Three decades and counting

Cancer Center Closes in on Commission Reaccreditation

By Tyler Smith

The first time the University of Colorado Cancer Center earned accreditation from the American College of Surgeons (ACS), the Soviet Union was still a global superpower and “targeted therapies” was a term familiar only to a select group of far-sighted oncologists.

Today, drugs that put cancer-causing mutations in the crosshairs are hot topics, while the Soviet Union has been consigned to the dustbin of history. Through nearly three decades of change, however, the Cancer Center has been a model of consistency. It first earned accreditation from the ACS’s “Commission on Cancer” in 1986. After a one-day, on-site survey Aug. 19, the streak is on track to continue.

Robert Sticca, MD, ended his review of the Cancer Center with a recommendation for another three-year accreditation, “with commendation” for going above and beyond the requirements for high-quality, multidisciplinary clinical care and disease prevention, said Amy Walde, quality analyst and registry manager for University of Colorado Hospital.

Sticca, who spent part of the day touring the Cancer Center and the hospital, found much to like with the program, said Jamie Bachman, executive director of Oncology Services for UCH. Bachman said the surveyor praised the “multidisciplinary orientation” of the Cancer Center’s outpatient clinics and “disease-specific” care teams, which focus on treating the many varieties of cancer. Sticca also commended the Cancer Center’s commitment to returning patients to their communities for care as often as possible, Bachman said.

The Cancer Center’s “commitment to “specialized nursing” was another stand-out for Sticca, Walde said. The ACS requires that at least 25 percent of all nurses be oncology-certified; the Cancer Center had 42 percent in 2015, up from 34 percent in 2013, she noted.

The biggest statistical change between this survey and the previous one in 2012 was in the number of patients enrolled in cancer clinical trials, Walde said. In 2012, the Cancer Center enrolled 2,352 patients in clinical trials. The number was essentially unchanged in 2013, but jumped to 4,468 in 2014, attributable in large part to an increase in the volume of biorepository trials. Through July of this year, about 2,500 patients have been enrolled in trials, a roughly comparable pace to 2014, Walde said.

Walde worked with Jann Legg, cancer registry manager for UCHealth, to gather data needed to respond to an extensive ACS survey that predated the site visit. The Cancer Center completed and submitted the survey and application for reaccreditation 30 days before the on-site visit. The survey covered, among many areas, the Cancer Center’s success in meeting the goals it set after the last survey, its various quality-improvement projects, and staffing levels.

“We were ready to answer questions when the surveyor got here,” Walde said.

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The initial meeting between Sticca and Cancer Center providers and staff illustrated the institution’s commitment to multidisciplinary care. In addition to oncology specialists who provide both inpatient and outpatient care, Sticca spoke with nutritionists, social workers, genetic counselors, patient educators, radiation oncologists, pathologists, and quality- and process-improvement specialists.

Sticca also met with program and hospital leaders Bachman; Tom Purcell, executive medical director of cancer services for UCH; and Tom Gronow, the hospital’s chief operating officer. In addition to his tour with Bachman, Sticca conferred with cancer registry staff and reviewed pathology reports to ensure processes comply with standards set by the College of American Pathologists, Walde said. He also observed a Colorectal Cancer Conference meeting, one of the Cancer Center’s many multidisciplinary boards for case review.

In his summation, Sticca recommended that the Cancer Center “beef up” its electronic health record documentation, Walde said. Going forward, he added, the center will need to increase its emphasis on survivorship services and incorporating “distressed screening” of patients into the continuum of care. The ACS made distress screenings, which aim to identify psychological, social, or spiritual factors that could make it more difficult for a patient to cope with the physical rigors of cancer, a requirement this year, and will use it to evaluate institutions going forward. The Cancer Center began implementing the screenings early this year.

“We’re on track, but we will be expected in 2018 to have a plan in place to meet those needs,” Walde said.

The nearly 30-year streak is a credit to the Cancer Center’s commitment to care, Purcell concluded.

“The Commission on Cancer accreditation is a very important key to our quality improvement program for the Cancer Center,” he wrote in an email. “We are proud to have numerous commendations on our review.”