



OECCI

Accreditation project

Quality assessment in Europe

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Quality assessment in oncology in the Netherlands

- 1989-1993: comparation between outcomes (adherence to Guidelines, complications in surgery) of the 22 hospitals/units/departments treating cancer patients
- Some differences could not be related to the competence of the professionals only
- Start of a model for monitoring of organisation, structure and process → Quality improvement

Quality improvement steps in 1993

- Lit review: no evidence
- Inventory of available tools in health care and oncology:
 - “*accreditation*” of general hospitals in different countries
 - *certification* of technical instruments ,lab’s, radiotherapy equipment (ISO) in different countries
 - “*peer review*” of medical specialist per discipline group in the Netherlands
 - Only in Canada a first step in accreditation focussed on oncology
- Conclusion:
 - None of the accreditation systems neither the peer review focussed on relation between process and outcome

Quality improvement instrument in oncology

- Aim: improvement of outcome and patient' satisfaction taking also into account organisation, process and structure → more efficiency
- Problem with existing accreditation systems: department oriented instead of patientcentered (oncology is multidisciplinary and patientoriented)
- Combination of available tools and usefull collaboration since, with Canada →
 - Accreditation and visitatie
 - Self assesment and annual follow-up
 - Peer review (once per 4 years) to discuss the self assessment results and to give recommendations
 - monitoring improvements, bench marking and exchange of best practices

Some results after 3 peer reviews in CCCN

- Pluridisciplinary groups for breast and colorectal cancers in 90% of hospitals
- Coordination of information to the patient during the whole process in 90%
- Adherence to GLs' for breast and colorectum from 60→ 82% (1993 – 2006)
- Patientexperience increases with the implementation of pathways in information
 - Annual and 4 years policy plans in oncology available in most of the hospitals as part of a total picture (incl participation in trials, education)



New developments in NL, 2008

- First step:
 - accreditation of centres, hospitals etc by a national body: NIAZ
 - Focus is general , hospital wide
- Second step
 - Accreditation in oncology by the auditors of the CCCs
 - Focus: special on multidisciplinary, education and research, general outcome indicators
- Third step
 - Accreditation tumor specific: breast, colon, oesophagus, gynecological tumours, lung', by the auditors of the CCCs'and tumour related professionals...
 - Focus: multidisciplinary structure a.o. and specific tumour related indicators in the process, structure and outcome
- Prerequisites:
 - 1 electronic system: no doublures
 - 1 procedure in peer review, training of auditors, reporting etc

Quality assessment systems in health care in EU

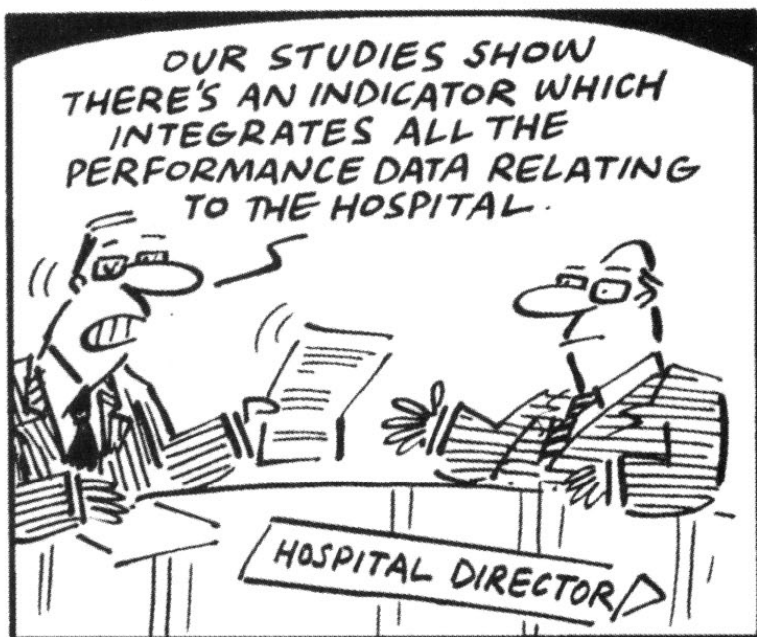
- Denmark, Finland, France, Germany, Italy (regional), Lithuania, Netherlands, Poland, Portugal and Slovakia
- 4 models:
 - Certification (ISO)=standards
 - EFQM: no standards but quality management
 - Visitatie: clinical performance (knowledge, skills)
 - Accreditation: organisational process, department oriented

Future OEI accreditation

- Harmonisation with accreditation system per country
- Harmonisation of accreditation system at EU level
- Focus on oncology: combination of process and outcome :
 - Harmonisation with Canada and existing Eu systems for oncology
 - accreditation + visitatie
 - Auditors: combination of managers and professionals (incl nurses)
- Designation
 - for comprehensive approach (integration of care, research and education)
 - Per tumour group
- Collaboration with ESMO, ESRO, EORTC etc
(auditors, harmonisation of education, outcome criteria .



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Lesson to learn

- Quality assessment tool for oncology (QATO) is an instrument which needs a professional organisation
- QATO is developed
 - to monitor and improve Q,
 - to exchange best practices,
 - to overcome cultural differences
 - To better collaborate together once similarities and differences between centres are known
- QATO learns the centres/units/departments what can be improved through the EG and discussions with the peers (auditors)
- Auditors and auditees learn from each other :the share price