**Eisenhower Health - Lucy Curci Cancer Center**
Program Type: Comprehensive Community Cancer Program
*2023 CoC GAP Analysis*

| Std | Title | Champion | Details for Compliance | 1Q 2/1/2023 | 2Q 5/3/2023 | 3Q 9/27/2023 | 4Q 12/6/2023 | COMPLIANT? |
|---|---|---|---|---|---|---|---|---|
| 1.1 | **Administrative Commitment** - Letter of authority from facility leadership (CEO or equivalent) demonstrating commitment to the cancer committee.  Needs to include: high level description of the | | | | | | | |
| 2.1 | **Cancer Committee** - Roster of required cancer committee members and coordinators.  Minutes reflecting approval of all members.  If there is a vacancy, minutes should indicate approval | | | | | | | |
| 2.2 | **Cancer Liaison Physician** - Approval of CLP for 3 yr term by cancer committee.  Must be an active member of the medical staff.  Considered physician quality leader & serves as Cancer Committee | | | | | | | |
| 2.3 | **Cancer Committee Meetings** - Document meeting dates.  Hold meetings at least once per quarter.  Optional sub-committees/work groups can include clinical research, screening & | | | | | | | |
| 2.4 | **Cancer Committee Attendance** - Minutes with attendance documented for each meeting.  Summary of attendance annually. | | | | | | | |
| 2.5 | **Cancer Conference** - Policy & Procedure reviewed and approved.  Annual report by Cancer Conference Coordinator, including recommendations and/or action plans.  Minutes documenting | | | | | | | |
| 3.1 | **Facility Accreditation** *Documentation of healthcare facility accreditation or licensure certificate. | | | | | | | |
| 3.2 | **Evaluation & Treatment Services** *Radiology P&P, certifications, services & reviewed & approved. *Radiation Oncology P&P, certifications, services & reviewed & | | | | | | | |
| 4.1 | **Physician Credentials** *Roster of physicians participating in oncology patient care *Non-Board certified physicians must have 12 oncology CE's | | | | | | | |
| 4.2 | **Oncology Nursing Credentials** *Policy & procedure review & approval. *Roster of RNs providing direct oncology care with specialty | | | | | | | |
| 4.3 | **Cancer Registry Credentials** *Current CTR credentials for all certified registry staff. *Dates for hire/end for each staff member. | | | | | | | |
| 4.4 | **Genetic Counseling & Risk Assessment** *Policy & procedure review & approval *monitoring assessment for selected cancer site annually | | | | | | | |
| 4.5 | **Palliative Care Services** *Annual monitoring and evaluation of palliative care services *Policy & Procedure review & approval | | | | | | | |
| 4.6 | **Rehabilitation Services** *Policy & Procedure review & approved. *Referral process monitored and evaluated. | | | | | | | |
| 4.7 | **Oncology Nutrition Services** *Services provided by RDN *Policy & Procedure reviewed & approved. | | | | | | | |
| 4.8 | **Survivorship Program** *Policy & Procedure reviewed & approved. *Survivorship program team roster | | | | | | | |
| 5.1 | **CAP Synoptic Reporting** *Policy & procedure reviewed & approved. *90% of eligible path reports meet CAP protocol & synoptic | | | | | | | |

| # | Description | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 5.2 | **Psychosocial Distress Screening**<br>*Policy & Procedure reviewed & approved.<br>*Distress screening tool reviewed & approved. | | | | | | | |
| 5.3 | Breast Sentinel Node Biopsy | | | | | | | |
| 5.4 | Breast Axillary Dissection | | | | | | | |
| 5.5 | Primary Cutaneous Melanoma | | | | | | | |
| 5.6 | Colon Resection | | | | | | | |
| 5.7 | Total Mesorectal Resection | | | | | | | |
| 5.8 | Pulmonary Resection | | | | | | | |
| 6.1 | **Cancer Registry Quality Control**<br>*Policy & procedure review & approval.<br>*Internal or external audits used to supplement quality reviews, if | | | | | | | |
| 6.2 | **Data Submission** - Successful transmission on time. | | | | | | | N/A |
| 6.3 | **Data Accuracy** - No errors, edits or rejections. | | | | | | | N/A |
| 6.4 | **RCRS Submission** -<br>*New and updated cases submitted to RQRS at least monthly.<br>*Review of RQRS data at least twice annually, presented by CLP. | | | | | | | |
| 6.5 | **Follow Up of Patients**<br>*80% follow up rate for all eligible analytic cases since reference date. | | | | | | | |
| 7.1 | **Accountability & Quality Improvement Measures**<br>*EPR is met for each measure.  If not met, action plans are created to resolve issues. | | | | | | | |
| 7.2 | **Monitoring Concordance with Evidence-Based Guidelines**<br>*In-depth analysis meeting all requirements defined in standard.<br>*Documentation in cancer committee minutes of report of | | | | | | | |
| 7.3 | **Quality Improvement Initiative**<br>*At minimum, one QI initiative is completed annually.<br>*Documentation in cancer committee minutes with two required | | | | | | | |
| 7.4 | **Cancer Program Goal**<br>*Set SMART goal annually in 1Q<br>*Two substantive status updates on goal progress following | | | | | | | |
| 8.1 | **Barriers to Care**<br>*Analysis (data, surveys, CQIP, registry data, CNA, special reports) to identify cancer program issues | | | | | | | |
| 8.2 | **Cancer Prevention Event**<br>*At least 1 cancer prevention event must (1) cause a change in behavior to reduce risk of cancer developing or (2) increase | | | | | | | |
| 8.3 | **Cancer Screening Event**<br>*At least 1 cancer  screening event must focus on decreasing the number of people who present with late-stage cancer. | | | | | | | |
| 9.1 | **Clinical Research Accrual**<br>*Policy & procedure review & approval.<br>*Accrual of cancer patients at minimum required rate for cancer | | | | | | | |
| 9.2 | **CoC Special Studies**<br>*CoC confirmation of participaion in special studies, as assigned, | | | | | | | |
| | Cancer Program | | | | | | | N/A |
| | Rectal Program | | | | | | | N/A |
| | Breast Program | | | | | | | N/A |
| | Lung Program | | | | | | | N/A |
| | American Cancer Society | | | | | | | N/A |
| | | | | | | | | N/A |
| | | | | | | | | N/A |

| | | | | | | | N/A |
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| | | | | | | | |

| Std | Title | Champion(s) | Quarterly Meetings | | | | Std | Kim/Debroah/Katie Meeting Notes |
|---|---|---|---|---|---|---|---|---|
| | | | 2/1/2023 | 5/3/2023 | 9/27/2023 | 12/6/2023 | | |
| 1.1 | Administrative Commitment | | | | | | 1.1 | |
| 2.1 | Cancer Committee | | | | | | 2.1 | |
| 2.2 | Cancer Liaison Physician | | | | | | 2.2 | |
| 2.3 | Cancer Committee Meetings | | | | | | 2.3 | |
| 2.4 | Cancer Committee Attendance | | | | | | 2.4 | |
| 2.5 | Multidisciplinary Cancer Conference | | | | | | 2.5 | |
| 3.1 | Facility Accreditation | | | | | | 3.1 | |
| 3.2 | Evaluation & Treatment Services | | | | | | 3.2 | |
| 4.1 | Physician Credentials | | | | | | 4.1 | |
| 4.2 | Oncology Nursing Credentials | | | | | | 4.2 | |
| 4.3 | Cancer Registry Credentials | | | | | | 4.3 | |
| 4.4 | Genetic Counseling & Risk Assessment | | | | | | 4.4 | |
| 4.5 | Palliative Care Services | | | | | | 4.5 | |
| 4.6 | Rehabilitation Services | | | | | | 4.6 | |
| 4.7 | Oncology Nutrition Services | | | | | | 4.7 | |
| 4.8 | Survivorship Program | | | | | | 4.8 | |
| 5.1 | CAP Synoptic Reporting | | | | | | 5.1 | |
| 5.2 | Psychosocial Distress Screening | | | | | | 5.2 | |
| 5.3 | Breast Sentinel Node Biopsy | | | | | | 5.3 | |
| 5.4 | Breast Axillary Dissection | | | | | | 5.4 | |
| 5.5 | Primary Cutaneous Melanoma | | | | | | 5.5 | |
| 5.6 | Colon Resection | | | | | | 5.6 | |
| 5.7 | Total Mesorectal Resection | | | | | | 5.7 | |
| 5.8 | Pulmonary Resection | | | | | | 5.8 | |
| 6.1 | Cancer Registry Quality Control | | | | | | 6.1 | |
| 6.2 | Data Submission | | RETIRED | RETIRED | Update - Call for Data | RETIRED | 6.2 | N/A after 2021 |
| 6.3 | Data Accuracy | | RETIRED | RETIRED | Update - Call for Data | RETIRED | 6.3 | N/A after 2021 |
| 6.4 | RCRS Participation | | | | | | 6.4 | |
| 6.5 | Follow Up of Patients | | | | | | 6.5 | |
| 7.1 | Accountability & Quality Improvement Measures (RCRS) | | | | | | 7.1 | |
| 7.2 | Monitoring Concordance with Evidence-Based Guidelines | | | | | | 7.2 | |
| 7.3 | Quality Improvement Initiative | | | | | | 7.3 | |
| 7.4 | Cancer Program Goal | | | | | | 7.4 | |
| 8.1 | Addressing Barriers to Care | | | | | | 8.1 | |
| 8.2 | Cancer Prevention Event | | | | | | 8.2 | |
| 8.3 | Cancer Screening Event | | | | | | 8.3 | |
| 9.1 | Clinical Research Accrual | | | | | | 9.1 | |
| 9.2 | CoC Special Studies | | | | | | 9.2 | |

## Eisenhower Health - LCCC

### Standard 2.1 - Cancer Committee Membership
### Standard 2.4 - Cancer Committee Attendance

| | | Total # of Meetings Held YTD: | | | 3 | | |
|---|---|---|---|---|---|---|---|
| **Primary REQUIRED Member** *Optional Appointed Alternate* | Required Role/Coordinator | 1Q 02/1/23 | 2Q 05/3/23 | 3Q 9/27/23 | 4Q 12/6/23 | Attendance Compliance | NOTES |
| Primary *Appointed Alternate* | * Committee Chair | | | | | 0% | |
| Primary *Appointed Alternate* | * Cancer Liaison Physician | | | | | 0% | |
| Primary *Appointed Alternate* | * Diagnostic Radiologist | | | | | 0% | |
| Primary *Appointed Alternate* | * Pathologist | | | | | 0% | |
| Primary *Appointed Alternate* | * Surgeon | | | | | 0% | |
| Primary *Appointed Alternate* | * Medical Oncologist | | | | | 0% | |
| Primary *Appointed Alternate* | * Radiation Oncologist | | | | | 0% | |
| Primary *Appointed Alternate* | * Cancer Program Administrator | | | | | 0% | |
| Primary *Appointed Alternate* | * Oncology Nurse | | | | | 0% | |
| Primary *Appointed Alternate* | * Psychosocial Coordinator | | | | | 0% | |
| Primary *Appointed Alternate* | * Oncology Social Worker | | | | | 0% | |
| Primary *Appointed Alternate* | * Certified Tumor Registrar | | | | | 0% | |
| Primary *Appointed Alternate* | * Cancer Conference Coordinator | | | | | 0% | |
| Primary *Appointed Alternate* | * Quality Improvement Coordinator | | | | | 0% | |
| Primary *Appointed Alternate* | * Survivorship Program Coordinator | | | | | 0% | |
| Primary *Appointed Alternate* | * Cancer Registry Quality Control | | | | | 0% | |
| Primary *Appointed Alternate* | * Clinical Research Coordinator | | | | | 0% | |

| | Total # of Meetings Held YTD: | 3 |
|---|---|---|

| Strongly RECOMMENDED Member *Not Required, Only Suggested* | Specialty | 1Q 02/1/23 | 2Q 05/3/23 | 3Q 9/27/23 | 4Q 12/6/23 | Attendance Compliance | NOTES |
|---|---|---|---|---|---|---|---|
|  | Palliative Care Professional | ▓ | ▓ |  |  | 0% |  |
|  | Genetics Professional |  |  |  |  | 0% |  |
|  | Registered Dietitian/Nutritionist |  |  |  |  | 0% |  |
|  | Rehabilitation Professional |  |  |  |  | 0% |  |
|  | Pharmacist |  |  |  |  | 0% |  |
|  | Spiritual Care Professional |  |  |  |  | 0% |  |
|  | American Cancer Society Representative | 1 | 1 |  |  | 67% |  |
|  | #1 top cancer site |  |  |  |  | 0% |  |
|  | #2 top cancer site |  |  |  |  | 0% |  |
|  | #3 top cancer site |  |  |  |  | 0% |  |
|  | #4 top cancer site |  |  |  |  | 0% |  |
|  | #5 top cancer site | ▓ | ▓ |  |  | #DIV/0! |  |

| Primary NON-Required Member(s) *Ad Hoc/Guests* | Non-Required Role, Guest, Ad Hoc | Total # of Meetings Held YTD: | | | | |
|---|---|---|---|---|---|---|
|  |  | 1Q Meeting | 2Q Meeting | 3Q Meeting | 4Q Meeting | Attendance Compliance |
|  | Quality Improvement Department |  |  |  |  | #DIV/0! |
|  | Physician - |  |  |  |  | #DIV/0! |
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|  | Nurse Nagivator - Breast |  |  |  |  | #DIV/0! |
|  | Nurse Nagivator - GI |  |  |  |  | #DIV/0! |
|  | Nurse Nagivator - Lung |  |  |  |  | #DIV/0! |
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