

## 2019 Commission on Cancer INCP Survey Sample Agenda

\* = Required component of survey visit

Timeframes <i>(Times or order of items may be adjusted as needed)</i>	1 <sup>st</sup> Day of Survey Visit Agenda Items/Meetings	Required and Optional Participants
<b>7:45 am</b>	Facility representative meets Surveyors at designated location	Designated survey contact
<b>8:00 am - 8:50 am</b> (50 minutes; time for Q&A)	<p><b>*<u>Cancer Programs Leadership Meeting</u></b></p> <p><b>Introductions</b></p> <p><b>Discussion on the Value of Accreditation: <i>Improving the Quality of the Cancer Program</i></b></p> <p><b>Discussion on the National Cancer Data Base (NCDB): <i>Using and Understanding the Uses of the NCDB Data to Benefits the Cancer Program</i></b></p>	<p><i>Chief Administrative Leadership to attend:</i></p> <ul style="list-style-type: none"> <li>- Chief Executive Officer</li> <li>- Chief Operating Officer</li> <li>- Chief (Medical) Information Officer</li> <li>- Chief or VP of Quality and Patient Safety</li> <li>- Chief Financial Officer</li> <li>- Medical Director(s)</li> <li>- Chief Marketing/PR/Business Development</li> </ul> <p><i>Cancer program leadership to attend:</i></p> <ul style="list-style-type: none"> <li>- Cancer Committee Chair</li> <li>- Cancer Liaison Physician (CLP)</li> <li>- Cancer Program Administrator (CPA)</li> </ul>
<b>9:00 am - 10:45 am</b> (105 minutes; time for Q&A)	<p><b>*<u>Presentation and Discussion with Cancer Committee</u></b></p> <p><b>Introductions</b></p> <p><b>Discuss integration of INCP sites</b></p> <p><b>Review of your Survey Application Record: <i>Review cancer program activities and documentation.</i></b></p> <p><b>Review and discussion about pre-selected standards</b></p>	<p>All required cancer committee members and coordinators (see Standard 1.2) are to attend.</p> <p><i>Other attendees may include (varied by program category):</i></p> <ul style="list-style-type: none"> <li>- Additional committee members</li> <li>- American Cancer Society Representative</li> <li>- Chief leadership may attend</li> </ul>
<b>10:45 am - 11:00 am</b> (15 minutes)	Cancer program may choose to present about any program-related endeavors undertaken or quality improvements implemented in 2016, 2017, and 2018 ( <i>optional, but encouraged</i> ).	
<b>11:00 am - 11:30 am</b> (30 minutes)	<b>Tour of 1<sup>st</sup> facility and discussion of on-site services</b>	Designated survey contacts ( <i>optional, but encouraged</i> )
<b>11:30 am - 11:55 am</b> (25 minutes)	<b>*<u>Cancer Liaison Physician Meeting: <i>Discuss Role and Responsibilities, Accessing NCDB and CLP Report</i></u></b>	Cancer Liaison Physician
<b>12:00 pm - 1:00 pm</b> (60 minutes)	<b>*<u>Tumor Board/Cancer Conference</u></b>	Staff that would normally participate in the TB/CC
<b>1:00 pm - 2:15 pm</b> (75 minutes)	<b>*<u>Pathology Report Review</u></b>	Pathologist(s) and CPA

Timeframe ( <i>Actual times may be adjusted as needed</i> )	2 <sup>nd</sup> Day of Survey Visit Agenda Item/Meeting	Required and Optional Participants
8:00 am	Facility representative meets Surveyors in a designated location	Designated survey contact
8:15 am - 9:00 am (45 minutes)	2 <sup>nd</sup> (or 3 <sup>rd</sup> ) Facility tours and discussion of on-site services	Designated survey contacts
9:00 am- 9:40 am (40 minutes)	“Open Office Hours” Provides cancer committee members and leaders an opportunity to meet one-on-one with surveyors	Optional
9:45am-10:30am (75 minutes)	*Continuation of pathology report review of pre-selected cases	Pathologist(s) and CPA
10:30 am - 11:00 am (30 minutes)	Summation Preparation	Private room for surveyors to review survey findings and prepare for summation.
11:00 am - 11:30 am (30 minutes)	*Summation and Survey Wrap-Up	Cancer committee members and Chief Leadership

## The 2019 Commission on Cancer Survey Process

Above is the template of a basic survey agenda and the activities that will happen as part of the on-site visit. *The schedule and the order of activities may be adjusted* based on time, the needs of the cancer program, and when the cancer conference occurs. The survey will take place over two days. The Surveyors will provide you a list of technological equipment needed for the survey prior to the visit. If the cancer conference does not take place over the lunch hour, an additional 30 minutes for lunch should be included.

Please plan your work accordingly. The 2019 Survey Application Record (SAR) should be completed at **least 30 calendar days** prior to the confirmed survey date and will be **closed for edits 14 days prior** to the survey date. All relevant documents (including minutes and coordinator reports) must be electronically uploaded to the SAR by that time. Appropriate documentation demonstrating standard compliance must be uploaded. **Do not upload extra or unnecessary attachments** that are not required to verify compliance with the standards. Any missing information or incomplete SAR tables after the 14-day window are subject to a deficiency. Files cannot be larger than **20MB** and *CoC Datalinks* is most compatible with:

- Google Chrome
- FireFox
- Internet Explorer (must be version 9 or higher)

The Surveyor team’s role is to assist in accurately defining the standards and verifying that the network cancer program meets the CoC Accreditation Standards. The survey is not intended to be an “inspection,” but rather an educational and beneficial interaction to guide and assist programs to obtain/maintain the CoC accreditation.

**Network Surveyed Sites:** If the network program has 2-4 facilities within the network, then two facilities will be visited (different from the facilities visited at the last CoC survey). If there are 5+ facilities, then three facilities will be visited. **The selection of the cancer programs to be visited will be decided and confirmed by the surveyor team.**

**Attendance is important and is required for** leadership and cancer committee members to attend and participate in the survey.

**On the day of survey, the Surveyors will:**

- Meet and provide information to key members of the program's leadership on the value and benefits of accreditation
- Meet with the cancer committee to discuss the activities and responsibilities of the cancer committee members and to verify the accuracy of the data recorded in the SAR. *Note, this does not count as a cancer committee meeting for standard compliance.*
- Observe a cancer conference to observe the program's multidisciplinary patient management and discussions
  - The surveyors will not participate in discussion or offer an opinion on treatment options.
- Meet with the Cancer Liaison Physician to discuss their role and responsibilities, including the CLP Report and opportunities to use National Cancer Data Base data for performance improvement.
- Review pre-selected pathology reports to evaluate Standard 2.1.
  - 60+ pathology reports in comparison with CAP checklist for compliance from years 2016, 2017, and 2018 (Final number depends on the size of the network).
  - Pathology reports should be identified from patients with Class of Case codes 10 – 22 as these represent patients who received all or part of their treatment at the facility (does not have to only be from top 5 cancer sites). The report should be further stratified to identify patients that have undergone surgery within the network facilities.
  - Please follow the specific instructions provided under Standard 2.1 and the Accession List sections within the SAR.
- Tour the Facility (*optional, but encouraged*). Please be sure to decide if a tour will be take place while setting up the final agenda. Possible areas to tour could be:
  - Resource center/patient library
  - Infusion center
  - Inpatient/outpatient medical oncology unit or functional equivalent
  - Radiation oncology (if applicable to the facility)
  - Pharmacy
- Conduct a summation to identify network programs' strengths, areas in need of improvement and provide a chance for the cancer committee members to ask any additional questions.

**In addition to these meetings and presentations, the Surveyors will:**

- Provide information on standards from the current *Cancer Program Standards Manual* that the program requests to discuss or clarify
- Review the SAR – applicable standards, possible deficiencies, possible commendations, and changes as needed
- Provide examples or resources for areas that need improvement or recognize areas of the program that could be possible "Best Practices" (if applicable)
- Post a copy of the PowerPoint Presentations from the Chief Leadership and Cancer Committee Meetings to the SAR for your future reference

\*Please remember to **complete the Post-Survey Evaluation** as this is vitally important to the continued success of the survey process and is a required part of accreditation (due within 14 calendar days of survey date).

\*Please allow at least 45 calendar days from the survey date for survey results to be posted.