

## Accreditation and Designation Programme

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### **Procedure for revising the OEI Accreditation and Designation standards, questionnaires and designation criteria**

#### **Step 1:**

1. Build database with items of the qualitative and quantitative questionnaires of the previous edition of the standards.
2. Analysis of this database:
  - Of poorly filled items, outliers, misinterpretations, identifying missing themes, evaluation forms of participating cancer centers and overview of FAQ.
  - Analysis of %age compliance of all centres
  - Analysis of key quantitative metrics
3. Analysis of other standards (e.g. JCI, Deutsche Krebsgesellschaft, Accreditation Canada, INCA, ISQua, Jacie, Commission on Cancer - American College of Surgeons, European Reference Networks) to detect missing items.

#### **Deliverables:**

- Report with analysis of both questionnaires – first draft of poorly filled items, outliers and misinterpretations standards and quantitative items, overview of outcome of evaluation centers and FAQ
- List with missing themes
- The analyses in items 2 and 3 above

**Executed** by A&D Management team

**Time period** Q1

#### **Step 2:**

1. A F2F meeting of the A&D Board is organised
2. Thinking around how well the Programme is going, the Designations, the Improvement Plans SWOT analysis of the programme, general comparison with the progress and impact of other cancer quality programmes, and about the scope of the Standards
3. Identification of missing areas and commissioning appropriate experts to suggest new standards (choice of experts may be iterative).

#### **Deliverables:**

- Report with comments from group above
- List with missing areas and Standards
- Report on the impact of the programme and improvement points

**Executed** by A&D Management team, Accreditation & Designation Board (members of the Accreditation Committee by email)

**Lead** Accreditation and Designation board

**Time period** Q2

#### **Step 2A**

1. Experts in specific areas chosen by A&D Board draft new Standards by a specific deadline date.

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### **Step 3:**

1. Identify expert societies who are important to participate in the expert group(s)
  - Making a list with participants of institutes (experienced auditors, WG leaders of the OECI) and delegates of European Societies including patient societies (ECPC, ESMO, ECCO, ESTRO, EONS). Check list of participants at previous revision of standards.

#### **Deliverables**

- List with participants for the expert group

**Executed** by A&D Management team parallel to Step 1 and 2.

**Lead** Accreditation and Designation Board

**Time period** Q2

### **Steps 4 (repeated):**

1. A&D Board to discuss draft of OECI standards and missing items, collected from step 1 and 2, and to consider new Standards proposed by experts in 2A above.
2. Series of F2F meetings of the A&D Board are organised to go through Standards, chapter by chapter. Each Standard and new Standard is discussed according to the agreed criteria:
  - (i) Relevance/potential for improving patient outcomes in cancer; (ii) Feasibility in the majority of cancer institutes and centres in Europe; (iii) capability of objective self-assessment and external review, and (iv) applicability to almost all cancers within an overall centre-based approach.
  - (ii) Reference back to the scientific literature on the impact of certain processes, where relevant.
  - (iii) This process is also used by consensus or vote to decide CORE Standards which are fundamental to good quality in that domain.
  - (iv) The Designation schedule is also evaluated for a correct distinction between centres (and the definitions which accompany it).

#### **Deliverables:**

- Evaluation report from steps 1-2 including highlighted proposed revision for discussion
- Second draft for updated set of qualitative and quantitative items; updated Core Standards; updated Designation schedule and definitions.
- Amended list of missing Standards.

**Executed** by A&D Management team, Accreditation & Designation Board, members of the Accreditation Committee, if required

**Lead** Accreditation and Designation board

**Time period** Q3-5

Interim/iterative step: A&D Board agrees (by email or teleconference) second draft for circulation to Step 6.

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### **Step 5:**

1. Start revision of the manual taking into account any process problems or needs for improvement identified in Steps 1-4.
2. Check FAQ

#### **Deliverables:**

- Updated manual
- New draft list of definitions/glossary

**Executed** by A&D management team

**Time period** Q2-Q5

### **Step 6**

1. Expert group meeting\* for 1-2 days, tightly regulated, so as to gain input and consensus on Standards and Questionnaires.
2. Focus on particular areas of interest or concern raised by the A&D Board.
3. An 'open house' for anyone to raise any concern or improvement point

\*Experts also include a panel of regular OECI auditors; and Patient Groups

#### **Deliverables after the meeting**

- Updated report with comments, third draft of main questionnaires and third draft of CORE Standards; updated Designation schedule and definitions.

**Executed** by A&D management team

**Lead** Accreditation and Designation Board

**Time period** Q6

Interim/iterative step: A&D Board agrees (by email or teleconference) third draft for circulation.

### **Step 7:**

1. Input from OECI Member Centres (over 100) on the third draft standards/questionnaires/CORE Standards.
2. These inputs are sent by email to key personnel in Member Centres to comments and input by a specified date.

#### **Deliverables:**

- Updated report with comments, fourth draft of main questionnaires and fourth draft of CORE Standards; updated Designation schedule and definitions.
- List with feedback
- Proposed revisions

**Executed** by A&D management team

**Lead** Accreditation and Designation board

**Time period** Q7

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### **Step 8**

1. A&D Board and management team discuss fourth draft F2F or via teleconference
2. Decide whether to accept, revise or reject suggestions of Member Centres

**Deliverables:**

- Fifth draft version of the standards of main questionnaires and fifth draft of CORE Standards; updated Designation schedule and definitions.
- List of outstanding issues

**Executed** by A&D management team, OECI Accreditation & Designation Board (and members of the Accreditation Committee, if required).

**Lead** Accreditation and Designation Board

**Time period** Q7

### **Step 9**

1. Meeting, input and open discussion of Fifth Draft Standards in OECI Oncology Days (June) involving all representatives of Member Centres present, auditors, multidisciplinary cancer professionals.

**Deliverables:**

- Sixth draft version of the revised standards/questionnaires and sixth draft of CORE Standards; updated Designation schedule and definitions.
- List of outstanding issues

**Executed** by A&D management team, OECI Accreditation & Designation Board

**Lead** Accreditation and Designation Board

**Time period** Q7

### **Step 10**

1. Pre-Final OECI standards; quantitative questionnaire, CORE standards and Designation Schedule is discussed and approved by Accreditation and Designation Board

**Deliverables:**

- Final version of the revised standards/questionnaires and final draft of CORE Standards; final Designation schedule and definitions.
- The above are subject to any issues to be resolved.
- Decisions on transition processes; when new Manual to be implemented; deadline for Centres using the previous Manual and Standards.

**Executed** by OECI A&D Board

**Lead** OECI A&D Board chair

**Time period** Q7

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### Step 11

1. Final OECI standards; quantitative questionnaire, CORE standards and Designation Schedule is discussed and approved by the OECI Board

**Deliverables:**

- Final version of the revised standards/questionnaires and final version of CORE Standards; final Designation schedule and definitions.
- The above are subject to any issues to be resolved.

**Executed** by OECI Board

**Lead** OECI A&D Board chair

**Time period** Q7

### Step 12

1. Revision of the e-tool and changes to the A&D web pages

**Deliverables:**

- User-friendly e-tool available to Centre for self assessment and peer review
- Updated web pages with details of all changes and revisions
- Proof reading of all content.

**Executed** by A&D management team and SOS Europe

**Lead:** Accreditation and Designation Board

**Time period** Q8-9

### Step 13

1. Revision of printed manual containing all external details of the revised Programme.
2. Work with graphic designer and printer to obtain final design and product.
3. Proof reading of all content

**Executed** by SOS Europe with proof-reading assistance from native English speakers

**Lead:** Accreditation and Designation Board

**Time period** Q8-9

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### Step 14

#### 1. Implementation new standards and manual:

- Disseminate the knowledge of the updated standards, questionnaires, missing items, website, evaluation of accreditation visits and FAQ (e-learning / you tube presentations / hard copy Manual)
- Workshops organised for auditors and quality managers of cancer centers in Europe during OECI events.
- Presentations given where relevant to European policy-making institutions, e.g. European Parliament
- Academic articles are published in high impact journals
- All auditors receive one day training on the new version of the accreditation programme, Manual and e-tool
- All changes will be published on the OECI website and in relevant magazines.

**Timelines:** Q10-11

**Executed** by A&D Management team; Accreditation and Designation Board; Training Company; SOS Europe; OECI Board

**Lead** Accreditation and Designation Board

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