Commission on Cancer®

A QUALITY PROGRAM of the AMERICAN COLLEGE OF SURGEONS

Required Documents for 2019 Survey Application Record

Standard or ER	Documentation Required	Comment
Eligibility Requirements		
ER1: Facility Accreditation	Accreditation certificate or letter from accrediting agency.	Complete and upload each calendar year.
ER2: Cancer Committee Authority	Facility bylaws, policy or procedure, or other sources that set forth the authority of the cancer committee.	Bylaws: only that portion having to do with cancer committee. Complete and upload each calendar year.
ER3: Cancer Conference Policy	Cancer conference policy or procedure.	Complete and upload each calendar year.
ER4: Oncology Nursing Leadership	Not applicable.	
ER5: Cancer Registry Policy and Procedure	Table of contents from facility's cancer registry policy and procedure manual.	Complete and upload each calendar year.
ER6: Diagnostic Imaging Services	Most recent certificate of accreditation, attestation letter, or documentation that describes the patient-specific and machine-specific QA practices for diagnostic imaging services.	Complete and upload each calendar year.
ER7: Radiation Oncology Services	• Certificate of accreditation for the most common referral locations • Attestation letter of quality assurance practices • Documentation that describes the patient-specific and machine-specific quality assurance practices in radiation oncology	If all services are on-site, upload a minimum of one of the three documents. If services are referred off-site(s), upload a minimum of one of the three documents for each of the top referral sites (where a majority of your patients are referred to). If services are both on-site and off-site, upload a minimum of one of the three documents for both your facility AND each of the top referral sites.
ER8: Systemic Therapy Services	Policy or procedure for the safe administration of systemic therapy that is provided on-site, at facility-owned locations, or at locations that are contracted by the facility or are supervised by members of the facility's medical staff.	Complete and upload each calendar year.
ER9: Clinical Research Information	Policy or procedure regarding availability of cancer-related research information for patients for on-site studies or studies by referral.	Complete and upload each calendar year.

ER10: Psychosocial Services	Policy or procedure that ensures access to psychosocial services either on-site or by referral, and includes annual monitoring of the referral process.	Complete and upload each calendar year.
ER11: Rehabilitation Services	Policy or procedure that ensures access to rehabilitation services either onsite or by referral, and includes annual monitoring of the referral process.	Complete and upload each calendar year.
ER12: Nutrition Services	Policy or procedure that ensure patient access to a Registered Dietitian Nutritionist and nutrition services is available either on-site or by referral, and includes annual monitoring of the referral process.	Complete and upload each calendar year.
Chapter 1: Program Management		
1.1: Physician Credentials	• Roster of the board certification status for all physicians involved in the evaluation and management of cancer patients and serving in a required physician position on the cancer committee, **OR** • Medical Staff Bylaws addressing current board certification of physicians, **AND** • Documentation of **12** annual cancer-related CME hours for each year of survey cycle for **all** physicians involved in the evaluation and management of cancer patients who are not board certified or are in the process of becoming board certified. This includes, but is not limited to, physicians who are required members of the cancer committee.	Complete and upload most current roster or bylaws. Complete and upload cancer-related CME documentation for each year of the survey cycle for applicable physicians.
1.2: Cancer Committee Membership	Cancer committee minutes that identify the required cancer committee members, appointed designated coordinators, and alternates as appropriate.	Complete and upload each calendar year to the Cancer Committee Meeting Minutes link.
1.3: Cancer Committee Attendance	Cancer committee minutes that include the membership attendance for every cancer committee meeting held during each calendar year.	Complete and upload each calendar year to the Cancer Committee Meeting Minutes link.
1.4: Cancer Committee Meetings	Cancer committee minutes that document the committee's quarterly meetings and activities.	Complete and upload each calendar year to the Cancer Committee Meeting Minutes link. All meeting minutes must contain sufficient detail to accurately reflect the activities of the cancer committee as well as demonstrate compliance with CoC standards.
1.5: Cancer Program Goals	Cancer committee minutes that clearly define the annual goals, the time frame for evaluation and completion, and the responsibilities of applicable coordinator and/or other committee members to monitor and complete the goals. (Establishment of goals at first meeting of the calendar year and evaluations at two additional meetings per calendar year.)	Complete and upload for each calendar year.
1.6: Cancer Registry Quality Control Plan	• Current cancer registry quality control plan. • Cancer committee minutes documenting that the results of the annual quality control evaluation were presented and reviewed by the cancer	Complete and upload for each calendar year.

	committee.	
1.7: Monitoring Cancer Conference Activity	• Cancer committee minutes to demonstrate the monitoring of the required criteria. • The cancer conference report and/or grid that includes the evaluation of the cancer conference by the cancer conference coordinator.	Complete and upload for each calendar year.
1.8: Monitoring of Prevention, Screening, and Outreach Activities	• The annual community outreach activity summary that documents the methods used to monitor and evaluate the effectiveness of the prevention and screening activities. • Cancer committee minutes documenting the review of the annual community outreach summary.	Complete and upload for each calendar year.
1.9: Clinical Research Accrual	Cancer committee minutes that include the reports of the annual accrual percentages to cancer-related clinical research studies each calendar year.	Complete and upload for each calendar year.
1.10: Clinical Educational Activity	• Documentation of one annual cancer-related educational activity, such as a flyer/agenda, list of objectives, or slides of the content presented, that includes all required elements. The educational activity **must focus** on a selected cancer site and the use of AJCC in clinical practice, which includes the use of appropriate prognostic indicators and evidence-based national guidelines used in treatment planning. • Evidence that the activity was directed to physicians, nurses, and allied health professionals.	Complete and upload for each calendar year.
1.11: Cancer Registry Education	For commendation: upload documentation of attendance during the survey cycle to a regional or national cancer-related educational meeting for each CTR staff member.	At least once, per CTR, during the survey cycle.
1.12: Public Reporting of Outcomes	Commendation only standard: published report on patient or program outcomes from Chapter 4 standards.	Complete and upload for each calendar year.
Chapter 2: Clinical Services		
2.1: College of American Pathologists Protocols and Synoptic Reporting	Not applicable. Table in SAR is to be completed with selected pathology reports before day of survey.	Pathology reports reviewed day of survey. Provide accession list for years of survey cycle, with surgical code or name, to the surveyor by uploading to the 'Agenda, Presentations, and Accession List" link in the SAR before survey. This link does NOT close before survey.
2.2: Oncology Nursing Care	• Nursing competency policy or procedures. • Cancer committee minutes that document the report of the results from the annual oncology nursing competency evaluation to the cancer committee.	Complete and upload for each calendar year.
2.3: Genetic Counseling &	• Policies or procedures for providing cancer risk assessment, genetic counseling, and genetic	Complete and upload for each calendar year.

Risk Assessment	testing services on-site or by referral. • Cancer committee minutes that document the monitoring and evaluation of the services and referrals.	
2.4: Palliative Care Services	• Policies or procedures for providing palliative care on-site or by referral. • Cancer committee minutes that document the monitoring and evaluation of the palliative care services and referrals.	Complete and upload for each calendar year.
Chapter 3: Continuum of Care Services		
3.1: Patient Navigation Process	• Copy of the results and findings of the triennial Community Needs Assessment. • Documentation of the identification of a barrier to care addressed by the cancer committee. • Documentation of the monitoring, evaluation, and findings of the patient navigation process including the health disparity populations served and the barrier(s) and resources that are addressed.	Complete and upload each calendar year.
3.2: Psychosocial Distress Screening	• The annual psychosocial services summary that documents the methods used to monitor and evaluate the psychosocial distress screening activities. • Cancer committee minutes that document discussion of the process and tools implemented to provide, monitor, and evaluate the psychosocial distress screening.	Complete and upload each calendar year.
3.3: Survivorship Care Plan	• Policies and procedures to generate and disseminate a comprehensive treatment summary and survivorship care plan (SCP) to eligible cancer patients who have completed cancer treatment. • A sample of a treatment summary and SCP that is used by the cancer program. • Cancer committee minutes that document the reporting of the annual number of SCPs provided to eligible patients and the evaluation of the SCP process.	Complete and upload each calendar year.
Chapter 4: Patient Outcomes		
4.1: Cancer Prevention Programs	Cancer committee minutes documenting: • The cancer committee identifying the cancer prevention needs of the community and • Documentation that the committee offered at least one cancer prevention activity that is focused on decreasing the number of diagnoses of a specific type of cancer. • The documentation includes references to the national guidelines used.	Complete and upload for each calendar year.
4.2: Cancer Screening Programs	Cancer committee minutes documenting: • The cancer committee identifying the cancer screening needs of the community and • Documentation that the committee offered at least one cancer screening activity focused on decreasing late stage disease of a specific type	Complete and upload for each calendar year.

	of cancer. • The documentation includes references to the national guidelines and interventions used and the process in place to follow up on positive findings.	
4.3: Cancer Liaison Physician Responsibilities	Cancer committee minutes and the CLP reports on NCDB data that are presented to the cancer committee at four separate meetings each calendar year.	Complete and upload for each calendar year.
4.4 and 4.5: Accountability Measures & Quality Improvement Measures	• Cancer committee minutes that document the monitoring of the accountability and quality improvement measures from each CP3R measure. • If necessary, the action plan that was developed and executed if the program's performance rates were observed to be below the expected EPRs established by the CoC.	Complete and upload for each calendar year.
4.6: Monitoring Compliance with Evidence-Based Guidelines	• Documentation of the site-specific in-depth analysis, including the methodology, summaries, analyses, national treatment guidelines, recommendations, and follow-up. • Cancer committee minutes in which the results of the analysis were reported.	Complete and upload for each calendar year.
4.7: Studies of Quality	• Documentation for the required number of quality studies, including the problem statement, methodology, analyses, summaries, national benchmarks, recommendations, and follow-up. • Cancer committee minutes in which the results of the studies were reported (in the same calendar year). Studies count for the year they are completed and reported to the cancer committee.	Complete and upload for each calendar year.
4.8: Quality Improvements	• Documentation of the implementation of the quality improvements. • Cancer committee minutes in which the implementation of the improvements were reported.	Complete and upload for each calendar year.
Chapter 5: Data Quality		
5.1: Cancer Registrar Credentials	• Upload the most recent NCRA continuing education certificate for each CTR on staff. • The plan for CTR supervision of non-credentialed staff that perform case abstracting in the cancer registry.	Complete and upload for each registrar with CTR credentials.
5.2: Rapid Quality Reporting System (RQRS) Participation	Not applicable.	
5.3: Follow-Up of All Patients	Current follow-up report that demonstrates at least an 80 percent follow-up rate for all eligible analytic cases.	Provide on the day of survey
5.4: Follow-Up of Recent Patients	Current follow-up report that demonstrates at least a 90 percent follow-up rate for all eligible analytic cases diagnostic within the last five years.	Provide on the day of survey
5.5: Data	Not applicable.	

Submission		
5.6: Accuracy of Data	Not applicable.	
5.7: Commission on Cancer Special Studies	Not applicable.	
Other		
Survey Agenda	Final Survey Visit Agenda	Finalize with surveyor
Accession List	Years of survey (3). List to include Procedure type in text.	Finalize with surveyor. This link does NOT close before survey.
Presentation	Facility's presentation of program outcome or accomplishment	Optional
Other	Additional documents to support any standard	Optional
Cancer Committee Minutes	Cancer committee minutes with **attachments** that support standards.	Required for each year of survey cycle. This link does NOT re-open on day of survey.

Updated 9/18/18