

How do we do It – Real Life Examples from a Program

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Disclosures

- Nothing to Disclose

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Objectives

- Real World
- Best Practices for the Real World
- Real World Barriers
- Other Tips

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Clark Regional Medical Center

- Annual Analytic case count
 - 2022- 278
 - 2023- 215
- Medical Oncology
 - Medical Oncologist
 - Advanced Practice Provider
- Appalachia/Eastern KY

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Georgetown Community Hospital

- College town/large industry
- Fastest growing county in Kentucky for over a decade
- Annual Case Count
 - 2022- 174
 - 2023- 133
- Medical & Radiation Oncology
 - Medical Oncologist
 - Advanced Practice Provider for Medical Oncology Clinic
 - Radiation Oncologist

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Central Kentucky Cancer Care

- Combined the two programs into an INCP
- Rebranded our program as Central Kentucky Cancer Care
- Working to manage growth and maintain unity
- Adjusting to INCP standards

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Real World

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Initial CoC Accreditation

- 1 year of cancer committee work and data
- Lots of engagement and energy
- Common goal of achieving accreditation

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Reaccreditation

- Difficult to maintain energy for 3-year cycle
 - Team is more relaxed
 - Less engagement
 - Attendance issues/missed standards
- Lack of administrative focus
- Feeling of "Been there. Done that."
- The work never stops.

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Who is at your table? Must Haves!

- Leadership – CEO's and admin team
 - They don't know if they don't know.
 - Set the expectation/desire for their involvement.
 - Make every second count - If the only time you see them is in the elevator, make sure you use that 30 seconds to share a success, goal, or need. Not nagging, but informing them. Stay on their mind.
- CLP & Chair need to communicate
 - Quality measures
 - Attendance issues
 - Creates a united front and more engaged atmosphere.
 - Peer or Peer Conversations

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Who is at your table?

- People with passion. Find people who want the program to succeed because they care about patients. They bring energy and excitement with them, and they aren't afraid to work.
- The "strong and steady." Reliable people who follow through. Dedicated to their work. Not the life of the party, but they are helpful.
- The burned out & nearly done. Sometimes we think these people are detrimental. But, if a QI improves their work, we might turn them around. If a goal impacts their patients, they might re-engage. You have to prove your are working with them. You don't want a room full of them. But don't be afraid to bring them in if they have expertise you need.

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Who is at your able?

- Don't forget your neighbors. Specialists outside the oncology clinic.
- Barriers, quality improvements and goals exist outside our oncology walls. Invite these people in
 - Are care transitions seamless?
 - Can genetic referrals occur early?
 - Patients need monitoring for long-term treatment side effects
- Hospital quality director
 - Understands quality improvement framework
 - Knows what other projects are occurring and how you can tap in

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Accreditation takes a village

- Everyone needs a way to be involved
 - Role on a committee or workgroup
 - Required members need to assert their leadership
- Maintaining accreditation is not just for CTRs (ODS)
- Oncology care is more than Medical Oncology & Radiation
 - Surgery, ENT, Gastro, Urology, GYN, primary care & more
 - Accreditation work affects the whole hospital

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Cancer Program Accreditation Coordinator

- Deep understanding of the standards
- Able to work closely with cancer program administration, the CLP, chair and others
- Constant monitoring of compliance regardless of clinic volume/staffing
- Organizes and maintains records of cancer committee
- Hired in September 2022
 - Before CPA was managing all clinics, tending staff and administrative duties and tracking CoC compliance.

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Best Practices for the Real World

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Agendas

- Create a timeline for cancer committee
 - Which standards require multiple reports?
 - Which standards require policies?
 - Adjust other reports to avoid lengthy meetings (CLP reports in Q2 and Q3)
 - Establish a cadence for reporting to provide structure & help members stay on track
- Don't give all your time away.
 - Additional reports can be given as time allows.
 - Complete the required work first.

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Reporting

- Give reporters a structure for reports
 - Standards have strict reporting requirements – Follow them
 - A "fill in the blank" template forces them to provide the information
 - Ask members to submit reports early so you can review for missing items
- Reporting structure for minutes
 - Creates consistency
 - Makes life easier at survey time
- Reporting structure for goals, studies, quality measures
 - Creates consistency
 - Ensures no missed items

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Reporting

- Committee members should own their template/report.
 - They can begin filling it in at the start of the year.
 - Teach them early in the year what's expected at reporting time. (*So people aren't caught off guard. Sometimes they realize at year end they should have been tracking something a certain way.*)
 - Remind, remind, gently remind
 - Use the manual. Don't rely on memory for annual report requirements. **Create a template**
 - Many hands lighten the load
 - Coordinators! You have them! Use them!
 - Consider a shared drive to store reports, templates and minutes. Prevents you from being blocked from someone's files if they leave your facility.

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Minutes

- Heart & soul of a review.
- If you didn't document it, you didn't do it.
- Taking minutes is a skill. (*People have to know what to capture and how. Organization and writing skills. Have to understand what they are documenting and why.*)
 - **Know the standards!**
- Capturing the minutes is a full-time job. (You **cannot** take minutes, advance slides, check people in and get coffee for the doctors. Appoint someone to take minutes, and that is their role.)
- Recording and transcribing (There's good and bad to this. It captures what is said, and sometimes what you don't want repeated. Transcribing requires editing later which is tedious.)

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Site Review

- Prepare your committee
- Create & Review Cheat Sheets
 - Snapshot of committee's work over survey cycle.
 - Jogs members' memory during site review.
 - Remember the time
 - Discuss the time when
 - Review it with committee members.
 - Have copies on hand because they will forget them.

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Best Practice –Site Review

- Mock Survey
 - Explain the site review agenda.
 - Review efforts of last 3 years
 - Share insight about potential deficiencies/questions
 - Make sure technology is working. Ask IT to be on standby.
 - Walk through the site review agenda
 - Does everyone know where to be and when?
 - Provide your cell number for last-minute needs
 - Have someone be a mock surveyor
 - Tell your committee, "It's okay to talk about your program and ask questions."

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Real World Barriers

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Real World Barriers

- It's okay to talk about what is not working.
 - You cannot fix what you do not bring to the table.

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Real World Barriers

- Attendance issues happen
 - Radiology group
- Virtual meetings are not always engaged meetings
 - PRO – more members attend
 - CON – may have low engagement
- Leverage other physicians and administration when needed
 - CLP
 - Cancer Program Administrator
 - Radiology Director
 - CEO
- Talk about how to improve attendance.
 - Different time or space?
 - Different member?

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Real World Barriers

- Tumor Board attendance
- OR and clinic schedules affect attendance
- One physician consumes all the meeting time
 - Need a strong committee chair to keep the meeting going

- Assess for tumor board satisfaction
 - Time, space, equipment, software working for members?
 - Does everyone feel they have equal time to talk?
 - Do doctors know when their cases are being presented?

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Real World Barriers

- Checking boxes (Sometimes the standards feel like regulations and it's hard to see how they help. Try to choose projects that are meaningful.)
- The problem is the problem. (Don't make it personal. You'll only hurt feelings and alienate people. You cannot fix people. **You can fix problems.**)
- Talk about challenges – do not just give reports
 - Prompt discussion of the challenge
- Document the challenges in the minutes. (Discussing challenges does not alert site reviewers to deficiencies. It shows you are engaged in the work and trying to improve.)
 - Example: Standard 9.1 Clinical Trials

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Real World Barriers

- Identify possible deficiencies early.
 - Attendance, lack of progress, non-compliance
 - Notify cancer committee of the threat and document discussion
 - Talk with your CLP and Chair.
- Cancer committee should not be surprised by deficiencies.
 - You can develop action plans any time of year or survey cycle.
 - It's not about perfection, but about improvement.
 - Review your PRQ before site review and prepare for possible discussions

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Real World Barriers

- Committees take time, but they can be efficient
- Subcommittees revolve around a service or idea
 - Quality, Navigation, Survivorship
 - People in other departments may be interested in committee work
 - Clinical ladder rewards in some facilities
- Work groups are more task or project focused.
 - Gather experts from other areas – registration, other specialties, imaging
 - Focused energy on a specific project.
 - Great way to make small wins with team members as they see progress.

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Real World Barriers

- Staff & provider turnover
- Difficult to fill positions
- Causes attendance issues in cancer committee & tumor board
- Poor attendance can also cause reporting errors
- Document turnover in minutes along with action plan.
- Identify barriers that create turnover or lead to unfilled positions.
- Burnout is real. Help staff remember why they chose oncology, and giving them opportunities to work toward that purpose.

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Other Tips

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Leadership

- Committee Leadership should always be coaching
 - Rewarding aspect of the role
- Touch base with those presenting, especially if new to committee
 - Make sure they understand their standard
 - Make sure they understand the data they are presenting
 - Example: Social Work report
- *We all get deficiencies. We all learn from them.*

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Ideas & Inspiration

- National organizations & conferences
- Oncology journals
- Talk with your Oncology Data Specialist – what do they see
- Talk with your patients – what do they experience
- Know your facility's goals – what are other departments working on
- Hospital Strategic Plan

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Key Takeaways

- Determine best practices that will work for your program.
- Do not be afraid to discuss your barriers.
- Engage. Engage. Engage.

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Thank you
