



OECCI

Accreditation project

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Henk Hummel and Bert Koot



Accreditation Tool :

First Steps (2006)

- An OEI quality manual
 - with standards and criteria for strategy / prevention / care / follow-up / research& innovation and & developments / education
- Total revision of existing manuals
 - Definition of areas (sections) & sub areas (sub sections)
 - selection of the standards and criteria
- Critical review by WGA

EG, standards/criteria

Based on:

- French manual on accreditation (FNCLCC-OEICI)
- NIAZ standards
- Dutch framework for quality of the organization of oncological care
- Canadian Council on Health Services Accreditation

EG, qualitative questionnaire

- 6 chapters
- 5 domains
- Standards / criteria
- PDCA format

EG, 6 chapters

- General standards, strategic plan and general management (21)
- Screening, primary prevention and health education (6)
- Care (11)
- Research, innovation and development (12)
- Teaching and continuing education (3)
- Patient section (6)

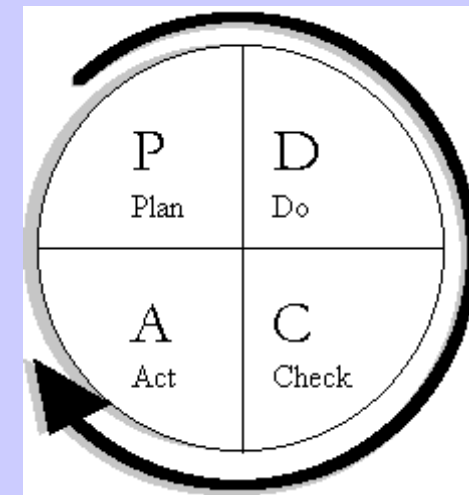
EG, 5 domains

Under each chapter relevant subdivisions:

- Policy and organization
- Process control
- Resources and materials
- Knowledge and skills
- Safeguarding the quality system

EG, PDCA format

- The 'Plan-Do-Check-Act cycle' is an integral part of the EG



Accreditation Tool :

First Steps (2006)

- A revised OEI quantitative database
 - with data on activities and resources for prevention / care / follow-up / research / education
- Total revision of the initial versions of the OEI questionnaire :
 - ◆ Select most relevant and discriminative questions
 - ◆ Add clear definitions of the questions
- Critical review by members of the steering group and participants

EG, QUANTITATIVE QUESTIONNAIRE

- The quantitative questionnaire (based on the former Ringborg questionnaire) includes data with exhaustive information on resources and activities.

EG Quantitative questionnaire

■ 5 Chapters

1. Institutional structure and budget
2. Infrastructures
3. Human resources
4. Research
5. Education

COMPASSweb

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All questions Questions Note Glossary Documents Actions Email

OECCI Quantitative Questionnaire

- 1 General Questions
- 2 Infrastructures
 - 1 Infrastructures with a fo
 - 2 Infrastructures with a fo
 - 3 Infrastructures with a fo
 - 4 Infrastructures with a fo
 - 5 Infrastructures with a fo
 - 6 Infrastructures with a fo
 - 7 Infrastructures with a fo
 - 8 Radiotherapy
 - 9 Radiology
 - 10 Nuclear medicine unit
 - 11 Laboratory
 - 12 Haematology unit
 - 13 Oncology Multidiscipli
 - 14 Palliative care team:
 - 15 Facilities
- 3 Human resources
- 4 Research
- 5 Education

2.6. Infrastructures with a focus on cancer care (6 of 6) (11/30)

per year = 2006

	New patients (newly admitted and referred)	Nr of surgical procedures (numbers/patients)	Nr of Chemotherapy (numbers/patients)	Nr of radiotherapy (numbers/patients)	Working with guidelines (Y/N)	Multidisciplinary meeting (Y/N)	Clinical pathways (Y/N)
haematological malignancies: Morbus Hodgkin	19	0	4	15	Y	Y	
haematological malignancies: Non Hodgkin Lymfoma	60	0	50	19	Y	Y	
haematological malignancies: M Kahler	11	0	4	8	Y	Y	
haematological malignancies: M. Walden-ström	4	0	3	1	Y	Y	
haematological malignancies: All leukaemias	7	0	0	6	Y	Y	
neuro-oncological: brains	81	0	77	34	Y	Y	
neuro-oncological: nerves	1	0	0	1	Y	Y	

Gereed Internet 100%

Pilot 1 (SELF ASSESSMENT)

- July 2006 – January 2007
- Institut Gustave Roussy, Paris
- Institut Jules Bordet, Brussels
- Dutch Cancer Institute, Amsterdam
- Karolinska Institutet, Stockholm

Conclusions

Strengths

- Self-assessment effect is for real
- Improvement of quality mindset

Weaknesses

- Still needs a cleaning

Opportunities

- Team building effect
- Better attention to our data processing
- Revision of our set of procedures
- First step to benchmark and labelisation

Threats

- One additional task
- Too many items

Pilot 2 (SA and peer review)

- 4 centers
 - University Hospital VU, Brussels (SA)
 - Centre G. F. LeClerc, Dijon
 - Istituto Tumori, Bari
 - National Institute of Oncology, Budapest

Aim pilot 2

- For the institution: self-assessment, peer review, report → recommendations
→ improvement
- For the WGA: improvement of the tool

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Bookmarks

- 1. General Standards, <
- 2. Screening and prima
- 3. Care
- 4. Research, innovation
- 5. Teaching and contin
- 6. Patient related

Pages

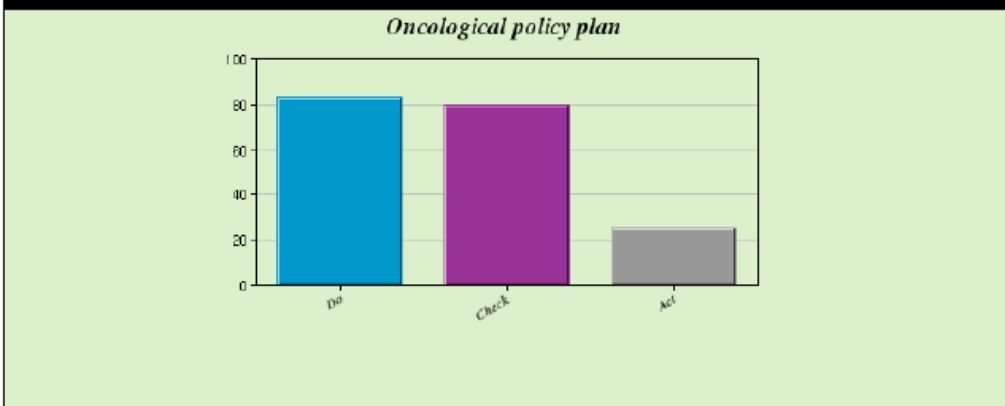
Attachments

Comments

1. Oncological policy plan

#		
1	Do, Oncological policy plan	83.33 %
2	Check, Oncological policy plan	80 %
3	Act, Oncological policy plan	25 %

Score



1. Do, Oncological policy plan

Tick the boxes when you have implemented the processess

- The board and/or the management of the institution have an official recent plan (not older than five years) (Do)

Note:

The last "projet d'établissement" (5 year-institutional project formalized with the ARH -Agence Régionale d'Hospitalisation) ended in 2003. At the request of the ARH, the priority was given to a medical and scientific oncology project jointly developed by the CGFL and the Dijon CHU (Centre Hospitalo-Universitaire): the PMSCC (Projet Médical et Scientifique Commun de Cancérologie) which was developed in 2005-2007, finalized and signed in 2007. The PMSCC was based upon a comprehensive evaluation of the oncologic activity of the two hospitals and extensive discussions to prevent overlap and formalise the actions needed to plan a regional reference oncologic institute and to optimally use the human resources and equipment of the

3 of 152 | Onbekende zone

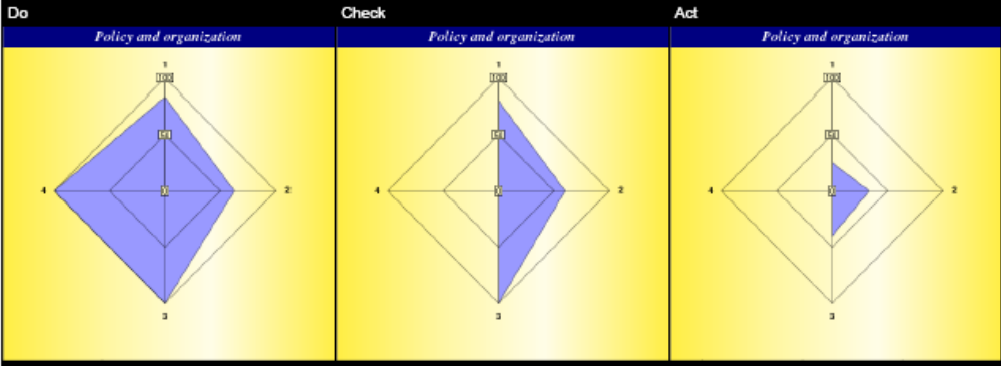
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1. General Standards, Strategic Plan and General Management

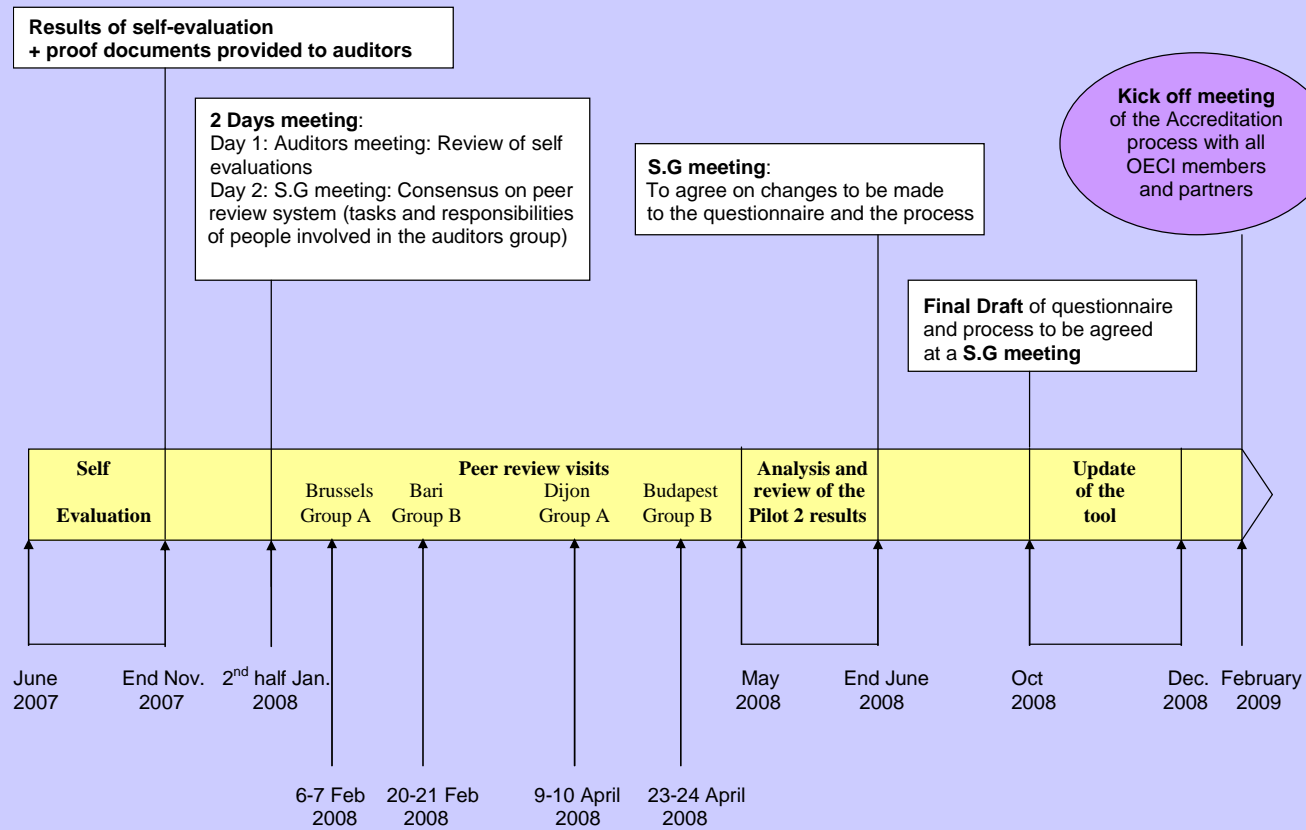
1. Policy and organization



#		Do	Check	Act
1	Oncological policy plan	83.33	80	25
2	Cooperation with external partners	82.5	80	33.33
3	Cancer registry	100	100	40
4	Complications registry	100	0	0

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Done Onbekende zone



Group A: Renée Otter, Wim van Harten, Mia Bergenmar, Jean-Benoît Burrion, Henk Hummel, Cécile Tableau.
Group B: Renée Otter, Dominique de Valeriola, Jolanda Maaskant, Mahasti Saghatchian, Henk Hummel, Cécile Tableau.

QUALITY



Everyone makes mistakes, only a fool won't admit them