
Task 6.2 „Development of support instruments to set-up CCCN in different member states“

Presentation of 6.2.1 Results and recommendations from baseline assessment

Goal of task 6.2.

Based on expert interviews from certified cancer centres about their experiences in establishing and preparing a certified CCCN, identify and develop support instruments/training tools to support CCCNs in setting up for certification

Objectives of task 6.2.

- Development of a training concept with instruments to enable and empower member states to set up quality assured CCCNs

The developed training tools will be tested in a feasibility study of CCCN in Lung Cancer Centres in Poland and Luxembourg

6.2.1 Baseline assessment: Study design



Survey methods

- Expert interviews
- Survey

Study Cohort

- certified networks/centres that have undergone tumour-specific certification process (e.g. iPAAC CCCN certification, European Cancer Centre Certification (ECC), DKG cancer centre certification programme)

Target groups

- CCCN directors
- CCCN coordinators (general, tumour specific)
- other: e.g. main cooperation partners, data managers

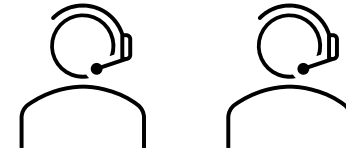
Research goal

- explore the experiences from certified tumour-specific networks, identify success factors, challenges and change management processes in order to identify support tools and instruments that could facilitate the setting up of a certified CCCN

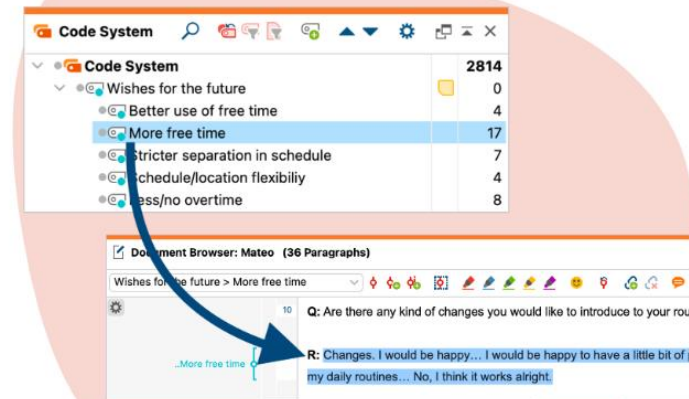
1. Expert Interviews

✓ Method for data collection:

one-on-one, semi-structured interview guideline;
online interviews



✓ Use of MAXQDA (software) in order
to systematically analyze data



Breakdown of interviews



Luxembourg

Breast Cancer Centre

- ECC Breast Cancer Centre Coordinator

Prostata Cancer Centre

- DKG Prostate Cancer Centre Coordinator

Poland

CCCN and CCCN for Colorectal and Pancreatic Cancer

- CCCN Director
- CCCN Coordinator

Romania

Intermediate Breast Cancer Centre

- ECC intermediate Breast Cancer Centre Director
- ECC intermediate Breast Cancer Centre Coordinator

Total of N=6 interviews

N=4 Interviews
with
Coordinators

N=2 Interviews
with
Directors

Conceptual framework of interview analysis



1. Exploring reasons why to become a CCCN Network

- | | |
|------------------------------|--|
| 1.1. Decision to participate | e.g. decision to participate, motivation |
| 1.2. Initial steps | e.g. first steps after the decision to participate, familiarization with the concept, knowledge about certification, useful knowledge to get started |

2. Implementing the criteria and documenting the Data

- | | |
|---|---|
| 2.1. Challenges in understanding and implementing qualitative and quantitative criteria/requirements | e.g. challenges in working with the Set of Standards/Catalogue of Requirements, structure of documents, understandability of concepts/requirements; |
| 2.2. Suggestions for better understanding and implementing qualitative and quantitative criteria/requirements | e.g. what would help to better understand / easier implement SoS and Data Sheet |

3. Audit process

- | | |
|-------------------------------------|--|
| 3.1. Auditing experience | e.g. description of the audit process, audit process and implementation of CCCN/ SoS elements, suggestion and improvement of the audit process |
| 3.2. Support for audit preparations | e.g. experience from pre-audit, intermediate audit, coaching, support during the audit |

4. Change management

- | | |
|--|--|
| 4.1. Challenges within the CCCN implementation process | e.g. challenges with the CCCN certification concepts, most complicated decision during the implementation process |
| 4.2. Improvement through the CCCN process | e.g. improvements with the CCCN certification concepts, development of specific tools, support from the network partners/ within the network |

1.1. Decision to participate in a tumour-specific certification

- Motivation & reasons to participate
 - Reach higher standards of care for oncological patients with clear definition of patient pathways, quality indicators, organizational structures and set new standard of oncological care, to be comparable on a European level
 - Importance to standardize the oncological treatment and to respect and implement the protocols which are given by international guidelines and recommendations in the clinical routine
 - Encourage and engage individual clinicians in their specific field of expertise to participate in quality assurance and improvement processes

1.2. Initial steps

- Identify, and build the CCCN team: start defining the members of the tumour-specific network, allocated responsibilities and define the objectives and tasks that should be reached;
- Support and encouragement from the management/leadership team;
- Approach other key partners/cooperation partners such as radiologists, pathologists and if necessary other hospitals;
- Review the relevant documents (Set of Standards, Data Sheet) to ensure that the network can fulfill the requirements (i.e. minimum case loads, qualification of specialists);
- Build a team that is capable, motivated and dedicated and obtain the necessary and financial support from hospital management;
- Most importantly find a good CCCN coordinator for the project → This has been identified as the key role in a successful certification process.

Building the network – about convincing network partners

“And then I asked my colleagues if they would like to do it [ECC certification], and I tell them, you will have to work differently. [...]. Work as a, [...] crowd and be more productive and giving better care to our patient and it's good for our image etc... But you will have to do for those patients [...] let's say 3 minutes more work per patient per patient visit. If you're willing to do it, I will organize it. I'm gonna ask you to do weird stuff, but that's what you have to do and we will have more patients, better patient care and [...] if we are leading, others will follow.

They [network partners] all thought about it one week, And then they said yes. So, and this was the most important point, having the people wanting to do it and not imposing it. That was very crucial step.”

[coordinator prostate cancer centre]

2.1. Challenges in understanding and implementing qualitative and quantitative criteria/requirements:

- First impression of certification documents is overwhelming: Set of Standards and Data Sheet are very detailed and not clear where to begin, what to prioritize, primary cases concept not yet clear, no examples how to implement certain standards (i.e. waiting time monitoring);
- Language barrier (non-native English speaker, non-English speaker);
- Country-specific regulations; some trainings/further education not (yet) available in the country (i.e. oncology nurse, fast track rules)
- Building up and maintenance of (automatic) data documentation for quality indicators;
- Explanation of indicators: Indicators need to be well defined and specification on exclusion and inclusion criteria for numerator/denominator should be available.

2.2. Suggestions for better understanding and implementing qualitative and quantitative criteria/requirements:

- good to break down SoS and topics to smaller sub-groups (data team, radiotherapy team, nursing team, etc.);
- Identify and designate responsible persons per chapter/topic;
- do a gap-analysis for SoS and Data Sheet / data collection (e.g. what is available/what is missing)
- get more detailed-information including some implementation examples (e.g. from other certified centres / good practice examples);
- develop detailed to-do-lists including timelines (→ task of CCCN coordinator);
- Important to bring sub-groups back together for overall topics (i.e. primary case identification, Standard Operating Procedures)
- Consider asking for coaching/training to get support with implementation.

- *“It took some time to get the minds around them [Data Sheet] because at first they seem to be amazingly complex until one grasps the whole of it and then one gets to understand the overall concept.”*
- *“When you read that [Set of Standards] and [...], you're seeing this for the first time [...] you say wow! What do they want? And you imagine a film. And it's not like that. It's like a dictionary.[...].”*

3.1 Auditing experiences / general remarks about audit:

- Auditors were professional, helpful and constructive during the on-site audit. As they were themselves from certified centres and working in the same oncological tumour-specific field a good peer-to-peer discussion was possible;
- Some centres tend to be a bit reluctant about audits, so it is important to alleviate anxiety and encourage them (“good mixture of both necessary”): Audit is not about finding mistakes, but to discuss how to improve quality of care for patients and support the CCCN network in their work (e.g. enable team to use audit as a tool to encourage decisions from management/governmental level);
- Very useful/important to have at least one auditor who speaks the main language of the centre;
- Audits should be on-site not online.

3.2 Support for audit preparations /certification preparations

- Support from an external coach/consultant for the first time audit can be very helpful in the preparation/implementation (i.e. submission of SoS and Data Sheet; presentations and documents for audit);
- Conduct a pre-audit (for first time certification) to get a trail run on the real audit and get a pre-audit report on what is yet missing to fulfil the Set of Standards / Data Sheet;
- Instead of full-certification opt for intermediate certification to get more time to address the gaps that yet need to be implemented (→ modular approach, e.g. basic, intermediate, fully certified);
- Or have internal expertise on certification process due to previous employment.

→ *For all interviewed networks, external support was reported to be only necessary for initial certification*

- *“Auditor was very professional. So I think that was a very high quality auditor and he knew exactly where to look on and what questions to put and it was a very friendly and professional.”*
- *“Keep in mind that auditing I think I don't see it as an exam as it is. It is something where you can gain a bit of structure in your daily oncological life. I see this way. And there is always some details that might not, might not match [...].”*
- *“[...] Also the audit was I think well prepared with there have been also the deadlines and the dates have been very well communicated. We had contact with the auditor, and the auditor had the data before.”*

About intermediate audit:

- *“On one hand, I wanted to select the hardest chapters. Because you need to realize where are you standing from. You know it's very, very important to see what are your strengths, what are your weaknesses. And I tried to select the hardest chapters in my opinion. [...] So I also decided to have some easier chapters also, but I think it's important maybe to select most of the hardest one and leave the easy.”*

4.1. Challenges within the CCCN implementation process

- Change management
 - The multi-stage certification process can be conflict-prone, time-consuming, and costly, involving potential changes to processes, IT solutions, and the creation of new positions or responsibilities
- Additional workload
 - At the beginning certification means often more work for everybody involved (e.g. more documentation, different workflow, more meetings,...)
- Digitalization
 - For documenting Data Sheets a functional IT-System as a foundation must be created, which can be challenging for some MS

4.1. Challenges within the CCCN implementation process

- Staff resources and staff availability
 - Due to the lack of uniformity in documentation systems and the high time expenditure required for implementation, it is essential to have a digital officer/ data manager who can provide significant assistance;
 - CCCN coordinator needs to be able to dedicate significant time to certification project.
- Financing
 - The biggest challenge for hospitals regarding certification is funding (i.e., costs, IT system, additional human resources(re-)certification)

“So you have to potentially change the processes, you have to establish certain documents and most importantly, you may need to establish certain IT solutions and encode the data. That may be linked as we have seen with certain positions to be created internally or responsibilities and that process can be quite lengthy. It can cost money and I think this is most probably conflict prone process because you are breaking the existing structures and operations.”

4.2. Improvement through the CCCN process

- Structural level:
 - implementation of quality procedures;
 - introduction of new concepts, restructuring processes and updating/development of (new) standard operating procedures (SoPs);
 - implement a more structured patient pathway and patient flow.
- Interpersonal level and peer collaboration:
 - Better communication and collaboration between different specializations and generate a better understanding why/for what certain measures are necessary;
 - Learning from colleagues at the CCCN and from colleagues abroad;
 - Becoming a “Breast/Colorectal/Pancreatic Comprehensive Cancer Network” team; develop a common identity.

4.2. Improvement through the CCCN process

- Economic level
 - Certification can have positive impact in regards to increasing patient numbers;
 - First certified CCCN could become a lighthouse project, which helped support discussions at the national level;
 - Media coverage generated pride in the project, both among the CCCNs and in the wider community.
- Patient Care level
 - Establishing additional cooperation with patient organizations;
 - Development of additional material for patients including clear structure and steps to follow along the patient pathway / patient centeredness;
 - Better patient management / flow (i.e. complete information is available, i.e. pathology report).

- *“We created a team. And like this we show to the other doctors that the things have to move and be according the EU standards and the other EU cancer from Western Europe.”*
- *“And then of course [...], I was quite surprised when I recently aggregated the data from different hospitals and I could see an increase in numbers of patients at the certified centers. In part, it's clearly linked to the promotion which those centers have been doing for their certification. So on one side, probably the centers had used the certification as a marketing point. On the other side, it was clearly accepted by the patients as a good thing.”*

- ✓ Method for data collection: online questionnaire
- ✓ Use of SurveyMonkey (software) in order to collect and systematically analyze data

Breakdown of participants and replies

Luxembourg

Breast Cancer Centre

- ECC Breast Cancer Centre

N=2

Prostata Cancer Centre

- DKG Prostate Cancer Centre

N=2

Poland

CCCN and CCCN for Colorectal and Pancreatic Cancer

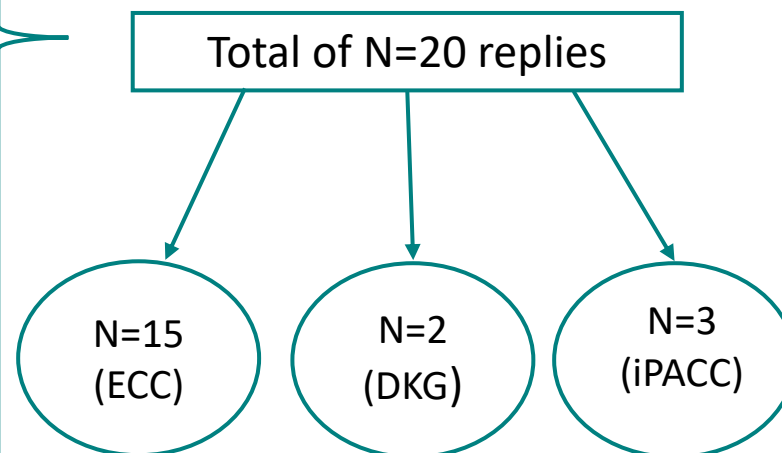
N=3

Romania

Intermediate Breast Cancer Centre

- ECC intermediate Breast Cancer Centre

N=13

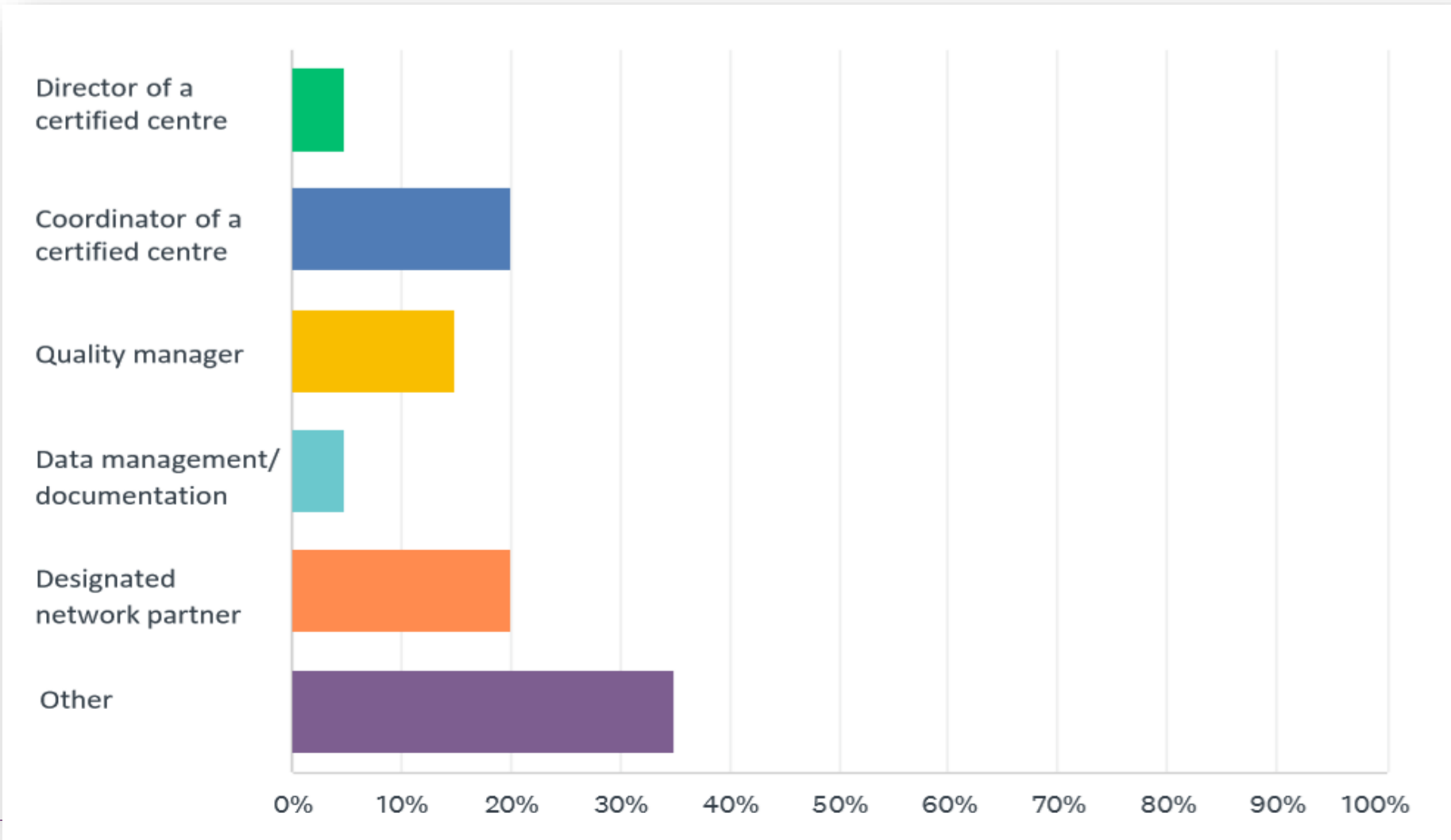


Categories in the questionnaire:

1. Implementation of cancer centre certification programmes
2. Change Management
3. Suggestions for training and support tools

→ Total of 41 different types of questions (e.g. multiple choice, free text field).

What was/is the role of the participants in the certified cancer centre/network?



N=20

In which part of the audit process were the participants actively involved?

Preparation of the audit process	61.54%	
Submission/filling in of certification documents	53.85%	N=13
Representing a network partner during the audit	53.85%	
Presenting requirements/standards during the audit	84.62%	

Level of understanding of implementing Catalogues of Requirements/Set of Standard

Before certification (Catalogues of Requirements/Set of Standard)

1	2	3	4	5
23.53%	35.29%	17.65%	23.53%	0.00%
4	6	3	4	0

N=17

Scale from 1 to 5:
1 star is low, and 5 stars is the highest rating

After certification (Catalogues of Requirements/Set of Standard)

1	2	3	4	5
0.00%	0.00%	0.00%	35.29%	64.71%
0	0	0	6	11

N=17

Level of understanding of indicator definition in Data Sheets Before certification (indicator definition in Data Sheets)

1	2	3	4	5
52.94%	11.76%	17.65%	17.65%	0.00%
9	2	3	3	0

N=17

Scale from 1 to 5:
1 star is low, and 5 stars is the highest rating

After certification (indicator definition in Data Sheets)

1	2	3	4	5
0.00%	5.88%	17.65%	17.65%	58.82%
0	1	3	3	10

N=17

Level of understanding in setting up a tumour-specific network

Before certification

1	2	3	4	5
29.41%	23.53%	23.53%	23.53%	0.00%
5	4	4	4	0

N=17

Scale from 1 to 5:
1 star is low, and 5 stars is the highest rating

After certification

1	2	3	4	5
0.00%	0.00%	11.76%	35.29%	52.94%
0	0	2	6	9

N=17

Results | Implementation of cancer centre certification programmes



N=16

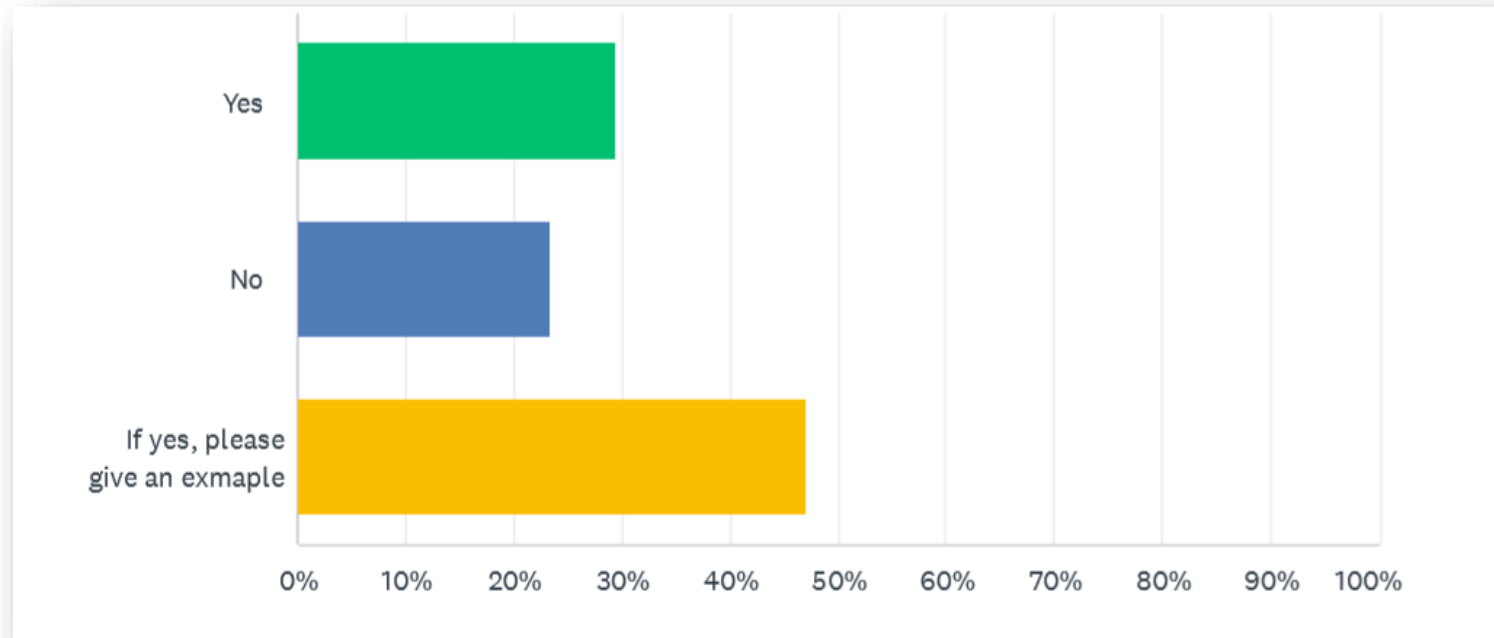
What were the most challenging topics of the requirements/standards to be implemented?

Structure of the network	31.25%
Multidisciplinary cooperation	31.25%
Cooperation referrers and aftercare	18.75%
Psycho-oncology	6.25%
Social work and rehabilitation	12.50%
Patient participation and empowerment	12.50%
Research and Clinical trials	12.50%
Nursing care	0.00%
General service areas (pharmacy, nutritional counselling, speech therapy)	0.00%
Consultation hours	25.00%
Diagnostics	12.50%
Radiology	12.50%
Nuclear medicine	0.00%
Organ-specific surgical therapy	6.25%
Medical oncology /systemic therapy	0.00%
Radio-oncology	0.00%
Pathology	31.25%
Palliative and hospice care	12.50%
Tumour documentation/outcome quality	31.25%
Other (please specify)	0.00%

What were the most challenging topics of the Data Sheets to be implemented?

Primary Case	N=8	0.00%
Basic Data		0.00%
Indicator definitions (numerator/denominator/population)		100.00%
Indicator target value/plausibility corridor		50.00%
Other (please specify)		0.00%

Has the participation in cancer centre certification programmes led to any changes in the certified cancer centre/network?



N=17

Has the participation in cancer centre certification programmes led to any changes in the certified cancer centre/network?

Our cooperation in MDT is much better after certification than before, and understanding primary case idea is also much better

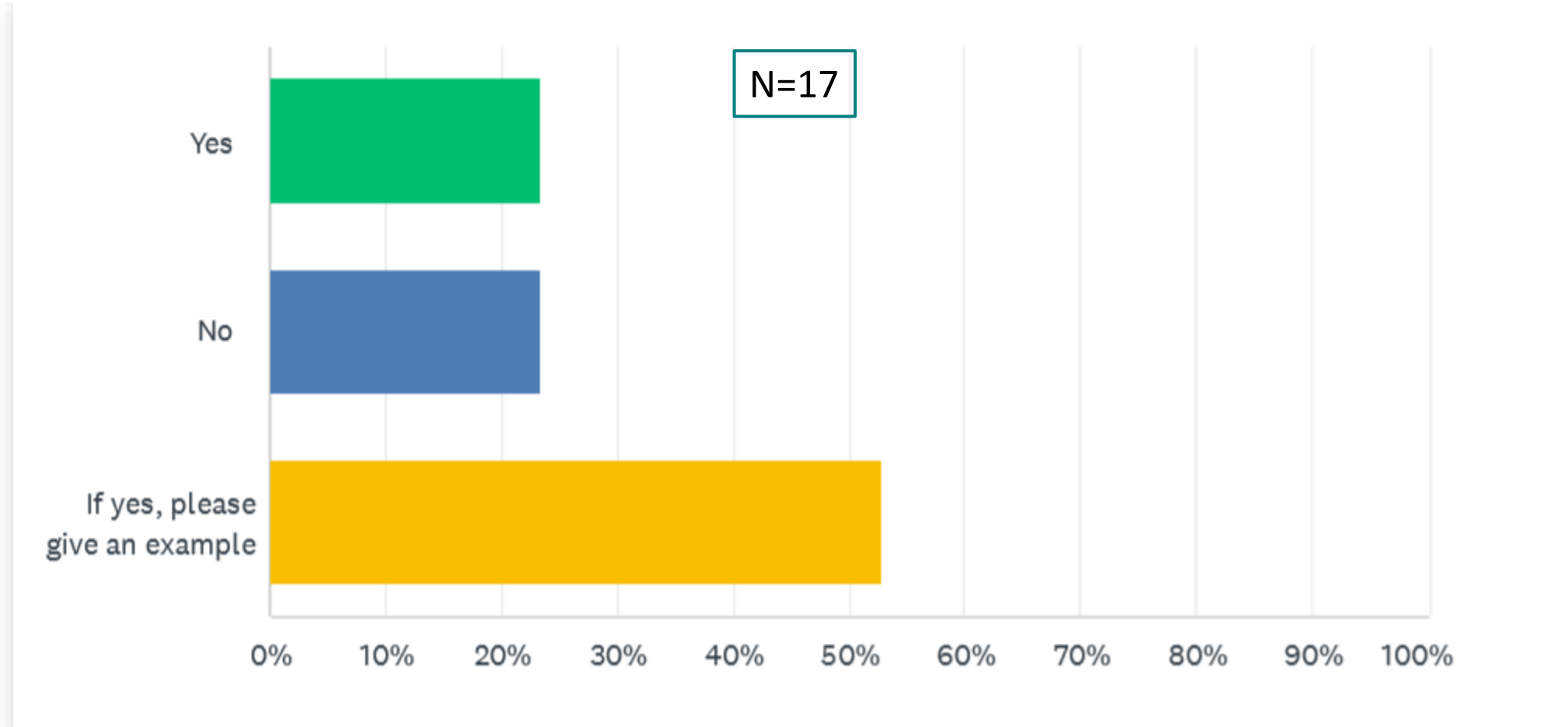
Huge changes with understanding the rules of multidisciplinary teams and paths of patients in comprehensive cancer centers

Multidisciplinary rate participation has increased, decrease the time for the pathology report, patient circuit, tumor documentation system, schedule coordinator, centre website, educational brochures.

More standardized flow of the patient in the cancer centre

Benefits for workflow, efficiency, benefits for patients, more confidence in our work, visibility in European radio-oncology community

Has the participation in a cancer centre certification programme led to any changes in the daily work of the participants?



Has the participation in a cancer centre certification programme led to any changes in the daily work of the participants?

Implementation of paths of patients

Better, more standardized collaboration with my colleagues

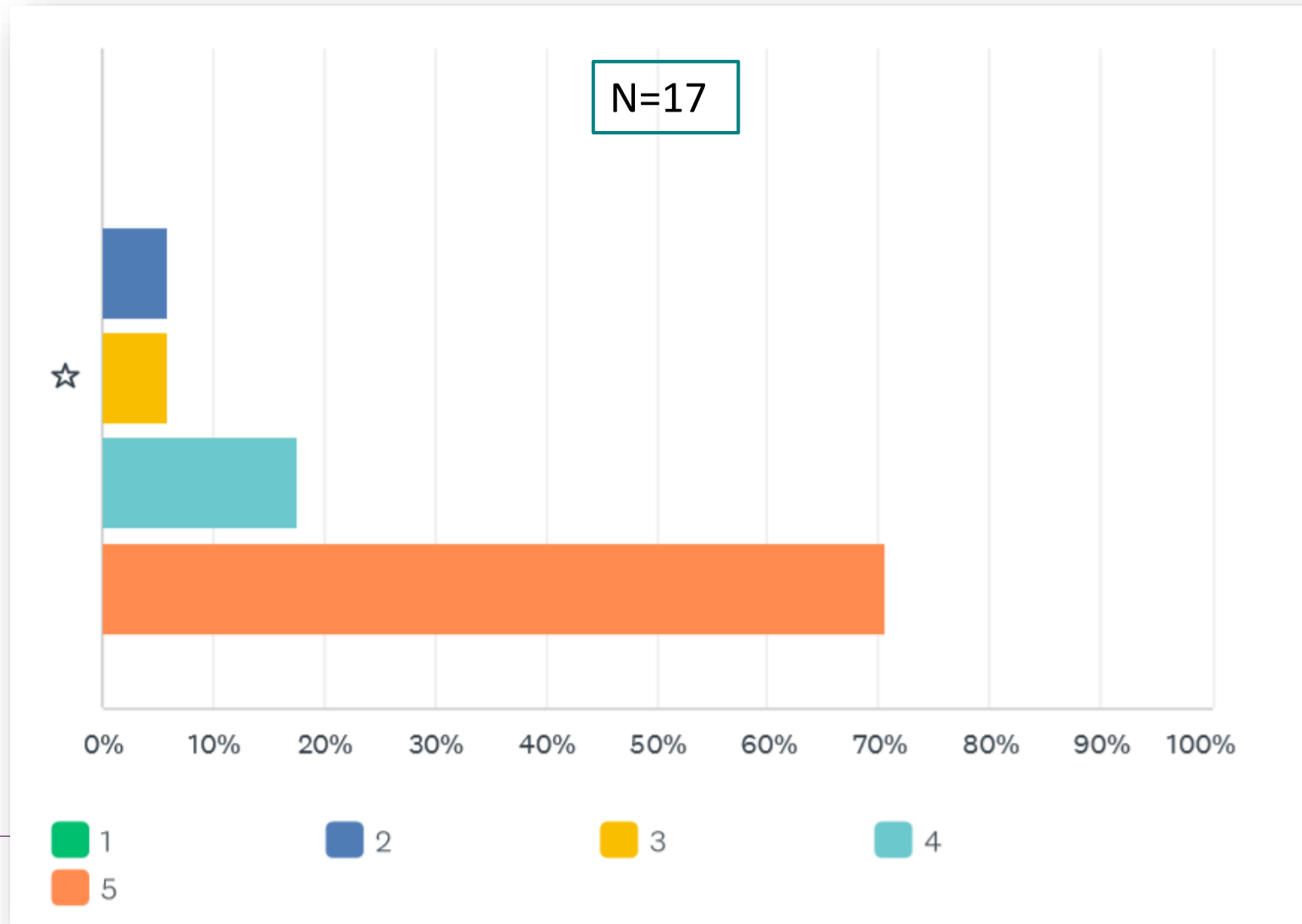
Every patient takes a little more time. As the coordinator I have significantly more work but the quality of care has increased a lot

Results | Change Management

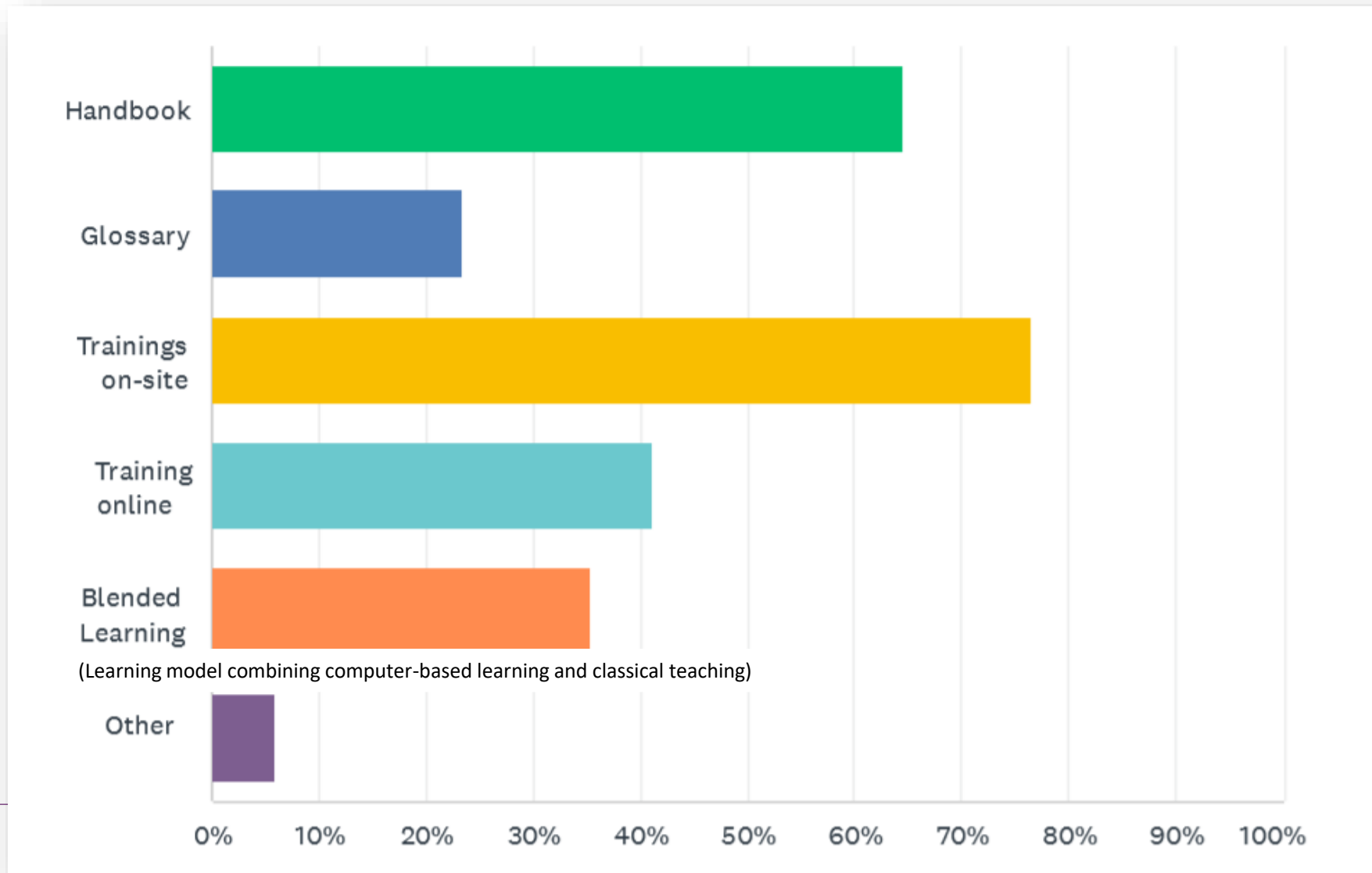


How likely is it that participants would recommend the participation in a cancer centre certification programme to other oncology networks?

Scale from 1 to 5:
1 star is low, and 5 stars is the highest rating



Which support materials would you recommend/ would have been useful to have in order to prepare for certification?



N=17

Further support to prepare for the audit process

Consultations onsite and online

As said above, maybe a short video presenting the audition process might be helpful

A dedicated team, extra special time needed

To have the audit plan earlier to organize internally, availability of doctors, and in case of travel to the partner hospital

Experience of other Center

Pre audit and List of priorities

Further suggestions on how the cancer centre improvement programme could be supported

More meetings onsite and online

I think a minimum level of external coaching should be included for new centers (e.g. hospitals that have never done the certification before). Support for the data management aspect, including a plan to make it sustainable

Pre-audit with gap analysis together with experienced auditor or other center coordinator. List of priorities

Recommendations how to prepare for certification

Internal:

- Setting up the network
- Identify and designate responsible person per chapter/topic
- Designation of coordinator
- Assess Set of Standards and Data Sheet
 - Do a gap analysis & needs assessment (e.g. additional staff necessary, financing?)
 - Make a priority list, break down tasks, set up a timeline
 - On-board IT-department, cancer registry/documentation department for data collection
 - Hold regular meetings with network to align project goals, updating, and team spirit building
 - Identify (if possible) person(s) who have knowledge/experience about certification scheme

Recommendations how to prepare for certification

External:

- Consider commissioning a coaching/training to get support for implementation
- Conduct a (internal/external) pre-audit to get a trial run on the audit and get a report with remarks/deviations
- Consider taking a stepwise approach towards certification in order not to lose stamina along the way if the gap analysis show that there are many topics to address (e.g. modular approach – basic, intermediate, fully certified)