

Cancer Center of Excellence Award

Re-Designation Manual **Application Performance Measures**



Approved December 2, 2019

Background

The designation of a hospital, treatment center, or other organization as a Cancer Center of Excellence is intended to recognize organizations that demonstrate excellence in patient-centered coordinated care for persons undergoing cancer treatment and therapy in Florida. The goals of the Cancer Center of Excellence program is to encourage excellence in cancer care in Florida and attract and retain the best cancer care professionals to the state. Further, the designation seeks to increase national recognition of Florida organizations by the National Cancer Institute.

The designation of a Cancer Center of Excellence is based on a systems approach to improving the quality of cancer care. The system is composed of three Areas: the health care organization, health care team members, and patients and family members. Each of these areas contributes to the success of the system.

Cancer Centers of Excellence are to be reevaluated every three years. The performance measures were updated in September 2019 by the Joint Committee, as required in 381.925, FS. The Joint Committee is comprised of members from the Biomedical Research Advisory Council and the Florida Cancer Control and Research Advisory Council. This manual is specifically designed for the recertification of organizations who have attained the designation of a Florida Cancer Center of Excellence.

Re-Designation

The intent of the re-designation process is to verify the same level of exemplary performance since the original designation. The process is an audit comparing the original application and an evaluation of practice at the time of the reapplication.

The Department of Health will conduct one, re-designation application in the Fall of 2020. The following steps outline the re-designation process:

- An application will be completed and submitted to Research@flhealth.gov.
- Department staff will review applications for completeness and provide written questions to the applicant organization within 15 days of receipt of application.
- An administrative review will be completed by the Department.
- Applications will be forwarded to peer reviewers after conflict of interest is determined.
- If the Department or a peer reviewer requests additional information, the organization has 15 days to respond. The additional information will be incorporated by the Department for consideration.
- Based on the peer review, findings will be forwarded to the State Surgeon General or designee who makes a recommendation to the Governor.
- Upon decision of the Governor, the organization is notified of a decision to continue the designation of Cancer Center of Excellence, or whether additional time is needed for the applicant organization to make program improvements.

Timeline	
Application Period	6/1 – 8/3/2020, 5:00 PM ET
Application Review <ul style="list-style-type: none"> • Administrative Review by Department • Peer Review <i>Note: During this timeframe, you may be contacted for additional information.</i>	8/4 – 10/30/2020
Recommendations are provided to State Surgeon General	11/15/2020
State Surgeon General provides recommendations to Governor and determination completed	On or around 12/1/2020

Overview of Performance Measures

The standards in each area are performance-based, using objective criteria and measurable outcomes to evaluate whether a standard is met. The focus is on outcomes that improve patient care. Health care organizations have flexibility in taking different approaches to meeting the standard, as long as the organization meets rigorous high standards and provides improved outcomes for patients. The performance measures are applicable to cancer care across a range of settings, such as community hospitals, academic health centers, and other organizations.

Area I: Organization Performance Measures

This set of measures evaluates responsibilities of the organization, such as maintaining licensure, and providing necessary leadership support to develop and maintain an organizational culture that evaluates and continuously makes improvements to improve care.

Organizational Overview – Please complete the following summary table. No supporting documentation is required unless requested.

1. Does your organization continue to maintain a license in good standing in Florida?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does your organization continue to maintain accreditation by the Commission on Cancer of the American College of Surgeons?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. Does your organization continue to actively and substantially participate in at least one regional cancer control collaborative that is operating pursuant to the Florida Comprehensive Cancer Control Program's cooperative agreement with the Centers for Disease Control and Prevention's National Comprehensive Cancer Control Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Total Number of Trainees Participating Each Year	
Year 1	
Year 2	
Year 3	

- II.2 Provide a written description for the following measures, describing any significant changes, enhancements or new activities related to providing multidisciplinary care, with a focus on your organization’s health care professionals (**limited to five pages**). The summary should include updates on the following:
- a. Dissemination of evidence-based findings to healthcare delivery systems and state and community agencies within the Center’s catchment area (e.g., community outreach and engagement activities)
 - b. Tumor Boards and treatment plan review
 - c. Highlight the clinical trials that your organization is conducting that exemplifies cancer research. Indicate research accruals to clinic trial. Include demographic information on research participants. Submit information in Cancer Center Support Grant (CCSG) DT3 and DT4 tables. Follow this link to guidance on table formatting. <https://cancercenters.cancer.gov/Documents/CCSGDataGuide508C.pdf>
 - d. Availability of outcomes data on organization’s website. (Provide organization’s link to online location)

Area III: Patients and Family Members

High quality organizations have processes in place to evaluate and incorporate improvements to assist patients. High quality professionals are successful in supporting and encouraging patients. Patients are engaged as members of the care team. Provide a written description for each of the following measures (**limited to five pages**).

Summarize new and ongoing activities that address the following:

- III.1 Educating cancer patients and their caregivers about treatment plans, supportive care and survivorship plans. Of particular interest are innovative methodologies unique to the Center that provide this education and maintenance of education before, during, and after treatment.
- III.2 Improving the patient’s understanding of their cancer. This may include, but is not limited to, genetic counseling.
- III.3 Activities that increase patient participation in follow-up appointments for positive cancer screening tests, cancer treatments, and survivor care visits. Of particular interest are innovative methodologies unique to the Center that ensure patient follow-up.

**Thank you for continuing your commitment to the
Cancer Center of Excellence Award designation.
For technical assistance and questions, send
emails to Research@flhealth.gov.**