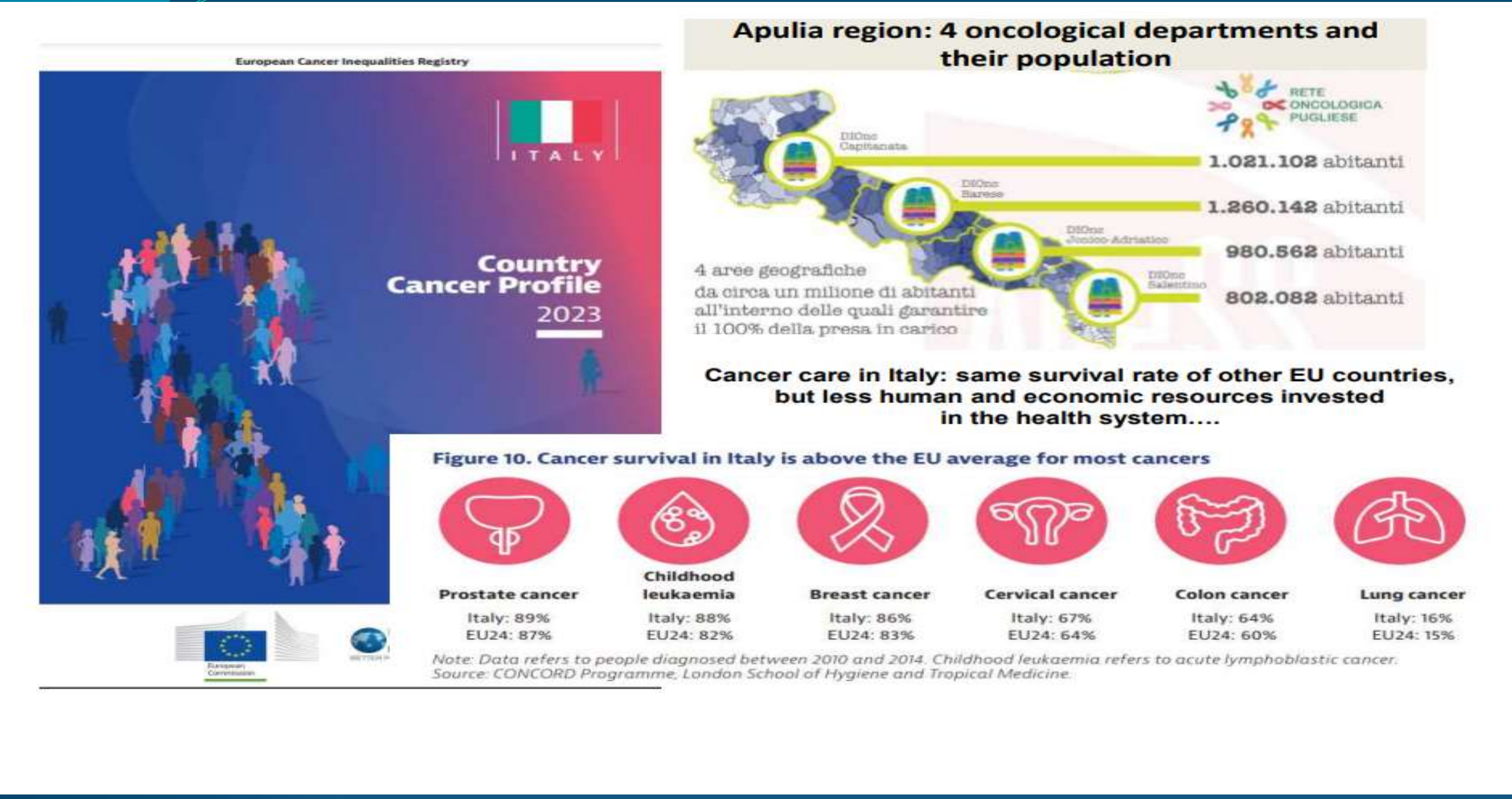


STRIKING CANCER THROUGH QUALITY MEASURES:
ORIENTATION CANCER CENTERS (COROS), AN ITALIAN EXPERIENCE TO INCREASE HEALTHCARE FOR CANCER.

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Survival Rate for main cancer in Italy

Country cancer profile 2023 shows that tsurvival rate for main cancer in Italy is not different from the other EU countries, although less human and economic resources invested in our country

No specifically mention is given in the document about quality indicators that are not widespread for cancer care in Italy. Nevertheless, some indicators are monitored regularly at either the Regional or National level through the National Agency for Regional Health Services, which publishes an annual outcome evaluation of health care services covering both public and private providers.

Apulia Cancer Network and institution of COrOs

On behalf of The Apulian Cancer Network, in 2019 (1) we have created a new functional structure named COrO (Centro Orientamento Oncologico), the Orientation Cancer Center, in order to reduce the time for taking in charge cancer patients, to improve the quality of assistance from the very first appearance of cancer symptoms. We have set up 18 COrOs covering all the Regional area, which is divided into four oncological departments (Fig.2) The instrument of clinical and organizational audit, as a strategical approach to verify the journey of cancer patients and its efficacy, is well described in the National Cancer Plan and European beating cancer plan (2,3).

Quality assurance scheme in the European Cancer Plan

Recently both Italian National Cancer Plane and European Beating Cancer Plan underline the role of clinical and organizative audit to verify the quality of assistance in cancer care.

On we of the main flagship of the European Cancer Plan is to develop guidelines and quality assurance schemes on every phase of patient journey such as screening, diagnosis ,treatment, rehabilitation follow up and palliative care until the end of life.

Quality Certification methodology used

We used as a first step, the instrument of audit onsite to verify the function of every COrO, according to the criteria described in the regulatory bill of its institution (4). Moreover, we want to examine the compliance of every structure in terms of organization (GI), quality and national safety criteria (QSI) (5) and the volume of people taken in charge (quantitative item). We consider a COrO compliant for quantitative item when the taking in charge has a volume of patients ranging between 50 and 100.

We consider, as a second step, the percentage of improvement based on the documents that every hospital had transmitted to the Regional office. We have planned to visit every COrO as a “follow-up” audit to verify the reduction of non compliance items as documented and the improvement of the patient's journey in a real clinical scenario. Regarding quantitative items is too early to see an improvement ,which can, usually, be determined on a long term basis.

Tab 1: the results of non compliance criteria (NCC) at baseline and after audit for each area

GI=Governance item; QSI= Quality and safety item

Timeline of the audit for each COrO and audit response for area

DIONC CAPITANATA	Audit data	Timing of response to audit
CASA SOLLIEVO	21/09/2022	19/10/2022
OO. RR. FOGGIA	20/09/2022	05/12/2022
ASL FG - P.O. SAN SEVERO	21/09/2022	19/10/2022
ASL BT - P.O. BARLETTA	05/10/2022	05/10/2022
DIONC BARESE	Audit data	Timing of response to audit
IRCCS ONCOLOGICO	13/09/2022	12/2022
ASL BA - P.O. SAN PAOLO	16/09/2022	17/10/2022- update06/2023
E.E. MIULLI	12/09/2022	Request for extension to fulfill
A.O.U. POLICLINICO BARI	14/09/2022	
IRCCS DE BELLIS	15/09/2022	

DIONC IONICO ADRIATICO	Audit data	Timng of response to audit
ASL BR - P.O. PERRINO	07/09/2022	16/09/2022
ASL BR - P.O. FRANCAVILLA F.	08/09/2022	07/10/2022
ASL TA - P.O. MOSCATI	05/09/2022	07/10/2022
ASL TA - P.O. CASTELLANETA	06/09/2022	07/10/2022
DIONC SALENTINO	Audit data	Timing of response to audit
ASL LE - P.O. V. FAZZI	03/10/2022	20/01/2023
ASL LE - P.O. GALLIPOLI	05/10/2022	01/02/2023
ASL LE - P.O. CASARANO	07/10/2022	07/11/2022
ASL LE - P.O. SCORRANO	04/10/2022	31/01/2023
E.E. PANICO	06/10/2022	07/11/2022

Non Compliance criteria (NCC)	Baseline (%)	After audit	% improvement
"Capitanata"	46 (GI)	24 (GI)	22 (GI)
Oncological Department	48 (QSI)	19 (QSI)	29 (QSI)
"Barese"	62 (GI)	30 (GI)	32 (GI)
Oncological Department	52 (QSI)	26 (QSI)	26 (QSI)
"Ionico-adriatico"	34(GI)	8(GI)	26(GI)
Oncological Department	9 (QSI)	8(QSI)	1 (QSI)
"Salentino"	65(GI)	35(GI)	30(GI)
Oncological Department	83 (QSI)	24 (QSI)	59 (QSI)

Deadline for fullfilment is mandatory: 15/09/2023

Conclusion: This experience shows that the complexity of the organization in cancer care needs more instruments for both clinical and organizational audits, in order to perform better results for the patients, for the certification of the quality and its continuous improvement. These must be the goals of every cancer network according to the Europe's Beating Cancer plan.

(1) Rete Oncologica Pugliese (R.O.P.) - Approvazione modello organizzativo e principi generali di funzionamento. DGR n 221 23/02/2017

(2) Documento di pianificazione e indirizzo per la prevenzione e il contrasto del cancro 2022-2027 (PON) maggio 2022

(3) Europe's Beating Cancer Plan February 2021

(4) DGR Puglia 1103 16.07.2020

(5) Intesa Stato Regioni del 20-12-2012 "Disciplina per la revisione della normativa dell'accreditamento"