

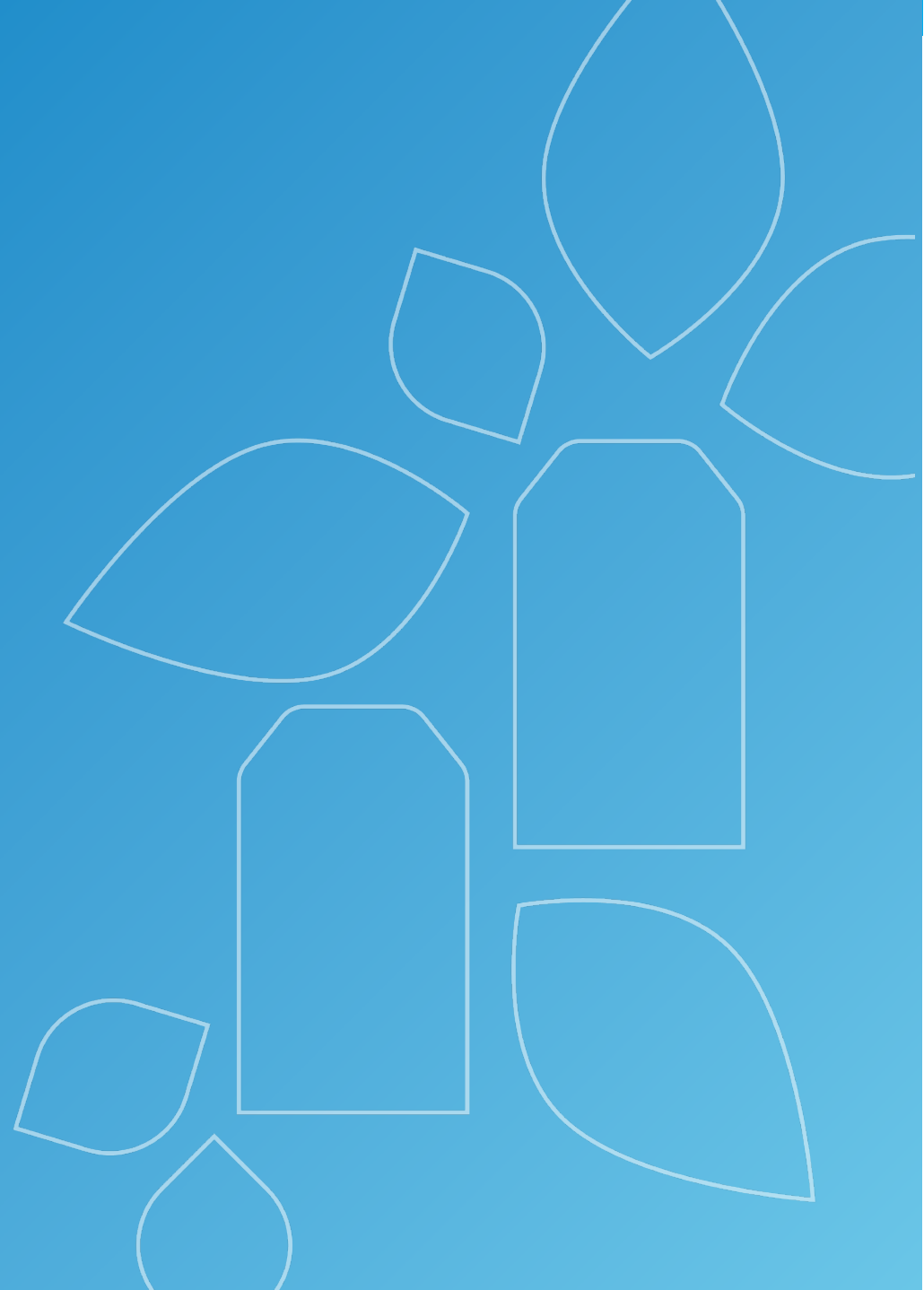


Southeastern Multidisciplinary Approaches to Cancer Symposium

Tips for FACT Accreditation Preparation

Kelly Tomlinson, DNP

Executive Director, Immune Effector Cell Program
Enterprise Hem/HCT/IEC
City of Hope



Disclosures

I do not have any relevant financial relationships.

This presentation and/or comments will provide a balanced, non-promotional, and evidence-based approach to all diagnostic, therapeutic and/or research related content.



FACT Accreditation

Foundation for the Accreditation of Cellular Therapy (FACT)

- Who are they, what do they do?
- What accreditation can be requested?
- What does it oversee?
- Why would we want to do it?

—— Who, What, Why ——



Steps to FACT accreditation

- 1) Confirm eligibility and identify the applicable standards*
- 2) Submit the eligibility application*
- 3) Complete the compliance application*
- 4) Perform a self-assessment and close gaps*



Steps to FACT Accreditation (cont.)

5) Respond to application review questions

6) Undergo the on-site inspection

7) Address inspection findings

8) Receive the accreditation decision



Key Areas of Preparation

- *Quality management*
- *Personnel qualifications and training*
- *Records and traceability*
- *Clinical and operational consistency*



Tips

- 1) *Stay Organized*
- 2) *One central place for all documentation*
- 3) *Clarify roles*
- 4) *Meet regularly, track action items*
- 5) *Engage front line staff*
- 6) *Conduct mock inspections*

Reminder: FACT accreditation is not about perfect documents and is about proving the program has a reliable, patient-centered system for delivering cellular therapy safely, consistently, and with continuous oversight.



Maintaining Accreditation

FACT accreditation is not a one-time event



Cultural Linguistic Competency (CLC) & Implicit Bias (IB)

STATE LAW:

The California legislature has passed Assembly Bill (AB) 1195, which states that as of July 1, 2006, all Category 1 CME activities that relate to patient care must include a cultural diversity/linguistics component. It has also passed AB 241, which states that as of January 1, 2022, all continuing education courses for a physician and surgeon **must** contain curriculum that includes specified instruction in the understanding of implicit bias in medical treatment.

The cultural and linguistic competency (CLC) and implicit bias (IB) definitions reiterate how patients' diverse backgrounds may impact their access to care.

EXEMPTION:

Business and Professions Code 2190.1 exempts activities which are dedicated solely to research or other issues that do not contain a direct patient care component.

This presentation is dedicated solely to research or other issues that do not contain a direct patient care component.

