

## OECEI Accreditation and Designation Programme

### European Quality Standards for Cancer Networks

#### How to read the document:

- Table 1 below shows the topics of all the standards in total.
- Table 2 (starting at page 4) shows all standards with the sub-questions
- **Table 1: OECEI A&D network standards:**

Name of chapter	Topic of the standard	Number standard
1. Governance	Co-operation in the network – objectives and obligations	1
	Contractual agreement – geographical area and services provided	2
	Provision of diagnostic, treatment and aftercare services	3
	Promotion of diagnostics and treatment	4
	Communication facilities of the network	5
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6. Diagnosis		-
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**Table 2: OECl A&D Network standards and sub-questions**

<b>Chapter 1: Governance and Coordination (standard 1 to 17)</b>	
<b>Cooperation in the network – objectives and obligations</b>	
Standard 1: There is a Network contractual agreement to which all Members of the Network subscribe which sets out the objectives of the Network and the obligations of all Members.	
<b>Contractual agreement – geographical area and services provided</b>	
Standard 2:	
The scope and coverage of the Network is defined in the contractual agreement in terms of the geographical area covered or the services provided by each Healthcare Provider Member of the Network	
<b>Provision of diagnostic, treatment and aftercare services</b>	
Standard 3:	
The Network is self-sufficient in providing full diagnostic, treatment and aftercare services for all major cancers.	
<b>Promotion of diagnostics and treatment</b>	
Standard 4:	
The Network promotes the use of highly specialised diagnostic and therapeutic equipment	
1.	The Network promotes the use of highly specialised diagnostic and therapeutic equipment and facilitates their targeted provision in the Network.
<b>Communication facilities of the network</b>	
Standard 5:	
The Network maintains communication and IT systems that allow confidential submission and review of clinical information, including histopathology, radiology, and medical photography by all network members.	
<b>OECl accredited Cancer Centre</b>	
Standard 6:	
The Network comprises at least one HCP Member which is either an accredited OECl Cancer Centre or OECl Comprehensive Cancer Centre	
<b>Agreement with universities or research institutes</b>	
Standard 7:	
The Network has within the network contract an agreement with at least one University or Research Institution which documents the collaboration in terms of research	
<b>Agreement for undergraduate and postgraduate education</b>	
Standard 8:	
The Network has an agreement with at least one University, College or Educational body for undergraduate and postgraduate education available to the network	

## Chapter 2: Organisation (standard 9 to 18)

### Criteria to become Network Member

Standard 9:

The criteria to become a new Member of the Network are clearly defined

### Criteria to leave the Network – continuity of patient services

Standard 10:

There are clear conditions to ensure the integrity/continuity of patient services under which HCP members can leave the Network

### Board of Directors

Standard 11:

The Network has a Board of Directors which provides the ultimate governance of the strategy, policy of the Network

### Members of the Network

Standard 12:

The Network Board includes representatives from primary and community care.

### Composition of the Board of the Network

Standard 13:

The Board of the Network contains representatives from each HCP Member of the Network, or else representatives by election

### Role of the Network Board

Standard 14:

The role and terms of reference of the Network Board are clearly defined and documented in a set of governance rules and procedures.

### Network co-ordination team

Standard 15:

There is a Network co-ordination team with the resources to co-ordinate the activities of the network which has a defined role in maintaining functional data systems to enable the Network to operate effectively.

### Strategy of the network

Standard 16:

A periodical planning and control cycle concerning oncology policy and strategy is present.

The Network has a Strategic Plan covering a 3-5 year period.

The Strategic Plan should ideally include:

- 1) Assurance of the sustainability of the network (e.g. financing, education)
- 2) Research agenda (common topics).
- 3) Risk management.
- 4) Improvement of patients' pathways.

5) Policy making.	
6) Integration of new members	
1.	A written strategic plan for the Network which at least covers 3 years, and which formally endorsed by the board, is present.
2.	The Network Board produces a publicly available annual report on the network activities, including research, education and care
3.	There is a strategy for the concentration of specialist or low volume services in particular centres in the network

<b>Quality analysis and improvement</b>
Standard 17:
The Board monitors the activity, outcomes and initiatives of the Network and its members in regard to their specific contractual roles

<b>Implementation of guidelines</b>
Standard 18:
The Board ensures that all HCP members of the network use the same common clinical guidelines for diagnosis, treatment and follow up.

<b>Patient registry</b>
Standard 19:
The Network registers data related to diagnoses, treatment and outcomes in a shared clinical patient registry

<b>Patient volumes</b>	
Standard 20:	
Minimum volumes of patients per HCP member per cancer type are defined and monitored within the network	
1.	Minimum volumes of patients per HCP member per cancer type are defined and monitored within the network
2.	The Network determines whether these minimum volumes are defined by HCP or by treatment modality to ensure quality

<b>Performance indicators</b>	
Standard 21:	
The Network uses an agreed set of Performance Indicators	
These Performance Indicators could include: waiting times from first referral to diagnosis and first treatment; specific surgical interventions and follow ups; length of Inpatient stay; Survival; Quality of Life Measures.	

<b>Quality and Risk dashboard</b>	
Standard 22:	
The network maintains a quality and risk dashboard of its activities, which are regularly reviewed by the Board.	
Examples of content are: accrual rates of patients into clinical trials; serious adverse events; volumes; 30 day mortality etc; waiting times.	

<b>Board for Quality</b>
Standard 23:

The Network has a Board for Quality (reporting to the Network Board) with representatives of each HCP network member

#### **Adverse events**

Standard 24:

Systems for recording and analysing adverse events (including SAE, SUSAR) are in use by all HCP Members of the network and the results are shared with the network as a whole, especially when there are two or more members of the network involved in the pathway

#### **Quality reporting and improvement**

Standard 25:

The Network produces a periodical Quality Report and Improvement Plan (ideally annually)

#### **Quality Assurance**

Standard 26:

Every Network Member has an internal audit system and the results are analysed by the Network Board for Quality

#### **Knowledge exchange**

Standard 27:

The Network gathers, exchanges, and disseminates knowledge, data, best practice evidence, and clinical expertise within and outside of the network.

### Chapter 3: Patient centredness and care (standard 28 to 35)

#### Patient involvement

##### Standard 28:

The Board of the network has established mechanisms to incorporate the voice and opinions of patients and families.

This could be a patient liaison group

Examples are: involvement in the definition of policies, strategies and improvement plans, review pathways, improve referral procedures, communication

#### Patient pathways

##### Standard 29:

Documented patient pathways are established within the network for each cancer type and sub-type

Definition: Patient pathway and what should be included; including survivorship care and palliative care

#### Patient information

##### Standard 30:

The Information about the members of the Network and all relevant clinical pathways is sufficient to enable patient access to the network

This information should be in all languages commonly spoken by patients in the Network

#### Information to the patient on responsible person

##### Standard 31:

Each HCP in the Network has processes and resources (e.g. Case Managers/Trackers) to ensure that at all times in the pathway of a patient it is clear which physician and which HCP has the responsibility for the timely care of the patient

#### Access to the network

##### Standard 32:

The Network has policies and procedures for ensuring equal access of patients to care throughout the network and reducing variations in care and outcomes.

#### Holistic care

##### Standard 33:

Each HCP in the Network has policies and procedures for holistic care include psychological support for patients and their care givers, financial and employment advice, rehabilitation support, End of Life care and bereavement support for families

#### Patient satisfaction / experience

##### Standard 34:

Network Patients' experiences and satisfaction are collected annually; the information is used by the Network to take strategic decisions

- |    |   |
|----|---|
| 1. | Network Patients' experiences and satisfaction are collected annually; the information is used by the Network to take strategic decisions |
| 2. | The HCP members and the network monitor the results patient experience questionnaires.  |

#### Website information



Standard 35:

The Network has a website which provides relevant information to patients and clinicians about all cancer services provided in the Network

The Network website enables access to clinicians and patients to be referred to the Network, and all relevant information about the Network Members

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## Chapter 4: Multidisciplinary Approach (standard 36 to 40)

### Multidisciplinary meetings

#### Standard 36:

The network ensures that an MDT for each tumour type covered by the network is established either at HCP level and / or at the network level.

1.	An MDT for each tumour type covered by the network is established either at HCP level and / or at the network level.
2.	Each MDT ensures that whatever the entrypoint of a patient, the patient pathway governing the agreed location for treatment, are complied with

### Process of multidisciplinary meetings

#### Standard 37:

All MDT meetings follow defined criteria about structure and documentation

1.	The Network MDT has adequate processes to ensure that all relevant data are available to members of the MDT in a timely manner
2.	Each MDT has a written protocol which details which kinds of patients must have a full MDT discussion and which can be listed according to a standard pathway.
3.	There is adequate notice of patient inclusion in MDT discussions
4.	The conclusions and advice resulting from the MDT meeting are documented in the medical record of the patient
5.	The inclusion of patients in clinical trials is a structural formal aspect of each MDT meeting
6.	According to a defined procedure, the conclusions and recommendations resulting from the MDT are communicated to the patient
7.	According to a defined procedure the implementation of the MDT decision recorded in the patient's file is designated to a named responsible person
8.	Patient care decisions in the MDT comply with agreed guidelines unless a deviation is deliberately chosen.
9.	Deviations from agreed guidelines are clearly documented and re-evaluated

### MDT reporting

#### Standard 38:

The number of patients fully discussed by each MDT, and their percentage of all new cases of that cancer type entering the Network, are reported annually to the Network

### Rare cancers

#### Standard 39:

There are MDTs in the Network for rare cancers which follow agreed criteria and SOPs and which are part of a Rare Cancer Network and relate to the relevant European Reference Network.

**MDT Reviews**

Standard 40:

The network ensures that all MDTs review best practice evidence in a Learning Event at least annually (MDTs jointly per tumour type) and uses this evidence to review or update guidelines, protocols and pathways.

1.	The network ensures that all MDTs review best practice evidence in a Learning Event at least annually (MDTs jointly per tumour type) and uses this evidence to review or update guidelines, protocols and pathways.
2.	Agendas for Learning Events should include outcome measurements and regular departure from clinical guidelines

**Chapter 5: Prevention and early detection (standards are at HCP level)****Chapter 6: Diagnostics (standards are at HCP level)****Chapter 7: Treatment (standards are at HCP level)**

## Chapter 8: Research (standards 41 to 47)

### Research Board

#### Standard 41:

The Network has a Research Board / Committee to co-ordinate network-wide research activities

### Clinical Trials Promotion

#### Standard 42:

The Network actively promotes the creation of new investigator-initiated and commercial trials

### Enrolment in clinical trials

#### Standard 43:

Enrolment of patients into clinical trials is supported at the network level to ensure equal access

### Promotion of research collaboration

#### Standard 44:

The network uses instruments to promote research collaborations among its members.

#### Standard 45:

Peer-review publications in scientific journals regarding disease-groups within the network are regularly monitored, and analysed on a network basis

### Information on Clinical Trials

#### Standard 46:

The network makes publicly available comprehensive and accessible information about open Clinical Trials

### Biobank

#### Standard 47:

The Research Board / Committee establishes the network procedures for centralised biobanking of patient-related biosamples or a database(s) of samples which is available to all Network members.

1. The Research Board / Committee establishes the network procedures for centralised biobanking of patient-related biosamples or a database(s) of samples which is available to all Network members.
2. These procedures should include protocols on collection, storage, usage for research, and potential linking to clinical data

## Chapter 9: Education and Training (standards 48 to 54)

### Educational needs

Standard 48:

The Network ensures that HCP Members identify key training and oncological continuing educational needs of all staff

1. HCP Members identify key training and oncological continuing educational needs of all staff

### Oncology training

Standard 49:

The Network promotes oncology training in cancer for physicians, nurses, researchers, supportive disciplines and other relevant disciplines

### Education for staff members

Standard 50:

The Network uses instruments to provide oncological continuing professional education for staff members working on a Network-wide basis.

Examples include; organising symposia between researchers and clinicians.

### Promotion of innovation

Standard 51:

The Network has instruments to actively promote innovation by performing pilot studies and disseminating best practices in the Network

### Patient education

Standard 52:

Patient Education programmes and tools (including online tools) are available across the Network to patients and their families.

### Patient education strategy

Standard 53:

The Network has a strategy for providing general and disease specific patient education resources throughout the Network

These resources should be in all languages commonly spoken by patients in the Network

### Transparency policy

Standard 54:

The Network has a policy of transparency to its Members, Patients and the Public

Example: The Network could provide an Annual Report that is accessible and understandable for citizens including the following topics: the results of the quality and risk dashboard of the network; Network goals and achievements; results of patient surveys; Summarised patient outcomes; Research developments and results