Optimal Resources for Cancer Care

2020 Standards Webinars

General Information

Cancer PROGRAMS
AMERICAN COLLEGE OF SURGEONS

Effective January 1, 2020

Review all information in the manual

- Address changes to Accreditation process
- New terms defined in glossary
- Specifications by category

Access the 2020 Standards and Resources page for more information on the standards and upcoming activities

https://www.facs.org/quality-programs/cancer/coc/standards/2020

1

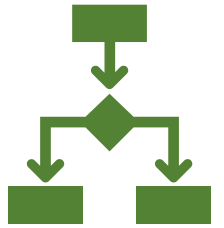
Institutional Administrative Commitment

Section 1 Rationale

- Commitment to success

- **Resource allocation**
  - Equipment
  - Personnel
  - Administrative support

- Focus on
  - **Patient safety**
  - Continuous **quality improvement**



1.1 – Administrative Commitment

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- **Letter of authority**
  - Demonstrates commitment
  - Includes but is not limited to:
    - A high-level **description** of the cancer program
    - Any initiatives involving the cancer committee during the accreditation cycle that were initiated for the purposes of ensuring **quality and safety**
    - **Facility leadership's involvement** in the cancer committee
    - Examples of the current and future **financial investment** in the cancer program
- Who signs the letter?
  - CEO or another member of the C-Suite

1.1 – Administrative Commitment

- When should the letter be written?
    - Once each accreditation cycle, the cancer program fulfills the compliance criteria

1.1 – Administrative Commitment

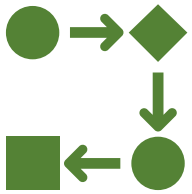
- **Pre-Review Questionnaire (PRQ)** documentation:
  - **Letter of authority**
    - Includes all required elements
    - Other important information or description included

2

Program Scope and Governance

Section 2 Rationale

- Cancer program provides
  - **Structure**
  - **Process**
  - **Personnel**
    - **Administrative**
    - **Medical staff**
    - **Supportive care**


- Why is this important?
  - Demonstrates commitment to broad cooperation in order to improve the quality of care at the cancer program.



2.1 – Cancer Committee

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- The care of patients with cancer requires a **multidisciplinary approach** and encompasses physician and non-physician professionals

- A multidisciplinary committee leads the program

- Who are the committee members?
  - Required
    - **At least one physician** representing each of the diagnostic and treatment services
    - Coordinators
    - Administration
    - Clinical Care
    - Supportive services

    - Other members to represent the scope of the program

2.1 – Cancer Committee

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Required physician members

- Cancer Committee Chair
- Cancer Liaison Physician
- Diagnostic Radiologist
- Pathologist
- Surgeon
- Medical Oncologist
- Radiation Oncologist

Required non-physician members

- Cancer Program Administrator
- Oncology nurse
- Social worker
- Certified Tumor Registrar

Required coordinator members

- Cancer Conference Coordinator
- Quality Improvement Coordinator
- Cancer Registry Quality Coordinator
- Clinical Research Coordinator
- Psychosocial Services Coordinator
- Survivorship Program Coordinator

- Overlapping roles are acceptable in some instances

2.1 – Cancer Committee

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What is the role of the Certified Tumor Registrar?

- Cancer Conference Coordinator
- Cancer Registry Quality Coordinator

2.1 – Cancer Committee

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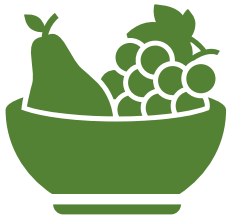
- Cancer committee members strongly recommended but not required include:

Specialty physicians representing the five major cancer sites at the program

Palliative Care Professional

Genetics Professional



Registered Dietitian Nutritionist

Rehabilitation Services Professional

Pharmacist

Pastoral Care Representative

American Cancer Society representative

2.1 – Cancer Committee

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- **Pre-Review Questionnaire (PRQ)** documentation:
  - **Cancer committee minutes** that identify the required cancer committee members

2.2 – Cancer Liaison Physician (CLP)

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American College of Surgeons
Inspiring Quality:
Highest Standards, Better Outcomes
100+years

2.2 – Cancer Liaison Physician

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- **Pre-Review Questionnaire (PRQ)** documentation:
  - **Cancer committee minutes**
    - CLP reports

2.3 – Cancer Committee Meetings

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- Meetings **at least once each calendar quarter**.
- Yearly calendar quarters are defined as:
  - January 1 → March 31
  - April 1 → June 30
  - July 1 → September 30
  - October 1 → December 31

- What are the committee's responsibilities for meetings?
  - Schedule and reschedule meetings
  - Accurately document activity in minutes
  - Establish **subcommittees** or workgroups as needed

2.3 – Cancer Committee Meetings

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- Examples of optional subcommittees or workgroups include:

Clinical and translational research activity

Screening and prevention activity

Quality control of cancer registry data

Quality management and improvement activity

Review of policies and procedures

2.4 – Cancer Committee Attendance

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- Why is meeting attendance important?
  - Successfully complete responsibilities
  - Guide multidisciplinary input

- What are the attendance requirements?
  - **75 percent** of the cancer committee meetings held each calendar year
  - Attendance based on role

- To whom does the requirement apply?
  - Required physicians
  - Required allied health professionals
  - Coordinators

- **Attendance is monitored**

75%

2.4 – Cancer Committee Attendance

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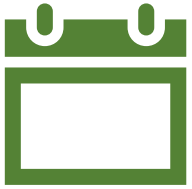
- Important points about attendance and alternates
  - One designated **alternate for each required member**
  - Alternate must be qualified and appropriately credentialed for the role
  - An individual can only serve as an alternate for **one individual**

- Alternates identified and appointed at **the first meeting of the calendar year** at least once during the accreditation cycle



- Must members attend in person?
  - **Teleconference** or **videoconference** calls are acceptable if the remote attendee has access to appropriate meeting documents

2.4 – Cancer Committee Attendance

- **Pre-Review Questionnaire (PRQ)** documentation:
  - **Cancer committee minutes**
    - Required member attendance for each cancer committee meeting held during each calendar year

2.5 – Multidisciplinary Cancer Case Conference

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- Why are cancer conferences important?
  - **Multidisciplinary team evaluation promotes** Improved
    - Clinical decision making
    - Outcomes
    - Patient experience

- Who keeps the cancer committee informed about the conference activity?
  - Cancer Conference Coordinator
    - Monitors
    - Evaluates
    - Reports

2.5 – Multidisciplinary Cancer Case Conference

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- How is the cancer conference managed?
  - Cancer conference **policy and procedure** addresses
    - Multidisciplinary participation
    - Frequency and format
    - Elements of discussion, including the requirement to discuss for each case:
      - clinical and/or pathologic stage
      - treatment planning using evidence-based guidelines
      - genetic testing where applicable
      - clinical research studies
      - supportive care services
    - Number of cases presented and percentage of prospective cases presented
    - Methods to address areas that fall below the levels established in the policy

2.5 – Multidisciplinary Cancer Case Conference

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- How are the conference needs assessed and conference schedule set?
  - Programs evaluate needs
    - General cancer case conference
    - Specialty- or site-specific conferences [following various formats]

- Programs may either hold
  1. **General multidisciplinary cancer case conference** (specialty- or site-specific conferences may be held in addition to the general cancer case conference)
  2. **Specialty- or site-specific multidisciplinary cancer case conferences** as long as there is a mechanism to present cases for evaluation at a multidisciplinary cancer case conference that do not fit into the defined specialty or site-specific conferences.

2.5 – Multidisciplinary Cancer Case Conference

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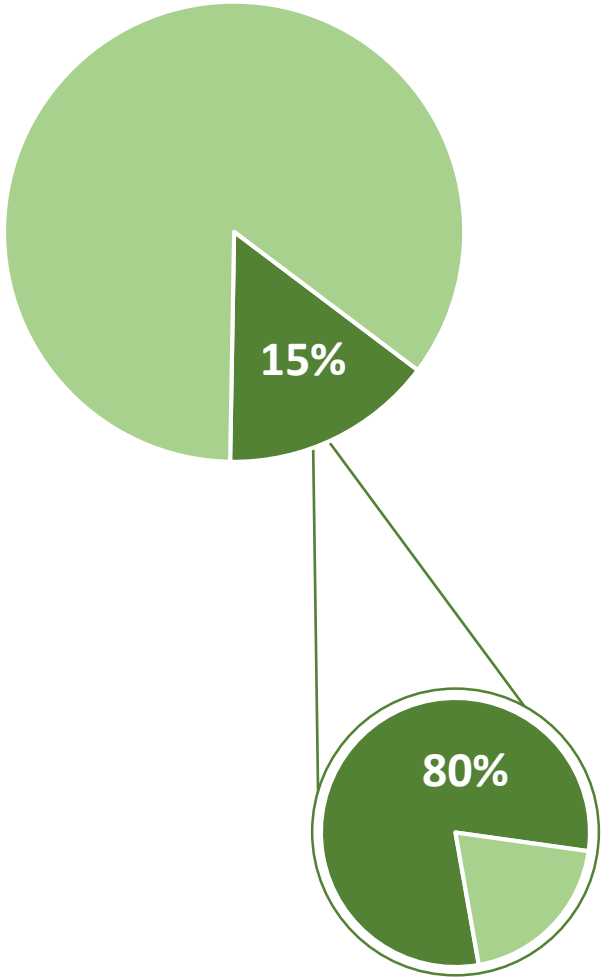
- Which cases need to be presented at cancer conference?
  - **15 percent** of the annual analytic caseload
  - A minimum of **80 percent** must be prospective

- Which cases are prospective?
  - Including, but are not limited to:
    - Newly diagnosed and treatment not yet initiated or treatment initiated and discussion of additional treatment is needed
    - Previously diagnosed, initial treatment completed, and discussion of adjuvant treatment or treatment for recurrence or progression is needed
    - Previously diagnosed and discussion of supportive or palliative care is needed

- How are prospective cases counted?



2.5 – Multidisciplinary Cancer Case Conference

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- Multidisciplinary physician attendance at a general cancer case conference **must include** a representative from:

Surgery | **Pathology** | **Radiology** | **Radiation Oncology** | **Medical Oncology**

- Additional physician or non-physician specialists **recommended for attendance** are:

Genetic Professionals | **Clinical Research Professionals** | **Palliative Care Providers**

Psychosocial Providers | **Rehabilitation Providers** | **Supportive Services**

2.5 – Multidisciplinary Cancer Case Conference

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- The **Cancer Conference Coordinator** evaluates and reports annually to the cancer committee each of the following required elements:
    - Cancer case conference frequency
    - Multidisciplinary physician specialty attendance depending on the defined requirements in the cancer case conference policy and procedure
    - Elements of discussion for each case.
    - An **action plan** to resolve any areas that do not meet the requirements of the program's policy and procedure

- Elements of the discussion for each case, including but not limited to, whether the following were discussed:
    - Clinical and/or pathologic stage
    - Treatment planning using evidence-based national guidelines
    - Options and eligibility for genetic testing (where applicable)
    - Options and eligibility for clinical research studies (where applicable)
    - Options and eligibility for supportive care services (where applicable)

- The method to document multidisciplinary cancer case conference activity is left to the discretion of the cancer committee

2.5 – Multidisciplinary Cancer Case Conference

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- **Pre-Review Questionnaire (PRQ)** documentation:
  - Conference **policy and procedure**
  - Cancer Conference Coordinator's **report**
  - **Cancer committee minutes** documenting the report

- Reviewed On-Site
  - The on-site reviewer will attend a multidisciplinary cancer case conference