

ASSOCIATION OF COMMUNITY CANCER CENTERS

Fostering Excellence in Care and Outcomes in Patients with Stage III and IV NSCLC Initiative

PROCESS IMPROVEMENT WORKSHOP SITE APPLICATION

Please complete the following application and submit by July 1, 2019.

I. Cancer Program Information

Name of Cancer Program:

Address:

City:

State:

Zip:

Contact Person:

Email:

Phone:

Secondary Contact Person:

Email:

Phone:

***Each applicant cancer program must be able to obtain formal commitment from a member of their cancer program executive leadership. The executive level champion may be: Cancer Program Director; Hospital Director; Director of Nursing; and/or Director of Quality. If selected, an agreement will be drawn between the selected site and ACCC.

Executive Level Champion Name:

Executive Level Champion Title:

Executive Level Champion Email:

GENERAL

1. Is your cancer program/practice a member of ACCC? Yes No Not Sure

Your cancer program must be an ACCC Cancer Program to participate in this project.

If you're unsure or would like to join ACCC, please contact Lorna Lucas, llucas@acc-cancer.org.

2. List all accreditations your cancer program/practice has achieved in the last 5 years.

- a. Are you accredited by the Commission on Cancer (CoC)? Yes No

- b. If yes, please list your CoC accreditation category:

3. Which of the following Commission on Cancer (CoC) cancer program categories best describe your primary cancer program affiliation? (select one)

- Comprehensive Community Cancer Program (CCCP)
- Community Cancer Program (CCP)
- Integrated Network Cancer Program (INCP)
- Academic Comprehensive Cancer Program (ACAD)
- NCI-Designated Comprehensive Cancer Program (NCIP)
- NCI-Designated Network Cancer Program (NCIN)
- Veterans Affairs Cancer Program (VACP)
- Hospital Associate Cancer Program (HACP)
- Freestanding Cancer Center Program (FCCP)
- Other, please explain:

4. Does your cancer program/practice participate in the Oncology Care Model (OCM)?

Yes No

5. General geographic location of cancer program/practice:

Urban (denoting a town or city)

Suburban (outlying district of a city)

Rural (all other territory)

6. Does your cancer program/practice use electronic health record (EHR) software? Yes No

a. Which software?

Applicants must have and utilize an electronic health record (EHR) system.

b. Can reports be generated from within your EHR for data retrieval and evaluation?

Yes No

c. Does your cancer program/practice have access to an EHR Super User to assist with data retrieval as needed?

Yes, on-site Yes, virtual No Do Not Know

7. Does your cancer program/practice offer on-site Clinical Trials for patients with NSCLC?

Yes No Not currently, are planning to offer

8. Does your cancer program/practice utilize prospective multidisciplinary care planning for patients with NSCLC?

Yes No Do not know

PATIENT POPULATION

9. How many new analytic oncology cases were diagnosed and/or first treated at your cancer program/practice in 2018?

a. Of these cases, how many were lung cancer during this period?

b. Of these cases, how many were stage III/IV NSCLC during this period?

c. Of these stage III/IV NSCLC cases, how many were referred to your cancer program/practice?

10. Provide information on the diversity of the population you serve related to the following. (You may include an attachment to this application that addresses all of the following statistics for your program.)

a. Socioeconomic: Percent of patients with an income under the federal poverty level:

b. Racial/Ethnic:

- Percent White (non-Hispanic):
- Percent Black (non-Hispanic):
- Percent Hispanic:
- Percent Asian, Asian American, or Pacific Islander:
- Percent American Indian or Alaska Native:
- Percent Unknown:
- Percent Two or More Races:

QUALITY MEASUREMENT

11. Does your cancer program/practice currently collect data on any quality measures (for example, any participation in QOPI®, RQRS, PQRS, CoC, or experience with internal quality improvement projects)?

Yes, please specify in the comment box below

No

Comments:

12. Does any staff member have experience using data collection tools?

Yes No Do not know

13. Has your cancer program/practice participated in previous QI or PI projects?

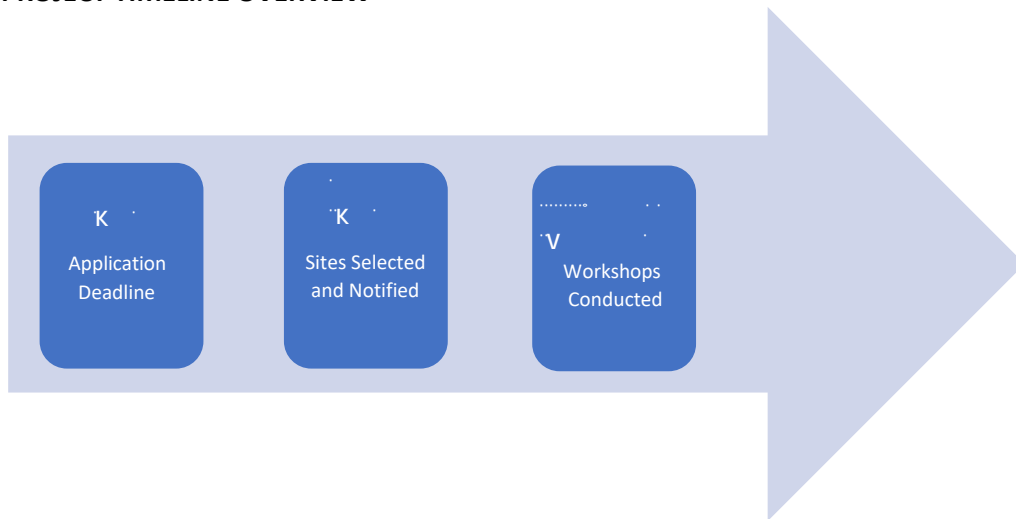
Yes No Do not know

a. If yes, please list examples of previous QI/PI projects. Include what quality metrics were the focus of the project, especially state- and nationally-recognized quality metrics.

14. Which Process Improvement focus areas is your cancer program/practice most interested in? Indicate top 5. (View the full list of quality measures via this link: acc-cancer.org/qualitymeasures)

15. Please provide a brief written statement detailing your interest as to why your cancer program/practice is interested in participating as a Process Improvement site.

PROJECT TIMELINE OVERVIEW



Please direct all questions regarding the application process to Lorna Lucas, lucas@acc-cancer.org.