



AMERICAN COLLEGE OF SURGEONS

**Required Documents for Pre-Review Questionnaire (PRQ)  
2022 CoC Accreditation Site Visits**

Standard	Documentation Required	Comment
<b>Chapter 1: Institutional Administrative Commitment</b>		
<b>1.1: Administrative Commitment</b>	<ul style="list-style-type: none"> <li>Letter of authority from facility leadership that includes all required elements.</li> </ul>	Upload letter that addresses the current accreditation cycle.
<b>Chapter 2: Program Scope and Governance</b>		
<b>2.1: Cancer Committee</b>	<ul style="list-style-type: none"> <li>Cancer Committee Minutes that identify the required cancer committee members, appointed designated coordinators, and alternates as appropriate.</li> <li>Complete the required Cancer Committee template for the accreditation cycle and upload to the General Survey Documents Section on the PRQ.</li> </ul>	2020 and 2021
<b>2.2: Cancer Liaison Physician</b>	<ul style="list-style-type: none"> <li><u>Two</u> Cancer Liaison Physician (CLP) reports on data specific to the cancer program, including actions and response.</li> </ul>	Two reports required each calendar year.
<b>2.3: Cancer Committee Meetings</b>	<ul style="list-style-type: none"> <li>Cancer Committee Minutes that document the committee’s quarterly meetings and activities.</li> <li>Complete and upload the required Cancer Committee template for the accreditation cycle to the General Survey Documents Section on the PRQ.</li> </ul>	2020 and 2021

<p><b>2.4: Cancer Committee Attendance</b></p>	<ul style="list-style-type: none"> <li>• Cancer Committee Minutes that include the membership attendance for every cancer committee meeting held during each calendar year.</li> <li>• Complete the required Cancer Committee template for the accreditation cycle and upload to the General Survey Documents Section on the PRQ.</li> </ul>	<p>2020 and 2021</p>
<p><b>2.5: Multidisciplinary Case Conference</b></p>	<ul style="list-style-type: none"> <li>• Multidisciplinary cancer case conference policy and procedure.</li> <li>• Cancer Conference Coordinator's report, if separate from Cancer Committee Minutes.</li> <li>• Complete the required Multidisciplinary Cancer Case Conference template for the accreditation cycle and upload to the PRQ.</li> </ul>	<p>2020 and 2021</p>
<p><b>Chapter 3: Facilities and Equipment Resources</b></p>		
<p><b>3.1: Facility Accreditation</b></p>	<ul style="list-style-type: none"> <li>• Health care facility accreditation or licensure certificate or documentation.</li> </ul>	<p>Only the most current facility accreditation certificate(s) need to be uploaded</p>
<p><b>3.2: Evaluation and Treatment Services</b></p>	<ul style="list-style-type: none"> <li>• Policies and procedures covering quality assurance practices for diagnostic imaging services, radiation oncology services, and systemic therapy services <u>AND/OR</u></li> <li>• Certificates of accreditation</li> </ul>	<p>Only the most current facility accreditation certificate(s) need to be uploaded</p>

### Chapter 4: Personnel and Services Resources

<b>4.1: Physician Credentials</b>	<ul style="list-style-type: none"> <li>• Complete and upload the required Physician Certification Credentials template for the accreditation cycle and upload to the PRQ.</li> </ul>	2020 and 2021
<b>4.2: Oncology Nursing Credentials</b>	<ul style="list-style-type: none"> <li>• Policy and procedure that states that oncology nursing competency will be evaluated each year per hospital or facility policy.</li> <li>• Complete and upload the required Oncology Nursing Credentials template for the accreditation cycle and upload to the PRQ.</li> </ul>	<p style="color: red;">PHASE-IN STANDARD – NOT REQUIRED FOR 2020 COMPLIANCE.</p> COMPLIANCE REQUIRED FOR 2021.
<b>4.3: Cancer Registry Staff Credentials</b>	<ul style="list-style-type: none"> <li>• The plan for CTR supervision of non-credentialed staff who perform case abstracting in the cancer registry.</li> <li>• Complete and upload the required Cancer Registry Staff Credentials template for the accreditation cycle and upload to the PRQ.</li> </ul>	2020 and 2021
<b>4.4: Genetic Counseling and Risk Assessment</b>	<ul style="list-style-type: none"> <li>• Policy and procedure on cancer risk assessment, genetic counseling, and genetic testing services with all required elements.</li> <li>• Annual evaluation of the genetic counseling and risk assessment services from accreditation cycle years, if separate from Cancer Committee Minutes.</li> </ul>	2020 and 2021

<p><b>4.5: Palliative Care Services</b></p>	<ul style="list-style-type: none"> <li>• Policy and procedure for providing palliative care services.</li> <li>• Annual evaluation of the palliative care services from accreditation cycle years, if separate from Cancer Committee Minutes.</li> </ul>	<p>2020 and 2021</p>
<p><b>4.6: Rehabilitation Care Services</b></p>	<ul style="list-style-type: none"> <li>• Policy and procedure defining rehabilitation services.</li> <li>• Annual evaluation of the rehabilitation care services from accreditation cycle years, if separate from Cancer Committee Minutes.</li> </ul>	<p>2020 and 2021</p>
<p><b>4.7: Oncology Nutrition Services</b></p>	<ul style="list-style-type: none"> <li>• Policy and procedure for providing oncology nutrition services by a Registered Dietitian Nutritionist.</li> <li>• Annual evaluation of the oncology nutrition services from accreditation cycle years, if separate from Cancer Committee Minutes.</li> </ul>	<p>2020 and 2021</p>
<p><b>4.8: Survivorship Program</b></p>	<ul style="list-style-type: none"> <li>• Upload the policy and procedure that defines the survivorship program requirements.</li> <li>• Complete and upload the annual evaluation report or Cancer Committee Minutes that document the annual evaluation for each calendar year of the accreditation cycle. (Add a note in the Comments box indicating which minutes include the annual evaluation.)</li> </ul>	<p><b>PHASE-IN STANDARD – NOT REQUIRED FOR 2020 COMPLIANCE.</b></p> <p>COMPLIANCE REQUIRED FOR 2021.</p>
<p><b>Chapter 5: Patient Care: Expectations and Protocols</b></p>		
<p><b>5.1: College of American Pathologists</b></p>	<ul style="list-style-type: none"> <li>• Provide the accession list/patient list for years within accreditation cycle, with required elements to surveyor <u>30 days before</u> site visit. Upload to the PRQ. (Instructions are on CAP template.)</li> </ul>	<p>2020 and 2021 Pathology reports reviewed on day of site visit.</p>

<p><b>5.2: Psychosocial Distress Screening</b></p>	<ul style="list-style-type: none"> <li>• Policy and procedure that provide patient access to psychosocial services.</li> <li>• Psychosocial distress screening policy and procedure.</li> <li>• Annual psychosocial services summary that documents all required elements from accreditation cycle years, if separate from Cancer Committee Minutes.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>2020 and 2021</b></li> </ul>
<p><b>5.3: Breast Sentinel Node Biopsy</b></p>	<ul style="list-style-type: none"> <li>• <b>Not applicable for 2022 site reviews.</b></li> </ul>	
<p><b>5.4: Breast Axillary Dissection</b></p>	<ul style="list-style-type: none"> <li>• <b>Not applicable for 2022 site reviews.</b></li> </ul>	
<p><b>5.5: Primary Cutaneous Melanoma</b></p>	<ul style="list-style-type: none"> <li>• <b>Not applicable for 2022 site reviews.</b></li> </ul>	
<p><b>5.6: Colon Resection</b></p>	<ul style="list-style-type: none"> <li>• <b>Not applicable for 2022 site reviews.</b></li> </ul>	
<p><b>5.7: Total Mesorectal Excision</b></p>	<ul style="list-style-type: none"> <li>• Provide the 2021 accession list/patient list with required elements to surveyor 30 days before site visit. Upload to the PRQ. (Instructions are on CAP template)</li> </ul>	<p><b>PHASE-IN STANDARD – NOT REQUIRED FOR 2020 COMPLIANCE.</b></p> <p>COMPLIANCE REQUIRED FOR 2021.</p>
<p><b>5.8: Pulmonary Resection</b></p>	<ul style="list-style-type: none"> <li>• Provide the 2021 accession list/patient list with required elements to surveyor 30 days before site visit. Upload to the PRQ. (Instructions are on CAP template)</li> </ul>	<p><b>PHASE-IN STANDARD – NOT REQUIRED FOR 2020 COMPLIANCE.</b></p> <p>COMPLIANCE REQUIRED FOR 2021.</p>

## Chapter 6: Data Surveillance and Systems

<p><b>6.1: Cancer Registry Quality Control</b></p>	<ul style="list-style-type: none"> <li>• Upload the quality control policy and procedure, which includes the process for resolving conflicts identified during the quality control review.</li> <li>• If utilized, upload any audit reports from the state or central registry that were used in the evaluation of the cancer registry data from accreditation cycle years.</li> <li>• Upload the annual quality control evaluation from accreditation cycle years, if separate from Cancer Committee Minutes.</li> <li>• Complete and upload the required Cancer Registry Quality Control template for the accreditation cycle and upload to the PRQ.</li> </ul>	<p>2020 and 2021</p>
<p><b>6.2: Data Submission</b></p>	<ul style="list-style-type: none"> <li>• Submission of data as defined in the Annual Call for Data each calendar year.</li> </ul>	<p><b>No documentation required.</b> Compliance will be assessed by the National Cancer Database staff and Site Reviewer.</p>
<p><b>6.3: Data Accuracy</b></p>	<ul style="list-style-type: none"> <li>• Submission of data as defined in the Annual Call for Data each calendar year.</li> </ul>	<p><b>No documentation required.</b> Compliance will be assessed by the National Cancer Database staff and Site Reviewer.</p>
<p><b>6.4: Rapid Quality Reporting System (RQRS) Participation</b></p>	<ul style="list-style-type: none"> <li>• Submission of data as required for compliance by the NCDB.</li> <li>• Cancer Committee Minutes with review of two (2) Rapid Quality Reporting System (RQRS) data and performance reports from accreditation cycle years.</li> </ul>	<p>Add a note in the Comments box indicating which minutes include these reports for 2020 and 2021.</p> <ul style="list-style-type: none"> <li>• This standard will be renamed Rapid Cancer Reporting System (RCRS) in 2021.</li> </ul>

<p><b>6.5: Follow-Up of Patients</b></p>	<ul style="list-style-type: none"> <li>• Upload <u>current</u> Follow-up report from the registry database to the PRQ.</li> </ul>	
<p><b>Chapter 7: Quality Improvement</b></p>		
<p><b>7.1: Accountability and Quality Improvement Measures</b></p>	<ul style="list-style-type: none"> <li>• Cancer Committee Minutes documenting the presentation and review of required accountability and quality improvement measures from accreditation cycle years.</li> <li>• Action plans as appropriate.</li> </ul>	<p>2020 and 2021</p>
<p><b>7.2: Monitoring Concordance with Evidence-Based Guidelines</b></p>	<ul style="list-style-type: none"> <li>• The site-specific in-depth analysis with conclusions and results.</li> <li>• Cancer Committee Minutes documenting presentation of the study from accreditation cycle years.</li> <li>• Complete and upload the required Monitoring Concordance with Evidence-Based Guidelines template for the accreditation cycle and upload to the PRQ.</li> </ul>	<p>2020 and 2021</p>

<p><b>7.3: Quality Improvement Initiative</b></p>	<ul style="list-style-type: none"> <li>• Summary of at least one QI initiative for each calendar year from accreditation cycle which includes all required elements.</li> <li>• Cancer Committee Minutes documenting status updates.</li> <li>• Complete and upload the Quality Improvement Initiative required template to the PRQ.</li> </ul>	<p>2020 and 2021</p>
<p><b>7.4: Cancer Program Goal</b></p>	<ul style="list-style-type: none"> <li>• Establishment and status updates of the cancer program goal.</li> <li>• Cancer Committee Minutes documenting establishment and status updates for each year's goal from accreditation cycle years.</li> <li>• Complete and upload the required Cancer Program Goal template and upload to the PRQ.</li> </ul>	<p>2020 and 2021</p>
<p><b>Chapter 8: Education: Professional and Community Outreach</b></p>		
<p><b>8.1: Addressing Barriers to Care</b></p>	<ul style="list-style-type: none"> <li>• Identification of at least one barrier, resources, and processes to address the barrier for each year of accreditation cycle.</li> <li>• Evaluation of the resources and processes to address the barrier to care and identify the strengths and areas for improvement, if separate from Cancer Committee Minutes.</li> <li>• Cancer Committee Minutes documenting required elements.</li> </ul>	<p>2020 and 2021</p>



<p><b>8.2: Cancer Prevention Event</b></p>	<ul style="list-style-type: none"> <li>• Identification of all required elements of the cancer prevention event for each year of accreditation cycle, if separate from Cancer Committee Minutes.</li> <li>• Cancer Committee Minutes summarizing the event for each calendar year of the accreditation cycle.</li> <li>• Complete and upload the required Community Outreach template and upload to the PRQ.</li> </ul>	<p>2020 and 2021</p>
<p><b>8.3 Cancer Screening Event</b></p>	<ul style="list-style-type: none"> <li>• Identification of all required elements of the cancer screening event for each year of accreditation cycle, if separate from Cancer Committee Minutes.</li> <li>• Cancer Committee Minutes summarizing the event for each calendar year of the accreditation cycle.</li> <li>• Complete and upload the required Community Outreach template and upload to the PRQ.</li> </ul>	<p>2020 and 2021</p>
<p><b>Chapter 9: Research</b></p>		
<p><b>9.1: Clinical Research Accrual</b></p>	<ul style="list-style-type: none"> <li>• Clinical Research Coordinator's reports with all required elements for each year of accreditation cycle, if separate from Cancer Committee Minutes.</li> <li>• Policy and procedure for screening patients and for providing subjects with information on clinical research studies.</li> </ul>	<p>2020 and 2021</p>

	<ul style="list-style-type: none"> <li>Complete and upload the required Clinical Research Accrual template and upload to the PRQ.</li> </ul>	
<b>9.2: Commission on Cancer Special Studies</b>	<ul style="list-style-type: none"> <li><b>Not applicable for 2020 or 2021.</b></li> </ul>	Submit required documentation or data as required for the CoC special study.
<b>Other</b>		
<b>Survey Agenda</b>	Site Visit Agenda is available in QPort.	Finalize with site reviewer
<b>Patient List (Accession List)</b>	<p>Patient list (or accession list) is to include procedure type in text and include cancer patients with surgeries from the accreditation cycle years. May also use list from Pathology Department.</p> <ul style="list-style-type: none"> <li>Provide list to Site Reviewer 30 days <u>before</u> site visit.</li> </ul>	List to include 2020 and 2021 cases. Finalize with Site Reviewer.
<b>Presentation</b>	Facility's presentation of program outcome or accomplishment. Upload to the General Survey Documents section.	Optional
<b>General Survey Documents</b>	Upload all completed templates from appropriate standards to the PRQ as well as any additional documents to support standards.	
<b>Cancer Committee Minutes</b>	Cancer Committee Minutes with <b>attachments</b> that support standard compliance for all years of accreditation cycle.	<u>Required</u> for each calendar year of accreditation cycle.
<p><b>*2020 standard activity that was postponed, cancelled, or revised in order to focus on COVID19 should be documented in the Cancer Committee Minutes and the appropriate templates.</b></p>		