

# Preliminary conclusions

Peer review

Aarhus University Hospital Comprehensive Cancer Centre (AUH CCC)  
1 and 2 April 2025

# Closing plenary meeting

- Preliminary findings:
  - General findings
  - Strengths of the cancer centre
  - Opportunities for the future



# General findings

- Committed and motivated staff
- Open and friendly
- Quality improvement minded
- Well prepared visit
- Good impression on the quality of care
- Healthy: food and exercise

## Strengths preliminary

- National system is well organised (on guidelines, pathways and SOPs, CAR-T national conference, MTB) and the centre is well represented.
- Well equipped centre and well organised IT architecture
- Research output on a high level
- Proton centre + cooperation with the clinical trial unit (75% of patients included in trials, international level)



# Strengths **preliminary**

- Nuclear medicine department (equipment, generate own radioactive elements, trials, animal clinic)
- Link with the Danish Cancer Society (psychosocial / social counselling etc)
- MDT tradition, organisation and infrastructure
- Cooperation in the Upper GI and Thoracic Surgery ward
- PROM data in various departments (pro active reporting)



# Opportunities **preliminary**

- Research:
  - Install a CCC Scientific Advisory Board (SAB)
  - Formalise the relation with the University on the CCC with a formal mandate of the designated representatives
  - Define a strategy with research priorities
  - Integrate translational cancer centre network into CCC Research Board
  - Quality policy on the grant submission process (internal review system?)
  - Structured relation with basic research
  - Policy on clinical trial units
  - Standardise MDT inclusion in trials
  - Choose one IT system for trial-management and patient registration.



# Opportunities **preliminary**

## Pharmacy

- Interface of pharmacy and IT system & production at two sites (risk)
- Safety: chemotherapy and other drugs stored on the corridor.
- Role of clinical pharmacy not visible
- Collaboration between disciplines over departments
- Uniform survivorship policy
- Structured programme on prehabilitation



# Opportunities **preliminary**

- Multidisciplinary approach of the locations of the outpatient department
- Duplications: animal facilities, molecular oncology / genomics screening, biobanks, clinical trial units
- Build on the Danish Cancer Society and AYA panel to establish a formal patient council
- Overall cancer nursing policy / policy on research in oncology nursing
- Strategy in education on oncology, especially for nurses



# Opportunities **preliminary**

## Data and digital cancer strategy

- Proactive quality information for MDT policy review (standard dashboards)
- Potential in using data and digital infrastructure not used

## Quality management system

- Care pathways: Integration of palliative care and supportive care in the pathways.
- Quality services in a prospective way (no quality audit system and prospective risk assessment)
- Accountmanager on Quality for the cancer centre
- Producing quality data for the CCC board / MDT's (analyses on PROM data)



# Opportunities **preliminary**

Governance structure: identifiable entity of the cancer centre

- Clear mandate for the CCC Board
- Decide on CCC vision and strategy
- Involvement in budgeting and investment processes
- Close cooperation with the CCC Research Board
- Approving the research strategy
- Formalise the relation with the University on the CCC with a formal mandate of the designated representatives
- Adapt the organogram and quality and data policy on CCC Board level
- Internal branding of the CCC
- Break through departmental silo's and give priority to the patient pathway (benchmark with more advanced organisations)



# Peer review report and follow up

- Draft report with strengths and opportunities: 30 May 2025
- Comments from centre: 30 June 2025
- Writing improvement plan based on the draft report by the center: July/August
- Approving the final report and improvement plan by OECI
- Final report: September 2025
- Additional visit / update review latest April 2026
- Accreditation and Designation certificate
- Follow up on improvement plan after one year
- Accreditation valid for 5 years

# Content of the report

- Standards with the scores of self assessment and auditors
- Additional remarks on scores from auditors
- Conclusions and designation

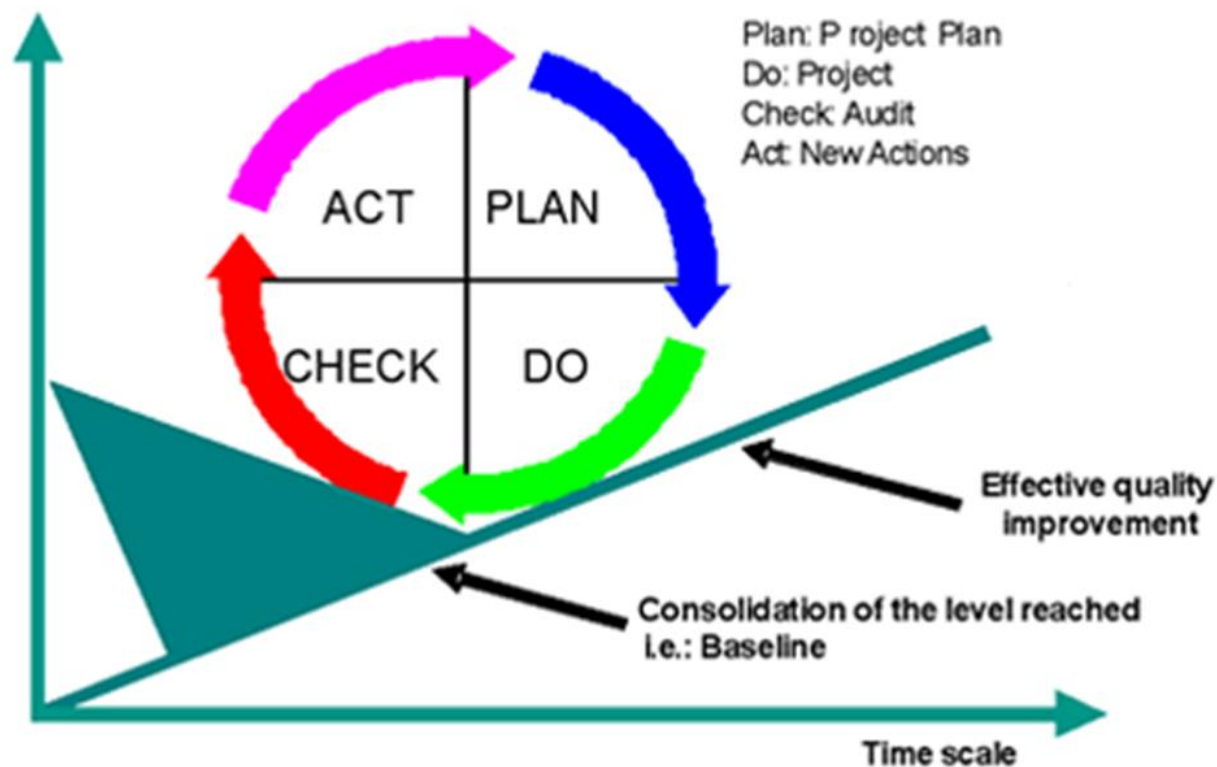
# Toward an improvement plan

- Possibility to group related actions (max 25)
- Assign various teams and departments to different tasks and responsibilities
- Engagement and involvement from clinical staff
- Multiple small steps forwards with regular follow-up and adjustments
- Focus on implementation

# Scores based on Deming-cycle

## The Deming Cycle

Continuous quality control and consolidation



Questions?  
Thank you for the hospitality!

