

Commission on Cancer Cancer Liaison Physicians Meeting

October 9, 2024

CoC Cancer Liaison Physicians Meeting

Quyen Chu, MD, FACS

Chair

Committee on Cancer Liaison



Maria Castaldi, MD, FACS

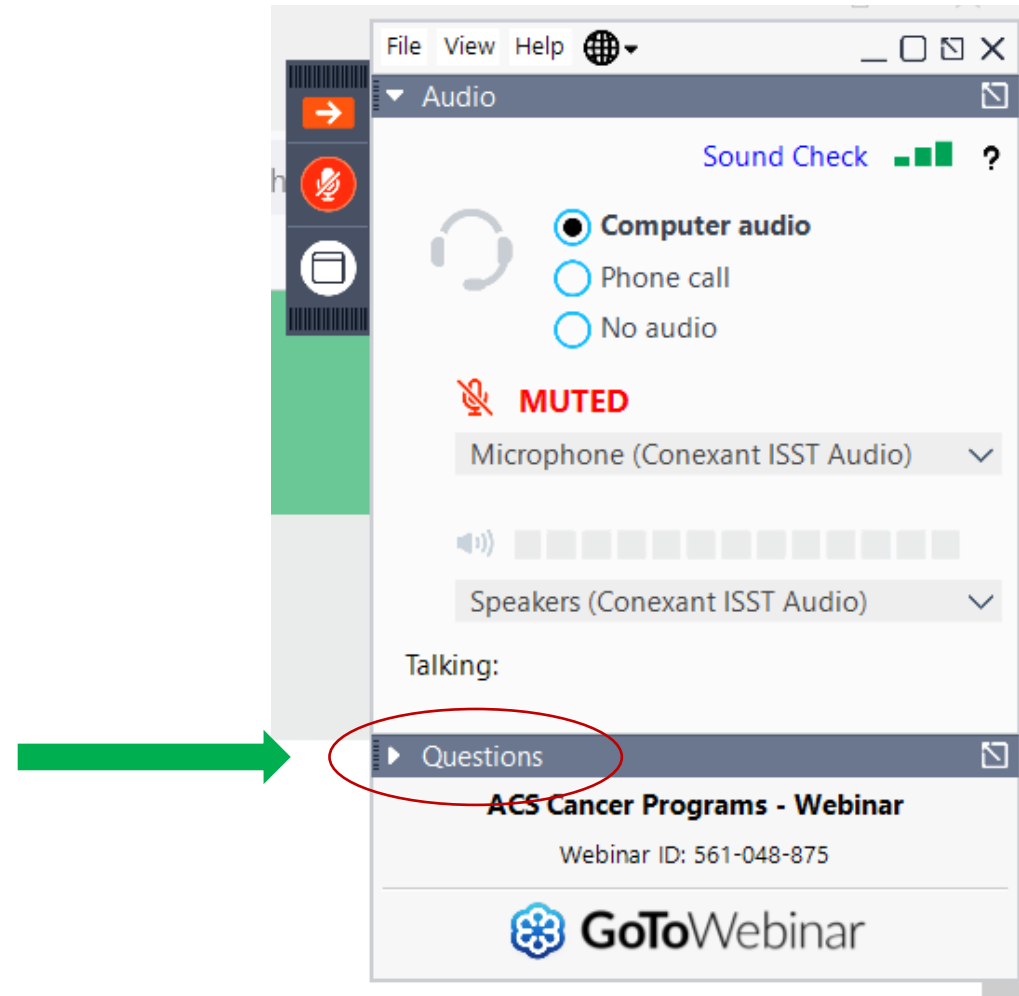
Vice-Chair

Committee on Cancer Liaison



Webinar Logistics

- All participants are muted during the webinar
- Questions – including technical issues you may be experiencing – should be submitted through the question pane
- Questions will be answered as time permits; additional questions and answers will be posted on the website



2024 CLP Outstanding Performance Award Winners



Ikechukwu Akunyili, MD
Wellspan Adams Cancer Center
Gettysburg, PA



Edwin Chin, MD
NYC Health + Hospitals/Kings County
Brooklyn, NY



David Byrd, MD, FACS
University of Washington Medical Center/Fred Hutchinson Cancer Center
Seattle, WA



Ryan K. Cleary, MD
Erlanger Health System
Chattanooga, TN

2024 CLP Outstanding Performance Award Winners



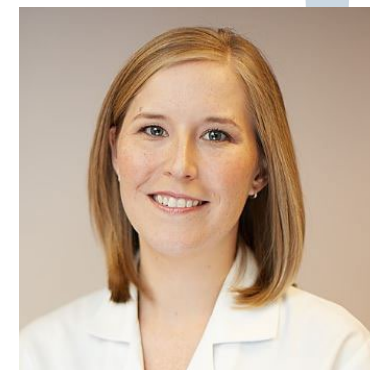
Megan B. Nelson, MD, FAAAPMR
UofL Health – UofL Hospital & Brown Cancer Center
Louisville, KY



Sharona Ross, MD, FACS
AdventHealth Tampa
Tampa, FL



Melwyn Sequeira, MD, FRCS, FACS
MyMichigan Health System
Midland, Michigan



Carolyn L. Thomas, MD, FACS
Texas Health Presbyterian Hospital of Dallas
Dallas, TX



Commission on Cancer
American College of Surgeons

CoC Update

- Annual CLP Survey Closes November 11
- CoC Fall Meetings: October 19
 - San Francisco, CA
- 2025 ACS Cancer Conference: March 12-14
 - Phoenix, AZ

October 2024

Power of Quality

CoC Cancer Liaison Physicians Campaign Update

/Power of Quality Update

- Amplifying our Quality Message
- SQP Diamonds – Promoting Quality at Your Hospital
- Advancing Quality for Older Adult Patients – the Geriatric Surgery Verification Program
 - New CMS Age Friendly Measure

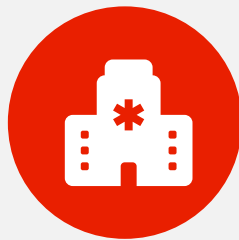


Quality is more **critical** than ever before

The **Power of Quality Campaign** is a national, multi-year effort aimed to improve care for all patients that will be achieved by:



RAISING
AWARENESS



ENGAGING WITH **HOSPITALS, COMMUNITIES/PATIENTS,
PAYERS, AND POLICYMAKERS**

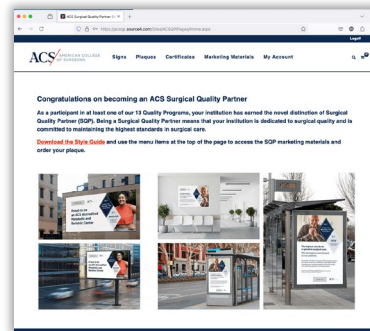
/Power of Quality Campaign Update By the Numbers

Since launching the campaign in April 2023:



1,600

Complimentary Surgical Quality Partner Diamond Plaque distributed to hospitals



2,300+

Marketing kits downloaded from the SQP Store



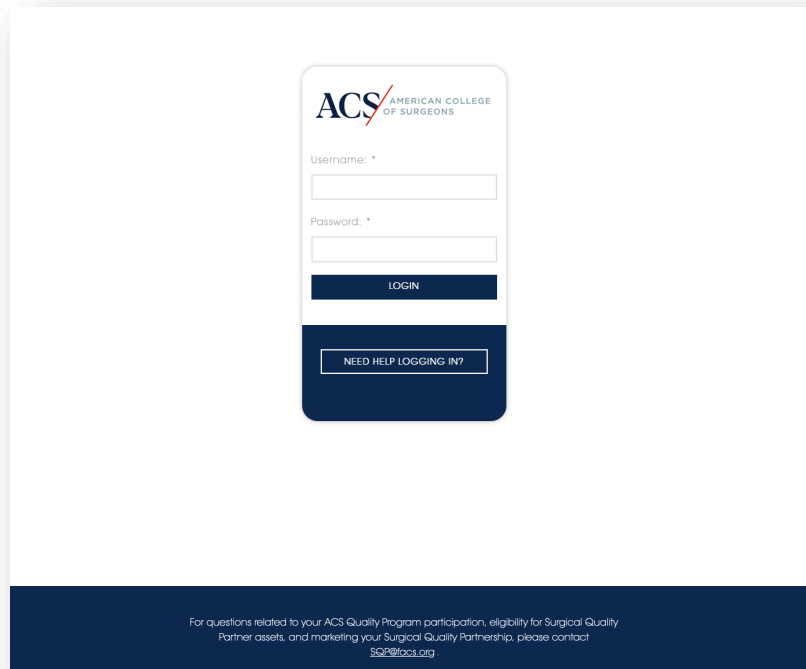
13.2M

Impressions generated and 151K clicks from digital advertising campaign launched in January

The marketing kit is a **free resource for** participating hospitals in CoC, NAPRC, and NAPBC. Continue encouraging the hospitals to claim the complimentary diamond *AND* use the marketing toolkit.

/Reminder: Surgical Quality Partner Store

All the North American sites in QPort have received access to the SQP Store.



The screenshot shows a login form for the ACS Surgical Quality Partner Store. At the top left is the ACS American College of Surgeons logo. Below it are two input fields: 'Username: *' and 'Password: *'. A dark blue 'LOGIN' button is positioned below the password field. At the bottom of the form is a link that says 'NEED HELP LOGGING IN?'. Below the form, a dark blue footer contains the text: 'For questions related to your ACS Quality Program participation, eligibility for Surgical Quality Partner assets, and marketing your Surgical Quality Partnership, please contact SQP@acs.org'.



Plaques

Program Materials

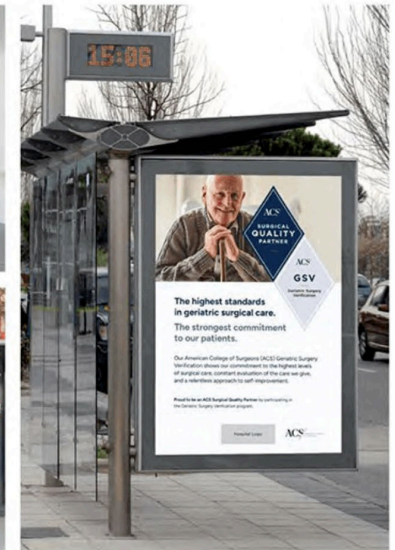
My Account



Congratulations on becoming an ACS Surgical Quality Partner

As a participant in at least one of our 13 Quality Programs, your institution has earned the novel distinction of Surgical Quality Partner (SQP). Being a Surgical Quality Partner means that your institution is dedicated to surgical quality and is committed to maintaining the highest standards in surgical care.

[Download the Style Guide](#) and use the menu items at the top of the page to access the SQP marketing materials and order your plaque.



/ Diamond Sightings

A great example of a local system highlighting the NAPBC and Surgical Quality Partner designation through a Sponsored Content on their community news source.



Touro earns elite national recognition for comprehensive breast cancer care and emphasis on overall patient well-being

BY AMANDA MCELFRESH | BRANDED CONTENT SPECIALIST Oct 6, 2024 3 min to read



Sponsored Content

This article is brought to you by LCMC Health.

A new prestigious accreditation signifies that Touro provides some of the best breast cancer treatment in the country, with a particular focus on the full spectrum of the patient journey, including prevention, screening, treatment and survivorship.

Touro is one of a handful of institutions to receive accreditation under the American College of Surgeons National Accreditation Program for Breast Centers (NAPBC). Along with the NAPBC accreditation, Touro has become an ACS Surgical Quality Partner, which signifies its dedication to consistently improving procedures and approaches to treating breast cancer.

/ Diamond Sightings

UCLA Health

Jonsson Comprehensive Cancer Center

Proud to be an ACS Accredited Commission on Cancer Program



FOCUSED ON THE FUTURE OF PATIENT CARE

As an ACS surgical quality partner, this is our commitment to you: the highest levels of surgical care, constant evaluation of the care we give and a relentless approach to self-improvement.



This hospital is an ACS Surgical Quality Partner by participating in select ACS Quality Programs.

PARRISH MEDICAL CENTER
PARRISH HEALTHCARE

ACS AMERICAN COLLEGE OF SURGEONS

MAURY REGIONAL HEALTH

COMMITTED TO *Clinical Excellence*



Accredited Commission on Cancer Program



ACS SURGICAL QUALITY PARTNER

ACS MBSAQIP
Metabolic and Bariatric Accreditation

ACS NAPBC
Breast Center Accreditation

ACS CoC
Commission on Cancer Accreditation

Torrance Memorial

Diamond Sightings



Saint Francis Hospital
Trinity Health

**Proud to be
an ACS Accredited
Breast Center**






Hines VA Hospital



MAURY REGIONAL
HEALTH

COMMITTED TO
Compassionate Care




**Accredited
Breast Center**

suntimes.com | The Hardest-Working Paper in America | Sunday, March 24, 2024 | 7

**We're Colorectal
Cancer's Toughest
Opponent**




Cancer's worst gets our best!

Colorectal cancer is no match against Franciscan Health's nationally accredited cancer programs and board-certified specialists. Our multidisciplinary team works around the clock to offer prompt diagnoses, advanced treatment options and the latest clinical trials to fight and beat colorectal cancer.



**Schedule an Appointment
OR Second Opinion today!**

FranciscanHealth.org/ColonCancerCare



/ Diamond Sightings



NYC Health + Hospitals / Jacobi



AdventHealth Tampa

ACS SURGICAL QUALITY PARTNER

ACS NAPBC Breast Center Accreditation

The highest standard in Breast Cancer Care!

Touro is proud to be an Accredited Breast Center by the American College of Surgeons through the National Accreditation Program for Breast Centers.

Learn more at touro.com/breastcare

Touro LCMC Health



Clinton Memorial Hospital

/The Ask to Our Surgical Quality Partners

1

Claim your complimentary SQP Diamond Plaque for your own center. Email us at sqp@facs.org.



2

Show off your Surgical Quality Partner participation on social media. Tag us @amcollsurgeons



3

Encourage centers to update their CEO/marketing contact and to claim their plaque.



[ACS Quality Portal](#)

Visit the ACS Quality Portal >

The CMS Age Friendly Hospital Measure

*ACS GSV Program: Your Solution for Improving
Care for Older Adults*





Introducing the Age Friendly Hospital Measure

- **What:** The Centers for Medicare & Medicaid Services finalized the new **Age Friendly Hospital Measure on August 1, 2024** for the CMS Inpatient Quality Reporting Program.
- **Why:** This geriatric measure is being implemented to improve the health care for older adults.
- **The measure is based on quality standards developed previously by the ACS** to improve the care and outcome of older adult patients.

/ Important Details About the Measure

- **Mandatory:** Within the CMS Inpatient Quality Reporting Program, the measure is mandatory. All hospitals that don't meet participation requirements **could face significant financial penalties.**
- **Period:** Hospitals must attest to the entire measure for the 2025 calendar year, **January 1, 2025 through December 31, 2025**
- **Public Reporting:** CMS will publicly report the results on the **CMS Care Compare website.**
- *(Of note: All measures in the current CMS Hospital **Pay-for-Performance** Program started initially in the IQR program, so an iteration of this measure might very well be a performance measure in the future)*

/GSV: Compliant. Cost-effective. Caring.

- The GSV Program has been specifically designed to help hospitals **comply with the CMS Age Friendly Hospital Measure**.
- The GSV Program gives your hospital all the tools you need to **meet all five CMS domains** of the Age Friendly Hospital Measure.
- The GSV Program does not require hospitals to hire new staff or add resources to implement the program.
- In addition to complying with regulation; case studies show the GSV Program **improves patient outcomes, reduces costs, and increases surgical capacity (i.e., revenue)**.



/ Modern Healthcare – September 25

Modern Healthcare
A CRAIG FAMILY BRAND

NEWS BLOGS OPINION EVENTS & AWARDS MULTIMEDIA DATA & INSIGHTS NEWSLETTERS MORE+

NEW: Best in Business Awards

MY ACCOUNT LOGOUT

Home > Policy

September 25, 2024 05:00 AM

Medicare promoting 'age-friendly' hospitals in quality push

BRIDGET EARLY

TWEET SHARE IN SHARE EMAIL REPRINTS PRINT

1 Humana, Aetna, EmblemHealth overpaid by Medicare: HHS OIG

2 Ascension cyberattack prompts revised outlook from Moody's

3 Rethinking healthcare at home: a personal reflection

4 Here's why hospital deals are heating up

5 Epic fires back at Particle lawsuit

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SPONSORED CONTENT

.... *"It's an important lift, but it's a fairly hefty lift," Dr. Clifford Ko, Director of the research and optimal patient care division at the American College of Surgeons, said during a webinar on the new measures last week.*

This approach has the potential to improve care and constrain spending, based on the results of a similar American College of Surgeons initiative....

*...Participants in the American College of Surgeons Geriatric Surgery Verification program **recorded shorter lengths of stay, lower rates of complications such as postoperative delirium and fewer readmissions**, according to a report the Annals of Surgery Open published in May...*

/Promoting the GSV Program

- Excellent opportunity for the ACS to bring the GSV Program to more hospitals nationwide.
- GSV can work very well with CoC hospitals given the demographic of many cancer patients.
- Marketing to hospitals now through email marketing campaigns, digital advertising and promotion to existing ACS Quality Hospitals.
- Need strong advocates in our CoC hospitals to promote this with your hospital leadership.



/ Get Started with GSV

Visit the GSV Website to learn more about the CMS Age Friendly Hospital Measure

facs.org/GSV

Get in touch with the GSV team



Thank You

CSSP Updates

Timothy Vreeland MD, FACS
Brooke Army Medical Center
CSSP Education Committee Vice Chair

Current CoC Compliance Rates

CoC Standards 5.3 - 5.6: January-September 2024

Standard	Compliance Percentage	Non-Compliance Percentage
Standard 5.3	73%	27%
Standard 5.4	68%	32%
Standard 5.5	50%	50%
Standard 5.6	52%	48%

196 total site visits YTD

CoC Compliance Rates

CoC Standards 5.7 and 5.8 in 2022, 2023, 2024 YTD, and Overall Compliance

Standard	Compliance Percentage	Non-Compliance Percentage
Standard 5.7 2022	90%	10%
Standard 5.7 2023	86%	14%
Standard 5.7 2024 YTD	88%	12%
Overall Standard 5.7	88%	12%

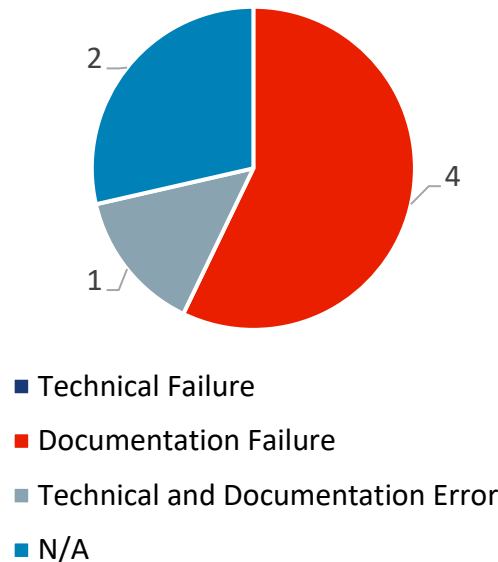
Standard	Compliance Percentage	Non-Compliance Percentage
Standard 5.8 2022	58%	42%
Standard 5.8 2023	48%	52%
Standard 5.8 2024 YTD	56%	44%
Overall Standard 5.8	53%	47%

Site Reviewer Template Data

Standard 5.3

26 templates, 19 compliant sites, 7 noncompliant sites

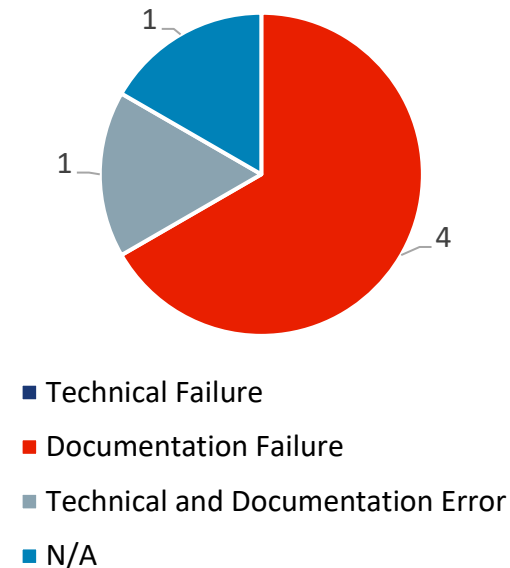
Reason for Noncompliance



Standard 5.4

24 templates, 18 compliant sites, 6 noncompliant sites

Reason for Noncompliance

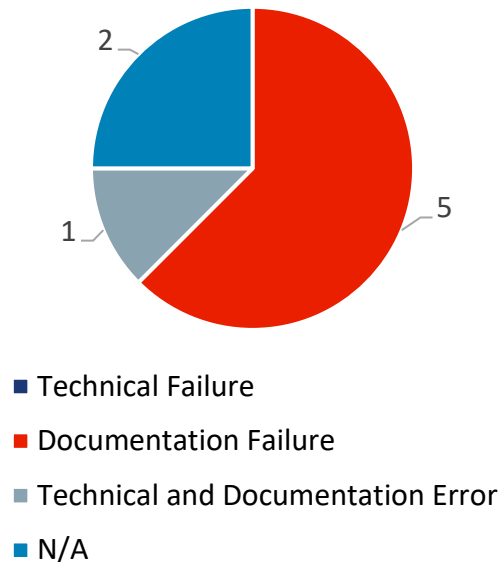


Site Reviewer Template Data

Standard 5.5

20 templates, 12 compliant sites,
8 noncompliant sites

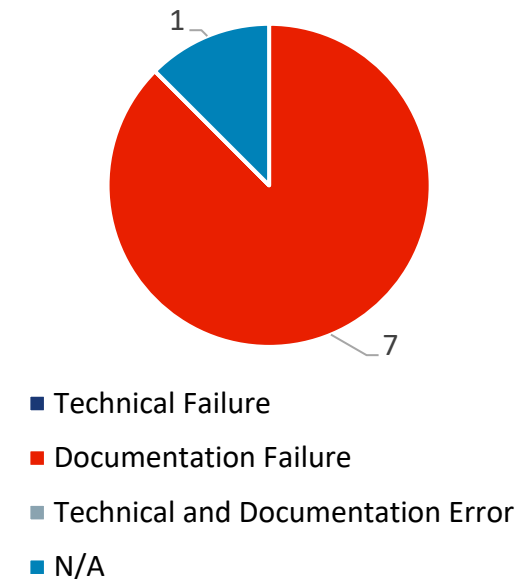
Reason for Noncompliance



Standard 5.6

24 templates, 16 compliant sites,
8 noncompliant sites

Reason for Noncompliance

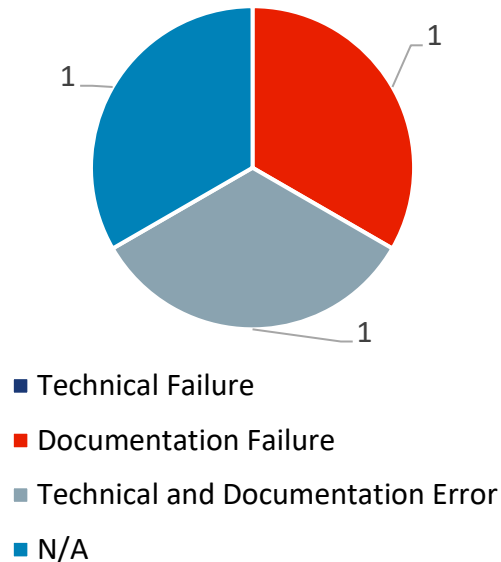


Site Reviewer Template Data

Standard 5.7

26 templates, 23 compliant sites,
3 noncompliant sites

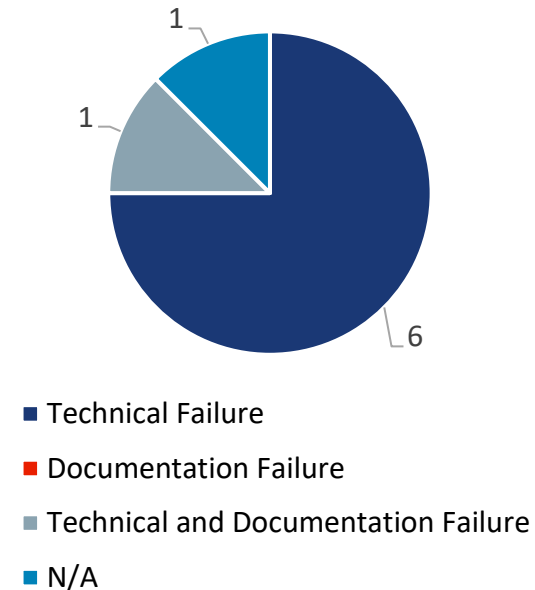
Reason for Noncompliance



Standard 5.8

21 templates, 13 compliant sites,
8 noncompliant sites

Reason for Noncompliance



Recent CSSP Resources

Best Practices for CoC Operative Standards 5.3-5.6: A Webinar for ODS-Certified Professionals

- Collaboration with NCRA
- This webinar provided ODS-certified professionals with best practices and tips to support compliance with the CoC Operative Standards (Standards 5.3-5.6).
- Recording available on [Youtube](#) and resources uploaded to the [Operative Standards Toolkit](#)
- [Frequently Asked Questions and Best Practices](#) document available online

ACS Quality and Safety Conference

- Panel Discussion: Let's Get Practical: Supporting Implementation of Operative Standards
- [Conference Highlights](#)

Current Projects and Grants

Implementation and Effectiveness of the American College of Surgeons (ACS) Operative Standards Program

- Co-Principal Investigators: Lesly Dossett, MD, MPH, FACS, from the University of Michigan in Ann Arbor, and Daniel Boffa, MD, FACS, from Yale University in New Haven, Connecticut
- Co-Investigators: Ronald Weigel, MD, FACS, Medical Director of ACS Cancer Programs, and Judy C. Boughey, MD, FACS, chair of breast and melanoma surgical oncology at the Mayo Clinic in Rochester, Minnesota

Grant Aims

- Evaluate the implementation of the CoC Operative Standards across cancer and hospital types
- Access guideline and organizational level barriers and facilitators of program implementation
- Gauge the impact of the CoC operative standards program on short-term cancer outcomes

Current Projects and Grants

Standard 5.8 Lung NODES Project

- Two-year, National Quality Improvement project, began in February 2024
- Project seeks to aid and assist programs in identifying areas for improvement in compliance for Standard 5.8, which is intended to improve the quality of care and outcomes for patients with lung cancer

Project Goals

- Improve the quality of cancer care and patient outcomes by accomplishing assessment of hilar and mediastinal lymph nodes for all patients undergoing lung cancer surgery
- Assist programs to identify root cause challenges in achieving compliance
- Develop a standardized way for programs to assess and monitor their compliance with Standard 5.8
- Identify and implement successful and sustainable solutions
- Support participating programs to achieve > 80% overall adherence and/or improve adherence to Standard 5.8 by an absolute value of >20%

Upcoming Webinar

Understanding the Evidence behind Standard 5.8 on Pulmonary Resection

October 31st, 9 – 10am CT

Moderator: Tina Hieken, MD, FACS

Speakers: Matthew Facktor, MD, FACS and Nirmal Veeramachaneni, MD, FACS

[Registration Link](#)

Upcoming Events

2024 Clinical Congress

October 19-22nd, San Francisco, CA



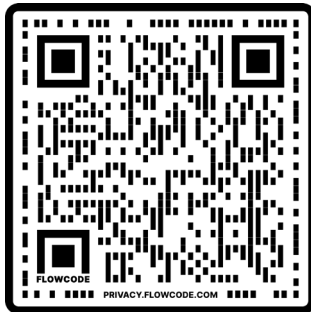
2025 Cancer Conference

October 19-22nd, San Francisco, CA

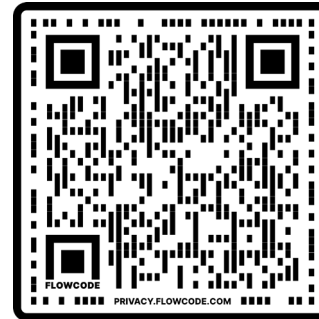




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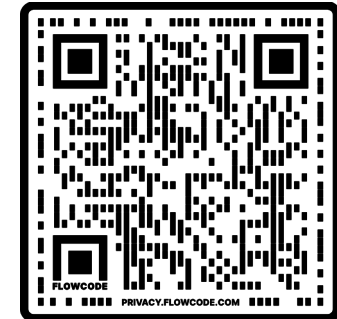
facs.org/quality-programs/cancer-programs/



ACS Cancer Programs



@AmColSurgCancer



Quality Improvement in Cancer Programs

Eileen Reilly

Quality Improvement Manager, ACS Cancer Programs

QI Resources available to you

ACS Quality Improvement Course: The Basics

5 Min Print Share Bookmark

The ACS Quality Improvement Course: The Basics is designed to ensure the surgical workforce and other quality improvement staff are well-educated on the basic principles of surgical quality and safety.



The course includes six modules:

- Introduction to Quality Improvement:** Quality improvement concepts and the rationale for investing in quality
- The Quality Improvement Process:** How quality improvement happens and how to begin a quality improvement project
- Data Measurement and Analysis:** How data is used throughout a quality improvement project and some of the fundamental tools that can help to display and analyze data
- Change Management:** How change happens and the factors that affect the change process, and how implementation science can be used throughout a quality improvement project
- Patient Safety:** The role of culture in maintaining and improving patient safety, the characteristics of high-reliability organizations, and how to evaluate and improve your institution's safety culture
- Leadership and Teamwork for QI:** What defines effective leadership and teamwork and how to develop and evaluate teamwork and leadership skills.

QUALITY PROGRAMS

Quality Improvement Case Study Repository

The ACS Quality Improvement Case Study Repository is a collection of QI projects from hospitals participating in ACS Quality Programs.

Q. Type here to search Quality Program ▾

Quality Domain	Project Type	Hospital Type	Methodology
Quality Domain ▾	Project Type ▾	Hospital Type ▾	Methodology ▾
Reducing GI Surgery Readmissions While Increasing Patient Satisfaction	CoC	Wellstar Health System	
Managing Postoperative Pain While Limiting Opioid Prescriptions	CoC	Aesthetic and Reconstructive Surgery Institute at Orlando Health, Orlando, Florida	
Implement Recovery A Program In Patients Un Cytoreduct Heated Intra Chemother	CoC	Mayo Clinic A	
Collaborative Model between Breast Surgery and Genetic Counseling Clinics to Reduce Wait Time for Pretest Genetic Counseling	CoC	University of Arizona Cancer Center Banner Health	
Fast-Track Pathway for Non-Complicated Pediatric Appendicitis Utilizing a Single Dedicated Pre-and Postoperative Unit	CSV	Levine Children's Hospital	
Successes A Learned fro American C National Sa Improve NSQIP-P) A	CSV	Golisano Chil	

Quality Framework Toolkit

3 Min Print Share Bookmark

How Can I Get Started?

The Framework is a comprehensive document that, if completed correctly, should help you and your team conduct more efficient quality improvement projects. With so many resources available to you, it can be difficult to know where to begin! Here are some steps to get you and your team started.

- 1. Read the Framework from start to finish.** While the Framework is broken down into the Planning, Conducting and Reflecting Phases, it is not intended to be used chronologically. There are many criteria that you should be thinking about throughout your project. Reading through the Framework in its entirety will help you understand what is needed for your project to be successful.
- 2. Download the tools and talk with your team about how you can use them.** The tools designed to help you meet several of the criteria in the Framework. Download the Notetaking Tool, Project Charter, Data Plan and Communication Plan, and look through them with your team. Determine which of the tools you would like to use and discuss how you plan to use them. Some questions you may want to ask yourselves:
 - Where should we store this document so that we all have easy access to it?
 - How can we make sure that we will use this tool throughout the project, and not just the beginning?

- Quality Framework ◀
- [Quality Framework](#)

- Quality Framework Toolkit 🕒

- Frequently Asked Questions 🕒

NEW QI OFFICE HOURS:
 Bring your QI ideas or send ahead to
cancerqi@facs.org
 November 15, 12pm CT

Past or nearly complete QI Projects

Just ASK

- Learned about barriers to asking and assisting
- Asking increased from 87.7% to 91.9%

Beyond ASK

- Learned about resources and barriers to assisting
- Asking remained high (near 99%)
- Assisting is a challenge

Building QI Capacity

Breaking Barriers

- Patients missing scheduled appointments continues to decrease

Lung NODES (Y1)

	Baseline	March-May	Difference
Median	65%	81%	+12.1%
Mean	59%	72%	+7.4%

Lung NODES (Standard 5.8)

Led by Dr David Odell

The Basics

The problem: Data from CoC site reviews conducted in 2022 and 2023 reveal that compliance with standard 5.8 is lower than the 80% benchmark

Aim: Participating CoC programs will increase compliance with Standard 5.8 by 20% over (original) individual baseline, or up to at least 80% by December, 2025

Data source: Chart audit of synoptic pathology reports from applicable pulmonary resections

Measures:

Process: % of reports with oncologic status of lymph nodes for at least one (names and/or numbered) hilar station and at least three distinct (name and/or numbered) mediastinal stations.

Interventions: 5.8 toolkit, local innovations from previous collaboratives tested over time, spread and scaled

Stakeholders: Thoracic surgeons, pathologists, medical oncologist, ODS's, CLPs and other frontline champions

Lung NODES Year 2 (January-December 2025)

- Who should participate
 - New and returning programs
 - Programs who have compliance under the 80% goal
 - Program who have a committed/engaged surgeon
- What will you be doing?
 - Short term interventions to address the root cause
 - Submitting data, attending calls
 - Focusing on sustainability
 - Sharing best practices, workflow, educational posters

Date	Event
October 25	Cohort call Year end reflection is introduced Recruitment for Y2 begins
November 1	“Intent to participate” links will be posted to the website
December 30	Data due for cases Sept-Nov, Year End Reflection due
Jan 30	“Intent to participate” due
Feb	Group call
February 28	NEW PROGRAMS ONLY- Submit baseline data
March 30	Dec-Feb data due
April	Group call
May	
June	March-May data due
July	
August	Group call
September	June-August data due
October	
November	Group call
December	Sept-Nov data due

Y2 Timeline

Why participate?

- Improve compliance with standard 5.8 Lung Resection
- Improve patient care
- Earn credit for standard 7.3 and 5.8
- Learn with and from other programs across the country
- Provide feedback on standard 5.8

Genetics Access Pilot (GAP) Project

An ACS Cancer Programs National Quality Improvement Pilot

Led by Dr Kathy Yao and Dr Lee Wilke

GAP Goals and Objectives

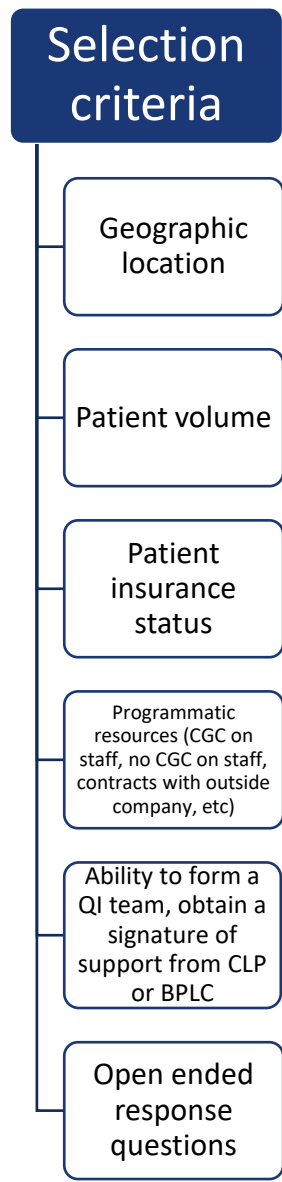
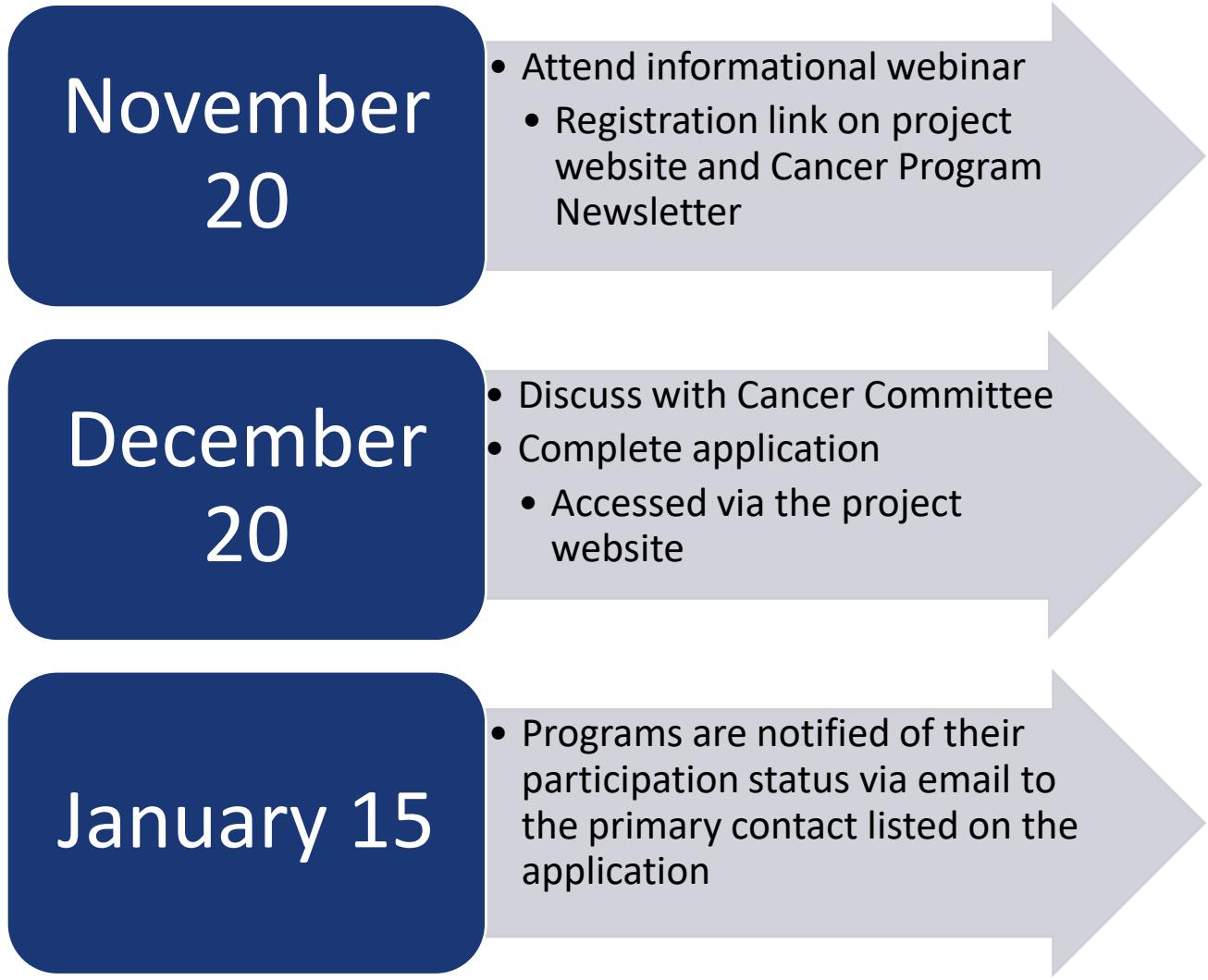
Goal: This pilot project seeks to better understand effective models for and barriers *to offering genetic testing to newly diagnosed breast cancer patients.*

Aim: Increase the number of newly diagnosed breast cancer patients offered genetic testing by 20% from baseline at CoC/NAPBC pilot sites from January 2025 to December 2025

Secondary Aims:

- Obtain baseline data of genetic testing in pilot sites for proposed population
- Identify structural and process barriers to achieve testing
- Develop and test interventions to address modifiable barriers to genetic testing
- Spread, scale, and disseminate findings

The Process



-Program and contact names will be blinded to reviewers

Timeline

Date	Event
Nov 20	Informational webinar at 12pm CT
December 20	Applications are Due at 11:59p CT
Jan 15	Applicants are notified of their selection status
Jan 31	Applicant kick off call 12p CT
Feb 28	Baseline and survey data due
April 15	Jan-March data due
April 25	Cohort Call
July 15	April-June data due
August 22	Cohort Call
Oct 15	July-Sept data due
Nov 14	Cohort call
Dec	Potential wrap up/summary call



Why should my program participate?



Improve patient access to testing



Improve/streamline operational processes and enhance workflows



Opportunity for networking and peer to peer (program to program) learning



Credit for standards; CoC Standard 7.3/NAPBC Standard 7.2 and 4.4 (pending)



A suite of interventions is developed (case studies, decision trees, etc) to support future programs

How much time is required?

We approximate 15 hours of time per year will be spent on:

Submitting 1 pre and 1 post survey

Submitting Baseline and 3 rounds of data

Attending 4 calls



This time does not include team huddles/meetings or time spent on PDSA cycles or collecting information, or optional participation in focus groups or interviews



What are we measuring?

Description/ Definition	Measure Calculation (Numerator:/Denominator:)	Data Source Associated Data Collection Tool
% of newly diagnosed breast cancer patients diagnosed with triple negative offered genetic testing	<p><u>Numerator:</u> Number of patients diagnosed with triple negative breast cancer offered genetic testing</p> <p><u>Denominator:</u> All newly diagnosed breast cancer patients diagnosed with triple negative breast cancer</p>	Review of Patient Health Records
% of newly diagnosed breast cancer patients 51-65 years old that offered genetic testing	<p><u>Numerator:</u> Number of patients aged 51-65 offered genetic testing</p> <p><u>Denominator:</u> All newly diagnosed breast cancer patients between ages 51- 65</p>	Review of Patient Health Records
% of newly diagnosed breast cancer patients aged 50 and younger offered genetic testing	<p><u>Numerator:</u> Number of patients aged 50 and younger offered genetic testing</p> <p><u>Denominator:</u> All newly diagnosed breast cancer patients aged 50 and younger</p>	Review of Patient Health Records

What data will we submit?

- Up to 20 case review forms per time period
 - Accession number, if available
 - Age
 - Sex
 - Race and ethnicity
 - Patient Zip Code
 - Histology
 - Receptor Status
 - Family History
 - Testing offered

ACS Cancer Programs has submitted an IRB application for exempt/non-human subjects research status

More Questions?

- View the “GAP Details” Document and FAQ on the project website for further information
- Take a look at the PDF’s of the application and data collection tools on the website (coming Oct 18)
- Email questions to cancerqi@facs.org
- Attend the Nov 20th webinar for further Q and A

If neither of the national projects are a good fit:

Join the “Improving your QI: An Improvement Series”

Submit your QI project ideas ahead of time or bring ideas in real time.

- We will not pre-approve the project
- We will ask clarifying questions or provide comments in an effort to make the project idea stronger
- We will share resources
- We will provide a forum for other programs to ask questions or share ideas back

November 15, January 24, March 13 (in person at the Cancer Conference)

2024 American Cancer Society and CoC Resource Intersections Guide

Julie Shaver, MPH

Sr Director, Cancer Center Partnerships



October 9, 2024





- Resource tool for
 - American Cancer Society Staff
 - CoC State Chairs
 - CoC CLP's
 - Cancer Committees
- Drive and align to American Cancer Society Resources
- Can be a stand-alone document
- Updated annually

2024 ACS and CoC Resource Intersections Guide

Standards Highlighted

- 2.2 - CLP Responsibilities
- 4.5 - Palliative Care Services
- 4.7 - Oncology Nutrition Services
- 4.8 - Survivorship Program
- 5.2 - Psychosocial Distress Screening
- 7.3 - Quality Improvement Initiative
- 7.4 - Cancer Program Goal
- 8.1 - Barriers to Care
- 8.2 - Cancer Prevention Event
- 8.3 - Cancer Screening Event

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2024 American Cancer Society and CoC (Commission on Cancer) Resource Intersections Guide

This guide will serve as a tool to outline available American Cancer Society (ACS) services and resources that can help support a facility's cancer program.

Please note: The ACS resources and recommendations do not demonstrate all required elements for compliance with CoC standards.



Questions regarding interpretation of the standards, criteria for compliance, and other questions related to accreditation should be directed to the CAnswer Forum (cancerbulletin.facs.org/forums).

The preceding pages in this guide will provide a listing of ACS resources as they align to each of the CoC accreditation standards. Links will be reviewed and updated annually.

American Cancer Society (ACS) Common Resources:

- 1-800-227-2345
- Cancer.org
- [Road To Recovery®](#)
- [Reach To Recovery®](#)
- [Cancer Survivors Network™](#)
- [ACS CARES™](#) (Community Access to Resources, Education, and Support)
- [American Cancer Society Leadership in Oncology Navigation \(ACS LION™\)](#)
- [ACS Bookstore](#)
- [Brand Central](#)

Accreditation Standards	ACS Resources
<p>Standard 2.2 Cancer Liaison Physician Responsibilities</p>	<p>In addition to overseeing the analysis and presentation of relevant National Cancer Database (NCDB) data and administering Standard 7.3 – Quality Improvement Initiative, the CLP is responsible for serving as a liaison with local American Cancer Society team members and facilitating their participation on the cancer committee.</p> <p>The CLP landing page contains links to the following resources:</p> <ul style="list-style-type: none"> • The CLP appointment process • CoC Optimal Resources for Cancer Care (2020 Standards) • Listing of CoC State Chairs • NCDB Reporting Tools • Educational documents, presentations, and webinars • Best Practice Guide

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Accreditation Standards	ACS Resources
<p>Standard 4.5 Palliative Care Services</p>	<ul style="list-style-type: none"> • Palliative Care American Cancer Society • Survivorship: During and After Treatment American Cancer Society • Caregivers and Family American Cancer Society • Personal Health Manager • American Cancer Society Caregiver Resource Guide • ASCO Cancer Treatment and Survivorship Care Plans <p>Video Series:</p> <ul style="list-style-type: none"> • Survivorship Videos • Childhood Cancer Survivorship Videos • Caregiver Support Video Series <p>Palliative Care Webinars (open to the public):</p> <ul style="list-style-type: none"> • http://acspsc.windrosemedia.com/ <p>Search current ACS patient and clinician collateral</p> <ul style="list-style-type: none"> • American Cancer Society Bookstore • Brand Central
<p>Standard 4.7 Oncology Nutrition Services (must be provided by a Registered Nutrition Dietitian)</p>	<p>Health Care Professional Resources</p> <ul style="list-style-type: none"> • ACS/ASCO flyer – Comprehensive and trusted cancer information for your patients • Health Care Professionals: Diet and Physical Activity Guidelines for Cancer Prevention • Let's Talk: Nutrition, Physical Activity and Cancer Survivorship – Role Play Training Simulation for Clinicians • Eat Healthy and Get Active Diet and Physical Activity American Cancer Society – Includes PDFs for ACS guidelines, info on body weight and cancer risk, diet and physical activity, and healthy choices as well as videos, quizzes, and calculators • Compendium of the Entire Nutrition, Physical Activity, Body Weight, and Cancer Survivorship Series <p>Food Insecurity Resources – Health Care Professionals</p> <ul style="list-style-type: none"> • Food Insecurity – Root Causes and Impact on Cancer Survivors and Caregivers • What's the Connection? Food Insecurity, Obesity, and Cancer





CoC

Commission on Cancer
American College of Surgeons

Questions?

File View Help

Audio

Sound Check

Computer audio

Phone call

No audio

MUTED

Microphone (Conexant ISST Audio)

Speakers (Conexant ISST Audio)

Talking:

▶ Questions

ACS Cancer Programs - Webinar

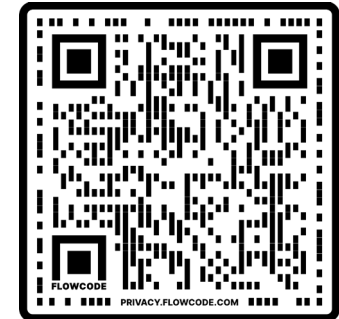
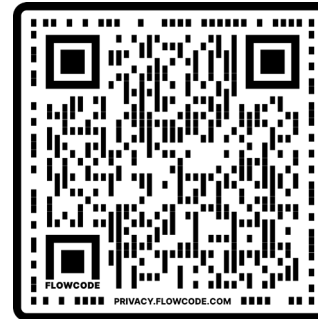
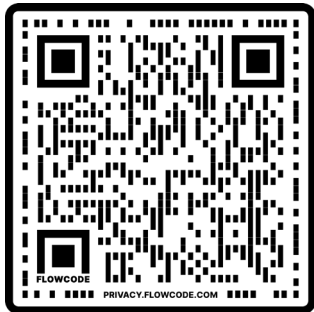
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