

Steps to Ensure a Successful CoC Survey- Cancer Committee (Article 2 of 4)

The Cancer Committee is the governing body for your Cancer Program. The members of the Cancer Committee must include the person listed or a member of that team:

- Committee Chair
- Radiation Oncologist
- Cancer Liaison Physician
- Pathologist
- Quality Improvement
- Social Worker/Case Manager
- Medical Oncologist
- Surgeon
- Radiologist
- Cancer Program Administrator
- Oncology nurse
- Cancer Registrar

Attendance for *each* of the above members is required at 75% of the quarterly required committee meetings. Effective in January 1, 2014, alternates can be appointed at the beginning of the year for any or all of these required members. Alternate must be from the same specialty and have the same credential as the appointed member. Their combined attendance will be used to meet the 75% attendance requirement. It is extremely important to appoint these alternates at the 1st committee meeting of the year.

It should be noted that a strong physician leader within your organization is important to have on your Cancer Committee. This most often is the Committee Chairman and/or Cancer Liaison Physician. These physician leaders are necessary to help guide your program through the political hurdles within your organization, provide clinical relevance, and internal support for your program initiatives. Without these internal champions/leaders you may not get the support needed to maintain a quality cancer program. They should also represent the Committee by sharing your Cancer Committee activities with other medical staff, committees and administrators. Most medical staff committees are required to report their activities annually at a Medical Staff meeting. This is a great time for the Cancer Committee chairman to summarize the goals, activities and study results with medical staff members and administration.

Cancer Committee Minutes

Cancer Committee activity is essential for CoC Accreditation but documentation of that activity is the key element for a successful survey. The Cancer Committee minutes are the main documents that will support your committee activity. Many facilities have a standard format for medical staff committee minutes. Check with your medical staff office to verify if your facility has a designated format for medical staff committee minutes. The content of your minutes should not be altered by the format.

The important items to include in your minutes are:

- date and time of meeting including the end time,
- actions taken for issues outstanding from prior meetings,
- actions of the committee and key discussion items and action plans,
- summation of coordinator reports, quality monitors and studies,
- activities which are required by CoC Cancer Program Standards – 2012.

We have found it very helpful to indicate the Standard number/name if action is related to compliance of a standard. This is extremely helpful to surveyors and anyone that is monitoring your program activity for compliance to the CoC Cancer Program Standards – 2012. A Sample of Cancer Committee Minutes with this suggested structure can be found on our website (ProRegistryServices.com) titled *Cancer Committee Sample Minutes*.

Supporting Documentation Requirements

Supporting documentation is essential for a smooth survey. Documentation format will vary depending on what is available at your institution. It could include: 1) a PowerPoint presentation of an educational program you did or, at a minimum, the announcement of the event, 2) a WORD document or PDF with the summary/results of a study or quality improvement you did, 3) an Excel spreadsheet with tracking of committee attendance or 4) Tumor Board case presentation information relevant to tracking the types of cases, format of discussion and physician attendance requirements. It is essential to provide enough supporting documentation to show compliance with the standard without being excessive. If additional documentation is needed to support your compliance to a Standard, the surveyor may request that on survey day and you will be allowed to add this documentation up to 7 days after survey.

With the 2014 SAR there are special upload locations within the SAR for supporting documentation. The Cancer Committee minutes have a designated location. Be sure to upload the coordinator reports and other documents that were part of your committee meetings along with the minutes. All supporting documentation will need to be uploaded to the Survey Application Record (SAR) two weeks prior to survey day and the SAR completed and sent to CoC through Activity Menu in the SAR.

It is also important that your document files be named in a consistent manner that helps link them to the committee meeting. Example – Research report – 8-12-13.doc, Bladder Study – 8-12-13. Using a date in your file name will aid the surveyor in matching the document to the appropriate committee meeting.

A thorough review of your Cancer Committee minutes and attachments for all three years of your survey cycle should be done to ensure that the minutes reflect all activity and contain information that supports compliance with the Cancer Program Standards -2012. It is helpful if someone other than the person writing the minutes do this review, as they will be able to identify if the minutes are complete enough. This should be coordinated with your SAR review since many entries in the SAR require a date the activity was discussed at Cancer Committee meetings. Coordinating these reviews will eliminate duplicate reviews of minutes just to add dates in SAR.

Patient Confidentiality

It is also extremely important to ensure patient confidentiality in all documentation provided for survey. The Accession List should NOT include patient identifiers other than Accession number and Tumor Board grids should also be reviewed to ensure patient names or other identifiers are removed prior to upload. Also be sure to check all your attachments to committee minutes for patient identifiers to be removed prior to upload to SAR. Your surveyor will have some access to patient information when they attend your cancer conference and also during the review of pathology reports and abstracts. They are allowed to view these documents as authorized in the CoC's BAA which was completed at the time of your initial accreditation. Any concerns your organization may have regarding patient confidentiality should be discussed with your compliance officer and staff at CoC.

Your CoC Survey Day

An agenda for the Survey day will be coordinated between your registrar or cancer program administrator and the surveyor and will be available months before your survey day. The entire review process should take about 6 - 7 hours. The goal for the day is to ensure the Surveyor is confident that your program is compliant with the CoC Cancer Program Standards - 2012 and that the information recorded in your survey application properly reflects your program.

On the day of your CoC Survey, your entire Cancer Committee is encouraged to participate in some or all of the review process. There will be a scheduled time for the surveyor to meet with the Cancer Committee members -- participation and attendance at this scheduled session is required of the entire Committee. It will be only 1 hour of the day. We believe that it is extremely important that your entire Committee be involved at some point through-out the day, not just the hour required. This will help your team identify and talk about their success and receive information on comparable programs in other organizations. Also the surveyor will share ideas in areas where your program is not as strong as you would like to be.

Additionally, there will be a Program Leadership meeting with your Hospital Chief Leadership, i.e. Chief Executive Officer, Chief or VP of Quality and Patient Safety or Chief Financial Officer. At least one of these senior management administrators is required to attend as are the Cancer Committee Chair, Cancer Liaison Physician, Cancer Program Administrator and Marketing/PR/Business Development. Discussion will focus on CoC history and current initiatives, NCDB – use of Benchmarks, Reporting Tools and Resources along with the value of Accreditation and marketing of your CoC Accredited program.

Your program will also be offered an opportunity to do a short, 15 minute presentation of cancer related endeavors or Best Practice implementation. This is optional, but is an opportunity to show the great things your organization is doing. The entire Committee should have input into this presentation if you decide to do this. *Do not wait until week of the survey to prepare this.* We suggest this be prepared three months prior to the Survey. It should be planned and reviewed by the Committee prior to the survey day.

The final meeting of the survey day will be the Summation meeting which Committee members and Senior Executive officers are encouraged, but not required, to attend. A preliminary summation of the survey findings will be shared with attendees. The final results will be available within 6 weeks of survey.

In summary, we have established the role of the Cancer Committee and steps to ensure appropriate documentation of Committee activity and Committee involvement on the day of your survey. If your next survey is this year, 2014, you must take action now to ensure a successful survey. If your survey is in 2015, you have more time to prepare, but you still should begin by following our “Steps to a Successful CoC Survey”. Our next article will focus on the Cancer Registry Data and quality reviews to ensure accurate data.