

LETTER TO THE EDITOR

JACIE accreditation from the perspective of an accredited centre

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We read with interest the article 'JACIE accreditation for blood and marrow transplantation: past, present and future directions of an international model for healthcare quality improvement' published in the March 2017 issue of *Bone Marrow Transplantation*. This manuscript makes future inferences through presenting an assessment about quality standards for blood and bone marrow transplantation, and also discusses the benefits of international quality standards on clinical and laboratory practice, and potential disadvantages.¹

The leaders of the European Society for Blood and Marrow Transplantation (EBMT) and transplant centres expect that accreditation by the Joint Accreditation Committee: International Society for Cellular Therapy and EBMT (or JACIE for short) will improve communication between transplant centres, provide a uniform approach for donor safety and, most importantly, enable the transplant teams to improve.^{1–3} Several studies have reported the influence of JACIE accreditation on the prolongation of lifespan and reduction of transplant-related mortality.^{2,3} However, it is not clear how the JACIE-accredited centres feel about this and which objective benefits are important. While efforts for JACIE accreditation are overwhelmingly in high-income economies in Europe, transplant activity is gradually increasing outside these countries.⁴ It is important to recognize that quality improvement and accreditation is not inhibitory to the blood and marrow transplantation activities in developing economies so that the professionals in this field are willing for accreditation. Supporting this opinion, we aimed to present the objective benefits our re-accredited centre (T 644) showing the perspective of an accredited centre. We suggest that such data are an important motivator for centres to become accredited.

Our centre has been accredited for 5 years (EBMT CIC 589) as one of two re-accredited centres in our country and has achieved the following. The transplant team has been intact for 10 years. We believe that the accreditation efforts have helped to motivate people to work towards the same goal. The number of patients referred to our centre and transplant activity has increased from 40 to 96 patients per year. None of the 448 patients who underwent stem cell transplant (SCT) during the accreditation period complained or sued our institution, and also satisfactory outcomes could be achieved. This is important for the transplant team, who use complex, challenging treatment methods. Transplant-related mortality was found to be significantly reduced after accreditation (5.5% vs 1.5% for auto-SCT and 18.4% vs 8.1% for allo-SCT). Our transplant centre was the first running among the 47 adult SCT centres countrywide with regard to post transplant-100-day mortality for both transplant types according to the 2014–2015 assessment of the Ministry of Health. A clinical data management system, the PRANA project, was developed to help ensure that our work was in accordance with international standards. The project included a transplant coordinator software that facilitates traceability and work flow and uses current classifications and side-effects terminology. Other improvements

include an ISBT 128-compatible cellular-therapy-monitoring system using TURUNÇ software and an on-line SOP education system providing information for patients/donors using INFORMARATE software.^{5,6} Our centre provided the greatest support of any centre in Turkey, for stem cell collection for TURKOK, the National Stem Cell Donor Bank and the transplant centres abroad.

Collaboration is known to be essential for the success of team work. Therefore, the members of the transplant team were given two structured questionnaires enquiring about their perspectives on the re-accreditation process. According to the questionnaires which were completed by 84 (97.6%) subjects, 96% believe that re-accreditation is necessary and were willing to work to achieve it. Currently, a national JACIE collaboration project supported by the National Haematology Society is being conducted with the aim of generalising JACIE studies (<http://www.thd.org.tr/thdData/userfiles/file/jacie-ulusal-isbirligi-projesi.pdf>).

Overall, the accreditation motivated team members and facilitated their work, leading to substantial improvements. The development studies are reflected in the transplant team dynamics, as evaluated by both the accreditation committee and from the perspective of an accredited centre. We believe that the National JACIE representatives should take responsibility for standardising accreditation studies countrywide.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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