ASCO®
ASSOCIATION FOR CLINICAL ONCOLOGY
KNOWLEDGE CONQUERS CANCER

QOPI® Certification Standards Webinar

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This webinar will be recorded

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Presentation Overview

- Benefits of Achieving Certification
- Site Survey Introduction
- Site Survey Preparations
- 2025 Standards Overview
- Standards Walkthrough
- Q&A

Benefits of Achieving Certification

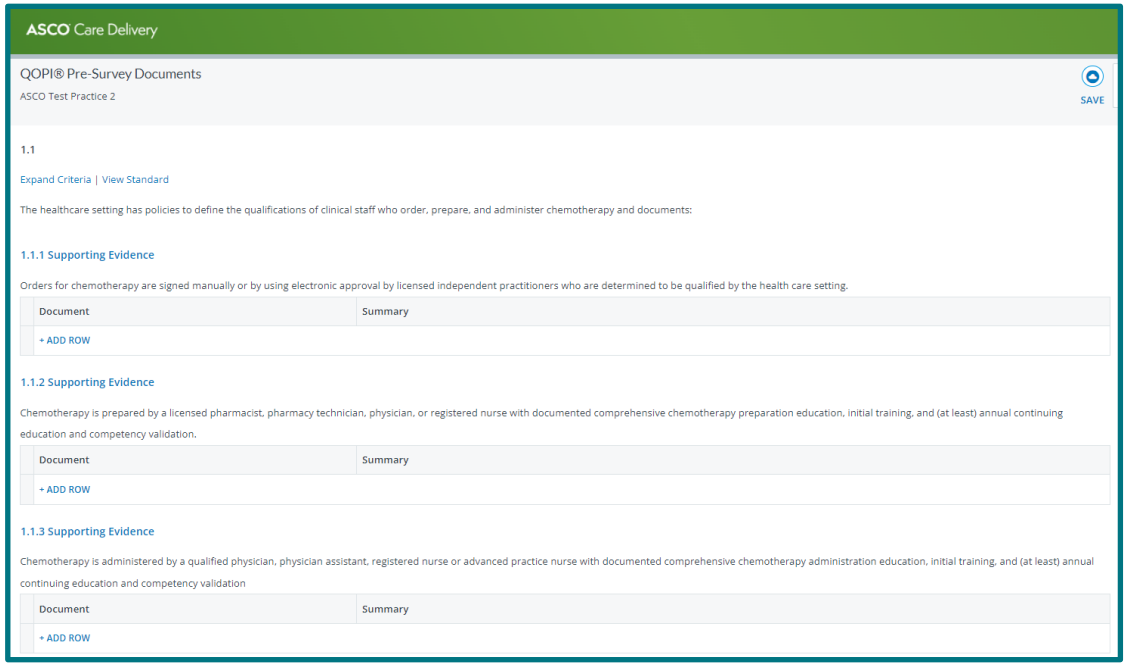
- **Practice Improvement**
- **A Demonstration of Quality**
- **Improved Efficiency, Effectiveness**

For further information on QOPI Certification Benefits, please visit practice.asco.org/qopi-certification

Site Survey Introduction

- To earn QOPI® Certification, a practice undergoes a **site survey** and peer review by a select team of oncology professionals **at least once every three years**.
  - Oncology Certified RNs
  - Oncology Certified Pharmacists
  - Nurse and Patient Navigators
  - Experienced Practice Administrators
- The purpose of the review is to evaluate your practice's performance in areas that affect patient care and safety.
- Ensures compliance with the QOPI® Certification Standards.
- For a look ahead at QOPI Certification process and details, please review the **QOPI Certification Participation Guide** found on **practice.asco.org/qopi-certification**.

Site Survey Preparation



Double Check

- Compare your policies against QCP's requirements; including pre-survey document submission for 10 standards
  - FYI: Upload available in QCP Application
- Do your policies have all the required elements?

Preparation

- Prepare all sites and check policy format and revision dates
- Prepare all staff involved with the antineoplastic therapy administration process

Review

- Review processes and verifications for all routes of administration:
  - IV
  - Intrathecal
  - Oral

Survey Reference: Number of Sites to Visit

Number of Sites	Sites to be visited*
1-5	1
6-10	2
11-15	3
16-20	4
21-25	4
26-30	4
31-35	4

*Number of Sites a Surveyor Visits Per Sites Administering Antineoplastic Therapy

Patient Tracer Process

At least two IV patients on the schedule for antineoplastic therapy will be selected for observation.

- Ideal patients are 2-4 cycles into treatment, and will consent for observation
- Oral antineoplastic therapy patients will be selected separately and reviewed for documentation compliance only

Surveyors will review/observe:

- Antineoplastic Therapy Orders
- Preparation of antineoplastic therapy
- Administration of antineoplastic therapy
- Post-antineoplastic therapy care including discharge instructions

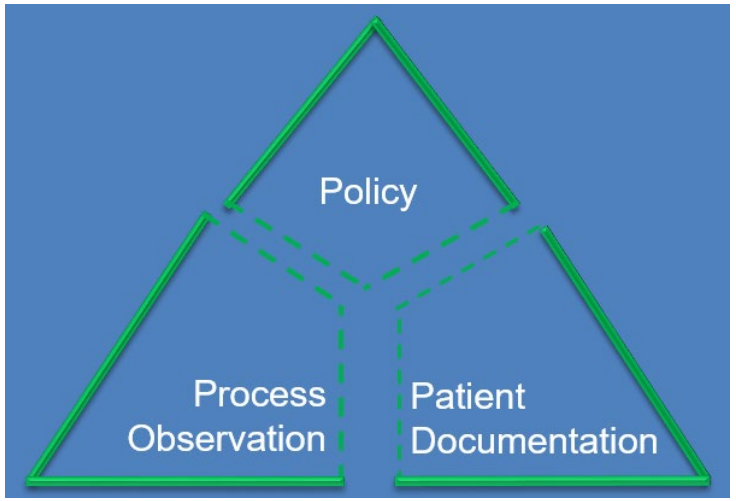
Exit Summary

- Preliminary Report
  - Summarizes the findings from the materials submitted and the observations during the site visit, attendees are defined by the practice.
- Q&A Session
  - Surveyors share best practices and offer helpful advice on how to meet the standards

Certification Standards Overview

- 4 Domains → Standards → Element(s)

- 25 Total Standards
  - Policy (10 Standards)
  - Process Observation
  - Patient Documentation



- Standards Manual
  - Includes updated suggested resources
  - https://www.asco.org/practice-patients/quality-improvement/quality-programs/qopi-certification-program/about-qopi

Antineoplastic Therapy Definition

Antineoplastic therapy: *All antineoplastic agents used to treat cancer, regardless of the route and hazardous drug status. Types include targeted agents (e.g., small-molecule inhibitors), chemotherapy, and immunotherapy (e.g., monoclonal antibodies, checkpoint inhibitors, biologics, cellular therapies). Hormonal therapies are not included in the definition of antineoplastic agents for these standards.*

Reference: QCP Standards Glossary - 2025 version

Patient Population Key

Patient Population:	Pediatric Only Patients	Pediatric & Adult Patients	IV Patients	Oral Patients	Intrathecal Patients	All Patients: Staffing & Setting
Symbol:						

Green text in Standards = updated language for 2025

Standards Walkthrough

Domain 1: Creating A Safe Environment – Staffing and General Policy

1.1 The health care organization has policies to define the qualifications of clinical staff who order, prepare, and administer antineoplastic therapy and documents:

1.1.1 Orders for antineoplastic therapy are signed manually or by using electronic approval by licensed independent practitioners who are determined to be qualified by the health care organization.

1.1.2 Antineoplastic therapy is prepared by a licensed pharmacist, pharmacy technician, physician, or registered nurse with documented comprehensive antineoplastic therapy preparation education, initial training, and (at least) annual continuing education and competency validation.

1.1.3 Antineoplastic therapy is administered by a qualified physician, physician assistant, registered nurse or advanced practice nurse with documented comprehensive antineoplastic therapy administration education, initial training, and (at least) annual continuing education and competency validation.

1.1.4 At least one clinical staff member who maintains current certification in (age appropriate) basic life support is present during antineoplastic therapy administration. *Certification should be from a nationally accredited course. Clinical staff includes staff involved in patient care, RNs, MDs, NPs, etc.*

1.1.5 A licensed practitioner is readily available to staff who administer antineoplastic therapy in the health care organization.

1.2 Before the first administration of a new antineoplastic therapy regimen, regardless of route of treatment, chart documentation is available that includes at least the following nine elements:

- 1.2.1 Pathologic confirmation or verification of initial diagnosis.
- 1.2.2 Initial cancer stage or current cancer status. *Cancer stage/Cancer status is defined in the glossary.*
- 1.2.3 Complete medical history and physical examination. *Medical history and physical examination is defined in the glossary.*
- 1.2.4 Presence or absence of allergies and history of hypersensitivity and anaphylactoid reactions.
- 1.2.5 Assessment of the patient's and/or caregiver's comprehension of information regarding the disease and the treatment plan.
- 1.2.6 Initial psychosocial assessment, with action taken when indicated and agreeable to the patient. *Psychosocial assessment is defined in the glossary.*
- 1.2.7 The plan for antineoplastic therapy, including, at minimum, the patient diagnosis, drugs, doses, route of administration, anticipated duration of treatment, schedule of treatment, and goals of therapy.
- 1.2.8 The planned frequency of office visits and patient monitoring that is appropriate for the individual antineoplastic agent(s).
- 1.2.9 The initial assessment of health-related social needs and barriers to care including financial and logistical constraints that could impact access to treatment.




1.3 The health care organization has a policy for pregnancy testing and addressing fertility preservation with appropriate patients regardless of route of treatment at a minimum of prior to initiating antineoplastic therapies.

Before the first administration of each new antineoplastic therapy regimen, pregnancy status is documented when applicable.




- 1.4 The health care organization has a policy requiring that weight and height are measured and documented in metric units (e.g., kg and cm) and the measurement and documentation are independently performed prior to administration of a newly prescribed antineoplastic treatment plan by two staff members approved by the health care organization.

1.5 On each clinical encounter or day of treatment, staff performs and documents a patient assessment that includes at least the following nine elements, and takes appropriate action:

- 1.5.1 Functional status and/or performance status.
- 1.5.2 Vital signs.
- 1.5.3 Weight is measured at least weekly when present in the health care organization and is documented in metric units (e.g. kg).

1.5 On each clinical encounter or day of treatment, staff performs and documents a patient assessment that includes at least the following nine elements, and takes appropriate action:

- 1.5.4 Height is measured at least weekly when present in the health care organization and when appropriate to the treatment population. Height is documented in metric units (e.g. cm).
- 1.5.5 Age as appropriate to the treatment population.

1.5 On each clinical encounter or day of treatment, staff performs and documents a patient assessment that includes at least the following nine elements, and takes appropriate action:

- 1.5.6 Allergies, previous treatment related reactions.
- 1.5.7 Treatment toxicities.
- 1.5.8 Pain assessment.
- 1.5.9 Patient's medications including prescribed and over-the-counter medications, herbal products, and supplements are documented in the medical record and reviewed by a licensed practitioner when a change occurs.




- 1.6 Staff assesses and documents psychosocial concerns and need for support with each cycle or more frequently, with action taken when indicated and agreeable to the patient.

- 1.7 The health care organization provides information about financial resources and/or refers patients to psychosocial and other cancer support services.

1.8 The health care organization has a policy that identifies a process to provide 24/7 triage to a licensed practitioner, for example, on-call practitioners or emergency department, to manage treatment-related toxicities and emergencies. If the patient's initial contact is not a licensed practitioner from the treating health care organization, the person having initial patient contact must have continuous access to consultation from an experienced oncology practitioner and the opportunity for transfer of the patient to a facility with dedicated oncology services. *Practices in rural low population areas should consult with QCP staff if unable to comply with the standard.*

Domain 2: Treatment Planning, Patient Consent and Education

2.1 The health care organization has a policy that documents a standardized process for obtaining and documenting informed consent or assent (if applicable) for antineoplastic therapy regardless of route of administration. Informed consent and assent (if applicable) is documented prior to initiation of each antineoplastic therapy regimen. *The consent process should follow appropriate professional and legal guidelines.*

2.2 Patients are provided with comprehensive verbal and written or electronic information as part of an education process before starting each treatment plan.

2.2.1 The education process will be tailored to the patient's learning needs, abilities, preferences, and readiness to learn as assessed and documented prior to treatment. Education includes family, caregivers, or others based on the patient's ability to assume responsibility for managing therapy.

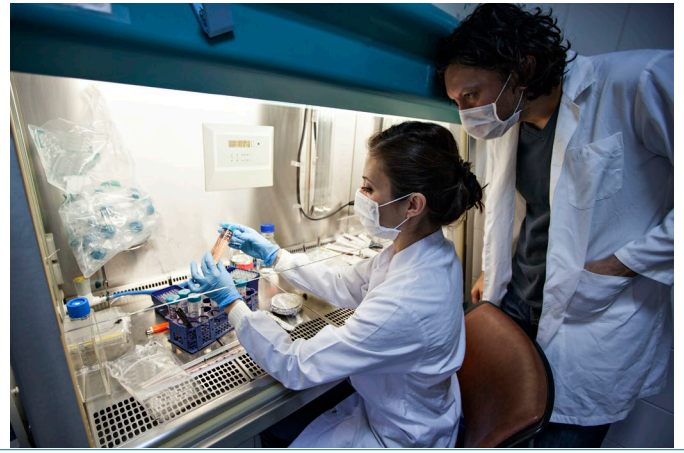
2.2.2 Documentation that written or electronic educational materials were given to patients.

2.2 Patients are provided with comprehensive verbal and written or electronic information as part of an education process before starting each treatment plan.

2.2.3 Educational information includes the following at a minimum:

- 2.2.3.1 Patient's diagnosis.
- 2.2.3.2 Goals of treatment, that is, cure disease, prolong life, or reduce symptoms.
- 2.2.3.3 Planned duration of treatment and schedule of treatment administration,
- 2.2.3.4 Drug names and supportive medications, and plan for missed doses.
- 2.2.3.5 Potential for drug interactions with prescribed drugs, integrative therapies, over the counter drugs, herbal products, supplements, and foods.
- 2.2.3.6 Potential long-term and short-term adverse effects of therapy, including infertility risks for appropriate patients.
- 2.2.3.7 Pregnancy prevention and fertility preservation as defined by health care organization.
- 2.2.3.8 Symptoms or adverse effects that require the patient to contact the health care organization or to seek immediate attention.
- 2.2.3.9 Procedures for handling medications in the home, including storage, safe handling, management of unused medication, and clean-up of drug spills when applicable.
- 2.2.3.10 Procedures for handling body secretions and waste in the home.
- 2.2.3.11 Follow-up plans, including laboratory and provider visits.
- 2.2.3.12 Contact information for the health care organization, with availability and instructions on when and who to call.
- 2.2.3.13 Expectations for rescheduling or cancelling appointments.

Domain 3: Ordering, Preparing, Dispensing and Administering Antineoplastic Therapy



3.1 Antineoplastic orders for parenteral therapy include at least the following elements:

- 3.1.1 Patient's name.
- 3.1.2 A second patient identifier.
- 3.1.3 Date the order was signed.
- 3.1.4 Regimen or protocol name and number, when applicable.
- 3.1.5 Cycle number and day, when applicable.
- 3.1.6 All medications within the order set are listed by using full generic names.
- 3.1.7 Drug dose is written following standards for preventing the use of unapproved abbreviations, omitting trailing zeros, and including leading zeros.
- 3.1.8 The dose calculation, including:
  - 3.1.8.1 The calculation methodology.
  - 3.1.8.2 Variables used to calculate the dose.
  - 3.1.8.3 The frequency at which the variables are re-evaluated, such as weight, laboratory values, diagnostic test results, and patient's clinical status.
  - 3.1.8.4 The changes in the values that prompt confirmation or recalculation of dosing.

3.1 Antineoplastic orders for parenteral therapy include at least the following elements:

- 3.1.9 Date of administration.
- 3.1.10 Route of administration.
- 3.1.11 Allergies, reviewed at the time of ordering.
- 3.1.12 Supportive care treatments that are appropriate for the regimen, including premedication, hydration, and growth factors, are included in the preprinted or electronic order forms.
- 3.1.13 Hypersensitivity, anaphylactoid, and cytokine release syndrome (CRS) (where appropriate) medications are available through site specific workflows.
- 3.1.14 Parameters that would require holding or modifying the dose, for example, laboratory values, diagnostic test results, and patient's clinical status.
- 3.1.15 Sequencing of drug administration, when applicable.
- 3.1.16 Rate of drug administration, when applicable.
- 3.1.17 An explanation of time limitation, such as the number of cycles for which the order is valid.

3.2 Antineoplastic prescriptions for oral therapy include at least the following elements:

- 3.2.1 Patient's name.
- 3.2.2 Date of birth.
- 3.2.3 Date the prescription is written.
- 3.2.4 Drug name, generic name preferred.
- 3.2.5 Drug dose is written following standards for preventing the use of unapproved abbreviations, omitting trailing zeros, and including leading zeros.
- 3.2.6 Route of administration.
- 3.2.7 Drug quantity or volume to be dispensed.
- 3.2.8 Number of refills or cycles as appropriate.
- 3.2.9 Directions for administration (i.e. SIG – daily, twice a day, schedule/number of days as applicable).

3.3 Before preparation of the antineoplastic therapy, a second person – a staff member approved by the health care organization to prepare or administer antineoplastic therapy - independently verifies:

- 3.3.1 Two patient identifiers.
- 3.3.2 Drug name.
- 3.3.3 Drug dose.
- 3.3.4 Route of administration.
- 3.3.5 Rate of administration.
- 3.3.6 The calculation for dosing, including the variables used in this calculation.
- 3.3.7 Treatment cycle and day of cycle.

3.4 Upon preparation of the antineoplastic medication, a second staff member approved by the health care organization to prepare parenteral antineoplastic therapy verifies:

- 3.4.1 The drug vial(s).
- 3.4.2 Concentration.
- 3.4.3 Drug volume or weight.
- 3.4.4 Diluent type and volume, when applicable.
- 3.4.5 Administration fluid type and volume.

3.5 Antineoplastic drugs are labeled immediately upon preparation and labels include the following 11 elements:

- 3.5.1 Patient's name.
- 3.5.2 A second patient identifier.
- 3.5.3 Full generic drug name.
- 3.5.4 Drug dose.
- 3.5.5 Drug administration route.
- 3.5.6 Total volume required to administer the drug.
- 3.5.7 Date the medication is to be administered.
- 3.5.8 Expiration dates and/or times.
- 3.5.9 When dose is divided, the total number of products to be given and the individual product sequence (e.g., 1 of 5, 2 of 2, etc.).
- 3.5.10 A warning or precautionary label or sticker, as applicable, to storage and handling; may be included within the label or on an auxiliary label.
- 3.5.11 A label denoting HAZARDOUS DRUG, if applicable.

3.6 The health care organization that administers intrathecal or intraventricular medication maintains policy that specifies:

- 3.6.1 Intrathecal medications are:
  - 3.6.1.1 Prepared separately.
  - 3.6.1.2 Stored in an isolated container or location after preparation.
  - 3.6.1.3 Labeled with a uniquely identifiable intrathecal or intraventricular medication label.
  - 3.6.1.4 Delivered to the patient only with other medications intended for administration into the CNS.
  - 3.6.1.5 Administered immediately after a time-out, double-check procedure that involves two staff members approved by the health care organization to prepare or administer antineoplastic therapy.
- 3.6.2 Intravenous vinca alkaloids are administered only by infusion.

- 3.7 Before initiation of each antineoplastic therapy administration cycle, the staff member who is administering the antineoplastic(s) confirms the treatment with the patient, including, at a minimum, the name of the drug, infusion time, route of administration, and infusion-related symptoms to report—for example, but not limited to, hypersensitivity symptoms or pain during infusion.

- 3.8 Before antineoplastic therapy administration: At least two staff members approved by the health care organization to administer or prepare antineoplastic therapy, in the presence of the patient, verify the patient identification by using at least two identifiers.

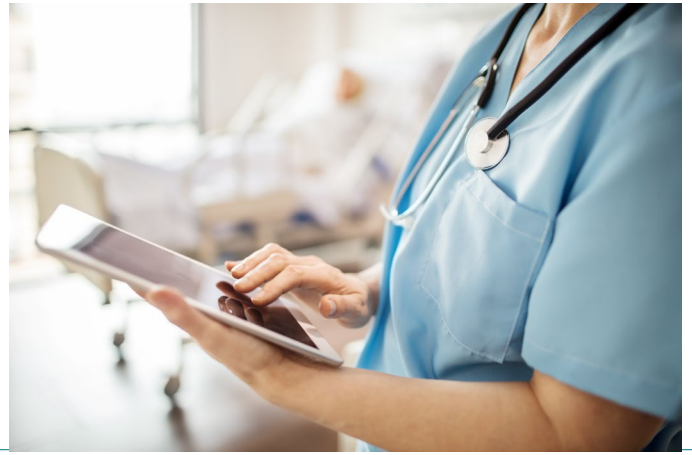
3.9 Before each antineoplastic therapy administration, at least two staff members approved by the health care organization to administer or prepare antineoplastic therapy verify and document the accuracy of the following elements:

- 3.9.1 Drug name.
- 3.9.2 Drug dose.
- 3.9.3 Infusion volume or drug volume when prepared in a syringe.
- 3.9.4 Rate of administration.
- 3.9.5 Route of administration.
- 3.9.6 Expiration dates and/or times.
- 3.9.7 Appearance and physical integrity of the drugs.
- 3.9.8 Infusion pump (if applicable) settings, including rate.
- 3.9.9 Sequencing of drug administration.
- 3.9.10 Administration set (as applicable) e.g., filters, specialized tubing, and tracing the lines for accuracies.

- 3.10 Documentation of the patient's clinical status during and upon completion of treatment.

- 3.11 Infiltration and extravasation management policy is present and aligns with current literature and guidelines; antidote order sets and antidotes are accessible within the appropriate timeframe.

Domain 4: Monitoring After Antineoplastic Therapy is Given, Including Adherence, Toxicity and Complications



4.1 The health care organization has a policy for emergent treatment of patients, that aligns with current literature and guidelines and addresses:

- 4.1.1 Availability of appropriate emergency equipment, rescue agents, and antidotes.
- 4.1.2 Procedures to follow and a plan for escalation of care, when required, for life threatening emergencies. Emergencies may include suspected hypersensitivity reactions including cytokine release syndrome reactions, or general life-threatening emergency.

- 4.2 The health care organization has a policy that outlines the procedure to assess patients' ability to adhere to antineoplastic therapy that is administered outside of the heath care setting prior to the start of treatment. Assessment requires identifying barriers to adherence, including physical, cognitive, and financial constraints. Documentation of assessment is available in the patient record.

- 4.3 The health care organization has a policy that outlines the procedures to assess patients' adherence to antineoplastic therapy that is administered outside of the health care organization at defined clinically meaningful intervals to address any issues identified. Documentation of assessment is available in the patient record.

4.4 Cumulative doses of antineoplastic therapy are tracked for agents associated with cumulative toxicity.

New Participation Option for QCP Re-Certifying Practices

- Re-certifying QCP practices have a new participation option:
  - The ASCO Certified Track in the ASCO Quality Reporting (AQR) Registry*
- ASCO Certified Track – 4 measures
  - Aggregated Numerator and Denominator
  - Calendar year data
    - Data is due by end of Q1 of the following year
      - For example, 2023 data was due by March 31, 2024
  - Scoring- floor must be met
- Contact CDR@asco.org for more details

Questions?

Contact the QOPI Certification Team at:
qopicertification@asco.org | 571-483-1669

Thank you!