

Cancer Care Rules and Regulations

The Cancer Care Committee is a sanctioned committee established by the Medical Executive Committee to oversee quality of the Cancer Care program at Hendricks Regional Health. The Committee is responsible for goal setting, planning, initiating, implementing, and evaluating at least 1 cancer program goal and 1 cancer program quality improvement annually. The committee is also responsible for improving cancer-related activities, evaluating, and disseminating data related to cancer care and services. The Committee leads the program through setting goals, monitoring activity, and evaluating patient outcomes and improving care. This leadership includes assuring that patients have access to the full scope of services required to diagnose, treat, rehabilitate, and support patients with cancer and their families. The Cancer Care Committee also recommends and evaluates prevention and early detection services provided by the facility either on-site, by referral, or through coordination of services with other facilities and/or local agencies.

Goal

The goal of the Hendricks Regional Health Cancer Care Committee is to assist in improving the quality of patient care through evaluation of various cancer-related programs. These programs are concerned with prevention, early diagnosis, pretreatment evaluation, staging, optimal treatment, rehabilitation, surveillance for recurrent disease, support services, and end-of-life care. In order to achieve high quality patient services, the Committee will follow the structure outlined in the Commission on Cancer Optimal Resources for Cancer Care 2020 Standards which is affiliated with the American College of Surgeons. These standards for quality multidisciplinary cancer care delivered in the hospital setting help facilities measure treatment patterns and outcomes, encourage the use of patient data to evaluate hospital performance, and aid in the development of effective educational interventions to improve cancer care.

Composition

Diagnostic and treatment services are provided by or referred to physicians who are currently board certified or the equivalent in their medical specialty or are in the process of becoming board certified. A copy of the medical staff bylaws will be provided upon request and are available thru the Medical Staff Office. The Medical Staff Office maintains a roster of the board certification status for all physicians involved with the cancer committee and is available upon request from the Medical Staff Office.

The Cancer Care Committee utilizes a multidisciplinary team approach to coordinate the best cancer treatment options available. In accordance with CoC guidelines, required attendees are the cancer liaison physician, cancer committee chair, oncology nursing leader, a social worker, a certified tumor registrar, cancer program administrator, and

physician representation from medical oncology, radiation oncology, pathology, radiology, and surgery. Coordinators are required for psychosocial services, quality improvement, clinical research, cancer conference, community outreach, survivorship, and cancer registry quality. Additional members may include a registered dietician, pharmacist, pastoral care, American Cancer Society representative, physical therapy, nurse navigator, palliative care medicine, or other discipline or specialty the Committee deems necessary to assist in its work. All required physician committee members are appointed by the Chief of Staff prior to the beginning of the medical staff year. On an annual basis, the Committee will evaluate assigned positions and revise as necessary.

Responsibilities

The Cancer Care Committee develops and evaluates the annual goals and objectives for the clinical, community outreach, quality improvement, and programmatic endeavors related to cancer care. On an annual basis, the Cancer Care Committee establishes and monitors the Multidisciplinary Cancer Case Conference frequency, format, multidisciplinary attendance requirements and ensures total case presentation and prospective case presentation occurs. Multidisciplinary Cancer Case Conferences are planned with two to three onsite conferences a month, with continuing education credits being provided through Suburban Health Organization. A multidisciplinary team will be involved with patient evaluation and management, including a surgeon, radiation oncologist, medical oncologist, radiologist, pathologist, nurse navigator, social worker, and physical therapist. Other health professionals may include a genetics professional, a nurse practitioner, a pharmacist, a clinical research professional, a palliative care provider, and supportive services. Treatment guidelines including but not limited to NCCN, ASCO, ASTRO, and Adjuvant Online are discussed at cancer conference. 8th edition AJCC staging will be addressed/discussed at each cancer conference and recorded in the cancer registry abstract for data collection purposes, effective with cases diagnosed on or after 1/1/18. Cases prior to this date will use 7th edition AJCC Staging. Elements of discussion for each case include but are not limited to clinical and/or pathologic stage, treatment planning using evidence-based national guidelines, options and eligibility for genetic testing, options and eligibility for clinical research, and options and eligibility for supportive services. Treatment recommendations will be recorded in the cancer registry abstract in text format with dates for when recommendations were made and dates for when recommendations were carried out and on the Cancer Conference Outline which is scanned into the EMR as a clinical note by the cancer conference coordinators.

The Cancer Care Committee establishes and implements a plan to evaluate the quality of cancer registry data and activity on an annual basis. Monitoring case finding, accuracy of data collection, abstracting timeliness, follow-up and data reporting is part of this responsibility.

The Cancer Care Committee will analyze patient outcomes and disseminate results of the analysis to appropriate entities each year. A survival analysis of one cancer site or other outcome measures may be selected at the discretion of the Committee.

On an annual basis, the Cancer Committee will complete:

- 1) One physician-performed audit monitoring the concordance with evidence-based guidelines (St 7.2)
 - a. Each calendar year, a physician will perform an in-depth analysis of the diagnostic evaluation and treatment of individual patients to determine whether it is concordant with recognized evidence-based national guidelines.
 - b. The patient population to audit will be chosen at the May meeting using CQIP data with an update given at the August meeting.
 - c. The final report of the audit and any action needed will be documented at the November meeting.
- 2) One quality improvement initiative (St 7.3)
 - a. Each year, the cancer program will measure, evaluate, and improve its performance through at least one cancer-specific quality improvement initiative using a recognized quality improvement methodology.
 - b. The performance and quality improvement will be assessed at the February meeting.
 - c. This quality improvement initiative will be evaluated at each cancer care committee meeting, with documentation of continuation/completion of the quality improvement initiative at the November meeting.
 - d. Quality improvement initiatives do not need to be completed in one year, but a new quality improvement initiative is to be established each year.
- 3) One cancer program goal (7.4)
 - a. One cancer program goal directed towards the scope, coordination, practices, processes, and provision of services for cancer care at the program will be established at the February meeting.
 - b. This goal will be set using the S.M.A.R.T format of goal setting.
 - c. This goal will be evaluated at each cancer care committee meeting, with documentation of continuation/completion of the goal at the November meeting.
 - d. Goals do not need to be completed in one year, but a new goal is to be established each year.

Meetings

The Cancer Care Committee will meet regularly to assure that administrative responsibilities related to cancer program leadership are carried out. Full Committee meetings will be held in February, May, August, and November. Additional workgroups and subcommittees may meet if required, however, do not constitute meetings of the full cancer committee. Committee members are expected to attend all meetings of the Cancer Care Committee. At the February meeting, designated substitutes will be documented in the minutes so that attendance requirements will be appropriately met. Per CoC recommendations, committee members are to attend at least 75% of meetings during any given calendar year and may call in or log on to the Teams meeting to be eligible for attendance requirements.

CoC St 2.1

Reporting

As a subcommittee of the Medicine Intensive Care Committee, the Cancer Care Committee will forward information to the Medicine Intensive Care Committee for forwarding to the Medical Executive Committee. Non-aggregate Cancer Care data and peer review issues will be discussed per guidelines established in the Medical Staff Peer Review Policy and will be forwarded in the appropriate manner as outlined. Quality data and pertinent information forwarded through Medicine Intensive Care Committee to the Medical Executive Committee will be reported to the Board of Trustees when necessary. Cancer Care data and information will be disseminated as appropriate.

DNT 8/11/2020