

Cancer

PROGRAMS

AMERICAN COLLEGE OF SURGEONS

New CoC Standards: Why Now, What Now?

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AMERICAN COLLEGE OF SURGEONS

Inspiring Quality
Highest Standards, Better Outcomes

100-years

What started this?

Leadership met & reviewed overarching goal

- Improvement of patient care deemed crucial

7 standards identified as needing immediate attention

Standard 1.5: Cancer Program Goals

Standard 1.8: Monitoring of Prevention, Screening, and Outreach Activities

Standard 3.3: Survivorship Care Plan

Standard 4.1: Cancer Prevention Programs

Standard 4.2: Cancer Screening Programs

Standard 4.7: Studies of Quality

Standard 4.8: Quality Improvements

Workgroups convened & started working on these standards

Goals for Standards Revision Project

Establish consistency with structure of quality programs across the American College of Surgeons

- Sunset commendation
- Rework eligibility requirements

Revise standards to ensure each results in the improvement of patient care

- Meets defined principles
- Gather evidence base for standards
- Identify new ways to confirm compliance
- Incorporate Operative Standards for Cancer Surgery

Results in the improvement of patient care

Evidence based

Current

Clearly interpretable

For the benefits of cancer patients

Objectively verifiable by experienced site visit reviewers

Hospitals have multiple ACS accreditation programs, but use multiple web systems, application processes, and requirements

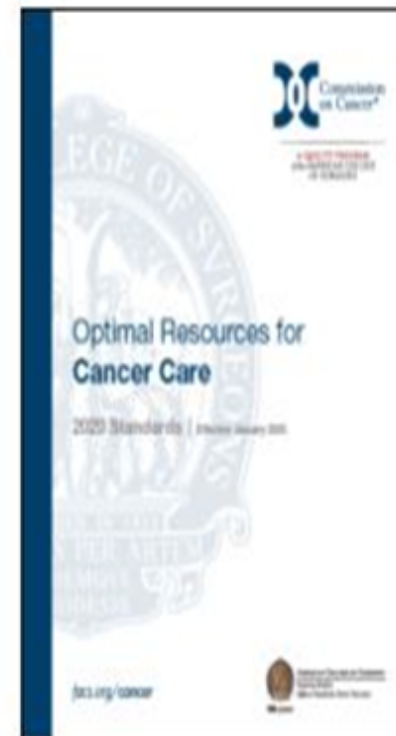


ACS **100+** YEARS
OF QUALITY IMPROVEMENT



Nine Domains [Chapters]

- 1: Institutional and Administrative Commitment
- 2: Program Scope and Governance
- 3: Facilities and Equipment Resources
- 4: Personnel and Services Resources
- 5: Patient Care: Expectations and Protocols
- 6: Data Surveillance and Systems
- 7: Quality Improvement
- 8: Education: Professional and Community Outreach
- 9: Research





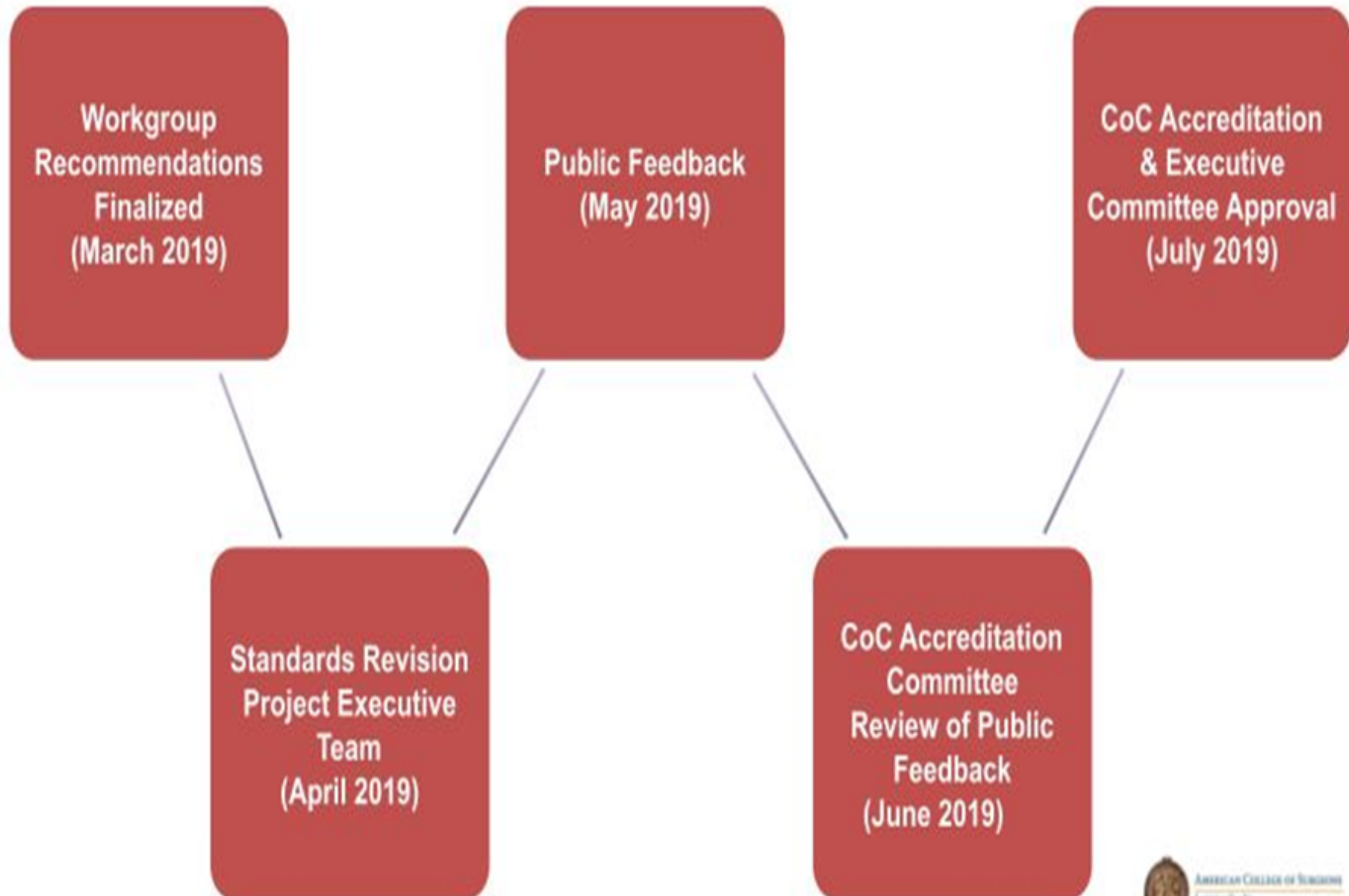
2016 Term	2020 Term
Survey Application Record (SAR)	Pre-Review Questionnaire (PRQ)
Survey	Site Visit
Surveyor	Site Visit Reviewer
Survey cycle	Accreditation cycle



For full details on standards requirements, review the entirety of the **Definitions and Requirements** section in each standard

Documentation and **Measure of Compliance** are intended as summary guidance

Review Process and Timeline



Review Process and Timeline



Intent of the New Standards

Perfection is not attainable, but if we chase perfection, we can catch excellence

Vince Lombardi



Operational Impact

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Reports to Committee (changes from 2016)

ER	All Eligibility Requirements	
1.5	Goals - establish and follow-up (x2)	(now 7.4)
1.6	Registry Quality – ensure required elements	(now 6.1)
1.7	Cancer Conference - ensure required elements	(now 2.5)
1.8	Community Outreach – effectiveness	
1.9	Clinical Research Accrual	(now 9.1)
1.10	Clinical Educational Activity	
1.12	Outcomes report for commendation	
2.1	GAP Quality Control Report	
2.2	Nursing competency evaluation	(now 4.2)
2.3	Review process for genetic risk assessment	(now 4.4)
2.4	Review process for providing palliative care	(now 4.5)
3.1	Navigation Process and Community Needs Assessment ; discuss disparities and barriers	(now 8.1)

Reports to Committee (changes from 2016)

- 3.2 Annual Report by Psychosocial Coordinator (now 5.2)
- 3.3 Monitor Survivorship process (now 4.8)
- 4.1 ~~Assess prevention needs; offer at least one program~~ (now 8.2)
- 4.2 ~~Identify screening needs; offer at least one program~~ (now 8.3)
- 4.3 CLP Report using NCDB data (x4) (changed to X2)
- 4.4 Accountability Measure review (now 7.1)
- 4.5 Quality Improvement Measure review (now 7.1)
- 4.6 Annual Evidence-based Study completed by MD and reported to committee (now 7.2)
- 4.7 Review and analyze required number of quality studies (now 7.3)
- 4.8 ~~Review quality improvements and share with administration and medical staff~~
- 5.2 RQRS discussion (semi-annual, quarterly for commendation) (now 6.4)

Standards Requiring Annual Review

- 2.5 Multidisciplinary Cancer Case Conference
- 4.4 Genetic Counseling and Risk Assessment
- 4.5 Palliative Care Services
- 4.6 Rehabilitation Care Services
- 4.7 Oncology Nutrition Services
- 4.8 Survivorship Program
- 5.2 Psychosocial Distress Screening
- 6.1 Cancer Registry Quality Control
- 8.1 Addressing Barriers to Care
- 8.2 Cancer Prevention Event
- 8.3 Cancer Screening Event
- 9.1 Clinical Research Accrual



Significant Operational Changes

- 1.1 (4.1) All twelve CME credits may be internal
- 1.2 (2.1) Genetic member no longer required
Palliative Care member no longer required
Survivorship Coordinator replaces Outreach Coordinator
One individual may now serve in TWO coordinator roles
CLP is designated as alternate to the chair
- 1.5 (7.4) Only one (non-designated) goal is now required
- 1.6 (6.1) Review may be done by certain non-physicians
- 2.2 (4.2) New requirements for nursing continuing education
- 3.3 (4.8) Survivorship Care Plan no longer required
- 4.3 (2.2) Only two CLP reports required each year
- 4.7 (7.3) Only one Quality Improvement Initiative required
- 5.1 (4.3) New continuing education requirements for non-CTR staff

Impact on 2020 Reviews (and Beyond)

Surveys occurring in 2020

- Reviews activity from 2017, 2018, and 2019
- Measured against Cancer Program Standards (2016 Edition)
- The 2020 SAR is now accessible to programs

Surveys occurring in 2021

- Will review new 2020 standards
- Will review just one year of activity (2020)
- 2018 and 2019 documentation does not need to be entered in PAR/SAR/PRQ
- Timing of review of Phase-in standards to be determined

Future Site Visit Information

Year of Site Visit	Years of Activity Reviewed at Site Visit	Standards Applicable to Site Visit
2020	2017, 2018, 2019	<i>Cancer Program Standards: Ensuring Patient-Centered Care (2016 Edition)</i>
2021	2020	<i>Optimal Resources for Cancer Care (2020 Standards)</i>
2022	2020, 2021	<i>Optimal Resources for Cancer Care (2020 Standards)</i>
2023	2020, 2021, 2022	<i>Optimal Resources for Cancer Care (2020 Standards)</i>

Suggested Immediate Action Steps

- Obtain written administrative commitment (1.1)
- Review committee membership and revise as necessary (2.1)
- Select Survivorship Program Coordinator (2.1)
- Begin to compile a roster of nurses providing direct oncology care (4.2)
- Re-focus survivorship from 'Care Plans' to 'Program' (4.8)

- **Review new standards for required reports in minutes**
- **Suggest assigning individual responsibility for each standard**
- **Suggest development of quarterly agenda calendar**

Next Steps

Workshops

- November 2019 in Rosemont, IL
 - Workshop recordings posted in January 2020
- April 2020 – Rosemont, IL
- August 2020 – Denver, CO

Online Education

- Online series with tips for each standard – released early 2020
- CAnswer Forum LIVE 2020 – 6 webinars beginning in February 2020



Follow *The Brief* for news and information related to the new standards

September 26, 2019



The screenshot shows the header of a newsletter titled "THE BRIEF". At the top left is the date "September 26, 2019". The title "THE BRIEF" is centered in a green bar. Below this is a dark blue bar with the "Cancer PROGRAMS" logo and the American College of Surgeons seal and tagline: "AMERICAN COLLEGE OF SURGEONS Inspiring Quality. Highest Standards. Better Outcomes." Below this is a light blue bar with logos for "CoC" (College of Cancer), "NAPAC" (National Accreditation Program for Cancer), "NATIONAL CANCER DATABASE", "AJCC" (American Joint Committee on Cancer), "R" (Research), and another "CoC" logo. At the bottom of the newsletter header is an orange bar with navigation links: "Home | About" on the left and "Subscribe | Archive | Advertise" on the right. Below the newsletter header is a teal bar with the text "ACS CANCER PROGRAMS UPDATES".

Web resources located at www.facs.org/coc

- 2020 CoC Standards Information
- Operative Standards resources
- More tools and templates to come