

**COMMUNITY CANCER CARE, INC.**  
**CANCER COMMITTEE AGENDA "Template"**

**2008 1st QUARTER MEETING**

**MEETING DATE/TIME AND PLACE (Estimated Meeting Time - One Hour)**

1. Meeting Called to Order By Cancer Committee Chair
2. Approval of Previous Cancer Committee Minutes
3. Announcement of Substitute Committee Members in Attendance
4. Approval of Current Cancer Committee Agenda - Verbal additions to agenda
5. **Cancer Committee:**
  - a. Establish Cancer Committee:
    - i. Annual Responsibilities – Accountability (STD 2.1)
    - ii. Annual Multidisciplinary Membership (STD 2.2)
    - iii. Membership Attendance Requirements (At least 50%) (STD 2.2)
    - iv. Annual Meeting Schedule (STD 2.4)
  - b. Coordinators Designated & Duties/Activities Defined: (STD 2.3)
    - i. Cancer Conference: \_\_\_\_\_
    - ii. Quality Control of Cancer Registry Data: \_\_\_\_\_
    - iii. Quality Improvement: \_\_\_\_\_
    - iv. Community Outreach: \_\_\_\_\_
  - c. Develop 2008 Annual Goals (STD 2.5):
    - i. Clinical Goals: \_\_\_\_\_
    - ii. Community Outreach Goals: \_\_\_\_\_
    - iii. Quality Improvement Goals: \_\_\_\_\_
    - iv. Programmatic Goals: \_\_\_\_\_
  - d. 2008 Annual Report (STD 2.11 & 8.1):
    - i. Date 2007 Annual Report Distributed to Administration/Staff and Community: (Due by Dec. 31, 2007)
    - ii. Approve Colon Cancer as the focused site study for 2008 Annual Report
    - iii. Assign Physician to Analyze 2008 Annual Report Colon Study Outcomes and Report Back to Committee:
6. **Cancer Conference:**
  - a. Define 2008 Annual Frequency of Meetings(# per yr) (STD 2.6 & 2.9): \_\_\_\_\_
  - b. Define 2008 Format – Type of Conference (example: Facility Wide) (STD 2.6): \_\_\_\_\_
  - c. Define 2008 Required Physician Attendance & Frequency of Attendance (List Phys) (STD 2.7): \_\_\_\_% (Suggest 75-80%)
    - i. Medical Oncology %: \_\_\_\_\_
    - ii. Radiation Oncology %: \_\_\_\_\_
    - iii. Surgery %: \_\_\_\_\_
    - iv. Pathology %: \_\_\_\_\_
    - v. Radiology %: \_\_\_\_\_
  - d. Define the Annual Cases Required to be Presented During 2008 Cancer Conference
    - i. 10% of annual caseload presented annually (STD 2.8 & 2.9)
    - ii. 75% are prospective cases presented annually (STD 2.8 & 2.9)
    - iii. Plan to present the top sites annually (STD 2.8)
7. **Quality Control of the Cancer Registry Data:**
  - a. (NEW 2008) Define Collaborative Stage (CS) % of Accuracy required in the registry (STD 2.10) \_\_\_\_% (Suggest 90%)
  - b. 2008 Cancer Program Audits:
    - i. Abstracting & CS reviewed by physician: % Accurate (STD 2.10): \_\_\_\_\_
    - ii. Case finding (STD 2.10) % Complete \_\_\_\_\_
    - iii. CAP Audit: Pathology Reports includes Scientifically Validated Data Elements as outlined in the CAP protocols (STD 4.6) \_\_\_\_%
    - iv. **COMMENDATION RATING AJCC Staging (STD 4.3):** Complete Staging on chart: \_\_\_\_% Accurate Staging in chart \_\_\_\_%
  - c. Cancer Registry:
    - i. Abstracting currency (Month/Year) (STD 3.3): \_\_\_\_\_
    - ii. F/U maintained for all analytic patients (STD 3.4): \_\_\_\_%
    - iii. F/U maintained for all analytic patients diagnosed within the last 5 Yrs (STD 3.5): \_\_\_\_%
  - d. 2008 COC Neoadjuvant Therapy Special Study:
    - i. **COC Approved Programs Only (STD 3.8):** Possible participation in "COC Neoadjuvant Therapy" Special Study: (Yes or No) If Yes, report on study(s) and status of submission:
8. **Research:**
  - a. Review the information available to patients regarding clinical trials (STD 5.1)

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- b. Number of patients on research protocol (STD 5.2) : # \_\_\_\_\_
9. **Programmatic:**
- a. Inpatient - Outpatient Activity:
  - b. Plan & implement ONE cancer-related educational activity (*other than TB*) for all members of the medical staff and allied health professionals (STD 7.1) : \_\_\_\_\_
  - c. Patient Management & Treatment Guidelines:
    - i. Collage of American Pathologist (CAP) Patient Management & Treatment Guidelines Promoted & Adopted (STD 4.6):
    - ii. **STD 4.6 COMMENDATION RATING:** Additional National Patient Management and Treatment Guidelines promoted and adopted within our hospital? (STD 4.6-Commendation Rating)
      - (a) **Possible Other National Programs Promoted and Adopted:**
        - (i) American Cancer Society: Yes or No
        - (ii) American Head and Neck Society: Yes or No
        - (iii) American Society of Clinical Oncology: Yes or No
        - (iv) American Urological Association: Yes or No
        - (v) Association of Community Cancer Centers: Yes or No
        - (vi) **College of American Pathologist (CAP):** **Yes** or No (STD 4.6) = Required by COC
        - (vii) The National Cancer Institute: Yes or No
        - (viii) Oncology Nursing Society: Yes or No
        - (ix) Society of Surgical Oncology: Yes or No
      - (b) **If YES**, to any of the above organizations (other than CAP), **the cancer committee must establish the compliance rate for guidelines adopted by the facility.** (STD 4.6-Commendation Rating)
      - (c) **AND, CC must monitor** (AUDIT) compliance by a random sample of cases for which these guidelines are used. (STD 4.6-Commendation Rating)
10. **Community Outreach:**
- a. Review & evaluate current screening, prevention & early detection programs.
  - b. Establish a **Plan for Prevention or Early Detection Programs** (STD 6.2 & 6.3):
    - i. Scope: Goals & Objectives of plan:
    - ii. Description of services available:
      - (1) First Program: \_\_\_\_\_
      - (2) Second Program: \_\_\_\_\_
      - (3) Third Program: \_\_\_\_\_
    - iii. Methodology:
    - iv. Desired Outcome:
11. **Quality Improvement (2 Studies Completed & Documented in CC Minutes during 2008):**
- a. **#1 Data Study:** 2003-2007 Colon Cancer w/survival from the Cancer Registry (STD 2.11 & 8.1) :
    - i. Criteria: Incidence; Age; AJCC Stage (0-IV); Treatment with comparison; 1998-2002 Observed Survival
    - ii. Physician Assigned to Analyze Study Outcomes and Report to Committee:
  - b. **#2 Cancer Program Quality Study** (STD 8.1) :
    - i. Criteria: \_\_\_\_\_
    - ii. Associate Assigned to Analyze Study Outcomes and Report to Committee:
  - c. Three Quality Improvements of Patient Care Annually:
    - i. Quality **Improvement** of Patient Care #1 (STD 8.2) : \_\_\_\_\_
    - ii. Quality **Improvement** of Patient Care #2 (STD 8.2): \_\_\_\_\_
    - iii. Quality **Improvement** of Patient Care #3 (STD 8.2): \_\_\_\_\_
12. New Business:
13. Next Meeting Date:
14. Meeting Adjourned:

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**2008 2nd QUARTER MEETING**

**CANCER COMMITTEE AGENDA "TEMPLATE"**

**MEETING DATE/TIME AND PLACE (Estimated Meeting Time - One Hour)**

1. Meeting Called to Order By Cancer Committee Chair
2. Approval of Previous Cancer Committee Minutes
3. Announcement of Substitute Committee Members in Attendance
4. Approval of Current Cancer Committee Agenda - Verbal additions to agenda
5. **Cancer Committee:**
  - a. Evaluate the Status of Physician/Non-Physician Attendance (STD 2.2) :
6. **Cancer Conference:**
  - a. Number of Cancer Conference meetings to date: #\_\_\_\_ out of the required #\_\_\_\_ per year (STD 2.9)
  - b. Evaluate the Percentage of Required Physician Attendance to date (STD 2.9):
    - i. Medical Oncology %: \_\_\_\_\_
    - ii. Radiation Oncology %: \_\_\_\_\_
    - iii. Surgery %: \_\_\_\_\_
    - iv. Pathology %: \_\_\_\_\_
    - v. Radiology %: \_\_\_\_\_
  - c. Evaluate Cases Presented During Cancer Conference (STD 2.8 & 2.9)
    - i. % \_\_\_\_\_ of cases presented in 1<sup>st</sup> quarter
    - ii. % \_\_\_\_\_ of prospective cases presented in 1<sup>st</sup> quarter
    - iii. Are your Top Five Sites being Presented: Yes or No?
7. **Quality Control of the Cancer Registry Data:**
  - a. Document the use of the COC FORDS Manual as the data standard for the Cancer Registry, and Registry software also complies with the FORDS standards. (STD 3.2)
  - b. Review and Approve the Plan to Evaluate the Quality of Cancer Registry Data (STD 2.10):
    - i. Review plan in the Cancer Program Manual – Quality Cancer Registry Data Section
  - c. Cancer Program Audits:
    - i. Abstracting & CS reviewed by physician: % Accurate (STD 2.10) : \_\_\_\_\_
    - ii. Case finding (STD 2.10): % Complete : \_\_\_\_\_
    - iii. CAP Audit: Pathology Reports includes Scientifically Validated Data Elements as outlined in the CAP protocols (STD 4.6): \_\_\_\_\_ %
    - iv. **COMMENDATION RATING AJCC Staging (STD 4.3):** Complete Staging on chart: \_\_\_\_ % Accurate Staging in chart \_\_\_\_ %
  - d. Cancer Registry:
    - i. Abstracting currency (Month/Year) (STD 3.3): \_\_\_\_\_
    - ii. F/U maintained for all analytic patients (STD 3.4): \_\_\_\_\_ %
    - iii. F/U maintained for all analytic patients diagnosed within the last 5 Yrs (STD 3.5): \_\_\_\_\_ %
8. **Research:**
  - a. # of patients on research protocol (STD 5.2): \_\_\_\_\_
9. **Programmatic:**
  - a. Inpatient - Outpatient Activity:
  - b. **Commendation Rating (4.6):** Promoted/Adopted **National Pt Mgmt & Rx Guidelines (Std 4.6-Comm Rating)**
    - i. **Audit of National Patient Management and Treatment Guidelines (Std 4.6-Commendation Rating)**
  - c. Status of the one cancer-related educational activity (*other than TB*) for all members of the **medical staff** and **allied health professionals (STD 7.1):**
10. **Community Outreach Coordinator:**
  - a. **Review & Evaluate** the patient needs for the current **Support Services Available (STD 6.1):**
    - i. Career counseling
    - ii. Grief counseling
    - iii. Nutritional counseling
    - iv. Palliative care
    - v. Support groups

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- vi. Transportation services
- vii. Other services
- 11. **Quality Improvement (2 Studies Completed & Documented in CC Minutes during 2008):**
  - a. **#2 Cancer Program Quality Study (STD 8.1) :**
    - i. Criteria: \_\_\_\_\_
    - ii. Associate Assigned to Analyze Study Outcomes and Report to Committee:
  - b. Three Quality Improvements of Patient Care Annually:
    - i. Quality **Improvement** of Patient Care #1 (STD 8.2) : \_\_\_\_\_
    - ii. Quality **Improvement** of Patient Care #2 (STD 8.2): \_\_\_\_\_
    - iii. Quality **Improvement** of Patient Care #3 (STD 8.2): \_\_\_\_\_
  - c. COC Specific Studies:
    - i. CP3R Colon Study:
    - ii. e-QuiP Breast Study:
    - iii. e-QuiP Colon/Rectum Study:
- 12. New Business
- 13. Next Meeting Date:
- 14. Meeting Adjourned:

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**2008 3rd QUARTER MEETING**

**CANCER COMMITTEE AGENDA "TEMPLATE"**

**MEETING DATE/TIME AND PLACE (Estimated Meeting Time - One Hour)**

1. Meeting Called to Order By Cancer Committee Chair
2. Approval of Previous Cancer Committee Minutes
3. Announcement of Substitute Committee Members in Attendance
4. Approval of Current Cancer Committee Agenda - Verbal additions to agenda
5. **Cancer Committee:**
  - a. Evaluate the Physician/Non-Physician Attendance (STD 2.2): \_\_\_\_\_
6. **Cancer Conference:**
  - a. Number of Cancer Conference meetings to date (STD 2.9): # \_\_\_ out of the required # \_\_\_ per year
  - b. Evaluate the Percentage of Required Physician Attendance to date (STD 2.9):
    - i. Medical Oncology %: \_\_\_\_\_
    - ii. Radiation Oncology %: \_\_\_\_\_
    - iii. Surgery %: \_\_\_\_\_
    - iv. Pathology %: \_\_\_\_\_
    - v. Radiology %: \_\_\_\_\_
  - c. Evaluate Cases Presented During Cancer Conference (STD 2.8 & 2.9)
    - i. % \_\_\_\_\_ of cases presented in 1<sup>st</sup> and 2<sup>nd</sup> quarter
    - ii. % \_\_\_\_\_ of prospective cases presented in 1<sup>st</sup> and 2<sup>nd</sup> quarter
    - iii. Are your Top Five Sites being Presented: Yes or No?
7. **Quality Control of the Cancer Registry Data:**
  - a. Cancer Program Audits:
    - i. Abstracting & CS reviewed by physician: % Accurate (STD 2.10): \_\_\_\_\_
    - ii. Case finding (STD 2.10): % Complete: \_\_\_\_\_
    - iii. CAP Audit: Pathology Reports includes Scientifically Validated Data Elements as outlined in the CAP protocols (STD 4.6): \_\_\_\_\_ %
    - iv. **COMMENDATION RATING AJCC Staging (STD 4.3):** Complete Staging on chart: \_\_\_% Accurate Staging in chart \_\_\_%
  - b. Cancer Registry:
    - i. Abstracting currency (Month/Year) (STD 3.3): \_\_\_\_\_
    - ii. F/U maintained for all analytic patients (STD 3.4) \_\_\_\_\_ %
    - iii. F/U maintained for all analytic patients diagnosed within the last 5 Yrs (STD 3.5): \_\_\_\_\_ %
  - c. National Cancer Data Base:
    - i. ACOS COC Approved Programs Only: Date the final corrected data items re-submitted to the NCDB - **Due to the NCDB by September 1<sup>st</sup>:**
  - d. 2008 COC Neoadjuvant Therapy Special Study Status:
  - e. FIPS - ACOS COC Approved Programs Only: Review and release FIPS data: Yes/No
8. **Research:**
  - a. # of patients on research protocol (STD 5.2): \_\_\_\_\_
9. **Programmatic:**
  - a. Inpatient - Outpatient Activity:
  - b. Nursing care provided to patients: # OCN on staff (STD 4.4): \_\_\_\_\_
  - c. Orientation & annual competency of oncology nursing knowledge & skills (STD 4.4):
  - d. Adequate staffing by oncology nursing:
  - e. Oncology nurse manager that provides direction and use of ONS standards & guidelines in the IP medical oncology unit or functional equivalent (STD 4.5):
  - f. **Commendation Rating (4.6):** Promoted/Adopted **National Pt Mgmt & Rx Guidelines (Std 4.6-Comm Rating)**
    - i. **Audit of National Patient Management and Treatment Guidelines (Std 4.6-Commendation Rating)**
  - g. Subcommittee results of Cancer Program Policy & Procedure review:
10. **Community Outreach Coordinator:**
  - a. Status Community outreach activities: Prevention or Early Detection Programs (STD 6.2 & 6.3):

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- i. First Program: \_\_\_\_\_
  - ii. Second Program: \_\_\_\_\_
  - iii. Third Program: \_\_\_\_\_
- 11. **Quality Improvement (2 Studies Completed & Documented in CC Minutes during 2008):**
  - a. **#1 Data Study Status:** Colon Cancer w/survival from the Cancer Registry (**STD 2.11 & 8.1**) :
    - i. Criteria: 2003-2007 Incidence; Age; AJCC Stage (0-IV); Treatment; 1998-2002 Observed Survival
    - ii. Physician Analyze of Study Outcome Report to Committee:
  - b. **#2 Cancer Program Quality Study Status (**STD 8.1**) :**
    - i. Criteria: \_\_\_\_\_
    - ii. Associate Assigned to Analyze Study Outcomes and Report to Committee:
- 12. New Business:
- 13. Next Meeting Date:
- 14. Meeting Adjourned:

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**2008 4th QUARTER MEETING**

**ANNUAL REVIEW OF PROGRAM**

**CANCER COMMITTEE AGENDA "TEMPLATE"**

**MEETING DATE/TIME AND PLACE (Estimated Meeting Time - One Hour)**

1. Meeting Called to Order By Cancer Committee Chair
2. Approval of Previous Cancer Committee Minutes
3. Announcement of Substitute Committee Members in Attendance
4. Approval of Current Cancer Committee Agenda - Verbal additions to agenda
5. **Cancer Committee:**
  - a. **Annual Review** of the Cancer Committee Attendance (STD 2.2):
  - b. **Annual Review** of the Goals (STD 2.5):
    - i. Clinical Goals: \_\_\_\_\_
    - ii. Community Outreach Goals: \_\_\_\_\_
    - iii. Quality Improvement Goals: \_\_\_\_\_
    - iv. Programmatic Goals: \_\_\_\_\_
  - c. **Annual Report** (STD 2.11 & 8.1):
    - i. Annual Report Status: \_\_\_\_\_
    - ii. Physician Analyze of Annual Report Study Outcomes: \_\_\_\_\_
    - iii. Planned publication date: (Due by 12/31) \_\_\_\_\_
6. **Cancer Conference:**
  - a. Number of Cancer Conference meetings to date (STD 2.9): # \_\_\_\_ out of the required # \_\_\_\_ per year
  - b. Evaluate the Percentage of Required Physician Attendance to date (STD 2.9):
    - i. Medical Oncology %: \_\_\_\_\_
    - ii. Radiation Oncology %: \_\_\_\_\_
    - iii. Surgery %: \_\_\_\_\_
    - iv. Pathology %: \_\_\_\_\_
    - v. Radiology %: \_\_\_\_\_
  - c. Evaluate Cases Presented During Cancer Conference (STD 2.8 & 2.9)
    - i. % \_\_\_\_\_ of cases presented in 1<sup>st</sup> - 2<sup>nd</sup> - 3<sup>rd</sup> quarter
    - ii. % \_\_\_\_\_ of prospective cases presented in 1<sup>st</sup> - 2<sup>nd</sup> - 3<sup>rd</sup> quarter
    - iii. Are your Top Five Sites being Presented: Yes or No?
7. **Quality Control of the Cancer Registry Data:**
  - a. **Annual Review** of Cancer Program Audits:
    - i. Abstracting & CS reviewed by physician: % Accurate (STD 2.10): \_\_\_\_\_
    - ii. Case finding (STD 2.10): % Complete: \_\_\_\_\_
    - iii. CAP Audit: Pathology Reports includes Scientifically Validated Data Elements as outlined in the CAP protocols (STD 4.6): \_\_\_\_\_ %
    - iv. **COMMENDATION RATING AJCC Staging** (STD 4.3): Complete Staging on chart: \_\_\_\_% Accurate Staging in chart \_\_\_\_%
  - b. **Annual Review** of Cancer Registry:
    - i. Abstracting currency (Month/Year) (STD 3.3): \_\_\_\_\_
    - ii. F/U maintained for all analytic patients (STD 3.4): \_\_\_\_\_ %
    - iii. F/U maintained for all analytic patients diagnosed within the last 5 Yrs (STD 3.5): \_\_\_\_\_ %
    - iv. Cancer Registry staff educational experiences (STD 7.2): \_\_\_\_\_
  - c. National Cancer Data Base:
    - i. ACOS COC Approved Programs Only (STD 3.6): Date Submitted to NCDB "Call For Data:": \_\_\_\_\_
8. **Research:**
  - a. **Annual Review** of the # of patients on research protocol (STD 5.1): \_\_\_\_\_
9. **Programmatic:**
  - a. **Annual Review** Inpatient - Outpatient Activity:
  - b. **Annual Review** of the **rehabilitation services** available on-site or by referral (STD 4.7):

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- i. Enterostomal Services On Site or Referred
  - ii. Lymphedema Services On Site or Referred
  - iii. Physical Therapy On Site or Referred
  - iv. Speech Therapy On Site or Referred
  - v. Stomal Therapy On Site or Referred
  - vi. Aquatic Rehab On Site or Referred
  - vii. Occupational Therapy On Site or Referred
  - viii. Other Services On Site or Referred
  - c. **Annual Review - Commendation Rating (4.6):** Promoted/Adopted **National Pt Mgmt & Rx Guidelines**
    - i. **Audit of National Patient Management and Treatment Guidelines** (Std 4.6-Commendation Rating)
10. **Community Outreach Coordinator:**
- a. **Annual Review** the effectiveness of on-site & referral process for Support Services available (STD 6.1):
    - i. Career counseling
    - ii. Genetic testing and counseling
    - iii. Grief counseling
    - iv. Nutritional counseling
    - v. Palliative care
    - vi. Support groups
    - vii. Transportation services
  - b. **Annual Review** of the effectiveness of the Current Screening Prevention or Early Detection Programs available (STD 6.2 & 6.3):
    - i. First Program: \_\_\_\_\_
    - ii. Second Program: \_\_\_\_\_
    - iii. Third Program: \_\_\_\_\_
11. **Quality Improvement:**
- a. **Annual Review #1 Data Study** Colon Cancer w/survival from the Cancer Registry#1 (STD 2.11 & 8.1):
    - i. Date study completed: \_\_\_\_\_
    - ii. Physician Analysis of Outcome: \_\_\_\_\_
    - iii. Recommendations: \_\_\_\_\_
  - b. **Annual Review of #2 Quality Study** of the Cancer Program #2 (STD 8.1):
    - i. Date study completed: \_\_\_\_\_
    - ii. Analysis of Outcome: \_\_\_\_\_
    - iii. Recommendations: \_\_\_\_\_
  - c. **Annual Review of #1 Quality Improvement of Patient Care** (STD 8.2):
  - d. **Annual Review of #2 Quality Improvement of Patient Care** (STD 8.2):
  - e. **Annual Review of #3 Quality Improvement of Patient Care** (STD 8.2):
12. New Business:
13. Next Meeting Date:
14. Meeting Adjourned: