



AMERICAN COLLEGE OF SURGEONS



A **QUALITY PROGRAM**
of the AMERICAN COLLEGE
OF SURGEONS

Your CoC Accreditation Site Review: It's All About Your Great Team & Program!

Maureen Killackey, MD, FACS, FACOG
Chair, NYS Cancer Advisory Council & CoC Site Reviewer



AMERICAN COLLEGE OF SURGEONS
Inspiring Quality:
Highest Standards, Better Outcomes

Faculty Disclosure

- None

Your CoC Accreditation Site Review: It's All About Your Great Team & Program!

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Disclosure: Nothing to Disclose, No COI's

Your CoC Accreditation Site Review: It's All About Your Great Team & Program!

Objectives:

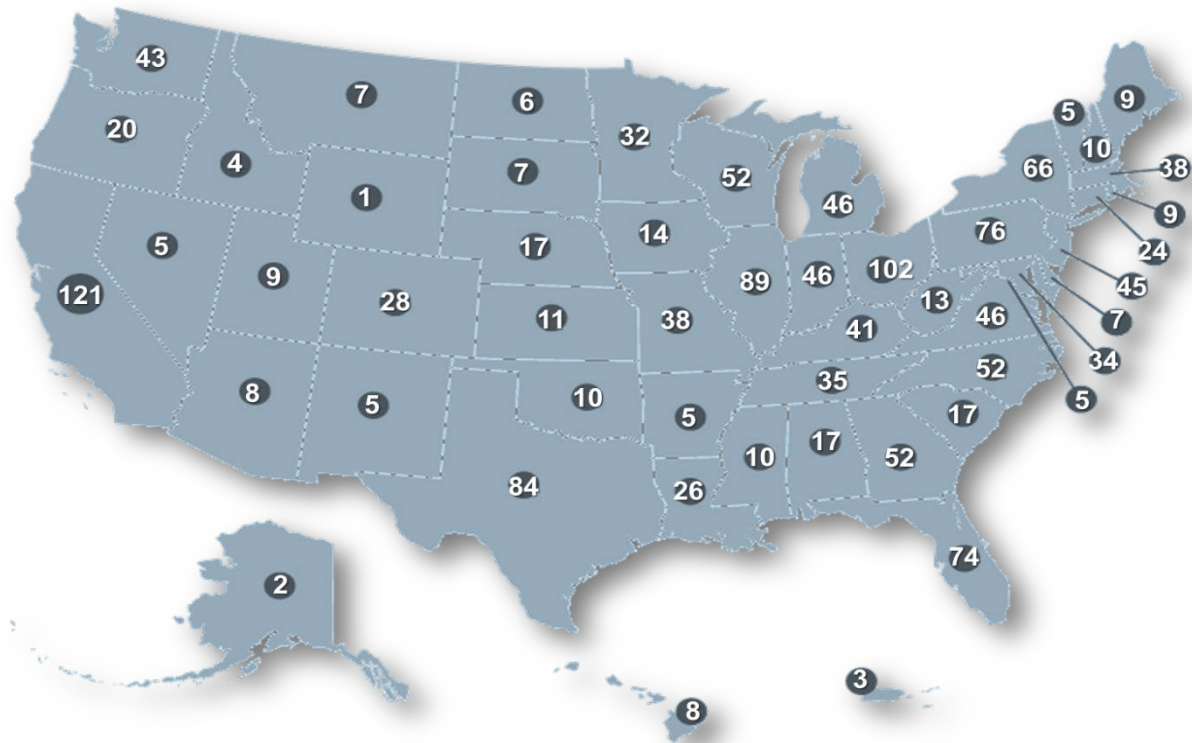
1. Describe the CoC site review from a site reviewer's perspective.
2. Review the 2020 CoC standards with an emphasis on additional detail and information now required.
3. Discuss the community value of a CoC accredited program.

(**Tips for a successful Site Review)**

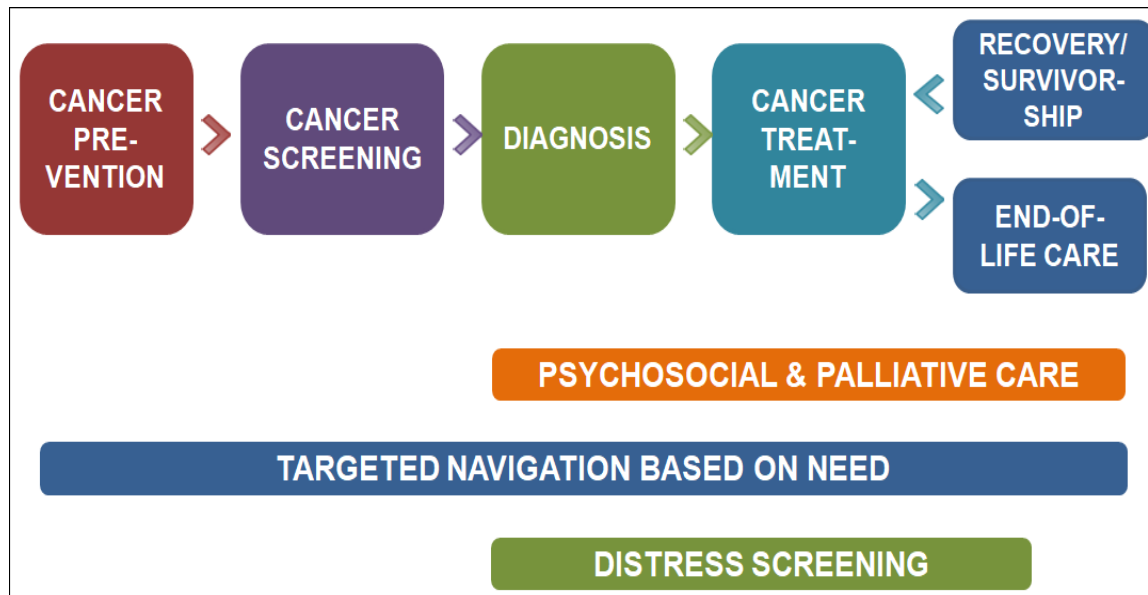


Value of CoC Accreditation: Participate in National Community Dedicated to High Quality Cancer Care

1,500 CoC-accredited cancer programs comprise 24%
of US hospitals and treat > 70% of all cancer patients



Value of Accreditation: Comprehensive Care



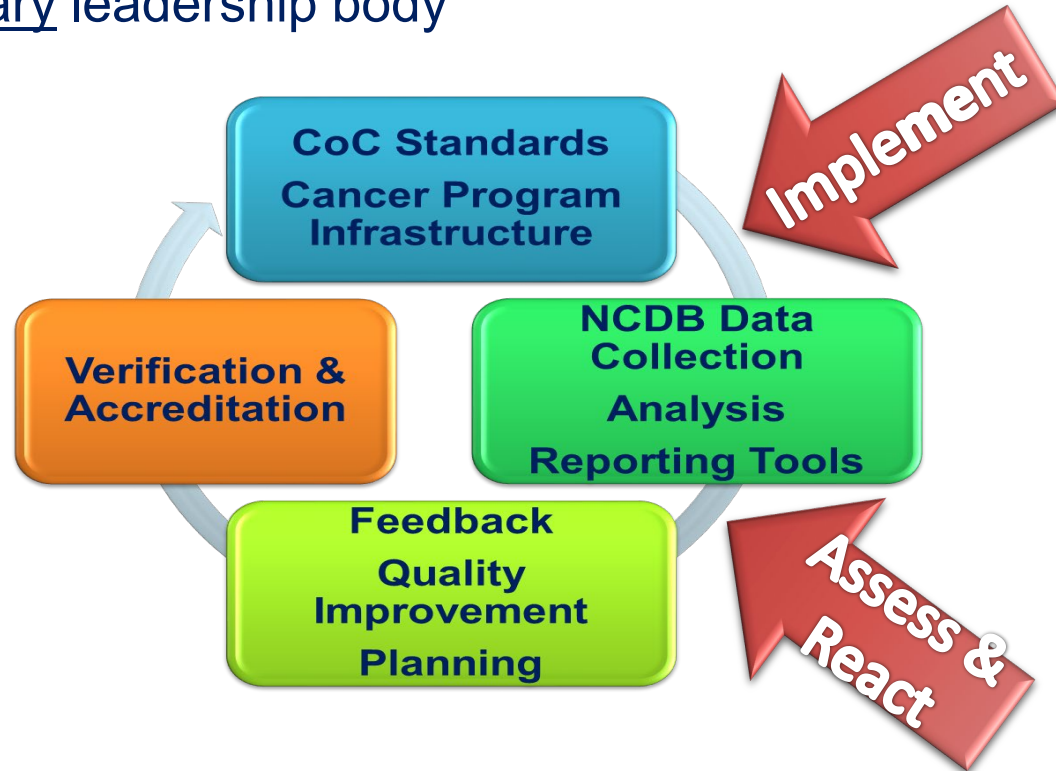
Address the full continuum of cancer—from prevention to survivorship and end-of-life care—while addressing both survival and quality of life

- Adherence to CoC standards is associated with better patient outcomes in diverse settings
 - Evidence demonstrates that tumor boards enhance the multidisciplinary management of cancer patients
 - Tumor boards are an effective infrastructure for educating clinicians on emerging evidence from clinical trials



The **CoC Standards** require that the Cancer program designates the Cancer Committee as the primary leadership body

Cancer Committee



Value: DATA!

National Cancer Database

- National, clinical cancer registry system
- Over **36 million** cancer cases diagnosed beginning in 1985
- NCDB captures over 250 data points
 - All cancer types
 - Includes patient characteristics, cancer staging and tumor histological characteristics, type of first course treatment administered and outcomes information
- **Continuous quality improvement** for the evaluation, management, and surveillance of cancer patients



NCDB Tools

- Participant User Files
- Rapid Cancer Reporting System (RCRS)
- Hospital Comparison Benchmark Reports
- Survival Reports
- Cancer Quality Improvement Program (CQIP) Report

Hospital Comparison Benchmark Reports

USER TIP SHEET

HCBM Navigation
HCBM TipSheet
HCBM Graphs

HOSPITAL SELECTION

Hosp. Type / System
Geographic Areas

CASE SELECTION



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NCDB

BENCHMARK REPORTS

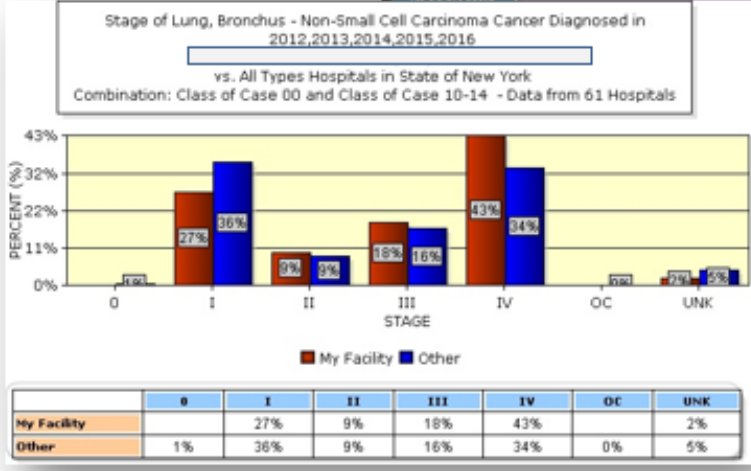
NCDB Hospital Comparison Benchmark Reports. Cases Diagnosed 2007 - 2016.

☐ My Hospital Only

☐ Aggregate Report

☐ Comparison Report

Submit



☒ 2007 ☒ 2008 ☒ 2009 ☒ 2010 ☒ 2011

Analysis Variables

Var. 2 - not selected -

Agreement in advance of using any text, data, or other information for any purpose other than the intended use of the data is strictly limited to the user and is not to be used for any other facility. The user agrees to indemnify and hold the American College of Surgeons (NCDB) - Commission on Cancer (COC) harmless from any and all claims, damages, and expenses, including reasonable attorneys' fees, that may be asserted against or incurred by the American College of Surgeons (NCDB) - Commission on Cancer (COC) due to or arising from the use of the data.

agfacts.org

Case (NCDB) - Commission on Cancer (COC)

Insurance Status of Breast Cancer Diagnosed in 2014,2015,2016

vs. Comprehensive Community Cancer Program Hospitals in State of New York
Combination: Class of Case 00 and Class of Case 10-14 - Data from 22 Hospitals

#	Insurance Status	My (N)	Oth. (N)	My (%)	Oth. (%)
1.	Not Insured	8	43	3.79%	0.52%
2.	Private/ Managed	133	3672	63.03%	44.72%
3.	Medicaid	11	872	5.21%	10.62%
4.	Medicare	57	3513	27.01%	42.78%
5.	Other Government	.	19	.	0.23%
6.	Insurance Status Unknown	2	92	0.95%	1.12%
Col. TOTAL		211	8211	100%	100%

Cancer Quality Improvement Program (CQIP) Report



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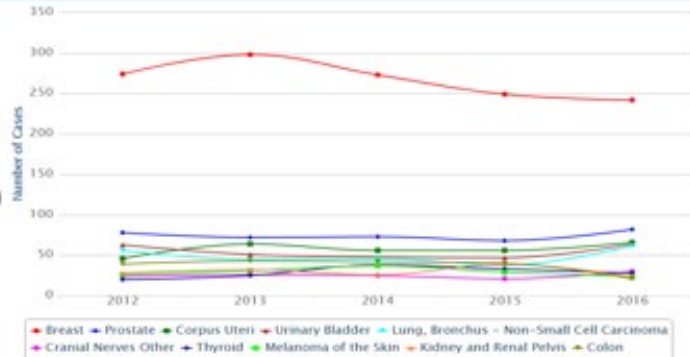


CQIP

Quality Improvement Program

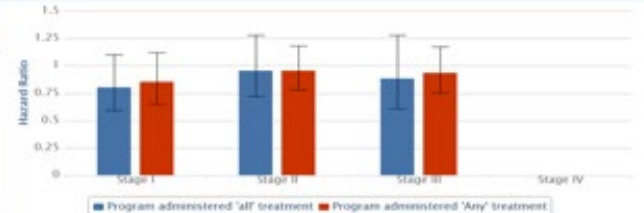
Annual Report 2018 Updated

Cancer Program Total Case Volume, 2012 - 2016 My Facility



If Miscellaneous appears in your graph, note that this is a SEER-defined group. The exact primary sites and histologies included in this group may be found in the CQIP documentation

Risk-Adjusted Survival Breast Cancer Stage Stratified Hazard Ratios 2009 - 2011



	Stage I - All	Stage I - Any	Stage II - All	Stage II - Any	Stage III - All	Stage III - Any	Stage IV - All	Stage IV - Any
Hazard Ratio	0.81	0.86	0.96	0.96	0.89	0.94	N/A	N/A
95% CI	(0.50, 1.31)	(0.65, 1.32)	(0.72, 1.28)	(0.76, 1.18)	(0.63, 1.26)	(0.75, 1.17)	N/A	N/A
Deaths	12	20	12	15	8	9	8	9
Total Cases	203	366	85	132	32	47	12	13
Significance	NS	NS	NS	NS	NS	NS	N/A	N/A

CoC policy does not allow cancer programs to publicly report survival rates for their facility generated from NCI data. N/A denotes <30 cumulative cases. NS: the cancer program has not submitted at least 5 years of data. NS: denotes 'Non-Significant' Lower (Worse) Survival Hazard Ratio = 1 and Higher (Better) Survival Hazard Ratio = 1

Patient Impact

- Quality cancer care
- Comprehensive care offering a range of state- of-the-art services and equipment
- A multidisciplinary, team approach to coordinate the best cancer treatment options available
- Assessment of treatment planning based on evidence-based national treatment guidelines
- Access to cancer-related information and education
- Access to patient-centered services such as psychosocial distress screening and navigation
- Options for genetic assessment and counseling, and palliative care services
- Follow-up care at the completion of treatment, including a survivorship services
- Information about clinical trials and new treatment options
- A cancer registry that collects data on cancer type, stage, and treatment results, and offers lifelong patient follow-up

Evidence based

Current

Clearly interpretable

For the benefit of cancer patients

Objectively verifiable by experienced site visit reviewers

Results in the improvement of patient care

2.1. ***Cancer Committee Membership

Cancer Programs must have a cancer committee composed of (at a minimum):

Physician Members

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

Non-Physician Members

Cancer Program Administrator
Oncology Nurse
Social Worker
(licensed social worker, OSW-C
preferred)
Certified Tumor Registrar (CTR)

Coordinators

Cancer Conference Coordinator
Quality Improvement Coordinator
Cancer Registry Quality Coordinator
Clinical Research Coordinator
Psychosocial Services Coordinator
Survivorship Program Coordinator **NEW!**

Revisions in 2020:

- Genetics and Palliative Care professionals strongly recommended, but not required.
- Community Outreach Coordinator no longer required
- Survivorship Program Coordinator is now a required Member
- One individual can serve in two coordinator roles & represent medical specialty
Example: One person can hold Clinical Research Coordinator, Survivorship Program Coordinator, and Medical Oncologist role
- Required member can be alternate for another required member

Caution: One person should not take on too much responsibility

***USE THE TEMPLATE TO DOCUMENT ATTENDANCE!

2.2 – ****Cancer Liaison Physician-More Responsibility



2.5 – ****Multidisciplinary Cancer Case Conference

INTENT:

- Cancer outcomes are better when patients are managed according to the principles of **multidisciplinary team evaluation**. This process is associated with improved clinical decision making, clinical outcomes, and patient experience.



******PARTICIPATION FROM ALL DISCIPLINES IS ESSENTIAL!**



- **Cancer Conference Coordinator** responsibilities:
 - Monitors and evaluates the multidisciplinary cancer case conference activity
 - Develops an **action plan** to resolve any areas that do not meet the requirements of the program's policy and procedure
 - Annual Report to the cancer committee

******USE THE TEMPLATE!**

2.5 – ****Multidisciplinary Cancer Case Conference

- 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

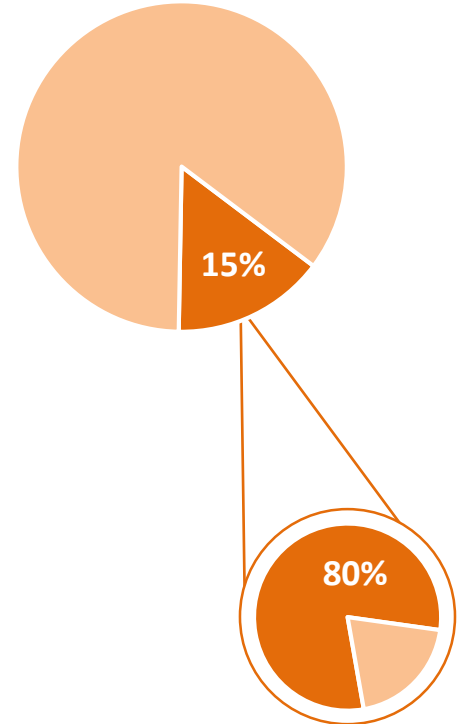
Rehabilitation Providers

Supportive Services

2.5 –**** Multidisciplinary Cancer Case Conference

- Each year, the cancer program must present a minimum of **15 percent** of the annual analytic caseload to a multidisciplinary cancer case conference.
- Of those presented, a minimum of **80 percent** must be prospective presentations. Prospective cases include, 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

******READ DEFINITION, REQUIREMENTS, DOCUMENTATION IN OPTIMAL RESOURCES FOR CANCER CARE!**



4.1 – ****Physician Credentials

- Cancer patient management is conducted by a multidisciplinary team, including:

Radiologists

Pathologists

Surgeons

Radiation Oncologists

Medical Oncologists

- All physicians involved in the evaluation and management of cancer patients must:
 - Be American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) board certified (or the equivalent), or
 - Demonstrate ongoing cancer-related education by earning **12 cancer-related (CME) hours each calendar year**
- **NEW: all 12 CMEs can be internal to the facility**
- Applies to physicians caring for patients with cancer at the accredited facility for **at least one calendar year**
- **Excludes Fellows, Residents of those within 5 years of completing training**



RATIONALE: Oncology nurses need specialized knowledge & skills

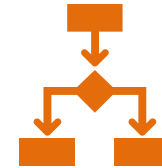
- Oncology Nurses:
 - RN
 - Advance practice provider
- Nurses providing direct care to patients with cancer:
 - Medical oncology giving chemotherapy
 - Radiation oncology
 - Nurse navigators
 - Nurses in the cancer center or cancer clinic within the accredited facility

4.2 – ****Oncology Nursing Credentials

- Nursing qualifications (one of the following):
 - **Specialty-specific cancer certification (strongly preferred)**
 - **Continuing education**
 - 36 cancer-related contact hours each 3 year cycle
 - Evidence of progress to **certification**

PHASE IN

******TEMPLATE FOR DOCUMENTATION**



4.2 –**** Oncology Nursing Credentials

- Qualified certifications with cancer-specific criteria including, but are not limited to:

Advanced Oncology Certified Nurse Practitioner (AOCNP)

Advanced Oncology Certified Clinical Nurse Specialist (AOCNS)

Advanced Oncology Certified Nurse (AOCN)

Blood & Marrow Transplant Certified Nurse (BMTCN)

Certified Pediatric Hematology Oncology Nurse (CPHON)

Certified Pediatric Oncology Nurse (CPON)

Certified Breast Care Nurse (CBCN)

Oncology Certified Nurse (OCN)

4.4 – ****Genetic Counseling and Risk Assessment

- **Cancer risk assessment** and **genetic counseling** are the processes to identify and counsel people at risk for familial or hereditary cancer syndromes.
- Purposes of cancer genetic counseling are to:
 - **Educate patients** about their chance of developing cancer
 - **Help patients** obtain personal meaning from genetic information
 - **Empower patients** to make educated, informed decisions about genetic testing, cancer screening, and cancer prevention



4.4 – ****Genetic Counseling and Risk Assessment

- **Each calendar year**, the cancer committee:
 - Reviews the policy and procedure for genetic assessment and referral for genetic evaluation/counseling
 - Documents in minutes (all of the following):
 - The number of patients identified as **needing referrals** for the selected cancer site each year

NEW! MONITORING GENETIC ASSESSMENT FOR A SELECTED CANCER SITE

- The number of patients identified as needing referrals for the selected cancer site **received a referral** for genetic counseling
- If available, it is recommended that a genetics professional attend the cancer committee meeting to **lead the discussion** and **provide the report**.



Standard 4.5: Palliative Care Services

Palliative Care Services are available on-site or by referral

Hospice  Palliative Care

**** Each year, program evaluates palliative care services for:

- Utilization – referrals: How many? Where?
- Criteria for referral
- Areas of improvement

Standard 4.6: Rehabilitation Care Services & Standard 4.7: Oncology Nutrition Services

4.6 Rehabilitation Care Services are available on-site or by referral

Rehabilitation Care Services policy & procedure must define:

- On-site and off-site rehabilitation care services,
- the rehabilitation care team available on-site,
- criteria for performing functional assessments, and
- criteria for referral to a rehabilitation care specialist

4.7 Oncology Nutrition Services provided by a Registered Dietitian Nutritionist are available on-site or by referral Policy in place for providing referral to RDN

*****4.5/4.6/4.7: Processes are monitored, reviewed & documented in minutes
Areas for improvement are identified**

Focus:

Development of a survivorship program to ensure that the breadth of a cancer survivor's needs are being met

Improved Standard requirements:

- Designate leader of survivorship program (coordinator, member of CC)
- Identify team & services/programs offered to address needs of cancer survivors
- Annually provide, then evaluate the 3 services offered, then identify resources needed for improvement

Phase-in for 2021

Cancer Survivor Needs

Quality of Life



Physical Well-Being

- Functional status
- Fatigue and sleep
- Overall physical health
- Fertility
- Pain



Social Well-Being

- Family distress
- Roles and relationships
- Affection/sexual function
- Appearance
- Isolation
- Finances/employment

Psychological Well-Being



- Control
- Anxiety
- Depression
- Fear of recurrence
- Cognition/attention

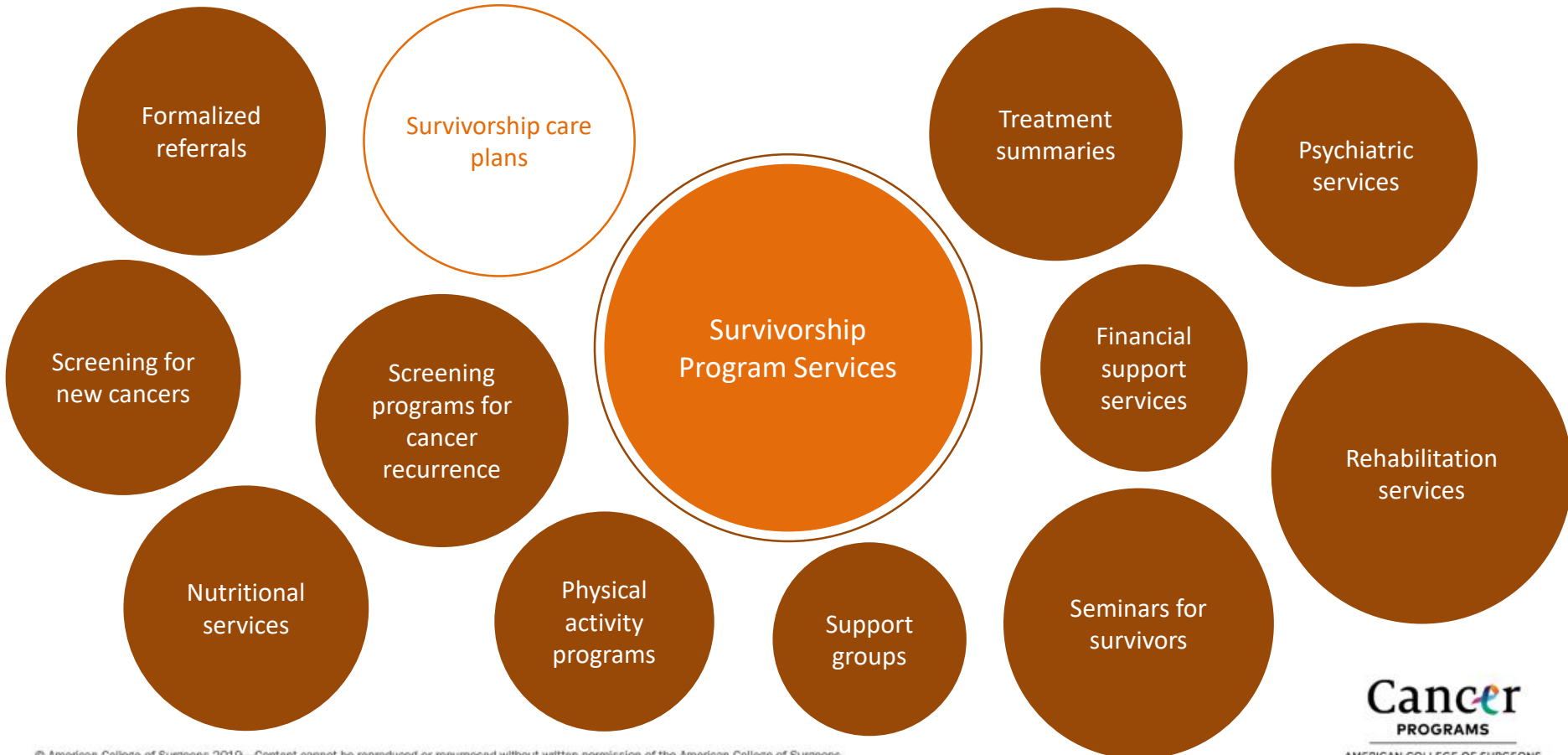
Spiritual Well-Being



- Meaning of illness
- Religiosity
- Transcendence
- Hope
- Uncertainty
- Inner strength

Ferrell & Hassey Dow, 1997

4.8 – ****Survivorship Program



Std 5.2: ****Psychosocial Distress Screening

Policy for providing/monitoring
psychosocial distress screening

Cancer Program chooses distress
screening tool

Cancer patients screened for distress at
least once during 1st course of treatment

Program evaluates process

5.2 – ****Psychosocial Distress Screening

READ DEFINITIONS, REQUIREMENTS, DOCUMENTATION AND COMPLIANCE MEASURES!

- Patients must be screened at least once during 1st course of treatment Applies to inpatients, outpatients and surgery-only patients
- Direct Contact with patient can now include telemedicine or phone
- Screening tool, cutoff score to identify distress determined by CC
- Screening results, referrals and followup placed in patient's medical record
- The Psychosocial Services Coordinator oversees these activities and provides annual summary to Cancer Committee. Must include:

Number of patients screened



Number of patients referred for
distress resources or further follow-up



Where patients were referred
(on-site or by referral)



5.3-5.8 ****Rationale for the Operative Stds



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- **Adherence to surgical and oncologic standards improves survival**

Goals:

- Improve accuracy of documentation
- Improve efficiency of entry
- Improve efficiency of data abstraction/measurement of compliance
- Education: emphasize the “critical elements” of oncologic operation
- Reduce variability in care
- Improve quality of cancer care

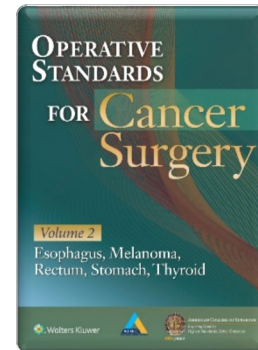
Synoptic operative reports will be very important
(Pathology reports already in CAP synoptic format)

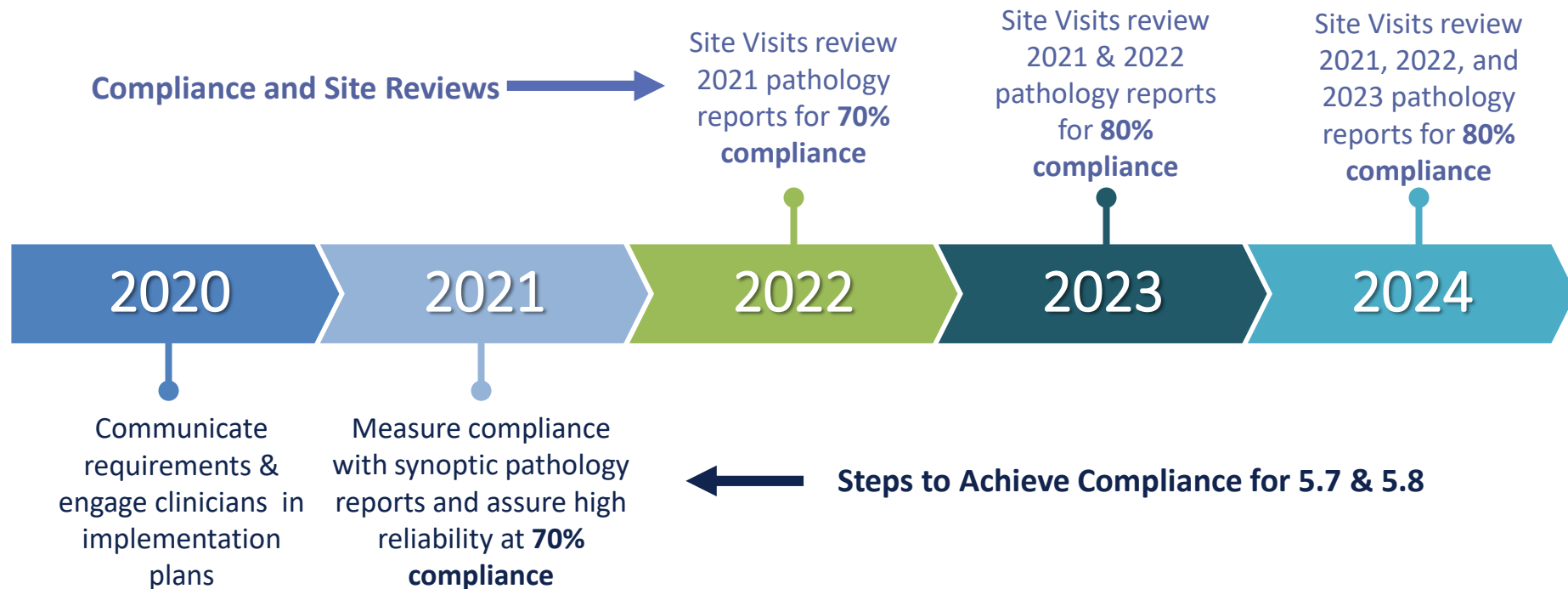
Phase In Standard



Operative Standards Documentation

Standard	Disease Site	Procedure	Documentation
5.3	Breast	Sentinel node biopsy	Operative report
5.4	Breast	Axillary dissection	Operative report
5.5	Melanoma	Wide local excision	Operative report
5.6	Colon	Colectomy (any)	Operative report
5.7	Rectum	Mid/low resection (TME)	Pathology report (CAP)
5.8	Lung	Lung resection (any)	Pathology report (CAP)





Standard 5.7: Total Mesorectal Excision

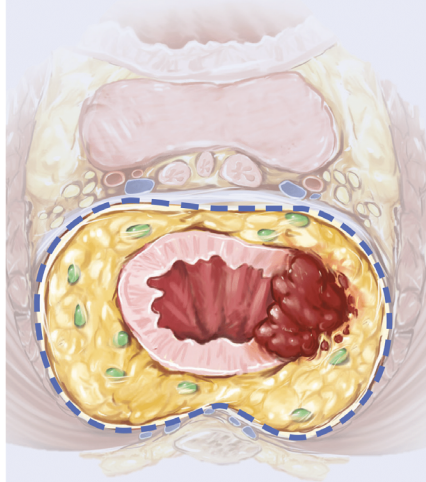
Operation

Total mesorectal excision (TME) is performed for mid and low rectal tumors, resulting in **complete** or **near-complete** TME

Keep fascia propria of rectum intact, operate in plane between rectum and presacral fascia

- Ensures negative margins
- Protects neurovascular structures

Maintain the 'Holy Plane'



Pathology Documentation

Quality of TME documented in synoptic report:

- ☒ Complete
- ☐ Near-Complete
- ☐ Incomplete

When?

2021:
Implementation

2022 site visits:

70%
Compliance

American College of Surgeons Clinical Research Program, Katz MHG, *Operative Standards for Cancer Surgery*, Volume 2, Copyright (2018) American College of Surgeons, with permission from Wolters Kluwer.

Standard 5.8: Pulmonary Resection

Operation

For any primary pulmonary resection performed with curative intent

(including non-anatomic parenchymal-sparing resections)

Resect nodes from:

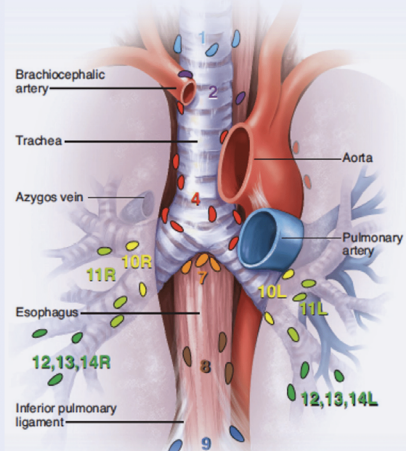


Mediastinum
(Stations 2-9)
≥3 distinct stations

Hilum
(Stations 10-14)
≥1 station

Pathology Documentation

Synoptic report documents lymph nodes from:



≥ 3 mediastinal stations

≥ 1 hilar station

with names and/or numbers of stations

When?

2021:
Implementation

2022 site visits:

70%
Compliance

Adapted from Chest, Vol. 111, Mountain CF, Dresler CM. Regional lymph node classification for lung cancer staging. Pp. 1718-1723, Copyright (1997), with permission from Elsevier.



Compliance for 5.3 – 5.6 and Site Reviews

Focus: One in-depth study

Highlights CLP as physician quality champion of cancer committee

- CLP and Quality Improvement Coordinator work together to lead project

Requirements expect utilization of recognized PI methods (i.e. DMAIC, PDSA)

Expanded options for topics to study

- Can do a QI initiative based on the results from the annual reviews in other standards

READ OPTIMAL RESOURCES FOR CANCER CARE - 2020, USE THE TEMPLATE!

Chapter 7- Deep Dive Into New Quality Improvement Standard

7.3 Quality Improvement Initiative

Definition and Requirements

Under the guidance of the Cancer Liaison Physician (CLP), the Quality Improvement Coordinator, and the cancer committee, the cancer program must measure, evaluate, and improve its performance through at least one cancer-specific quality improvement initiative each year.

This quality improvement (QI) initiative requires the program to identify a problem, understand what is causing the identified problem through use of a recognized performance improvement methodology, and implement a planned solution to the problem. Reports on the status of the QI initiative must be given to the cancer committee at least twice each calendar year and documented in the cancer committee minutes.

Quality Improvement Initiative Required Components

1. Review Data to Identify the Problem

The QI initiative must be focused on an already identified, quality-related problem specific to the cancer program.

The problem statement cannot state that a study is being done to see if a problem exists, rather it must already be known that a problem exists.

3. Choose and Implement Performance Improvement Methodology and Metrics

The Quality Improvement Coordinator and the CLP must identify the content experts needed to execute the QI initiative. For example, if the QI initiative is on the BC accountability measure, then at least one breast surgeon and one radiation oncologist are included on the initiative.

A recognized, standardized performance improvement methodology must be chosen and used to conduct the QI initiative (for example, Lean, DMAIC, or PDCA/PDSA).

In line with the performance improvement tool selected, the team conducts analysis to identify all possible factors contributing to the problem. This may involve a literature review and/or a root-cause analysis. Based on the results, an intervention is developed that aims to fix the cause of the problem being studied.

Documentation

Reviewed On-Site

- Documentation of QI initiative team's work from throughout the initiative (for example, minutes, literature used).

Submitted with Pre-Review Questionnaire

- Document summarizing at least one QI initiative each calendar year, which includes all required elements
- Cancer committee minutes documenting required status updates and presentation of the QI initiative summary

Note: Documentation uploaded into the Pre-Review Questionnaire must have all protected health information removed.

It is expected that programs follow local, state, and federal requirements related to patient privacy, risk management, and peer review for all standards of accreditation. These requirements vary state-to-state.

8.1**** Addressing Barriers to Care (Previously Patient Navigation)

A High Quality Cancer Program addresses both

Current Patients

Those in the community

Each calendar year, the Cancer Committee identifies at least 1 barrier that is an obstacle to accessing health, supportive oncology and/or psychosocial care that its community and patients are facing:

Patient-based (eg cultural, SES, financial, transportation etc)

System-based (eg availability of services, gaps in resources, etc

Provider-based (eg workforce shortages, knowledge, comfort level)



Step 1: Analyze your Program's strengths & barriers

Step 2: Identify the barrier

Step 3: Choose barrier and implement strategies to address

Step 4: Report to Cancer Committee, including metrics, outcomes, impact on selected barriers, lessons learned

COCGWU ROADMAP BARRIERS TO CARE.PDF

(The GW Cancer Center: Implementing the CoC Standard 8.1: Addressing Barriers to Care)

Focus:

Narrowed requirements to ensure an achievable standard
focused on prevention & screening community events

Removed requirement to report effectiveness of events

- Acknowledged difficulty of objectively measuring success of prevention/screening events

Removed requirement that programs document community need for specific event

- Acknowledged that all communities can benefit from prevention/screening on all cancer sites where screening/prevention available

Dropped 1.8 Community Outreach Report as separate Standard

Go out beyond the 4 walls; Meet the Community where they live, work, learn, worship

8.2/8.3 ****Requirements for Prevention & Screening



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- Based on evidence-based guidelines, where applicable
- Encouraged to partner with community organization, where applicable
- Cannot duplicate services available in regular course of business
- **USE THE COVID TRACKER FOR 2020 AND 2021!**

Summary is presented to Cancer Committee & documented in minutes

Prevention

- Cancer site(s)
- Partnering org
- Target audience
- Guideline used
- Type of event held

Screening

- Cancer site
- Partnering org
- Target audience
- Guideline used
- Process for follow up

Additional Resources



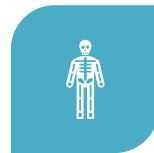
EDUCATION AND TRAINING

IN-PERSON
WORKSHOPS AND
WEBINARS TO
EDUCATE ABOUT
THE STANDARDS
AND REPORTING
TOOLS, BEST
PRACTICES TO
SUPPORT
COMPLIANCE WITH
THE STANDARDS,
AND TIPS AND
TECHNIQUES FOR
PREPARING FOR
THE ON-SITE VISIT



TOOLS AND TEMPLATES

RESOURCES TO
ASSIST YOU IN
RECORDING
AND TRACKING
YOUR CANCER
PROGRAM
ACTIVITY FOR
SELECT
STANDARDS IN
BETWEEN, AND
IN
PREPARATION
FOR, SITE
VISITS



PROGRAM SUPPORT

ACCESS TO THE
CANSWER
FORUM ON-LINE
COMMUNITY TO
ASK
QUESTIONS,
SEARCH
TOPICS, AND
CONNECT WITH
CANCER
PROGRAM
COLLEAGUES
ACROSS THE
COUNTRY TO
SHARE BEST
PRACTICES



****Templates Now Available!



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- Cancer Committee 2.1
- Multidisciplinary Ca Case Conference 2.5
- Physician Certification Credentials 4.1
- Oncology Nursing Credentials 4.2
- Cancer Registry Staff Credentials 4.3
- Pathology Templates for 5.1, 5.7, 5.8
being prepared to be used at site review
- Cancer Registry Quality Control 6.1
- Monitoring Concordance with Evidence-based Guidelines 7.2
- Quality Improvement Initiative Template 7.3
- Cancer Program Goal 7.4
- Community Outreach 8.1 & 8.2
- Clinical Research 9.1
- Covid Trackers – 2020 & 2021

COVID-19 Accreditation Tracker



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Commission on Cancer COVID-19 Accreditation Tracker		
Activity Year: 2020		
Facility Name:		
CoC FIN:		
Instructions: This tracker may be used to document impact on accreditation requirements due to COVID-19. Complete each column for each standard.		
Standard	Impact (Yes/No)	Summary of Impact
1.1: Administrative Commitment		
2.1: Cancer Committee		
2.2: Cancer Liaison Physician		
2.3: Cancer Committee Meetings		

Online Education

- Online series covering each standard
- In-depth webinars on specific standards
- CAnswer Forum LIVE sessions

Workshops

Other Resources

- CAnswer Forum
- FAQs, resource documents and templates in CoC Datalinks



Follow *The Cancer Programs News* for news and information related to the new standards

Cancer Programs News: October 15

From the Director's Desk

A National Message of Hope, Caution, and a Call for Action?

Heidi Nelson, MD, FACS

Medical Director, ACS Cancer Programs

National Cancer Institute (NCI) Director Norman E. Sharpless, MD, delivered this year's Martin Memorial Lecture during the virtual [American College of Surgeons \(ACS\) Clinical Congress 2020](#); registration is free and the presentation is well worth the 30-minute investment. In his presentation, Dr. Sharpless reported on how he sees the pandemic impacting cancer care and cancer research. Further, he detailed the role of the NCI in efforts to curtail the pandemic and support the cancer research community.

The good news is that NCI has introduced programmatic flexibilities that will support



Tips for your Team and Program for Successful Accreditation & Site Review

ONGOING, THROUGHOUT ACCREDITATION CYCLE

- Read Optimal Resources for Cancer Care Manual; Share with Cancer Committee
- Understand the rationale, intent, spirit of the Standards
- Assign champions/ content experts for specific Standards
- Set timelines for reports and required projects
- Timely submission of data to NCDB
- Review & analyze your NCDB reports and set corrective actions
- Document in Cancer Committee Minutes; Use Templates
- Take advantage of extensive CoC educational & training resources
- Walk the talk! Participate & Collaborate- In your program, community and state

Tips for your Team and Program for Successful Accreditation & Site Review

IN PREPARATION FOR YOUR SITE REVIEW:

- Carefully read, follow instructions, meet deadlines for PRQ & NCDB submissions
- Contact CoC staff for questions, clarifications
- Communicate with Site Reviewer, prepare agenda
- Set the Site Review date; Confirm Hospital Leadership availability
- Send Path accession lists as requested
- Review the PRQ application with the Cancer Committee and Standards “Champions”
- Consider a rehearsal or mock survey

DURING THE SITE REVIEW:

- Know how your PRQ application addresses the Standards, Participate, Learn & Enjoy!

Future Site Visit Information



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Year of Site Visit	Years of Activity Reviewed at Site Visit	Standards Applicable at Site Visit
2020	2017, 2018, 2019	Cancer Program Standards: Ensuring Patient-Centered Care (2016 Edition)
2021	No site visits to be held in 2021	
2022	2020, 2021	Optimal Resources for Cancer Care (2020 Standards)
2023	2020, 2021, 2022	Optimal Resources for Cancer Care (2020 Standards)
2024	2021, 2022, 2023	Optimal Resources for Cancer Care (2020 Standards)

THANK YOU