Symposium 8/2/2013 “Quality control of Breast Clinics”

M.Hahn, H.Junkermann,
D.Verhoeven, S.Cleator

Fill in your Questionnaire during the discussion Forum

- 1.Identification
- 2.General Situation : Yes/No
- 3.Diagnosis - H.Junkermann
- 4.Surgery - M.Hahn
- 5.Adjuvant treatment - S.Cleator-D.Verhoeven
  - Score : 1-5
- Results during the afternoon session : 17.00 hour

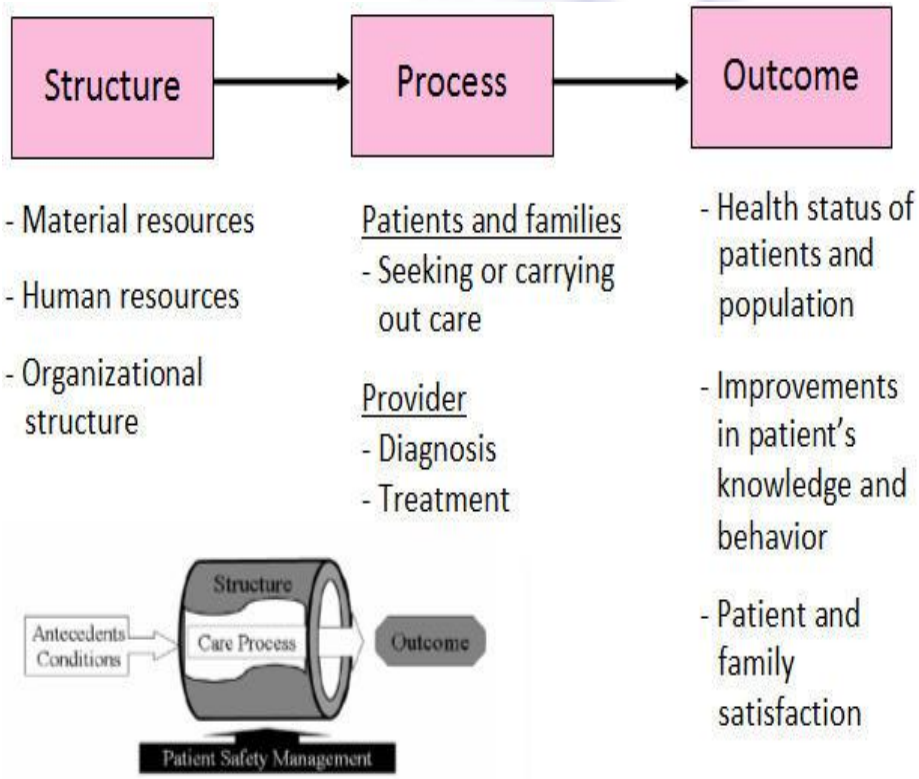
Questionnaire : “Quality Control of Breast Clinics”

- Part 1 : Identification
  - 1.Years of experience
  - 2.Medical speciality
  - 3.Country
  - 4.Work in a certified center ?

A. Donabedian

- Humanitarian approach
  - Need =>services in function of need =>resources
- Realistic approach
  - Resources => services in function of resources => need

Donabedian model



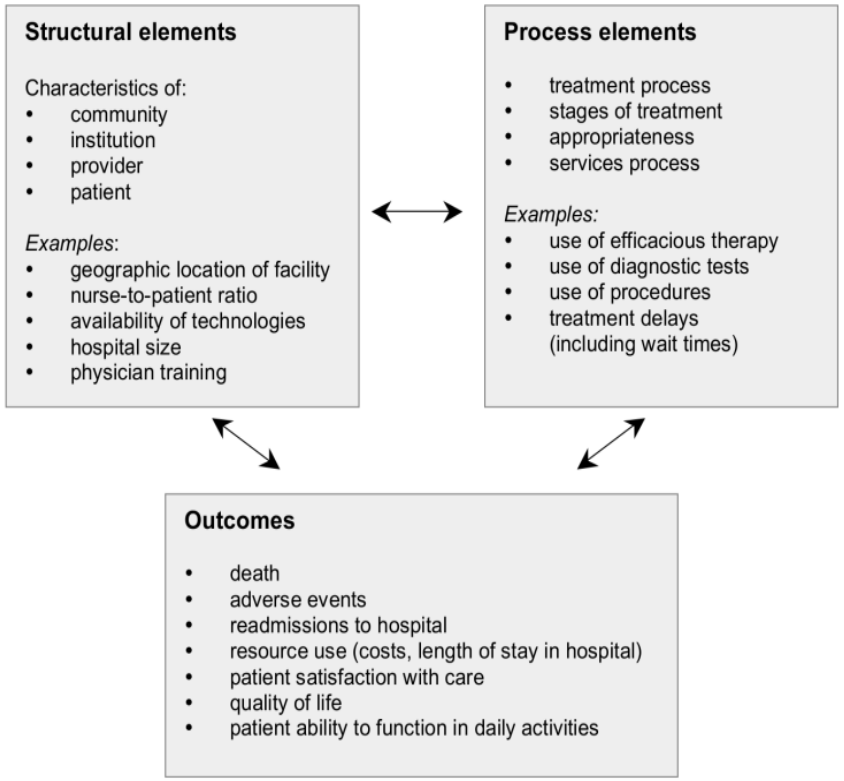
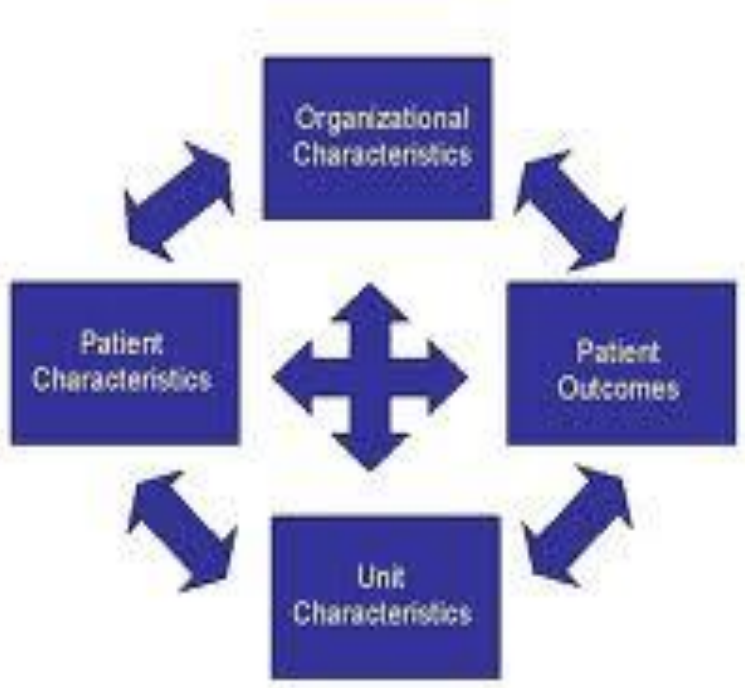


Figure 1: The Donabedian model of measuring health care system performance[10]

Quality indicators

- Structural indicators
- Process indicators
- Outcome indicators



- Service indicators : “Vision of the patient versus vision of the medical world”

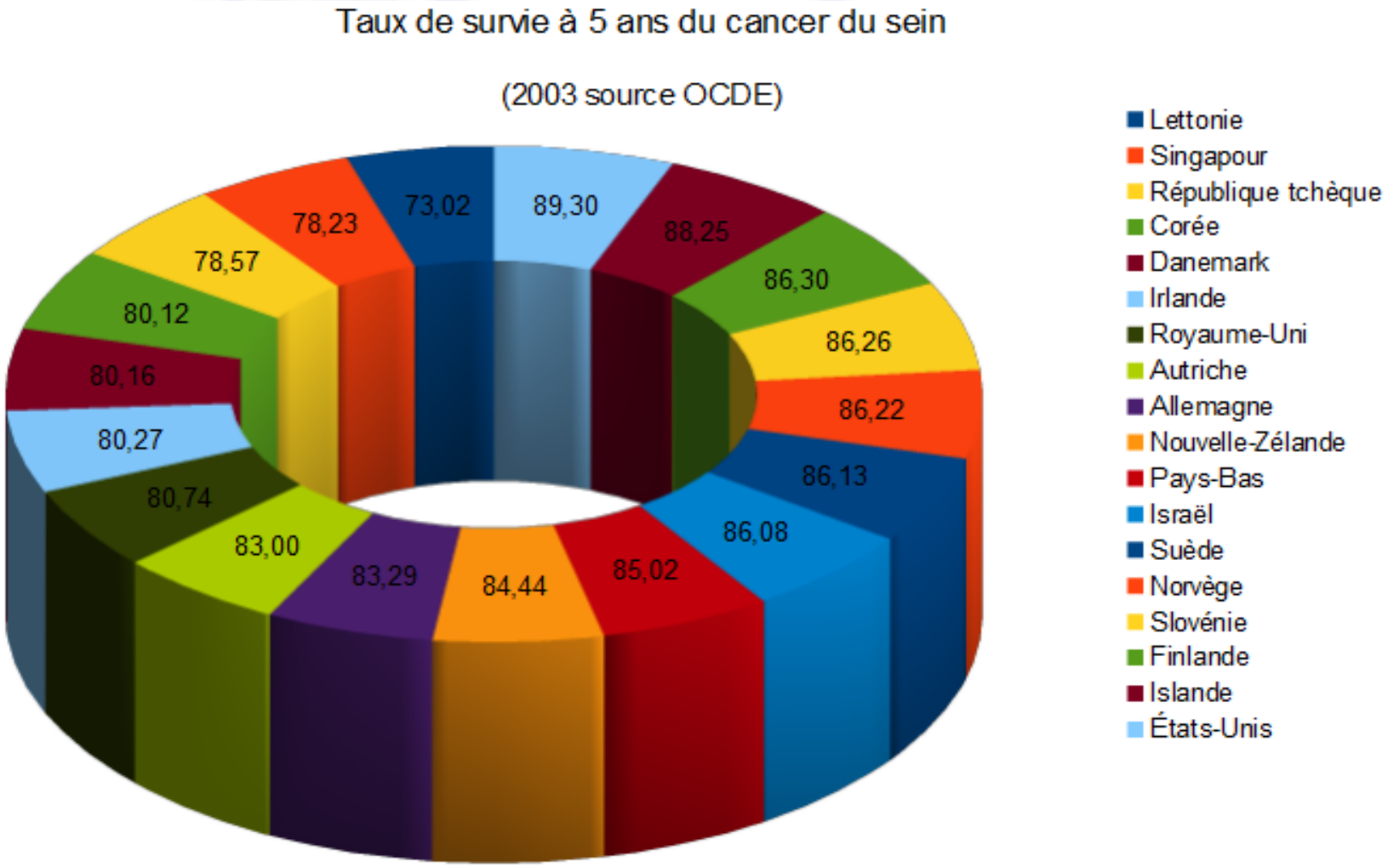
Problems with the identification of QI

- Reliability and validity
- Usability and feasibility
- High level of evidence
- Quality control is no research, Case-Mix
- Vision of patient, society, insurance, social security
- Cost effectiveness
- Public or anonymous
- Many confounding data bases
- <u>Not everybody is willing to accept unpleasant consequences</u>

OECD

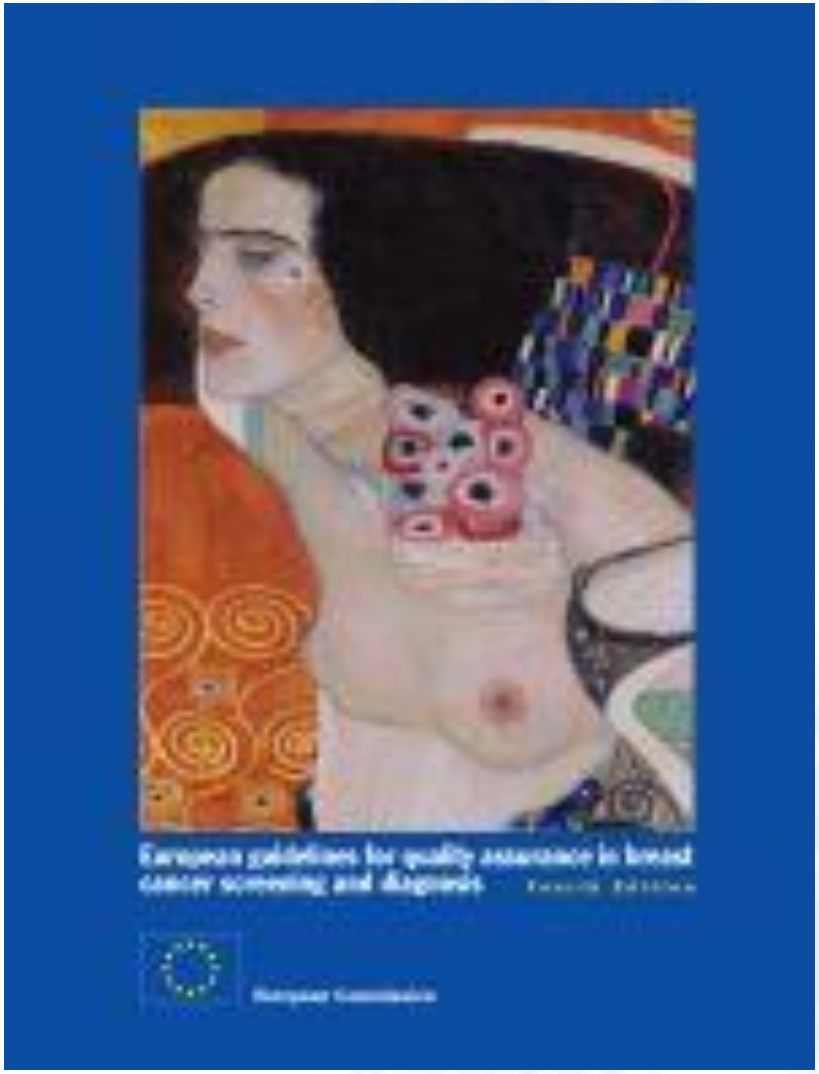
- Health care quality indicators project (2002)
- Cancer is one of the major public health issues in OECD countries
- Suitable for international comparison :
  - Screening rates : women aged 50-69
  - Breast cancer mortality rate
  - Breast cancer five-year relative survival rate
- 2010-2011 : project to explain country variations by governance and financing

OECD - 2003


Taux de survie à 5 ans du cancer du sein
(2003 source OCDE)
73,02
89,30
88,25
86,30
86,26
86,22
86,13
86,08
85,02
84,44
83,29
83,00
80,74
80,27
80,16
80,12
78,57
78,23
Lettonie
Singapour
République tchèque
Corée
Danemark
Irlande
Royaume-Uni
Autriche
Allemagne
Nouvelle-Zélande
Pays-Bas
Israël
Suède
Norvège
Slovénie
Finlande
Islande
États-Unis

EUSOMA:”Quality indicators”

Eur J Cancer,2010 Del Turco et al.
Eur Cancer Care Certificate



- **110 variables !**
  43 mandatory to calculate
  10 quality indicators
    - **diagnosis**
    - **local therapy**
    - **systemic therapy**
    - **follow-up**
- **Level I or II evidence: 50%**
- **<u>Extensive list, upon local data base, time consuming, rigid,update necessary !, not adapt to whole Europe</u>**

2011 - Quality Indicators (Eusoma, process indicators)

	Outcome Measure	Cases (N)	Missing (%)	Successes (N)	Result (%)	Target (%)	Minimum requirement %
1	**Cancers with a pre-operative diagnosis (B5 or C5)**	233	0.4	212	**91.4**	≥90	≥80
2	**Invasive ca with hist.type, grading, ER/PR, stage & size recorded**	211	0	194	91.9	≥98	≥90
3	**Non-invasive ca with size, hist.pattern & grading recorded**	22	0	19	86.4	≥98	≥80
4	**Invasive ca with axillary clearance with >= 10 LNs examined**	117	0.9	90	**77.6**	≥98	≥85
5	**M0 invasive ca receiving postoperative RT after BCT**	135	0	129	**95.6**	≥95	≥90
6	**Invasive ca <= 3 cm (incl. DCIS component) treated with BCT**	140	0	117	**83.6**	≥80	≥70
7	**Non-invasive ca <= 2 cm treated with BCT**	16	6.3	13	**86.7**	≥80	≥70
8	**DCIS with no axillary clearance**	20	0	18	**90**	≥98	≥93
9	**Endocrine sensitive invasive ca receiving HT**	182	0	180	**98.9**	≥90	≥80
10	**ER- (T > 1 cm or N+) invasive ca receiving adjuvant CT**	22	0	18	81.8	≥90	≥80

How Good is the Quality of Health Care in France ?

www.irdes.fr

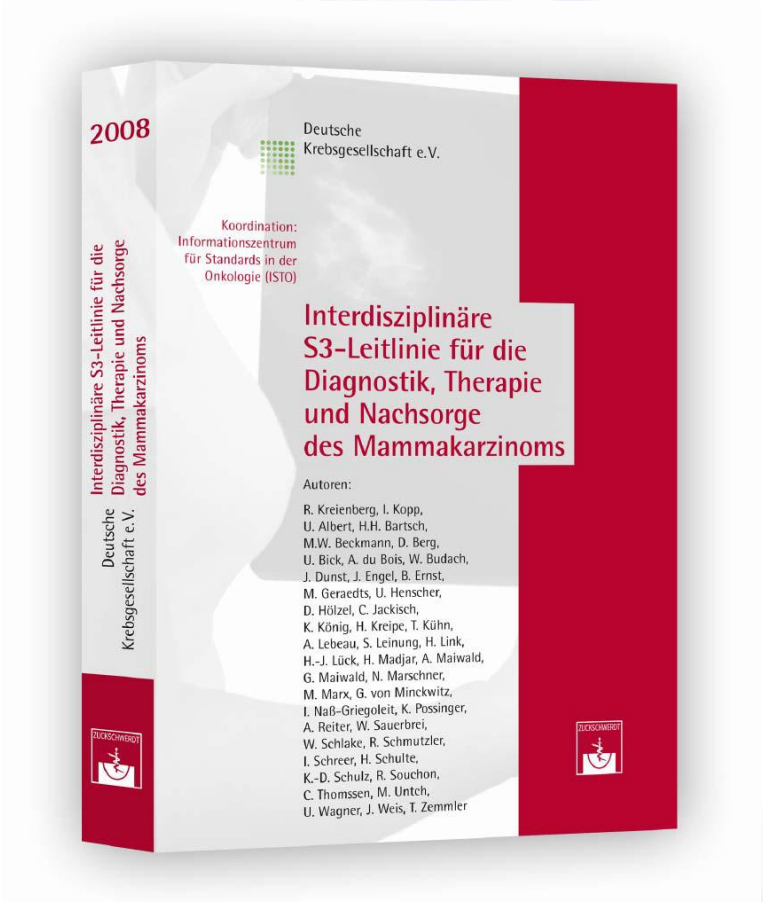
- Efficacité : survival, DFS,
  appropriateness
- Sécurité : safety
- Accessibilité
- Réactivité : patient-centeredness : medecins-patients
- Efficiency : cost-effectiviness

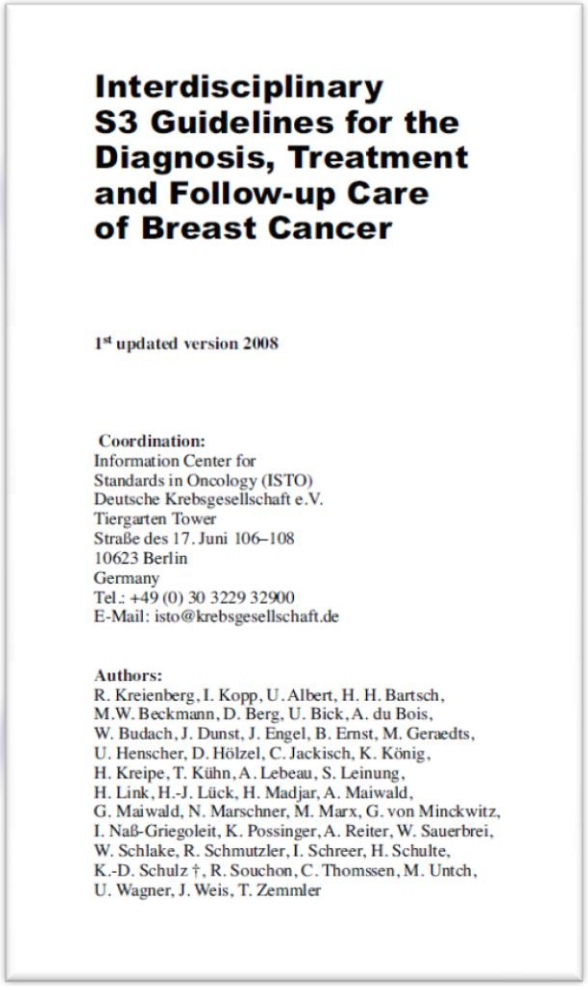
Situation in France

- More developed structure indicators (accreditation), less processus indicators
- Little systemic information on the quality of the health care
- Cancer registration incomplete, must be more developed

Number of breast disease units in France ?

- Badly listed…
- There is no will from the health care system to promote breast centers ?
- Certification of oncology unit more than breast cancer unit..





Interdisciplinary S3 Guidelines for the Diagnosis, Treatment and Follow-up Care of Breast Cancer

1st updated version 2008

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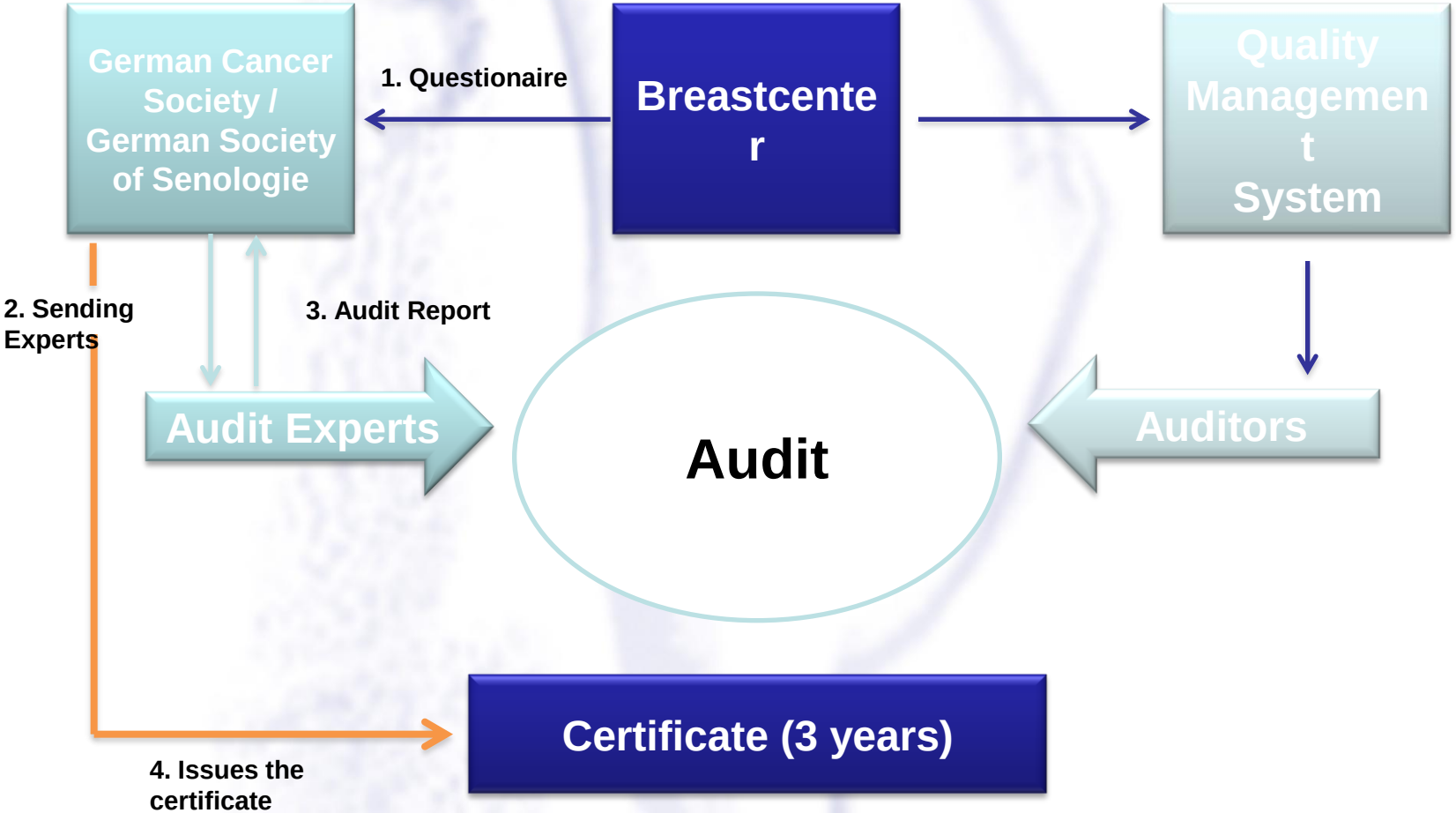
www.senology.org

Certificationprocess



Questionaire:

approx.

Inhaltsverzeichnis

DKG KREBSGESELLSCHAFT

Deutsche Gesellschaft für Senologie

5.2 Organspezifische operative Onkologie

Kap.	Anforderungen	Erläuterungen des Brustkrebszentrums	
	Bei über 150 Primäreingriffen in 5 Jahren ist für die Anerkennung gemäß EB 5.2.6 kein jährlicher Nachweis mehr erforderlich. (Nachweisformular über OnkoZert).		
5.2.1	Anzahl Primärfälle Mammakarzinom pro Jahr Bei Erstzertifizierung: > 100 Primärfälle (Hauptstandort) Nach 3 Jahren sollte der Hauptstandort > 150 Primärfälle betreuen. Bei 100-150 Primärfällen des Hauptstandortes nach 3 Jahren werden u.U. Einzellfallentscheidungen getroffen: Voraussetzung dafür ist der Nachweis positiver Zertifizierungsergebnisse Definition Primärfall: • PatientInnen und nicht Aufenthalte und nicht Operationen • Pro Brust wird ein Primärfall gerechnet • Histologischer Befund muss vorliegen • DCIS werden als Primärfall gezählt • Fall kann nur für 1 Zentrum gezählt werden. Therapieplanung (interdisziplinäre Tumorkonferenz) und Therapiedurchführung über das Brustkrebszentrum (Haupttherapie) • Zählzeitpunkt ist der Zeitpunkt für die Erstdiagnose • Mammakarzinome bei Männern und primär M1 Pat. werden als Primärfall gezählt	Angabe Kennzahlenwert unter "Kennzahlenbogen"	
5.2.8	Ausbildung neuer Mamma-Operateure Pro Standort eines Zentrums und pro 100 Primärfälle muss die Ausbildung eines Mamma-Operateurs organisiert sein. In Ausbildung befindliche Mammaoperateure müssen mind. 20 Operationen pro Jahr nachweisen (nicht als Zweitoperateur).		
5.2.9	Zulassung neuer Mamma-Operateure In den letzten 3 Jahren mind. 60 Primäreingriffe bei Mammakarzinom; Nachweis anhand tabellarischer Auflistung incl. OP-Berichte.		
5.2.10	Qualifikation Operateure des Brustzentrums Beschreibung der speziellen Qualifikation (Ausbildung) der Mamma-Operateure über Curricula. • Ablative Verfahren ggf. radikale Tumorchirurgie mit Entfernung der Brustmuskeln • Ausräumung der Axilla (inkl. Sentinel-Node Technik) • Beherrschung von Komplikationen nach erfolgter Operation • Aufbau, Reduktionsplastik, Korrektur-OP • Brusterhaltende Therapieverfahren: sektorale Resektionen, Skin-Sparing Mastektomie, subkutane Mastektomie (ggf. intramammärer Verschiebelappen, onkoplast. Eingriffe bis hin zu autologem Gewebetransfer) • Entfernung von lokalen Rezidiven ggf. mit plastischer Deckung		
5.2.11	Wie häufig kommt dabei ein brusterhaltendes	Angabe Kennzahlenwert unter	

The Audit report:

Important detailed summery to optimize processes and to correct discrepancies.

Bericht FAB-Audit - 26.- 27.01.2009

Gesamteindruck FAB-Audit

Fachliche Anforderungen Brustzentren	Anzahl Abweichungen	Gesamteindruck		
		Negativ (-)	Mittel (0)	Positiv (+)
1.1 Struktur des Netzwerks				+
1.2 Tumorkonferenz / Therapieplanung	1	-		
1.3 Kooperation Niedergelassene Ärzte				+
1.4 Selbsthilfe				+
1.5 Psychosoziale/-onkologische Betreuung				+
1.6 Patientinnenbeteiligung				+
1.7 Wissenschaftliche Aktivitäten				+
1.8 Pflege				+
2 Radiologie			0	
3 Nuklearmedizin	n.a.			
4.1 Brustsprechstunde				+
4.2 Operative Disziplin				+
4.3 Brustrekonstruktion			0	
5 Strahlentherapie				+
6 Pathologie				++
7 Medikamentöse Onkologie				++
8 Tumordoku./Ergebnisqualität				+
9 Kennzahlenbogen				+

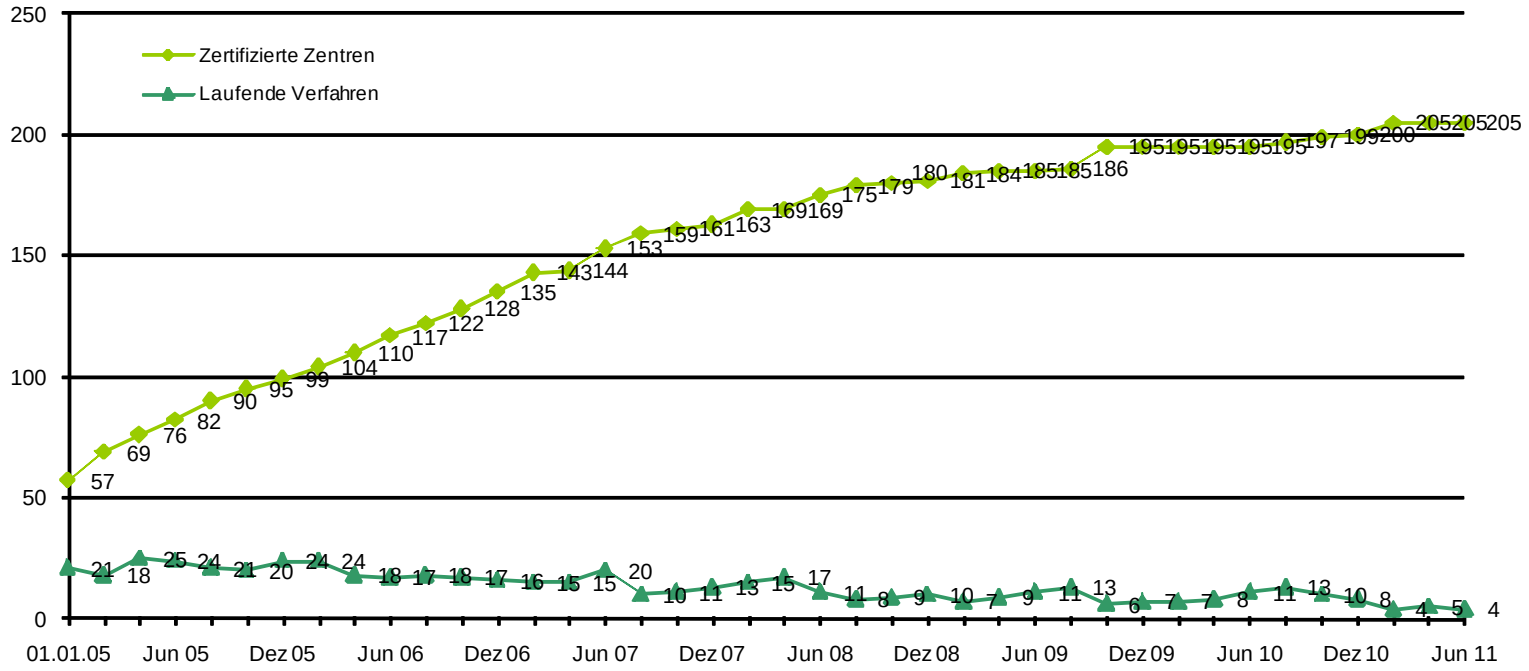
Legende Gesamteindruck

Negativ (-)	Schwachstellen, welche eine Leistungserbringung gemäß den Fachlichen Anforderungen gefährdet (i.d.R. bei Abweichungen)
Mittel (0)	ordentliche Leistungserbringung (auch bei unkritischen Abweichungen möglich, wenn sonstige Eindrücke positiv sind)
Positiv (+)	Leistungserbringung teilweise mit Vorbildcharakter
n.a.	Nicht auditiert

Validity: 3 years

- yearly quality audit
- ***new:*** written form in special cases

Status FAB-Audit					
	☐	Erstzertifizierung	☐	Wiederholaudit
	☒	1. Überwachungsaudit	☐	Nachaudit
	☐	2. Überwachungsaudit	☐	Erweiterungsaudit



91% of primary breast cancers were treated in certified breast centers

Benchmarkingbericht DKG 2011

Number of breast centers:

- 205

Declined renewal of certificate:

- 10

Return of certificate:

Benchmarking Report (*overall*)

Target

Nr.	Kennzahl	Anzahl / Zähler min.	Anzahl / Zähler max.	Anzahl / Zähler Mittel	Quote Soll-vorgabe	Quote min.	Quote max.	Quote Mittel
1	Postoperative Fallbesprechungen	37	595	188,5	> 95%	73,4%	100%	97,8%
2	Prätherapeutische Fallbesprechungen	0	726	112,1	-----			-----
3	Strahlentherapie nach BET bei inv. Mammakarzinom	6	338	107,4	> 95%	56,1%	100%	94,9
4	Strahlentherapie nach BET bei DCIS	1	95	14,0	> 50%	25,0%	100%	85,8%
5	Strahlentherapie nach Mastektomie bei inv. Mammakarzinom	1	109	24,5	> 80%	30,2%	100%	81,7%
6	Chemotherapie bei Rez. negativem Befund	1	66	22,0	> 80%	16,7%	100%	83,5%
7	Chemotherapie bei Rez. pos. und nodalpos. Befund	2	327	36,6	> 60%	40,7%	100%	75,1%
8	Hormontherapie bei Rez. positivem Befund	22	432	134,1	> 95%	16,5%	100%	94,6%
10	Psychoonkologische Betreuung	5	384	115,6	-----	0,9%	100%	61,3%

Quality Indicator

Postoperative case conferences

Pretherapeutic case conferences

Radiation after BCT (invasiv carcinoma)

Radiation after BCT (DCIS)

Radiation after Mastectomy (invasiv cancer)

Chemotherapy (Rezeptor negativ)

Chemotherapy (Rezeptor positiv, N1)

Endocrine Therapy (Rezeptor positiv)

Psycho oncological therapy

BMC Cancer

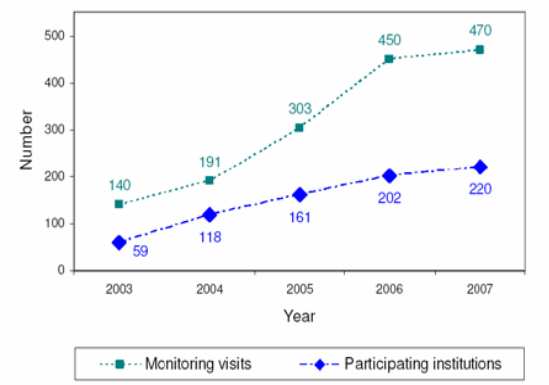
BioMed Central

Research article

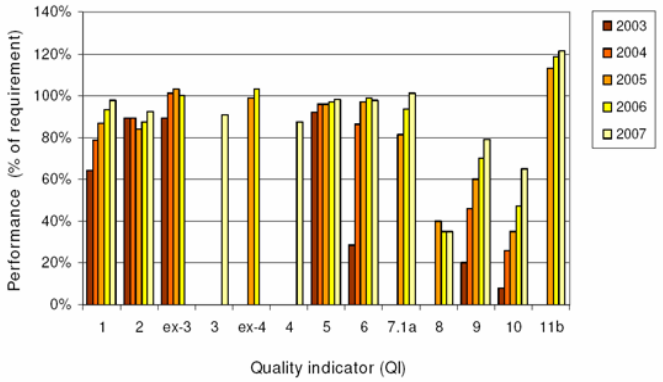
Open Access

Benchmarking the quality of breast cancer care in a nationwide voluntary system: the first five-year results (2003–2007) from Germany as a proof of concept

Sara Y Bucker, Claudia Schumacher, Christoph Sohn, Mahidi Rezai, Michael Bamberg, Diethelm Wallwiener, Guido Tuschen, Hans Georg Bender, Matthias Beckmann, Walter Jonat,Manfred Kaufmann, Rolf Kreienberg



Number of breast centres participating in the benchmarking of breast cancer care and number of monitoring visits during 2003–2007



Performance of quality indicators (QIs) compared to the respective DKG/DGS Requirements of Breast Centres (FAB) during the 2003–2007 period.

Do breast centers really do better?

ONKOLOGIE

Original Article · Originalarbeit

Onkologie 2011;34:362–367
DOI: 10.1159/000329601

Published online: June 1

Quality Assured Health Care in Certified Breast Centers and Improvement of the Prognosis of Breast Cancer Patients

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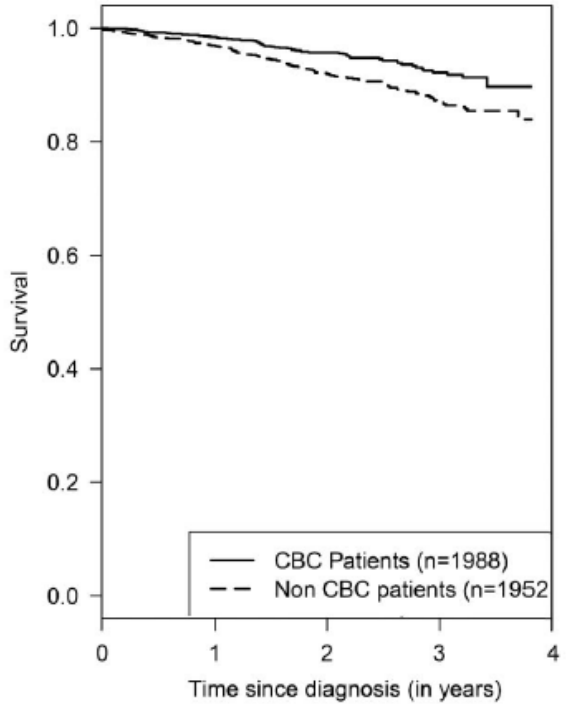

Fig. 1. Kaplan Meier curves for the factor certified breast center (CBC) patients vs. non-CBC patients (adjusted hazard ratio: non-CBC patients: 1 (reference), CBC patients: 0.70 (95% confidence interval 0.52–0.93)).

UK : Several (too many!) documents laying out standards required for any Breast Services

- Peer Review Process and Measures:
  - National peer review programme which reviews (inspects) services annually
  - National Cancer Peer Review Handbook – NCPR, National Cancer Action Team (2011)
  - Manual for Cancer Services: Breast Measures, Version 3.0 – NCPR, National Cancer Action Team (2011)
- NICE Publications:
  - 'Improving Supportive and Palliative Care for adults with cancer - NICE(2004)'
  - 'Improving Outcomes in Breast Cancer – NICE (2002) '
  - ' Referral guidelines for suspected cancer - NICE Clinical Guideline 27 (2005)'
  - Quality Standard for Breast Cancer – NICE (2011)
  - 'Quality Standard for end of life care for adults – NICE (2011)'
- Screening- specific guidance
- Surgical Guidelines:
  - Surgical Guidelines for the management of breast cancer: Association of Breast Surgery at BASO (2009)
- Department of Health Guidance:
  - Improving Outcomes; a Strategy for Cancer – Department of Health (2011)
  - Cancer Commissioning Guidance - Department of Health (2011)
- All tumour type Systemic Chemotherapy and Radiotherapy Guidance also being introduced
- Regional documents being created – ie standards required for Breast Units in South of London, North of London etc etc

- 'Commissioning' of breast cancer services (NHS) has now been placed under the supervision of 'community' doctors (GPs). When commissioning services, they refer to all the standards (diagnostic and treatment) defined in these and other documents.

Covers full patient pathway e.g.

- Early:
- 3.1.1 MDT Team - Breast Cancer is a common disease which benefits from multi-modality treatment. It is essential that all new cases of breast cancer are discussed at the multidisciplinary team for breast cancer and that this team has full membership.
- The core team specific to the breast cancer MDT should include:
- • two designated breast surgeons;
- • clinical oncologist;
- • medical oncologist (where the responsibility of chemotherapy is not undertaken by
- etc.....

- Follow-up
- 3.1.15 Follow-up – Follow up for early breast cancer in line with NICE IOG guidance (2002). Cancer peer review assesses this requirement. New to follow-up ratios are also available which show comparative levels of follow-up across all teams in England.
- 3.1.16 Holistic Needs Assessment – each patient should be offered an holistic needs assessment at key points in their cancer etc.....

- Late
- 3.1.17 Supportive and Palliative Care – the provider will give high quality supportive and palliative care in line with NICE guidance. The extended team for the MDT includes additional specialists to achieve this requirement. Patients who are managed by a breast MDT will be allocated a key worker. They will be provided with their key worker's name and contact details.
- 3.1.18 End of Life Care – the provider should provide end of life care in line with NICE guidance and in particular the markers of high quality care set out in the NICE Quality Standard for end of life care for adults.....etc

- BIG EMPHASIS ON 'WAITING TIMES'!

Targets Around Waiting times

- Two week wait referrals seen in 2 weeks (cancer initially suspected) - **93%***
- Breast symptom two week wait (cancer not initially suspected) - **93%**
- Patients treated within 62 days of two week referral - **85%**
- Patients treated within 31 days of agreeing treatment plan - **96%**
- Patients treated within 62 days of screening referral - **90%**
- Patients subsequent treatment within 31 days (surgery) - **94%**
- Patients subsequent treatment within 31 days (drugs) - **98%**
- Patients subsequent treatment within 31 days (radiotherapy) - **94%**

***** (% refers to standard as proportion of patients)

Belgium

ICURO

ISQua Member

TO OBJECTIFY THE QUALITY OF CARE FOR BREAST CANCER - THE STRENGTH OF A COOPERATIVE CONTEXT!

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CONTEXT

The exploitation of a specialized breast cancer program in Belgium, is regularized by law. The fact that the federal legislation only mentions structural and quantitative criteria for recognizing; and does not take any objective and qualitative parameters into account, is regretted by all involved professionals. There was a great willingness to define some objective indicators to evaluate the quality of breast cancer care by the medicins.

Simultaneously, the hospital federations ICURO and Zorgnet Vlaanderen, together with the Flemish government and the Flemish Association of Medical Directors took the initiative to define relevant indicators to objectify the quality of care in hospitals in the Flemish part of Belgium. The Flemish Quality Indicator Project was established. The idea to make a working group around breast cancer indicators was proposed.

OBJECTIVES

- Defining objective parameters to evaluate the quality of breast cancer care in the Flemish hospitals.
- Adopting the Belgian federal legislation with the purpose that next to structural and quantitative criteria for the recognition of specialized breast cancer care programs, also objective parameters will be taken into account.
- Developing relevant process and outcome indicators.
- Stimulating the hospitals to use the results of the indicators for continuous quality improvement.
- Stimulating public reporting of the indicators to inform patients and other stakeholders about the quality of breast cancer care.

INITIATIVES

- ICURO launched a call to the Flemish hospitals to establish a working group with the intention to adapt the legislation by adding objective requirements for recognizing breast cancer care programs. Next to the professional associations of surgeons and gynaecologists, the Belgian Health Care Knowledge Centre (KCE) and the Belgian Cancer Registry (BCR), 40 hospitals were involved.
- Outgoing from the Flemish QI-project, a working group was established to define relevant indicators to objectify the quality of care.
- Due to a fusion and collaboration of all relevant partners, a set of quality indicators was developed, based on a KCE-study and EUSOMA-guidelines. A systematic approach and follow-up was possible due to the collaboration of BCR.
- By request of the federal Minister of Public Health, The National Council for Hospital Facilities (NRZV) made an advice to adapt the current legislation. The intention to use qualitative parameters for recognizing, was integrated.

13 INDICATORS ARE DEFINED:

Diagnosis:
- ER, PgR Status assessment performed before any systematic treatment
- % of BC women with cytological and/or histological assessment before surgery
- Newly diagnosted cStage I-III BC women who underwent two-view mammography and breast sonography within 3 months prior to surgery
- Breast cancer women discussed at the multidisciplinary team meeting

Therapy:
- Women who received radiotherapy after breast conserverving surgery
- cStage I and II who undergo breastconserving surgery
- Women receiving (neo)adjuvant hormonal therapy after breast surgery for invasive breast cancer
- Women receiving (neo)adjuvant chemotherapy after breast surgery for invasive breast cancer
- Metastatic BC women who receive systemic therapy as 1st and/or 2nd line treatment
- Operable cT2-T3 women who received neoadjuvant systemic therapy

Follow up:
- Women who benefit from an annual mammography after a history of breast cancer

Results:
- Overall 5 year survival rate by stage

RESULTS

- The simultaneity of all initiatives lead to an even bigger endorsement and engagement by management and professionals
- A thorough approach made it possible to compose a set of 13 relevant indicators.
- The intention to use these indicators to provide public accountability was explicitly assumed by the professionals.
- The data will be registered from 2012 onwards and the results will be publised on the internet site of each hospital in 2013 .
- A proposal to integrate objective quality standards in the federal legislation was formulated.

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- Rossell Del Turco, M., Ponti, A., Bick, U. (2010). Quality Indicators in Breast Cancer Care. European Journal of Cancer, 46, 2344-2356.

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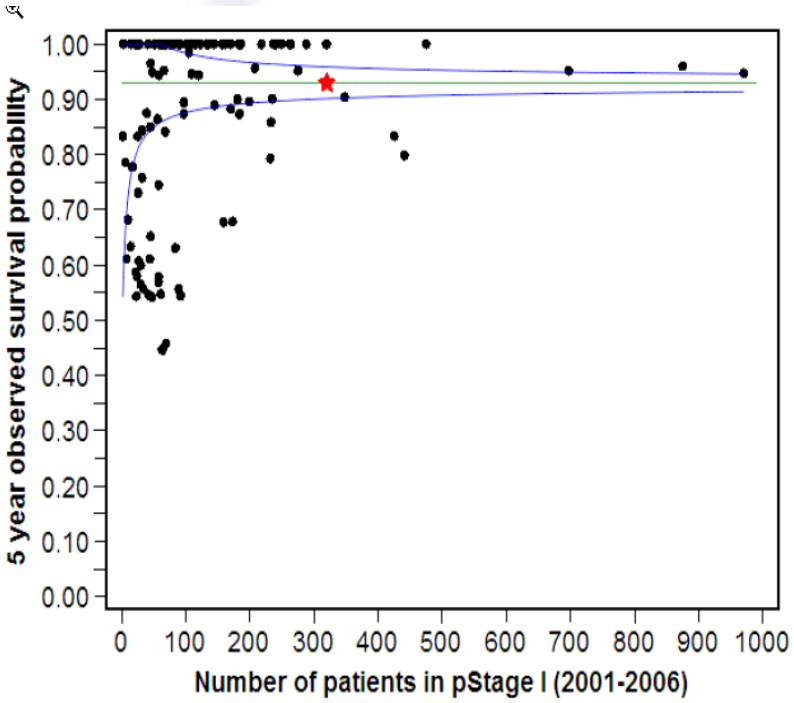
Proces and outcome indicators

Indicator	2001 Algemeen	2001 AZ Klina	2006 Algemeen	2006 AZ Klina
Proportie vrouwen met borstkanker besproken tijdens het multidisciplinair oncologisch consult (MOC)	61.4% (resultaat 2003)	83% (resultaat 2003)	80.3%	90%
Proportie vrouwen met nieuw gediagnosticeerde cStadium I-III borstkanker die een two-view mammografie of een echografie van de borst ondergingen binnen de 3 maanden voorafgaand aan de chirurgische ingreep	84.9%	82%	86.0%	84%
Proportie vrouwen bij wie een bepaling van de oestrogeen en progesteron status werd uitgevoerd vóór enige systemische behandeling	90.5%	100%	98.0%	100%
Proportie vrouwen met borstkanker met cytologische en/of histologische beoordeling vóór de chirurgische ingreep	50.4%	55%	71.5%	89%
Proportie van operabele cT2-T3 vrouwen die een neoadjuvante systemische behandeling kregen	5.5%	21%	18.9%	30%
Proportie cStadium I en II vrouwen die borstsparende chirurgie/mastectomie ondergingen				
• Proportie geopereerde vrouwen	93.0%	92.0%	95.8%	97.3%
• Proportie vrouwen met BCS	55.3%	42.0%	58.4%	48.6%
• Ratio BCS/mastectomie	1.46	0.84	1.56	1.00



Figuur 2. Funnel plot voor geobserveerde overleving in pStadium I

NABON-1/4/2008 : Nationaal Borstkankeroverleg :**The Netherlands : extensive criteria**

- **The Breast team : Aim + Checkcriteria**
- **Polyclinical function and time limits**
- **Report diagnosis radiologist and pathologist**
- **Multidisciplinary consultation and report**
- **Pre-operative Information and communication with patient**
- **Surgical procedure**
- **Postoperative consultation**
- **Radiotherapy**
- **(Neo)adjuvant systemic therapy**
- **Follow-up communication**
- **Follow-up criteria**
- **Timeline as metastasis is suspected**
- **Participation in clinical study**
- **Results primary tumor : minimal criteria of local recurrence**

Key questions that determine a quality breast center ! J.Wagner,Breast cancer patient advocate,USA

- Presence of dedicated radiologists ? >2500 mammo's
- Size tumor in screening programs < 14 mm
- Recall in screening programs <8%)
- Pos. predicive value of pos.mammogram 25-40%
- Quality pathology service
- Presence of nurse coordinator or case manager
- State of the art imaging unit (MRI, biopsy,…)
- Spaces for breast procedures
- Reconstructive surgery
- Weekly multidisciplinary conference
- Counseling,complementary medicine, a resource center and research and clinical trials facilities

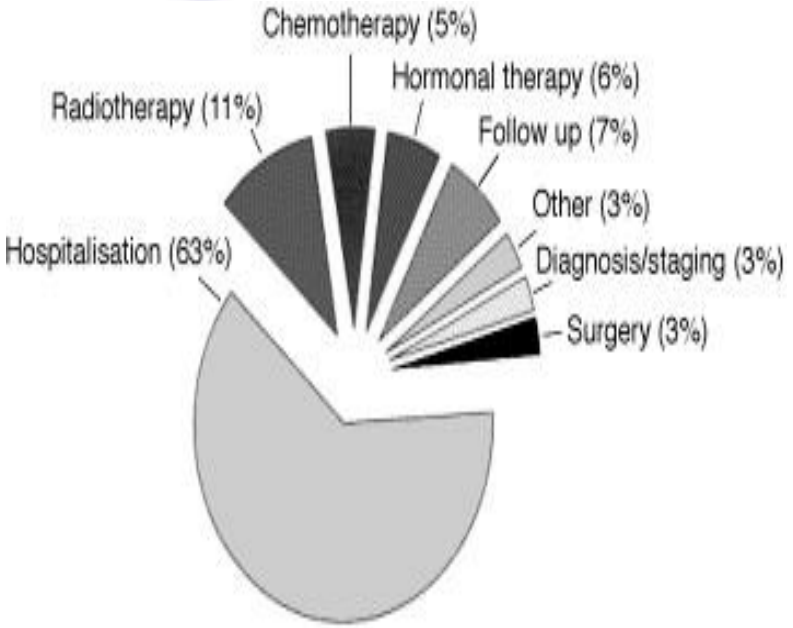
Cost of Treatment !

Gemiddelde prijs per ziekenhuis

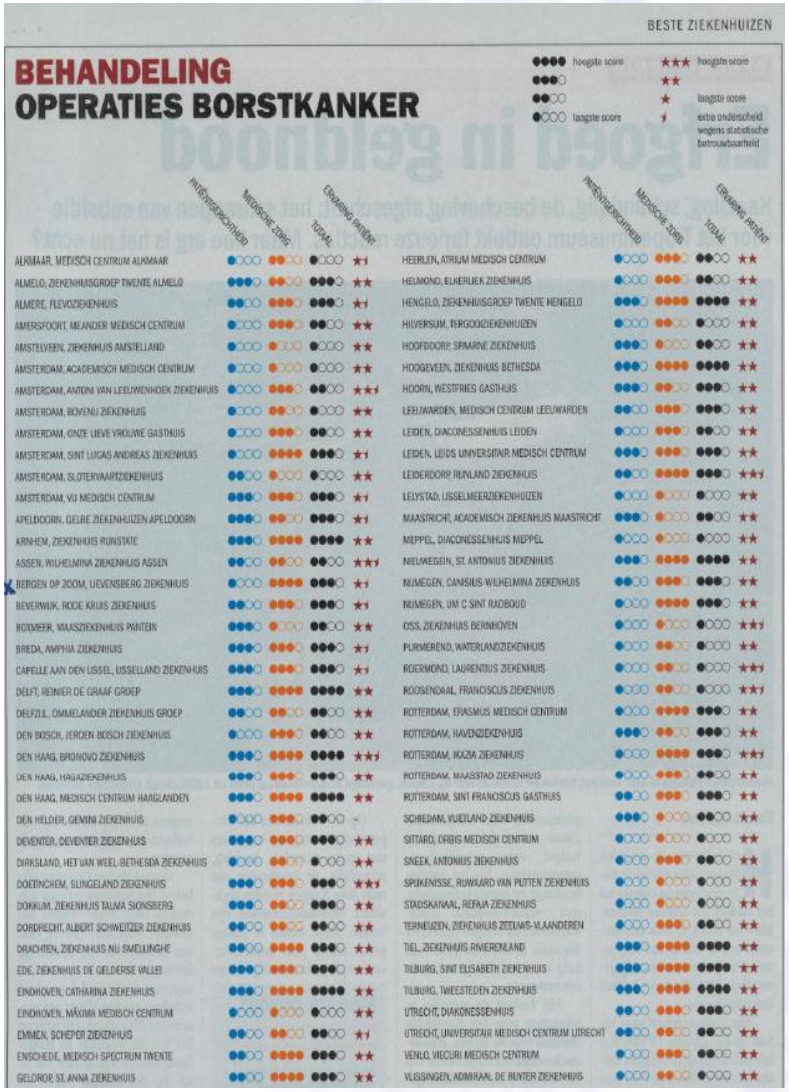
met verblijf in een éénpersoonskamer - in euro

	Bevalling	Knie-prothese	Wegname galblaas
Kliniek St.-Jan (Brussel)	1.990	4.340	2.114
U.M.C. Sint-Pieter (Brussel)	990	*	853
C.H.U. Brugmann - Horta (Brussel)	1.288	3.013	1.076
Chirec (Brussel)	2.321	5.259	2.444
Iris Ziekenhuizen Zuid (Brussel)	1.784	4.086	1.595
Europaziekenhuizen (Brussel)	2.169	4.097	1.819
Kliniek Ste-Anne/St-Remi (Brussel)	2.081	5.136	2.211
U.Z. Brussel (Vub) (Brussel)	662	*	778
Cliniques Universitaires St.-Luc (Brussel)	2.166	5.583	2.334
Regionaal Ziekenhuis Sint-Maria (Halle)	1.479	*	1.676
Onze-Lieve-Vrouwziekenhuis (Asse)	1.136	2.958	1.312
A. Z. Jan Portaels (Vilvoorde)	1.314	*	1.392
Gemiddelde in België	1.264	3.190	1.331

* Niet genoeg gegevens gevonden om prijs te bepalen.



Media:Elsevier(NL) - Figaro(F)



BESTE ZIEKENHUIZEN

BEHANDELING
OPERATIES BORSTKANKER

●●●● hoogste score
●●●○
●●○○
●○○○ laagste score

★★★ hoogste score
★★
★ laagste score
† extra onderscheid wegens statistische betrouwbaarheid

	PATIËNTGERICHTHEID	MEDISCHE ZORG	TOTAAL	ERVARING PATIËNT
ALKMAAR, MEDISCH CENTRUM ALKMAAR	●○○○	●●○○	●○○○	★†
ALMELO, ZIEKENHUISGROEP TWENTE ALMELO	●●●○	●●○○	●●●○	★★
ALMERE, FLEVOZIEKENHUIS	●●○○	●●●○	●●●○	★†
AMERSFOORT, MEANDER MEDISCH CENTRUM	●○○○	●●●○	●●○○	★★
AMSTELVEEN, ZIEKENHUIS AMSTELLAND	●○○○	●○○○	●○○○	★★
AMSTERDAM, ACADEMISCH MEDISCH CENTRUM	●○○○	●○○○	●○○○	★★
AMSTERDAM, ANTONI VAN LEEUWENHOEK ZIEKENHUIS	●○○○	●●●○	●●○○	★★†
AMSTERDAM, BOVENIJ ZIEKENHUIS	●○○○	●●○○	●○○○	★★
AMSTERDAM, ONZE LIEVE VROUWE GASTHUIS	●○○○	●●●○	●●○○	★★
AMSTERDAM, SINT LUCAS ANDREAS ZIEKENHUIS	●○○○	●●●●	●●●○	★†
AMSTERDAM, SLOTERVAARTZIEKENHUIS	●●○○	●○○○	●○○○	★★
AMSTERDAM, VU MEDISCH CENTRUM	●●●○	●●●○	●●●○	★†
APELDOORN, GELRE ZIEKENHUIZEN APELDOORN	●●●○	●●○○	●●●○	★†
ARNHEM, ZIEKENHUIS RIJNSTATE	●●●○	●●●●	●●●●	★★
ASSEN, WILHELMINA ZIEKENHUIS ASSEN	●●○○	●●○○	●●○○	★★†
BERGEN OP ZOOM, LEVENSBERG ZIEKENHUIS	●○○○	●●●●	●●●○	★†
BEVERWIJK, RODE KRUIS ZIEKENHUIS	●●○○	●●●○	●●●○	★†
BOXMEER, MAASZIEKENHUIS PANTEIN	●●●○	●○○○	●●○○	★★
BREDA, AMPHIA ZIEKENHUIS	●●●○	●●●○	●●●○	★†
CAPELLE AAN DEN IJSSEL, IJSSELLAND ZIEKENHUIS	●●●○	●●●○	●●●○	★†
DELFT, REINIER DE GRAAF GROEP	●●●○	●●●●	●●●●	★★†
DELFZIJL, OMMELANDER ZIEKENHUIS GROEP	●●○○	●●○○	●●○○	★★
DEN BOSCH, JEROEN BOSCH ZIEKENHUIS	●○○○	●●●○	●●○○	★★
DEN HAAG, BRONOVO ZIEKENHUIS	●●●○	●●●●	●●●●	★★†
DEN HAAG, HAGAZIEKENHUIS	●●●○	●●●○	●●●○	★★
DEN HAAG, MEDISCH CENTRUM HAAGLANDEN	●●●○	●●●●	●●●●	★★
DEN HELDER, GEMINI ZIEKENHUIS	●○○○	●●●○	●●○○	-
DEVENTER, DEVENTER ZIEKENHUIS	●●●○	●●●○	●●●○	★★
DIRKSLAND, HET VAN WEEL-BETHESDA ZIEKENHUIS	●○○○	●●●○	●○○○	★★
DOETINCHEM, SLINGELAND ZIEKENHUIS	●●●○	●●●○	●●●○	★★†
DOKKUM, ZIEKENHUIS TJALMA SIONSBERG	●●●○	●●○○	●●●○	★★
DORDRECHT, ALBERT SCHWEITZER ZIEKENHUIS	●●○○	●●○○	●●○○	★★
DRACHTEN, ZIEKENHUIS NIJ SMELLINGHE	●●○○	●●●●	●●●○	★★
EDE, ZIEKENHUIS DE GELDERSE VALLEI	●●●○	●●●○	●●●○	★★
EINDHOVEN, CATHARINA ZIEKENHUIS	●●●○	●●●●	●●●●	★★
EINDHOVEN, MÁXIMA MEDISCH CENTRUM	●○○○	●○○○	●○○○	★★
EMMEN, SCHEPER ZIEKENHUIS	●●○○	●●○○	●●○○	★†
ENSCHEDE, MEDISCH SPECTRUM TWENTE	●●○○	●●●●	●●●○	★★
GELDROP, ST. ANNA ZIEKENHUIS	●●○○	●●●●	●●●○	★★

	PATIËNTGERICHTHEID	MEDISCHE ZORG	TOTAAL	ERVARING PATIËNT
HEERLEN, ATRIUM MEDISCH CENTRUM	●○○○	●●●○	●●○○	★★
HELMOND, ELKERLIEK ZIEKENHUIS	●○○○	●●●○	●●○○	★★
HENGELO, ZIEKENHUISGROEP TWENTE HENGELO	●●●○	●●●●	●●●●	★★
HILVERSUM, TERGOOZIEKENHUIZEN	●○○○	●●○○	●○○○	★★
HOOFDDORP, SPAARNE ZIEKENHUIS	●●●○	●○○○	●●○○	★★
HOOGEVEEN, ZIEKENHUIS BETHESDA	●●●○	●●●●	●●●●	★★
HOORN, WESTFRIES GASTHUIS	●●●○	●●○○	●●●○	★★
LEEUWARDEN, MEDISCH CENTRUM LEEUWARDEN	●●○○	●●●○	●●●○	★★
LEIDEN, DIACONESSENHUIS LEIDEN	●○○○	●●●○	●●○○	★★
LEIDEN, LEIDS UNIVERSITAIR MEDISCH CENTRUM	●●●○	●●●○	●●●○	★★
LEIDERDORP, RIJNLAND ZIEKENHUIS	●●○○	●●●●	●●●○	★★†
LELYSTAD, IJSSELMEERZIEKENHUIZEN	●○○○	●○○○	●●○○	★★
MAASTRICHT, ACADEMISCH ZIEKENHUIS MAASTRICHT	●●●○	●○○○	●●○○	★★
MEPPEL, DIACONESSENHUIS MEPPEL	●○○○	●○○○	●○○○	★★
MELKWEGEN, ST. ANTONIUS ZIEKENHUIS	●●●○	●●●●	●●●●	★★
NIJMEGEN, CANISIUS-WILHELMINA ZIEKENHUIS	●●○○	●●●○	●●●○	★★
NIJMEGEN, UM C SINT RADBOUD	●○○○	●●●●	●●●○	★★
OSS, ZIEKENHUIS BERNHOVEN	●○○○	●○○○	●○○○	★★†
PURMEREND, WATERLANDZIEKENHUIS	●○○○	●●○○	●○○○	★★
ROERMOND, LAURENTIUS ZIEKENHUIS	●○○○	●●○○	●○○○	★★†
ROOSENDAAL, FRANCISCUS ZIEKENHUIS	●○○○	●●○○	●○○○	★★†
ROTTERDAM, ERASMUS MEDISCH CENTRUM	●○○○	●●●●	●●●○	★★
ROTTERDAM, HAVENZIEKENHUIS	●●●○	●●○○	●●●○	★★
ROTTERDAM, IKAZIA ZIEKENHUIS	●○○○	●●●●	●●●○	★★†
ROTTERDAM, MAASSTAD ZIEKENHUIS	●○○○	●●●○	●●○○	★★
ROTTERDAM, SINT FRANCISCUS GASTHUIS	●●○○	●●●○	●●●○	★★
SCHIEDAM, VLIETLAND ZIEKENHUIS	●●●○	●○○○	●●○○	★★
SITTARD, ORBIS MEDISCH CENTRUM	●○○○	●○○○	●○○○	★★
SNEEK, ANTONIUS ZIEKENHUIS	●○○○	●●●○	●●○○	★★
SPIJKENISSE, RUWAARD VAN PUTTEN ZIEKENHUIS	●○○○	●○○○	●○○○	★★
STADSKANAAL, REFAJA ZIEKENHUIS	●○○○	●○○○	●○○○	★★
TERNEUZEN, ZIEKENHUIS ZEEUWS-VLAANDEREN	●○○○	●●●○	●●○○	★★
TIEL, ZIEKENHUIS RIVIERENLAND	●●●○	●●●●	●●●●	★★
TILBURG, SINT ELISABETH ZIEKENHUIS	●●●○	●●●●	●●●●	★★
TILBURG, TWEESTEDEN ZIEKENHUIS	●●●○	●●●●	●●●●	★★
UTRECHT, DIAKONESSENHUIS	●●○○	●●●○	●●●○	★★
UTRECHT, UNIVERSITAIR MEDISCH CENTRUM UTRECHT	●●○○	●●○○	●●○○	★★
VENLO, VIECURI MEDISCH CENTRUM	●○○○	●●●○	●●○○	★★
VLISSINGEN, ADMIRAAL DE RUYTER ZIEKENHUIS	●○○○	●●○○	●○○○	★★

LES MEILLEURS ÉTABLISSEMENTS DE 300 À 600 LITS

Rang	Raison sociale	Ville	Capacité	Certification	Score nosocomial	Indice composite sur 100	Statut *
1	Clinique Saint-George	Nice	327	★★★★★	A	92	Privé Co
2	Institut Gustave-Roussy	Villejuif	427	★★★★★	A	82	CLCC
3	Centre hospitalier de Douai	Douai	497	★★★★★	A	74	Public
4	Hôpital Robert-Debré	Paris	443	★★★★★	A	73	Public
5	Hôpital privé d'Antony	Antony	394	★★★★★	A	72	Privé Co
6	Clinique de L'Union	L'Union	392	★★★★★	A	69	Privé Co
7	Polyclinique de Gentilly et Saint-Don	Nancy	322	★★★★★	A	68	Privé Co
8	Centre hospitalier intercommunal d'Annemasse-Bonneville	Ambilly	334	★★★★★	A	61	Public
9	Centre hospitalier de Sambre-Avesnois	Maubeuge	320	★★★★★	A	59	Public
10	Polyclinique du Bois	Lille	338	★★★★	A	84	Privé Co
11	Centre hospitalier de Versailles	Le Chesnay	481	★★★★	A	82	Public
12	Hôpitaux privés de Metz	Metz	599	★★★★	A	80	PNL
13	Groupe hospitalier Saint-Joseph	Paris	537	★★★★	A	73	PNL
14	Nouvelles Cliniques nantaises	Nantes	348	★★★★	A	71	Privé Co
15	Centre hospitalier de Villefranche-sur-Saône	Gleizé	365	★★★★	A	69	Public
15	Hôpital privé Beauregard	Marseille	329	★★★★	A	69	Privé Co
17	Centre hospitalier de Beauvais	Beauvais	511	★★★★	A	54	Public
17	Centre hospitalier de l'agglomération montargeoise	Amilly	361	★★★★	A	54	Public
19	Polyclinique de Courlancy	Reims	394	★★★★	A	53	Privé Co
20	Hôpital d'instruction des armées Sainte-Anne	Toulon	305	★★★	A	84	Public
21	Centre hospitalier de Haguenau	Haguenau	425	★★★	A	81	Public
21	Clinique Esquirol-Saint-Hilaire	Agen	311	★★★	A	81	Privé Co
23	Hôpital privé Clairval	Marseille	347	★★★	A	78	Privé Co
24	Centre hospitalier de Calais	Calais	359	★★★	A	77	Public
25	Hôpital Antoine-Béclère	Clamart	447	★★★	A	76	Public
26	Centre hospitalier Victor-Dupouy	Argenteuil	525	★★★	A	75	Public
26	Centre hospitalier intercommunal de Fréjus-Saint-Raphaël	Fréjus	356	★★★	A	75	Public
26	Groupe hospitalier Saint-Vincent	Strasbourg	432	★★★	A	75	PNL
29	Centre hospitalier intercommunal de la Côte basque	Bayonne	495	★★★	A	74	Public
29	Hôpital Foch	Suresnes	490	★★★	A	74	PNL
29	Groupe hospitalier mutualiste de Grenoble	Grenoble	375	★★★	A	74	PNL
29	Clinique de l'Anjou	Angers	351	★★★	A	74	Privé Co
33	Hôpital Ambroise-Paré	Boulogne-Billancourt	485	★★★	A	73	Public
33	Centre hospitalier de Dunkerque	Dunkerque	330	★★★	A	73	Public
35	Centre hospitalier de Cholet	Cholet	459	★★★	A	72	Public
36	Hôpital Beaujon	Clichy	460	★★★	A	71	Public
37	Clinique des Cèdres	Cornebarrieu	338	★★★	A	70	Privé Co
38	Centre hospitalier régional Félix-Guyon	Saint-Denis	585	★★★	A	69	Public
38	Centre hospitalier intercommunal des Alpes du Sud	Sisteron	357	★★★	A	69	Public
38	Centre hospitalier Louis-Pasteur	Dole	303	★★★	A	69	Public
41	Centre hospitalier intercommunal de Créteil	Créteil	452	★★★	A	68	Public
41	Centre hospitalier privé de Saint-Grégoire	Saint-Grégoire	441	★★★	A	68	Privé Co
41	Groupe hospitalier Armand-Trousseau-La Roche-Guyon	Paris	358	★★★	A	68	Public
44	Centre hospitalier d'Antibes-Juan-les-Pins	Antibes	333	★★★	A	67	Public
45	Association institut catholique de Lille	Lomme	577	★★★	A	66	PNL
45	Groupe hospitalier intercommunal Le Raincy-Montfermeil	Montfermeil	431	★★★	A	66	Public
45	Hôpital d'instruction des armées du Val-de-Grâce	Paris	335	★★★	A	66	Public
48	Hôpital privé Jean-Mermoz	Lyon	357	★★★	A	65	Privé Co
48	Centre hospitalier du Haut-Anjou	Château-Gontier	350	★★★	A	65	Public
48	Centre hospitalier Saint-Joseph-Saint-Luc	Lyon	344	★★★	A	65	PNL
48	Hôpital Louis-Mourier	Colombes	332	★★★	A	65	Public

* PNL : Privé à but non lucratif. Privé Co : Privé commercial. CLCC : Centre de lutte contre le cancer.

Questionnaire : Part 2 : General situation

- Certification process (question 5 to 8)
- Kind of quality indicators (question 9)
- Audit proces (question 10 to 12)
- Waiting time (question 13)
- General questions about QI (question 14 to 17)

Part 3 : Diagnostic Forum

- H.Junkermann
- Give a score between 0 (bad) and 5 (very good)
- 14 Questions

Part 4 : Surgery Forum

- M.Hahn
- Give a score between 0 (bad) and 5 very good
- 10 questions

Part 5 : Adjuvant Forum : S.Cleator,D.Verhoeven

- 11 questions : give a score between 0 (bad)and 5 (very good)-process indicators
- % of patients
  - Radiotherapy
  - Chemotherapy
  - Hormonotherapy
  - Antibody (Herceptin) treatment

Adjuvant treatment

- % of patients ?
  - Frequency of follow-up, by who ?
  - Revalidation program
  - Study participation
  - Toxicity
  - Traveling time

Thanks !

- Results of the forum this afternoon 17.00 hour!
- Published in the International Journal of Breast Disease Centers
- Please fill in your form and give it us , leaving the room !