



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

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



Fundación para la
Excelencia y la
Calidad de la
Oncología

Sociedad Española
de Oncología Médica

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Disclosure Information

- . I have no disclosures to make with regard to this presentation

A central image showing several hands of different skin tones and wearing blue and teal gloves, arranged in a circle around a glowing lightbulb. The word 'Contents' is written in a large, bold, black serif font across the center of the hands.

Contents

- 01** Introduction to the OEI Accreditation Programme
- 02** Aims of the Accreditation Programme
- 03** Why Accreditation?

Today OEI comprises 130+ Cancer Centres

Aims

- ✓ To improve quality in cancer care, education and research
- ✓ To enable knowledge exchange, cooperation and coherence among European cancer institutes
- ✓ To promote comprehensive care and optimal QoL for patients



ACCREDITATION
AND
DESIGNATION
PROGRAMME



There are 65 centres in the Accreditation and Designation Programme



33

Comprehensive
Cancer Centres



18

Cancer Centres



14

Newly in the process



Who?

The OEI Board

- Thierry Philip, President, France
- Giovanni Apolone, President Elect, Italy
- Gunnar Saeter, Norway
- Jozsef Lövey, Hungary
- Jacqueline Stouthart, The Netherlands
- Manuel Llombart Fuertes, Spain
- Christian Brandts, Germany
- Iwona Ługowska, Poland
- Maja Čemažar, Slovenia

OECI Programmes and Working Groups

Biobanks and Molecular Pathobiology



Cancer Economics



Cancer Outcomes Research



Collaboration for Good Practices with Patients



Accreditation & Designation Programme





Accreditation & Designation Programme

Helping cancer centres to implement a quality system for oncological care using the OECD standards and peer review programme



Map Europe

- 18 OEI Cancer Centres
- 33 OEI Comprehensive Cancer Centres
- 14 Centres newly in the accreditation process
- 1 Accredited Comprehensive Cancer Network
- 2 Networks in accreditation process



OECI Designation Criteria



| Organisation & governance. Covers radiotherapy, medical & surgical oncology. Multidisciplinarity, quality system, clinical pathways, education, research org., integration etc. | Qualitative assessment | Qualitative assessment |
|---|---|---|
| Budget for oncology health care | >25 M € | >50 M € |
| Budget for oncology research | | >8 M € |
| Number of beds & ambulatory day care beds | >100 | >150 |
| FTE physicians dedicated to cancer | >30 | >50 |
| New cancer patients per year | >1500 | >2500 |
| RESEARCH: | Adequate for CC as assessed by the audit team | Fulfill at least 4 of the 6 following criteria: |
| Peer-reviewed scientific publications/year | | >125 |
| Scientific publications with IF >10 | | >17 |
| Scientific publications with IF 5 – 10 | | >50 |
| Active clinical trials | | >75 |
| Do clinical trials include Early Phase Trials? | | Yes |
| Number of patients included in prospective interventional trials as a % of new patients | | >10% |

What is the Accreditation Programme trying to achieve?

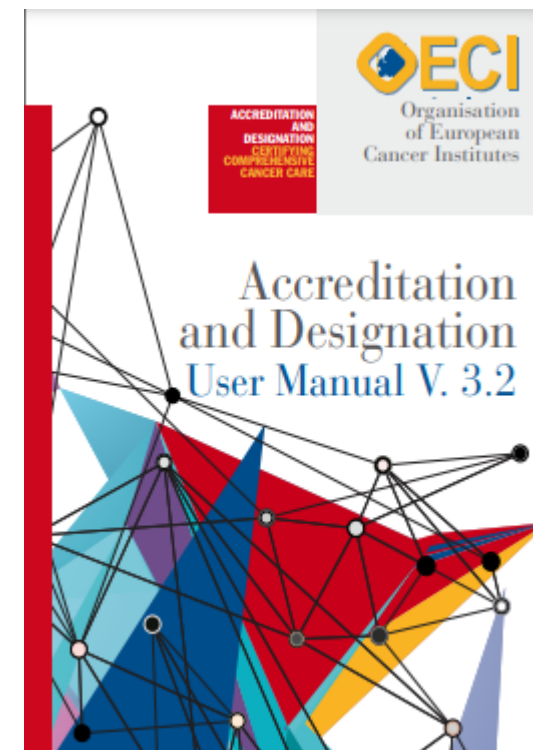


- ✓ To drive genuine improvements for patients
- ✓ To provide an independent and objective external quality assessment of Centres
- ✓ To provide quality standards which are ambitious in terms of excellence
- ✓ To provide pan-European standards which meet EU concerns about equity of access for patients

We use pan-European quality standards to measure clinical and research excellence and improvement

All the processes are available on our Website – <https://www.oeci.eu>

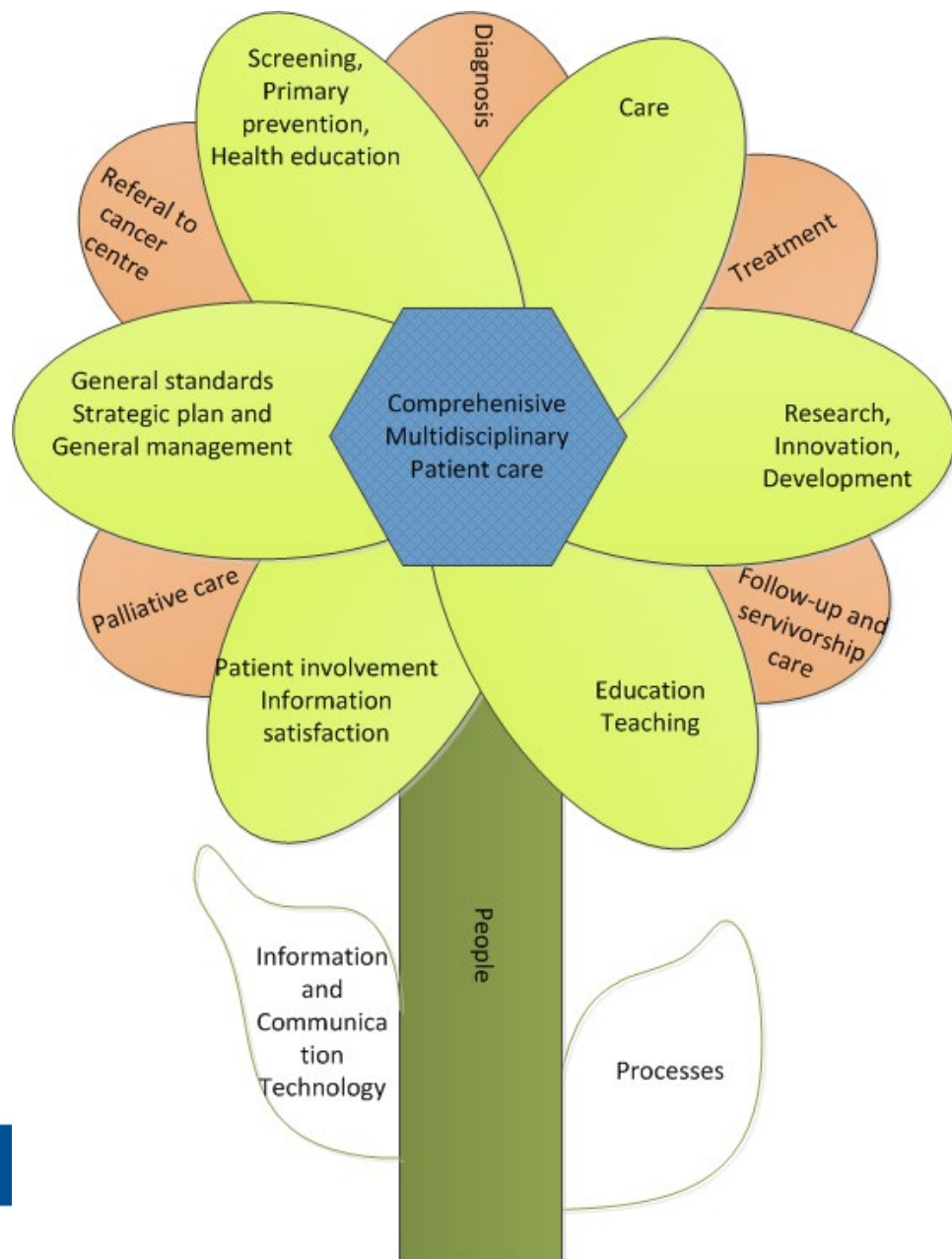
- ✓ Quality standards and criteria in two questionnaires
- ✓ List of requested documents
- ✓ Designation criteria for CCC's and CCs
- ✓ Scoring system based on Plan-Do-Check-Act cycle
- ✓ Web based electronic instrument; e-tool
- ✓ Process of the programme



What does the OEI Accreditation Programme consist of?

- A self assessment period (usually taking 9 months)
- Self assessing, scoring, and uploading evidence against around 300 Quality Standards (about 75% clinical, 25% research)
- Completing around 900 tumour-specific or modality-specific data points
- Providing around 25 key Strategic Documents in English





Focus

- ➔ Is there a Quality culture?
- ➔ Continuous quality improvement minded team

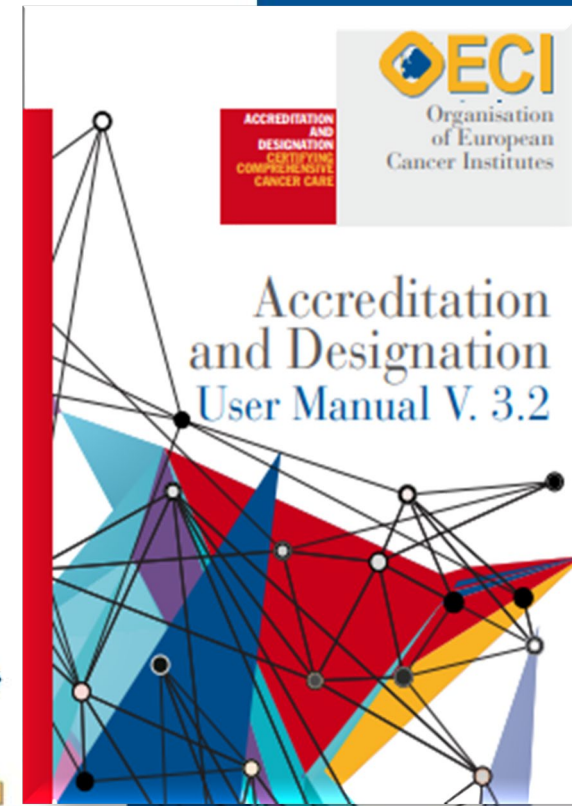
The general principles of the A&D Programme

It is a voluntary Peer Review Programme

Its measures are qualitative and quantitative

It takes a “system-wide view” AND individual tumour types

It has been developed with the input from patient organisations





What are the Domains of the Quality Standards?

- ✓ Governance of the Cancer Centre
- ✓ Organisation of the Cancer Centre
- ✓ Patient involvement and empowerment
- ✓ Multidisciplinarity
- ✓ Prevention and Early Detection
- ✓ Diagnosis (Radiology, Nuclear Medicine, Pathology, Molecular diagnostics)
- ✓ Treatment (Surgery, Radiotherapy, Medical Oncology, Nursing, Pain, Supportive disciplines, Survivorship, Rehabilitation, Palliative Care, End of Life Care.
- ✓ Research (Basic, Translational, Clinical Research)
- ✓ Education and Training in all disciplines.

Practical issues

- Before applying into the programme, OEI asks for application to membership of OEI (the fee for this is modest).
- The total accreditation fee is €55,000
- The language of the accreditation is English – but...
 - We use DeepL to translate documents
 - Professional simultaneous translation is very helpful for some interviews



Governance & Organisation of Cancer Centres

Guidance Note on Requirements for Governance Structures of Cancer Centres which will comply with OECI Standards

Written by the Accreditation & Designation Board of OECI

Introduction

Cancer centres are designed to bring together leading clinical expertise across all major cancer types with translational cancer research and education, thus accelerating adoption of novel therapies and enrolment in clinical trials.

Most fundamental is the centre's multidisciplinary character, and its governance as an identifiable entity, often within a larger structure. Standalone cancer centres – founded to treat cancer patients and perform cancer-focused research – generally have a more simple corporate structure.

Increasingly, cancer centres and comprehensive cancer centres are being developed within University Hospitals treating all health conditions, and with their partner Universities pursuing all forms of health research.

It is in particular to help define effective governance structures in University Hospitals that this Guidance Note is written, in order to fulfil OECI Standards.



MORE AT:
[OECL.EU/ACCREDITATION](https://oecl.eu/accreditation)



Guidance

The Guidance which follows is intended to assist you in the development of your cancer centre. It will be your decision how to adopt this guidance.



ACCREDITATION AND DESIGNATION



Requirements in order to fulfil the Standards

- 1 To have established a clear description of the role, mandate and accountabilities of a (Comprehensive) Cancer Centre Board, which encompasses all aspects of the cancer care pathway and all forms of cancer research. It should define how the (University) Hospital(s) and the University(ties) work together in cancer.

The (Comprehensive) Cancer Centre Board should own the cancer strategy in the location of the cancer centre, and supervise the overall performance and quality of the cancer centre.

In most cases it is the existence and functioning of this Board which demonstrates that the Cancer Centre is an identifiable entity – not necessarily a legal entity – an organisation whose members and member institutions work together through agreements, shared resources, and a unified strategy which binds together cancer care, research and education.

Governance models are generally more simple in the case of specialist Cancer Hospitals, but in the context of University Hospitals treating all diseases, the situation is naturally more complex.

We provide in an appendix three possible models of a Cancer Centre Board in the context of a University Hospital(s) and a partner University (or Universities) and/or research institutes, which would fulfil OECI Standards.

For success, all models suggest that on the hospital side, there is a Board which brings together all the main modalities of diagnosis, treatment and care: radiology, pathology, radiotherapy, systemic therapies, surgery, supportive and palliative care.

In addition, the Board should have representation with senior responsibility for clinical quality assurance.

All models also suggest on the research side a Board which brings together all aspects of cancer research, including all cancer relevant basic and translational science pursued at the university and other institutes.

Clinical research is generally a shared responsibility between the hospital and research institute(s).

The balance of clinical and scientific representation on the main (Comprehensive) Cancer Centre Board will differ according to context. But the key to the whole is the integration of clinical and research leadership in cancer in a single cancer-specific Board.

Model 1

The leadership of the (Comprehensive) Cancer Centre Board predominantly lies with senior Clinical leadership, but it is vital that key leaders of the cancer research community are also represented.

Model 2

(less common)

The leadership of the (Comprehensive) Cancer Centre Board predominantly lies with the research leadership, and it is vital that key leaders of the clinical cancer research community are also represented.

Model 3

This model has a Clinical Cancer Operational Board for the hospital(s), a Cancer Research/Teaching Board, and an overarching (Comprehensive) Cancer Centre Board bringing the key representatives of the other Boards together.



Why accreditation?



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What are the advantages of an OECD accreditation?

- The OECD Accreditation is prestigious – now encompasses all the major centres in Europe (except Germany)
- It is the only Europe-wide institutional accreditation which covers both cancer care and research
- The Review produces a high-quality Improvement Plan (with clear identification of opportunities and a plan to fix them)
- There is a real engagement by all disciplines and all levels of staff
- The gathering of the data and the self assessment by all departments is a benefit in itself (for self monitoring and learning)
- As OECD reaches 65 European centres, all can participate in benchmarking
- The peer review is part of a toolbox to improve outcomes for patients





Auditors



Group Composition

In the A&D Programme: 96 active
Auditors:

- Chairs (Directors)
- Nurses / Nurse background
- Quality Managers
- Physicians
- Research background
- Other (pharmacy, psychologist)



Auditors



Team Composition

- 1 Chair (also auditor): *a director of an OEI Centre*
- 3 - 5 auditors: *oncologist, senior researcher, oncology nurse, quality manager*
- Co-ordinator

What is OECE learning about quality within Cancer Centres in Europe?

- 65 of Europe's largest Cancer Centres are in the OECE Accreditation Programme

Molecular
Oncology

Policy Article |  Open Access |  

Analysing the attributes of Comprehensive Cancer Centres and Cancer Centres across Europe to identify key hallmarks

Sebastian Kehrlöesser, Simon Oberst , Willien Westerhuis, Astrid Wendler, Anke Wind, Harriët Blaauwgeers, Jean-Benoit Burriion, Péter Nagy, Gunnar Saeter, Eva Gustafsson ... [See all authors](#) 

First published: 18 March 2021 | <https://doi.org/10.1002/1878-0261.12950>



- Clinical multidisciplinary is now well embedded
- Better pathway-directed care (but not always well recorded)
- Better data and IT – but see below
- Better patient-centricity



- Precision medicine is being implemented at larger Centres – but without consistency
- Research is concentrated in ~50 centres in Europe (80: 20)
- The same with the volume and leadership of clinical trials



- Governance structures are often not optimal to guarantee best integration of research and care
- A long way to go on secondary use of data for research
- Outreach/local networks –

ACTA ONCOLOGICA
2023, VOL. 62, NO. 1, 15–24
<https://doi.org/10.1080/0284186X.2023.2170275>



ORIGINAL ARTICLE

 OPEN ACCESS 

Evaluating comprehensive cancer networks; a review of standards and evaluation methods for care networks to inform a comparison with the OECE comprehensive cancer network standards

Anke Wind^a, Simon Oberst^b, Willien Westerhuis^{b,c}, Harriet Blaauwgeers^{b,c}, Gunnar Saeter^{b,d}, Paolo de Paoli^{b,e}, Péter Nagy^{b,f}, Jean-Benoit Burriion^{b,g}, Eva Jolly^{b,h}, József Lovév^{b,f} and Wim van Harten^{a,b,i}

Publications

THE LANCET
Oncology

COMMENT | VOLUME 21, ISSUE 8, P1009-1011, AUGUST 01, 2020

100 European core quality standards for cancer care and research centres

Simon Oberst  • Wim van Harten • Gunnar Sæter • Paolo de Paoli • Péter Nagy • Jean-Benoit Burrrion • et al.

[Show all authors](#)

Published: August, 2020 • DOI: [https://doi.org/10.1016/S1470-2045\(20\)30318-1](https://doi.org/10.1016/S1470-2045(20)30318-1)  Check for updates

Molecular
Oncology

Policy Article |  Open Access |  

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Volume 15, Issue 5
May 2021
Pages 1277-1288

 Figures  References  Related  Information

Recommended

- 100 Core Quality Standards Article** – Lancet Oncology, August 2020
- Analysing the attributes of cancer Centres to identify key hallmarks** (using data from our first 40 A&D centres) Molecular Oncology, March 2021
- Evaluating Cancer Networks** – accepted for publication



Formation of Cancer Centres – OEI can help

- ❖ OEI wants to assist University Hospitals, and other hospitals, to form themselves into Comprehensive Cancer Centres with good governance and organisation.
- ❖ This may require new governance and organisational structures, working agreements with Universities and free-standing research institutes
- ❖ The Comprehensive Cancer Centre model can be public or private, or even a mixture of the two
- ❖ The emphasis should be on practical workability and integration, not necessarily requiring a separate legal entity



Improvement



- The centre makes an improvement plan in response to the recommendations and Partially/No scores
- The OECE Accreditation Board assesses the plan
- After one year follow up of improvement plan by audit team chair and OECE
- Self assessment begins again after 4 years.
- Second round accreditation after 5 years



- The strengths of the accredited centres have been documented in the audit reports
- From these, 22 Excellent Practices in many different domains of care have been documented from around our centres
- The sharing of this material for the benefit of the OECI community is part of the vision and mission of the OECI A&D Programme.

Excellent Practices

CCI4EU – overview

- Kick Off – 23-24 May - Milan
- Duration: 36 months
- Budget: 9.7 million
- Coordinator: OECD
- Tailored interventions:
 - 9 “Deep Dives”: Up to 10 ‘consultant experts’ for 3 2-day site visits over 18 months
 - 3 regional conferences with up to 100 ‘team’ delegates from CCIs each
 - Around 50 new tailored online lectures on key CCC/CCI subjects, through European School of Oncology platform.



**Co-funded by
the European Union**



Dimensions of Capacity Building

Individual

- Needs assessment
- Training
- Extending knowledge and competencies
- Processes for talent development and exchange

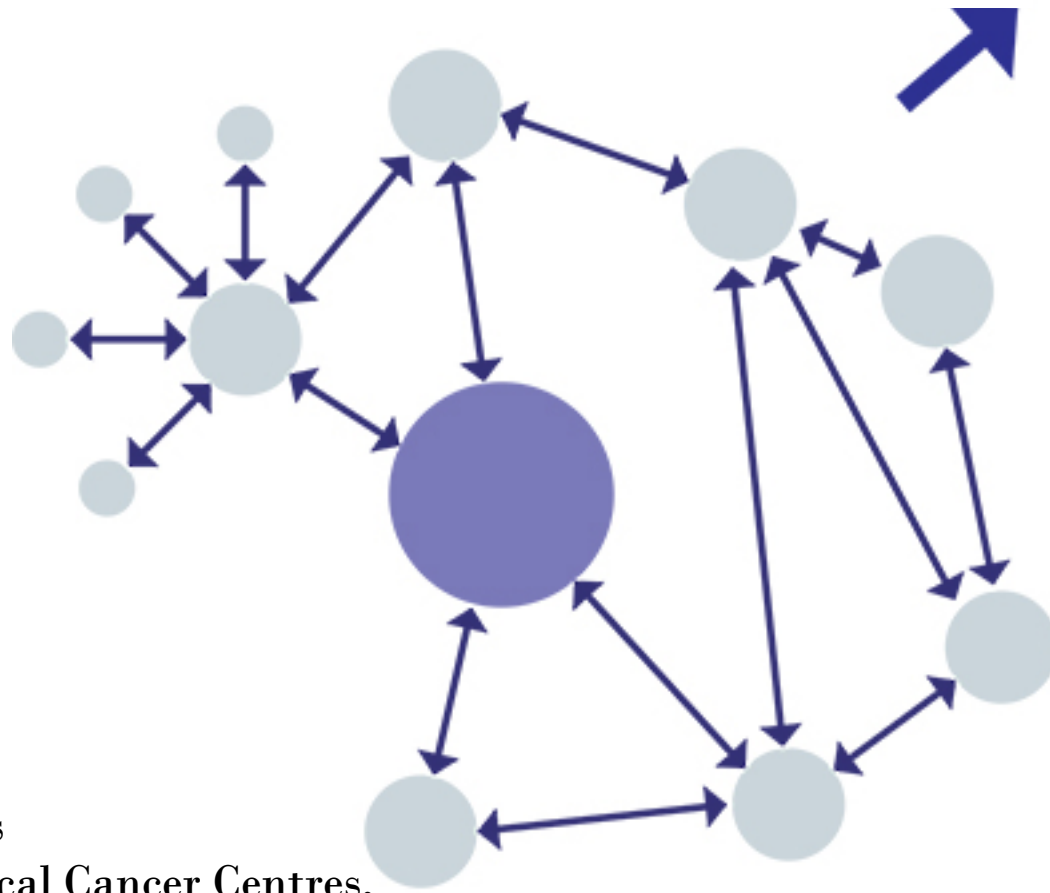
Institutional

- Needs assessment
- Gap analysis and identifying barriers
- Sharing excellent practices
- Building resources (data) and teams
- Changing corporate mindsets

Systemic

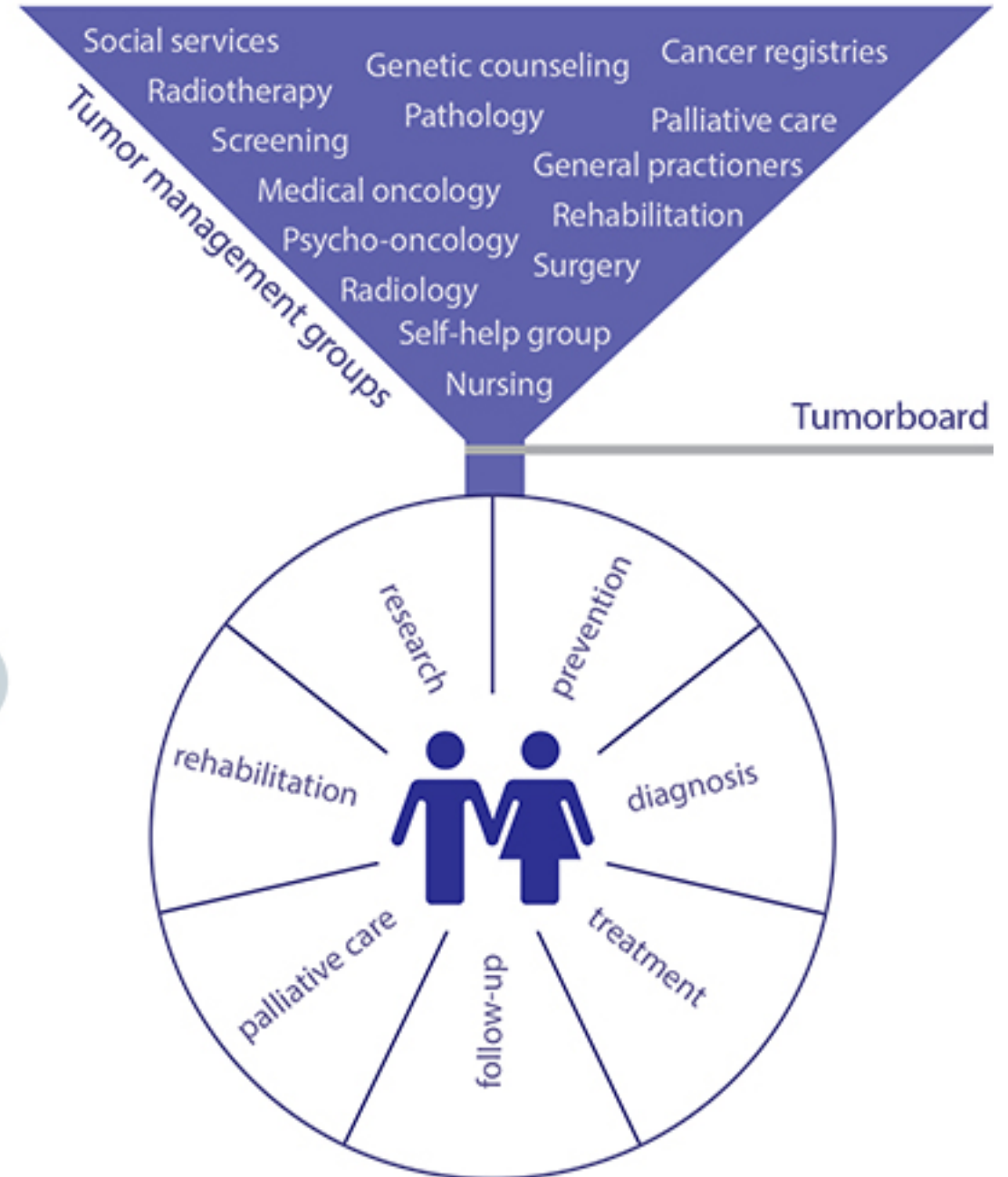
- Needs assessment
- Breaking down silos
- Bringing in outside expertise (twinning and teaming)
- Networking, governance and organisation
- Redesign of the system and sustainability

A – NETWORK



- CCCs
- Clinical Cancer Centres, organ centres
- Research Institutes
- Parts of General Hospitals.
- Diagnostic units etc.

B – FUNCTIONALITY



OEI has pioneered network standards (piloted in Toulouse) with the following principles

- The **governance** of the Network should be clear
- All Comprehensive Cancer Networks should have at least **one CCC or large Cancer Centre** present
- The patient **pathways** in the network should be clear
- **MDT** principles and structures should be the same
- The **strategic research** collaborations should be clear
- The **clinical guidelines** used by all centres should be the same
- There should be a consistent approach to central **registering** of cancer patient data
- There should be **IT interoperability** and data sharing for MDTs (and into primary care) throughout the network



COMMUNITY



OECI Oncology Days
Organisation of European Cancer Institutes
Brno, Czech Republic | June 21st—23rd 2017



The OECI COMMUNITY – 130+ Cancer Centres in every MS



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GRACIAS POR VUESTRA ATENCIÓN



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