

Optimal Resources for Cancer Care 2020 Standards Webinars



Effective January 1, 2020

Review all information in the manual

- Address changes to Accreditation process
- New terms defined in glossary
- Specifications by category



Access the 2020 Standards and Resources page for more information on the standards and upcoming activities

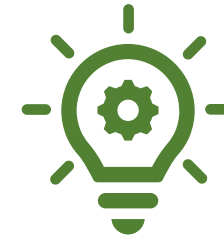
<https://www.facs.org/quality-programs/cancer/coc/standards/2020>

4

Personnel and Services Resources



- **Patients** with cancer have a multitude of needs
- Cancer programs must oversee
 - patients receive appropriate care by qualified professionals
 - maintain optimal resources for the care of patients with cancer
- Develop criteria for **resources and experience**



4.1 – Physician Credentials

- Multidisciplinary team, including:

Radiologists

Pathologists

Surgeons

Radiation Oncologists

Medical Oncologists

- All physicians managing patients with cancer must be certified by:

- American Board of Medical Specialties (ABMS)
- American Osteopathic Association (AOA)
- An equivalent board

OR

- Demonstrate ongoing cancer-related education by earning **12 cancer-related Continuing Medical Education (CME) hours each calendar year**



Scope of the Standard

- Applies to physicians caring for patients with cancer at the accredited facility for at least one calendar year
- Does not apply to
 - Fellows
 - Residents
 - Physicians within the 5 years immediately following graduation from fellowship or residency

4.1 – Physician Credentials

- **Pre-Review Questionnaire (PRQ) documentation:**
 - For the physicians
 - **Roster of board certification status****OR**
 - **12 annual cancer-related CME hours** for all physicians not board certified



Compliance

1. Physicians are board certified or equivalent
2. Physicians not board certified earn 12 cancer-related CMEs annually



4.2 – Oncology Nursing Credentials

This is a phase-in standard

Scope of the standard

- Applies to nurses
 - Registered Nurse
 - Advanced Practice Nurse

Why is the standard important?

- Oncology nurses need specialized knowledge and skills

Oncology nurses hold

- Current cancer-specific **certification**
OR
- **Earn 36 cancer-related continuing education nursing contact hours**
- Nurses in the process of cancer-specific certification provide documentation of progress toward certification.



4.2 – Oncology Nursing Credentials

Scope of the Standard

- Oncology nursing certifications that qualify for this standard include, but are not limited to:

Advanced Oncology Certified Nurse Practitioner (AOCNP)

Advanced Oncology Certified Clinical Nurse Specialist (AOCNS)

Advanced Oncology Certified Nurse (AOCN)

Blood & Marrow Transplant Certified Nurse (BMTCN)

Certified Pediatric Hematology Oncology Nurse (CPHON)

Certified Pediatric Oncology Nurse (CPON)

Certified Breast Care Nurse (CBCN)

Oncology Certified Nurse (OCN)



4.2 – Oncology Nursing Credentials

Scope of the Standard

- **Oncology nursing certification** is strongly preferred
- Other nursing certification that includes cancer-specific criteria may substitute
 - Example - a palliative care certification with cancer-specific criteria
- **36 cancer-related continuing nursing education contact hours** each accreditation cycle for nurses not certified



4.2 – Oncology Nursing Credentials

- **Pre-Review Questionnaire (PRQ) documentation**
 - **Roster** of nurses providing direct oncology nursing care
 - **Certification status**

And/or

- Documentation of **36 cancer-related continuing education nursing contact hours**
- **Policy and procedure** that states that oncology nursing competency will be evaluated **each year** per hospital or facility policy



4.2 – Oncology Nursing Credentials

Compliance

1. All nurses providing direct oncology care
 - Hold a cancer-specific certificationor
 - Earn **36 cancer-related continuing nursing education contact hours**
2. **Policy and procedure** ensures oncology nursing competency is reviewed **each year** per hospital policy



4.3 – Cancer Registry Staff Credentials

- The Certified Tumor Registrar (CTR)[®] applies knowledge obtained from formal education and work experience to complete **Case Abstracting**
- **Case Abstracting** correctly **interprets and codes**
 - Cancer diagnosis
 - Stage
 - Treatment
 - Outcomes information
- All cancer registry staff who abstract cases at a CoC-accredited program must either:
 - Hold a current **Certified Tumor Registrar (CTR)[™] credential**
 - OR
 - **Perform case abstracting** under the supervision of a CTR[™]
- Applies to
 - Program employees
 - Contractors with program
 - Registry service company employees



4.3 – Cancer Registry Staff Credentials

Scope of the Standard

- Non-credentialed cancer registry staff
 - May perform case finding and follow-up
 - Cannot perform any abstracting on analytic cases unless they are performed under the supervision of a CTR™ per the documented plan
- A plan for CTR™ supervision of non-credentialed staff performing abstracting must be established and include:

scope of supervision

training activities for non-credentialed staff

quality control

education

4.3 – Cancer Registry Staff Credentials

Scope of the Standard

- Non CTR registry staff obtain CE credits
 - **Three hours of cancer-related continuing education** applicable to their roles
 - Each calendar year
- CE requirement applies to **all non-credentialed registry staff**, including:
 - Staff abstracting under the supervision of a CTR
 - Staff performing follow-up activities
 - Registry management or supervisory personnel



4.3 – Cancer Registry Staff Credentials

Scope of the Standard

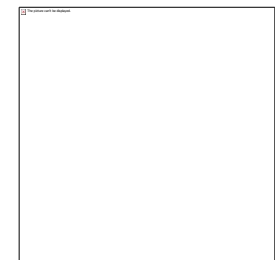
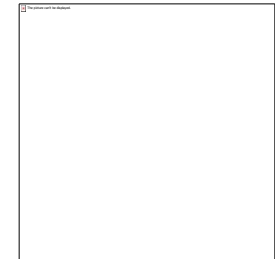
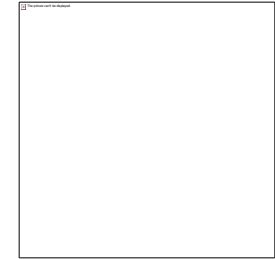
- This education includes, but is not limited to, topics in the following areas:

Advances in cancer diagnosis and treatment

Changes in cancer program standards

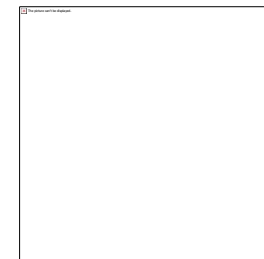
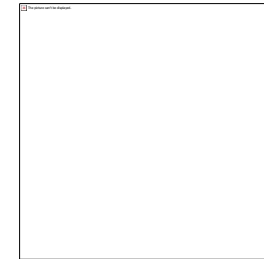
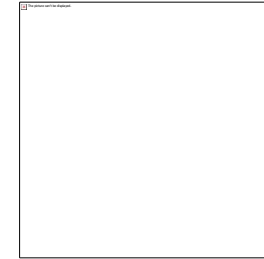
Changes in data collection requirements

- Those providing documentation of credentials and continuing education must have worked in the accredited facility for **at least one calendar year**



4.3 – Cancer Registry Staff Credentials

- Documentation to be reviewed on-site:
 - Verify date of hire for staff to perform case abstracting
- **Pre-Review Questionnaire (PRQ) documentation:**
 1. **Current CTR[®] credentials** for all certified cancer-registry staff
 2. **Non-Credentialed Staff**
 - Plan for CTR supervision
 - Cancer-related continuing education



4.3 – Cancer Registry Staff Credentials

Compliance

1. CTR performs case abstracting
2. CTR supervises non credentialed staff who abstract
3. Three CE credits earned annually by all non credentialed registry staff



4.4 – Genetic Counseling and Risk Assessment

- **Assist patients**
 - **Cancer Risk Assessment**
 - Identify
 - Counsel
 - **Genetic Counseling Educates**
 - Chance of developing cancer
 - Obtain personal meaning from information
 - **Guide** informed decisions about risk, screening needs, prevention



4.4 – Genetic Counseling and Risk Assessment

Scope of the Standard

- Policy and Procedure Addresses
 - **Cancer risk assessment**
 - **Genetic counseling**
 - **Genetic testing services**
 - Service availability including whether on site or by referral
 - **Referral relationship** to other facilities and/or local agencies
- Policy and Procedure includes
 - Criteria for referral for a genetics evaluation
 - Identification of the genetics professionals available
 - Identification of the genetics professionals qualified to perform post-test counseling



4.4 – Genetic Counseling and Risk Assessment

Who performs this work?

- **Specialized training in cancer genetics is required**
 - Genetics professional with an educational background in cancer genetics and hereditary cancer syndromes
- Genetics professionals include those with special certification or training:
 - American Board of Genetic Counseling (ABGC)
 - American Board of Medical Genetics and Genomics (ABMGG)
 - Advanced Practice Nurse in Genetics (APNG)
 - Advanced Genetics Nursing Certification (AGN-BC)
 - Advanced Oncology Certified Nurse Practitioner (AOCNP)
 - Advanced practice oncology nurse
 - Registered nurse with specialized education in genetics
 - Physician assistant with specialized education in genetics
 - Physician with experience in genetics and ongoing CE

4.4 – Genetic Counseling and Risk Assessment

Scope of the Standard

- Process addresses
 - Genetics assessment for all relevant cancers
 - Use of evidence-based national guidelines for genetic assessment for a specific cancer site
- Cancer committee responsibilities
 - Review policy and procedure for genetic assessment and referral for genetic evaluation/counseling
 - Review number of patients identified as **needing referrals** for the selected cancer site each year
 - Review how many patients **received a referral** for genetic counseling
 - Document review in minutes
 - Document review each calendar year
- If available, genetics professional should attend the cancer committee meeting to **lead the discussion** and **provide the report**



4.4 – Genetic Counseling and Risk Assessment

- **Pre-review Questionnaire (PRQ) documentation:**
 - **Policy and procedure**
 - Cancer risk assessment
 - Genetic counseling
 - Genetic testing services
 - On-site
 - By referral
 - **Cancer committee minutes** that document the required yearly evaluations of the genetic counseling and risk assessment services



4.4 – Genetic Counseling and Risk Assessment

Compliance

1. Cancer risk assessment, genetic counseling and genetic testing is provided to patients.
 - On-site
 - By referral
2. Genetic counseling and risk-assessment policy and procedure in place
3. Process follows evidence-based national guidelines
4. Process evaluated annually; cancer committee minutes document evaluation

4.5 – Palliative Care Services

- Palliative care
 - Essential component of cancer care
 - Optimizes quality of life
 - Begins at diagnosis and being continuously available throughout treatment and surveillance and, when applicable, during bereavement
- **Palliative care services**
 - On-site
 - By referral
 - Available to
 - Patients with cancer
 - Family members
 - Caregivers
 - Evaluated **at least once each calendar year**



4.5 – Palliative Care Services

Scope of the Standard

- Palliative care is provided per evidence-based national treatment guidelines and includes palliative care provided by oncology teams and, as needed, consultation with palliative care specialists. It is recommended that the following specialties participate in providing palliative care services:



Physicians



Advanced Practice Providers



Nurses



Mental Health Professionals



Social Workers



Spiritual Counselors

Scope of the Standard

- Integrated in the continuum of cancer care
- Types of palliative care services include, but are not limited to:
 - **Team-based care planning**
 - **Pain and non-pain symptom management**
 - **Communication**
 - **Education**
 - **Assistance with medical decision making**
 - **Continuity of care**
 - **Attention to spiritual needs**
 - **Psychosocial support**
 - **Bereavement support**

4.5 – Palliative Care Services

Scope of the Standard

- The cancer committee defines and identifies in a policy and procedure the following:

On-site and off-site palliative care services

The palliative care team available on-site

Criteria for referral to a palliative care specialist

- Palliative care services not provided on-site at the facility must be provided through a **referral relationship** to other facilities and/or local agencies
- Each calendar year**, the cancer committee:
 - Monitors
 - Evaluates
 - Makes recommendations for improvements to palliative care services
 - Evaluation is documented in the cancer committee minutes



4.5 – Palliative Care Services

Scope of the Standard

- During this evaluation, the cancer committee must:
 - Assess the approximate **number of cancer patients referred**
 - Discuss the criteria utilized to **trigger referrals**
 - Discuss **areas of improvement**
- If available, it is recommended that a palliative care professional attend the cancer committee meeting to **lead the discussion** and **provide the report**



4.5 – Palliative Care Services

- **Pre-Review Questionnaire (PRQ) documentation:**
 - **Palliative Care Policy and procedure**
 - **Cancer committee minutes** that document the required yearly evaluations of the palliative care services



Compliance

1. Palliative care services available
 - On-site
 - By referral
2. Palliative care policy and procedure
3. Process evaluated annually; cancer committee minutes document evaluation

4.6 – Rehabilitation Care Services

- Rehabilitation care
 - Essential component of cancer care
 - Interventions are
 - **Preventive**
 - **Restorative**
 - **Supportive**
 - **Palliative**
 - Optimize patient functional status and quality of life
 - Begins at diagnosis and being continuously available throughout treatment, surveillance, and, when applicable, through end of life.
- Rehabilitation professionals associated with cancer rehabilitation typically include, but are not limited to:



Physiatrists

Physical Therapists

Occupational Therapists

Speech Language Pathologists

Scope of the Standard

- Policies and procedures guide referral to **services**
 - On-site
 - By referral
- Types of rehabilitative care services may include, but are not limited to:
 - Screening, diagnosis, and management of **physical dysfunction, impairments, and disabilities**
 - **Interventions** to manage identified functional impairments and disabilities
 - Screening, diagnosis, and management of **pain** and **non-pain symptoms**
 - Screening, diagnosis, and management of **cognitive function**
 - **Lymphedema management**
 - **Physical activity recommendations** during and after treatment
 - **Vocational rehabilitation**

4.6 – Rehabilitation Care Services

Scope of the Standard

- The cancer committee defines and identifies in a policy and procedure the following:

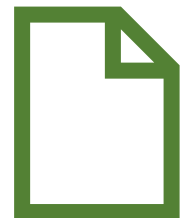
On-site and off-site rehabilitation care services

The rehabilitation care team available on-site

Criteria for performing functional assessments

Criteria for referral to a rehabilitation care specialist

- Each calendar year**, the cancer committee
 - Monitors
 - Evaluates
 - Makes recommendations for improvements, as needed, to rehabilitation care services and/or referrals
 - Review and any recommendations for improvement are documented in the cancer committee minutes
- If available, it is recommended that a rehabilitation professional attend the cancer committee meeting to **lead the discussion** and **provide the report**



4.6 – Rehabilitation Care Services

- **Pre-Review Questionnaire (PRQ) documentation:**
 - Rehabilitation services **Policy and procedure**
 - On-site services
 - Services available by referral
- **Cancer committee minutes** that document the required yearly evaluations of the rehabilitation care services

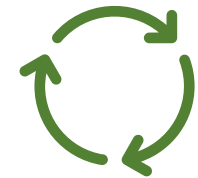


Compliance

1. Policy and procedure guides referral to rehabilitation care
 - On-site
 - By referral
2. Process evaluated annually; cancer committee minutes document evaluation

4.7 – Oncology Nutrition Services

- **Oncology nutrition services** provided by **Registered Dietitian Nutritionists (RDN)**
- An RDN
 - Has specialized knowledge and skills
 - Is uniquely trained
 - Oncology nutrition services policies and procedures guide referral to appropriate services
 - On-site
 - By referral
 - Policy addresses nutrition and hydration requirements and recommendations throughout the continuum of cancer care including
 - Prevention
 - Diagnosis
 - Treatment
 - Survivorship
 - Palliative care



4.7 – Oncology Nutrition Services

Scope of the Standard

- The cancer program defines and identifies the nutrition services provided on-site and by referral
- Components of oncology nutrition services include, but are not limited to:
 - **Screening and nutrition assessment**
 - **Medical nutrition therapy**
 - **Nutrition counseling**
 - **Nutrition education**
 - **Management and coordination** of enteral and parenteral nutrition

4.7 – Oncology Nutrition Services

Scope of the Standard

- Nutrition services not available at the facility must be provided through a **referral relationship** to other facilities and/or agencies
- **Each calendar year**, the cancer committee
 - Monitors
 - Evaluates
 - Make recommendations for improvements to on-site oncology nutrition and hydration services and/or referral services
 - Review and any recommendations for improvement are documented in the cancer committee minutes
- If available, it is recommended that an RDN attend the cancer committee meeting to **lead the discussion** and **provide the report**



4.7 – Oncology Nutrition Services

- **Pre-Review Questionnaire (PRQ) documentation:**
 - Oncology nutrition services **policy and procedure**
 - **On-site services**
 - **Services available by referral**
 - Services provided by an RDN
 - **Cancer committee minutes** that document the required yearly evaluations of the oncology nutrition services



Compliance

1. RDN provides oncology nutrition services
 - On-site
 - By referral
2. Process evaluated annually; cancer committee minutes document evaluation

4.8 – Survivorship Program

- **Survivorship program** meets the needs of cancer patients treated with curative intent
- Cancer committee oversees the development and implementation the program
 - Appoints a coordinator of the survivorship program per the requirements in Standard 2.1: Cancer Committee



4.8 – Survivorship Program

Scope of the Standard

- The **Survivorship Program Coordinator** develops a **survivorship program team**. Suggested specialties include:

Physicians

Advanced Practice Providers

Nurses

Social Workers

Nutritionists

Physical Therapists

Other Allied Health Professionals



- The survivorship program team
 - Determines a list of **services and programs**
 - Formally documents a minimum of three services offered each year**

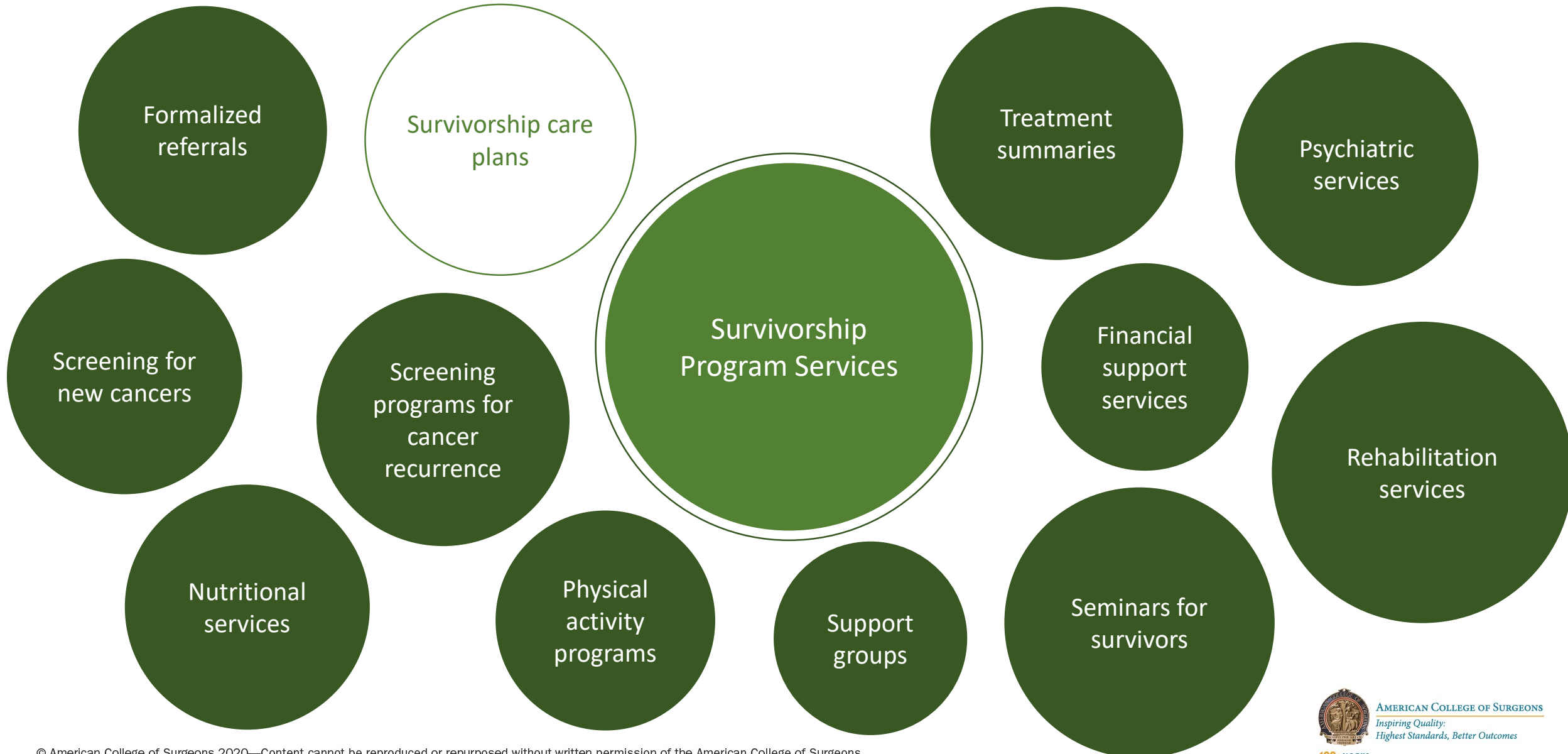
4.8 – Survivorship Program

Scope of the Standard

- **Each year**, the survivorship program coordinator reports to the cancer committee
 - Activities of the survivorship program.
 - 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



4.8 – Survivorship Program



4.8 – Survivorship Program

Scope of the Standard

- The CoC recommends and encourages that patients receive a **survivorship care plan (SCP)**, but this is not a required component of this standard
- Delivery of SCPs may be utilized as one of the services offered to survivors to meet the requirements of this standard
- If so, then the program defines the population to receive care plans



4.8 – Survivorship Program

- **Pre-Review Questionnaire (PRQ) documentation:**
 - Policy and procedure
 - Cancer committee minutes



4.8 – Survivorship Program

Compliance

1. Identify a **survivorship program team**, including designated coordinator and members
2. Process evaluated annually; cancer committee minutes document evaluation

