

INTENT CE1047

WPT3 – Piloting in Central European Regions, National
Institute of Oncology, Budapest, Hungary

Final Version
12 2020



Activity A.T3.1 Assessing pilot sites preparedness to pilot guidelines (O.T1.1) and online benchmarking tool (O.T2.4)

Deliverable D.T3.1.1 Assessing the readiness of each pilot site to test WP outputs (O.T1.1 and O.T2.4)

The goal of Deliverable D.T3.1.1 was to assess the readiness of each pilot site to test the new patient-centered model of care and guidelines (O.T1.1) as well as the capacity of the local information systems to generate data for the adapted benchmarking tool (O.T2.4) and the potential IT changes needed. In order to achieve this deliverable, two surveys were conducted among the INTENT project partners by the Local Stakeholder Panels:

- “Radar Axis Chart Survey at the INTENT project pilot sites”
- “Assessment of local ICT capacities at the INTENT project pilot centers”

The questionnaires served as self-assessment tools for the pilot sites to assess the current level of patient-centeredness at their institute in connection with the 6 dimensions of the patient-centered cancer care model (PCCCM) well as the ICT capabilities to provide the data for the benchmarking exercise. The six dimensions of the model are:

1. Patient Centered Culture
2. Information Communication Education
3. Accessibility and Continuity of Care
4. Shared Decision Making & Multidisciplinary Approach
5. Enhancing Quality of Life
6. Research

Documents:

[DT311 Radar Axis Chart Survey at the INTENT project pilot sites](#)

[DT311 Assessment of local ICT capacities at the INTENT project pilot centers](#)

Deliverable D.T3.1.2 Local stakeholder panels prepare change management action plans

The main objective of the INTENT project was to use guidelines and benchmarking to trigger social entrepreneurship solutions towards better patient-centred cancer care in Central Europe. In order to achieve this goal, a stakeholder panel was set up at each participating pilot site to contribute to the tasks and activities related to the development and implementation of a patient-centered model of care. The members of the local stakeholder panels represented various disciplines to ensure that all aspects of the patient-centered model of care were taken into consideration when developing both the model of care and the corresponding benchmarking indicators. The panel members at each pilot site included: a Manager, a Clinician, a Policy Maker and a Patient Representative. The INTENT project coordinator at the local pilot sites may have informed the members of the panel of the specific tasks related to INTENT and acted as a point of contact between the panel members and the WP leaders of INTENT.

Document:

[DT312 Local Stakeholder Panel Assessment Form](#)

Activity A.T3.2 Testing the tools

Deliverable D.T3.2.1 Report on use of the implementation guidelines for patient-centered care model

The pilot sites of the INTENT CE1047 project participated in the piloting process of using the benchmarking tool at their institutes. The benchmarking tool with indicators (5 set of Questionnaires) focusing on the 6 dimensions of the patient-centered cancer care model was developed by WPT2 and translated to local languages by the pilot sites.

The first phase of the piloting took place between February 17 and May 31, 2020. In this first phase, data was collected and 5 set of Questionnaires (benchmarking tool) were administered addressing the following stakeholders: 100 patients (50 male, 50 female), 5 expert patients, 10 doctors, 10 nurses, 1 manager (official statement of institute). In the first piloting period feedback was collected in form of a survey from the pilot sites on their experiences of using the benchmarking tool. The findings on the pilot site experiences using the benchmarking tool are summarized in a *“Report on using the benchmarking tool”* (D.T3.2.2).

In each pilot site the local stakeholder panel applied their change management action plan. During the second phase of the piloting that lasted between June 1 and October 31, 2020 the collected benchmarking data was processed in the online benchmarking tool system developed by WPT4. The pilot sites accessed their benchmarking results online and they analysed their results using the *“Background Materials for improvement actions based on the benchmarking data”*. From the data analysis each site selected an improvement action and created a Performance Improvement Plan, while using and piloting the *“D.T1.3.1 A Patient Centered Cancer Care Model and Implementation guidelines in the Central Europe”*. In order to assess the pilot site experiences in piloting the implementation guideline a survey was created focusing on the following three areas: use of the background materials and the online benchmarking tool, use of the implementation guidelines, overall assessment of the piloting process. The findings are summarized in a report titled: *“Report on the use of implementation guidelines for PCCC Model”* (D.T3.2.1)

Document:

[DT321 Report on use of the implementation guidelines for a patient-centered care model](#)

Deliverable D.T3.2.2 Report on using the benchmarking tool

The pilot sites of the INTENT CE1047 project participated in the piloting process of using the benchmarking tool at their institutes. The benchmarking tool with indicators (5 set of Questionnaires) focusing on the 6 dimensions of the patient-centered cancer care model was developed by WPT2 and translated to local languages by the pilot sites.

The first phase of the piloting took place between February 17 and May 31, 2020. In this first phase, data was collected and 5 set of Questionnaires (benchmarking tool) were administered addressing the following stakeholders: 100 patients (50 male, 50 female), 5 expert patients, 10 doctors, 10 nurses, 1 manager (official statement of institute). In the first piloting period feedback was collected in form of a survey from the pilot sites on their experiences of using the benchmarking tool. The findings on the pilot site experiences using the benchmarking tool are summarized in a *“Report on using the benchmarking tool”* (D.T3.2.2).

In addition, good examples were collected from the pilot sites from the benchmarking data analysis and from their self-assessment. From the benchmarking data analysis, the highest scores for the sites were categorized according to the 6 dimensions of the patient centered care model. The template was used by the pilot sites to draft their good examples that are published in the Virtual Know-How Center.

Documents:

[DT322 Report on using the benchmarking tool](#)

[DT322 Good example template](#)

Deliverable D.T3.2.3 Translation of benchmarking results into performance improvement plans

Piloting was key to assessing how practical the patient-centered cancer care model and online benchmarking tools were in implementing a patient-centered approach to improve patient benefits and outcomes achieved by public cancer care providers in Central Europe. Each pilot site had a different starting point that influenced the conduct, results and consequences of their benchmarking exercise. The benchmarking focused on the whole organization.

In the second phase of the piloting between June 1 and October 31, 2020, the benchmarking data was processed in the online benchmarking tool system developed by WPT4. The pilot sites accessed their benchmarking results online and they analysed their results using the “*Translation of benchmarking results into performance improvement plans*” and transformed their benchmarking results into performance improvement plans. From the data analysis each site selected an improvement action and created a Performance Improvement Plan, while using and piloting the “D.T1.3.1 A Patient Centered Cancer Care Model and Implementation guidelines in the Central Europe”.

The “*Translation of benchmarking results into performance improvement plans*” document was developed to perform the Performance Improvement Plan using the Plan-Do-Check-Act model (PDCA cycle).

The first step of the PDCA cycle was to ‘plan’ which means the translation of benchmarking results into Performance Improvement Plans in the context of the INTENT project. The step ‘plan’ includes the following 5 steps:

- Step 1 Analyze the benchmarking results;
- Step 2 Summarize the strengths, weaknesses and improvement points in one table;
- Step 3 Select one improvement point and fill out the provided Performance Improvement Plan (PIP) Template using the “D.T1.3.1 A Patient Centered Cancer Care Model and Implementation guidelines in the Central Europe” document;
- Step 4 Perform a SWOT analysis including strengths, weaknesses, opportunities and threats related to the selected improvement point using “D.T1.3.1 A Patient Centered Cancer Care Model and Implementation guidelines in Central Europe” document;
- Step 5 Local Stakeholder Panels at the pilot site approve the PIP and provide feedback on the piloted tool.

Document:

[DT323 Translation of benchmarking results into PIPs](#)

Activity A.T3.3 External evaluation of pilot actions

Deliverable D.T3.3.1 Monitoring and evaluation tools and Deliverable D.T3.3.3 Evaluation report of INTENT's pilot actions

The National Institute of Oncology in Budapest, Hungary (WPT3 leader) received the task to commission the external evaluator for the INTENT CE1047 project. A market search was conducted and the selected external evaluator, Stichting Health ClusterNET (Netherlands) was commissioned. The evaluator developed the methodology and framework for completing the task and online interviews were organized at the five pilot sites with key stakeholders (including patient organizations, policy makers, clinicians and managers) during the month of November 2020. The evaluation report with key project findings and recommendations was formulated in the “D.T3.3.3 *Evaluation report of INTENT's pilot actions*”.

Document:

[DT333_Evaluation report of INTENTs pilot actions_public version](#)