MEETING COC ELIGIBILITY REQUIREMENTS
AND
CHAPTER ONE STANDARDS

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Director of Consulting Services
Onco, Inc
Welcome

- Thank you for joining us today for our webinar
- We will take questions and comments at the end of the presentation
- You may enter your questions into the chat box at the bottom right hand corner of your screen
- This webinar is being recorded and the recording, slide deck and Q&As will be made available at our website: Oncolog.com
Goals for Today

- Identify required documentation for Eligibility Requirements and Chapter One: Program Management Standards
- Provide possible sources for the documentation
- Share examples and offer suggestions on the types of documentation required
REQUIRED DOCUMENTATION

- CoC-accredited cancer programs document cancer program activity using multiple sources, including policies, procedures, manuals, tables and grids; however, cancer committee minutes are the “primary source” for documentation of cancer program activities*

- All meeting minutes should contain sufficient detail to accurately reflect the activities of the cancer committee as well as demonstrate compliance with CoC standards. Consent agendas are not permitted*

* CANCER PROGRAM STANDARDS: ENSURING PATIENT-CENTERED CARE PAGE 11
ELIGIBILITY REQUIREMENTS

Eligibility Requirements (ER) are considered the foundation for all CoC-accredited programs.

They include the basic structure and services that are required of all cancer programs before an accreditation survey.

- Cancer Program Structure
- Cancer Program Services
- Cancer Committee Responsibilities
ER 1: Facility Accreditation

The facility is accredited by a recognized federal, state, or local authority appropriate to the facility type.

Documentation Required:

- Accreditation certificate (JCAHO) or
- Letter from accrediting agency

Where to find it:

- Compliance office or Hospital Administration

Upload the most current certificate
Cancer Committee authority is established and documented by the facility.

**Documentation Required:**
- Facility Bylaws (only the portion delineating Cancer committee authority)
- Policy or procedure
- Other sources that set forth the authority of the cancer committee

**Where to find it:**
- Medical Staff Office or Hospital Administration

**Upload once and then again only if changes are made**
A cancer conference policy and procedure is used to establish the annual cancer conference activity.

**Documentation Required:**
- Cancer Conference policy or procedure

**Person responsible:**
- Cancer Conference Coordinator

Upload each calendar year if there are changes.

*NCIP category cancer programs are exempt and default to compliance*
A designated oncology nurse provides leadership for oncology patient care across the care continuum.

Documentation Required – Not applicable
The cancer registry policy and procedure manual is implemented and specifies that current Commission on Cancer data definitions and coding instructions are used to describe all reportable cases.

Documentation Required:
- Table of contents from the cancer registry policy and procedure manual

Person Responsible:
- Cancer Registry Manager

Uploaded each calendar year
ER6: Diagnostic Imaging Services

Diagnostic imaging services are provided either on-site or by referral.

Documentation Required:

- Most recent certificate of accreditation, attestation letter, or documentation that describes the patient-specific and machine-specific QA practices for diagnostic imaging services

- Annually, the program documents in the ER section of Datalinks which diagnostic imaging services are available, either on-site or by referral for publication on the CoC website

Where to Find it:

- Diagnostic Radiology Administrator or Compliance Office

Upload once and then again only if changes are made
Radiation treatment services are currently accredited by a recognized authority or, if not, accredited, follow standard quality assurance practices. Services are available either on-site, at locations that are facility owned, or by referral.

**Documentation Required:**
- Certificate of accreditation; or
- Attestation letter of QA practices; or
- Documentation that describes the patient-specific and machine-specific QA practices in Radiation Oncology

- On site services, a minimum of one of three documents
- Referred to off-site(s), a minimum of one of the three documents for each top referral site
- If a combination, a minimum of 1 of 3 documents for your facility and each of the top referral sites

**Where to find it:**
- Radiation Oncology Administration

**Upload once and then again only if changes are made**
ER8: Systemic Therapy Services

Policies and procedures are in place to guide the safe administration of systemic therapy provided either on-site, at locations that are facility owned, or at locations that are contracted by the facility or are supervised by members of the facility’s medical staff, including physician offices.

Requirements:
- Policy or procedures for the safe administration of systemic therapy that is provided on-site, at facility-owned locations, or locations contracted by the facility or are supervised by members of the facility’s medical staff

Where to find it:
- Medical Oncology Administration, Oncology Pharmacy or Oncology Nursing

Upload once and then again only if changes are made
ER9: Clinical Research Information

Policies and procedures are in place to provide cancer-related clinical research information to patients.

Documentation Required:
- Policy or procedures regarding availability of cancer-related research information for patients for on-site studies or studies by referral

Were to Find It:
- Clinical Research Office, Oncology Administration

Upload once and then again only if changes are made

*NCIP category cancer programs are exempt and default to compliance
ER10: Psychosocial Services

Policies and procedures are in place to ensure patient access to psychosocial services either on-site or by referral.

Documentation Required:
- Policy or procedure that ensures access to psychosocial services either on-site or by referral, and includes annual monitoring of the referral process

Where to Find it:
- Social Work, Mental Health Nurse, Department of Psychiatry

Upload once and then again only if changes are made
Policies and procedures are in place to ensure patient access to rehabilitation services either on-site or by referral.

Documentation Required:
- Policy or procedures that ensure access to rehabilitation services either on-site or by referral, and includes annual monitoring of the referral process.

Where to Find it:
- Physical Therapy Department, Rehabilitation Medicine, Occupational Therapy

Upload once and then again only if changes are made
ER12: Nutrition Services

Policies and procedures are in place to ensure patient access to nutrition services either on-site or by referral.

Documentation Required:
- Policy or procedures that ensure access to a Registered Dietitian Nutritionist and nutrition services is available either on-site or by referral, and includes annual monitoring of the referral process.

Where to Find It:
- Dietary or Nutrition Services Department

Upload once and then again only if changes are made.
Additional Data Required in Eligibility Requirements in the SAR

The following information is requested and will be listed as services that are available at your facility in the “Find an Accredited Program” on the CoC website.

- Check boxes allow you to identify those programs, procedures and personnel that are available at your facility

- Allied Health Professionals
- Oncology Surgical Procedures
- Prevention and Screening Programs
Takeaways for Eligibility Requirement Documentation

❖ After the documentation required for each ER is initially uploaded, only upload again if the document has been updated or edited.

❖ Make sure the most current certificate of accreditation is uploaded.

❖ All of the ERs and associated documentation must be discussed, reviewed and monitored by the cancer committee annually.

❖ The cancer committee minutes must reflect the discussion and any action taken.
Chapter 1: Program Management

Twelve Standards

Importance and Responsibilities of the Cancer Committee
Standard 1.1: Physician Credentials

Diagnostic and treatment services are provided by or referred to physicians who are currently board certified (or equivalent) in their medical specialty or are in the process of becoming board certified.

- Cancer program completes all required fields in the SAR:
  - By Specialty
  - On-site/by referral
  - # board certified
  - # in process
  - # not certified

- Each calendar year, the program uploads:
  - A copy of the medical staff bylaws that address the requirements of current board certification; or
  - A roster of the board certification status; and
  - Documentation of 12 annual cancer-related CME hours for all physicians who are not board certified or those in the process of becoming board certified.

- Where to find it: Medical Staff Office or Compliance Office

*NCIP category cancer programs are exempt and default to compliance.
Standard 1.2: Cancer Committee Membership

The membership of the cancer committee is multidisciplinary, representing physicians from diagnostic and treatment specialties and non-physicians from administrative and supportive services. Cancer committee coordinators, who are responsible for specific areas of cancer program activity, are designated each calendar year.

Documentation Required:
- Cancer program completes all required fields in the SAR.
- Each calendar year, the program uploads:
  - Cancer committee minutes that identify the required cancer committee members and appointed designated coordinators.

Where to find it:
- Cancer committee minutes

*NCIP category cancer programs are exempt and default to compliance.
Standard 1.3: Cancer Committee Attendance

Each required cancer committee member or the member’s designated alternate attends at least 75 percent of the cancer committee meetings held each calendar year.

Required Documentation:
- Complete required standard fields in the SAR
- Upload cancer committee minutes that include membership attendance for each meeting during the calendar year

Helpful Documentation:
- Attendance grid for each quarterly meeting with names of all required members and their alternates

* NCIP category cancer programs are exempt and default to compliance.
Standard 1.4 Cancer Committee Meetings

Each calendar year, the cancer committee meets at least once each calendar quarter

Documentation Required:

- Complete all required standard fields in the SAR
- Upload cancer committee minutes that contain sufficient detail to accurately reflect the activities of the committee and demonstrate compliance with the standards

Helpful Documentation:

- Grid or calendar to show dates of meetings and which standards were discussed
Standard 1.5 Cancer Program Goals

Each calendar year, the cancer committee establishes, implements, and monitors at least one clinical and one programmatic goal for endeavors related to cancer care.

Helpful information:

- Two new and different goals, one clinical and one programmatic, must be established at the beginning of each calendar year.

- Clinical goals involve the diagnosis, treatment, services, and care of the cancer program’s cancer patients.

Examples:

- Implement a tele-radiology program
- Develop and implement a music therapy program for cancer center patients
- Create policies and procedures to verify the accuracy of IV chemotherapy administration
Programmatic Goals

Programmatic goals are directed toward the scope, coordination, practices, and processes of cancer care at the program.

Examples:

- Evaluate current information and materials on clinical trials available to patients and implement changes as needed
- Upgrade the current outpatient infusion center to additional seating for patients and family members
Helpful information: SMART Format

- **SMART Format**
  - While not required, it is strongly recommended that the SMART format be used when establishing goals. This tool assists the cancer committee in formulating and implementing goals in a manner that is clear and effective. There are many great resources on the Internet that can help guide the use of the SMART format.
  
  - **S**pecific. The goal should identify a precise action or event that will take place
  - **M**easurable. The goal and its benefits should be quantifiable
  - **A**chievable. The goal should be attainable considering available resources
  - **R**ealistic. The goal should be ambitious, but also reasonable
  - **T**imely. A deadline should be set for completion
Helpful Information: Review of goals

- After establishment, each goal must be reviewed at two additional cancer committee meetings in the same calendar year the goal was established. It is recommended the first review occur mid-year and the second review occur toward the end of the year.

- Reviews/updates on goals in the cancer committee minutes must include new, substantive information. Repeating the same update in each meeting minutes does not qualify as a review of the goal. Even if there is no change in the progress, the report should include why there is no change (i.e. We are waiting on funding approval. The request was submitted before the last cancer committee meeting. However, decision maker states that it has not been able to approve funding yet).
Helpful information: Red Flags

- Goals for a successful CoC accreditation survey and/or achieving the Outstanding Achievement Award.
- Lack of control over completion of the goal.
- Hospital-wide initiatives.
- Goals that can be accomplished in a very short timeframe.
- Goals that are already in progress.
Helpful information: Clarification

- Achieving initial accreditation by another organization (i.e. ACR, NAPBC) can be used as a one-time goal.

- Unmet Goals: If a goal was started, but it was determined to be unattainable during subsequent evaluation and monitoring, the cancer committee must review and document why the goal is no longer viable. To count for compliance, monitoring/evaluation requirements still apply.

- Ongoing Goals: If a goal is not met by the end of the year, documentation must be in the minutes demonstrating that the cancer committee evaluated and monitored the goal at least twice during the same calendar year it was established. You can continue to work on the unfinished goal at the same time as your new goals and document the progress in your minutes.

- CP3R: Programs can only use complying with CP3R measures as a clinical goal if the measure is new, the NCDB does not have an established EPR, and the measure is not being rated under Standard 4.4 or Standard 4.5.
Each calendar year, the cancer committee establishes and implements a plan to annually evaluate the quality of cancer registry data and activity. The plan includes procedures to monitor and evaluate each required control plan component.

The Cancer Registry Quality Control Coordinator works with the registry staff to implement the QC plan and monitors each area, recommends corrective action and reports the findings to the cancer committee.

The plan:
- Sets the review criteria
- Sets the quality control timetable
- Specifies the quality control methods, sources and individuals involved

Required activities:
- Random sampling of annual analytic caseload
- Physician review

External audits may be used to fulfill part of this requirement.
Standard 1.6 Cancer Registry Quality Control Plan (cont.)

Required activities to be evaluated:

- Case Finding
- Abstracting timeliness
- Accuracy of abstracted data
  - Class of case
  - Primary site
  - Histology
  - AJCC Staging
  - First course treatment
- Follow-up (date of first recurrence, type of first recurrence and cancer status)
- Percentage of data coded to unknown (9s)
- NCDB submission status
Standard 1.6 Cancer Registry Quality Control Plan (cont.)

- **Required scope:**
  - Minimum is 10% of annual analytic caseload
  - Maximum is 300 cases annually

- Establishes the minimum quality benchmarks and required accuracy. Data submitted to the NCDB meet the established quality and timeliness criteria included in the annual call for data.

- Maintains documentation of the quality control activity:
  - Required documentation
  - Review criteria
  - Cases reviewed
  - Identified data errors and resolutions
  - Reports findings to the cancer committee annually
Documentation Required:

- Completes all required fields in the SAR
- Uploads a copy of the quality control plan.
- Cancer Committee minutes documenting that the results of the quality control evaluation were presented and reviewed by the cancer committee.
Standard 1.7: Monitoring Cancer Conference Activity

Each calendar year, the cancer conference coordinator monitors and evaluates the cancer conference activities and reports the findings to the cancer committee.

Seven Required Areas:
- Conference Frequency
- Multidisciplinary Attendance
- Total number of presentations
- Percentage of prospective cases presentations
- Discussion of stage, prognostic indicators, and treatment planning using evidence-based treatment guidelines
- Options and eligibility for clinical trial enrollment
- Adherence to cancer conference policies

Suggested but not required:
- Genetic testing and counseling
- Palliative care
- Psychosocial Care
- Rehab

* NCIP category cancer programs are exempt and default to compliance.
Standard 1.7 Monitoring Cancer Conference Activity (cont.)

Documentation Required:

- Completes all required fields in the SAR
- Uploads cancer committee minutes to demonstrate the monitoring of the seven standard requirements and any corrective action taken
Standard 1.8: Monitoring Prevention, Screening and Outreach Activities

Each calendar year, the Community Outreach Coordinator, under the direction of the cancer committee, monitors the effectiveness of prevention, screening, and outreach activities. The activities and monitoring results are documented in an annual community outreach activity summary that is presented to the cancer committee at the end of each calendar year.

The Community Outreach Coordinator is responsible for overseeing compliance with this standard:

- Evaluate the effectiveness of Standards 4.2 (Prevention Programs) and Standard 4.2 (Screening Programs)
- Ensure events reflect the cancer experience at the program and the cancer prevention and screening needs of the community
- Ensure that prevention and screening activities follow nationally accepted evidence-based guidelines and interventions
- Establish mechanisms to ensure follow-up of all positive findings identified through screening activities
- Evaluate the effectiveness of access and referral processes of screening activities
- Create and present annual summary to the cancer committee
Standard 1.8 Monitoring Prevention, Screening and Outreach (cont.)

Documentation Required:

- Completes all required fields in the SAR
- Uploads the annual community outreach summary that documents the methods used to monitor and evaluate the effectiveness of prevention and screening activities
- Cancer committee minutes documenting the review of the annual community outreach summary
Standard 1.9: Clinical Research Accrual

As appropriate to the cancer program category, the required percentages of patients are accrued to cancer-related clinical research studies each calendar year. The Clinical Research Coordinator documents and reports clinical research study enrollment information to the Cancer Committee annually.

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<th>COMMENDATION %</th>
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Standard 1.9: Clinical Research Accrual

Eligible Clinical Trials:

- Cancer-specific biorepositories or tissue banks
- Prevention trials
- Screening trials
- Diagnostic trials
- Treatment trials
- Economics of care
- Quality of life or supportive care trials
- Genetic studies
- Patient registries

Documentation Required:

- Completes all required fields in the SAR
- Uploads cancer committee minutes that include reports of the annual accrual percentages
Standard 1.10: Clinical Educational Activity

Each calendar year, the cancer committee organizes and offers at least one cancer-related educational activity, other than cancer conferences, to physicians, nurses, and other allied health professionals. The activity is focused on the use of AJCC or other appropriate staging in clinical practice, which includes the use of appropriate prognostic indicators and evidence-based national guidelines used in treatment planning.

- Complete the required fields in the SAR
- Uploads documentation of one annual cancer-related educational activity, other than cancer conferences
- Acceptable documentation
  - A published flyer/agenda, list of objectives or slides of the content
GREY SLOAN HOSPITAL
McDreamy Center for Cancer Care
Presents

COLORECTAL CANCER
Staging, Prognostic Indicators, and Treatment Guidelines

Presented by:
Miranda Bailey, MD, FACS

Wednesday, June 21, 2017
9:00 am – 10:00 am
Conference Room E

Objectives
1. To promote physician discussion on proper and accurate colorectal cancer staging.
2. Discuss colorectal cancer-specific prognostic and predictive indicators
3. Review the National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology for colorectal cancer
4. To understand how staging, prognostic indicators, and evidence-based treatment guidelines are used in treatment planning for cancer patients

Audience
This program is intended for physicians, nurses, and other allied health professionals
Standard 1.10  Clinical Educational Activity (cont.)

Sources for evidence-based national guidelines:

- NCCN GUIDELINES (http://www.nccn.org)
- NCI GUIDELINES (http://cancernet.nci.nih.gov/cancertopics/pdq)
- NATIONAL GUIDELINES CLEARINGHOUSE (http://www.guideline.gov/)
Each calendar year, all members of the cancer registry staff participate in one cancer-related educational activity applicable to their role.

**Documentation Required:**
- Completes required fields in the SAR
- For commendation, the program uploads documentation of attendance to a regional or national cancer-related educational meeting for the CTR staff member

**Where to find it:**
- Should be kept by the manager or supervisor of the Cancer Registry
- A grid can be used to monitor compliance
- Suggest that a copy of the certificate of attendance is also kept
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**KEY**

N=National, R=Regional, S=State, L=Local (Hospital events, Webinars, etc)

Certificate of Attendance required and attached
Standard 1.12: Public Reporting of Outcomes

Each calendar year, the cancer committee develops and disseminates a report of patient or program outcomes to the public.

- Documentation Required:
  - The program uploads a copy or a weblink to the report on patient or program outcomes.

- The content of the report must include outcome information on one or more of the following standards:
  - Standard 4.1 Prevention Programs
  - Standard 4.2 Screening Programs
  - Standard 4.4 Accountability Measures
  - Standard 4.5 Quality Improvement Measures
  - Standard 4.6 Monitoring Compliance with Evidence-based Guidelines
  - Standard 4.7 Studies of Quality
  - Standard 4.8 Quality Improvements
## REQUIREMENTS BY CATEGORY

### LEGEND
- **Required**
- **Exempt**
- **Category Specific**
- **Commendation Only**

### ELIGIBILITY REQUIREMENTS

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### STANDARDS CHAPTER ONE

1.1 Physician Credentials
- Required
- Exempt
- Category Specific
- Commendation Only

1.2 Cancer Committee Membership
- Required
- Exempt
- Category Specific
- Commendation Only

1.3 Cancer Committee Attendance
- Required
- Exempt
- Category Specific
- Commendation Only

1.4 Cancer Committee Meetings
- Required
- Exempt
- Category Specific
- Commendation Only

1.5 Cancer Program Goals
- Required
- Exempt
- Category Specific
- Commendation Only

1.6 Cancer Registry Quality Control Plan
- Required
- Exempt
- Category Specific
- Commendation Only

1.7 Monitoring Cancer Conference Activity
- Required
- Exempt
- Category Specific
- Commendation Only

1.8 Monitoring Screening, Prevention and Outreach
- Required
- Exempt
- Category Specific
- Commendation Only

1.9 Clinical Research Activity
- Required
- Exempt
- Category Specific
- Commendation Only

1.10 Clinical Education Activity
- Required
- Exempt
- Category Specific
- Commendation Only

1.11 Cancer Registry Education
- Required
- Exempt
- Category Specific
- Commendation Only

1.12 Public Reporting of Outcomes
- Required
- Exempt
- Category Specific
- Commendation Only

### LEGEND
- **Required**
- **Exempt**
- **Category Specific**
- **Commendation Only**
FINALLY......

Resources to assist you in meeting documentation requirements:

- **CAnswer Forum**  [http://cancerbulletin.facs.org/forums/](http://cancerbulletin.facs.org/forums/)

- **Standards Resource Library**  

- **CoC Webinars in CoC Datalinks**

- **Cancer Program Standards: Ensuring Patient-Center Guidelines 2016**
Thank you

We appreciate your time today.

To schedule a demo of
\- Oncolog Registry software or speak to someone, please call
  \- 800-345-6626.
  \- Visit us at: oncolog.com

To schedule a demo of
\- OncoNav Nurse Navigation software or speak to someone, please call
  \- 888-369-1791