

ACS Cancer Conference 2025

March 12-14 | Phoenix, AZ

Documenting Program Performance: Common Issues and How to Address Them

Karen Stachon, CPHQ

Kalea Whitmore, MBA

Disclosures

- None

© American College of Surgeons. Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

ACS Cancer Conference 2025 | March 12-14 | Phoenix, AZ

Objectives

- Resources – Know Where To Find Them
- Common Issues Across All Cancer Programs
- Standards With Common Issues
- Double Dipping
- Alternative Compliance Pathway
- Rapid Cancer Reporting System

© American College of Surgeons. Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

Available Resources

- Standards Manual
- Change Log

[Site Information](#)
[Site Profile](#)
[Site Contacts](#)
[Data Platform Contacts](#)
[Invoice](#)
[Program Enrollment](#)
[Schedule Site Visit](#)
[FAQ](#)
[Networks](#)
[Network & Merger Applications](#)
[NCDB Reporting Tools](#)
[Site Visit History](#)
[File Sharing](#)
[Resources](#)
[Surgical Quality Partner](#)
[Marketing Resources](#)

**Commission on Cancer**
American College of Surgeons

A Cancer Program News archive providing updates regarding the CoC standards is now available at the bottom of this page.

General Resources
[CoC Quality Portal User Guide](#)
[QPort Customer Support FAQ](#)
[CoC Accreditation Policies and Processes](#)
[Contact Roles for CoC Accreditation Process](#)
[Site Information Change Request](#)
[Voluntary Withdrawal Request](#)

Financial Resources
[2025 Accreditation Fees](#)
[Accreditation Fee FAQ](#)
[American College of Surgeons W9](#)

CoC Standards
[Optimal Resources for Cancer Care \(2020 Standards\)](#)
[2020 CoC Standards Implementation Timelines](#)
[Change Log](#)

Standards Resource Library (SRL)
[Standards Resource Library](#)

Standards Compliance Resources
[American Cancer Society and CoC Resource Intersections Guide](#)
[CoC Health Equity Toolkit](#)
[COVID-19 Accreditation Tracker \(Blank\)](#)
[COVID-19 Accreditation Tracker \(Example\)](#)
[Accreditation Folder Structure Tutorial PowerPoint](#)
[Accreditation Folder Structure Zip File](#)

Standard 6.4: Rapid Cancer Reporting System	December 5, 2024	cancer committee: "RCRS data and the required performance rates must be cancer committee at least year and documented in meeting minutes as outlined in Quality Measures. The reports required by this standard cannot also satisfy the requirement of Standard 2.2: Cancer Liaison Physician."
Standard 7.3: Quality Improvement Initiative	December 5, 2024	Added the following to the Review of Data to Identify Problems: Problems identified through review of data related to culture competency, individualized shared decision making, and the implementation of health equity interventions in the cancer program
Accreditation Process	September 13, 2024	Standards Requiring Annual Review: Reference list of standards requiring review each calendar year updated to include Standard 5.1 and Standard 7.1.
Cancer Program Standards Rating System and Accreditation Awards	September 13, 2024	Not Accredited-Corrective Action Required Initial Applicants Only Added the following clarification: Program does not have access to the National Cancer Database (NCDB) until accreditation achieved.

with the permission of the American College of Surgeons.

NAPBC Standards Change Log

This changelog is not a substitute for reading the NAPBC standards in their entirety. Please refer to [Optimal Resources for Breast Care \(2024 Standards\)](#) for full details. **New changes are highlighted in pink.**

Standard	Change Date	Edit Made
Table of Contents	February 20, 2025	- Removed Standard 8.2 - Standard 8.2 has been retired, effective January 1, 2025
Standard 2.3 Breast Care Team	February 20, 2025	Removed the requirement for BCT members to meet compliance with Standard 8.2
Standard 3.2 Radiation Oncology Quality Assurance	February 20, 2025	- Updated the documentation section to include the NAPBC Radiation Oncology Quality Assurance Template - This template is not required for programs with radiation oncology accreditation
Standard 4.2 Oncology Nursing Credentials	February 20, 2025	Added Breast Health Clinical Navigator (BHCN™) to the list of qualifying nursing certifications
Standard 4.4 Genetic Professional Credentials	February 20, 2025	Removed references to Standard 8.2 regarding continuing education requirements
Standard 8.2 Continuing Education	February 20, 2025	- Removed Standard 8.2 - Standard 8.2 has been retired, effective January 1, 2025
Standard 1.1 Administrative Commitment	December 5, 2024	- Added the following to the letter of commitment: - Examples of current and future initiatives promoting equitable and inclusive healthcare practices and a culture of safety for providers and patients

Optimal Resources for Rectal Cancer Care (2026 Standards)

2026 NAPRC Standards Overview

This overview is not a substitute for reading the NAPRC standards in their entirety. Please refer to [Optimal Resources for Rectal Cancer Care \(2026 Standards\)](#) for full details.

Standard	Change Date	Summary of Requirements
General Changes All Standards	January 15, 2025	"Policy and Procedure" updated to "Protocol"
Front Content NAPRC Patient Care Algorithms	January 15, 2025	- Added NAPRC Patient Care Algorithms to assist with visualizing applicable standards for different treatment scenarios - Surgical Resection with/without Neoadjuvant Therapy - Local Excision with/without Neoadjuvant Therapy
Standard 1.1 Administrative Commitment	January 15, 2025	- Standard updated for 2026 compliance - Letter of attestation requirements updated - A statement of attestation committing to healthcare equity - Examples of current and future initiatives promoting equitable and inclusive healthcare practices and a culture of safety for providers and patients
		Membership appointments to the RC-MDT must occur at least once during each accreditation cycle

Available Resources

Resources in the Quality Portal (QPort)

- Standards Resource Library
 - FAQs
 - Tips
 - Sample documentation
- Compliance Resources
- Site Visit Resources
- Templates
- Corrective Action Resource

The screenshot displays the ACS CoC Quality Portal website. The header includes the ACS CoC logo and the text "Commission on Cancer American College of Surgeons". A navigation menu on the left lists various links, with "Resources" highlighted. The main content area is divided into several sections, each with a list of links. The "General Resources" section includes links for the CoC Quality Portal User Guide, QPort Customer Support FAQ, CoC Accreditation Policies and Processes, Contact Roles for CoC Accreditation Process, Site Information Change Request, and Voluntary Withdrawal Request. The "Financial Resources" section includes links for 2025 Accreditation Fees, Accreditation Fee FAQ, and American College of Surgeons W9. The "CoC Standards" section includes links for Optimal Resources for Cancer Care (2020 Standards), 2020 CoC Standards Implementation Timelines, and Change Log. The "Standards Resource Library (SRL)" section includes a link for Standards Resource Library. The "Standards Compliance Resources" section includes links for American Cancer Society and CoC Resource Intersections Guide, CoC Health Equity Toolkit, COVID-19 Accreditation Tracker (Blank), COVID-19 Accreditation Tracker (Example), Accreditation Folder Structure Tutorial PowerPoint, and Accreditation Folder Structure Zip File. The "2024 NAPBC Standards" section includes links for Optimal Resources for Breast Care - 2024 Standards, Webinar Recording, Webinar Slide Deck, 2024 NAPBC Standards FAQ, Guidelines for the CoC/NAPBC Aligned Standards, 2024 NAPBC Standards Changelog, 2024 NAPBC Standards Crosswalk, and 2024 NAPBC Standards Implementation Timeline. The "2024 Standards Compliance Resources" section includes links for Accreditation Folder Structure Tutorial PowerPoint, Accreditation Folder Structure - NAPBC 2024 Standards, Standard 2.1: Breast Program Leadership Committee Template, Standard 2.3: Breast Care Team Template, and Standard 2.4: Multidisciplinary Breast Care Conference Template. The "Financial Resources" section includes links for 2025 Accreditation Fees, Accreditation Fee FAQ, and American College of Surgeons W9. The "2026 NAPRC Standards" section includes links for Optimal Resources for Rectal Cancer Care (2026 Standards), 2026 NAPRC Standards Overview, and 2026 NAPRC Standards FAQ. The "2026 Standard Compliance Resources" section includes links for Required Standards Templates, Standards 2.4 & 2.5: RC-MDT Attendance Template, Standard 7.2: Quality Improvement Initiative Template, RC-MDT Presentation and Discussion Templates, RC-MDT Initial Treatment Recommendation Summary, RC-MDT Local Excision Treatment Recommendation Summary, RC-MDT Neoadjuvant Therapy Outcome Summary, RC-MDT Local Excision Outcome Summary, and RC-MDT Surgical Outcome Summary.

© American College of Surgeons. Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

ACS Cancer Conference 2025 | March 12-14 | Phoenix, AZ

ograms
ns

Available Resources

Cancer Program News

- Twice a month

CAnswer Forum

- Instructions
- Individual User Access
- Specific Forums
 - Chapters
 - Standards

[Invoice](#)
[Schedule Site Visit](#)
[PRQ](#)
[Site Visit History](#)
[File Sharing](#)
[Resources](#)
[Surgical Quality Partner](#)
[Marketing Resources](#)

CAnswer Forum

[CAnswer Forum Instructions](#)
[CAnswer Forum Link - 2018 Standards](#)
[CAnswer Forum Link - 2024 Standards](#)

Breast Cancer Treatment & Services Resources Lists

[Biomarker and Biomarker Testing Resource List](#)
[Patient Doctor Communication Resource List](#)
[Fertility/Oncofertility Resource List](#)
[Metastatic Breast Cancer Resource List](#)
[Telehealth Resource List](#)
[Breast Cancer Disparities Resource List](#)

Cancer Program News Articles - Standards Updates

[NAPBC Cancer Program News Article Archive](#)
February 2023 - NAPBC 2024 Standards Official Launch
August 2023 - Required Reading: Identifying Compliance Requirements for Cancer Accreditation Standards
December 2023 - NAPBC 2024 Revised Standards Release
September 2024 - Clinical Research Accrual and Retrospective Studies
October 2024 - NAPBC Standards Update

Cancer Program News Articles – NAPBC Standards Updates

This resource maintains a list of articles which have been published in the American College of Surgeons *Cancer Program News* to announce important updates to the National Accreditation Program for Breast Centers (NAPBC) accreditation standards.

To subscribe to Cancer Program News, please visit the [Cancer Program News website](#)

Table of Contents

[NAPBC Standards Resources](#)
[NAPBC 2024 Standards Official Launch](#)
[Required Reading: Identifying Compliance Requirements for Cancer Accreditation Standards](#)
[NAPBC 2024 Revised Standards Release](#)
[Clarification on Standard 9.1 – Clinical Research Accrual \(Retrospective Studies\)](#)
[NAPBC Standards Updates](#)

Hyperlink to the
article listed below.

NAPBC Standards Resources

[Optimal Resources for Breast Care \(2024 Standards\)](#)

© American College of Surgeons. Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

ACS Cancer Conference 2025 | March 12-14 | Phoenix, AZ

ACS Cancer Programs
American College of Surgeons

Common Issues Across All Programs

Minutes

- Why are they so important?
- Template does not replace the minutes
- Avoiding common errors
 - Keep them concise
 - Know what must be documented
 - Upload relevant attachments
 - Confirm embedded documents can be opened

(Check box if attended)

Cancer Committee Meeting Minutes
Monday, Month XX, 202X @ X:00pm

Cancer Committee Members (75% attendance required)

☒ [Name] – [Specialty/Role]
☒ [Name] – [Specialty/Role]
☒ [Name] – [Specialty/Role]

☐ [Name] – [Specialty/Role]
☐ [Name] – [Specialty/Role]
☐ [Name] – [Specialty/Role]

Additional Individuals in Attendance

☐ [Name] – [Specialty/Role]

** = Designated Alternate

☒ [Name] – [Specialty/Role]**
☒ [Name] – [Specialty/Role]**
☒ [Name] – [Specialty/Role]**

AGENDA TOPIC	Related Standard	DISCUSSION	RECOMMENDATION/ ACTION/ RESPONSIBILITY
Call to Order	All	Meeting was called to order. Review and approval of Month meeting minutes.	
Announcements	NA	General Announcements: • [Insert here] • [Insert here]	Approved. No action required.
Follow Up for Quality Improvement	Std 7.3	Quality Improvement Initiative Follow-Up from previous year: Initiative Name Study and Improvement Plan – Dr. [Name] Results: [text and discussion]	✓ The QI initiative will be presented to the hospital administration

© American College of Surgeons. Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

Why is Documentation Important?

- Supports compliance with the standard
- Provides a record of important information and cancer program activity
- Allows the site reviewer to verify the accuracy and completeness of your cancer program activity
- Helps the cancer committee stay organized and on track
- Provides clear information, minimizing errors and misunderstandings
- Ensures the cancer program and cancer committee maintains accountability

© American College of Surgeons. Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

Protected Health Information

Reminder: Protected Health Information (PHI) should NOT be included in any documentation uploaded to the Quality Portal or PRQ

- Patient names, including initials
- Medical record numbers
- Social security numbers
- Treatment dates
- All other patient identifiers

© American College of Surgeons. Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

Corrective Action Documentation

Corrective action documentation

- Separate resource for each Cancer Program (CoC, NAPBC, NAPRC)
- Specific requirements for full resolution, may include:
 - Action Plan(s)
 - Annual Reporting
 - Audits
 - Minutes
 - Completed templates

The screenshot displays the ACS Cancer Programs website with several key resource areas highlighted by green boxes:

- Data Platform Contacts** (top left menu)
- Corrective Action Resource** (top right, containing:
 - [Corrective Action Instructions and Required Documents](#)
 - CAnswer Forum**
 - [CAnswer Forum Instructions](#)
 - [CAnswer Forum Link](#)
 - National Cancer Database (NCDB)**
 - [NCDB Tools Overview: Brochure/Webinar](#)
 - [NCDB Public Reporting Policy](#)
 - [Rapid Cancer Reporting System \(RCRS\)](#)
 - [NCDB Participant User File \(PUF\): Website/Application](#) (for Reportability Change: JACHO to FEIN)
- Resources** (middle left menu, containing:
 - [Invoice](#)
 - [Schedule Site Visit](#)
 - [PRQ](#)
 - [Site Visit History](#)
 - [File Sharing](#)
 - [Surgical Quality Partner](#)
 - [Marketing Resources](#)
- Corrective Action Resources** (bottom right, containing:
 - [Pre-Review Questionnaire \(PRQ\) PDF](#)
 - [Internal Audit Template](#)
 - [Site Visit Experience Survey](#) (to be completed)
 - [Appeal Form](#)
 - Corrective Action Resources**
 - [Corrective Action Instructions](#)
 - [Corrective Action Plan Template](#)
- Corrective Action Resources** (bottom center, containing:
 - [Corrective Action Instructions - 2024 Program Activity](#)
 - Applicable if the program must document corrective action during calendar year 2024. Instructions follow the 2024 Standards requirements.
 - [2025 Corrective Action Instructions - 2025 Program Activity](#)
 - Applicable if the program must document corrective action during calendar year 2025. Instructions follow the 2024 Standards requirements.

© American College of Surgeons. Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

Common Issues Across All Programs

Annual Reviews and Annual Reports

- **Read the entire standard!**
- Know the standard requirements
- Did process or protocol demonstrate understanding and compliance?
- *Documentation and Measure of Compliance* sections not meant to replace *Definition and Requirements*
- **Definitions and Requirements**
 - Purpose of the standard
 - Detailed requirements
 - Elements of a protocol
 - Elements required for annual reporting
- **Documentation**
 - Materials supporting compliance with standard
 - Submitted with the PRQ
 - Reviewed on-site
- **Measures of Compliance**
 - Actionable items required to meet the standard

© American College of Surgeons. Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

Common Issues Across All Programs

Annual Review

- Review all standard requirements
 - Did your process or protocol address all requirements?
 - Was there leadership review of your program activity
 - Were barriers identified in the process?
 - How were they addressed?
 - Monitoring continued and reported?
 - Was all discussion documented?

© American College of Surgeons. Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

Common Issues Across All Programs

Annual Report

- Review all standard requirements
- Did your process or protocol address all requirements?
- Was there leadership review of your program activity?



© American College of Surgeons. Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

Common Issues Across All Programs

Annual Report (cont'd)

- Metrics – based on **full** calendar year
 - Number of patients
 - Number of referrals
 - Services utilized
 - On-site or by referral
- Reports presented in Q4 or no later than Q1 of following calendar year
 - Were barriers identified in the process?
 - How were they addressed?
 - Monitoring continued and reported? Was all discussion documented?



© American College of Surgeons. Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

Common Issues Across All Programs

Protocols/Policies and Procedures

- Not a restatement of the standard or guideline
- Must include all required elements
 - Outlined in standard
- Reviewed by the Cancer Committee, BPLC, or RC-MDT
 - Documented in the minutes

© American College of Surgeons. Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

Common Issues Across All Programs

Quality Improvement Initiatives

- **Common Stumbling Blocks**

- Identified problems have no baseline data
- There is no identified problem
- A QI Initiative *looking to see if a problem exists* **does not** meet compliance
- Intervention must be measured, monitored and drive improvement
 - How do you know your intervention was successful?
 - Must be measurable against baseline data
- Interventions may need to be adjusted

© American College of Surgeons. Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

Common Issues Across All Programs

Quality Improvement Initiatives

- QI initiatives must
 - Be **data-driven**
 - Based on an **identified problem known to exist** within the accredited program
- A problem statement must be fully developed
 - Include baseline data
 - Demonstrate a need for improvement

© American College of Surgeons. Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

Common Issues Across All Programs

Quality Improvement Initiatives

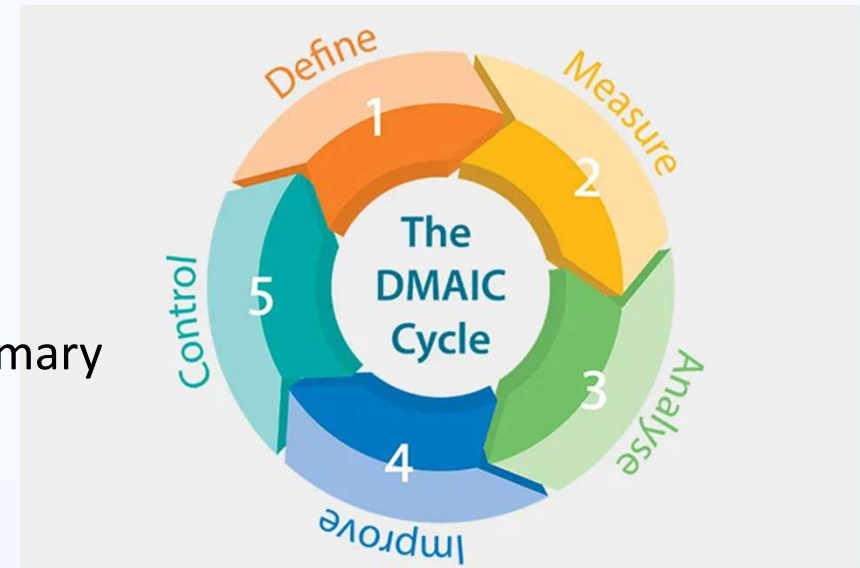
- Interventions implemented to drive improvement
 - Must be measurable
 - Compared against baseline data
- Interventions may need to be adjusted
 - Did the intervention achieve its intent
 - If no, what needs to be adjusted

© American College of Surgeons. Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

Common Issues Across All Programs

The Structure of Quality Improvement

- QI Initiative Requirements
 1. Review Data to Identify the Problem
 2. Write the Problem Statement
 3. Choose QI Methodology and Metrics
 4. Implement Intervention and Monitor Data
 5. Present Quality Improvement Initiative Summary



© American College of Surgeons. Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

Standards With Common Issues

Survivorship Program - CoC

- Identify 3 services or programs offered onsite/offsite
 - Document in the minutes
- Single/one-time events do not meet the standard
 - Must be ongoing throughout the year
- Year-end report must reflect identified 3 services
 - Number of patients who participated in the services
 - *Survivors are patients who have completed first course of treatment*
 - Discussion or evaluation of effectiveness of the services provided
 - Identification of barriers
 - Resources recommended to improve services

© American College of Surgeons. Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

Standards with Common Issues

Survivorship Program - CoC

- Services do not include:
 - Distribution of educational materials
 - Handouts
 - Booklets or toolkits
 - Referrals to website
- “*Planning to establish*” a service does not meet the standard
- Providing “numbers” for all survivorship services does not fully meet the intent of the standard
- No discussion or evaluation of effectiveness of the services provided

© American College of Surgeons. Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

Other Common Issues - What To Avoid

Double Dipping

- Work to obtain compliance in one CoC standard may not replace, duplicate, or augment the work required to obtain compliance with another standard
 - The sole exception to this rule is CoC Standard 7.3: Quality Improvement Initiative
- Reports cannot be the same or like reports used to meet other standards
 - Example: Report satisfying the required review of Standard 4.7: Oncology Nutrition Services cannot also be used to meet the requirements of Standard 4.8
- Reports for CoC Standard 2.2 cannot be used to meet CoC Standard 6.4
 - Consider use of RCRS Submission Report

© American College of Surgeons. Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

Alternative Compliance Pathway (5.3-5.6)

The program should perform an internal audit of compliance for 5.3, 5.4, 5.5, and/or 5.6 **AND** create an action plan addressing the issues impacting compliance

- Both may be considered by site reviewer upon rating the standard
- Action plan must outline specific issue(s) impacting compliance and the interventions to be implemented to achieve compliance
- Action plan must be documented for **each** potentially non-compliant standard
- Internal audit **and** resulting action plan **must be documented in cancer committee meeting minutes**

© American College of Surgeons. Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

Alternative Compliance Pathway (5.3-5.6) cont'd

- Compliance audit and action plan must have been completed and reported to cancer committee prior to site reviewer selection of cases
 - Cancer committee meeting in previous year
 - Year of site visit, prior to site reviewer case selection
- Applicable for site visits occurring in 2025 and 2026
- Does not apply for Standards 5.7 or 5.8

© American College of Surgeons. Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

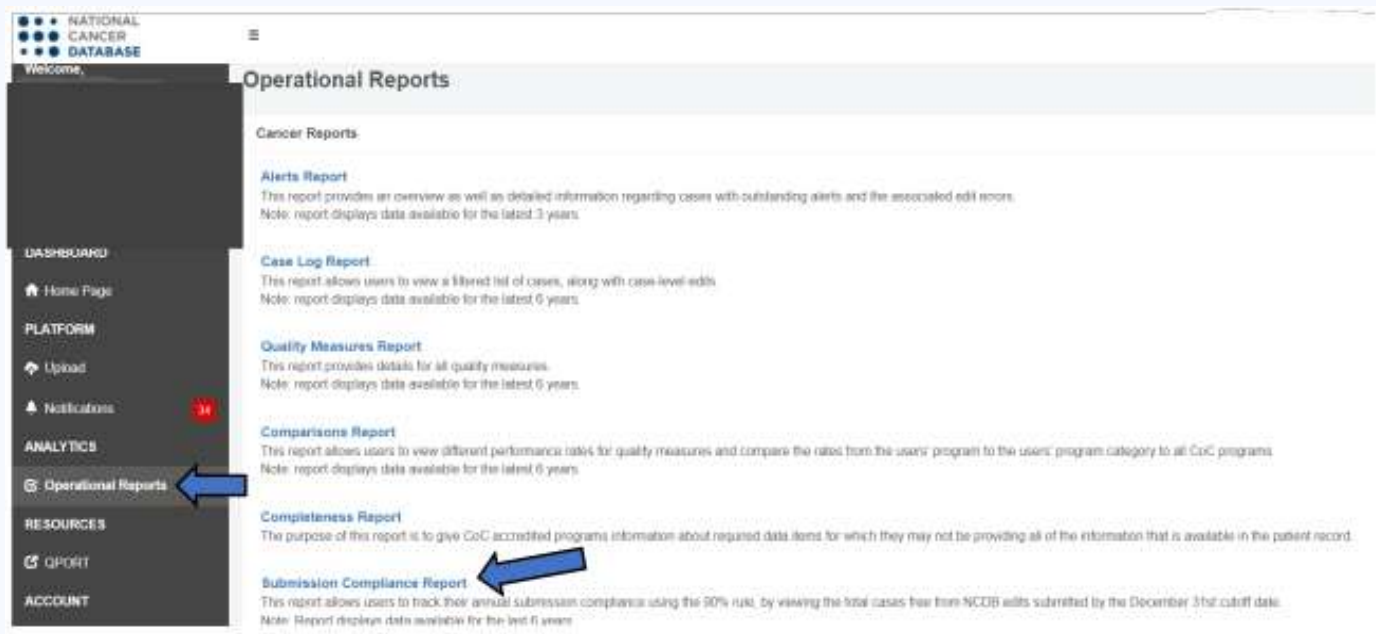
Rapid Cancer Reporting System

Data Submission – 6.4

- Multiple compliance criteria
 - All new and updated cancer cases are submitted at least once each calendar month
 - Participation in March 2024 Call for Data
 - RCRS data and required QM performance rates
 - Reviewed by cancer committee twice annually
 - Review documented in cancer committee minutes

© American College of Surgeons. Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

Submission Compliance Report



© American College of Surgeons. Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

Key Takeaways

- Resources – Know Where To Find Them
 - Get to know the Standards
 - Definition and Requirements
 - Documentation
 - Measure of Compliance
- Register for ***Cancer Program News***
 - Sent twice per month
 - Provides reminders and updates
- Use QPort Resources
- Register for CAnswer Forum

© American College of Surgeons. Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

Thank you!

© American College of Surgeons. Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

ACS Cancer Conference 2025 | March 12-14 | Phoenix, AZ

ACS Cancer Programs
American College of Surgeons