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Selection of quality indicators (QI) by non-hospital professionals for onco-hematology care pathway

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Background

Quality indicators (QIs) assessing the care pathway in onco-hematology are very limited and often linked to hospital concerns. They do not take into account the entire pathway, and in particular the coordination links between non-hospital professionals (GPs, pharmacists and private nurses) and the hospital. Our objective is to select a set of QIs on the care pathway in onco-hematology by involving all relevant stakeholders: hospital professionals, patient associations and non-hospital professionals. In this abstract we present the research conducted with non-hospital professionals.

Methods

A working group was organized with GPs, pharmacists and private nurses from all over France to select the QIs. A review of available QIs assessing the clinical pathway was conducted from the gray literature and literature reviews. Selection criteria were applied to extract oncological clinical pathway indicators. This list of QIs was presented to the working group for a consensus selection of a set of QI based on its adequacy and feasibility (delphi method).

Results

5731 QI were identified in the literature review and 131 included. 13 QIs were selected by non-hospital professionals (table): structure (6), process (5) and results (2).Table: 1507MO

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QI Description	Type Process = P Structure = S Outcome = O
1 Patient monitoring during treatment	P
2 Information sharing	S
3 Personalized Care Project	P
4 Quality of the liaison document	P
5 Coordination and consultation meetings	S
6 Links between non hospital pharmacists and hospital pharmacists	S
7 Collection of Patients' Advance Care Statements	P
8 Shared information on the patient's death	P
9 Access to palliative care	S
10 Management of patients receiving oral therapy	S
11 Patient's experience (defined with patients)	O - PREMS
12 Unscheduled visits and healthcare expenditures	O
13 Training for non hospital professionals	S

Conclusions

A final step will consist in gathering all the actors (hospital professionals, patient associations and non-hospital professionals) and comparing the QIs selected by each group in order to obtain a final and common set of QIs. These QIs could then be tested in the institutions of the project participants in order to validate their metrological qualities.

Legal entity responsible for the study

Novartis.

Funding

Novartis.

Disclosure

M. di Palma: Financial Interests, Personal, Advisory Board: Novartis. M. Ferrua: Financial Interests, Personal, Invited Speaker: novartis. A. Fourcade: Financial Interests, Personal, Advisory Board: novartis. M. Chirrane: Financial Interests, Personal, Full or part-time Employment: novartis. B. Clairaz: Financial Interests, Personal, Advisory Board: novartis. J. De La Cruz: Financial Interests, Personal, Full or part-time Employment: novartis. F. Loiseau: Financial Interests, Personal, Advisory Board: novartis. B. Ortolan: Financial Interests, Personal, Advisory Board: novartis. R. Pêcheux: Financial Interests, Personal, Advisory Board: novartis. R. Schwaller: Financial Interests, Personal, Advisory Board: novartis. J. Sicard: Financial Interests, Personal, Advisory Board: novartis. S. Siegrist: Financial Interests, Personal, Advisory Board: novartis. P. Sontag: Financial Interests, Personal, Advisory Board: novartis. J. Stoklosa: Financial Interests, Personal, Advisory Board: novartis. G. Tasseel: Financial Interests, Personal, Advisory Board: novartis. C. Trentini: Financial Interests, Personal, Advisory Board: novartis. F. veron: Financial Interests, Personal, Advisory Board: novartis. L. Verone: Financial Interests, Personal, Advisory Board: novartis. C. Vogensthal: Financial Interests, Personal, Advisory Board: novartis. All other authors have declared no conflicts of interest.

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