Commission on Cancer’s Standard 4.7 Studies of Quality

DETAILED STUDY INFORMATION

**Standard 4.7:** Each calendar year, the cancer committee, under the guidance of the Quality Improvement Coordinator, develops, analyzes, and documents the required number of studies (based on the program category) that measure the quality of care and outcomes for cancer patients.

Completion of a quality study must provide data results that serve as the first step in the quality improvement process (Standard 4.7). The second step focuses on the implementation of a correction or performance improvement that comes as a result from a quality study (Standard 4.8).

**STEP ONE: Appoint a Quality Improvement Coordinator (QIC).**

Make sure your cancer committee has appointed the most appropriate person at your facility to be the QIC. The cancer committee should ask the following questions:

- Does your facility have a Quality Management Department? Can someone be assigned from that department?
- Is the individual familiar with quality improvement principles?
- Is the QIC educated on the requirements of the relevant standards and proficient in study methodology and documentation?

Remember, the QIC role cannot be filled by a cancer registrar.

While the QIC oversees Standards 4.7 and 4.8, involving additional staff in the entire QI study process is essential for success. Cancer committee members, clinical and non-clinical staff should assist with:

- Selection of topics (identification of problems/issues)
- Collection and analysis of data (data from your registry or other hospital sources)
- Creation of solutions
- Measurement of outcomes

Without cancer committee involvement, the quality study may have no meaning or value to the people who are being asked to implement the quality improvements following the study analysis.

**STEP TWO: Identify the problem.**

Quality study topics must be selected based on a problematic quality-related issue specific to the cancer program. The quality study is conducted to understand why a problem is occurring. A different way to think of a quality study is as a root cause analysis, which is a method of problem solving used for identifying the root causes of faults or problems. Studies should not be audits to ensure compliance with treatment guidelines and/or the standard of care. There must first be a concern that guidelines are not being met.

Studies can be designed to evaluate the entire spectrum of cancer care or cancer program operations in which a problem or error is occurring. Below are some questions the cancer committee can ask when considering possible topics for the 4.7 quality study.

**Does your cancer program have:***

- gaps in resources or care services?
- gaps in healthcare technology
- issues from patient satisfaction survey results?
- safety and cleanliness problems?
- educational gaps/needs for staff or patients?
- delays in appointments, treatment, tests, etc.?
• concerns from data in National Cancer Data Base (NCDB) Hospital Benchmark (not CP3R or RQRS) reports?

The most common problem with Standard 4.7 compliance is that cancer programs write the study topic from a perspective of goal or quality improvement. These programs are conducting studies to identify areas of "opportunity" or "sought after goals" instead of studying a problem. Remember, this standard is about identifying a problematic quality-related issue first and then conducting a study to understand what is causing the problem (i.e. a root cause analysis). Changing the study topic in your documentation to start with "what is the problem..." or “why is X happening” may help your documentation be in line with the standard requirements.

Topics that are not applicable to meet compliance include:
• Quality studies that duplicate topics or studies from year-to-year. Programs must conduct new studies each calendar year.
• Ongoing monitoring activities following a completed quality study. Conducting a study to see how the quality improvement (based on a previous quality study) is working is not compliant.
• Quality studies cannot be an examination, restatement or an improvement of a CoC Standard or Eligibility Requirement because compliance with a standard/ER is required for accreditation.
• Simply reviewing data presented in NCDB reports or tools (including measure compliance).

STEP THREE: Define how the study will be conducted.

The criteria for evaluation (study methodology) must identify what type of data you will need to effectively evaluate the study topic or answer the quality-related question. Remember, if you cannot measure it…you cannot improve it!

It is helpful to start the methodology by setting out the framework in which your program plans to operate.
• Specify the data set or population (such as patients, cancer types, etc.) that you are going to analyze
• Define what type of data you will obtain that will help you understand the cause of the problem
• Identify who will conduct the study and compile the results
• Determine whether your study design is suitable for the questions you need to answer

STEP FOUR: Conduct the study according to the identified methodology and measures, and organize the data collection.

The means of data collection in social science are diverse. For instance, one can observe and code or note, administer tests of skills, administer various personality and attitude inventories, interview people in person or by phone, mail out questionnaires, content-analyze transcripts of dialogue, and review official documents.

STEP FIVE: Prepare an analysis summary of the study findings and results.

The study should not be submitted without guidance on how the data and findings were obtained and calculated. Determine the best tool(s) to use to display the study results in an organized and readable manner (Microsoft Excel, tables, charts, graphs, etc.).

STEP SIX: Compare the data results obtained following the completion of the quality study with an applicable national benchmark or guideline.

Data comparisons through healthcare organizations, professional associations, or national quality projects help facilities evaluate their performance. Without a benchmark, performance rate, or guideline there is no way to know whether the program is meeting expectations, if an improvement of the problem is warranted, and/or how much of an improvement is needed.

A benchmark is a standard or a measure against which the performance/data can be compared. Many national organizations provide performance standards or guidelines that can be used as a benchmark for your
program’s quality studies.

Sources for appropriate national benchmarks or guidelines:
- Centers for Disease Control and Prevention
- National medical or professional healthcare organizations (e.g. NCCN, ONS, ASCO, NHPCO, NCI/NIH, ACS. See list here: https://www.nlm.nih.gov/medlineplus/organizations/all.organizations.html)
- Other Federal and State organizations including state cancer registries.
- Private organizations that provide consulting services to healthcare facilities
- Manuscripts from peer-reviewed, professionally-recognized healthcare journals

STEP SEVEN: Design a corrective action plan (quality improvement) based on evaluation of the data.

Completion of a quality study provides data to serve as the next step in the quality improvement process—correcting and improving the problem that initiated the quality study.

The findings of the studies and subsequent improvement are documented in the minutes and shared with the medical staff and administration.

REQUIRED DOCUMENTATION FOR COMPLIANCE

The cancer program completes all required standard fields in the SAR.

Each calendar year, the program uploads:
- Completed documentation for the required number of quality studies, including the methodology, summaries, analyses, recommendations, and follow-up.
- Cancer committee minutes in which the results of the studies were reported.

The CoC wants to see the study written out per the steps highlighted above. Required documentation is more than a copy of minutes stating the quality study topic or one line saying that the study was reviewed.

References

BASIC STEPS OF STANDARD COMPLIANCE

1. Appoint the QIC and determine the required # of studies to complete

2. Identify the problem

3. Define study methodology and criteria for evaluation

4. Conduct the study as planned

5. Analyze data; prepare summary of findings

6. Compare data results with national benchmark/guideline

7. Design action plan based on results and FU to monitor actions implemented

8. QIC presents study results to cancer committee and report/discussion is documented in minutes