

Coming in Your 2005 Oncology Issues

- ▶ What Your Oncology Practice Needs to Know About Medical Information Systems
- ▶ What to Look for in Your Cancer Program Administrator
- ▶ A Model Image-guided Radiation-Therapy Program
- ▶ The Whole Patient Experience
- ▶ Strategic Planning for Hospital Oncology Programs
- ▶ A Model Complementary and Integrative Medicine Program

Plus, ACCC's 2005 Cancer Program Administrator Survey



Safety First

by E. Strode Weaver, FACHE, MBA, MHA

In the months ahead, ACCC will be continuing its vigilant monitoring of the changes and revisions in cancer care reimbursement under the MMA, as the Competitive Acquisition Program, Part D drug benefit, and other components of the new Medicare law are implemented. The Association is fortunate to have excellent policy leadership in Christian Downs, ACCC's Executive Director, and Deborah Walter, ACCC's Senior Director of Policy and Government Affairs. With their leadership, ACCC members will continue to have a strong voice that is listened to by both congressional offices and key regulatory agencies.

Concerns about the economics of cancer care will always be with us, but as we move through the coming year, I want to help bring our attention to another priority area—a focus on improving patient safety. At ACCC's Annual National Meeting in March 2005, Gregory Sorensen, MD, gave a profound and moving presentation on "Developing a Culture of Safety and Reliability." Dr. Sorensen, who is Medical Director, Pediatric Specialty Care, at Swedish Medical Center in Seattle, spoke from his heart about his commitment to improving patient safety at his institution.

In the year ahead, I plan to work with ACCC on highlighting this important issue. Potential avenues the Association may explore include working with the Program Committee to develop additional speakers on this topic for our conferences, and possibly creating an educational program focused specifically on cancer patient safety issues. As Dr. Sorensen pointed out in his presentation, the starting point in developing a cul-

ture of safety and reliability must be looking at our current performance and the data that we have available to us. Dr. Sorensen's challenge to us is that we continue to develop a passion for safety and reliability, and that each of us consider what we can do in our own healthcare settings to address issues that affect safe care.

In my own institution, the University of Colorado Hospital, we have a safety reporting system that has expanded over the last several years. We now receive data on a monthly and quarterly basis that record incidents with implications for patient safety and potential harm. We can categorize these incidents with regard to the area of care—be it a patient fall, a medication or blood products administration question, or a delay in treatment that in some fashion, potentially, could jeopardize the health of a patient.

During my term as ACCC president, I hope to encourage our membership to take up this challenge and ask you to look into your own situation. As a starting point, identify whether you have a regular reporting of patient safety issues or a forum in which to address these issues as they are identified. Then assess whether regular monitoring and response to these issues occur in a meaningful way.

For more than 30 years, ACCC has been committed to ensuring that quality cancer care is available to patients in their home communities. While 2005 promises many challenges as we assimilate the multitude of changes occurring under the MMA, I believe this year also offers us opportunities to renew our commitment to our patients. In particular, our commitment to their safety is an uncompromising goal to which we all must strive. 📌

