

QOPI® Certification Program Application User Guide

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Logging in to ASCO Care Delivery Portal

1. Login to the [ASCO Care Delivery Portal](#) using ASCO username and password. Users can reset passwords as needed by clicking on Need Help button.

The screenshot shows the ASCO Sign In page. At the top left is the ASCO logo with the text "AMERICAN SOCIETY OF CLINICAL ONCOLOGY" and "ASSOCIATION FOR CLINICAL ONCOLOGY". Below the logo is the heading "ASCO Sign In". There is a horizontal line below the heading. Underneath, there is a "Username" input field. Below the input field is a "Remember me" checkbox. To the right of the checkbox is a "Next" button. Below the "Next" button is a red box around the "Need Help?" link. To the right of the "Need Help?" link is a "Create an Account" link. Below the "Need Help?" link are three smaller links: "Forgot Password?", "Forgot Username?", and "Contact us for other sign in issues". At the bottom of the page is a dark grey footer with the text "Connect with Us" and several links: "ASCO Connection", "Membership Directory", "Volunteer Portal", "Sponsor", "Donate", "Apps", "Store", and "Contact".

2. If you forgot your password, then click on the forgot password.

The screenshot shows the ASCO Sign In page. At the top right is a browser zoom control showing "150%". At the top left is the ASCO logo with the text "AMERICAN SOCIETY OF CLINICAL ONCOLOGY" and "ASSOCIATION FOR CLINICAL ONCOLOGY". Below the logo is the heading "ASCO Sign In". There is a horizontal line below the heading. Underneath, there is a "Username" input field. Below the input field is a red error message: "This field cannot be left blank". Below the error message is a "Remember me" checkbox. To the right of the checkbox is a "Next" button. Below the "Next" button is a red box around the "Forgot Password?" link. To the right of the "Forgot Password?" link is a "Create an Account" link. Below the "Forgot Password?" link are two smaller links: "Forgot Username?" and "Contact us for other sign in issues". At the bottom of the page is a dark grey footer with the text "Connect with Us" and several links: "ASCO Connection", "Membership Directory", "Volunteer Portal", "Sponsor", "Donate", "Apps", "Store", and "Contact".

3. Provide your email address and submit, and you will receive guidance on how to reset the password.







Reset Password

To reset your password, please provide your email below.

Email Address

Submit

▶ Need Help?

Connect with Us    

▶ ASCO Connection ▶ Membership Directory ▶ Volunteer Portal

Sponsor Donate Apps Store Contact

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4. If you forgot username, please click forgot username.



ASCO Sign In

Username

Remember me

Next





▼ Need Help?

[Forgot password?](#)

[Forgot username?](#)

[Contact us for other sign in issues](#) [↗](#)

[Create Account](#)

Connect with Us    

▶ ASCO Connection ▶ Membership Directory ▶ Volunteer Portal

Sponsor Donate Apps Store Contact

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5. Provide your email address and submit, you will receive the email to retrieve your username.

Recover Username

To recover your username, please provide your email below.

Email Address

Submit

▶ Need Help?

Connect with Us



▶ ASCO Connection ▶ Membership Directory ▶ Volunteer Portal

Sponsor

Donate

Apps

Store

Contact

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6. Create an account if you don't have an ASCO account.

ASCO Sign In

Username

Remember me

Next

▶ Need Help?

Create Account

Connect with Us



▶ ASCO Connection ▶ Membership Directory ▶ Volunteer Portal

Sponsor

Donate

Apps

Store

Contact

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7. Login to the [ASCO Care Delivery Portal](#) using ASCO username and password. We recommend bookmarking this page for future use.
8. If your ASCO user account is not yet associated with your practice's [ASCO Care Delivery Portal Account](#), you will need to provide the following information upon login: Practice Name, Practice ID number, and Primary Practice Address. Please enter this information when prompted and

click Save. QCP staff will review your request within 1-2 business days and send an email with instructions.

Request Access to Practice Account

Your information is not complete in the system. Please provide your practice information below to connect your user account to a practice account. You will receive an email with instructions within 1-2 business days.

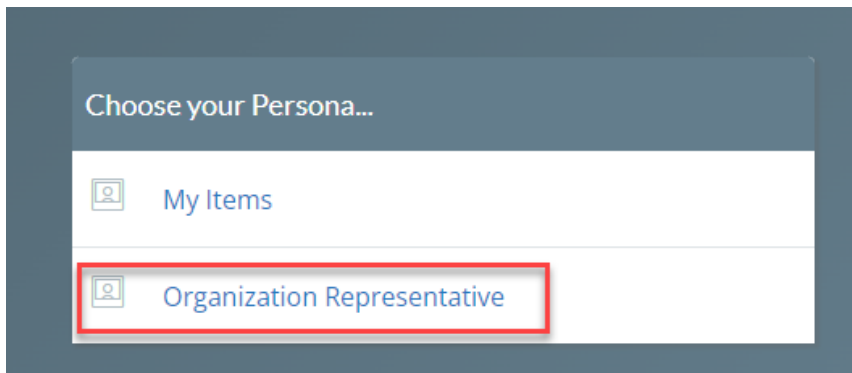
PRACTICE NAME	PRACTICE ID
<input type="text" value="Test Practice Name"/>	<input type="text" value="123456"/>

PRACTICE ADDRESS

Navigating ASCO Care Delivery Portal

How to Select Your Persona

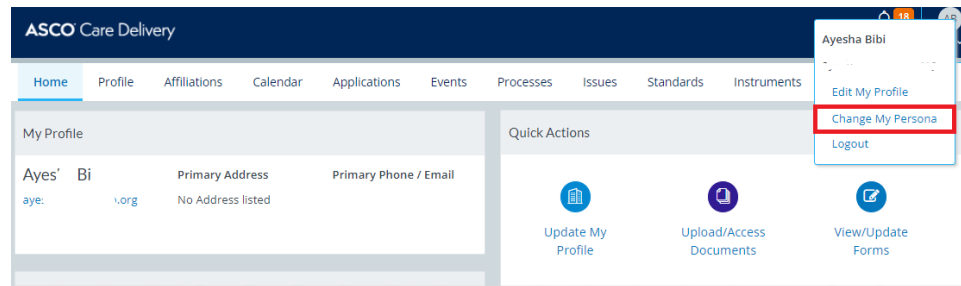
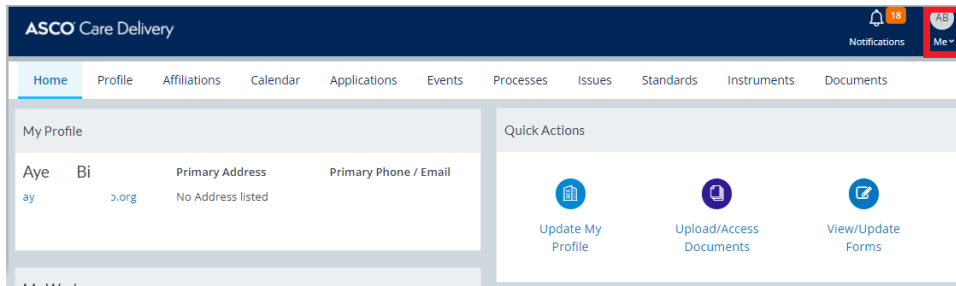
After logging in, choose Organization Representative to review practice profile, applications, program documents, and certification history. If you are associated with more than one practice account, you will need to select which practice account you would like to access. If you do not have the Organization Representative persona, please contact gopicertification@asco.org.



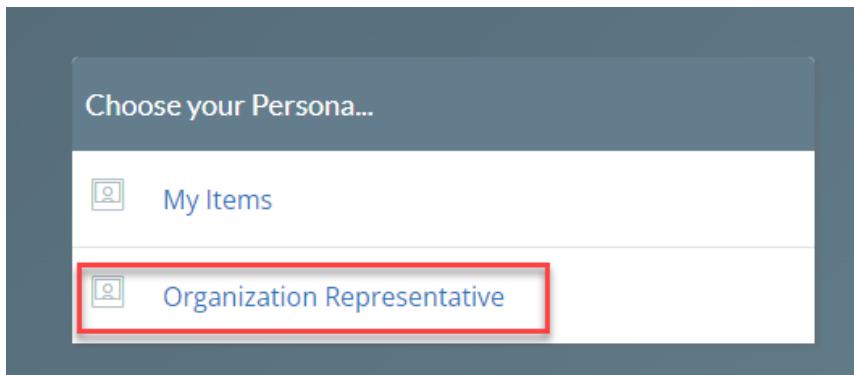
If you click on the My Items persona instead, you will land on the page below which will not show your complete practice information. To change to Organization Representative persona, please follow the steps below.

How to Change Your Persona

Click Me profile button in top right corner, then click Change My Persona.



Choose Organization Representative persona. If you do not see the Organization Representative persona, please contact opicertification@asco.org.



Navigating the Organization Home Page

The organization Home page is where you will find active applications and certification history for your practice. Please see below list for descriptions of the other menu tabs.

The screenshot shows the ASCO Care Delivery Organization Home Page. The navigation bar includes tabs for Home, Profile (1), Contacts (2), Applications (3), Certifications (4), Processes (5), Issues (6), Standards (7), Instruments (8), and Documents (9). The main content area is divided into several sections: Organization Profile (MBM Medical Center Test), Active Applications (QOPI Certification Cycle), Certifications (QCP-326), Requests (Practice Name Change Request), and In-Progress Reviews (QOPI® Pre-Survey Documents Test 5.10). A red box highlights the 'Requests' dropdown menu.

1. **Profile** – review and edit practice profile information including contacts, public profile, and number of sites, Physician and FTEs.
2. **Contacts** – review and edit practice contacts, update primary contact.
3. **Applications** – review and access practice applications, see current application status.
4. **Certifications** – review practice certification dates and status.
5. **Processes** – review and access practice processes such as QOPI Certification Application Process.
6. **Issues** – review any Issues reported in your survey report for any unmet Standards and upload resolution documents.
7. **Standards** – review the latest ASCO Standards.
8. **Instruments** - review assigned application forms or “instruments” such as QOPI Questionnaire and QOPI Pre-survey Documents with progress noted and a link to that specific application instrument.
9. **Documents** - review a library of submitted application documents or click “Shared” to view shared program documents.
10. **Requests** - submit requests to QCP Staff such as Practice Name Change and Add New User to Practice Account.
11. **Active Applications** – view current in process applications. Click “QOPI Certification Cycle” to quickly access current application for QCP.

System Notifications

All trusted contacts receive system notifications. Notifications from the ASCO Care Delivery Portal will come from the no reply email caredelivery-nr@asco.org Please add this email to your address book to avoid system notifications going to junk or spam. For any QOPI Certification questions please reach out to qopicertification@asco.org.

Updating Practice Profile Information

Adding Users

Click from the Requests drop-down menu and select Add New User to Practice Account

The screenshot shows the ASCO QOPI Certification Program dashboard. The 'Requests' dropdown menu is highlighted with a red box. The dropdown menu contains the following options: 'Add New User to Practice Account', 'Practice Name Change Request', and 'Practice Transaction Request'. The 'Add New User to Practice Account' option is selected.

This is a close-up of the 'Requests' dropdown menu. The selected option is 'Add New User to Practice Account'. The other options are 'Practice Name Change Request' and 'Practice Transaction Request'. A 'Submit' button is visible to the right of the dropdown.

Complete the following form with the new user information and submit

The screenshot shows the 'Edit Form' for adding a new user to a practice account. The form contains the following fields and options:

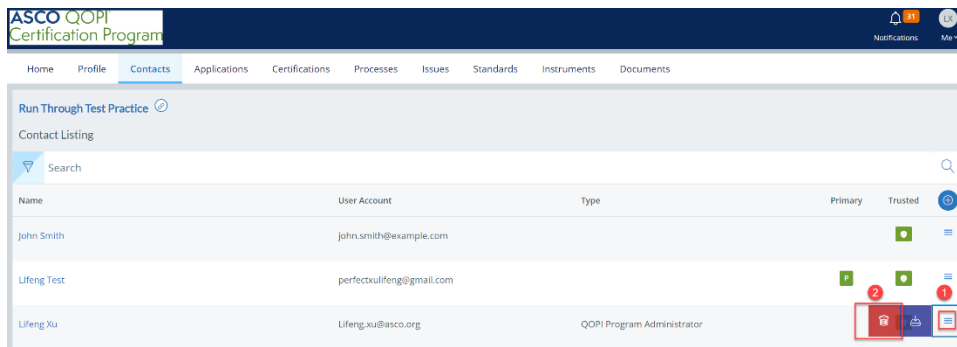
- New User First Name:** Text input field with a red error message: "A value is required".
- New User Last Name:** Text input field.
- New User Primary Email:** Text input field.
- New User Secondary Email:** Text input field.
- New User Phone Number:** Text input field.
- New User Contact Type:** Radio button options: Program Administrator, Physician, Billing, Other, Clear.
- Mark as trusted contact* for organization?** Radio button options: Yes, No, Clear.

Below the form, there is a note: "Contacts must be trusted to act on behalf of the organization. Trusted contacts will receive system notifications regarding practice's application process." At the bottom right, there is a 'Submit' button highlighted with a red box, along with 'Save for later' and 'Abandon' links.

Once the request is submitted, QCP Staff will review and send a notification to the new user within 1-2 business days.

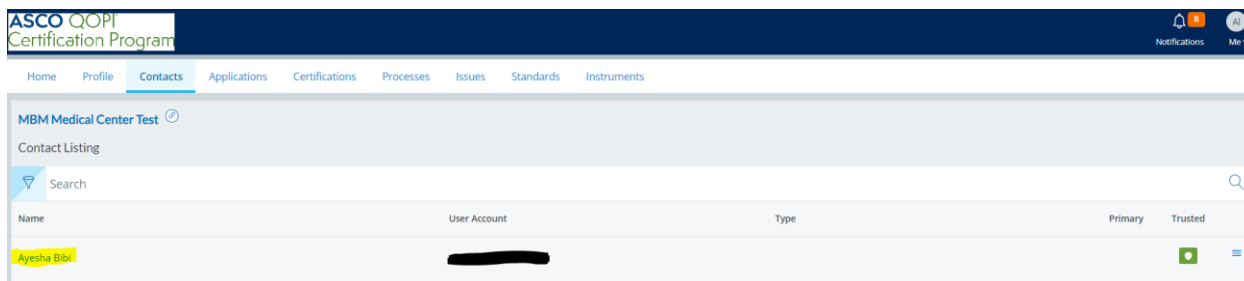
Removing Users

You can remove a user by clicking on the number 1 button below and then click number 2 button.



Editing User Settings

Click on Contacts tab to review practice contacts. Click on a contact's name to review their information and update settings.



Update Trusted Contact

Under Contact Access check “This contact may act on behalf of the organization” to mark person as a trusted contact which will allow them to access the practice’s QCP application. **Note: all trusted contacts will receive system notifications regarding the application process.**

Update Primary Contact

Under Contact Access check “This is the organization’s Primary Contact” to mark person as Primary Contact. **Note: only one person may be selected as Primary Contact.**

Change Personnel ✕

Profile Information

Name: Middle

Primary Address: Include Address

Id: Credentials:

Email Address: Primary Phone: ext.

User may login with this email

Contact Information

Title:

Start Date: End Date:

Contact Types: QOPI Program Administrator
 Physician
 Billing
 Other

Clear

Contact Status: This is the organization's Primary Contact
 This contact may act on behalf of the organization

Associate contact with child organizations:

Updating FTE, Physician and Site Counts

Click on Profile tab, then Additional Info, Click on the Edit button. You can update the Number of Sites, Number of FTE, and Number of Physician.

ASCO Care Delivery Notifications Me

Home **Profile** Contacts Applications Certifications Processes Issues Standards Instruments Documents

Meadowfield Medical Center Test (TEST-01zzz)
 No website listed [edit](#)

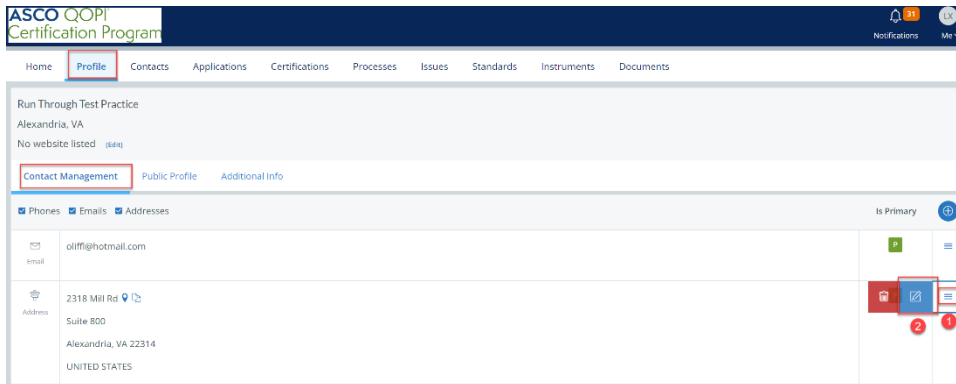
Contacts Public Profile **Additional Info**

Additional Info ✎

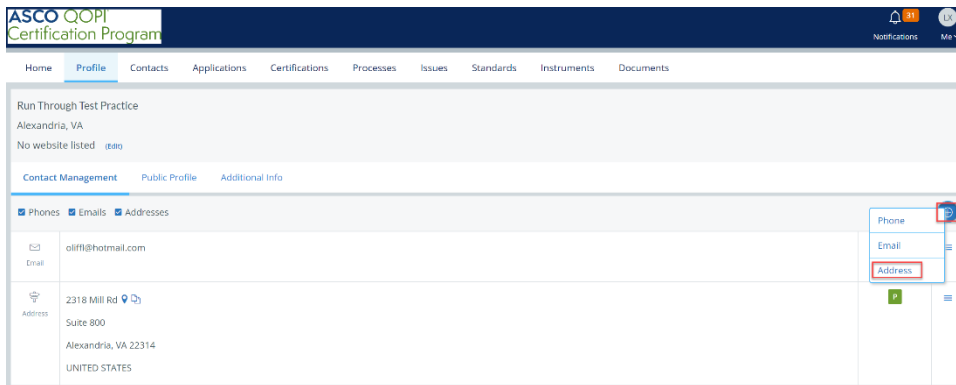
NUMBER OF SITES	NUMBER OF FTE
--	--
NUMBER OF PHYSICIANS	ABSTRACTION METHOD (ASCO STAFF ONLY)
--	--

Site Addresses

Click the Profile tab, then Contact Management, click the button number 1, then number 2, you will be able to update the Practice Address.



You can add a new address for the Practice by clicking on the Plus sign then select Address.



Fill in the Address, only one address should be selected as Main and Primary Address. Then Save.

* Any additional addresses should be marked as Site in the Address Type.

Add/Update Address ✕

UNITED STATES ▼

123 Main St

Line 2

Show 3rd Line

Alexandria Virginia ▼ 22314

Address Types

Main

Site

Clear

Primary Address

Save Cancel

Practice Name Change

To change the name of the Practice, click Home tab then select Practice Name Change Request, then Submit.

The screenshot shows the ASCO QOPI Certification Program dashboard. The navigation bar includes Home, Profile, Contacts, Applications, Certifications, Processes, Issues, Standards, Instruments, and Documents. The main content area is divided into several sections:

- Organization Profile:** Shows a warning that the user is assigned to more than one organization and provides a link to select a different organization. Below this, it displays details for the 'Run Through Test Practice' in Alexandria, VA, including the primary contact 'Lifeng Test' with email 'perfectxullifeng@gmail.com'.
- Active Applications:** A table listing three QOPI Certification Cycles:

QOPI Certification Cycle	App #	Status	Count
QOPI Certification Cycle - 03/02/2023	APP-42	Open	1
QOPI Certification Cycle - 02/17/2023	APP-32	Open	1
QOPI Certification Cycle - 02/07/2023	APP-24	Submitted	1
- Requests:** A dropdown menu is open, showing 'Practice Name Change Request' selected. A red box highlights the 'Submit' button next to the dropdown.
- Certifications:** A section titled 'No Active Certifications' with a 'Show Active Only' toggle.
- Scheduled Items:** A table with columns for 'Item', 'Begin', and 'End'.

Enter the new name of the Practice and Effective Date, then Upload the completed document to request change in the system. Then Submit.

Edit Form

Practice Name Change

Practice new name:

Effective Date:

Complete pdf form to request change in system

[QCP International Workflow SOP 2021 \(1\).docx](#)

REMARKS

Lifeng Xu - 03/06/2023 10:34:49 am

[Download](#) | [Change](#) | [Hide Remarks](#)

Practice Transaction Request

To notify QCP about a Practice Transaction such as a merger or sale/acquisition, click the Practice Transaction Request under Requests section, then click Submit.

ASCO QOPI Certification Program

Home Profile Contacts Applications Certifications Processes Issues Standards Instruments Documents

Primary Contact
Lifeng Test
perfectxulifeng@gmail.com

Requests

Please select the request you would like to submit

Please select the request you would like to submit

- Practice Name Change Request
- Practice Transaction Request**

Created 03/06/2023

Processing

QOPI Certification Cycle - 02/07/2023

Submitted 1

App # APP-24

Certifications Show Active Only

No Active Certifications

No certifications listed for this organization

Scheduled Items

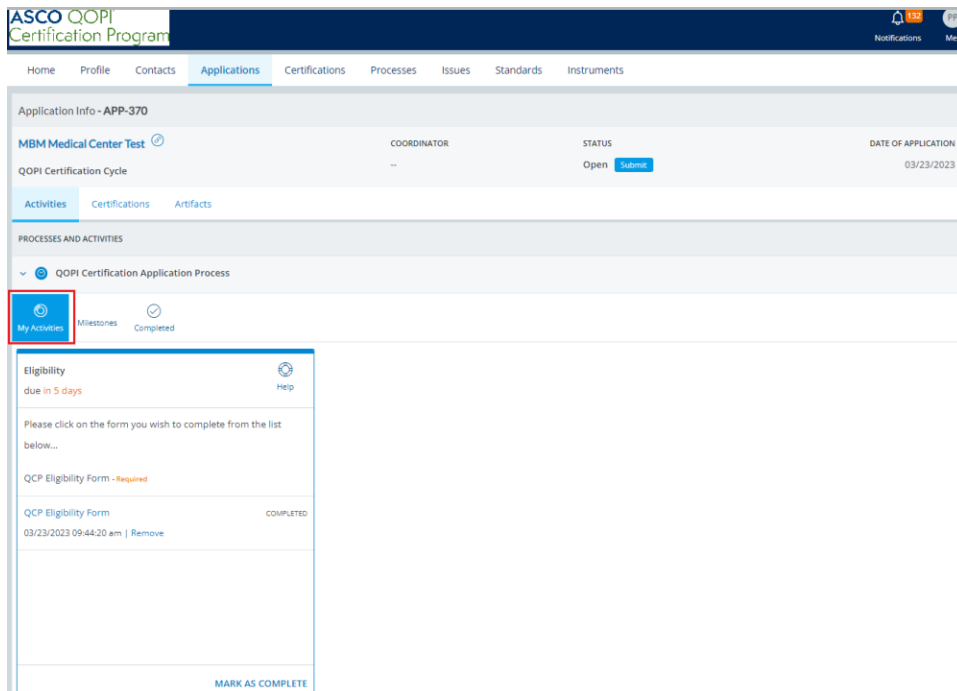
Item	Begin	End
QOPI® Pre-Survey Documents	Feb 8th	--
QOPI® Questionnaire	Feb 12th	--
QOPI® Pre-Survey	Feb 5th	--

Choose the structure of the transaction, fill in the Effective Date, and Upload the document after you download, complete, and sign the document. Then Submit.

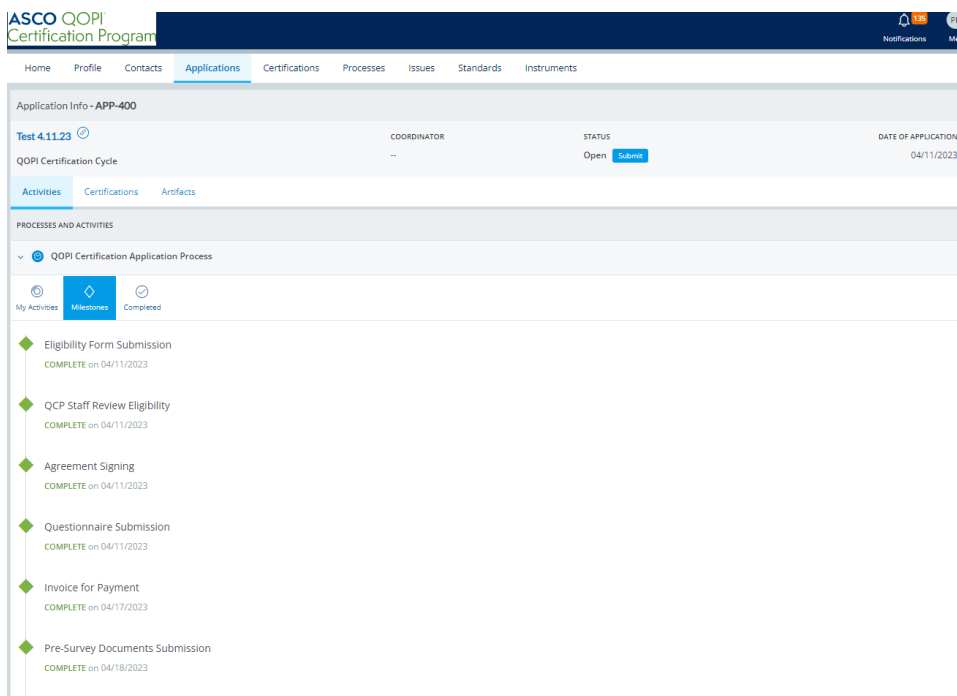
Applying for QOPI Certification
 Initiating the Application
 From Home page click Apply for Certification.

Click the drop-down menu under Application Type and select QOPI Certification Cycle. Click Save.

The QCP Application will launch and items that need to be completed will be listed under My Activities.



Click Milestones if you would like to view all application milestones and status.



Resuming an In-Progress Application

To resume an in-progress application at any time, navigate to the [ASCO Care Delivery Portal](#) (login if prompted) and from Home page under Active Applications click QOPI Certification Cycle hyperlink. The application will launch and show any steps that require action under My Activities.

The screenshot shows the ASCO QOPI Certification Program dashboard. The top navigation bar includes Home, Profile, Contacts, Applications, Certifications, Processes, Issues, Standards, and Instruments. The main content area is divided into several sections:

- Organization Profile:** Displays the user's assigned organization and provides a link to select a different one.
- Test 4.11.23 (zz411):** Shows the primary contact information for the user's organization.
- Requests:** A dropdown menu for selecting a request to submit, with a Submit button.
- Active Applications:** A table listing active applications. One application is highlighted with a red box:

Application Name	Status	Count
QOPI Certification Cycle - 04/11/2023 App # APP-400	Open	1
- Certifications:** A section indicating no active certifications are listed for the organization.
- Scheduled Items:** A table listing scheduled items:

Item	Begin	End
QOPI Pre-Survey Documents	Apr 17th	--
QOPI Questionnaire	Apr 11th	--

The screenshot shows the ASCO QOPI Certification Program dashboard, specifically the Application Info for MBM Medical Center Test (APP-370). The top navigation bar includes Home, Profile, Contacts, Applications, Certifications, Processes, Issues, Standards, and Instruments. The main content area is divided into several sections:

- Application Info - APP-370:** Displays the application details, including the MBM Medical Center Test, Coordinator, Status (Open), and Date of Application (03/23/2023).
- Activities:** A section with tabs for Activities, Certifications, and Artifacts.
- PROCESSES AND ACTIVITIES:** A section showing the QOPI Certification Application Process.
- My Activities:** A section showing the completion status of various activities. One activity is highlighted with a red box:

Activity Name	Status	Completion Date	Action
QCP Eligibility Form	COMPLETED	03/23/2023 09:44:20 am	Remove

Eligibility and Agreement
Under Eligibility Form click Add button to launch the form.

ASCO QOPI Certification Program

Home Profile Contacts Applications Certifications Processes Issues Standards Instruments

Application Info - APP-370

MBM Medical Center Test ✓

COORDINATOR	STATUS	DATE OF APPLICATION
--	Open Submit	03/23/2023

Activities Certifications Artifacts

PROCESSES AND ACTIVITIES

QOPI Certification Application Process

My Activities Milestones Completed

Eligibility due in 5 days [Help](#)

Please click on the form you wish to complete from the list below...

QCP Eligibility Form - *Required*

QCP Eligibility Form	COMPLETE
03/23/2023 09:44:20 am Remove	

[MARK AS COMPLETE](#)

Fill out the Eligibility Form with all required information and submit. You will need to provide a copy of an eligible QOPI *or* SmartLinQ QCP Overall Score report for review and approval.

Edit Form

The form contains invalid responses

Eligibility Form

Please provide information about your practice below to confirm eligibility to start an application for QOPI Certification. You will need to provide a copy of an eligible QOPI or SmartLinQ QCP Overall Score for review and approval. If approved, we will initiate signature of the QOPI Certification Program Participation Agreement electronically via DocuSign using the legal entity name and legal reviewer contact information provided.

QCP Participation Agreement is [available here to preview](#).

Note: To maintain programmatic consistency, we are unable to accept requests for changes to our Participation Agreement. We hope you can agree to sign our template agreements and if there are any questions, please contact us at qopicertification@asco.org

Enter entity name that should be included on QCP Participation Agreement for signature

Please enter contact info for practice staff who will perform legal review and signature
Name

Email

Phone

Type of Applicant
 New Applicant
 Re-Certifying Applicant
Clear
Which eligibility form are you using?

Select Scoring Round

- Select an option...
- QOPI Round 1 2021
- QOPI Round 2 2021
- QOPI Round 1 2022
- QOPI Round 2 2022
- SmartLinQ 2021
- SmartLinQ 2022
- SmartLinQ 2023

Edit Form
✕

Lifeng Xu - 02/07/2023 10:56:39 am
[Download](#) | [Change](#) | [Hide Remarks](#)

Enter your QOPI or SmartLinQ QCP Overall score (percentage)

Abstraction

Attest that you have abstracted charts from all practice sites seeking QOPI Certification

Yes
 No
[Clear](#)

Unique Chart Minimum

If the unique chart minimum was not met during abstraction, attest that you have exhausted all eligible charts for QOPI abstraction

Yes
 No
 Not Applicable
[Clear](#)

Representative Participation

Attest that a representative from your practice has participated in at least one of the [QOPI Certification educational webinars](#).

Representative's Full Name

Date of Webinar

The Eligibility Form will go to staff for review. It takes about 3-5 business days for staff to complete the review and approve. If the Eligibility Form is approved, your practice's legal contact listed in the form will receive an email from DocuSign within 1-2 weeks, prompting them to sign the QCP Participation Agreement.

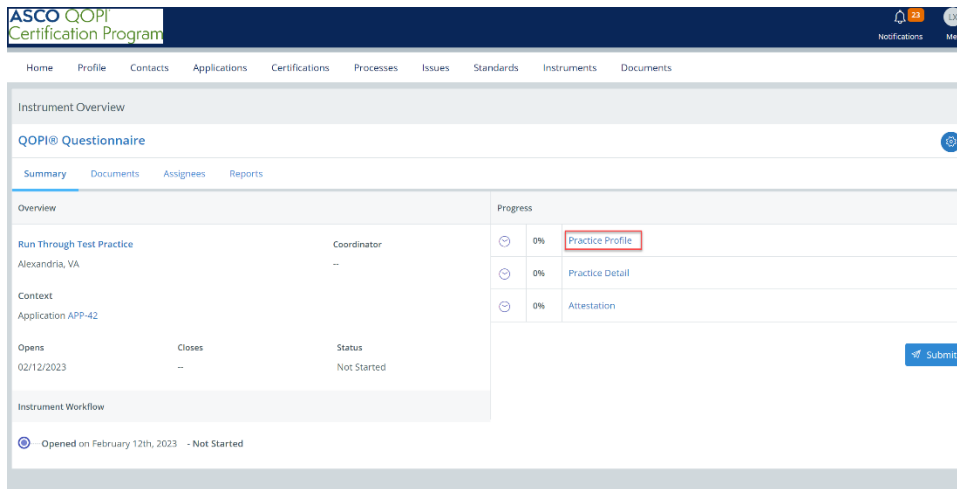
All trusted contacts receive system notifications. Notifications from the ASCO Care Delivery Portal will come from the no reply email caredelivery-nr@asco.org Please add this email to your address book to avoid system notifications going to junk or spam. For any QOPI Certification questions please reach out to gopicertification@asco.org.

QCP Questionnaire

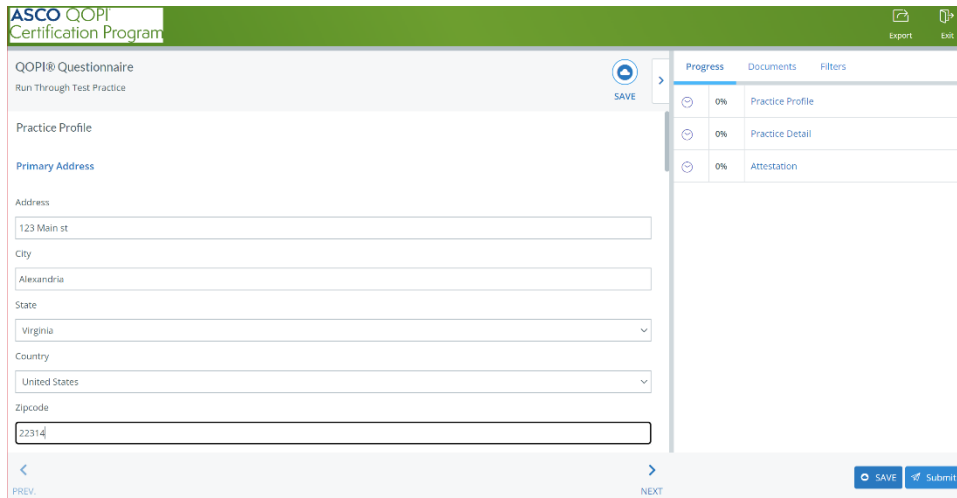
Once the legal document is signed and uploaded to the application, you will receive an email that you can access and complete the QCP Questionnaire.



Click the Practice Profile. For you to be able to submit the Questionnaire, you need to reach 100% for Practice Profile.



Enter the Practice Profile information and save.



You need to add all the Physician information to complete the Profile. If your practice is located outside of the United States, NPI number is not required. In this case, please enter 0 as placeholder for each physician. Please use Add button to add each physician for the practice. When all physicians have been added, click Done.

Response

Please add information for each NPI to the table below

First Name

Last Name

NPI

< 3 of 3 >

You will need to enter the Practice Sites info. All sections of form must be completed. Use the Add button to add additional practice sites. When all sites have been added, click Done.

Response

Please add information for each practice site to the table below

Name of site

Test site

Address

City

Zip Code

State

Country

Does this site administer chemotherapy?

Yes No

Does this site include a pharmacy that prepares chemotherapy?

Yes No

< 1 of 1 >

ASCO QOPI Certification Program

QOPI® Questionnaire

Run Through Test Practice

Practice Tax ID

Enter Practice Tax ID number(s)

Tax ID

Do all sites share the same tax ID?

Yes No

Policies

Do all sites follow the same policies?

Yes No

Ownership

Is the ownership of all sites the same?

Yes No

Click Practice details and choose from the options for each question. Save.

ASCO QOPI Certification Program

QOPI® Questionnaire
Run Through Test Practice

SAVE

Progress Documents Filters

100%	Practice Profile
0%	Practice Detail
0%	Attestation

Practice Profile

Primary Address

Address

123 Main st

City

Alexandria

State

Virginia

Country

United States

Zipcode

22314

Primary contact

Name

PREV. NEXT

SAVE Submit

ASCO QOPI Certification Program

QOPI® Questionnaire
Run Through Test Practice

SAVE

Progress Documents Filters

100%	Practice Profile
0%	Practice Detail
0%	Attestation

Who prepares the chemotherapy? Check all that apply.

Pharmacist

Pharmacy Technician

Registered Nurse

Physician

Physician Assistant

Advanced Practice Nurse

Other (please specify)

Chemotherapy Routes

Please indicate all routes of chemotherapy administered by practice staff. Check all that apply.

Parenteral

Intrathecal

Intraperitoneal

Intravascular

Other (please specify)

PREV. NEXT

SAVE Submit

Click Attestation.

ASCO QOPI Certification Program

QOPI® Questionnaire
Run Through Test Practice

SAVE

Progress Documents Filters

100%	Practice Profile
100%	Practice Detail
0%	Attestation

Practice Detail

Practice Affiliation

Academic Full Time

Private with Academic Affiliation

Employed

Private Independent

Clear

Practice Leadership

Does your practice leadership have control over policies and procedures at the infusion centers where patients receive chemotherapy?

Yes No Clear

Electronic Medical Record

PREV. NEXT

SAVE Submit

Answer each question and save. And then Submit.

ASCO QOPI® Certification Program

QOPI® Questionnaire
Run Through Test Practice

Attestation

Attest Standard Review

I attest that my practice has reviewed the latest QCP Standards and we are working towards meeting full compliance.

Yes No

Attest Re-Survey Fee

All applicants must acknowledge the following: * I understand that if a re-survey observation is required, an additional fee of up to \$3,800 will be incurred by the practice.

Yes, I understand

Attest Application Review

I attest that I have reviewed the application and I acknowledge that all information is accurate to my knowledge

Yes No

PREV. NEXT

Progress Documents Filters

100%	Practice Profile
100%	Practice Detail
0%	Attestation

Confirm Submission and then Submit.

Submit Response

Submit Instrument
QOPI® Questionnaire

100%	Practice Profile
100%	Practice Detail
100%	Attestation

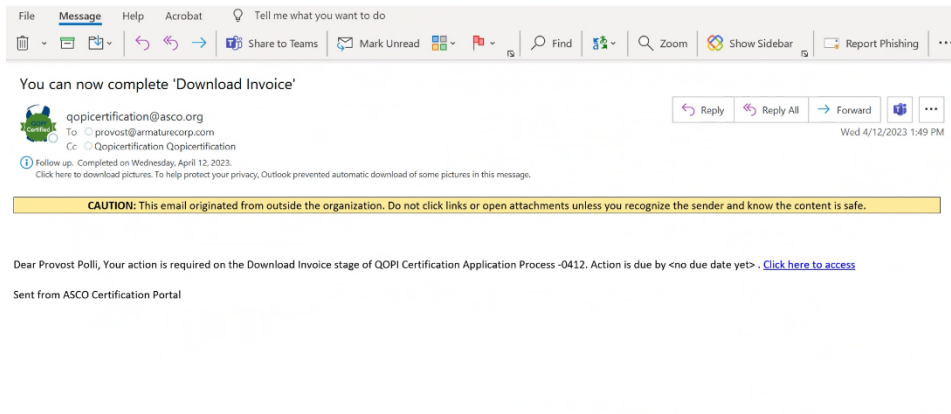
Please confirm that you would like to continue with submission.

Confirm Submission

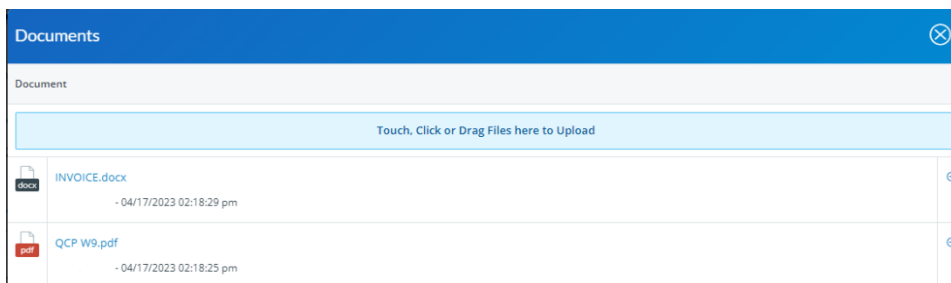
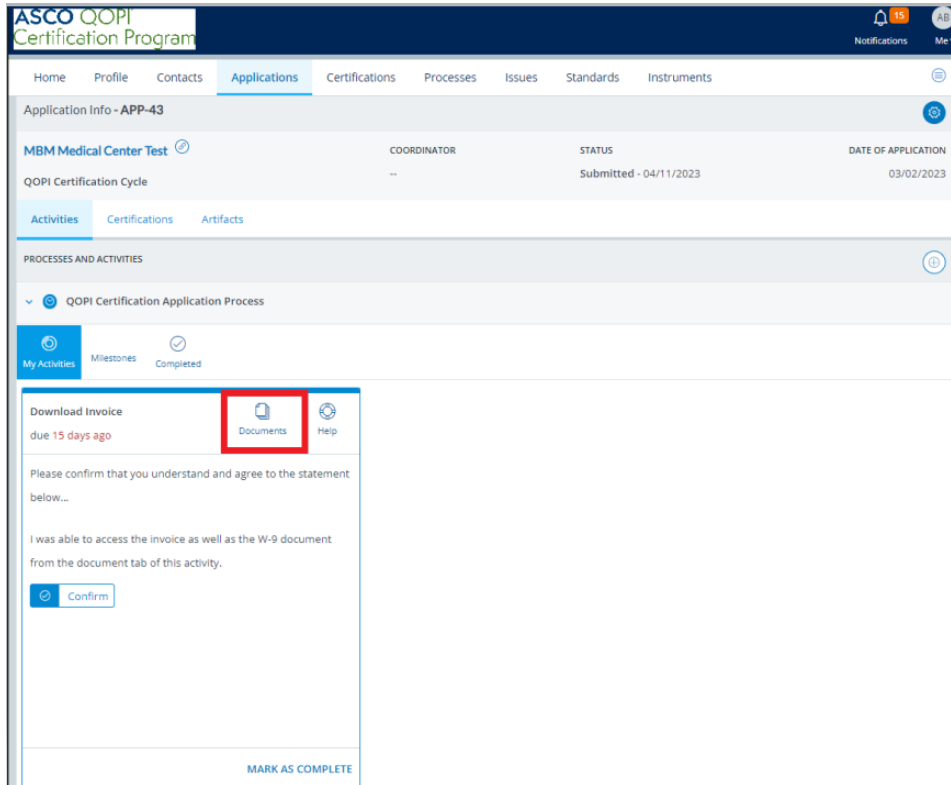
Staff will review your Questionnaire and upload the invoice, typically within 3-5 business days.

Payment

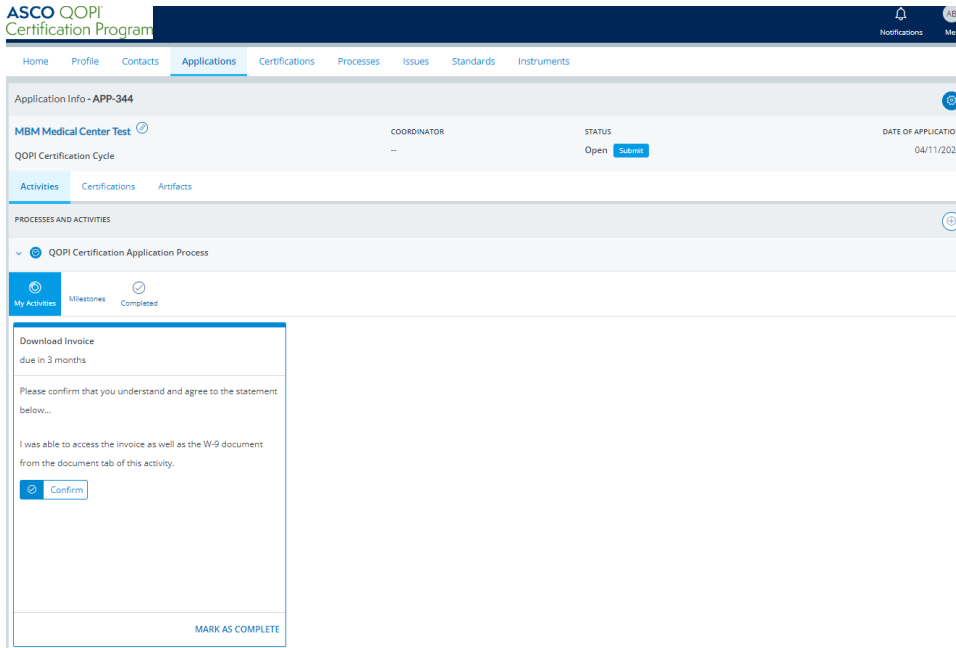
When your invoice is approved, you will receive the below email, prompting you to access the Download Invoice step in the application.



The Invoice and W9 can be accessed via the Documents tab in the Download Invoice activity.



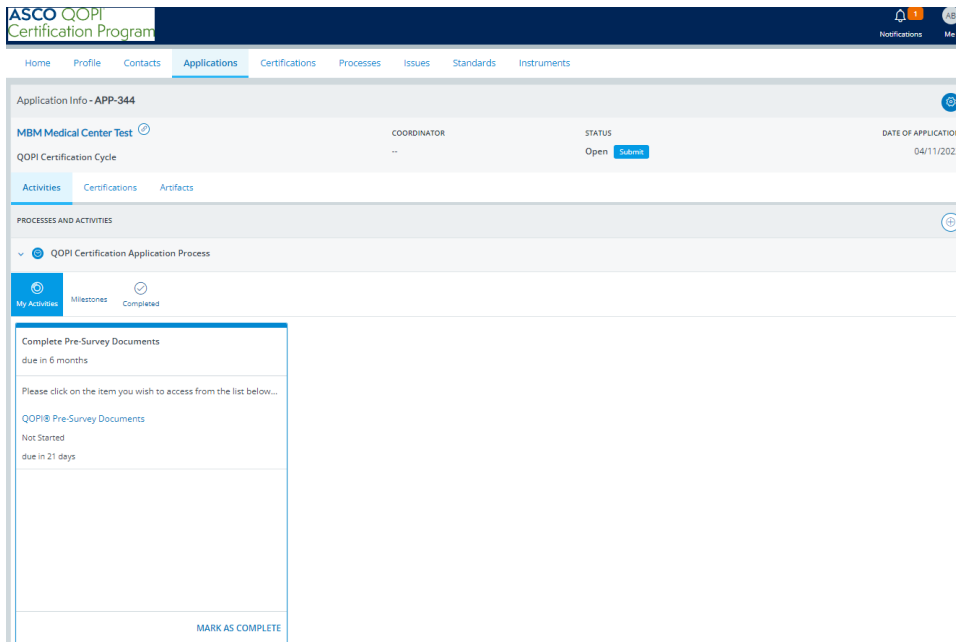
Click the Confirm button under My Activities once you have downloaded the invoice.



Please make the certification payment via check or wire transfer using the instructions on your invoice.

Pre-Survey Documents

While payment is pending, you can upload your Pre-Survey Policy Documents. Under Complete Pre-Survey Documents click on the QCP Pre-Survey Documents link.



Click on each of the Domains and complete the required information.

ASCO QOPI Certification Program

Home Profile Contacts Applications Certifications Processes Issues Standards Instruments Documents

Instrument Overview

QOPI® Pre-Survey Documents

QOPI® CERTIFICATION PROGRAM STANDARDS

Summary Documents Assignees Reports

Overview	Progress
Run Through Test Practice Alexandria, VA	0% Domain 1
Coordinator --	0% Domain 2
Context Application APP-42	0% Domain 3
Opens 02/08/2023	0% Domain 4
Closes --	0% Confirmation
Status Not Started	

Instrument Workflow

Opened on February 8th, 2023 - Not Started

Please upload written policies or procedures supporting each QOPI Certification Standard listed in the activity.

ASCO QOPI Certification Program

Export Exit

QOPI® Pre-Survey Documents

Run Through Test Practice

standards manual for more information about requirements for each standard.

DOMAIN 1

CREATING A SAFE ENVIRONMENT - STAFFING AND GENERAL POLICY

1.1

The healthcare setting has policies to define the qualifications of clinical staff who order, prepare, and administer chemotherapy and documents:

1.1.1 Supporting Evidence

Orders for chemotherapy are signed manually or by using electronic approval by licensed independent practitioners who are determined to be qualified by the health care setting.

Document	Summary
+ ADD ROW	

1.1.2 Supporting Evidence

PREV. NEXT SAVE

Progress	Documents	Filters
0%	Domain 1	
0%	Domain 2	
0%	Domain 3	
0%	Domain 4	
0%	Confirmation	

Add a Summary of the information that is relevant to the standard for each document submitted. The summary is a required field. If policy has sections, please reference the relevant sections in your summary. Remarks are optional to add. If more than one document is relevant to a Standard, click Add Row to upload.

ASCO QOPI Certification Program

QOPI® Pre-Survey Documents

Run Through Test Practice

SAVE

Progress Documents Filters

0%	Domain 1
0%	Domain 2
0%	Domain 3
0%	Domain 4
0%	Confirmation

1.1.1 Supporting Evidence

Orders for chemotherapy are signed manually or by using electronic approval by licensed independent practitioners who are determined to be qualified by the health care setting.

Document	Summary
<input type="button" value="Upload"/> -or- Choose Existing	Provide Question Response
+ ADD ROW	

1.1.2 Supporting Evidence

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

Document	Summary

PREV. NEXT SAVE

ASCO QOPI Certification Program

QOPI® Pre-Survey Documents

Run Through Test Practice

SAVE

Progress Documents Filters

0%	Domain 1
0%	Domain 2
0%	Domain 3
0%	Domain 4
0%	Confirmation

1.1.2 Supporting Evidence

Chemotherapy is prepared by a licensed pharmacist, pharmacy technician, physician, or registered nurse with documented comprehensive

Document	Summary
<input type="button" value="QCP International Workflow SOP 2021 (1).docx"/>	<input type="button" value="Summary"/>
REMARKS <input type="text"/>	
Lifeng Xu - 03/03/2023 11:30:57 am Download Change Hide Remarks	
+ ADD ROW	

PREV. NEXT SAVE

Check the box for Confirmation section and save. Then Submit.

ASCO QOPI Certification Program

QOPI® Pre-Survey Documents
Run Through Test Practice

Confirmation

I attest that the uploaded documents do not contain any Protected Health Information (PHI) such as, (but not limited to) documents containing patient names or initials, MRNs, dates of birth, visit dates, or other personally identifying information.

Progress	Documents	Filters
0%	Domain 1	
0%	Domain 2	
0%	Domain 3	
0%	Domain 4	
0%	Confirmation	

PREV. NEXT

SAVE Submit

Confirm uploads by clicking Submit.

Submit Response

Submit Instrument
QOPI® Pre-Survey Documents

0%	Domain 1
0%	Domain 2
0%	Domain 3
0%	Domain 4
100%	Confirmation

This response has not been completed (4%). Please confirm that you would like to continue with submission.


Confirm Submission



Submit Cancel

Site Survey


Once we receive your payment and all pre-survey documents, you will receive an email notification to schedule a site survey. Click the link in your email to complete the Site Survey Availability form.

You can now complete 'Site Survey Availability'

 qpicertification@asco.org
To: Qpicertification Qpicertification
Cc: Qpicertification Qpicertification

[Reply](#) [Reply All](#) [Forward](#)  

Fri 3/3/2023 11:41 AM

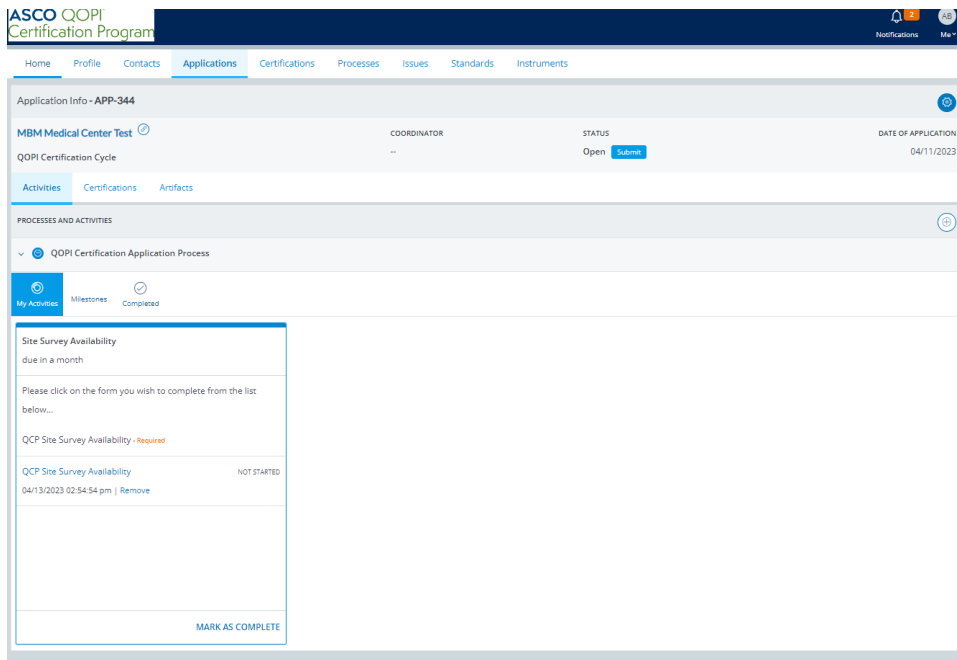
 Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

CAUTION: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Lifeng Test, Your action is required on the Site Survey Availability stage of QOPI Certification Application Process. Action is due by <no due date yet> . [Click here to access](#)

Sent from ARMATURE Fabric

Under My Activities click QCP Site Survey Availability link to launch form.



Enter the information to indicate your site survey preferences. Please make sure to add a start and end date range. Then Submit.

Edit Form
✕

All new and re-certifying practices are required to participate in a Virtual or On-Site Survey. The assigned Surveyor will assess your practice's compliance with the QOPI Certification Standards through review of medical records and practice policies, brief interviews with staff to confirm practice procedures, and observation of chemotherapy preparation and administration.

Please select whether your practice would like a virtual survey or an in-person on-site survey.

Virtual Survey
 In-Person On-Site Survey
[Clear](#)

Practices who select a Virtual Survey will be required to review and sign the [QCP Equipment Loan Agreement](#). Edits to this form are NOT being accepted and it must be signed and returned to your assigned surveyor as soon as possible (prior to camera shipping).

I attest that my practice has reviewed the QCP Equipment Loan Agreement document (linked above) and will plan to sign this form when my virtual survey date is confirmed.

Which day(s) of the week are most optimal for the Site Survey?
 Note: At least five IV chemotherapy patients should be seen on the days selected.

Monday
 Tuesday
 Wednesday
 Thursday
 Friday

Use the calendar tool below to select either single dates or date ranges that your practice is available for a Site Survey. Please add dates in order of preference, including 6-10 options. Dates must be at least 4-6 weeks from today.

	Start Date	End Date
⊖	<input type="text" value="02/09/2023"/>	<input type="text" value="03/02/2023"/>
+ ADD ROW		

Use the calendar tool below to select either single dates or date ranges that your practice is NOT available for an On-Site Survey.

	Start Date	End Date
⊖	<input type="text" value="03/03/2023"/>	<input type="text" value="03/31/2023"/>
+ ADD ROW		

Save
Submit
Abandon

After submission, your Site Survey Availability form will be reviewed by the QCP team, and a proposed visit date will be sent to you via email within 4-6 weeks.

You will receive an email with your selected surveyor and survey date. Please reply within 3 business days to confirm the selected surveyor and the date. If we do not hear back regarding a conflict, we will move forward with confirming the visit.

QCP On-Site Surveyor Assignment and Survey Date for Review by Run Through Test Practice

qopcertification@asco.org
To: Lifeng Xu
Cc: Qopcertification Qopcertification
Retention Policy: ASCO Policy | Inbox Tag (90 days)
[Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.](#)

Expires: 5/18/2023

Reply Reply All Forward

Fri, 2/17/2023 10:14 AM

CAUTION: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Run Through Test Practice
[2/17/2023]

Your practice will be scheduled for an On-Site Survey as a required component of your QOPI® Certification Program practice review. The goal of this survey is to evaluate your practice's compliance with the QOPI Certification Program Standards. We hope that practice staff will view the survey process as a learning opportunity and a chance for their hard work and dedication to be validated and recognized by an external program.

On-Site Survey Date Selected

The date selected for the On-Site Survey is **[DATE]**. If this date no longer works, please contact us within 3 business days.

On-Site Surveyor Assigned

The QOPI Certification On-Site Surveyor assigned to your practice is **[SURVEYOR NAME]** and has been assigned in compliance with the ASCO and QOPI Certification Program Conflict of Interest Policies.

Action Required

You must notify the Certification Program by email at qopcertification@asco.org within **three (3) business days of the receipt of this email** to confirm whether you consider the surveyors to have a disqualifying relationship with your practice such as:

- A substantial personal or professional relationship with the practice (e.g., self or immediate family member employed by the practice);
- An appreciable financial interest in the outcome (e.g., self or immediate family member **employed by a direct competitor of the practice**); or
- Any other relationship with the practice that would cast considerable doubt on his or her ability to provide an objective review, as determined by the Certification Program.

If a disqualifying relationship is identified an alternate On-Site Surveyor will be assigned by the QOPI Certification Program.

What Happens Next?

After we have your confirmation, the On-Site Surveyors will contact your office to discuss logistics and a working agenda for the On-Site Survey.

Once the survey information is confirmed, you will receive the final confirmation email below. For virtual survey visits, please review the additional instructions and the attachment.

QCP On-Site Survey Date Confirmation: Run Through Test Practice

qopcertification@asco.org
To: Lifeng Xu
Cc: Qopcertification Qopcertification
Retention Policy: ASCO Policy | Inbox Tag (90 days)
[Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.](#)

Expires: 5/18/2023

CAUTION: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

[2/17/2023]

Run Through Test Practice has been selected for an on-site survey as a required component of your QOPI Certification Program practice review. The on-site survey will occur on **[DATE]** as agreed upon between your practice/institution and the on-site surveyors. Once the dates are agreed upon, they cannot be changed without penalty. If the practice/institution changes the initial dates decided upon they will be required to bear the cost associated with the travel fees, surveyor stipends, etc., that occur from the change. The goal of this survey is to evaluate compliance with the specifications of the [QOPI Certification Program Standards](#).

On-Site Surveyor(s) Selected: **[SURVEYOR NAME]**

What to Expect During the On-Site Survey:

The on-site surveyor will assess compliance with QOPI Certification Standards through:

- Review of medical records and practice policies
- Brief interviews with staff to confirm practice procedures
- Observation of chemotherapy preparation and administration

In order to ensure a successful survey experience, please review the attached **On-Site Survey Logistics Guide** carefully.

The pre-survey documents submitted by your practice will be reviewed by your assigned surveyor. Your surveyor will contact you to schedule the site survey planning call. Once the site survey is complete, your surveyor will draft the Certification Compliance Report (CCR) based on the findings and observations. You can expect to receive a notification to view the CCR within 4-6 weeks of the survey.

Certification Compliance Report Review

Once the Certification Compliance Report (CCR) is completed, you will receive an email with a link to access the report and important due dates for compliance submissions (if applicable). The Action Plan (Step 1) noted in the email is due within 10 days of receiving the CCR if any Standards were unmet during the survey. You will receive the Action Plan template as an attachment to the below email.

Dear Provost Palli,

The QOPI Certification Program has completed your practice's Certification Compliance Report (CCR). An action plan is required before your practice can be considered for certification.

The CCR can be **accessed through this link** and outlines compliance requirements for each standard not met that need to be addressed through an action plan. Your practice must complete the following two steps in order to demonstrate that appropriate action was taken to address the requirements:

Step 1: Develop & Submit an Action Plan

Develop and submit an action plan within 10 calendar days of receipt of CCR by ***due date*** to the QOPI Certification Program (qopcertification@asco.org) defining the steps your practice will take to address the standards that were not met or partially met during your Site Survey.

For each unmet standard the Action Plan should clearly state the changes that will be made to meet the identified requirements and demonstrate compliance with all QOPI Certification Standards.

To learn more about how to write an Action Plan and submit supporting documentation, please review this recorded webinar: https://www.youtube.com/watch?v=_lhii1mzhVk

Detailed instructions and an optional action plan template are in the **attached spreadsheet**.

QOPI Certification staff will review your action plan and send you an email either approving the action plan or requesting modifications to your plan.

Step 2: Implement the Action Plan & Send Documentation to Demonstrate Completion

Once your action plan is approved, you must implement the action plan and submit documentation to demonstrate compliance within 120 calendar days of receipt of final CCR by "due date". If your practice will not be able to meet the 120 day deadline, you must formally request an extension within 30 days of receiving your report. Requests for extensions will be reviewed by the QOPI Certification Program Steering Group.

Compliance with the standards requirements must be demonstrated through supporting documentation submission:

- Supporting documentation must be uploaded to the online QOPI Certification Application
- Do not include any patient charts nor patient information as supporting documentation

Although you have until "due date" to complete Step 1 and "due date" to complete Step 2, we encourage your practice to submit documentation as soon as implementation is complete so we can review and complete your Certification as quickly as possible. If either deadline falls on a weekend or federal holiday, the deadline rolls to the next business day.

Use the link in your email to access the QOPI Certification Compliance Report where you can review the assessments for each QCP Standard based on your site survey. Use the Progress tab to navigate each section of the report. Domains 1-4 tabs contain specific assessments and notes for each Standard. If a Standard is assessed as Partially Met or Not Met, you will see an orange number which indicates an Issue was found for that standard. Click the orange number or Issues tab to view each Issue.

The screenshot shows the ASCO QOPI Certification Program interface. At the top, there is a navigation bar with the logo and user information. Below it is a menu with options: Home, Profile, Contacts, Applications, Certifications, Processes, Issues, Standards, Instruments, Documents. The main content area is titled 'Instrument Overview' and 'QOPI® Certification Compliance Report'. It shows a progress table for MBM Medical Center (23679) with a 'Submitted' status. The progress table indicates 100% completion for all domains (1-4). The 'Survey Information' link is highlighted in red. The 'Issues' tab is selected, showing a list of issues with a count of 0. The 'Workflow' section shows the report was opened on February 12th, 2023, and submitted on February 23rd, 2023.


Overview	Progress
MBM Medical Center (23679)	100% Survey Information
Coordinator	100% Assessment Summary
Context	100% Domain 1
Application APP-3B	100% Domain 2
Opens	100% Domain 3
Closes	100% Domain 4
Status	
02/12/2023	
Submitted	

ASCO QOPI Certification Program

QOPI® Certification Compliance Report
MBM Medical Center

IV Patient 1
 No

IV Patient 2
 No

3.8  **Partially Met**

Before each chemotherapy administration, at least two practitioners approved by the health care setting to administer or prepare chemotherapy verify and document the accuracy of the following elements:

Findings
Appearance and physical integrity of drug verification is not documented.

Standard 3.8
Note: All answers are "Yes" unless indicated in table below.

Description	Verified		Documented
	IV Patient 1	IV Patient 2	Both
3.8.1 Drug name.	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
3.8.2 Drug dose.	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

PREV. NEXT

Progress Documents Issues Filters

- 100% Survey Information
- 100% Assessment Summary
- 100% Domain 1
- 100% Domain 2
- 100% Domain 3
- 100% Domain 4


Each Issue will include a Findings statement summarizing why the standard was unmet, and a Standard Requirement which states requirements to demonstrate compliance with the standard during the post-survey process. Use the information from each Issue to populate your practice's Action Plan document. You will need to write a plan to address each Standard Requirement.

ASCO QOPI Certification Program

QOPI® Certification Compliance Report
MBM Medical Center

IV Patient 1
 No

IV Patient 2
 No

3.8  **Partially Met**


Before each chemotherapy administration, at least two practitioners approved by the health care setting to administer or prepare chemotherapy verify and document the accuracy of the following elements:

Findings
Appearance and physical integrity of drug verification is not documented.

Standard 3.8
Note: All answers are "Yes" unless indicated in table below.

Description	Verified		Documented
	IV Patient 1	IV Patient 2	Both
3.8.1 Drug name.	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
3.8.2 Drug dose.	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

PREV. NEXT

3.8 

FLAGS NONE

Issues 1

ISS-11 - OPEN In Progress

Standard 3.8

Critical Partial Compliance

Findings: Appearance and physical integrity of drug verification is not documented.

Standard Requirement: Please submit a process/tool/note template/flowsheet for how, before each chemotherapy administration, at least two practitioners approved by the health care setting to administer or prepare chemotherapy verify and document the accuracy of the appearance and physical integrity of the drugs. Please include how this process will be implemented and documentation of staff education and compliance monitoring.

[Less](#)

Criteria

3.8 Before each chemotherapy administration, at least two practitioners approved by the health care setting to administer or prepare chemotherapy verify and document the accuracy of the following elements

ASCO QOPI Certification Program

QOPI® Certification Compliance Report
MBM Medical Center

IV Patient 1
 No

IV Patient 2
 No

3.8 ● 1

Before each chemotherapy administration, at least two practitioners approved by the health care setting to administer or prepare chemotherapy verify and document the accuracy of the following elements: Partially Met

Findings
Appearance and physical integrity of drug verification is not documented.

Standard 3.8
Note: All answers are "Yes" unless indicated in table below.

Description	Verified		Documented
	IV Patient 1	IV Patient 2	
3.8.1 Drug name.	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
3.8.2 Drug dose.	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

PREV. NEXT

Progress Documents **Issues** Filters

ISS-11 - OPEN In Progress

Standard 3.8
● **Critical Partial Compliance**
Findings: Appearance and physical integrity of drug verification is not documented.
More

Criteria
3.8 Before each chemotherapy administration, at least two practitioners approved by the health care setting to administer or prepare chemotherapy verify and document the accuracy of the following elements

ISS-12 - OPEN In Progress

Standard 4.2
● **Critical Non-Compliant**
Findings: An initial assessment of patients' ability to adhere was not found in medical records reviewed.
More

Criteria
4.2 The health care setting has a policy that outlines the procedure to assess patients' ability to adhere to chemotherapy that is established outside of the health care setting at the start of

Exporting the Certification Compliance Report (CCR)

To export a copy of the CCR, click Export on the top right menu of the CCR. You can save the file and share with others as needed.

Upload Action Plan

Submit your completed Action Plan within 10 days of CCR receipt. Choose the Organization Representative Persona after log in. Select the most recent Application. From Upload Action Plan tile, click Upload button to upload the completed Action Plan.

My Activities Milestones Completed

Upload Action Plan
due 17 days ago

Please upload relevant documents in the sections below...

Action Plan - Required UPLOAD

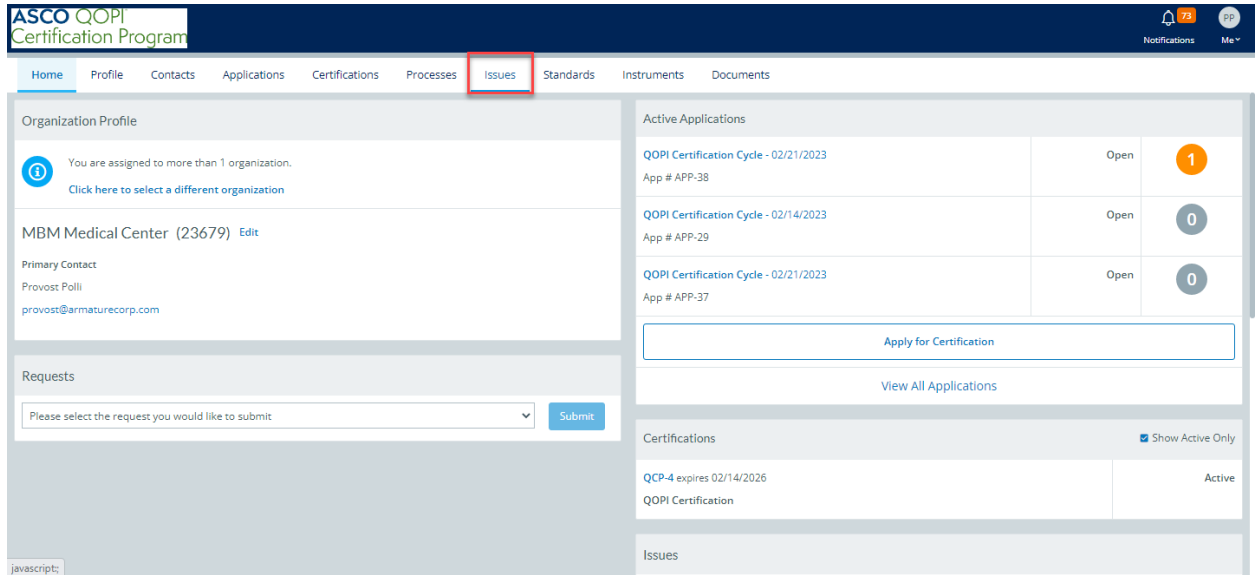
No documents are available/required at this time.

MARK AS COMPLETE

It is essential to click “Mark as Complete” after you upload the document to notify QCP that the document is ready for review. QCP Staff will review your submitted Action Plan and provide approval or feedback via email within 5 business days.

Document Implementation of Action Plan

Upload documentation demonstrating implementation of the Action Plan by your final due date (120 days from report delivery date). Login and click the Issues tab.

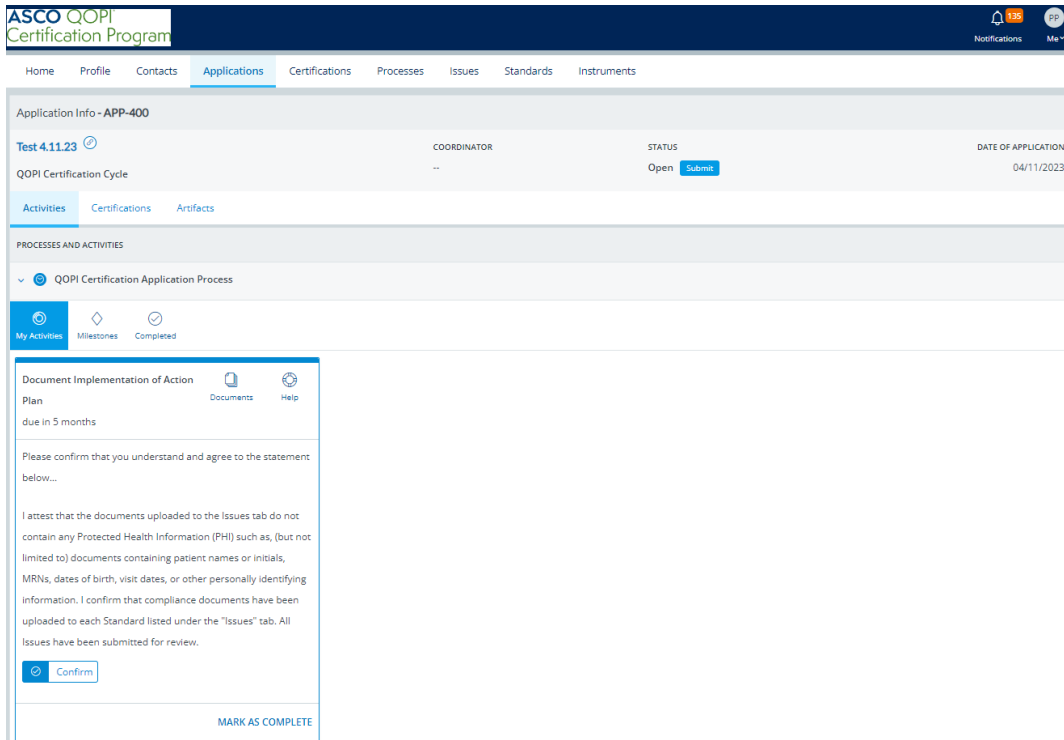


Please click on each Issue and type a Resolution statement summarizing the work completed and upload any related documents to the “Resolution Documents” area.

Important Note: The ASCO Care Delivery Portal is not configured to store, receive, display, or otherwise contain PHI and is not a HIPAA-compliant environment. You will be required to attest that any document or file that You upload does not contain PHI. As such, please ensure that any documentation that You upload does not contain any PHI, does not display health information on a patient, and does not contain any personal identifiers of a patient (including, patient names or initials, MRNs, dates of birth, visit dates, or other personally identifying information). If you are unsure whether a document contains PHI, please check with your practice’s privacy officer.

When all documents have been uploaded to support each standard, please click “Submit” for each Issue.

Navigate back to the Applications tab. Click the Document Implementation of Action Plan activity. Review the confirmation language and click confirm to notify staff that you completed upload of all documents. Staff will review all documentation (typically within 4-6 weeks of submission) and reach out with any questions or feedback. If all Standards are assessed as Met following staff and committee review, certification will be granted.



Certification Decision

Certification is awarded when a practice is deemed to have met all requirements for Certification. Practices awarded certification will receive an email announcement. The email will contain a media kit, which includes logo files, a brand guide for how to use the logos and samples of social media posts, press releases, and newsletters. In addition, each certified practice receives one complimentary award plaque to display at their facility. More plaques may be purchased for a fee. QCP™ also displays QOPI® Certified Practices in a [map on the QOPI Certification website](#).

Contact Us

For all questions about QOPI Certification please reach out to gopicertification@asco.org and we will be happy to assist you.