



COMMISSION ON CANCER

2004 - CANCER PROGRAM STANDARDS

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What is the Commission on Cancer?

- **An arm of the American College of Surgeons, established in 1922.**
- ***A consortium of professional organizations dedicated to reducing the morbidity and mortality of cancer through education, standard setting, and the monitoring of quality care.***
- **Consists of more than 100 members representing the multidisciplinary professionals of the cancer care team, including representatives from the ACoS and 38 national, professional member organizations.**



COMMISSION ON CANCER APPROVALS PROGRAM

- **Encourages hospitals, treatment centers and other facilities to improve their quality of patient care through various cancer-related programs.**
- **Cancer Programs must undergo an On-site review every 3 years**
- **Voluntary Program**



COMMISSION ON CANCER APPROVALS PROGRAM

Five Key Elements for Successful Commissioned-approved cancer program

- Clinical Services
- Cancer Committee
- Cancer Conferences
- Quality Improvement Program
- Cancer Registry and Database



COMMISSION ON CANCER APPROVALS PROGRAM

Cancer Program Category

Each facility is assigned to a Cancer Program Category by Cancer Programs staff, based on the following.

- (1) The type of facility or organization
- (2) Services provided
- (3) Cases accessioned



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Survey Application Record (SAR)

- To facilitate a thorough and accurate evaluation of the cancer program
- Includes a self assessment for rating compliance with cancer program standards
- A portion of the information in SAR is automatically shared with the American Cancer society (ACS) as part of the Facility Information Profile System (FIPS) for posting on the ACS Web-site.



COMMISSION ON CANCER APPROVAL AWARDS

	FULL APPROVAL (Three Years)	THREE-YEAR with Contingency	NONAPPROVAL	APPROVAL DEFERRED (VALID ONLY FOR NEW PROGRAMS)
36 Standards	No deficiencies	One to seven deficiency(ies) (up to 19% of Standards)	Eight or more deficiencies (22% or more of Standards)	One deficiency (2% of Standards)



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Outstanding Achievement Award

The CoC Outstanding Achievement award is granted to any cancer program that:

- **Receives a commendation rating in all nine defined areas, and**
- **Receives a compliance rating for all other (27) standards**



2004 CANCER PROGRAM STANDARDS

2/13/2008



Chapter 1: INSTITUTIONAL AND PROGRAMMATIC RESOURCES

FACILITY ACCREDITATION

Standard 1.1 The facility is accredited by a recognized authority appropriate to the facility type



Chapter 2: **CANCER COMMITTEE LEADERSHIP**

LEVEL OF RESPONSIBILITY AND ACCOUNTABILITY

Standard 2.1 The organizational structure of the facility or medical staff gives the cancer committee responsibility and accountability for the cancer program activities.



Chapter 2: CANCER COMMITTEE LEADERSHIP

MEMBERSHIP

Standard 2.2 The cancer committee membership is multidisciplinary, representing physicians from the diagnostic and treatment specialties and nonphysicians from administrative and supportive services.



Chapter 2: CANCER COMMITTEE LEADERSHIP

PROGRAM ACTIVITY COORDINATORS

Standard 2.3 One coordinator is designated for each of the four areas of cancer committee activity: cancer conference, quality control of cancer registry data, quality improvement, and community outreach.

Change: The Cancer Liaison Physician may serve as a facilitator for community outreach.



Chapter 2: CANCER COMMITTEE LEADERSHIP

MEETING SCHEDULE

Standard 2.4 The cancer committee meeting schedule and structure fulfill the requirements for the category.



Chapter 2: CANCER COMMITTEE LEADERSHIP

DUTIES AND RESPONSIBILITIES

Standard 2.5 The cancer committee develops and evaluates the annual goals and objectives for the clinical, community outreach, quality improvement, and programmatic endeavors related to cancer care.



Chapter 2: CANCER COMMITTEE LEADERSHIP

DUTIES AND RESPONSIBILITIES

Standard 2.6 The cancer committee establishes the cancer conference frequency and format on an annual basis.



Chapter 2: CANCER COMMITTEE LEADERSHIP

DUTIES AND RESPONSIBILITIES

Standard 2.7 The cancer committee establishes the multidisciplinary attendance requirements for cancer conferences on an annual basis.

The *minimum* multidisciplinary attendance should be based on:

- Types of cases seen by the facility
- Format of conferences (facility-wide or network-wide, departmental, site-focused, grand rounds)



Chapter 2: CANCER COMMITTEE LEADERSHIP

DUTIES AND RESPONSIBILITIES

Standard 2.8 The cancer committee ensures that the required number of cases are discussed at the cancer conference on an annual basis and that at least 75 percent of the cases discussed are presented prospectively.



Chapter 2: CANCER COMMITTEE LEADERSHIP

DUTIES AND RESPONSIBILITIES

Standard 2.9 The cancer committee monitors and evaluates on an annual basis the:

- cancer conference frequency
- multidisciplinary attendance
- total case presentation
- prospective case presentation



Chapter 2: CANCER COMMITTEE LEADERSHIP

DUTIES AND RESPONSIBILITIES

Standard 2.10 The cancer committee establishes and implements a plan to evaluate the quality of cancer registry data and activity on an annual basis.

The plan includes procedures to monitor casefinding, accuracy of data collection, abstracting timeliness, follow-up and data reporting.



Chapter 2: CANCER COMMITTEE LEADERSHIP

DUTIES AND RESPONSIBILITIES

Standard 2.11 Each year, the cancer committee analyzes patient outcomes and disseminates the results of the analysis.

Rating:

Commendation - Documentation and dissemination of an analysis of more than one site of cancer annually, or an *annual report* of cancer program activity is published.



Chapter 3: CANCER DATA MANAGEMENT AND CANCER REGISTRY OPERATIONS

STAFF QUALIFICATIONS

Standard 3.1 Case abstracting is performed or supervised by a Certified Tumor Registrar (CTR).

DATA COLLECTION

Standard 3.2 CoC data standards and coding instructions are used to describe all reportable cases.



Chapter 3: CANCER DATA MANAGEMENT AND CANCER REGISTRY OPERATIONS

Standard 3.3 For each year between survey, 90 percent of cases are abstracted within six months of the date of first contact.

Rating:

Commendation - More than 90 percent of cases are abstracted within six months of the date of first contact for each year between survey.



Chapter 3: CANCER DATA MANAGEMENT AND CANCER REGISTRY OPERATIONS

Standard 3.4 An 80 percent follow-up rate is maintained for all analytic patients from the cancer registry reference date.

Standard 3.5 A 90 percent follow-up rate is maintained for all analytic patients diagnosed within the last five years, or from the cancer registry reference date, whichever is shorter.



Chapter 3: CANCER DATA MANAGEMENT AND CANCER REGISTRY OPERATIONS

DATA REPORTING

Standard 3.6 Complete data for all analytic cases are submitted to the National Cancer Data Base (NCDB) in accordance with the annual Call for Data.

Standard 3.7 Cases submitted to the NCDB for the most recent accession year requested meet the established quality criteria included in the annual Call for Data.

Rating:

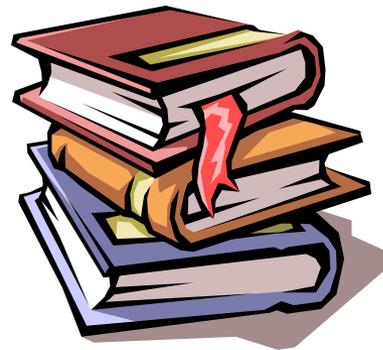
Commendation – Cases for the most recent accession year requested meet the quality criteria for the annual Call for Data on *initial* submission.



Chapter 3: CANCER DATA MANAGEMENT AND CANCER REGISTRY OPERATIONS

SPECIAL STUDIES

Standard 3.8 The facility participates in special studies as requested by the CoC.



CANCER REGISTRY OPERATIONS

- **Cancer Registry**
- **Procedure Manual**
- **Reference Data**
- **Case Eligibility**
- **Casefinding**
- **Suspense System**
- **Accession Register – sequential listing**
- **Patient Index – alphabetical listing**



CANCER REGISTRY OPERATIONS

- **Abstract**
- **Retention of Documents**
- **Quality Control of Cancer Registry Data**
- **Lifetime Follow-up**
- **Confidentiality, Release of Information, and Request Log**



Chapter 4 CLINICAL MANAGEMENT

TREATMENT SERVICES

Standard 4.1 Radiation treatment services are available on-site or by referral.

Standard 4.2 Based on the category, an inpatient medical oncology unit for a functional equivalent exists to provide specialized care to patients.



Chapter 4: CLINICAL MANAGEMENT

OTHER CLINICAL SERVICES

Standard 4.3 AJCC staging is assigned by the managing physician and recorded in a standardized location(s) in the medical record on 90% of eligible annual analytic cases.

Rating:

Commendation – The managing physician assigns AJCC staging and records it in a standardized location in the medical record for more than 95% of eligible annual analytic cases.



Chapter 4: CLINICAL MANAGEMENT

OTHER CLINICAL SERVICES

Standard 4.4 Nursing care is provided by nurses with specialized knowledge and skills in oncology. Competency is evaluated annually.

Standard 4.5 An Oncology Nurse Manager or a Registered Nurse (RN) provides direction to the inpatient medical oncology unit or the functional equivalent as appropriate to the category.



Chapter 4: CLINICAL MANAGEMENT

OTHER CLINICAL SERVICES

Standard 4.6 The guidelines for patient management and treatment currently required by CoC are followed.

(90% of pathology reports that include a cancer diagnosis must contain the scientifically validated data elements outlined on the surgical case summary checklist of the CAP.)

Rating:

Commendation – Ninety percent of cancer path reports include CAP protocols, and guidelines from national organizations (other than CAP) are followed.



Chapter 4: CLINICAL MANAGEMENT

OTHER CLINICAL SERVICES

Standard 4.7 Rehabilitation services are provided on-site or by referral. This is evaluated on an annual basis.

Rehabilitation services include, but are not limited to:

- Career counseling
- Physical therapy
- Speech therapy
- Stomal therapy



Chapter 5: RESEARCH

CLINICAL TRIAL INFORMATION

Standard 5.1 Information about the availability of cancer-related clinical trials is provided to patients through a formal mechanism.

Standard 5.2 As appropriate to the category, the required percentage of cases is accrued to cancer-related clinical trials on an annual basis.

Rating:

Commendation: The commendation percentage of cases for the category is accrued to cancer-related clinical trials each year.



Chapter 6: COMMUNITY OUTREACH

SUPPORTIVE SERVICES

Standard 6.1 Supportive services are provided on-site or coordinated with local agencies and facilities.

Supportive services include, but are not limited to:

- Genetic testing and counseling
- Grief counseling
- Home care and/or hospice
- Nutritional counseling
- Pastoral services
- Reference library
- Support groups



Chapter 6: COMMUNITY OUTREACH

PREVENTION AND EARLY DETECTION PROGRAMS

Standard 6.2 Each year, two prevention or early detection programs are provided on-site or coordinated with other facilities or local agencies.

Rating:

Commendation – Three or more prevention or early detection programs are offered each year, either on-site or coordinated with other facilities or local agencies.



Chapter 6: COMMUNITY OUTREACH

MONITORING COMMUNITY OUTREACH

Standard 6.3 The cancer committee monitors the community outreach activities on an annual basis. The findings are documented.



Chapter 7: PROFESSIONAL EDUCATION AND STAFF SUPPORT

FACILITY-BASED EDUCATION

Standard 7.1 Other than cancer conferences, the cancer committee offers one cancer-related educational activity each year.



Chapter 7: PROFESSIONAL EDUCATION AND STAFF SUPPORT

CANCER REGISTRY STAFF EDUCATION

Standard 7.2 Other than cancer conferences, all members of the cancer registry staff participate in a local, state, regional, or national cancer-related educational activity each year.

Rating:

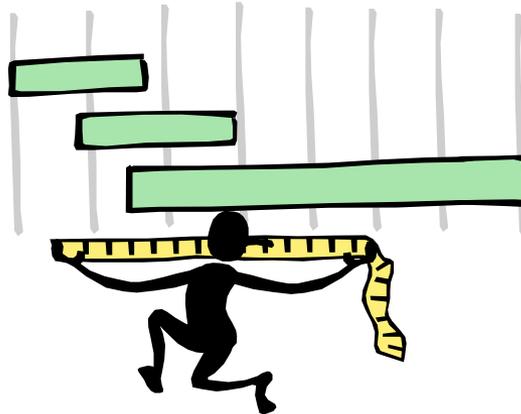
Commendation – The cancer registry staff who are CTRs attend a national cancer-related educational activity every three years.



Chapter 8: QUALITY IMPROVEMENT

STUDIES OF QUALITY AND OUTCOMES

Standard 8.1 Each year, based on category, the cancer committee completes and documents the required studies that measure quality and outcomes.



Chapter 8: QUALITY IMPROVEMENT

PATIENT CARE IMPROVEMENT

Standard 8.2 Annually, the cancer committee implements two improvements that directly affect cancer patient care. The improvements are documented.

Rating:

Commendation: More than two improvements that directly affect patient care are implemented and documented each year.



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CANCER PROGRAM STANDARDS WEBSITE

- <http://www.facs.org/cancer/coc/standards.html>



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Are there any questions???

I would like to thank
Kathy Barnes, Training Coordinator,
South Carolina Central Cancer
Registry
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