OECI experimental accreditation
OECI general assembly, Genoa, May 24, 2008

Centre Georges- François Leclerc
Dijon (France)

Contribution to the second group of audited cancers centers (2007-2008)

J.C. Horiot, P. Fumoleau & S. Genevois

CGFL incentives for candidacy

- Optimal timing, one year after the second french accreditation (v2).
- To consolidate v2 recommendations and actions for improvement
- Synergetic links with evaluations of the FNCLCC (COMPAQH and EPP)
- To benefit from the oncologic specificity of the OECI audit
- To contribute to an innovative european project

OECI accreditation: Process and organisation 1

- **Process**
  - **Self-evaluation: october 2007 to February 2008 (OECI quantitative & qualitative questionnaires)**
  - **OECI audit: april 9-10, 2008**
- **Organisation**
  - **One (half-time) M.D. to coordinate the project**
  - **One (half time) responsible from the hospital QA team**
  - **A pilot group (hospital management + resp. working groups + hosp. Quality)**
- **6 working groups**
  - **Management**
  - **Screening & prevention**
  - **Care**
  - **Research**
  - **Teaching & training**
  - **Patients**

OECI accreditation: Process and organisation 2

- Working groups met formally 2 to 3 times (x 2 hours) always with the coordinator and/or QA officer to provide answers to the qualitative questionnaire
- The coordinator and QA officer filled-up the on-line questionnaire and went back to the groups with requests for corrections and missing items

Difficulties and obstacles 1

- Language
  - The questionnaires were not translated
  - The answers were first written in french on a free format (not on the OECI website)
  - Then directly translated in english by the coordinator on the OECI on-line questionnaires

Difficulties and obstacles 2

- Semantic: Some items were unclear/ununderstandable or even confusing (e.g. tumor registry instead of recording)
- The PDCA (Plan Do Check Act) method:
  - was not understood/implemented by most members of the working groups, requiring a considerable amount of additional work by the coordinator and QA officer
  - Should anyhow be revised by OECI to provide:
    - a better definition of each step
    - If possible, a list of the expected data/information per item.
    - And to allow projected actions for improvement (to facilitate a second audit)

Difficulties and obstacles 3

- The number and size of electronic documents attached to document/prove/complete almost each questionnaire item was far beyond the most generous expectation…
- Requiring the constitution of a specifc data file to store them all under the same format (.pdf)…
- with distant access by the members of the audit team
- These documents could not be translated for obvious reasons…

Interactions with the OECI assistance (Mr H Hummel and Mr Bert Koot)

- Excellent!
  - Any question, and most of the technical improvements and suggested changes in the ergonomy of the questionnaires were answered/implemented within 24 hours

The OECI audit: April 9-10, 2008, as perceived by us (outcome unknown to-date!)

- Dedicated and expert visitors
- Heavily-packed schedule, well respected
- A few problems:
  - Need to explain national health system/constraints
  - Sometimes language barriers with non english speaking hospital workers

The OECI audit: April 9-10, 2008, as perceived by us (outcome unknown to-date!)

- The concluding report/comments from the visiting team:
  - Were largely consistent with the those of the self-evaluation questionnaires
  - Were well-received by a well-attended and representative membership of our institution

The experimental OECI accreditation. Conclusions

- Was a positive and rewarding experience
- Requires a true human investment
  - For a medium-sized cancer center: 2 full-time equivalent (one MD, one QA officer) for 4-5 months.
  - A good response and availability from the rest of the oncology team (Management, MDs non MDs)
- Regardless of the «official » outcome, resulted in significant improvements of:
  - The active QA procedures (access, storage, update)
  - Detecting, understanding, and implementing corrective actions of a number of (usually small) insufficiencies and lack of compliance to recognised standards/guidelines.

OECI visit; CGFL Dijon April 9-10, 2008

OECI auditors

- **Dr Renée Otter**, Director, Integraal Kankercentrum Noord-Nederland - Groningen - Netherlands
- **Prof. Wim van Harten**, Director Organization and Management, The Netherlands Cancer Institute - Amsterdam - Netherlands
- **Ph.D Mia Bergenmar**, Department of Oncology, Karolinska Hospital - Stockholm - Sweden
- **Jean-Benoît Burrion**, Deputy Medical Director, Institut Jules Bordet - Brussels - Belgium
- **Henk Hummel**, Accreditation project manager, Integraal Kankercentrum Noord-Nederland - Groningen - Netherlands
- **Cécile Tableau**, Accreditation coordinating secretariat, Institut Gustave Roussy, Villejuif - France