| Example 1: Nominee 2 | Open-Ended Response |
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| The CLP should play an essential role in upholding the Commission on Cancer Standards. Please explain in 250 words or less how your CLP has helped educate your program's Cancer Committee members about these standards, and their role if any, in meeting the standards | One of Nominee 2 's core beliefs is maintaining and exceeding current standards as a way to provide high- quality patient care. He has implemented a culture of safety and continuous improvement and education at our community-based cancer center by supporting staff in seeking knowledge and certifications, providing active feedback on quality initiatives, and consistent education on clinical guidelines for providers and staff. Nominee 2 is dedicated to challenging the status quo by discussing the CoC standards, his expectation to exceed those standards, updates to treatment protocols, and best practices in oncology. This is evidence by his drive to learn new material and bring that to his peers and staff as well as conduct case presentations where they can analyze, discuss, and learn from each other's experiences. Nominee 2 consistency goes above and beyond to ensure the highest quality of care for our patients. His engagement with both patients and colleagues has set a standard for compassionate and collaborative healthcare. His commitment to elevating our cancer committee through education, discussion, and quality improvement is unparalleled. Nominee 2 values and understands the worth of accreditation through the CoC. Through his words, actions, and education his colleagues are able to see this as well. |
| An outstanding CLP possesses a clear understanding of the National Cancer Database (NCDB) reporting tools and uses them effectively to assess program performance. Please explain in 250 words or less how your CLP does this. | Nominee 2 has taken the CLP role to the next level by enhancing the technology and tools available, such as NCDB and real time metrics in Epic, to assess the performance of our team and impact we carry over to the safety and quality of our patient's lives. Reporting out on quality quarterly, he is using tools such as the NCBD to analyze patterns in care, evaluate treatment, identify possible areas for improvement, clinical trial opportunities, and areas for improvement. Nominee 2's understanding of data and use of the COC reporting tools has elevated our cancer committee's understanding of the data and value it brings to the committee. Several improvements have been developed related to his monitoring of NCBD. One in particular is the development of disease specific data bases and dashboards in Epic so that the cancer committee can evaluate possible trends and actionable items in real time. We started this process in 2023 with breast cancer and reduced our time from tissue diagnosis to system treatment by 14 days as well as implementing a same day biopsy process. Nominee 2 has educated and shown our committee the importance of reviewing and drilling down into the data to see how and what is impacting the patients. |
| CLPs are tasked with leading Quality Improvement (QI) initiatives at their cancer programs. Please explain in 250 words or less how your CLP is a leader in this area and works with the cancer teams and program leadership to implement QI initiatives. | Due to his passion for safety and quality, Nominee 2 has been involved with our quality improvements prior to his role as CLP 7 years ago. He is committed to elevating the care we provide and encourages the team to brainstorm and bring ideas to the committee for discussion. Nominee 2 is an active participant in development, implementation, and active feedback of QI at our cancer center and across our system. He has led multiple programs such as the implementation of an onsite pharmacy, daily huddle to discuss safety and patients on treatment, improved oral chemo authorization process, Epic Beacon Optimization, and so many more. |
| Is your CLP involved in regional cancer-related activities? Examples would include participation in local cancer consortium activities, state advocacy and regional meetings in their specialty. If yes, please provide additional details in 250 words or less. | Yes and no. Prior to Covid Nominee 2 was actively involved. Since then we have had some provider turn over related to retirements and his focus has been on the local level as this time. He has interacted with the state chair and has expressed the desire to support future state or national CLP meetings. |
| Please provide an example of how the nominee identifies and brings forward specific issues to the Cancer Committee that have resulted in changes that improved patient care (250 words or less). | Using data and evidence to support theories and intuition is how Nominee 2 uses his influence to inform and impact changes. He encourages constant dialogue regarding standard of care and research. He challenges his peers and staff to ask questions and seek the answers. Not only does he provide the data and QI support but he also assists with taking the process to the next step and supports our clinical research department as a PI for numerous trials. He is an active participate in our collaboration with HOSPITAL SYSTEM NAME , on our precision medicine steering committee, oncology QMC, and IRB. Through his active involvement and networking Nominee 2 supports our cancer program by making connections to make things happen. |
| Please provide a specific example of how the nominee either fosters a strong relationship with the American Cancer Society or utilizes American Cancer Society resources in their work (250 words or less). | Nominee 2 has spoken at our local Relay for Life events many times over the years. He is also involved in our local ACS CAN activities and supported our work to achieve a transportation grant from American Cancer Society 2 years in a row. |
| Is there any other information you would like to add that demonstrates ways in which your program's CLP has excelled in the role? | Nominee 2's ability to see that quality improvement and safety is dependent on the team, the connections, and the data has evolved our cancer committee from a report out committee to an interactive meeting that achieves results. Not only is Nominee 2 committed on the local and oncology level but he is committed to our hospital as well. He is on our HOSPITAL Medical Executive Governance Committee, The HOSPITAL Department of Medicine, and he is an active member of the HOSPITAL multidisciplinary peer review committee. He sees the value in assisting others and the return on that investment for both our departments and patients. |