

Cooperation agreement Oncology Network Southeast Netherlands

Content

- Considerations: parties' intentions to cooperate
 - Among others:
 - Need for patient collaboration in oncology care
 - SONCOS standards report is leading
 - Mission to achieve comprehensive cancer networks

- Purpose and content of cooperation

- Offer and optimise high-quality patient care, as close as possible to the patient's environment
- Setting up care pathways/care processes and aligning care
- Cooperation agreement is the basis for policies such as vision documents, annual plans regionally and annual plans in the regional (tumour) working groups
- OncoZON concerns network cooperation without legal personality

- Principles and conditions of cooperation

- Each healthcare facility retains its own autonomy
- Oncology specialist healthcare professionals remain responsible for their own medical professional actions
- Patients always retain free doctors' choice
- Existing cooperation initiatives or partnerships will be respected
- New collaboration initiatives outside OncoZON have to be discussed in BOARD OF DIRECTORS
- OncoZON is open to cooperation or entry of other parties

- Organisation and management of cooperation

- BOARD OF DIRECTORS (General Board) is decision-making body; this includes the chairmen BoD all partners
- NETWORK BOARD (regional oncology committee), falls under BOARD OF DIRECTORS and includes delegates from the local oncology committees of all partners
- NETWORK BOARD has a COORDINTATION TEAM (executive board) for preparing and developing (policy) proposals
- Regional (tumour) working groups fall under the NETWORK BOARD and make efforts to arrive at regional Care Pathways and best practices
- Project organisation carries out projects to develop oncological care in the region

- Patient care collaboration

- Alignment of care pathways and standardisation of protocols
- Regional coordination takes place through MDTs
- If referral is necessary, this takes place within the region to institution designated as a centre of expertise for this purpose
- Healthcare institutions contract and claim independently

- Cooperation on training, research and quality registrations

- Strive to participate in patient-related studies to promote oncology innovation in the region
- Partners help each other if necessary e.g. training of healthcare professionals to achieve minimum number of registered oncologists per discipline
- Maastricht UMC+ and Maastro have commitments to clinical education and scientific research and do so in collaboration with Maastricht University, Faculty of Health Medicine and Life Sciences (FHML)
- Strive for uniform registration of data with minimum registration burden for healthcare professionals

- Data sharing and privacy

- If necessary, personal data can be exchanged for the uniform registration and comparison of quality indicators to evaluate and improve the quality of care. And for developing and conducting scientific research
- Exchange of personal data in accordance with AVG and other relevant laws and regulations
- Patient consent must be well regulated
- Exchange of personal data only via secure channels
- Acting in accordance with data sharing protocol

- Complaint and disciplinary law, calamities

- Strive for low-threshold handling of complaints.
- Complaints are handled in accordance with the Care Quality, Complaints and Disputes Act (Wkkgz) and institutional complaints regulations
- Each institution handles patient complaints that see acts of its own employees
- Agreements on how to handle complaints in case of network care (multiple hospitals involved)
- Agreements on reporting emergencies and violence in care relationships
- Partners inform each other in compliance with legal requirements about incidents, calamities, claims, etc. relating to mutual cooperation in the network

- Financial aspects of cooperation

- Institutions make independent arrangements with regard to contracting health insurers
- Costs incurred on behalf of OncoZON, such as facility costs for meetings and other gatherings, website, support, are budgeted annually and determined by BOARD OF DIRECTORS
- Costs are borne jointly; 10 partners = 10% per partner of total costs

- Staff

- Employee appointments do not change, but where necessary, employees can be exchanged or shared
- Bilateral agreements are possible if employees provide care at another partner on a structural basis
- For healthcare professionals in training, agreements apply within the education and training region

- Evaluation

- Results achieved will be discussed and evaluated in BOARD OF DIRECTORS: should cooperation agreement be adjusted?
- In annual review: is unincorporated network still up to date?

- Duration and termination of agreement

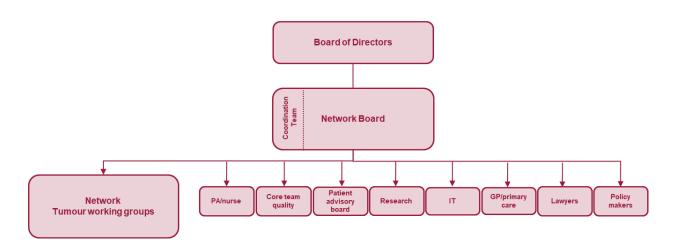
- Cooperation agreement is indefinite
- Agreements for termination of cooperation agreement: notice period, reasons for termination (e.g. bankruptcy)
- Liability
 - Partners are responsible and accountable for their own actions
 - Partners insure adequately etc.

- Confidentiality clause

- All information (both business confidential and Personal Data) collected or exchanged will be kept confidential
- Sharing information only if necessary to perform work
- Security of information
- Disputes
 - Disputes regarding compliance and implementation of cooperation agreement will be submitted to BOARD OF DIRECTORS

Attachments

1. Organisational structure OncoZON



2. Organisational regulations OncoZON

- Board of directors: composition, appointment, duties and powers
 - Consists of chairpersons of participating institutions
 - BOARD OF DIRECTORS appoints a chairman from among its members for 3 years
 - BOARD OF DIRECTORS appoints COORDINTATION TEAM, nominated by NETWORK BOARD
 - BOARD OF DIRECTORS reviews and adopts policy formulated by NETWORK BOARD
 - BOARD OF DIRECTORS reviews and formulates proposals formulated by regional (tumour) working groups of redistribution or concentration of care in the event of changing (volume) standards
 - BOARD OF DIRECTORS adopts annual budget
 - BOARD OF DIRECTORS meets at least twice a year
- Coordination team: composition, appointment, duties and powers
 - COORDINTATION TEAM consists of six members:
 - 1 representative MUMC+ (academic hospital)
 - 1 representative MUMC+ or Maastro
 - 2 representatives from STZ hospitals (learning hospital)
 - 2 representatives from general hospitals
 - Members COORDINTATION TEAM are medical specialist, manager/policy advisor
 - Chairman COORDINTATION TEAM filled in by MUMC+
 - Members COORDINTATION TEAM are also members of NETWORK BOARD
 - Chairman COORDINTATION TEAM is also chairman NETWORK BOARD
 - COORDINTATION TEAM implements policy adopted by BOARD OF DIRECTORS
 - COORDINTATION TEAM on behalf of NETWORK BOARD directs alignment of latest version SONCOS standards report in tunor working groups
 - COORDINTATION TEAM prepares draft annual plan
 - COORDINTATION TEAM prepares draft budget
 - COORDINTATION TEAM implements multi-year policy plan
 - COORDINTATION TEAM meets monthly via video conferencing and physically 4 times a year
 - COORDINTATION TEAM organises policy days

- Chairman COORDINTATION TEAM has term of 3 years with possibility of extension
- COORDINTATION TEAM members are appointed for 2 years with possibility of renewal

- Network board: composition, appointment, duties and powers

- Decisions are taken in NETWORK BOARD which are then ratified by BOARD OF DIRECTORS
- NETWORK BOARD is composed of chairs and managers/policy advisers oncology of the local oncology committees of the institutions (max 2 people in NETWORK BOARD)
- NETWORK BOARD meets once a quarter
- NETWORK BOARD draws up multi-year plan with scope of 3 years
- NETWORK BOARD directs alignment of current version SONCOS standardisation report in tumour working groups
- In NETWORK BOARD, it is ensured that each partner provides formation, facilities and (financial) resources within its own institution

- Regional (tumour) working groups: composition, tasks and competences

- The regional (tumour) working groups form the heart of OncoZON: from all institutions, healthcare professionals from their own, local (tumour) working groups are delegated to the various Regional (tumour) Working Groups.
- The regional working groups are both tumour-specific and cross-cutting working groups
- In principle, up to 3 mandated persons per institution are delegated to the regional (tumour) working groups. Additional delegates are possible in consultation (e.g. for specific topics)
- Delegates are responsible for feeding back results and agreements from OncoZON to the local working group (in their own hospital)
- Working group chairperson's term of office is 3 years
- Besides chair, (tumour) working group also has a vice-chair and member. Together they form 'the management' of the working group, for continuity. They all have a term of office of 3 years, with possibility of 1 x extension
- Each working group makes annual plan and annual report
- Recurring themes in this include: best practices, care pathways, outcomes, studies, changing standards, training/education, SLAs, patient satisfaction/patient participation and communication
- Regional (tumour) working groups will discuss SONCOS standards report and take stock of how content relates to developments in the region. If adjustment is needed, it will be offered to Board of directors via Network board.
- The regional (tumour) working groups are supported by a policy officer who takes care of the entire organisation and provides substantive support during the working groups and their preparations.

3. Data protocol editing and management of patient data / data sharing protocol

Protocol is based on Model Agreement Healthcare Sector Organisations (Dutch model)

4. Agreements for information exchange between Healthcare Institutions within OncoZON

- Agreements for sharing company confidential information
- General agreements