



COMPONENTS OF A COMMISSION ON CANCER SURVEY

Visit is to be a minimum of 6 hours.

Surveyor is to work with program to incorporate all required survey components into agenda.
(Sample agenda on CoC Website.)

Cancer Team Members Required to Attend:

Cancer Committee Chair
Administrator
Cancer Liaison Physician (Community Outreach Coordinator)
Cancer Conference Coordinator
Quality Improvement Coordinator
Cancer Registrar
Quality Control of Cancer Registry Data Coordinator
Radiation Oncologist
Research Nurse or Data Manager

Cancer Team Members Recommended to Attend:

Oncology Nursing
Rehabilitative Services
Pastoral Care
Social Services/Discharge Planning
Dietary/Nutritional Services
Pain Control/Palliative Care physician or specialist
Pharmacy
Hospice
Education

COMPONENTS OF A COMMISSION ON CANCER SURVEY CANCER COMMITTEE/CANCER PROGRAM TEAM MEETING

SURVEYOR PRESENTATION

Introduction

Thank you for courtesies extended

Special acknowledgments to those who work in day-to-day operations of cancer program, assisted with preparation of survey documentation, travel arrangements, or accommodations.

Review Benefits of an Approved Cancer Program

Surveyor may select to use PowerPoint presentation or facility may download presentation via the Web site.

Review of NCDB Hospital Comparison Benchmark Reports

Facility provides Internet access and connection for surveyor demonstration.

DIALOGUE

CANCER COMMITTEE CHAIR

Discussion Points:

- What changes are evident in the program since the last survey?
- How does the cancer committee coordinate the activities of the cancer program?
- What are the short and long-term goals for the cancer program?
- Tell me about some of the accomplishments of the cancer program?
- What have been the biggest challenges?

ADMINISTRATION

Discussion Points:

- Why do you feel it is important to have a CoC-Approved cancer program?
- How have the changes in the health care environment and with health care providers impacted the program?
- Where do you see the cancer program in five years?

CANCER LIAISON PHYSICIAN (Community Outreach Coordinator)

Discussion Points:

- What sites are the focus of the prevention and early detection activities?
- How and how often are these evaluated?
- What is the level of physician support and participation in these efforts?
- Does the facility partner with local agencies and community groups to acquire information on available support services, prevention and early detection programs that

can be offered?

How are you involved in monitoring these community outreach activities?

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DIALOGUE

NURSING

Discussion Points:

What special training is required for oncology nurses? How is this made available?

How are oncology-trained nurses made available to patients?

How is competency evaluated each year?

What is the nurse to patient ratio on the oncology unit? How is this monitored?

CANCER CONFERENCE COORDINATOR

Discussion Points:

What are the case criteria for conferences?

How are conferences promoted to staff?

How do managing physicians participate?

When are frequency, format, and attendance requirements established for cancer conferences? What are they?

How do conferences promote AJCC Staging?

What methods are used to ensure adequate presentation of the analytic caseload?

QUALITY IMPROVEMENT COORDINATOR

Discussion Points:

When is the quality improvement plan developed?

How often is the plan reviewed?

How are study topics identified and developed?

Who participates in creating, completing, and evaluating the site-specific outcome study?

What quality improvements have been implemented this year?

How are improvements reported to appropriate care givers?

CLINICAL RESEARCH

Discussion Points:

What is the mechanism for providing patients with clinical trial information?

In which clinical trials groups do you participate?

How are patient accruals tracked and monitored.

If clinical trials are ongoing within the institution, when was the last audit by the cooperative group?

What is the meeting schedule for the IRB?

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DIALOGUE

RADIATION ONCOLOGY

Discussion Points

- What radiation oncology services are available on-site? By referral?
- Is there a standard referral resource?
- Is specialized staff available at the referral facility?
- How is quality of care monitored?
- What are the quality improvement activities?
- What are the quality control activities regarding dosimetry and treatment dosages?

REHABILITATION AND SUPPORT SERVICES

Discussion Points:

- What rehabilitative services are available at your facility or by referral?
- What support groups are offered at this facility?
- What community services are used to provide supportive care?
- How are services monitored?
- How are patients' need for new services addressed?
- What services have been recently changed or added?

TOUR FACILITY AND INPATIENT MEDICAL ONCOLOGY UNIT OR FUNCTIONAL EQUIVALENT

INPATIENT MEDICAL ONCOLOGY UNIT MANAGER

Discussion Points:

- What is the criteria for patient admission to the inpatient medical oncology unit?
- For functional equivalent: How is patient access to special care determined?
- What are the duties and responsibilities of the oncology unit director?
- How are chemotherapy orders processed?

Other areas to visit:

- Radiation Oncology
- Pharmacy
- Resource Center
- Infusion Center

COMPONENTS OF A COMMISSION ON CANCER SURVEY
QUALITY CONTROL OF CANCER REGISTRY
ABSTRACTS VS. MEDICAL RECORD

QUALITY CONTROL OF CANCER REGISTRY DATA COORDINATOR

Documentation:

Minimum of 25 charts are to be reviewed.

Mandate that charts be pulled at time of survey. If facility refuses, at least 5 to be pulled day of survey.

Utilize Surveyor and Facility Tools for quality review:

AJCC Staging, Quality Review for Surveyor, CAP guidelines

Verify 90% compliance of CAP Guidelines

Discussion Points:

When is the quality plan established each year?

How is the cancer registry casefinding, accuracy of data collection, abstracting timeliness, and data reporting monitored?

How many cases are reviewed annually?

How often is quality control performed and reported to the cancer committee?

Who completes this review?

How is AJCC staging completion monitored?

How is AJCC staging accuracy monitored?

How is compliance with CAP guidelines monitored?

What is the current abstracting backlog?

What are the current follow-up rates?

How are error edits from the software, state, and NCDB reviewed and corrected?

ATTEND CANCER CONFERENCE

MEET WITH CANCER REGISTRAR

Tour cancer registry.

Discussion Points:

How is certification encouraged?

How are credentials maintained?

How are staffing needs accessed? How often are staffing needs accessed?

Are contract staff or volunteers used to perform cancer registry functions?
What type of data requests do you receive?
Are there other data sets or codes used by the registry?
How is abstracting currency monitored?
How does the cancer registry assure that patient confidentiality is protected?
What is the procedure for accessing cancer registry data? Internal vs. External sources?

COMPONENTS OF A COMMISSION ON CANCER SURVEY SUMMATION

Completed at end of survey.

Key members required to attend:

- Cancer Committee Chair
- Administrator
- Cancer Liaison Physician (Community Outreach Coordinator)
- Cancer Conference Coordinator
- Quality Improvement Coordinator
- Cancer Registrar
- Quality Control of Cancer Registry Data Coordinator
- Radiation Oncologist
- Research Nurse or Data Manager

Recommend other cancer team members attend.

Discussion Points:

- Acknowledge a least one positive aspect of the cancer program.
- Review areas for improvement.
- Remind Program staff of CoC survey review process:
 - CoC technical staff turnaround 10 - 12 weeks.
- Encourage changes in the SAR be made now.
- Complete Post-Survey Evaluation Form within two weeks of survey
- Questions to be forwarded to CoC staff or Inquiry and Response System