



## D.6.2.

# Training concept for set-up of a CCCN

Author(s):	Lead author: Ellen Griesshammer, Nele Grapentin Co-authors: Dorota Dudek-Godeau, Lidia Dyndor
Contributor(s):	Miguel Areia, Olga Balaoura, Harriët Blaauwgeers, Maja Čemažar, Rudy M. Chouvel, F. Costa, Ineta Derjabo, Anne Drochon, Arne Fosseng, Amelie Gaignaux, George Georgiou, Vasiliki Gkioka, Nikolai Goncharenko, Ingrid Jenny Guldvik, Rui Henrique, Emily Hickmann, Kathy Jaworski, Uroš Kuhar, Claudio Lombard, Per Magnus Maehle, Delia Nicoara, Simon Oberst, Alain Ravaud, Peggy Richter, Hannes Schlieter, Sigbjørn Smeland, Witold Szumowski, Sonja Tomšič, Xavier Troussard, Heidi van Doorne
Work Package:	WP6 “Organization of comprehensive, high-quality cancer care in Comprehensive Cancer Care Networks (CCCNs)”
Date:	31. 05.2024





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# Crane European Network of Comprehensive Cancer Centres

## Project Information

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Project Full Title:	Network of Comprehensive Cancer Centres: Preparatory activities on creation of National Comprehensive Cancer Centres and EU Networking
Project Acronym:	CraNE
Project N°:	101075284
Call:	EU4H-2021-JA-IBA
Topic:	EU4H-2021-JA-03
Starting Date:	01 October 2022
Duration:	24 months
Coordinator:	NIJZ-NACIONALNI INSTITUT ZA JAVNO ZDRAVJE-Slovenia





CCC	Comprehensive Cancer Centre
CCCN	Comprehensive Cancer Care Network
CraNE	Network of Comprehensive Cancer Centres: Preparatory activities on creation of National Comprehensive Cancer Centres and EU Networking
CanCon	Cancer Control
DS	Data Sheet
DKG	German Cancer Society
EC	European Commission
ECC	European Cancer Centre Certification
iPACC	Innovative Partnership for Action Against Cancer
JA	Joint Action
MS	Member States
PANC	Pancreas
QI	Quality Indicator
SOP	Standard Operating Procedures
SoS	Set of Standards
WP	Work Package





## Executive Summary

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The goal of Work Package 6 in the Joint Action CraNE is to further develop practical instruments ensuring a standardised integrated and comprehensive oncological care in all European Member States that is tumour-specific and delivers all-encompassing high-quality care to all patients.

The goal of task 6.2 “Training tools for CCCNs” to support the implementation and certification of CCCNs through the development of a training concept with support instruments to enable and empower member states and oncology hospitals/networks to set up quality assured CCCNs.

The following chapters describe the development process of the training concept, including the baseline assessment its methodology, analysis of results, and derived recommendations.

Based on the recommendation, a training manual for setting up CCCNs (see chapter 5.1 and annex 7.3), as well as a coaching concept to provide a tailored approach to the individual needs of potential CCCNs was developed (see chapter 5.3.). The option to approach the CCCN certification in a modular approach (starter, intermediate and fully certified) was also included.





## 1. Introduction

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The goal of Work Package 6 in the Joint Action Crane is to further develop practical instruments ensuring a standardised integrated and comprehensive oncological care in all European Member States that is tumour-specific and delivers all-encompassing high-quality care to all patients.

Based on the results of the previous Joint Actions Cancer Control (CanCon) and Innovative Partnership for Action Against Cancer (iPAAC), WP6 has defined Set of Standards (SoS) for Comprehensive Cancer Care Networks (CCCNs) for Lung Cancer and updated the two SoS for CCCNs defined during JA iPAAC (SoS “Colorectal and Pancreatic Cancer” and SoS “Generic CCCN” which is non-tumour-specific for a basic and pan-cancer organisation of oncological care within a CCCN). The SoS include guideline-based requirements, structural requirements, e.g., staffing and technical infrastructure and key performance figures. To make the quality of care in CCCNs transparent, comparable and if necessary improvable, tumour-specific Quality Indicators (QI) respectively for lung, colorectal and pancreatic cancer were developed based on the tool for development of QI-Sets in Oncology (QISO) to supplement the Set of Standards (see deliverable 6.3 “Development of Set of Standards and Quality Indicators for Lung Cancer Care”).

For the successful implementation and designation of CCCNs, specific requirements must be met. Verification of implementation should be carried out based on explicit and transparent rules that prevent a potential conflict of interests. Therefore, framework for the certification and designation of CCCNs was developed, consisting of specifications for auditors, audit plan, on-site audit, audit report and the award of the certificate (see deliverable 6.5 “Set-up of two CCCN for Lung Cancer”).

The goal of task 6.2 “Training tools for CCCNs” to support the implementation and certification of CCCNs through the development of a training concept with support instruments to enable and empower member states and oncology hospitals/networks to set up quality assured CCCNs.

The initiative to develop a CCCN training concept is the result of the external process evaluation of the operationalization of the CCCN concept during JA iPAAC WP10.

The evaluation confirmed that the CCCN concept (Set of Standards, Quality Indicators, Evaluation Framework) is suitable for roll-out in European Member States (MS), but it was recommended to develop tools to support the setting up of CCCNs.

*“Recommendation 1. The adoption of standards is a cross-cultural process that requires fluid communication and guidance from the cognizant institutions. It is advisable that both manager and implementation manuals delve into the required change processes and establish priority actions to be carried out – even making use of*





*audio-visual material. This should facilitate the application of key concepts (e.g. networks, type of leadership, quality circles) and the understanding of the rationale for each indicator or parameter (e.g. primary cases) in order to improve the preparation of candidate institutions.” [CCCN-Pilot Evaluation, Joan Prades, Josep M Borrás]*

In order to better understand the experiences and challenges potential CCCNs are facing when undergoing the setting up and certification process, task 6.2 started with a baseline assessment. Based on the derived recommendation of the baseline assessment, the training concept and materials were developed. The development process including baseline assessment (methodology, analysis, results) and the outputs (recommendations, training manual and coaching concept) are described in the following chapters.





## 2. Methodology

The aim of the baseline assessment was to explore the experiences of certified tumour-specific networks, to identify key success factors, barriers and change management strategies. It also aimed to identify supportive tools and resources that could facilitate the establishment of a certified Comprehensive Cancer Centre Network (CCCN) and to identify training needs. The study design summary is presented in figure 1.

The baseline assessment is based on a mixed methods approach: semi-structured expert interviews (qualitative method) and standardised online questionnaire (quantitative method).

The study cohort was defined as certified networks/centres that have undergone a tumour-specific certification process, such as CCCN certification in the scope of JA iPAAC WP10 or certified organ cancer centres in the scope of the European Cancer Centre Certification Programme (ECC).

Target group of the research included directors and coordinators of certified tumour-specific networks as well as main cooperation partners of the network and data managers.

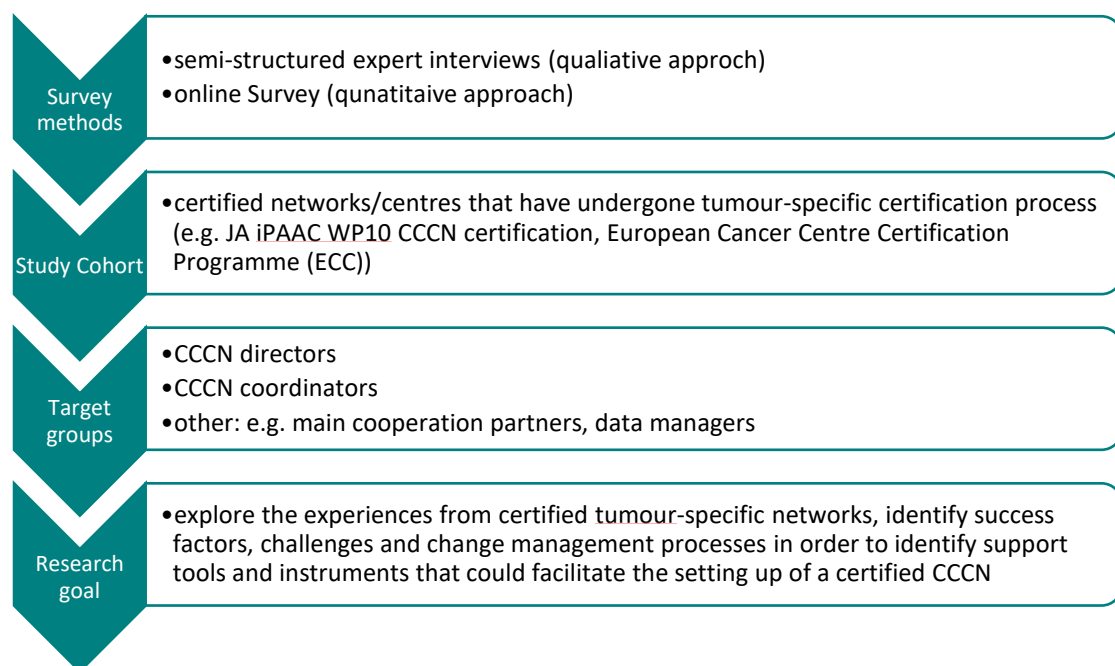


Figure 1: Baseline assessment study design





### 3. Data Collection

A total of N=6 semi-structured expert interviews were conducted, of which N=4 interviews were carried out with CCCN coordinators and N=2 with CCCN directors. Figure 2 provides an overview of the interviewed partners broken down by country, certification scheme and tumour-entity.

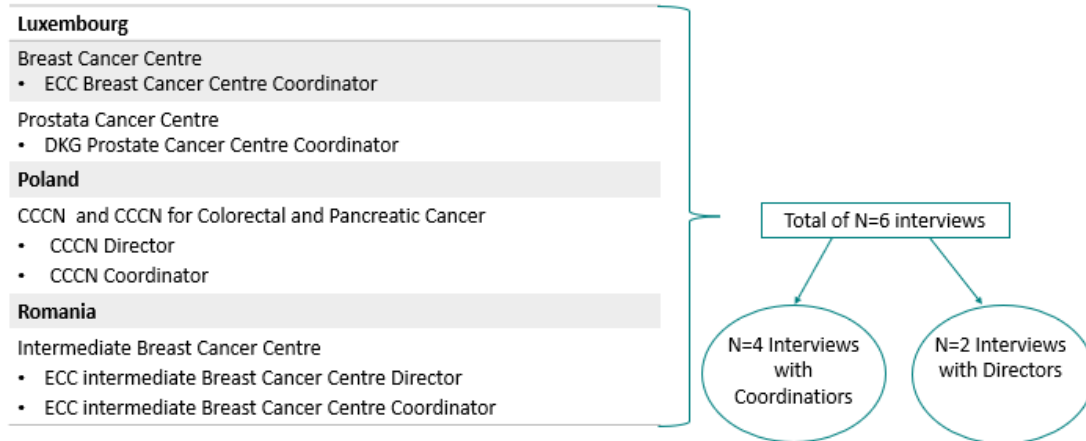


Figure 2: Breakdown of interview partners from qualitative approach

Based on the below depicted conceptual framework (see table 1) the collected interview data was analysed and categorized. The foundation of the conceptual framework was the interview guide which can be found in the annex 7.1.

Categories	Definition
<b>1. Exploring reasons why to become a CCCN Network</b>	
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
<b>2. Implementing the criteria and documenting the Data</b>	
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
<b>3. Audit process</b>	
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
<b>4. Challenges and Change</b>	
Challenges within the CCCN implementation process	e.g. challenges with the CCCN certification concepts, most complicated decision during the implementation process





Improving through the CCCN process	e.g. improvements with the CCCN certification concepts, development of specific tools, support from the network partners/ within the network
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Table 1: Conceptual framework of interview analysis

The analysis was performed using the MAXQDA Plus 2020 programme (version 20.3.0) using the systematic, rule-guided approach based on Mayring<sup>1</sup>, to present the research results in a comprehensive way.

Additionally, to supplement the quantitative method with a quantitative approach a standardized questionnaire was designed and converted in an online survey, using the software Survey Monkey. The questionnaire was divided in three categories which are listed in table 2.

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

Table 2: Questionnaire categories

A total of 41 questions (e.g. multiple choice, free text field) were included in the survey which can be found in annex 7.2. The multiple-choice questions were analysed with the software survey monkey. Free text field questions based on the same conceptual framework and procedure as the semi-structured interviews (see table 1)

A total of N=20 fully answered questionnaires were returned. N=4 replies by Luxembourg, N=2 replies by Poland, N=13 replies by Romania. Figure 3 provides an detail overview of replies according to country, certification scheme and tumour-entivity.

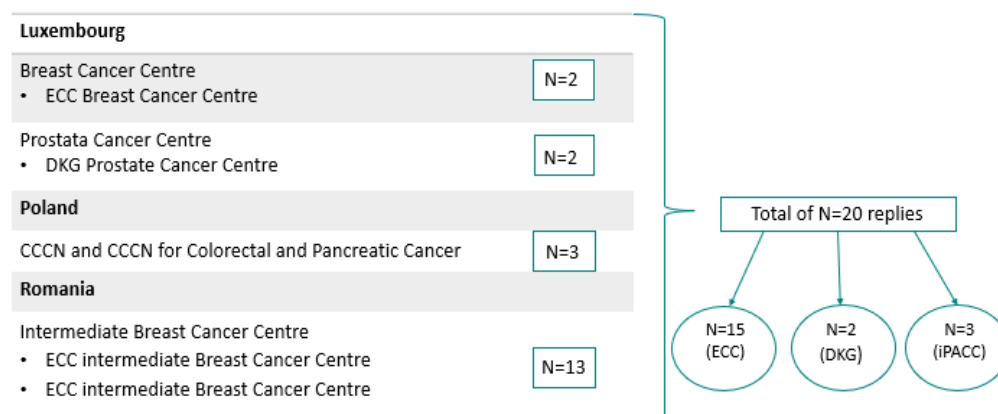


Figure 3: Breakdown of participants and replies

<sup>1</sup> Mayring, P. (2015). *Qualitative Inhaltsanalyse: Grundlagen und Techniken*. Weinheim Basel: Beltz.



## 4. Results

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In this chapter the results of the baseline assessment are presented.

### 4.1. Semi-structured expert interviews

The results of the semi-structured expert interviews which are structured according to the conceptual framework depicted in table 1.

#### Exploring reasons why to become a CCCN network

1. Decision to participate:
  - To 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.
  - To encourage and engage individual clinicians in their specific field of expertise to participate in quality assurance and improvement processes.
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 fulfil the requirements (i.e. minimum caseloads, 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).

Exemplary quote:

*“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.”*

### **Implementing the criteria and documenting the data**

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. 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 (core 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.

Exemplary quotes:

*“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. [...].”*

**Audit process:**

1. Audit experience:

- 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.

2. Support for audit preparation:

- 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

Exemplary quotes:

*“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.”*

## **Challenges and Change**

### **1. Challenges within 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.
- 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))



Exemplary quote:

*“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 it 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.”*

2. Improvement through CCCN process:

- Structural level:
  - o implementation of quality procedures;
  - o introduction of new concepts, restructuring processes and updating/development of (new) standard operating procedures (SoPs);
  - o implement a more structured patient pathway and patient flow.
- Interpersonal level and peer collaboration:
  - o Better communication and collaboration between different specializations and generate a better understanding why/for what certain measures are necessary;
  - o Learning from colleagues at the CCCN and from colleagues abroad;
  - o Becoming a “Breast/Colorectal/Pancreatic Comprehensive Cancer Network” team; develop a common identity.
- Economic level:
  - o Certification can have positive impact in regards to increasing patient numbers;
  - o First certified CCCN could become a lighthouse project, which helped support discussions at the national level;
  - o Media coverage generated pride in the project, both among the CCCNs and in the wider community.
- Patient Care level:
  - o Establishing additional cooperation with patient organizations;
  - o Development of additional material for patients including clear structure and steps to follow along the patient pathway / patient centeredness;
  - o Better patient management / flow (i.e. complete information is available, i.e. pathology report).



Exemplary quotes:

*“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.”*

## 4.2. Online Questionnaire

The results of the questionnaire were analysed according to the three categories (see table 2). In the following paragraphs exemplary results of the questions are depicted regarding knowledge before and after certification on the core concepts and documents of CCCN certification including challenging aspects and changes that very noticeable after undergoing the certification process as well as recommendation on what tools/instruments could be a good support for setting up CCCNs.

1. Level of understanding of implementing Catalogue of Requirements / Set of Standards

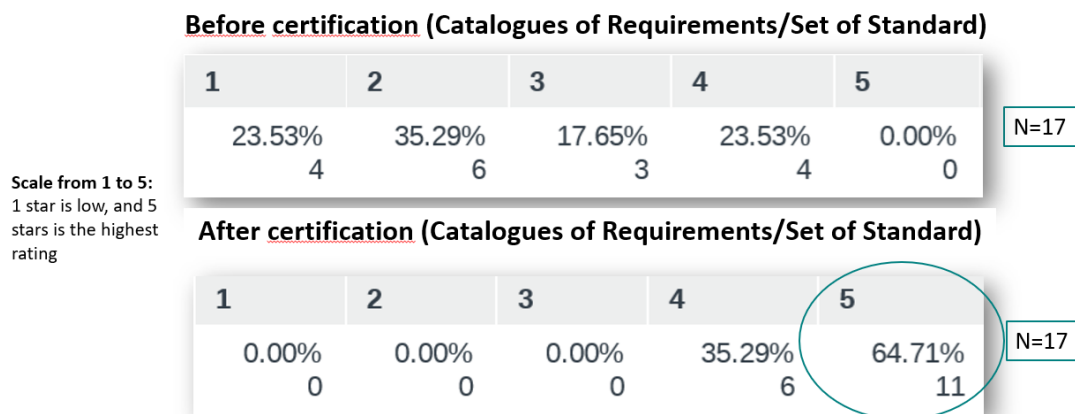


Figure 4: Exemplary results of question 15 and 16 from online questionnaire





2. Level of understanding of Quality 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%	N=17
9	2	3	3	0	

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%	N=17
0	1	3	3	10	

Figure 5: Exemplary results of question 11 and 12 from online questionnaire

3. Level of understanding in setting up tumour-specific networks

**Before certification**

1	2	3	4	5	
29.41%	23.53%	23.53%	23.53%	0.00%	N=17
5	4	4	4	0	

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%	N=17
0	0	2	6	9	

Figure 6: Exemplary results of question 13 and 14 from online questionnaire





4. 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%

N=16

Figure 7: Exemplary results of question 23 from online questionnaire

5. What were the most challenging topics of the Data Sheet 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%

Figure 8: Exemplary results of question 29 from online questionnaire





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

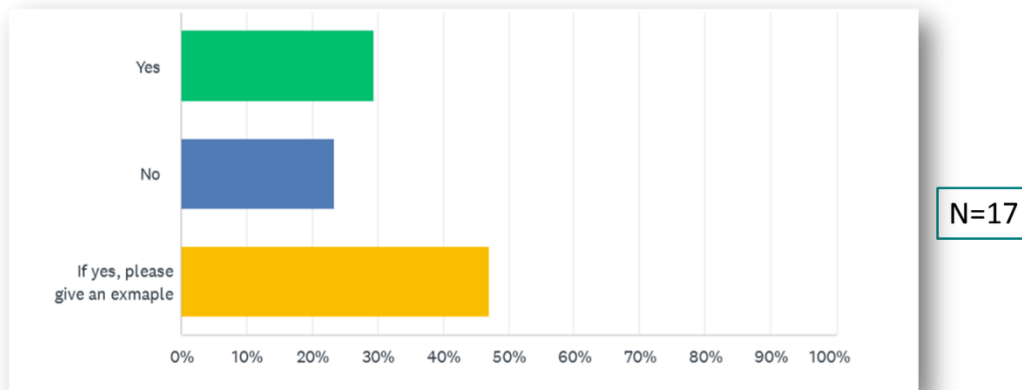


Figure 9: Exemplary results of question 37 from online questionnaire

Examples provided:

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

Figure 10: Exemplary results of question 37 from online questionnaire





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

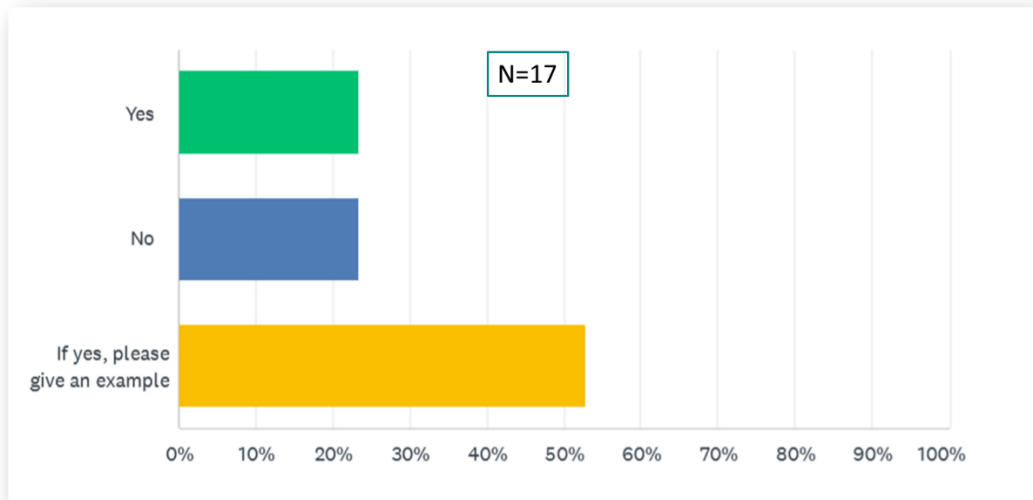


Figure 11: Exemplary results of question 38 from online questionnaire

Examples provided:

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

Figure 12: Exemplary results of question 38 from online questionnaire



8. Which support material would you recommend / would have been useful to have in order to prepare certification?

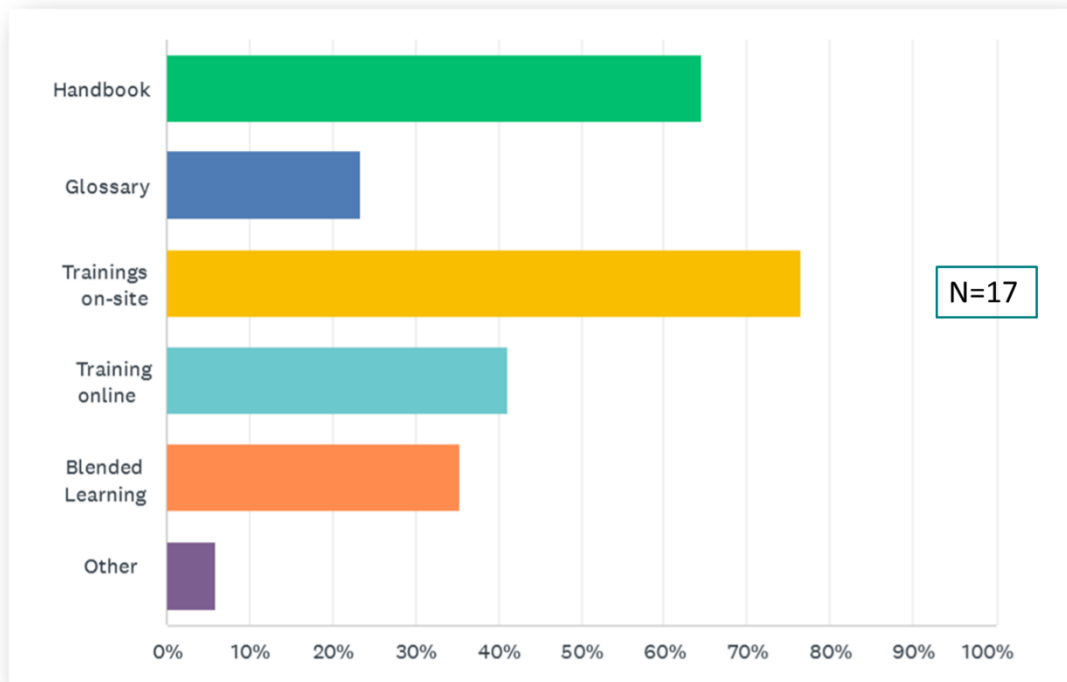


Figure 13: Exemplary results of question 24 from online questionnaire

Further suggestions for training and support tools provided:

**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

Figure 14: Exemplary results of question 32 and 35 from online questionnaire





### 4.3. Summary and Synthese

Based on the results of the baseline assessment the recommendations for setting up CCCNs and preparing for certification were derived. The recommendations were divided into internal recommendations (recommendations which can be implemented by the CCCN-team) and external recommendations (recommendations that need additional outside support).

#### Internal recommendations include:

- Focus on setting up the tumour-specific network and identifying the right cooperation partners
- Identification and designation of responsible persons per chapter / topic of the Set of Standards / Catalogue of Requirements
- Designation of a CCCN coordinator
- Detailed assessment of the Criteria / Standards and Data Sheet including
  - o Gap analysis and needs assessment (e.g. additional staff necessary, financing, etc.)
  - o Make a priority list, break down into sub-tasks, set a timeline
  - o On-boarding of IT department, cancer registry, documentation department for data collection
  - o Regular meeting with network partners to align project goals, updating and team spirit building
  - o Identify (if possible) in-house persons who have knowledge/experience with quality assurance/certification schemes

#### External recommendations include:

- Consider commissioning an external coaching / training to get support for implementation
- Conduct an external pre-audit to get a trial run on the certification audit and get a report with remarks / deviations what is needed to be successfully certified
- Consider taking a stepwise / modular approach towards certification in order to not lose stamina along the way if the gap analysis shows that there are many topics to be addressed.



Based on these derived recommendations the following three instruments were identified and developed:

- Training Manual,
- Modular approach towards setting up CCCNs,
- Coaching Concept.

The training manual describes step-by-step in a generic way the setting up and the certification process of a CCCN. It includes all necessary documents and describes in detail each step for the preparation of the certification audit (see chapter 5.1).

As each potential CCCN is different and is facing individual opportunities and challenges in addition to the training manual a coaching concept was developed. The foundation of the coaching concept is the training manual supplemented by on-site tailored workshops with trainers that have expertise in setting up CCCNs including in-depth knowledge of the Set of Standards and preparing the CCCN certification process. Hence coaching concept allows a tailored approach to the individual needs of the potential CCCNs (see chapter 5.3).

The training manual and the coaching concept both include a modular approach towards CCCN certification. The modular approach breaks down the certification process into three steps: starter, intermediate and fully certified to facilitate the beginning of the certification journey and to have tangible and achievable goals at each level (see chapter 5.2).

In the following chapter the training manual, modular approach and coaching concept are presented. The full version of the training manual can be found in the annex 7.3..



## 5. Training Concept

### 5.1 Training Manual for setting up CCCNs

The main goal of the training manual is to give potential CCCNs an overview and additional information to facilitate the setting up of certified Comprehensive Cancer Care Networks (CCCNs).

Figure 15 provides an overview of the steps including its content.



Figure 15: Overview of 5 steps of training manual

The training manual starts with an introduction and contextual backdrop on the CCCN concept and core elements and continues with chapters covering the 5 overarching steps towards setting up and certifying CCCNs.

Each chapter starts with a short overview of the content and relevant documents, provides examples as well as supporting material.

The whole training manual is included in annex 7.3.

#### Step 1 - CCCN Network

First important steps on the journey to setting up a CCCN is setting up the network. This includes (1) deciding on the *tumour entity* and (2) setting up the corresponding *tumour-specific network*. For the successful setting up of the network the obligatory partners have to be identified as well as a CCCN director and a CCCN coordinator must be designated. This step list includes all the relevant tools and templates which may be of help to readers at this stage of the process. Table 3 provides an overview of the different sub-chapters and documents within Step 1.





<b>Table of content for Step 1 – CCCN Network</b>	
-	Structure of a CCCN Network (on the example of a Lung Cancer CCCN)
-	Definition of cooperation and treatment partners
-	Selection of cooperation partners
-	Requirements for cooperation partners
-	Master Data Sheet
-	Example of Master Data Sheet
-	FAQ Structure of the Network
<b>Document collection of Step 1 – CCCN Network</b>	
-	Master Data Sheet:
-	Colorectal Cancer
-	Pancreatic Cancer
-	Lung Cancer
-	Generic/overarching CCCN
-	Example on Master Data Sheet
-	Set of Standards for
-	Colorectal and Pancreatic Cancer Care Networks
-	Lung Cancer Care Networks
-	for Pathology
-	for Radio-oncology
-	Generic/overarching CCCN
-	Data Sheet
-	Colorectal Cancer
-	Pancreatic Cancer
-	Lung Cancer

Table 3: Overview Step 1 – CCCN Network

## Step 2 – Preparation

In the second step of setting up a CCCN, it is important to make necessary organization’s performance assessment and evaluate what is already in place, perform a gap analysis to identify missing parts/partners as well as to set up an action plan to implement the missing standards. Importantly, also data collection and indicator documentation needs to be assessed and addressed. Table 4 provides an overview of the different sub-chapters and documents.

<b>Table of content for Step 2. Preparation</b>	
-	First things first: Priority Task List
-	Gap Analysis and checklist
-	Standard for Lung Cancer Care – Checklist
-	Modular approach towards certification
-	Examples for
-	Topics for Quality Circles
-	Tumour board minutes
-	Cooperation agreements
-	Example for development of Patient Pathway
-	Templates for
-	Colorectal CCCN: Patient Questionnaire to identify the risk of a hereditary type of colorectal cancer
-	Data Sheet and Data Documentation
-	Overview Data Documentation
-	Data Documentation - Tumour documentation system
-	Data Documentation Rules
-	Data Sheet – Basic Data Sheet
-	Data Sheet – Indicator Sheet





<ul style="list-style-type: none"> <li>- Data Sheet – Types of indicators</li> <li>- Understanding the need for the Primary Case</li> <li>- Data Sheet Challenges</li> </ul>
<b>Document collection of Step 2. Preparation</b>
- Checklist for Lung Cancer Care Networks
- Example on tumour board minutes
- Example for cooperations agreements
- Template: Colorectal CCCN: Patient Questionnaire to identify the risk of a hereditary type of colorectal cancer
- SOP Count Cases

Table 4: Overview Step 2 – Preparation

### Step 3 - Action Plan

In the third step a more detailed view is taken on the action plan including designing team members responsible for specific parts/chapters o. Additionally, it is important to discuss the data collection process so that it will meet the data reporting requirements. Within this steps future CCCNs also start to initiate and prepare for certification. Table 5 provides an overview of the different sub-chapter and documents within Step 3.

<b>Table of content for Step 3. Action Plan</b>
- Template: Gantt Chart (milestones to Audit)
- Certification Process: <ul style="list-style-type: none"> <li>- Overview of steps</li> <li>- Timeline for certification process</li> <li>- Application process for certification process</li> </ul>
- Checklist prior to Audit
<b>Document collection of Step 3. Action Plan</b>
- Template: Gantt Chart
- Request Document
- Certification process Request Document Lung Cancer Care Networks
- Certification process Request Document for Colorectal and Pancreatic Cancer Care Networks
- Application Document
- Certificate Awarding Protocol

Table 5: Overview Step 3. Action Plan

### Step 4 - Certification Audit

The fourth step is dedicated to the audit. An Audit It is not about outlining the errors and drawback of the CCCN but rather focused on continuous improvement and incorporating new recommendations into action so quality of care improves continuously in the CCCNs. The preparation and follow up of the audits are described in this chapter including audit agenda and audit report. The division of power within the certification scheme is also described including the certificate awarding committee. Table 6 provides an overview of the different sub-chapters and documents within Step 4.





<b>Table of content for Step 4. Certification Audit</b>	
-	Role of the auditor
-	Non disclosure agreement
-	Audit Agenda
-	Template Audit Agenda
-	Checklist of required documents for Audit
-	Performing the Audit
-	Deviations
-	Audit Report
-	Template Audit Report
-	Awarding of Certificate
-	Guiding Principles Evaluation Framework
-	Certificate Awarding Committee
-	Process of Certificate Awarding Committee
-	Example of the Certificate
<b>Document collection of Step 4. Certification Audit</b>	
-	Non disclosure agreement
-	Template Audit Agenda
-	Template Deviation Protocol
-	Template Audit Report

Table 6: Overview Step 4. Certification Audit

### Step 5 – Sustainability

The fifth step of setting up a CCCN, is about sustainability. With the awarding of the certificate the journey does not stop but it is rather the beginning of a continuous quality improvement process in a sense of a Plan-Do-Check-Act cycle with annual data reporting and regular re-certification. The content and the documents will be developed within the framework of JA EUnetCCC to better align with the upcoming CCC certification scheme.





## 5.2. Modular Approach

Based on the recommendation from the baseline assessment the modular approach towards CCCN certification was developed. Full CCCN certification can be a complex and lengthy process especially if many changes need to be implemented in order to comply with the Set of Standards (e.g. data documentation, specific training / further education not yet available, etc). The modular approach helps to not lose stamina along the way and allows a step-by-step implementation with feedback along the way. Moreover, the modular approach also supports the underlying key principle of the CCCN concept: continuous improvement along the demi-cycle (Plan-Do-Check-Act).

The three steps build on each other. Entry point can be at each module.

Figure 16 describes for each module the required mandatory chapters and facultative chapters of the Set of Standards are depicted. Same applies for the data documentation in the Data Sheet.

	Starter	Intermediate	Fully Certified CCCN
<b>Requirements</b>	Set of Standards – 4 chapters <sup>1)</sup>	Set of standards – 12 chapters <sup>1)</sup>	Set of Standards – 18 chapters (entirely)
<b>Mandatory chapters</b>	SoS 1.1. Structure of the network <sup>2)</sup> SoS 1.2. Interdisciplinary cooperation <sup>3)</sup>  <sup>2)</sup> Cooperation agreements optional <sup>3)</sup> Focus on tumour boards	SoS 1.1. Structure of the network <sup>4)</sup> SoS 1.2. Interdisciplinary cooperation SoS 2 Organ-specific diagnostics SoS 5 Operative oncology  <sup>4)</sup> Cooperation agreements should be available	
<b>Supplementary chapters</b>		1 Chapter from: SoS 6 Medical / internal oncology SoS 7 Radiation oncology SoS 8 Pathology	
	2 additional chapters are to be selected	In addition, 7 further chapters are to be selected (SoS 6, SoS 7, SoS 8 also possible)	
<b>Data Sheet</b>	(Determination of chapter left to the centre)		
	Basic data/Case list	Data Sheet with Basic Data and Indicators	

Figure 16: Overview of requirements/chapters to be fulfilled according to three modules

1) The CCCN is free to choose further chapters in addition to the 4 chapters for Starter or 12 chapters for Intermediate.



Figure 17 describes for each module the type of evaluation, the type of acknowledgement as well as the basis for the evaluation (required evidence) and the scope of the fulfilment of requirements.

	<b>Starter</b>	<b>Intermediate</b>	<b>Fully certified CCCN</b>
<b>Type of evaluation</b>	On-site auditing	On-site auditing	On-site auditing
<b>Type of credential</b>	Letter of appreciation: Interdisciplinary care for CCCN Qualification level: Starter	Letter of appreciation: Interdisciplinary care for CCCN Qualification level: Intermediate	CCCN Certificate
<b>Basis of evaluation (=required evidence)</b>	Master Data Sheet	Master Data Sheet	Master Data Sheet
	Set of Standards (extract of relevant chapters)	Set of Standards (extract of relevant chapters)	Entire Set of Standards
	Tumour board Procedural instructions, minutes of the “tumour board” and lists of participants for 4 tumour boards held in the last 3 months.	Tumour board Procedural instructions, minutes of the “tumour board” and lists of participants for 8 tumour board held in the last 3 months.	All other documents are viewed during the on-site audit
	Basis Data, case list	Data Sheet with Basic Data and Indicators	
<b>Scope of fulfilment requirements</b>	A maximum of 1 individual requirements in the supplementary chapters is allowed to not to be met or undercut (for chapters 1.1. and 1.2. all requirements must be fulfilled); in the case of quantitative requirements (e.g. number of cases), evidence of at least 50% of the target must be provided.	A maximum of 5 individual requirements in the supplementary chapters is allowed to not to be met or undercut (for chapters 1.1. and 1.2. all requirements must be fulfilled); in the case of quantitative requirements (e.g. number of cases), evidence of at least 50% of the target must be provided.*	Full compliance with the requirements

\* In the supplementary chapters, individual requirements may not be met or may be below the minimum requirements. However, the Auditors has the freedom to decide to issue deviations if patient care is endangered by the non-fulfilment of the requirement. If individual requirements are not met, the CCCN must specify them in advance of the audit at the time of submission of the audit documents. The requirement must be fulfilled for the surveillance audit. If necessary, a country specific equivalence is defined until the next audit, whereby the requirement can be proven by the CCCN. Independent of these regulations, the auditor is free to define conditions that these requirements must be fulfilled of the follow-up audit.

Figure 17: Description of verification / certification process for modular approach





### 5.3. Coaching concept for supporting the set-up CCCNs

#### Introduction

The goal of the coaching concept is to provide a tailored approach to the individual needs of potential CCCNs.

As each CCCN faces individual opportunities and challenges, a tailored coaching approach has been developed in addition to the more general training manual.

The basis of the coaching concept is the training manual, supplemented by customized on-site workshops conducted by coaches with expertise in setting up CCCNs, including in-depth knowledge of the Standards and preparation for the CCCN certification process.

It is essential for the implementation of the coaching concept and the certification that there is a clear separation between coaching and certification. Experts involved in coaching should not be appointed as auditors of the coached CCCN in order to avoid conflicts of interest.

Furthermore, the goal of the coaching concept is to transfer know-how. The aim is not to coach the establishment of several CCCNs in the same hospital/network, instead that the hospital/network uses the experience gained through the coaching to independently set up additional CCCNs for other tumour entities according to the Set of Standards along the certification process.

It would also be desirable for these coaching projects to train coaches in each country to implement the coaching concept in other hospitals/networks in their respective countries.





**Content of the Coaching Concept**

Central to the coaching concept and the establishment of CCCNs are the technical and medical requirements, which describe the standards for structural and process quality and are described in the Set of Standards.

In addition, the coaching concept also address the data management for the collection of data for the presentation of the implemented processes and outcomes of care (e.g. key performance indicators and quality indicators) to make the quality of care in the CCCNs transparent, measurable, comparable and thus improvable.

Both topics are interdependent and therefore should be approached together.

The coaching concept is based on the modular approach described in chapter 5.2.

Like the modular certification process the modules in the coaching concept build up on each other but can be started at any module. Proposed guidance in which module should be selected is described in the table 7 below.

Starter	Intermediate	Fully certified
<ul style="list-style-type: none"> <li>- No experience with certification</li> <li>- Project team not yet established.</li> <li>- Fulfillment of certification requirements uncertain</li> <li>- Short-term (interim) result desired.</li> <li>- High expectations</li> </ul>	<ul style="list-style-type: none"> <li>- High willingness to establish CCCN structures.</li> <li>- The concept of CCCN is familiar and quality assurance is already established</li> </ul>	<ul style="list-style-type: none"> <li>- Already experiences with certification</li> <li>- CCCN coordinator named and motivated.</li> <li>- Feasibility check for certification completed.</li> <li>- Resources for certification available (financial and personnel)</li> <li>- Objective to establish a CCCN in the long term.</li> </ul>

Table 7: Decision support for selecting coaching module





**Implementation of Coaching Concept**

The three coaching modules are the Starter Coaching, the Intermediate Coaching and the Fully certified CCCN Coaching (see Figure 18).

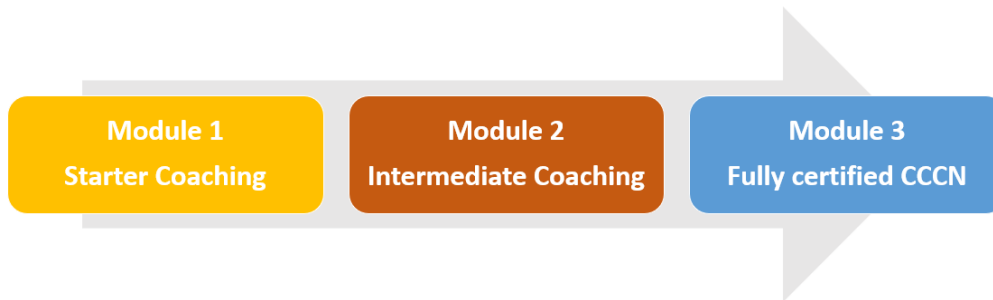


Figure 18: Modules of coaching concept

**Module 1 Starter Coaching**

Module 1 is divided into 3 phases (see figure 19).

Phase 1 kicks-off with an on-site workshop and includes support in project planning such as selection of the tumour entity to be certified, selection of facultative chapters of the SoS, definition of the project team, gap analysis and setting up the project timeline and milestones. In addition, the preparation of data collection is supported. This includes explanation of "primary case" concept, supporting to setting up the data documentation structure for the basic data and setting up the data team.

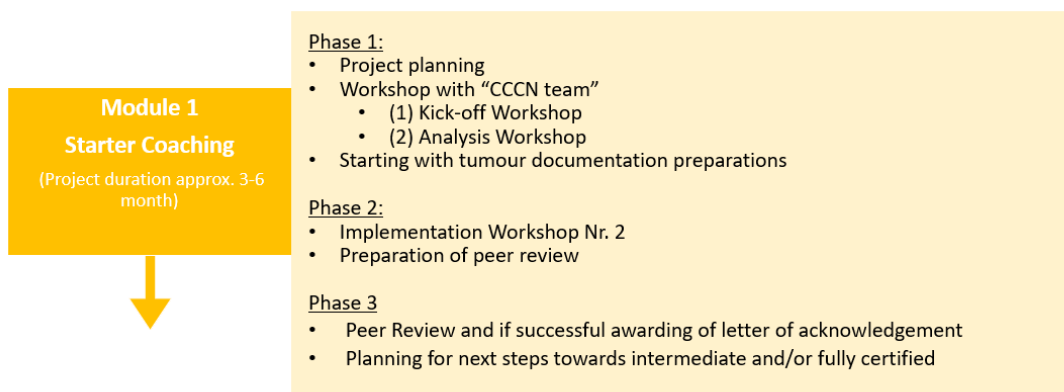


Figure 19: Overview Modul 1 "Starter Coaching"

Phase 2 includes a second on-site workshop and the follow up of the initiated processes in phase 1 and to check progress (filling in and implementing Set of Standards and documenting basic data), discuss challenges, identify improvement measures and prepare for the peer review.

In phase 3, a peer review will take place and, if successful, a letter of acknowledgement will be issued to the CCCN team. This is followed by planning of next steps towards intermediate and/or full certification.







The benefits of the project in terms of improved structures/processes and quality results will be analyzed and a decision should be made on whether to continue the project with or without coaching support.

### Module 2 Intermediate Coaching

Module 2 is divided into five phases (see figure 20)

The content and structure of phase 1 & phase 2 of Module 2 corresponds to the content and structure of phases of Module 1.

As more chapters of the Set of Standards have to be implemented and more data to be documented, a second workshop will take place in phase 1 with the goal to perform an assessment of the local structures along the selected chapters in the Set of Standards to prepare a detailed gap analysis and action plan.

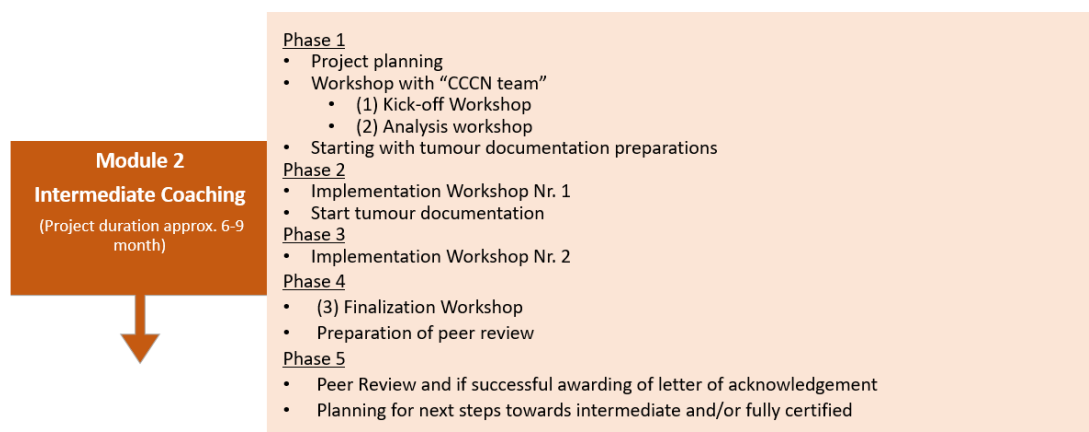


Figure 20: Overview Module 2 "Intermediate Coaching"

In phase 3 the focus will be on assessing progress/feedback for the selected SoS chapters and data documentation.

Phase 4 includes the third workshop with the goal to prepare everything for the intermediate audit. In details this means review of the filled-in Set of Standards and Data Sheet, preparation of the audit agenda and submission of certification documents (e.g. SoS, Data Sheet) to the certification body.

Phase 5 includes the peer review and focuses on the next steps after the successful audit. This includes evaluation of the audit results and if necessary, processing of any deviations and creation of an action plan for the further development of the CCCN as well as decision to continue the project with or without further coaching.



### Module 3 Fully certified CCCN

Module 3 is also divided into 5 phases (see figure 21)

The structure and content of the 5 phases are identical to the Module 2 “intermediate”. In addition, and to prepare better for the certification audit, a pre-audit is included in phase 5. The final phase also includes the evaluation of the audit results and, if necessary, the processing of deviations and the creation of an action plan for the further development of the CCCN.

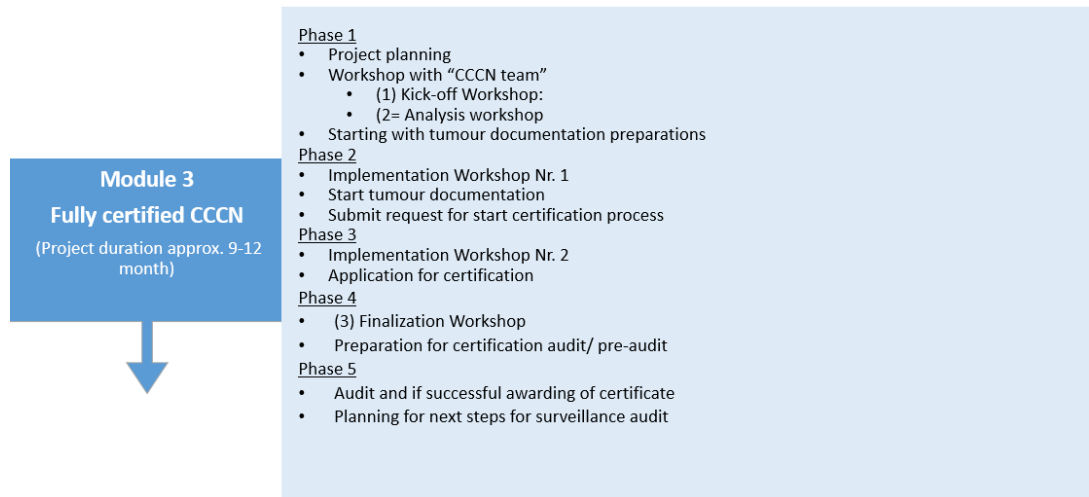


Figure 21: Overview Module 3 "Fully certified CCCN"



## 6. Next steps

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The CCCN training concept consists of three elements: a general training manual, a tailor-made coaching concept and the possibility to divide the CCCN set-up into three modules (starter, intermediate and fully certified).

All three components were developed with the members of WP6 Task 2 and in close collaboration with the two Lung Cancer CCCN pilot sites in Luxembourg and Poland.

The results of the developed tools and concept were presented and discussed during the pilot CCCN Knowledge Exchange Workshop in Warsaw in February 2024. Based on the feedback received, the training manual, coaching concept and modular approach were updated and further developed.

However, due to the short duration of JA CraNE and its scope as a preparatory Joint Action, the three components of the training concept have not yet been fully tested and finalized. WP9 of the forthcoming EUNetCCC Joint Action will continue this work and focus in particular on:

- *Further development and implementation:* the training materials and coaching approach should be updated and expanded where necessary; the coaching approach needs to be field-tested and coaches trained.
- *Train the coaches:* Training course for the coaches should be developed
- *Digitisation:* the training manual should be complemented with an online repository where all necessary documents are available for download, including audio-visual material to support potential CCCNs in their journey. A specification document detailing which data points need to be documented to report the KPI/QI should be developed.
- *Sustainability:* Awarding the certificate does not end the journey of a CCCN but is the beginning of a continuous quality improvement process in the sense of a Plan-Do-Check-Act cycle with regular re-certification. The content and documents related to sustainability will be developed in the framework of JA EUNetCCC to better align with the upcoming CCC certification scheme.
- *Evaluation:* Based on the implementation feedback from the CCCN that are using the training instruments (training manual, the modular approach and the coaching concept), the structure and content of the components of the training concept will be evaluated and further developed.





**7. Annex**

**7.1. Interview Guideline for semi-structured expert interviews**

<p><b>Introductory questions</b></p> <ul style="list-style-type: none"> <li>- Can you please briefly introduce yourself and explain your role/position in the certification process?</li> <li>- Please tell us for which tumour entities your hospital is certified, by which institution and for how long?</li> <li>- What do you remember from the first time you heard about the project/concept?</li> </ul>
<p><b>a) Exploring reasons why to become a CCCN &amp; Setting up the CCCN network</b></p>
<p><b>1. Decision making – Why was the decision taken to participate in a tumour-specific certification programme (i.e. ECC, DKG, CCCN, ECIBC)?</b></p> <p><u>Director:</u></p> <ul style="list-style-type: none"> <li>- Why did you decide to participate/apply?</li> <li>- What was your motivation?</li> </ul> <p><u>CCCN Coordinator:</u></p> <ul style="list-style-type: none"> <li>- How were you appointed? Did you volunteer?</li> <li>- Where you interested or did you become interested?</li> </ul> <p><u>Both:</u></p> <ul style="list-style-type: none"> <li>- Is it the CCCN concept helping to address challenges you are facing?             <ul style="list-style-type: none"> <li>o If yes which?</li> </ul> </li> <li>- What does the term "oncological network" mean to you?             <ul style="list-style-type: none"> <li>o How do you - in your personal opinion - understand it?</li> <li>o To what extent do you feel, that your understanding of the term change while you were going through the CCCN implementation process?</li> </ul> </li> </ul>
<p><b>2. Putting decision in action</b></p> <p><b>2.1 After the decision – initial steps:</b></p> <p>Both:</p> <ul style="list-style-type: none"> <li>- Can you please describe what were the first steps that you took after the decision to participate has been made?</li> <li>- How did you familiarize yourself with the concept/project?</li> <li>- Do you know how the certification process is organized/structured?</li> <li>- What would have been useful for you to get started with the project?             <ul style="list-style-type: none"> <li>o Support? If yes what?</li> <li>o Additional information, if yes what?</li> </ul> </li> </ul> <p><b>2.2 On-boarding cooperation partners / Creation of the Network</b></p> <ul style="list-style-type: none"> <li>- How did you involve the CCCN partners?</li> <li>- What was challenging? What was easy?</li> <li>- What did you miss during the process?</li> <li>- What would have been useful for you to have to get the network involved?             <ul style="list-style-type: none"> <li>o Support? If yes what?</li> <li>o Additional information, if yes what?</li> </ul> </li> </ul>
<p><b>b) Implementing the Criteria and documenting the Data</b></p>
<p><b>3. Understanding Criteria</b></p> <ul style="list-style-type: none"> <li>- How did you start working with the Set of Standards/Catalogue of Requirements/Quality Criteria?             <ul style="list-style-type: none"> <li>o Was the structure clear?</li> <li>o Where the concepts/requirements understandable?</li> <li>o What was easy? What was difficult? Please explain / give examples</li> </ul> </li> <li>- For which topics would you like to have more information/explanation/training? And why?</li> <li>- What was good? What did you miss?</li> </ul>





- How should that information/explanation/training be provided to you? For example:
  - o On-site meeting
  - o Online meeting
  - o Standardized training online/offline?
  - o Glossary/handbook
- How should the information/explanation/training be provided to the network partners? For example
  - o On-site meeting
  - o Online meeting
  - o Standardized training online/offline?
  - o Glossary/handbook
  - o Via trained CCCN coordinator?

**4. Understanding Data Sheet**

- How did you start working with the Data Sheet / Quality indicators?
  - o What steps did you take to address the data collection requirements?
  - o What was easy? What was difficult? Please feel free to give examples
- For which topics would you like to have more information/explanation/training? And why?
- What was good? What did you miss?
- How should that information/explanation/training be provided to you? For example
  - o On-site meeting
  - o Online meeting
  - o Standardized training online/offline?
  - o Glossary/handbook
- How should the information/explanation/training be provided to the network partners? For example
  - o On-site meeting
  - o Online meeting
  - o Standardized training online/offline?
  - o Glossary/handbook
  - o Via trained CCCN coordinator?

**5. Implementation: success factors and challenges**

- How did you start with implementation of the criteria and Data Sheet? Please explain / give an example
- How did you onboard the network partners?
- How should that information/explanation/training be provided to you? And why? For example
  - o On-site meeting
  - o Online meeting
  - o Standardized training online/offline?
  - o Glossary/handbook
- How should the information/explanation/training be provided to the network partners?
  - o On-site meeting
  - o Online meeting
  - o Standardized training online/offline?
  - o Glossary/handbook
  - o Via trained CCCN coordinator?
- What was good? What did you miss?

**c) Change management**

**6. Impact of CCCN on the hospital**

- What were the biggest decisions that had to be taken in order to make the project a success?
  - o Which decision were the most complicated during transition into CCCN? (i.e. human resources, fundamental changes in structure, etc.)
- What were key new processes / structures that were implemented for CCCN to be successful in your network?





<ul style="list-style-type: none"> <li>○ Which new process/structure was the easiest?</li> <li>○ Which new process / structures was the most difficult/complicated?</li> <li>- What are the advantages of the CCCN certification concept?             <ul style="list-style-type: none"> <li>○ Could you use the certificate to advance further goals within your realm / overarching goals?</li> </ul> </li> <li>- What were challenges with the CCCN certification concept?             <ul style="list-style-type: none"> <li>○ Did you have an opposition from network partners /within the network? If yes, how did you overcome it?</li> <li>○ How did you motivate staff to participate and be supportive?</li> </ul> </li> <li>- How could this process be supported? What tools or instruments could help?</li> <li>- How should these tool be made available?</li> </ul>
<b>d) Audit process</b>
<p><b>7. Auditing experience (if they participated / optional)</b></p> <ul style="list-style-type: none"> <li>- How would you describe the audit process?</li> <li>- Has the audit process helped to better implement the CCCN/SoS elements?</li> <li>- Was the audit supported by somebody (coach, iPAAC team etc.), if yes how?</li> <li>- How could the preparation/support of the audit process be improved?             <ul style="list-style-type: none"> <li>○ What tools/instruments/processes could help to prepare better?</li> </ul> </li> </ul>
<p><b>8. After the audit is before the audit: Plan-Do-Check-Act cycle and Sustainability</b></p> <ul style="list-style-type: none"> <li>- What happened after the successful audit in your CCCN?</li> <li>- How did you communicate your successful certification? Did you get any feedback from the communication?</li> <li>- How do you prepare for the follow-up audit?</li> <li>- What would be useful tools/instruments for you and your network partners to support continuous work on the CCCN structure?</li> </ul>
<b>e) Closing</b>
<ul style="list-style-type: none"> <li>- Is there anything else you would like to add?</li> <li>- Is there anything else on your mind?</li> </ul>

## 7.2. Online Questionnaire

See attached PDF document “Annex 7.2.\_online questionnaire”





Development of support instruments and training tools to set-up Comprehensive Cancer Care Networks (CCCNs) within the Joint Action CrANE

## Welcome to the online questionnaire

Dear participants,

**the aims of this online questionnaire is to identify topics which you faced during the certification process and to find out what could have helped and how you could have been better supported.**

**Within this questionnaire we want to focus on well-functioning structures, dismantle challenges and translate lessons learned into a training concept that will enable and empower future CCCNs.**

**We would highly appreciate if you could take some time to participate in this important JA CrANE initiative and provide information about your certification experience.**

**You will need about 15 minutes to complete the questionnaire!**

### Data Protection

**All data will be presented anonymously with regard to individual certified cancer centre/network, and we will guarantee that your centre name will not be mentioned in publications and the report of the questionnaire.**

**Thank you very much for a significant contribution to the CrANE initiative**

**For starting with the questionnaire, please press the button "Next" below.**



Development of support instruments and training tools to set-up Comprehensive Cancer Care Networks (CCCNs) within the Joint Action CraNE

**Your Background**

\* 1. Please write down the name of the certified cancer centre/network

\* 2. Please select the country in which your certified cancer centre/network is located

\* 3. What was/is your role in the certified cancer centre/network?

*More than one role is possible*

- Director of a certified centre
- Coordinator of a certified centre
- Quality manager
- Data management/documentation
- Designated network partner
- Other (please specify)



Development of support instruments and training tools to set-up Comprehensive Cancer Care Networks (CCCNs) within the Joint Action CraNE

\* 4. In which **cancer centre certification programme** did you participate?

*More than one answer is possible*

- DKG (German Cancer Society Cancer Centre Certification Programme)
- ECC (European Cancer Centre Certification Programme)
- ECIBC (European Commission Initiatives on Breast and Colorectal Cancer)
- iPAAC (Innovative Partnership for Action Against Cancer)
- Other (please specify)

\* 5. For which tumour entity/ies have you completed the **cancer centre certification programme**?

*More than one answer is possible*

- Breast
- Colorectal
- Lung
- Pancreatic
- Prostate
- Other (please specify)

\* 6. How long has **your centre** been certified?

- less than 3 years
- more than 3 years
- more than 6 years
- I don't know

\* 7. How would you assess your knowledge about the **cancer centre certification programme** you participated in **prior to the start** of the certification process? *Please mark your opinion on a scale of 1 to 5, where 1 star is low and 5 stars is the highest rating*



\* 8. How would you assess your knowledge about the **cancer centre certification programme** you participated in **after the completion** of the certification process? *Please mark your opinion on a scale of 1 to 5, where 1 star is low and 5 stars is the highest rating*



Development of support instruments and training tools to set-up Comprehensive Cancer Care Networks (CCCNs) within the Joint Action CraNE

### **Implementation of cancer centre certification programmes**

**Please rate your level of understanding (before certification/after certification) of the following concepts/terms from cancer centre certification programmes on a scale from 1 to 5 where 1 is low and 5 high**

**\* 9. Primary case definition**

**Before** implementation of cancer centre certification programme

★ ★ ★ ★ ★

**\* 10. Primary case definition**

**After** implementation of cancer centre certification programme

★ ★ ★ ★ ★

**\* 11. Indicator definition in Data Sheet**

**Before** implementation of cancer centre certification programme

★ ★ ★ ★ ★

**\* 12. Indicator definition in Data Sheet**

**After** implementation of cancer centre certification program

★ ★ ★ ★ ★

**\* 13. Setting up a tumour-specific network**

**Before** implementation of cancer centre certification programme

★ ★ ★ ★ ★

**\* 14. Setting up a tumour-specific network**

**After** implementation of cancer centre certification programme

★ ★ ★ ★ ★

**\* 15. Implementation of the tumour-specific Catalogues of Requirements/Set of Standards**

**Before** implementation of cancer centre certification programme



**\* 16. Implementation of the tumour-specific Catalogues of Requirements/Set of Standards**

**After** implementation of cancer centre certification programme





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### Implementation of cancer centre certification programmes

\* 17. What type of **support materials** would have helped to **understand the concepts/terms** of cancer centre certification programme?

*More than one answer is possible*

- Handbook
- Glossary
- Trainings on-site
- Training online (i.e. live online Q&A meetings, visual materials (video clips), etc. )
- Blended Learning approach (Learning model combining computer-based learning and classical teaching)
- Other (please specify)

\* 18. Did you act as a **multiplier** within your certified centre, where you explained certain aspects of the cancer centre certification programme to network partners/colleagues?

- Yes
- No



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**Implementation of cancer centre certification programmes**

\* 19. According to your opinion what **type of support materials** would have helped to **explain the concepts/terms** of cancer centre certification programme to other network partners/colleagues?

*More than one answer is possible*

- Handbook
- Glossary
- Trainings on-site
- Training online (i.e. live meetings, visual materials (video clips))
- Blended Learning (Learning model combining computer-based learning (e.g. via the internet) and classical teaching)
- Other (please specify)



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### **Implementation of cancer centre certification programmes**

\* 20. Were you actively **involved in the preparation of the certification documents?**

Yes

No

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**Implementation of cancer centre certification programmes**

\* 21. For which chapter related to the **requirements/standards** were you responsible and/or contributed information?

*More than one answer is possible*

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

22. How would you rate the **understandability** of the **requirements/standards**? Please mark your opinion on a scale of 1 to 5, where 1 star is low and 5 stars is the highest rating.





\* 23. Which topics/themes of the **requirements/standards** where in your opinion the most challenging to **implement**?

*More than one answer is possible*

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

\* 24. What type of **support materials** would have helped understanding requirements/standards better?

*More than one answer is possible*

- Handbook
- Glossary
- Trainings on-site
- Training online (i.e. live online Q&A meetings, visual materials (video clips), etc. )
- Blended Learning approach (Learning model combining computer-based learning and classical teaching)
- Other (please specify)



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### **Implementation of cancer centre certification programmes**

\* 25. Were you actively involved in the **preparation** of the **Data Sheets**?

- Yes
- No
- Keine der genannten Optionen

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**Implementation of cancer centre certification programmes**

\* 26. For which part related to the **Data Sheet** were you **responsible and/or contributed**?

*More than answer is possible*

- Identification of Primary Cases
- Data documentation
- Data gathering
- Basic Data
- Indicators
- Other (please specify)

\* 27. What **type of support materials** would have helped understanding the **Data Sheet** and **indicators** better?

*More than one answer is possible*

- Handbook
- Glossary
- Trainings on-site
- Training online (i.e. live online Q&A meetings, visual materials (video clips), etc. )
- Blended Learning approach (Learning model combining computer-based learning and classical teaching)
- Other (please specify)

\* 28. How would you rate the **understandability** of the indicators of the **Data Sheet**? *Please mark your opinion on a scale of 1 to 5, where 1 star is low and 5 stars is the highest rating.*



\* 29. Which **topics/themes** of the **Data Sheet** where in your opinion the **most challenging** to implement/document?

*More than one answer is possible*

- Primary Case
- Basic Data
- Indicator definitions (numerator/denominator/population)
- Indicator target value/plausibility corridor
- Other (please specify)



Development of support instruments and training tools to set-up Comprehensive Cancer Care Networks (CCCNs) within the Joint Action CraNE

### **Implementation of cancer centre certification programmes**

\* 30. Were you actively involved in the preparation of the **audit process**?

Yes

No

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**Implementation of cancer centre certification programmes**

\* 31. In **which part** of the **audit process** were you actively involved?

*More than one answer is possible*

- Preparation of the audit process
- Submission/filling in of certification documents
- Representing a network partner during the audit
- Presenting requirements/standards during the audit
- Other (please specify)

32. What type of **support materials** would have helped prepare for the **audit process** better?

\* 33. How would you rate the **understandability** of the **audit process**? *Please mark your opinion on a scale of 1 to 5, where 1 star is low and 5 stars is the highest rating.*



34. What **would have helped** you to better prepare for the **audit/audit process**?



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### **Implementation of cancer centre certification programmes**

35. Do you have any **further suggestions how the implementation** of the cancer centre certification programmes could be **better supported and/or prepared?**



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**After certification process**

\* 36. Overall, how would you rate your **experience with cancer centre certification programmes**? Please mark your opinion on a scale of 1 to 5, where 1 star is low and 5 stars is the highest rating.



\* 37. In your opinion has the participation in cancer centre certification programmes led to any **changes in the certified cancer centre/network**?

- Yes
- No
- If yes, please give an example

38. Has the participation in a cancer centre certification programme led to any **changes in your daily work**?

- Yes
- No
- If yes, please give an example

\* 39. How likely is it that you would **recommend the participation in a cancer centre certification programme** to other oncology networks? Please mark your opinion on a scale of 1 to 5, where 1 star is low and 5 stars is the highest rating.



40. Are there any **further comments** that you would like to share about your **experience with the cancer centre certification programme**?



41. Are there any further **recommendations** that you would like to give us for **supporting the implementation** of cancer centre certification programmes?



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**Thank you very much for your participation in the questionnaire!**

**In case you have any questions, please do not hesitate to contact Dr. Dorota Dudek-**

**Godeau**

**([ddudek-godeau@pzh.gov.pl](mailto:ddudek-godeau@pzh.gov.pl)) or Ellen Griesshammer**

**([griesshammer@krebsgesellschaft.de](mailto:griesshammer@krebsgesellschaft.de)).**

**Please press the button "Done" below to save your answers.**