



# Mejorando la calidad oncológica a través de la acreditación: Modelo OECl

24 / abril / 2023 Jornada en streaming a través de seom.org



Mejorando la calidad oncológica  
a través de la acreditación:  
Modelo OECI

24 / abril / 2023 Jornada en streaming a través de seom.org

# La acreditación desde el punto de vista práctico: Punto de vista del coordinador

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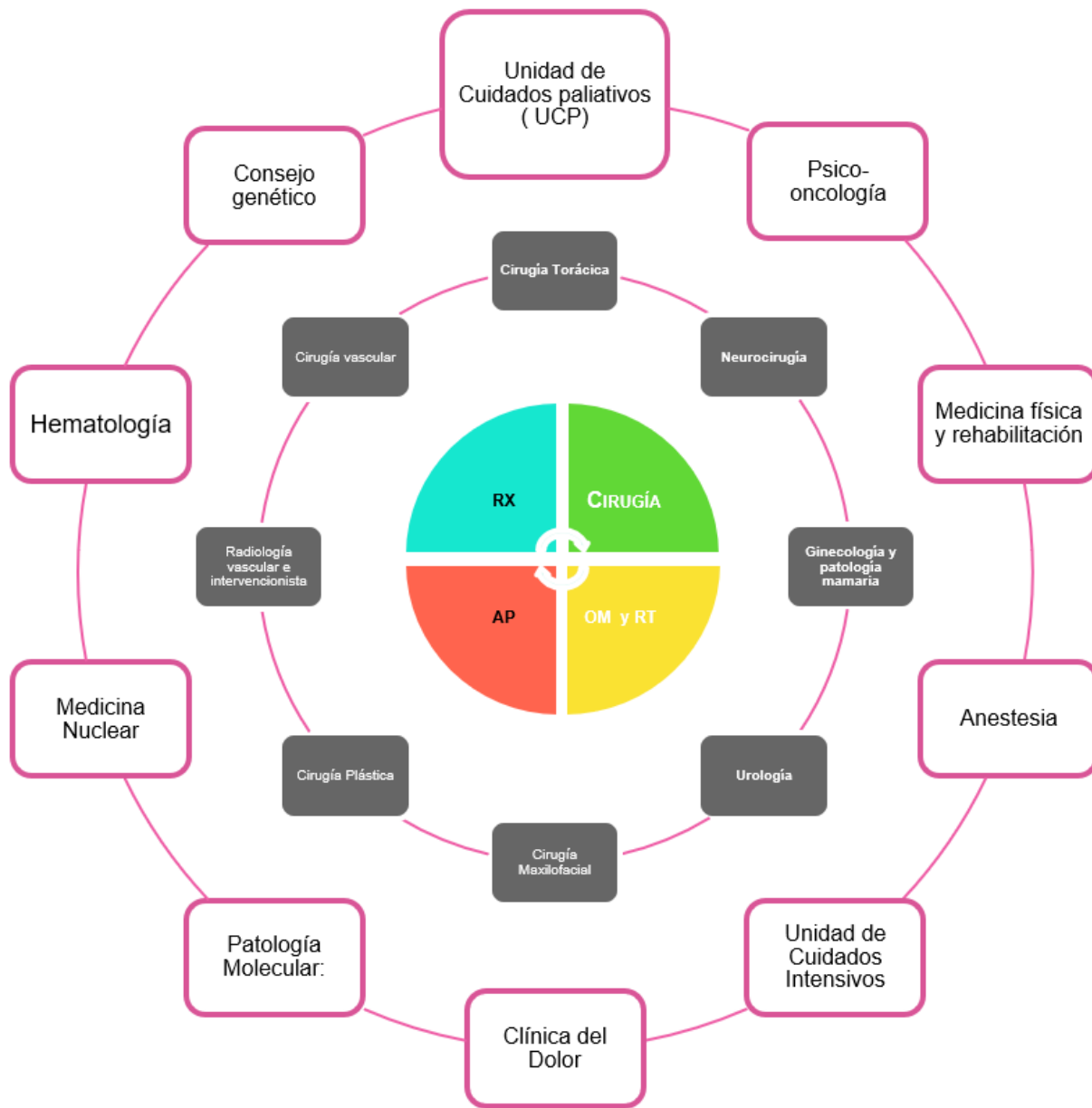
### Disclosure Information

Consultant or Advisory Role: Pharmamar, Bayer, Deciphera, Boehringer, NEC.

Research Funding (my institution): Novartis, Bayer, Pfizer, Pharmamar, BMS, Monopar, Adaptimmune, GSK, Deciphera Phar., Arog, Blueprint Med, Boehringer, Philogen.

Other: PharmaMar, Pfizer, Bayer, Adaptimmune, Roche

# 1. PONERSE EN SITUACIÓN

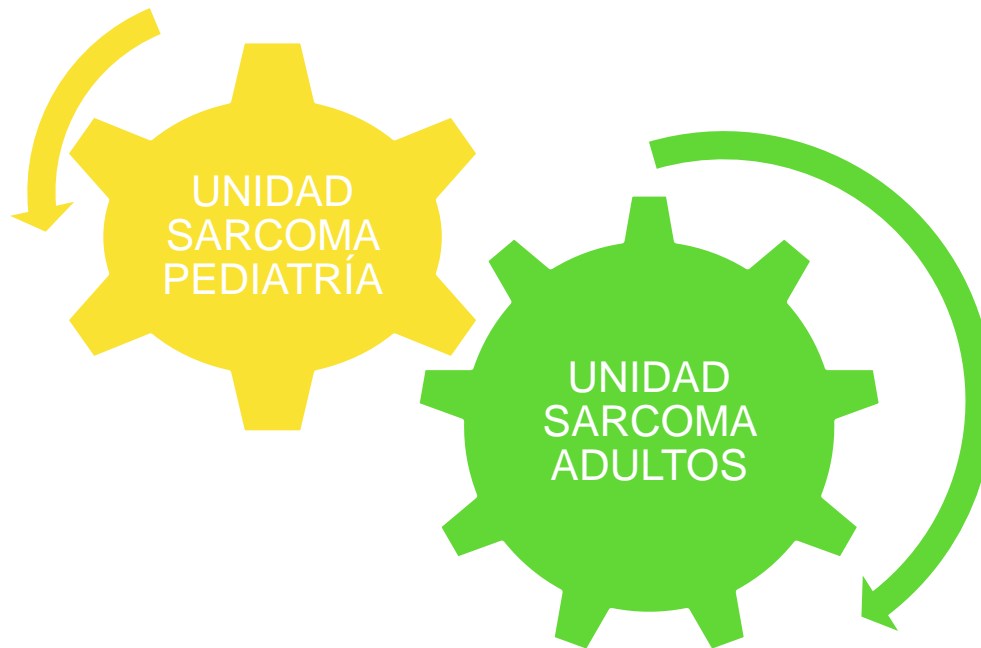


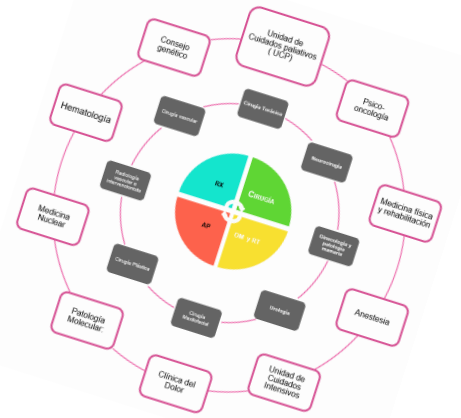
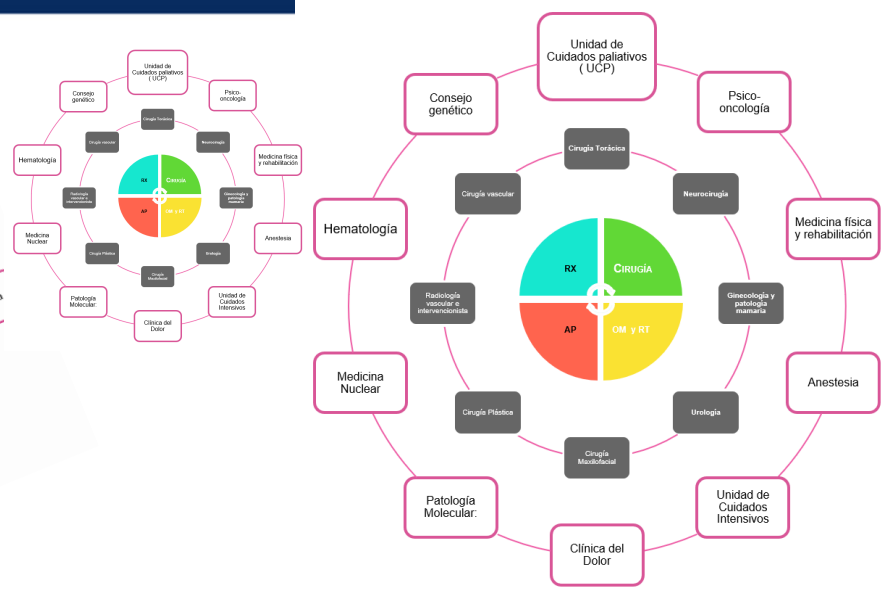
Urgencias:

Farmacia ( Unidad Funcional Oncología):

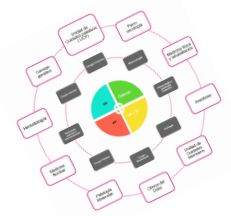
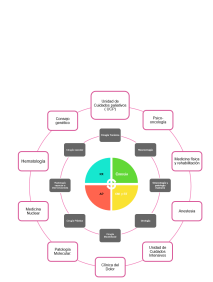
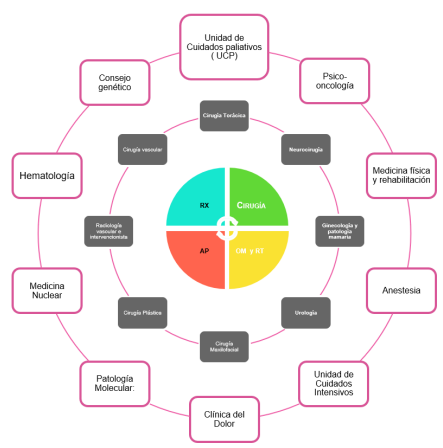
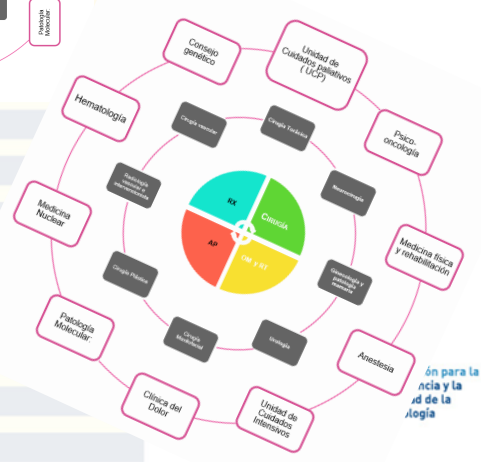
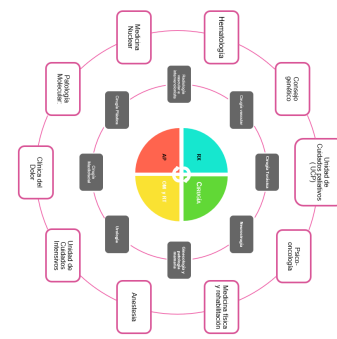
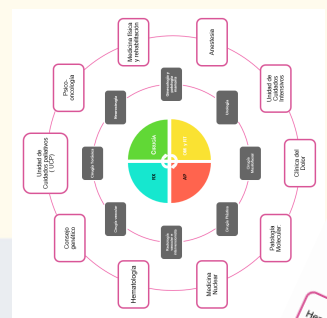
Trabajo Social

Banco de Sangre:



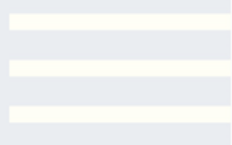
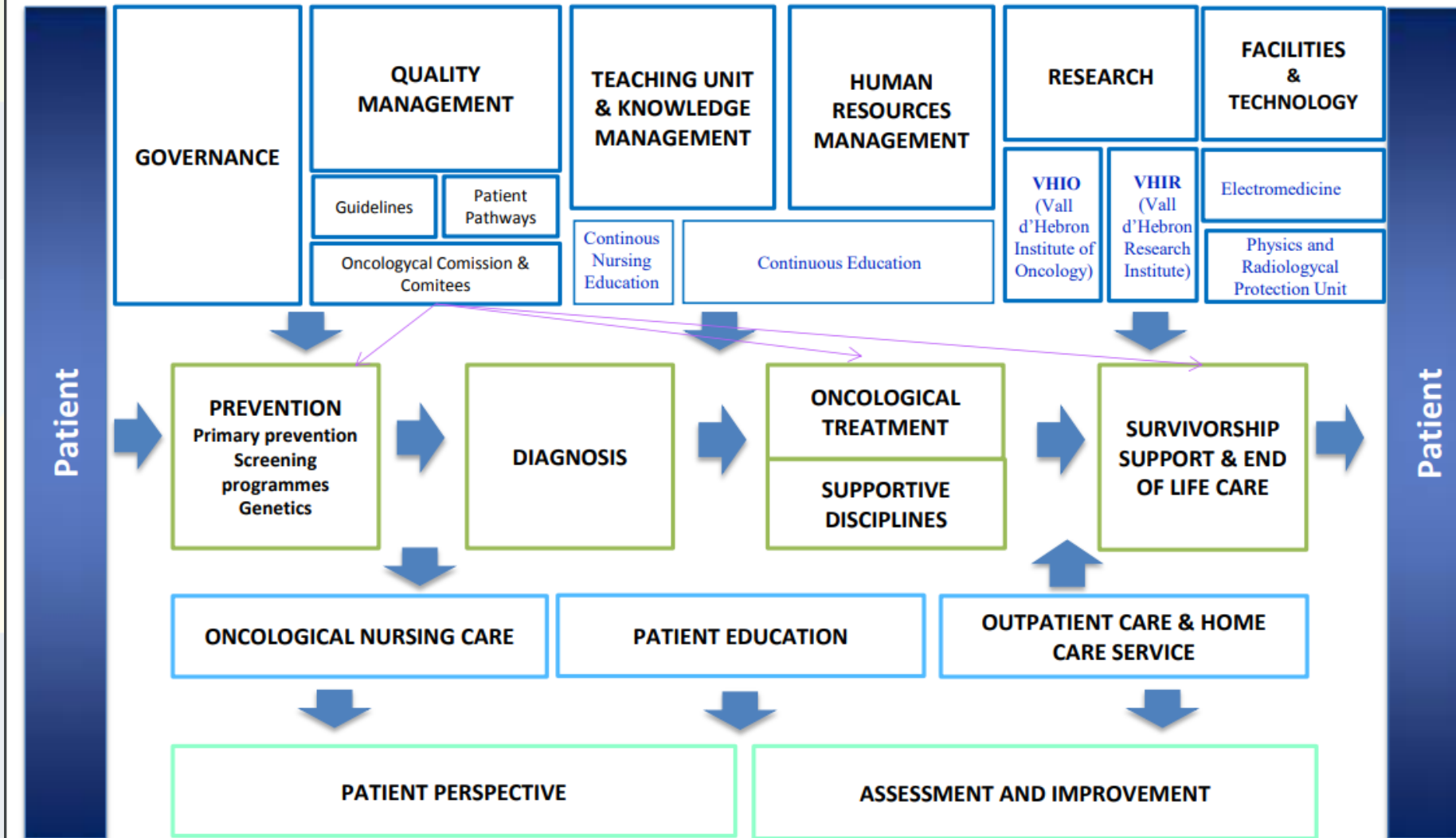


# INVESTIGACIÓN DOCENCIA



¿n para la  
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logía







# 2. EQUIPO COORDINADOR

## EQUIPO

- Experiencia en acreditación/ calidad.
- Conocimiento del centro y sus circuitos
- Capacidad organizativa
- “Mano izquierda”

# 3. ORGANIZACIÓN DEL TRABAJO



Organisation  
of European  
Cancer Institutes

ACCREDITATION  
AND  
DESIGNATION  
CERTIFYING  
COMPREHENSIVE  
CANCER CARE

# Accreditation and Designation User Manual V. 3.2

## User Manual V. 3.2

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[https://www.oeci.eu/Attachments/OECl\\_AD\\_MANUAL\\_3\\_\\_2\\_2022.pdf](https://www.oeci.eu/Attachments/OECl_AD_MANUAL_3__2_2022.pdf)



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Oncología

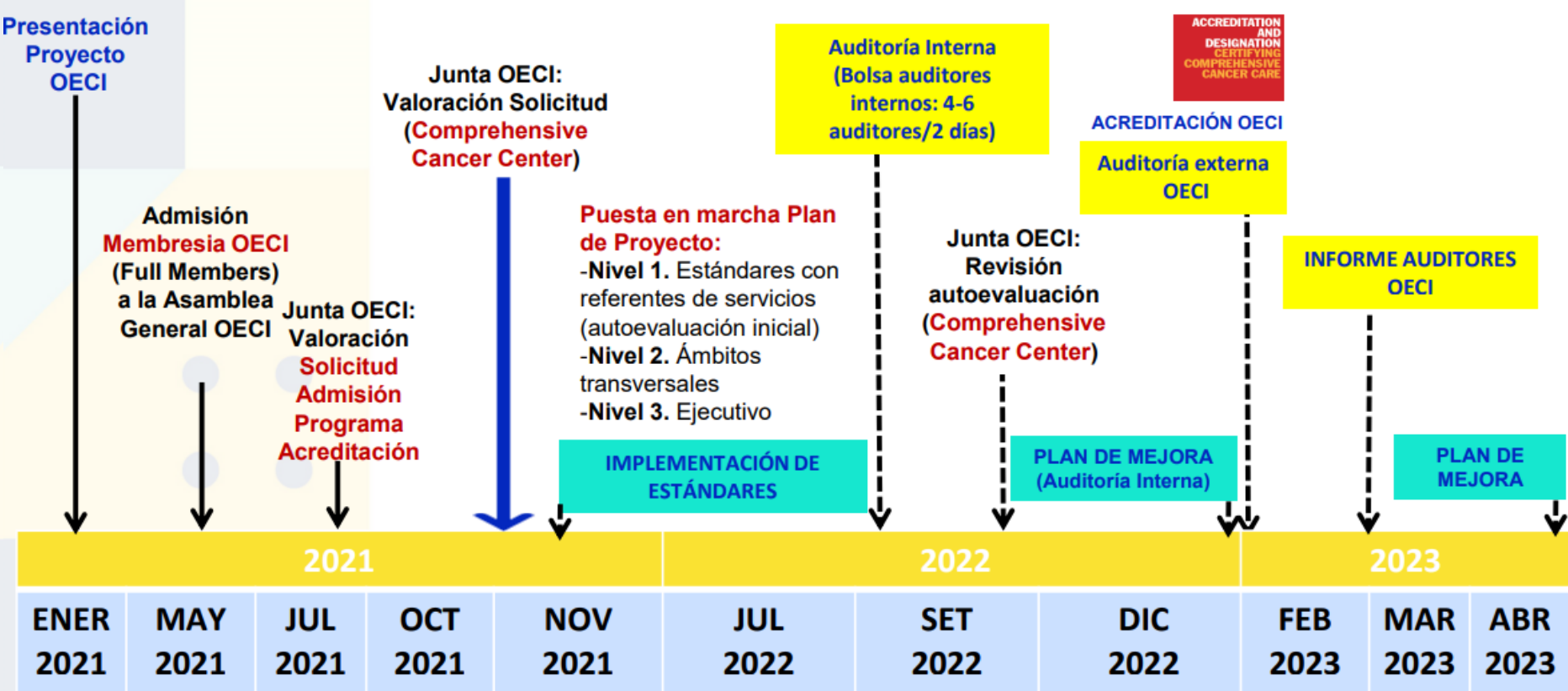
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# CRONOGRAMA: FECHAS CLAVE



2021				2022				2023		
ENER 2021	MAY 2021	JUL 2021	OCT 2021	NOV 2021	JUL 2022	SET 2022	DIC 2022	FEB 2023	MAR 2023	ABR 2023

# IDENTIFICACIÓN DE LOS REFERENTES: PERSONAS CLAVE

## LISTADO CONTACTOS ACREDITACIÓN ONCOLÓGICA OECl EN HUVH/VHIO/VHIR

Enfermería Adultos: Nines Peñuelas, Isabel Magallón.

Pediatría: Lucas Moreno. Enfermería: Esther Díaz Romero, MA Aceituno.

Atención al Ciudadà: Ana Martí, Gloria Gálvez, Marina Martínez.

Calidad: Sole Romea, Dimelza Osorio, Karla Rocío Sala, Georgina Martínez, Jesús Martínez Perez (Seguridad del paciente)

Onco Radioterápica: Jordi Giralt, David García Relancio.

Diagnóstico por la Imagen: Manel Escobar.

Medicina Nuclear: Santiago Agüadé.

Gestión Documental: Melba Claudio.

Informática y Protección Datos: Sergi Jufresa, Mercè Orihuela.

Biobanco: Isabel Novoa.

Secretaria Técnica: Alba Jové Riera, Rosa Ramos

Anatomía Patológica: Santiago Ramon y Cajal, Elena Antima Martínez Saez, Josep Castellvi. Xisca Rossinyol (por la parte de Calidad).

Atención Paliativa: Judith Serna y por la parte de Pediatría Andrés Morgenstern.

Nutrición: Rosa Burgos, Hego Segurola.

Psicooncología: Irene Mensa.

Rehabilitación: Judith Sanchez Raya, Alba Gómez.

Trabajo social: Eunice Blanco, Ana Navarro, Clara Sánchez.

Docencia HUVH: Mónica Rodríguez, Caterina Cuartero. Por la parte de universidad: Manel

# MATRIZ DE EVIDENCIAS DOCUMENTALES

Por servicios  
Por estándares

## MATRIZ DE EVIDENCIAS DOCUMENTALES

Por servicios  
Por estándares










Nombre	Fecha de modificación
ANATOMIA PATOLÒGICA	31/05/2022 20:04
ASSISTÈNCIA ESPIRITUAL	05/05/2022 11:22
ATENCIÓ CIUTADÀ	02/06/2022 14:33
ATENCIÓ PALLIATIVA	06/05/2022 12:18
BIOBANCO	05/05/2022 11:22
CIRURGIA ONCOLÒGICA	12/05/2022 12:25
CIRURGIA RECONSTRUCTIVA	05/05/2022 11:22
COMITÉS	06/05/2022 12:20
DIAGNÒSTIC PER LA IMATGE	31/05/2022 19:54
DIAGNÒSTIC RÀPID CANCER	05/05/2022 11:22
DOCENCIA DR ARMENGOL I ISABEL C...	20/06/2022 15:03
DOCÈNCIA JOAN CARLES	05/05/2022 11:22
DOCÈNCIA MONICA RODRIGUEZ	17/06/2022 14:23
EDUCACIÓ PER A LA SALUT	05/05/2022 11:22
ELECTROMEDICINA	22/06/2022 15:33
ENQUESTES PACIENTS	24/05/2022 12:52
EVIDENCIES DOCENCIA VHIO	05/05/2022 11:22
FARMÀCIA	10/05/2022 10:25
FORMACIÓ CLARA VENDRELL	20/06/2022 19:49



## MATRIZ DE EVIDENCIAS DOCUMENTALES

Por servicios  
Por estándares

**85 estándares**  
**343 subestándares**  
en 9 ámbitos

- >  Governance
- >  Organisation of quality systems
- >  Patient involvement and empowerment
- >  Multidisciplinarity
- >  Prevention and early detection
- >  Diagnosis
- >  Treatment
- >  Research
- >  Education and training

# MATRIZ DE EVIDENCIAS DOCUMENTALES

Por servicios  
Por estándares



Logged in as Barcelona2021 Login as Auditee Logout

## Barcelona Vall d'Hebron - Oeci - Manual 3.1 - 2022

Summary Question lists Improvement plans Files Discussion

<input type="checkbox"/>	Name	Respondent	Auditee	Progress
<input type="checkbox"/>	OECE Application form (2019)	Barcelona Vall d'Hebron		100 % (35 of 35 done)
<input type="checkbox"/>	OECE Designation form Manual 3.1	Barcelona Vall d'Hebron		100 % (48 of 48 done)
<input type="checkbox"/>	OECE Projectplan	Barcelona Vall d'Hebron		100 % (15 of 15 done)
<input type="checkbox"/>	OECE Qualitative Questionnaire Manual 3.1	Barcelona Vall d'Hebron		100 % (341 of 341 done)
<input type="checkbox"/>	OECE Quantitative Questionnaire Manual 3.1	Barcelona Vall d'Hebron		97 % (217 of 223 done)
<input type="checkbox"/>	OECE Requested documents Manual 3.1	Barcelona Vall d'Hebron		97 % (35 of 36 done)

# MATRIZ DE EVIDENCIAS DOCUMENTALES

# Por servicios Por estándares

Previous Next Print Improvement plans Close Period: 16-07-2021 - 01-01-2023 Respondent: Barcelona Vall d'Hebron Number:

Questions

All questions

- Multidisciplinary
  - Standard 29: Patient pathways
  - Standard 30: Patient pathways: co-ordination c
  - Standard 31: Implementation of guidelines
  - Standard 32: Electronic patient record
  - Standard 33: Process of multidisciplinary team
  - Standard 34: Multidisciplinary team meetings
  - Standard 35: MDT review
  - Standard 36: Rare cancers
- Prevention and early detection
  - Standard 37: Screening and early detection
  - Standard 38: Oncogenetic service
  - Standard 39: Cancer risk reducing strategies ir
- Diagnosis
  - Standard 40: Radiology
  - Standard 41: Nuclear medicine
  - Standard 42: Logistics of scheduling diagnostic
  - Standard 43: Molecular diagnostics
  - Standard 44: Pathology

Standard 29: Patient pathways

Standard 29

Patient pathways are defined for all tumours and sub-types treated in the centre, which chart the process from patient admission up to the end of follow-up of care.

Yes Mostly Partially No not appl.

99. CORE  
There is a written patient pathway for each tumour (sub)/type treated in the centre, except for very rare cancers.

Note:  
There is a pathway for each main subtype including some rare tumors. This is a supplementary document to the clinical guidelines and has been agreed upon in the multidisciplinary team.  
We attach an example ( in original language and translated to English), although all Multidisciplinary Tumor Boards have one or several in place depending on the number of different tumors involved ( see 3 more examples in local language: Lymphoma, Lung cancer and Central nerve System Tumors in Pediatrics)

100. The functions of the different disciplines involved in the diagnosis, treatment and follow-up of the patient are defined and described in the patient pathways.

Note:  
The different steps, including diagnostic and treatment modality and discipline in charge are represented in each pathway .  
Where CT scan/MRI is written, radiologic team is in charge, PET-CT/ scintigraphy corresponds to Nuclear medicine, Surgery to the Surgical department depending on the tumor type (urologi tumors: urologist, Brain tumors to neurosurgery), for radiotherapy, radiation oncologist and for chemotherapy, medical/pediatric oncology depending on patient age. See example in standart 99

101. Supportive and palliative care is specifically included in the patient pathways.

Note:  
Best supportive care including nutrition, rehabilitation, psycology and paliative care are included in the pathways as a vertical bar in the right side ( lila),meaning that they are present along the whole treatment process, from diagnostic to end of follow up. The referral to each professional may vary depending on the specific needs of each tumor type/stage and specially on the personal needs of each patient. See examples in standart 99  
For example, regarding psicooncology consultation, all patients are offered a consultation at diagnosis, but some patients may accept it at the begining, while others some weeks or months after treatment is completed, others only at relapse or even never. In the moment the patient needs and accept the consultation, a referral to the psicooncologist team ( adults or pediatric) is done through SAP ( our electronic medical record) and a visit is scheduled.

Previous Next Save 100 % done

PDCA  
cycle

Texto explicativo obligatorio en inglés y recomendable q el máximo número de evidencias tb lo estén: DeepL o similar.

Estàndard	Codi	Element de mesura	Tipus	Valoració Acompliment (Desplegable*)	Descripció de l'acompliment (justificació de la valoració donada)	Documents o arxius que donen evidència a l'acompliment de l'estàndard (Adjuntar a: pschvartzman@vhebron.net )	Suggeriments de documents, arxius,etc. per a donar resposta a l'estàndard
Facilitar la informació als pacients.	LE3D04PA06	PA06_Incorporació d'informació en relació a l'atenció pal·liativa dins l'informació.		SI	S' escriu a la història clínica. Es donen les explicacions necessàries.		Protocol informació-comunicació pacients Protocol Informació Part Cures Pal·liatives Revisada i Modificada per Judith Serna. <b>Adjunta document.</b> S' esta dissenyant el document
Determinar el procediment d'alta i els plans d'atenció relacionats.	LE3D07PA04	PA04_Lliurament al pacient d'un pla individual d'atenció al final de la vida, que es comenta junt amb ell i els cuidadors.		SI	Es donen per escrit les pautes farmacològiques. Les pautes no farmacològiques es donen mitjançant informació no verbal.		Pla de seguiment individualitzat i compartit (PCC-MACA).
<b>CRITERIS DESPLEGABLE</b>							
		[Evidència clara, contrastable i objectivable, consolidada] (l'indicador de l'estàndard s'ha implementat a gran escala al centre i el cicle PDCA s'ha completat si més no dues vegades (> en tercer cicle)					
<b>GENERALMENT</b>		[Evidència objectivable de plans en desenvolupament avançat] (L'indicador s'ha implementat en la majoria de llocs crítics del centre, i el cicle PDCA s'ha completat si més no una vegada (> en segon cicle)					
<b>PARCIALMENT</b>		[Evidència parcial o en fase inicial] (L'indicador s'implementa en base a projectes concrets o a escala modesta en el centre, o el cicle PDCA no s'ha completat) (<Verificar)					

# THE AUDIT: TIEMPO LIMITADO. Personas clave y respuestas claras

DAY 2 14 de desembre 2022

Audit team	Timing (hours)	Min	Peer review method	Professional discipline	Content	Location	Name participants	Function	
Team 1 & 2 together	8.30 - 9.40	10	Review	Local Accreditation	Previous day	Traumatology Hosp. 5th level room.	Josep Taberero Claudia Valverde César Llorente Enriqueta Felip Rosa Mejon	VHIO CEO/ Scientific Director Project leader for OECL acc. VH Accreditation coordinator Oncology Commission coord. Accreditation Department Ref.	
	<i>5 minutes</i>								
	8.45 - 9.25	40	Interview + presentation (10)	Education & training	incl HRM, resident, PhD Education & Training (St. 83-85)	Traumatology Hosp. 5th level room.	Mónica Rodríguez Montse Martínez Natalia Gaisan Manel Armengol Isabel Magallon Oriol Miralles Nadia Saoudi Elena Élez	Teaching Director Nursing Knowledge management HR Continuous Education and Training head. Dean of Faculty of Medicine (UAB). Gen&Dig Surgery. Head. Day Hosp, Palliative&Breast Ca. Management Resident PhD in progress Residents Mentor	
	9.25 - 10.05	40	Interview + presentation (10)	Quality management	Quality reporting; online available tools / guidelines Org. Quality Systems (St. 7-8, 10-11, 14)	Traumatology Hosp. 5th level room	Soledad Romea Jesús Martínez Dimelza Osorio Karla Salas Maria Gutiérrez Georgina Martínez	Quality Director Patient Safety Dept. Head. VH Quality Coordinator Quality Management Area Ref. VH Processes Management Area. Head. Quality Management Area Ref.	
	<i>5 minutes</i>								
	Team 1	10.10 - 10.40	30	interview	MDT-leads	Multidisciplinarity (St 29-36)	Board Area. Room 6.	Alberto Jáuregui Martín Espinosa Cristina Dopazo Claudia Valverde Francisco M. Ricarte Eloy Espin	Lung MDT. Thoracic Surgery&Lung Transp. Department. Head. Breast MDT. Breast pathology section. Head. Hepatobiliary MDT. Hepatobiliary Surgery&Hepatic Transp. Ref. Sarcomas MDT. Med Oncology Ref. Project leader for OECL accor CNS MDT. Neurosurgery Ref.
10.40 - 11.10		30	Interview	Head nurses (2 of 3)		Board Area. Room 6.	M: Ángeles Peñuelas Esther Díaz Isabel Magallon Carolina Gómez	Nursing Oncology Management. Adults. Nursing Day Hosp. Management. Pediatrics. Nursing Day Hosp, Palliative&Breast Ca. Management Nursing Surgical Area Management.	
<i>5 minutes</i>									
11.15 - 11.45		30	Tour + Interview	Surgery (on the surgery ward)		General Hospital 5th level. Surgical Area Room + Level 4p ward.	Elena Suárez Alberto Jáuregui Eloy Espin Roberto Yélez Coro Bescoés Rosa Martínez	Surgical Area Coordinator Thoracic Surgery&Lung Transp. Department. Head. Colon&Rectal Department. Head. Orthopaedic Surgical Oncology. Ref. Maxillofacial Surgery Department. Head. Nursing Surgical Hospitalisation Management	
<i>5 minutes</i>									
11.50 - 12.35		45	interview	MDT/ tumour group	Live MDT meeting where patients are discussed. Multidisciplinarity (St 29-	Diagnostic Imaging Area (General Hosp)	MDT Maxilo facial or Sarcomas.		
<i>5 minutes</i>									
12.40 - 13.10	30	Interview	Patient representatives	Patient involvement and empowerment (St.19, 21.	Board Area. Room 6.	Ana Martí Marta Gascon	VH Hospital Customer Service. Head. Associations and Volunteering Ref.		

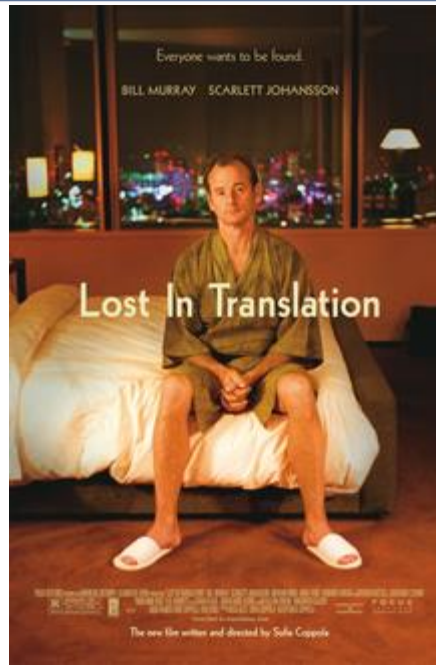


# IMPROVEMENT PLAN



Action 1	
Action 2	
Action 3	
Action 4	
Action 5	
Action 6	
Action 7	
Action 8	
Action 9	
Action 10	
etcetera	

Action 1	Standard	1 Leadership and Management - 1.1. Policy and organisation (example)
	Opportunity	
	Action	
	Goal/ desired result	
	Actions description	
	Who is involved and responsible for result	
	Start (date)	
	Evaluation (date)	
	Dead line (date)	
	Priority – High / Medium	
FUP	Progress	
	Status of implementation	
	Results achieved	



Convencimiento y compromiso desde gerencia y dirección  
Organización y planificación  
Alineamiento con plan estratégico del centro  
Trabajo en equipo junto a calidad  
Conseguir la complicidad de los profesionales del centro y de los pacientes





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