

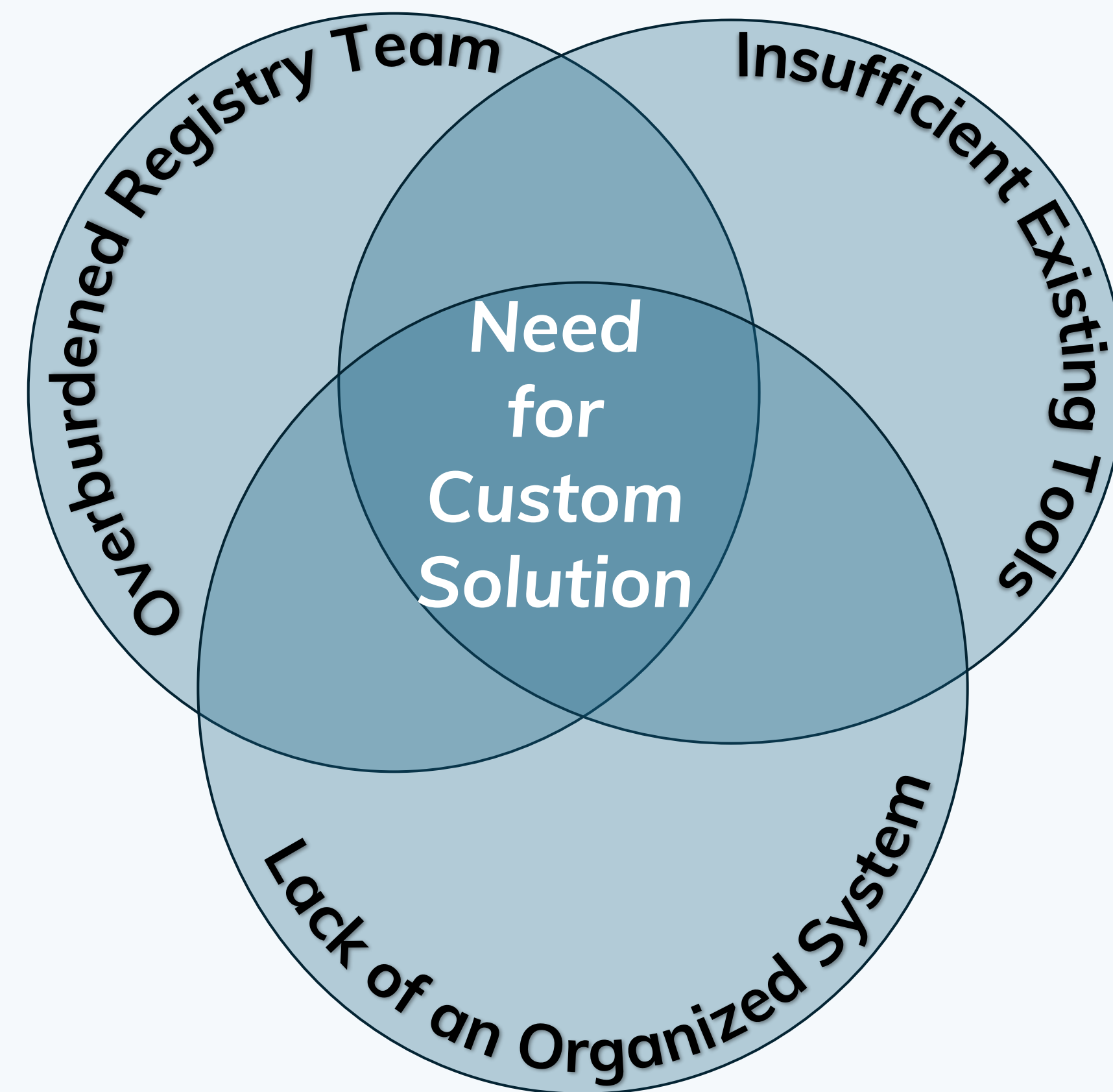
STREAMLINING CANCER PROGRAM ACCREDITATION MANAGEMENT: A COMPREHENSIVE EXCEL-BASED TRACKING SOLUTION

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BACKGROUND

- **The Value of Accreditation:** Cancer program accreditations, such as the CoC, NAPBC, and NAPRC ensure high-quality, multidisciplinary, and patient-centered care, benefiting all stakeholders.
- **Complex Management:** Managing accreditation requirements is often complex and challenging, especially when multiple accreditations across several facilities must be managed, requiring meticulous tracking of compliance measures, reporting schedules, and documentation.
- **Need for an Effective Tracking System:** The limitations of existing tools underscored the need for a streamlined, organized system to effectively manage accreditations and ensure continuous survey readiness.

GAP ANALYSIS



SOLUTION

Development of an Accreditation Tracker Using MS Excel

Comprehensive and Organized Structure Including Critical Details for Each Standard

System-wide Application to All Cancer Program Accreditations

IMPACT

- **Simplified Tracking:** The accreditation trackers streamlined the process, allowing all team members to quickly understand the current compliance status at a glance. This significantly improved the ease of managing multiple accreditations across various regions.
- **Enhanced Adaptability:** The tool was effectively utilized to track accreditations beyond ACS cancer programs, standardizing processes across the system.
- **Community Adoption:** Sharing the tracker on ACCCExchange resulted in widespread implementation, with numerous cancer programs across the country adopting it to improve their accreditation management and compliance efforts.

RESOURCES



[NAPBC Tracker-2024 Standards | All Member Community](#)



[Best Practices for Tracking Accreditation Standards at Program Level](#)

CoC 2024 Standards Tracker											
Standard	Measure of Compliance		Required Document	Frequency	Mode of Submission	Point of Contact	Discussed in Q1?	Discussed in Q2?	Discussed in Q3?	Discussed in Q4?	Last updated/ approved
1	Institutional Administrative Commitment										
1.1	Administrative Commitment	Cancer committee authority is established and documented by the facility through a letter from facility leadership that includes all required elements.	Letter of authority from facility leadership that includes all required elements	Once per accreditation cycle	Submitted with PRQ						
2	Program Scope and Governance										
2.1	Cancer Committee	1. The membership of the cancer committee includes all required specialties and coordinators. 2. Committee membership including all required roles is documented in the cancer committee minutes at the first meeting of the calendar year at least once each accreditation cycle.	INCP Cancer Committee Template Q1 meeting minutes that identify the required cancer committee members	Annually (Q1)	Submitted with PRQ						
2.2	Cancer Liaison Physician	1. The CLP or the alternate identifies, analyzes, and presents NCDB data specific to the cancer program, with preference for areas of concern and/or where benchmarks are not met, to the cancer committee at a minimum of two meetings each calendar year. 2. The CLP is present during the CoC site visit and meets with the site reviewer to discuss CLP activities and responsibilities.	Cancer committee minutes documenting CLP reports from at least two separate meetings each calendar year on data specific to the cancer program, including actions and response. 	Biannually Once per accreditation cycle	Submitted with PRQ Reviewed On-Site						
2.3	Cancer Committee Meetings	The cancer committee meets at least once each calendar quarter.	Cancer committee minutes INCP Cancer Committee Template	Quarterly	Submitted with PRQ						

CONTACT



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