Putting Science into Standards

How standardization can contribute in Cancer Care

JRC Ispra 21. October 2015

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Standards have been used in Health Care Services in decades

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<th>Norsk tittel</th>
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Main groups:

- Medical device standards
- Quality and management
- E – Health
- Systems

And contributes to:

- Patient safety
- Safety for personell
- Enhanced Quality
Standards is considered a normative document

- Laws
- Regulations
- Guidelines
- Standards
  - Standard Operational Procedures
Some areas are doing well with standards

Medical devices, Quality and management, E – Health and Systems

Some are not:  -  Clinical guidelines

New:  -  Standards for health care services
Clinical guidelines as standards?

Clinical guidelines are better worked out within the present structure - Evidence based within Physicians specialists organizations - Based on Cochrane Collaboration - NICE etc
Standards for health care services

EN 16372 Aesthetic Surgery Services is a good example

Interest from the EU Commission, CEN and ISO

STRATEGY UNDER DEVELOPMENT
Is standards for clinical pathways relevant?

- Norwegian Health Care Service has implemented 28 clinical pathways for cancer diagnoses (Cancer Pathways)
- Based on experiences from Denmark
- More about logistics than clinical treatment
28 Cancer Pathways

26 organ specified pathways
1 metastasis with unknown origin
1 diagnostic pathway

The first four Cancer pathways were implemented on the 1st of January 2015:
Breast cancer
Lung cancer
Prostate cancer
Colorectal cancer
During 2015 24 more Cancer pathways will be implemented
A Breast Cancer Pathway is already one of our Clinical Pathways
Possible standards structure

EN 15224 Quality Management systems
Requirements based on EN ISO 9001:2008

Hospital departments

Clinical pathways
May 1st 2015

- Cancer patient pathway for lymphoma
- Cancer patient pathway for esophageal and stomach cancer
- Cancer patient pathway for testicular cancer
- Cancer patient pathway for bladder cancer
- Cancer patient pathway for kidney cancer
- Cancer patient pathway for cervical cancer
- Cancer patient pathway for uterus cancer
- Cancer patient pathway for ovarian cancer
- Cancer patient pathway for head- and neck-cancer
September 1st 2015

- Cancer patient pathway for sarcoma
- Cancer patient pathway for childhood cancer
- Cancer patient pathway for neuroendocrine cancer
- Cancer patient pathway for pancreas cancer
- Cancer patient pathway for metastasis with unknown origin
- Cancer patient pathway for penile cancer
- Cancer patient pathway for multiple myeloma
- Cancer patient pathway for melanoma
- Cancer patient pathway for acute leukemia and high-risk myelodysplasia
- Cancer patient pathway for chronic lymphocytic leukemia
- Cancer patient pathway for thyroid cancer
- Cancer patient pathway for primary liver cancer
- Cancer patient pathway for biliary cancer
- Cancer patient pathway for brain cancer
The content of the pathway-descriptions

• A general section on what Cancer patient pathways are

• A specific section for each individual pathway

• Uniform structure, common/similar template

• A short description of the type of cancer

• Reference to the National plan of action

• The entrance/the way into the cancer patient pathway

• Interdisciplinary meetings, diagnostic procedures, treatment, rehabilitation, follow up and controls, flowcharts, processing-times, information and registration
Three target groups for communication

• Relevant staff
  – Professional staff: doctors, nurses, medical secretaries and others
  – Leaders on all levels
  – Cancer patient pathway coordinators
  – Technical, logistical and mercantile staff

• General practitioners and the municipal healthcare services

• Patients, relatives and the general population
Communication - Aimed at health professionals

- General information about Cancer patient pathways
- General introductory information in the Cancer patient pathway description
- Guides for diagnosis for cancer
- The Cancer patient pathway descriptions
- Guides for coding and monitoring
Communication - Aimed at General practitioners

- Should use **the standard way in** like they do today
- The aim: to incorporate Cancer patient pathway guides of diagnosis into the general practitioners EPJ
- In the referral’s urgency section we have added Cancer patient pathways as a new item
- Referral should be done online or by phone
Communication - Aimed at The general population

- General information about Cancer patient pathways by the general practitioner
- Information on the specific Cancer patient pathway at the hospital
- Helsenorge.no
- National, regional and local Editorial reviews
- Paid communication:
  - Screens at general practitioners offices
  - Facebook
  - Keywords at Google
- Other media
Experiences so far

• Positivity in hospitals, better logistics and interaction

• Positivity among GPs: one way into the hospitals

• Positivity among patients: predictability - and expectations

• The hospitals are underway and are reporting to National Patient Register - NPR reports back
Putting science into standard

This is to be discussed!

- Standards are based on consensus

- Clinical guidelines are evidence based

- My position: Keep it separate