

Note: If you would like an Excel version, please contact Joyce@ProRegistryServices.com.		2012 CANCER PROGRAM PLANNING		
Ca Comm meeting date	Standard	Standard Name	Specification	Status
ELIGIBILITY REQUIREMENTS				
	E1	Facility Accreditation	Program is accredited by a recognized federal, state, or local authority appropriate to the facility type	
	E2	Cancer Committee Authority	Cancer Committee authority is established and documented by the facility.	
	E3	Cancer Conference Policy	A cancer conference/Tumor Board policy or procedure is used to establish the annual cancer conference activity.	
	E4	Oncology Nurse Leadership	A nurse provide leadership fro oncology patient care across the care continuum.	
	E5	Cancer Registry Policy and Procedure	The cancer registry policy and procedure manual is used and specifies that current CoC data definitions and coding instructions are used to describe all reportable cases.	
	E6	Diagnostic Imaging	Diagnostic Imaging services are provided either on-site or by referral.	
	E7	Radiation Oncology Services	Radiation treatment service locations are currently accredited by a recognized authority or, if not accredited, follow standard quality assurance practices. Services are available either on-site, at locations that are facility owned, or by referral.	

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	E8	Systemic Therapy Services	A policy or procedure is in place to guide the safe administration of systemic therapy provided either on-site, at locations that are facility owned, or are supervised by members of the facility's medical staff (physician offices).	
	E9	Clinical Trial Information	A policy or procedure is used to provide cancer-related clinical trial information to patients.	
	E10	Psychosocial Services	A policy or procedure is in place to ensure patient access to psychosocial services either on-site or by referral.	
	E11	Rehabilitation Services	A policy or procedure is in place to access rehabilitation services either on-site or by referral.	
	E12	Nutrition Services	A policy or procedure is in place to access nutrition services either on-site or by referral.	
STANDARD 1 PROGRAM MANAGEMENT				
	1.1	Physician Credentials	Board certified - Radiology, Pathology, Gen Surg, Rad/Onc, Med/Onc	
	1.2	Cancer Committee Membership - Coordinators	Tumor Board, Comm Outreach, Quality Improvement, Cancer Registry Quality, Research, Psychosocial Services	
	1.3	Cancer Committee Attendance	ALL req'd members attend 50% of meetings COMMENDATION = 75% of meetings	
	1.4	Cancer Committee Meeting schedule	At least quarterly	
	1.5	Goals	1 - Clinical, 1 Programmatic	

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	1.6	Cancer Registry Quality Plan	Establish, implement & monitor registry quality initiatives	
	1.7	Monitor Tumor Board activity	Mtg frequency; multidisciplinary attendance; Total case presentation; Prospective case presentation; Discuss of stage, prognostic indicators and treatment planning using evidence-based treatment guidelines; Options for clinical trials; Adherence to TB policy	
	1.8	Monitor Community Outreach activity	Effectiveness of activities & needs assessment	
	1.9	Clinical Trial Accrual	Required = 2% of analytic cases COMMENDATION = 4% of analytic cases	
	1.1	Annual Education Activity	1 CME event for combined MD, RN & allied health professionals on "Use of staging, prognostic factors and National Treatment guidelines.	
	1.11	Cancer Registry Education	All registry staff attend annual education COMMENDATION = CTR staff attend National meeting	
	1.12	Public Reporting of Outcomes	Dissemination annually of outcomes to public - COMMENDATION ONLY	
STANDARD 2 CLINICAL SERVICES				
	2.1	CAP Protocols	90% of cancer resections - COMMENDATION = 95% + Synoptic	
	2.2	Nursing Care	RN's with specialized knowledge & skills. COMMENDATION = ONS certification of 25% on chemo trained RN's.	

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	2.3	Risk Assessment and Genetic Counseling	Risk Assessment & Genetic testing and Counseling provided by qualified genetics professional on-site or by referral	
	2.4	Palliative Care Services	Palliative services provided on-site or by referral	
STANDARD 3 CONTINUUM OF CARE SERVICES				
	3.1	Patient Navigation	2015 phase in Ca Comm assesses community to identify barrers to care, provides navigation services on-site or referral	
	3.2	Psychosocial Distress Screening	2015 phase in Ca Comm develops & implements process to assess & address psychosocial distress of patients	
	3.3	Surviorship Care Plan	2015 phase in Ca Comm develops & implements a process to provide a comprehensive treatment summary & follow-up plan to patients completing treatment. Monitor annually	
STANDARD 4 PATIENT OUTCOMES				
	4.1	Prevention Program	Each year, 1 prevention program is offered to address the needs of the community & reduce incidence of specific cancer type	
	4.2	Screening Program	Each year, 1 screening program is offered to decrease the number of late stage disease. Postive findings are followed	

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	4.3	Cancer Liaison Physician responsibilities	CLP uses NCDB data to evaluate & interpret program performance; program performance reported to Committee 4 times/year	
	4.4	Accountability Measures	Each year, performance levels defined by CoC are met for each measure.	
	4.5	Quality Improvement Measures	Each year, performance levels defined by CoC are met for each measure.	
	4.6	Assessment of Evaluation and Treatment Planning	MD member of committee performs a study to assess that nationally recognized treatment guidelines are used in the formulation of the 1st course treatment plan.	
	4.7	Studies of Quality	Each year, 2 studies of cancer patient care quality and outcomes. 1 must focus on problem area.	
	4.8	Quality Improvements	Each year 2 improvements in patient care are implemented. 1 must be result of Quality Study.	
STANDARD 5 DATA QUALITY				
	5.1	Cancer Registrar Credentials	Abstracting done by CTR	
	5.2	Abstracting Timeliness	90% abstracted \leq 6 months from 1st contact COMMENDATION = 95% abstracted \leq 6 months from 1st contact	
	5.3	Follow-Up of All patients	80% follow-up rate is maintained from the registry reference date (1990)	
	5.4	Follow-Up of Recent patients	90% follow-up rate is maintained for all eligible cases dx'd within the last 5 years	

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	5.5	Data Submission	Each year, complete data required by NCDB are submitted in accordance with annual Call for Data	
	5.6	Accuracy of Data	Annually, cases submitted to NCDB with dx 1/1/2003 and later meet established quality criteria. COMMENDATION = Data submissions meet quality criteria on initial submission	
	5.7	CoC Special Studies	Program participated in special studies as requested. Data submitted by deadline for study	

Actions Needed	Target due date	Responsible party	Documentation for Survey
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