



**DEPARTMENT OF THE AIR FORCE AND
DEPARTMENT OF VETERANS AFFAIRS
MIKE O'CALLAGHAN FEDERAL HOSPITAL
NELLIS AIR FORCE BASE, NEVADA**

30 May 2003

MEMORANDUM FOR Mike O'Callaghan Federal Hospital and VA Clinic

FROM: Cancer Committee

SUBJECT: Cancer Program

1. PURPOSE: The purpose of the Cancer Program is to comply with the Air Force Instruction 44-110 Cancer Program and VHA Directive 97-050 National Cancer Strategy. As part of the Cancer Program at the Mike O'Callaghan Federal Hospital, a Cancer Committee (CC) will be established. The objectives and purpose of the Cancer Program and the Cancer Committee at the Mike O'Callaghan Federal Hospital will parallel those of the Cancer Program of the American College of Surgeons (ACoS) Commission on Cancer. These objectives include developing measures to decrease the morbidity and mortality of patients with cancer through multidisciplinary approaches to early diagnosis, pre-treatment evaluation, staging, treatment and surveillance for recurrent and multiple primary cancers.

The Cancer Committee (CC) will be a multidisciplinary standing committee and will establish and evaluate policies and procedures for the Cancer Program for the Mike O'Callaghan Federal Hospital. The CC will direct, plan, initiate, stimulate and assess all cancer-related activities involving the facility and outreach clinics. It will sustain and supervise the cancer registry and will oversee timely cancer conferences. The Cancer Program will include all services and activities necessary to prevent, diagnose, treat, rehabilitate and follow cancer patients seen at this facility and outreach clinics for primary, secondary or tertiary care. Our program emphasis will be to provide the highest quality of medical care and follow up for patients with cancer in the Mike O'Callaghan Federal Hospital.

2. POLICY: The CC will establish the most effective policies and procedures for cancer care. This will be accomplished by meeting the objectives outlined in the AFI 44-11 and VHA Directive 97-050.

3. MEMBERSHIP: The Cancer Committee will consist of Health Care Group members / representatives as follows:

COL	HOSTETLER, Barbara A.	Chief, Nurse	SGN
LT COL	DeGOES, John J.	Administration	SGH
LT COL	DELL, Bruce, R. Ph.	Pharmacy Services	SGSAP
LT COL	KALEEMULLAH, Anwar J.	Chief, Pathology	SGSAH, (Chair)
MAJ	BRINKLEY, Melvin	Chaplain Services	CH
MAJ	CLARKE, G.A.	Chief, General Surgery & ACoS MD Liaison	SGOSG
MAJ	JOHNSON, Paul C	Chief, ENT	SGOSL
MAJ	NOBLE, Gail	Chief, Performance Imp.	SGAQ
MAJ	OLDROYD, Michael	Radiology	SGSAR
MAJ	HOFF, Douglas	Urology	SGOSU
MAJ	TRIMBLE, Karl K.	Chief, Dermatology	SGOMD
MAJ	YOUNG, Joni E.	Education & Training	SGPT
CPT	HENKELMAN, Nicole	Physical Therapy	SGOPY

CPT	PHILLIPS, Stacey	Nutritional Medicine	SGSAD
CPT	WISLER, Thomas	OB/GYN	SGOBO
1 LT	VALENTON, Michele P.	Mental Health/Life Skills	SGOPH
CIV	DAVY, Vickie L., R.N.	Patient Education	VA
CIV	GARLOW, Sue, R.N.	Women's Health	SGOBO
CIV	HARRISON, Linda, RHIT	Chief, HIMS	VA
CIV	KAUSHAL, Dhan D., M.D.	Medical Oncology	Cancer & Blood Specialists of Nevada
CIV	MARTINEZ, John M.D.	Chief, Surgery	VA
CIV	NATHU, Rakesh M.D.	Radiation Therapy	Nevada Cancer Center
CIV	NOBLE, Lorene R. C.T.R.	Cancer Registrar	SGSAHCR, Recorder
CIV	REISINGER, Susan A. M.D.	Radiation Therapy	Nevada Radiation Therapy
CIV	WEART, Laura	HAWC	SGPV

4. PROCEDURES: The CC will be responsible for the four major components of the cancer program.

A. Cancer Committee:

- 1). Will be established as a multidisciplinary standing committee at the facility. It will be an oversight body responsible for compliance with ACoS, AJCC and JCAHO standards relating to cancer.
- 2). Plan, initiate and assess all cancer related activities in the Mike O'Callaghan Federal Hospital.
- 3). Work with the Cancer Registry to develop a process to ensure that all patients diagnosed and treated only in a staff physician's office are entered into the cancer registry data base.
- 4). Ensure that the institution has structured relationships with internal and external groups or agencies involved in cancer control.
- 5). Ensure that the spectrum of care from prevention to supportive care is well developed and managed and is multidisciplinary.
- 6). Ensure that committee membership is multidisciplinary and includes physician members from the diagnostic and therapeutic specialties as well as allied health professionals involved in the care of cancer patients.
- 7). Appoint members as cancer registry physician advisors.
- 8). Appoint or assign a staff person to be responsible for the public education program. Activities should be coordinated with relevant community agencies, resources, cooperative groups and other health care institutions. Coordination of these efforts should be documented in cancer committee minutes.
- 9). Two in house cancer related educational activities should be provided as well as access to local educational opportunities per year.
- 10). Meet at least quarterly as a policy-advisory and administrative body with documentation of activities and attendance.
- 11). Provide rehabilitation directly or by appropriate referral to include the use of physical, occupational, recreational and speech therapy at a minimum.
- 12). Utilize the recommendations contained in the Physician Data Query as standard of care to be provided in the MOFH.
- 13). Provide patients with the "patient version" of Physician Data Query related to their disease so as to improve joint decision-making.
- 14). Develop and evaluate annual goals and objectives for the clinical, educational and programmatic activities related to cancer.
- 15). Recommend policies, procedures, and methods, to achieve an effective cancer program consistent with the Mike O'Callaghan Federal Hospitals priorities and strategic goals.
- 16). Individual members are required to attend all quarterly meetings or send a representative.
- 17). Individual members are expected to attend CC activities as assigned and actively participate on task force/subcommittees and assignments by the CC or Chair.
- 18). Promote a coordinated, multidisciplinary approach to patient management.
- 19). Ensure that an active supportive care system is in place for patients, families and staff.
- 20). Encourage data usage and regular reporting.

21). Publish the annual report of cancer program activities. The report will include two patient care enhancement studies. The report must be published by November 1 of the following year. Ensure that the contents of the annual report meet requirements of ACoS. Uphold medical ethical standards.

22). Publish a "Reportable List" of cases that are required to be reported to the Cancer Registry that complies with the DOD/VA Reportable Cancers list effective January 1, 2002.

23). Establish a reference date for the Cancer Registry of January 1, 1995.

24). Assess the effectiveness of the cancer program activities yearly in June.

25). Review minutes of all cancer conferences (tumor boards) and the quarterly minutes of the Cancer Committee. The Cancer Committee minutes will be submitted to the Executive Committee of the Medical Staff through the Chairperson, Cancer Committee for review and approval. Recommendations, approval or disapproval will be in writing.

B. Cancer Conferences:

1). Establish appropriate educational and consultative cancer conferences.

2). Ensure that cancer conferences are conducted as frequently as required by ACoS for a Community Hospital Cancer Program.

3). Ensure that conferences discuss all major sites at least yearly, and any related issues.

4). List all new cases since last meeting and list of all deaths since last meeting.

5). Ensure attendance of appropriate medical staff and allied health professionals at all conferences. Expectations of attendance will be physician representative from surgery, medical oncology, radiation oncology, diagnostic radiology and pathology as deemed appropriate. Attendance should target 10 percent (10%) of total number of medical staff actively involved in diagnosing, treating and following cancer patients. Appropriate specialty representation must be evident.

6). A minimum of 10 percent (10%) of the annual analytical caseload representation an institutional case mix are presented.

7). Documentation of conferences must include at a minimum the date of the meeting, disciplines represented, number in attendance, sites discussed and whether the cases were prospective or retrospective.

8). Conferences must focus on problem cases and also on pretreatment evaluation, staging, treatment strategy and rehabilitation of a broad spectrum of cases.

9). Approval for continuing education credit will be sought.

10). Didactic lectures must not exceed 25 percent (25%) of conference frequency.

11). Conferences should promote AJCC staging.

C. Cancer Data Management System (Cancer Registry):

1). A Cancer Registry will be established IAW ACoS guidelines.

2). Cancer Registrar will be required to have and maintain CTR credentials. All Cancer Registry staff will assist in screening and educational programs, marketing activities, quality control measures, and coordination of research studies and be a liaison to the medical staff and ancillary support services.

3). The Cancer Registrar will attend a national meeting at least every two years and be involved in national and state cancer registry organizations and associations.

4). Cancer Registrar will become a liaison to outside agencies.

5). Cancer Registrar will develop a procedure manual, a master patient index, a suspense system, an accession register and a data request/usage log.

6). Complete case finding, abstracting, and lifetime follow up will be performed IAW ACoS standards.

7). Data will be submitted to the DOD through the Automated Central Tumor Registry System (ACTUR) and to the VA Central Registry IAW VHA Directive 97-050.

8). Activities including case accessioning, quality review and follow-up statistics will be reported to the Cancer Committee quarterly.

D. Quality Assurance Program:

1). Annually the Cancer Committee shall identify at least two important evaluation interests related to cancer patient care. One evaluation shall relate to site-specific patient survival rates.

2). Annually the cancer committee shall assess the effectiveness of quality management activities in achieving its priorities for improvement. Measures of quality are selected to evaluate compliance with current treatment guidelines. The effectiveness of actions must be evaluated to determine whether changes in processes resulted in the desired improvement. The Cancer Registrar will consult with quality management staff.

3). All quality management activities shall be documented and reported to relevant caregivers and leadership groups. Documentation shall confirm involvement in establishing priorities for improvement, defining quality measures, evaluating the results of quality measurement, designing and initiating actions aimed at achieving desirable results and monitoring the effectiveness of action plans and all quality management activities.

4). Monitor quality management and improvement through completion of two patient care studies each year that focus on quality, access to care and outcomes.

5). Perform and maintain quality control of registry data to include monitoring of case finding, accurate and consistent abstracting, staging, timely data collection, follow-up and reporting of Cancer Registry Data.

6). Review of at least ten percent (10%) of annual analytic accessions to include evaluation of site, histology, stage of disease, treatment and follow up information recorded on the registry abstract and comparison with the medical record with documentation of compliance.

7). Review and evaluate the effects of all cancer programs on the quality of patient care.

8). Approve and evaluate all areas of the cancer program to ensure compliance with the ACoS Cancer Program Standards, Volume 1.

5. MEETING FREQUENCY: Meet at least quarterly or more frequently at the call of the chairperson.

6. REFERENCES/CONVENING AUTHORITY OR DIRECTIVE: AFI 44-110, The Cancer Program and VHA Directive 97-050, National Cancer Strategy and M9, Chapter 9, Criteria and Standards for VA Oncology Programs and ACoS Cancer Program Standards, Volume 1.

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