TIPS FOR UNDERSTANDING AND IMPLEMENTING STANDARD 1.5

Standard 1.5: “Each calendar year, the cancer committee establishes, implements, and monitors at least one clinical and one programmatic goal for endeavors related to cancer care.”

Establishment of goals
Two new and different goals, one clinical and one programmatic, must be established at the beginning of each calendar year.

Clinical goals involve the diagnosis, treatment, services, and care of the cancer program’s cancer patients.
Examples:
- Implement a tele-pathology program.
- Develop and implement an art therapy program for cancer center patients and family members.
- Create policies and procedures to verify accuracy of chemo administration.

Programmatic goals are directed toward the scope, coordination, practices, and processes of cancer care at the program.
Examples:
- Evaluate current patient education materials/services and implement improvements to patient education where needed.
- Increase rate of completion of Medical Orders for Life Sustaining Treatments for cancer patients with an inpatient Do-Not-Resuscitate order.
- Remodel current cancer center to add new patient registration area for cancer services.

SMART Format. While not required, it is strongly recommended that the SMART format be used when establishing goals. This tool assists the cancer committee in formulating and implementing goals in a manner that is clear and effective. There are many great resources on the Internet that can help guide the use of the SMART format. In general, the following considerations should be given.

Specific. The goal should identify a precise action or event that will take place.
Measurable. The goal and its benefits should be quantifiable.
Achievable. The goal should be attainable considering available resources.
Realistic. The goal should be ambitious, but also reasonable.
Timely. A deadline should be set for completion.

Review of goals
After establishment, each goal must be reviewed at two additional cancer committee meetings in the same calendar year the goal was established. It is recommended the first review occur mid-year and the second review occur toward the end of the year.

Reviews/updates on goals in the cancer committee minutes must include new, substantive information. Repeating the same update in each meeting minutes does not qualify as a review of the goal. Even if there is no change in the progress, the report should include why there is no
change (i.e. we are waiting on funding approval. The request was submitted before the last cancer committee meeting. However, decision maker states that it has not been able to approve funding yet.).

Sources for Goal Ideas
An effective way to generate goal topics is to ask for ideas from each cancer committee member. By design, the cancer committee brings together professionals from a wide spectrum of specialties. Each of these professionals regularly encounters great ideas for a goal, whether they realize it or not. Your cancer committee is your best idea generator.

Some other great sources for goal ideas are:
- Patient satisfaction surveys
- Employee satisfaction surveys
- Areas with inefficiencies
- Gaps in services
- Areas where policies and procedures for an existing service need improvement/updating
- Resources/programs offered by professional organizations that could benefit your cancer program. Organizations like the Association of Community Cancer Centers and the American Cancer Society often have initiatives that could make for good clinical or programmatic goals.

Red Flags
The following examples are cautionary signals to watch for when establishing and developing your goals each year. Any one of the following examples can make a goal non-compliant.

Using or refining a requirement or commendation criteria from an eligibility requirement or another standard

A goal to meet requirements or commendation criteria from another standard is not a compliant goal because your program must already meet those requirements to maintain accreditation. Keep in mind that the purpose of setting goals is to better your cancer program. Setting a goal to do something you must already do misses that additional opportunity for improvement.

Example 1: The program currently refers patients to an off-site location for all genetic testing. The program makes a goal to hire a genetics professional so that services can be offered on-site. This is not a compliant goal because it is still meeting the requirement from Standard 2.3 that genetic services be offered on-site or by referral.

Example 2: The program makes a goal to develop/implement a skin cancer screening. This is the only screening that is compliant with Standard 4.2 that the program carries out for that year. The program also reports this skin cancer screening under Standard 4.2. This is not a compliant goal because it is being used to comply with Standard 4.2.

Note: If the program reports a breast cancer screening under Standard 4.2, the skin cancer screening goal could be a compliant goal for 1.5. This is because the program is not using the skin cancer screening to comply with another standard.

Example 3: The program establishes a goal to deliver survivorship care plans to lung cancer patients. Implementing survivorship care plans in different service areas is required by Standard 3.3. In 2017, programs must provide SCPs to 50% of eligible
patients. While programs can choose to focus on certain sites during the phase in, expanding to different sites is still considered complying with the requirements of Standard 3.3.

**Setting a goal to go above and beyond a stated percentage requirement from another standard**

Establishing a goal to achieve a higher percentage than required in the standard (for either compliance or commendation) is still considered a goal to meet the requirements of another standard.

Example 1: Making a goal to have 100% of your oncology nurses achieve OCN is still considered meeting commendation requirements for Standard 2.2.

Example 2: For Standard 1.9, your program is required to enroll 4% of patients to clinical research studies for compliance and 6% for commendation. A goal to achieve 30% enrollment is still considered a goal to meet a commendation requirement in another standard.

**Goals for a successful CoC Accreditation Survey and/or achieving the Outstanding Achievement Award**

Both of these goals amount to meeting the requirements of the standards and are not compliant goals.

**Lack of control over completion of the goal**

The cancer committee must have control over the progress and outcome of the goal.

Example: Your program states a goal to build a new cancer center. But, the hospital is the controlling force behind the build, and your cancer program has little control over progress and decision-making. Reconsider how you approach this goal. Can your cancer committee break this goal down into one in which it can influence? Are there new processes that need development to accommodate the change in the building? Are there new services that require training or policies and procedures?

**Hospital-wide initiatives**

Goals must be specific to the cancer program and its cancer patients.

Example: The Joint Commission identified a problem with patient falls, so the hospital begins an institutional initiative to investigate and improve the issue. This hospital-wide initiative does not have a cancer-specific focus and therefore would not be a compliant goal.

**Goals that can be accomplished in too short of a timeframe**

Goals should be complex enough that it would take more than one quarter to complete. In other words, if you are able to complete the goal by the time your next meeting occurs, this is a sign that the goal should be rethought.
Example: The goal is to revise the lung cancer patient intake form. This revision will only take two hours of work to complete. Accordingly, this goal is not broad enough to be appropriate for Standard 1.5.

**Goals that are already in progress**

Example 1: Your program decides to hire a gynecologic oncologist to enhance the gynecology cancer services. However, the process to hire this specialty was initiated last year and an offer has already been made to a candidate. This would not be an appropriate goal because it was already in progress and almost completed when it was established.

Example 2: Your goal is to distribute progress reports to patients’ primary care physicians. However, your program already does this. The goal does not make any changes to the current process. This is not a compliant goal.

**A goal can be the result of a study from Standard 4.7, but the quality study cannot be a result of a Standard 1.5 goal. The result of a goal cannot be a quality improvement for Standard 4.8.**

If your 1.5 programmatic goal is to implement a pre-hab program for breast cancer patients, you cannot also use its implementation as your Standard 4.8 Quality Improvement.

You cannot study the inefficiencies in your pre-hab program for a 4.7 study of quality and use improving the program as a 1.5 goal.

But, if your 4.7 study identifies that a pre-hab program is needed to address the identified quality-related problem that your program studied, then you could use establishing the pre-hab program as a programmatic goal the next year.

**Frequently Asked Questions**

- **Accreditations:** Achieving initial accreditation by another organization (i.e. ACR, NAPBC) can be used as a one-time goal.

- **Unmet Goals:** You will not be given a deficiency if a goal was started, but it was determined to be unattainable during subsequent evaluation and monitoring. The cancer committee must review and document why the goal is no longer viable. To count for compliance, monitoring/evaluation requirements still apply.

- **Ongoing Goals:** Your program will not receive a deficiency if your goal is not met by the end of the year. Documentation must be in the minutes demonstrating that the cancer committee evaluated and monitored the goal at least twice during the same calendar year it was established. You can continue to work on the unfinished goal at the same time as your news goals and document the progress in your minutes.

- **CP3R:** Programs can only use complying with CP3R measures as a clinical goal if the measure is new, the NCDB does not have an established EPR, and the measure is not being rated under Standard 4.4 or Standard 4.5.
Example of documentation for programmatic goal

Establishment of Goal

<table>
<thead>
<tr>
<th>AGENDA TOPIC</th>
<th>STD/ER</th>
<th>DISCUSSION</th>
<th>RECOMMENDATION/ACTION</th>
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| 2017 Cancer Program Goals | Std. 1.5 | Programmatic Goal: S: Implement a tele-pathology program so results will be provided immediately. This will be done by contracting with an outside organization.  
M: Measured by decrease in time patients receive results & launch of program.  
A/R: Dr. Doe has volunteered to lead this initiative. She believes funds are available.  
T: Program launched by December 2017. | Dr. Doe will update committee on status at May meeting. |

First Review of Goal

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<thead>
<tr>
<th>AGENDA TOPIC</th>
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<th>RECOMMENDATION/ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017 Cancer Program Goals</td>
<td>Std. 1.5</td>
<td>Programmatic Goal: Dr. Doe reported that funding has been approved. Policies and procedures are being developed. A contract is currently being negotiated with the tele-pathology company who will provide the services.</td>
<td>Dr. Doe will update committee on status at December meeting.</td>
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Second Review of Goal

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<tr>
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<th>DISCUSSION</th>
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</tr>
</thead>
<tbody>
<tr>
<td>2017 Cancer Program Goals</td>
<td>Std. 1.5</td>
<td>Programmatic Goal: Dr. Doe reported that the tele-pathology program has been in place since early November. So far, results are being returned much faster than our previous process. Goal has been met.</td>
<td>None. Goal met.</td>
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