

Aggiornamento e applicazione degli standard JACIE in Italia

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Argomenti

- JACIE background
- Aggiornamento sugli standard
- L'accreditamento JACIE in Italia

JACIE background

SIDEM, Torino Novembre 2011



JACIE - Obiettivi

- Promuovere la qualità nella raccolta e nella manipolazione delle CSE e nella cura dei pazienti sottoposti a trapianto grazie ad un processo di accreditamento riconosciuto a livello internazionale
- Fornire uno strumento attraverso il quale un Centro possa dimostrare il proprio livello di qualità rispetto a standard di eccellenza condivisi
- Favorire la collaborazione fra Paesi con lingue e culture diverse al fine di realizzare un comune percorso di accreditamento
- Fornire percorsi di formazione per i futuri ispettori e per i Centri (gestione degli audit interni, gestione del sistema qualità)

FACT-JACIE relationship

- ✓ FACT developed standards in mid-1990's
- ✓ Developing interest in standards among European transplanters in late 1990's
- ✓ JACIE provided input to 2nd edition of Standards e.g. paediatric requirements
- ✓ Closer cooperation on 3rd and 4th editions. Introduced more global terminology
- ✓ 5th edition will see equal European and North American representation

Regulations

France

- Engagement with JACIE a requirement for allogeneic transplant centres
- Arrêté du 3 avril 2009 relatif au contenu du document d'évaluation des activités de greffes d'organes et de greffes de cellules hématopoïétiques. 21 avril 2009 - [Edition numéro 0093, Journal Officiel de la République Française](#)

Switzerland

- Accreditation required to receive reimbursement from Social Insurance for treatments

The Netherlands

- Accreditation required to receive authorisation to transplant from Ministry of Health
- 25 October 2006 [Regeling stamceltransplantatie](#)

Guidelines

United Kingdom

- JACIE cited in National Institute for Health and Clinical Excellence (NICE) guidelines October 2003 [Improving Outcomes in Haematological Cancers: The Manual](#)

Collaborations

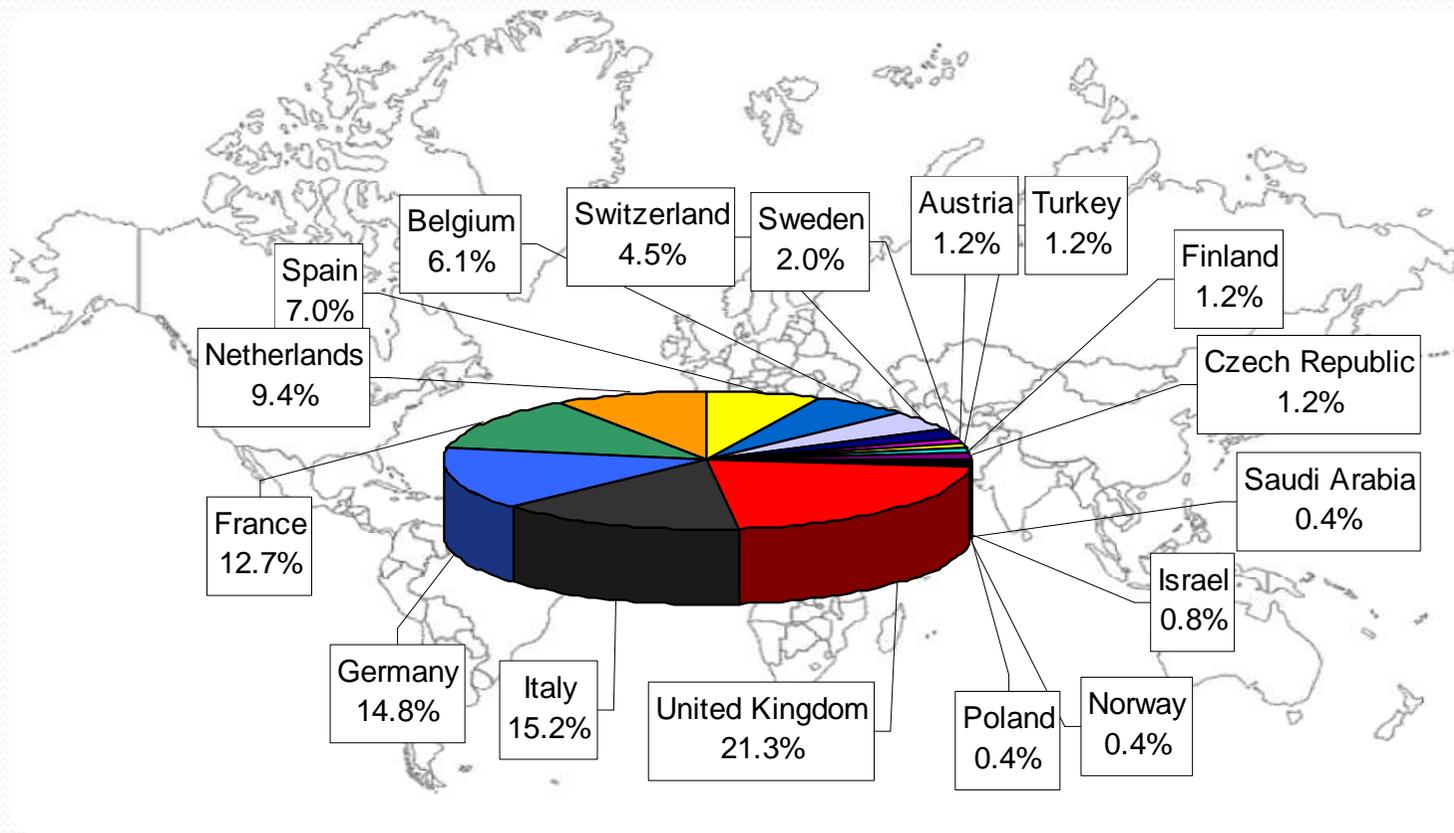
Italy

- Centro Nazionale di Trapianti ([CNT](#)) has coordinated inspections of Italian centres with JACIE through [GITMO](#).

Spain

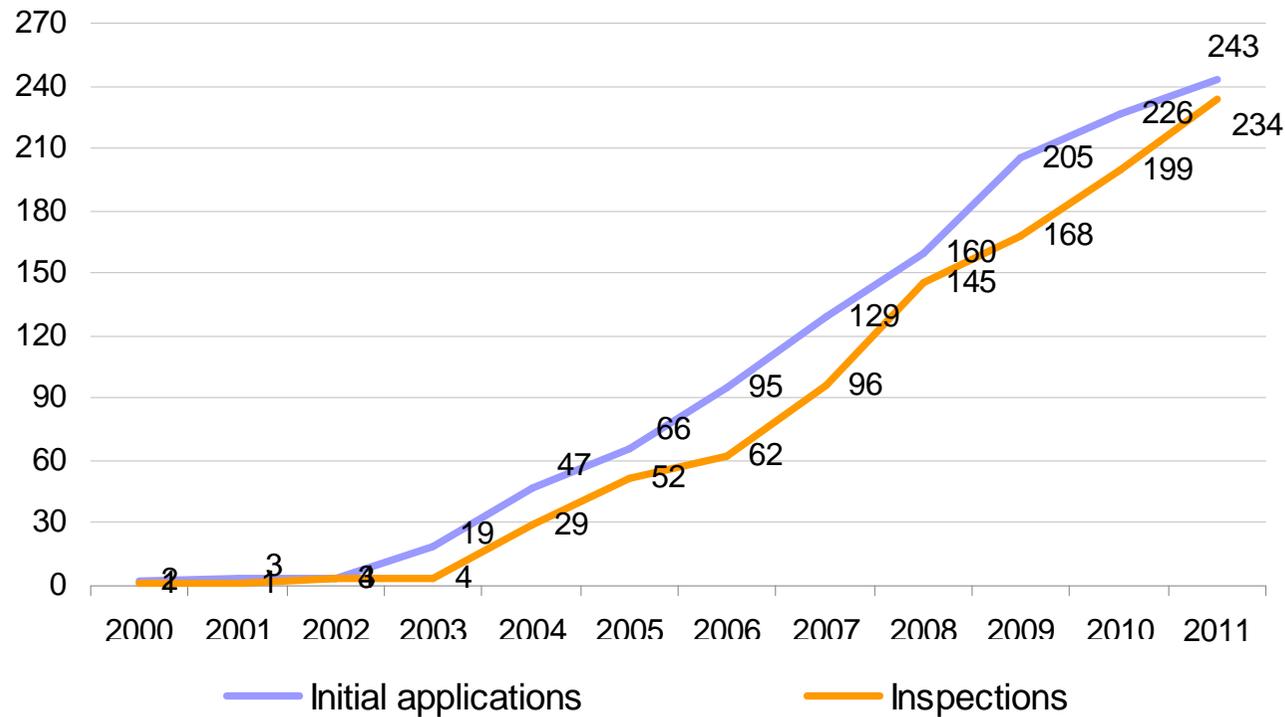
- Collaboration project with the National Transplant Organisation ([ONT](#)) and the Transfusion Accreditation Committee ([CAT](#)) under the name Comité Conjunto de Acreditación ([CCA](#)).

% distribution of total initial applications by country



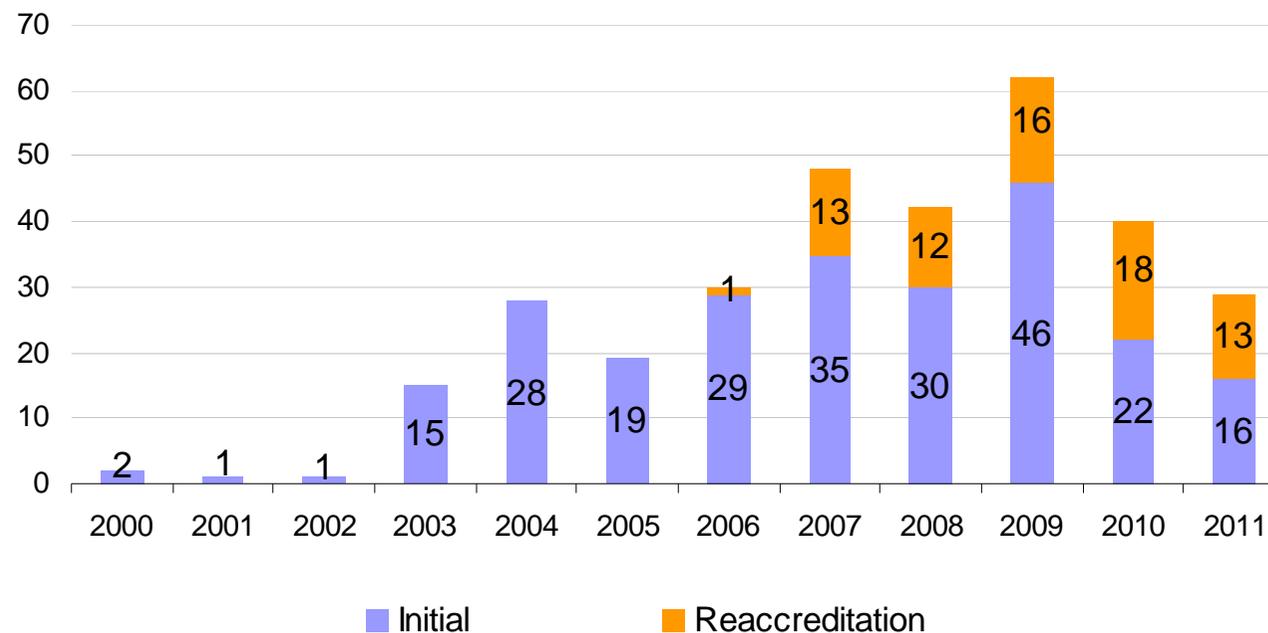
Country	Initial applications	Inspections
Austria	3	4
Belgium	13	6
Czech Republic	3	1
Finland	3	4
France	29	25
Germany	36	29
Italy	35	20
Netherlands	23	30
Saudi Arabia	1	1
Spain	17	19
Sweden	5	5
Switzerland	11	18
Turkey	3	1
United Kingdom	49	57

Cumulative initial applications and all inspections

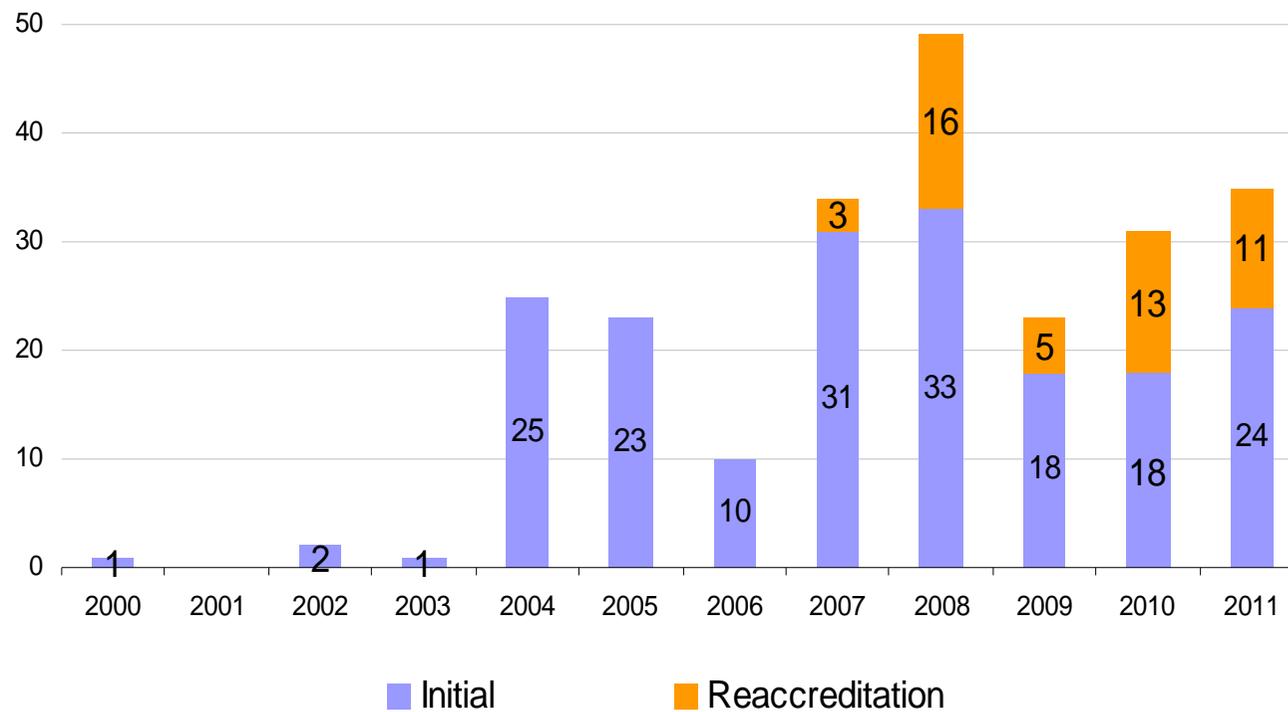


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JACIE initial and reaccreditation applications per year

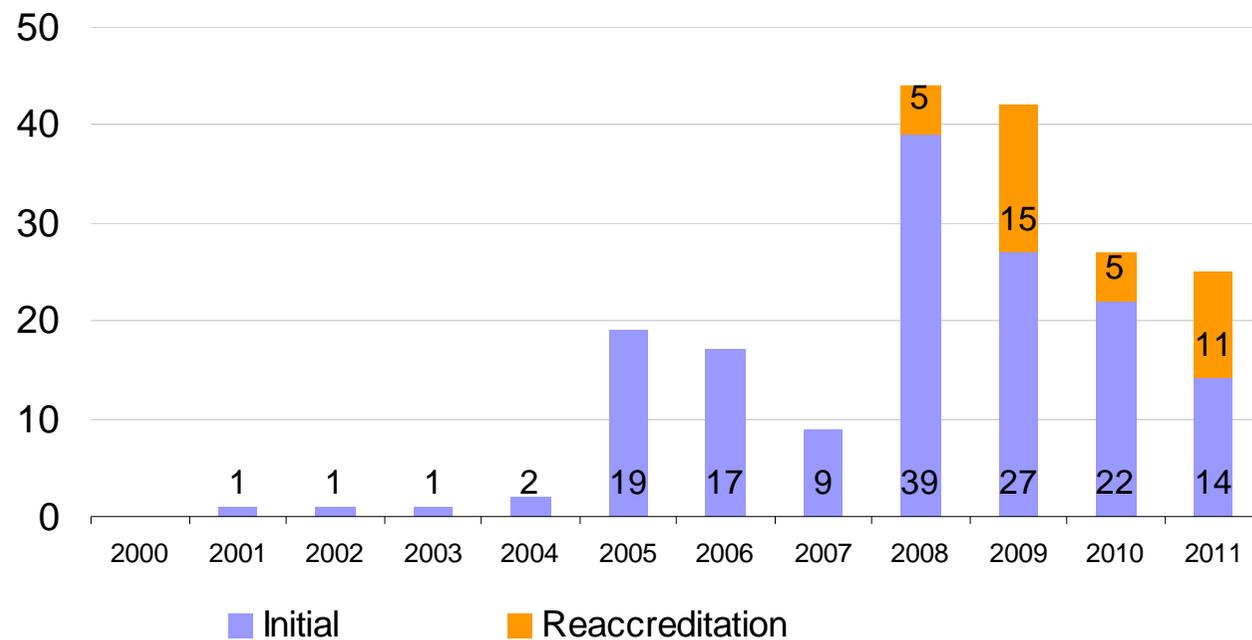


Completed inspections per year



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JACIE awarded accreditation per year



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La Commissione di Accreditamento

SETTORE	MEMBRI
Unità Clinica Adulti	<ol style="list-style-type: none">1. John Snowden (UK)2. Rafael Duarte (Spain)3. Alessandro Rambaldi (Italy)
Unità Clinica Pediatria	<ol style="list-style-type: none">1. Frederic Bernard (France)2. Christiane Vermylen (Belgium)
Raccolta CSE	<ol style="list-style-type: none">1. Derwood Pamphilon (UK)2. Jörg Halter (Switzerland)3. Cristina Tassi (Italy)
Laboratorio Processazione	<ol style="list-style-type: none">1. Dominic Latinne Belgium)2. Eric Braakman (Netherlands)3. Maria Vittoria Gazzola (Italy)

JACIE Accreditation - Public site :: Events - Windows Internet Explorer

http://www.jacie.org/portal/en/public/events

Preferiti http--webmail.ospedaliriu... Raccolta Web Slice Siti suggeriti

JACIE Accreditation - Public site :: Events



JACIE
joint accreditation committee
iact. ebnet

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Total centres registered: 244
 Inspections in preparation (includes reaccreditations): 51
 Total completed inspections (includes reaccreditations): 234
 Facilities accredited*: 103
 Reaccreditations in progress: 42
 Countries: 17

* valid on today's date

My application for accreditation

Events

Training opportunities

21-11-2012 Advanced QM Course 21-23 November 2012
 Advanced QM Course
 21-22-23 November 2012

04-10-2012 Inspector Training Course 4-5 October 2012
 Inspector Training Course
 4-5 October 2012
 Barcelona, Spain

02-10-2012 Centre Preparation Course 2-3 October 2012
 Centre Preparation Course
 2-3 October 2012
 Barcelona, Spain

11-06-2012 Internal Audits Course, 11-12 June 2012
 11-12 June 2012
 JACIE-Kerteza Internal Audits
 Barcelona, Spain

14-11-2011 JACIE • Kerteza Internal Audits 14-15 November 2011 - EVENT
 CANCELLED
 CANCELLED EVENT

23-10-2011 L'accredita- mento JACIE: l'ottimizzaz- ione dell'iter
 The European Institute of Oncology in Milan, Italy, is organizing a JACIE meeting on the theme "L'accREDITamento JACIE: l'ottimizzazione dell'iter" on 23rd - 24th October 2011.

15-09-2011 JACIE Inspector Training 15-16 September 2011
CLOSING DATE 12 August!

JACIE requires that all Inspectors attend a JACIE-approved training course in order to ensure uniformity and consistency in interpretation of the Standards and performance of the inspection.

AA A

User:

Password:

[Forgot your password?](#)

News

01-Nov-2011 Office Closed

11-Oct-2011 Process flowcharts

20-Jul-2011 JACIE Newsletter July 2011

23-May-2011 Accreditation Application Form

15-Apr-2011 FACT and JACIE announce interim cellular therapy standard

12-Apr-2011 Introduction of a Quality Management System and Outcome After Hematopoietic Stem-Cell Transplantation

04-Apr-2011 JACIE Welcome Guide

Internet | Modalità protetta: disattivata

11:04 07/11/2011

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Uno strumento molto utile

- Scaricabile dal sito web: <http://www.jacie.org>
- Guida pratica all'implementazione di un sistema di gestione della qualità per un Programma di Trapianto di cellule staminali emopoietiche (con esempi di modulistica e procedure)



Aggiornamento sugli standard

SIDEM, Torino Novembre 2011



.....verso la 5^a edizione

INTERNATIONAL STANDARDS FOR CELLULAR THERAPY PRODUCT COLLECTION, PROCESSING, AND ADMINISTRATION ACCREDITATION MANUAL



Guidance to Accompany the
FACT-JACIE International Standards for Cellular Therapy Product
Collection, Processing, and Administration, Fourth Edition

DRAFT Fifth Edition
March 2011

NOTICE

- Probabilmente disponibile da maggio 2012
- Separazione del Centro di Raccolta di Midollo Osseo dal Centro di raccolta di CSE da Sangue periferico; le nuove sezioni saranno
 - B – Unità Clinica
 - C- Centro di Raccolta di CSE da Midollo Osseo
 - D – Centro di Raccolta di CSE da sangue periferico
 - E – Laboratorio di Processazione

FACT - JACIE Standards: 5th ed

Clinical (B)	Collection (C+D)	Processing (E)
General	General	General
Clinical Unit	Collection Facility	Processing Facility
Personnel	Personnel	Personnel
Quality Management	Quality Management	Quality Management
Policies and Procedures	Policies and Procedures	Policies and Procedures
Donor Selection, Evaluation, and Management	Donor Evaluation and Management	Process Controls
Therapy Administration	Coding and Labeling	Coding and Labeling
Clinical Research	Process Controls	Distribution
Data Management	Cellular Therapy Product Storage	Storage
	Cellular Therapy Product Transportation and Shipping	Transportation, Shipping, and Receipt
Records	Records	Disposal
	Direct Distribution to Clinical Program	Records

Quanti sono gli standard

Part	4th	5th
A – Definitions	134	140
B - Clinical	287	336
C – Marrow		151
D – Apheresis	250	281
E - Processing	387	407
TOTAL	1058	1315

Caratteristiche degli standard

- Alcuni sono declinati in modo molto specifico
 - es. list of cognitive skills for physicians
- Altri sono più generici
 - es. “unit must minimise risk of airborne contamination.”
- La Guida descrive nel dettaglio gli standard e aiuta nell’interpretazione.
- NB molti standard devono essere interpretati dall’ispettore
 - es. adequacy of staff numbers

Modifiche della 5^a edizione

- Sezione dedicata al Centro di Raccolta delle CSE da midollo osseo (concisa e adeguata al Programma Clinico)
- Guida agli standard riorganizzata nelle spiegazioni, esempi
- Standard generali per la preparazione e gestione della documentazione dalla sez. 5 “SOP” alla sez. 4 “Quality Management”. Es. Stesura e approvazione della documentazione di qualità; ad es. formato, codifica, revisione e aggiornamento delle SOP
- Copia delle SOPs dei processi principali devono essere disponibili in ogni momento

Accreditamento JACIE in Italia

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Ispezioni JACIE – CNT/CNS

Standard e normativa di riferimento

- ✓ Standard JACIE 4th edition
- ✓ Conferenza Stato – Regioni 10/7/2003 “Linee guida in tema di raccolta, manipolazione e impiego clinico delle cellule staminali emopoietiche (CSE)”.
- ✓ D.Leg. 191/2007
- ✓ D.Leg. 16/2010

Normativa trasfusionale vigente, ove applicabile

- ✓ DM 3/3/2005 (1 e 2), D.Leg.261/2007, D.Leg. 208/2007, D.Leg. 207/2007

Formazione Ispettori

Ispettori JACIE formati mediante corsi internazionali ad hoc organizzati in diverse sedi europee

Ispettori CNT/CNS formati mediante corsi dedicati alla normativa di riferimento italiana

Novità

Nel 2011 primo corso comune per ispettori CNT/CNS e JACIE

Ispezioni JACIE – CNT/CNS



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Inspection Checklist format

Microsoft Excel - 0 JACIE Inspection Checklist 4th ed

Archivo Edición Ver Insertar Formato Herramientas Datos Ventana ? Adobe PDF

Escriba una pregunta

Arial 10

1	REF	STANDARD	KEY	APPLICANT	APPLICANT'S COMMENT	INSPECTOR	INSPECTOR'S COMMENT
2		PLEASE COMPLETE A SEPARATE CHECKLIST FOR EACH CELL PROCESSING LABORATORY					
3	D1	GENERAL					
4	D1.1	Does the Processing Facility apply these Standards to all processing, storage, and distribution activities performed on cellular therapy products obtained from living donors?	I				
5	D1.2	Does the Processing Facility abide by all applicable laws and regulations?	D				
6	D1.3	Have the Processing Facility and staff, including a Processing Facility Director and Processing Facility Medical Director, been in place and performing cellular therapy product processing for at least twelve (12) months preceding application for initial accreditation?	D				
7	D2	PROCESSING FACILITY					
8	D2.1	Is the Processing Facility registered and/or accredited with the appropriate governmental authority for the activities performed?	D				
9	D2.2	Is the Processing Facility of adequate space, design, and location for the intended procedures?	D				
10	D2.2.1	Is the Processing Facility divided into defined areas of adequate size to prevent improper labeling, mix-ups, contamination, or cross-contamination of cellular therapy products?	D				
11	D2.2.2	Is the Processing Facility secure to prevent the entrance of unauthorized personnel?	D				
12	D2.2.3	Does the Processing Facility provide adequate lighting, ventilation, plumbing, drainage, and access to sinks and toilets to prevent the introduction, transmission, or spread of communicable disease?	D				
13	D2.3	Are critical facility parameters that may affect cellular therapy product processing, storage, or distribution controlled, monitored, and recorded to demonstrate ongoing compliance?	D				
14	D2.4	Are environmental conditions controlled where appropriate for temperature, humidity, ventilation, air quality, and surface contaminates when using processing methods that may result in contamination or cross-contamination of cellular therapy products?	D				
15	D2.4.1	Where appropriate, does the Processing Facility provide environmental monitoring for microorganisms?	D				
16	D2.5	Is there documentation of facility cleaning and sanitation, environmental conditions, and inspection of environmental control systems to ensure adequate conditions for proper operations?	D				
17	D2.6	Is there adequate equipment and materials for the procedures performed at the Processing Facility?	D				

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Inicio

18:19

REF	STANDARD	KEY	APPLICANT	INSPE
B1	B1 DEFINITION OF A CLINICAL TRANSPLANT PROGRAMME			
B1.1	Is the applicant a Clinical Transplantation Programme according to the definition "...consists of an integrated medical team housed in geographically contiguous or proximate space with a single Clinical Programme Director and common staff training programs, protocols, and Quality Management (QM) systems"?	D		
	Does the Clinical Programme use hematopoietic cell collection facilities that meet FACT-JACIE Standards with respect to their interactions with the clinical Programme?	D	Yes No N/A	

Solo 3 risposte possibili

STANDARD	KEY	APPLICANT	INSPECTOR	APPLICANT'S COMMENT	INSPE
CLINICAL TRANSPLANT					
Transplantation Programme consists of an integrated medical team housed in geographically contiguous or proximate space with a single Clinical Programme Director and common staff training programs, protocols, and Quality Management (QM) systems"?	D	Yes			
Does the Clinical Programme use hematopoietic cell collection facilities that meet FACT-JACIE Standards with respect to their interactions with the clinical Programme?	D	No		EXPLAIN YOUR ANSWER	
Does the Clinical Programme use a cellular therapy product processing facility that meets FACT-JACIE Standards with respect to its interactions with the Clinical Programme?	D	N/A		EXPLAIN YOUR ANSWER	
Does the Clinical Transplant Programme include non-contiguous sites?	I	No N/A			
Does the Clinical Transplant Programme demonstrate common:	D				

Il colore cambia in base alla risposta selezionata

In caso di risposta "NO" o "N/A", darne spiegazione

Filtrare le risposte per verificare la completezza della checklist

REF	STANDARD	KEY	APPLICANT	INSPECTOR
1				
4	Does the Clinical Programme use hematopoietic cell collection facilities that meet FACT-JACIE Standards with respect to their interactions with the clinical Programme?	D	[Todas] [Las 10 más...] [Personalizar...] No Yes [Vacías] [No vacías]	
5	Does the Clinical Programme use a cellular therapy product processing facility that meets FACT-JACIE Standards with respect to its interactions with the Clinical Programme?	D	Yes	
B1.1.1	Does the Clinical Transplant Programme include non-contiguous sites?	I	No	

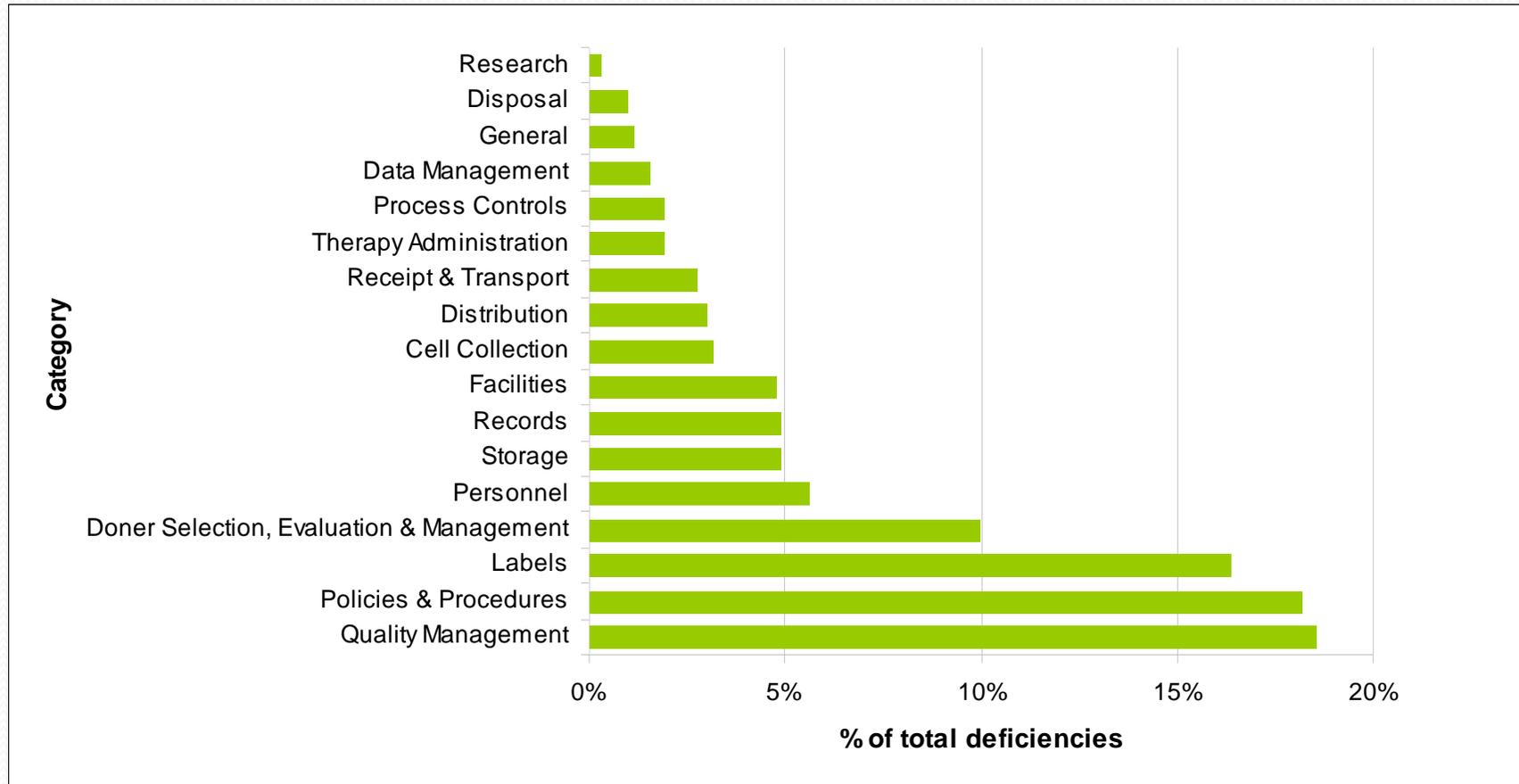
APPLICANT
[Todas]
[Las 10 más...] [Personalizar...]
No Yes [Vacías] [No vacías]
Yes

Deviazioni rilevate dagli ispettori JACIE

- Ispezioni 43
- Numero di deviazioni 1267
- Media di deviazioni per ispezione 29
- Standards conformi 649/1255
- Deviazioni suddivise per area (deviazioni/ numero totale di standards)
 - Unità Clinica 137 / 315 (43%)
 - Raccolta CSE 187 / 354 (53%)
 - Processazione 285 / 585 (49%)

Areas of deficiencies

Expressed as % of total deficiencies. Based on analysis of 1732 deficiencies encountered in inspections



Deviazioni minori vs maggiori

La differenza fra deviazioni minori e maggiori a volte è solo una questione di giudizio

- Deviazioni minori
 - modifica di procedure già esistenti
- Deviazioni maggiori- esempi
 - Inadeguato sistema di gestione dell'isolamento dei pazienti trapiantati
 - Carente monitoraggio della temperatura dei frigocongelatori
 - Sistema di gestione della qualità del Programma inadeguato

Criticità principali

Unità Clinica

- Formazione e valutazione del personale
- Gestione del donatore in particolare il familiare
- Tenuta della documentazione clinica

Centro di Raccolta

- Engraftment data
- Labelling
- Controlli di qualità e convalide

Laboratorio di Processazione

- Labelling
- Controlli di qualità e convalide

Criticità comuni alle tre parti del Programma

- Sistema di gestione della qualità (SOP, NC, audit...)
- Third party Agreements
- Comunicazione fra le parti del Programma

Interazioni fra le parti del Programma

- Il Centro di raccolta deve servirsi di Laboratori di processazione che ottemperino gli standard JACIE
- Il Centro di raccolta di CSE da Midollo osseo (spesso parte integrante dell'Unità Clinica) deve essere ispezionato e accreditato
- Il Centro di Raccolta di CSE da sangue periferico e il laboratorio di Processazione possono far parte del Programma o essere esterni
- *L'interazione fra le parti è fondamentale es.*
 - Richiesta di raccolta CSE scritta
 - Comunicazione dei dati di engraftment al Centro di raccolta e al laboratorio di Procassazione
 - Comunicazione di AE alle parti del programma
 - Convenzioni o contratti con centri o laboratori esterni al Programma

Conclusioni

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Impact of a Quality Management System on Outcome after HSCT

- Data from 107,000 HSCT 1999-2007 in 421 European Teams
- Analysis of overall survival, relapse incidence, non-relapse mortality and relapse free survival
- Outcome correlated with era of transplant: 3 years prior to application, during application and after JACIE accreditation
- Analysis clustered by team, stratified for type of HSCT, disease, year of HSCT, conditioning, Gross National Income/capita and adjusted by EBMT score as a key risk factor

Gratwohl et al, JCO 2010; Chabannon et al, 2010

Impact of a Quality Management System on Outcome after HSCT

- Improvement in outcome of allogeneic HSCT from pre-accreditation compared to post-accreditation
- Improvement of overall survival peaked at 14% for patients with chronic leukemias who received an allogeneic HSCT
- Improvement in overall and disease-free survival was also apparent for recipients of high-dose chemotherapy supported with autologous HSCT
- Improvement in survival is \geq than the consequences of what are now thought of as major innovations in the field of HSCT

Gratwohl et al, JCO 2010; Chabannon et al, 2010

Conclusioni

- L'accreditamento JACIE si sta diffondendo in Europa e viene sempre più riconosciuto come uno strumento di garanzia per i pazienti e per garantire i Sistemi Sanitari Nazionali e le Assicurazioni a riguardo della qualità delle prestazioni erogate
- L'organizzazione e la pratica clinica quotidiana traggono giovamento dai comportamenti virtuosi implementati grazie ad una gestione in qualità di una organizzazione complessa quale quella di un Programma di Trapianto
- Si stanno accumulando dati scientifici che suggeriscono come i programmi di trapianto accreditati hanno risultati clinici superiori