

Steps to Ensure a Successful CoC Survey- Survey Application (Article 1 of 4)

ProRegistry Services will be publishing a series of articles on the Survey Process, all designed to provide valuable information that leads to a successful Commission on Cancer Survey. We will discuss everything from the Application to Data Integrity to how the Reports assist in improving outcomes for patients and positioning your organization as continuing to move towards Accountable Care for cancer. We hope they are enlightening and provide implementable processes for the Cancer Committee, the Registry personnel as well as physicians in their daily practice. We begin with the Survey Application.

The Commission on Cancer (CoC) Cancer Program Accreditation Survey is once every three years after the initial accreditation is obtained. Preparation for the next survey begins January 1st of your last survey year. At survey, your program is assessed on your activity for the previous 3 complete calendar years. Therefore your upcoming survey will be based upon your program activity from January 1 of the year of your last survey for 3 calendar years. As an example, if you are scheduled for survey in May of 2015, you started the 2015 survey period in January 2012. The period under review is January 2012 through December 2014. Planning of the 2012 committee meeting and cancer conference dates to ensure appropriate meeting frequency should have been done even before your last survey in May 2012.

Keeping the 2014 Survey Application Record (SAR) Current

There are many things that can be done now to plan for a good survey regardless of when your next survey date. First and foremost, you must be looking at your Survey Application Record (SAR) in Data Links. The SAR has been updated, so be sure to log-in and review the newest version –*2014 Survey Application Record (SAR)*. It is recommended that you update the SAR on a continuous basis. It is better to record activity during the year or at least twice a year rather than wait to update 3 years of activity just before your survey date.

Review of the SAR

At a minimum, the Cancer Program Administrator, Cancer Registrar, Cancer Committee Chairman and Liaison Physician should all be aware of what is in your SAR and together plan how to update the SAR for your next survey. The review should focus on completeness of your program's activity for each of the 3 calendar years since the last survey. Here's our recommendation of a process to accomplish this review:

- Set up a meeting including these key people and begin to review the SAR on a weekly basis. Since there are 5 chapters plus the Eligibility Requirements you should schedule 6 meeting dates to begin this review.
- Each meeting focus on one chapter of the Cancer Program Standards 2012.
- It may be easier to start with Chapter 2 since it is smaller. It is always better to start with a smaller task to get the entire group involved and not overwhelm anyone. The 1st Chapter is the longest, so you may need to split this chapter into 2 meetings.

- Print the SAR and Cancer Program Standards – 2012 for this review. In the upper right corner of SAR menu you will see 2 printer icons. One will print the entire SAR and the other will print current chapter.
- Make sure each year has all the information for that year. In many of the SAR entries, supporting documentation must be attached. Be sure that this documentation is fully reviewed along with the SAR.
- Be aware that each year there will be a *different* attachment, so ensure each year's *correct* documentation is reviewed.
- Be sure to rate yourself in the Rating Criteria - Facility Self-Assessment section for each standard. Be honest and be prepared to support your scoring. The Self-Assessment scorings are not used in rating your program on survey day, however they will be discussed with your program when they differ from surveyor findings.

Datalinks

If you are the Cancer Program Administrator, Cancer Committee Chairman, Liaison Physician or Cancer Registrar in a CoC Accredited Program and do not have a Data Links ID and password, it is important to get this access established as soon as possible. Most often, the Cancer Registrar will be able to assist with this if there are difficulties accessing this information. At least one person from your facility must have Data Links access to “Manage Staff Contacts” in Data Links. If you are having difficulty getting access to Data Links, you can send an email to CoCDatalinks@facs.org for assistance.

In summary, we have established the review process and steps to ensure appropriate review. If your next survey is in 2014 you must take action *now* to ensure a successful survey. If your survey is in 2015, you have more time to prepare, but you still should begin by following our “Steps to a Successful CoC Survey”. Our next article will focus on the Cancer Committee -- its role and responsibility in the Survey Process.