



OHSU

The Cancer Committee Meeting

How to Create a High Quality, Dynamic Forum

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Value of the Commission on Cancer (CoC) Accreditation

Expected

- Organization and infrastructure of cancer program
- Multidisciplinary and programmatic support
- Data to assess patterns of care and outcomes

Gained

- Programmatic development
- Leadership development
- Team building


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Value of the Cancer Committee Meeting

- Great platform for communication
- Brings specialties out of their silos
- Opportunity to share achievements, provide updates, or discuss hardships

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Cancer Committee Membership

- Increase your membership by inviting every oncology surgical/clinical service
- By including more services and specialties, we can establish better programmatic programs that affect the whole hospital
- Encourage your members to designate alternate members

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Cancer Committee Chair

- Take part in agenda planning
- Meet with VP of cancer institute routinely
- Meet with Tumor Registrar before meetings
- Check with departments before selecting cancer program goals and quality improvement initiatives

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Cancer Committee Chair

- Empower the members to present their ideas during the meeting
- During the meeting, ask questions or add your feedback
- Call on others to provide feedback
- Hold members accountable
- Being present and during projects (follow-up outside of meeting) & Report out at next meeting

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2.2 – Cancer Liaison Physician

- **Responsible for identifying, analyzing, and presenting NCDB data to the cancer committee**
 - Focus on areas of concern and/or where benchmarks are not met
- **NCDB data can be identified through:**
 - Rapid Cancer Reporting System (RCRS) (standard 6.4)
 - Accountability and Quality Improvement Measures (standard 7.1)
 - Cancer Quality Improvement Program (CQIP) Report
 - NCDB Benchmarking Reports
 - NCDB Survival Reports
- **Participates in the Quality Improvement Initiative (standard 7.3)**

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2.2 – Cancer Liaison Physician

- **Cancer Committee Responsibilities:**
 - Discuss the issue raised by your CLP
 - Determine an action plan to resolve
 - Follow-up
 - Engage specialties who can influence the area of concern

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Cancer Committee Coordinators

- **Assign coordinators for:**
 - Cancer Conference (Tumor Board)
 - Quality Improvement
 - Clinical Research
 - Psychosocial Services
 - Survivorship
- **Hold them accountable**

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Cancer Committee Agenda

- Plan ahead
- Hold 1:1 meetings
- Keep uniform
- Plan carefully
- Leave time for discussion
- Go beyond of the cancer committee standards


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Cancer Committee Agenda

- **Quarter 1 Meeting: Planning**
 - Review and update membership
 - Genetic Counseling (4.4)
 - Survivorship Program (4.8)
 - Monitoring Concordance with Evidence-Based Guidelines (7.2)
 - Quality Improvement Initiative (7.3)
 - Cancer Program Goal (7.4)
 - Addressing Barriers to Care (8.1)
 - Cancer Prevention Event (8.2)
 - Cancer Screening Event (8.3)

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Cancer Committee Agenda

- **Quarter 2 and Quarter 3**
 - Update on goals / quality initiatives
 - Present CLP reports
 - Reports from multidisciplinary services
- **Quarter 4 wrap up your year**

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Subcommittee

- **Establish sub-committees**
 - Planning for the year
 - Moving projects such as:
 - Quality Improvement Initiatives
 - Cancer Program Goals
 - Planning Prevention and Screening events
 - Following up on action items (when issues are identified)
 - Can be permanent or temporary

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4.4 – Genetic Counseling and Risk Assessment

- Genetic counseling and cancer risk assessment are provided to patients on-site or by referral
 - Regularly attend the cancer committee meeting
 - Responsible for creating and maintaining the policy and procedure
- Genetic services not available on-site
 - Establish a referral relationship with an outside facility or agency

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4.4 – Genetic Counseling and Risk Assessment

- **Cancer Committee Responsibilities:**
 - Review policy and procedure
 - Monitor
 - **Evaluate**
 - Review referral process to genetic evaluation/counseling
 - Select a cancer site to monitor
 - Review number of patients identified needing referrals for selected cancer site each year
 - Review how many patients received a referral for genetic counseling
 - **Discuss areas for improvement**

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4.5 – Palliative Care Services

- Palliative care services are provided to patients on-site or by referral
 - Regularly attend the cancer committee meeting
 - Responsible for creating and maintaining the policy and procedure
- Palliative care services not available on-site
 - Establish a referral relationship with an outside facility or agency

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4.5 – Palliative Care Services

- **Cancer Committee Responsibilities:**
 - Review policy and procedure
 - Monitor
 - Evaluate
 - Review referral process to palliative care services
 - Approximate number of cancer patients referred for palliative care services and for what services or resources
 - Discuss areas for improvement

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4.6 – Rehabilitation Care Services

- Rehabilitation care services are provided to patients on-site or by referral
 - Regularly attend the cancer committee meeting
 - Responsible for creating and maintaining the policy and procedure
- Rehabilitation care services not available on-site
 - Establish a referral relationship with an outside facility or agency

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4.6 – Rehabilitation Care Services

- **Cancer Committee Responsibilities**
 - Review policy and procedure
 - Monitor
 - **Evaluate**
 - Review referral process to rehabilitation care services
 - **Discuss areas for improvement**

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4.7 – Oncology Nutrition Services

- Oncology nutrition services are provided to patients on-site or by referral
 - Regularly attend the cancer committee meeting
 - Responsible for creating and maintaining the policy and procedure
- Oncology nutrition services not available on-site
 - Establish a referral relationship with an outside facility or agency

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4.7 – Oncology Nutrition Services

- **Cancer Committee Responsibilities:**
 - Review policy and procedure
 - Monitor
 - **Evaluate**
 - Review referral process to oncology nutrition services
 - **Discuss areas for improvement**

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4.8 – Survivorship Program

- Identify a survivorship program team
 - Designated coordinator and members
- The survivorship program coordinator provides an annual summary to the cancer committee each year that includes:
 - Services offered (must have at least 3)
 - An estimate of the number of cancer patients who participated in the three identified services
 - Identification of the resources needed to improve the services if barriers were encountered
- **Discuss the report amongst the cancer committee**

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5.2 – Psychosocial Distress Screening

- Psychosocial services are available on-site or by referral
- **Two policies and procedures are required for this standard**
 - Providing patient access to psychosocial services either on-site or by referral
 - Providing and monitoring psychosocial distress screening and referral for psychosocial care

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5.2 – Psychosocial Distress Screening

- **Cancer Committee Responsibilities:**
 - Review policies and procedures
 - Decides the mode of administration
 - Selects the psychosocial distress screening tool to be administered
 - **Discuss the annual psychosocial services report:**
 - Number of patients screened
 - Number of patients referred for distress resources or further follow-up
 - Where patients were referred (on-site or by referral)
 - Monitor
 - **Evaluate**

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7.1 – Accountability and Quality Improvement Measures

- Monitor at least annually
 - When there are issues, discuss them
 - Establish an action plan and follow up
- RCRS Dashboard
 - Review and discuss areas of concern

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7.2 – Monitoring Concordance with Evidence-Based Guidelines

- Select a cancer site to review
- Select a physician to review
- Follow-up on results
 - Engage specialties in the conversation when applicable

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7.3 – Quality Improvement Initiative

- Plan ahead
 - Ask for ideas from cancer committee members in advance
 - Report on the status of the QI initiative at least twice each calendar year
- Engage others to participate in the initiative when it involves their expertise
 - Allow others to champion the project that they suggest
 - Must also involve the CLP and Quality Improvement Coordinator
- Engage the committee by asking questions when their departments are affected

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7.4 – Cancer Program Goal

- Plan ahead
- Meet with administration to align goals
- Set goals that affect more than one specialty
- Ask all departments to submit ideas

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8.1 – Barriers to Care

- Identify at least one patient-, system-, or provider-based barrier to accessing health and/or psychosocial care
 - Social workers, nurse navigators, community needs assessments
- Implement a plan to address the barrier
 - Designate who will be working on this plan
- Once addressed:
 - Discuss outcome and what resources/processes were utilized to address this barrier

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8.2 – Cancer Prevention Event 8.3 – Cancer Screening Event

- Discuss topics for Prevention and Screening Events:
 - Internal cancer registry data
 - State Cancer Registry data
 - Community Needs Assessment
- Change up the event

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8.2 – Cancer Prevention Event 8.3 – Cancer Screening Event

- After the event, discuss successes and challenges of the event

- Cancer site which event focused
- Partnering community organization (if applicable)
- Target audience (what the attendance was like)
- Guidelines used in planning the event
- Prevention: Type of event held (behavioral risk reduction or cancer evaluation/risk awareness)
- Screening: Formal process for follow-up on all positive findings

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9.1 - Clinical Research Accruals

- **Clinical Research Coordinator Responsibilities:**

- The specific clinical research studies where subjects were accrued, including the trial/study name and, when applicable the clinicaltrials.gov trial number
- Number of subjects accrued to each individual clinical research study
- Open and upcoming clinical research studies with identification of those with a nearing end date
- Establish and present the policy and procedure annually

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9.1 – Clinical Research Accruals

- **Cancer Committee Responsibilities:**

- Designate a Clinical Research Coordinator
- **Review and discuss the policy and procedure**
 - Evaluate and assess the eligibility and screening processes to identify and address barriers to enrollment and participation

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Key Takeaways

- Include all disciplines (surgical and clinical) in your cancer committee meeting
- Invite members who will be engaged in the meeting
- Ensure your designated coordinators are the best fit for the role (time, resources, expertise, etc.)
- Cancer Committee Chair should meet with VP to align cancer program goals
- The committee should discuss referral processes and barriers to services
- Many standards require policies and procedures to be written and the content should be reviewed in the cancer committee
- Some standards also require written reports in which are uploaded to the CoC prior to surveys
- Review the Standards Manual for details of what is to be included in each policy and procedure and annual summary report

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Thank You
