Use the internet! Most states have an “Inmate Locator” on the Department of Corrections database. Other sites such as Legacy.com, Find a Grave, True People Search or even Google. These sites are free.

Q: So for clarification we just need to enter f/u data in the SAR the year of our survey?

Yes

STANDARD 5.5 AND 5.6  DATA SUBMISSION AND DATA ACCURACY

Q: did the cases have to submitted for the Call for Data by the end of January this year? I thought we had until June to complete the call for data.

The due date for NCDB submissions and corrections is June 1, 2018

OTHER:

Q: Could this lecture be available to us off line?

Please go to www.oncolog.com and click on View Our Webinars. All webinars are available and they include, the webinar recording, the slide deck and questions and answers
Q: We were just recently surveyed and we were told that commendation status will be completely eliminated across the board!

   We haven’t seen official notification of this from the CoC, yet

Q: Slides available for this presentation available for members.

   Slides, the webinar recording and questions and answers are available to the public at www.oncolog.com click on View Our Webinars