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# PERFORMANCE IMPORVEMENT PLAN FOR THE INTENT CE 1047

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D.T3.2.3 TRANSLATION OF BENCHMARKING RESULTS  
INTO PERFORMANCE IMPROVEMENT PLANS

**Version 5**  
**10 2020**

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Step 2 Summarize the strengths, weaknesses and improvement points in one table for each dimension

**1. Patient centered culture**

Patient Centered Culture (including Commitment to PCCC of leadership and management/Co-design of strategies and services).

Definition: The Patient Centered Culture is the main pillar of a PCCC model, and it identifies the commitment of all the stakeholders to place patients at the centre of care. The leadership is responsible and devoted to assure PCCC at all levels. There are specific policies and procedures designed according to PCCC standards and best practices; leaders and managers continuously evaluate their implementation. Beliefs and values reflect PCCC principles and are shared by all members of the organization. Co-design of strategies implies an active and regular involvement of patients and patients' representatives in planning and monitoring of the strategic plan of the centre and of care in general (e.g. regular participation to the director board, involvement in the definition of policies, strategies and improvement plans). (INTENT D.T1.3.1 A Patient Centered Cancer Care Model and Implementation guidelines in the Central Europe. p. 8)

When establishing the improvement point, please refer D.T1.3.1 A Patient Centered Cancer Care Model and Implementation guidelines in the Central Europe that also contains recommendations for improvements.

Patient centered culture	Strength (0.8-1.0 score)	Weakness (0.0-0.3 score)	0.4-0.5 score (In case the scores in the 0.0-0.3 interval are limited)	Improvement points
Patients				
Expert Patients				
Medical Doctors				
Nurses				
Management				



## 2. Communication, Information and Education

Definition: Information provided to the patient is tailored to patient’s information needs, culture, preferences (Zill et al., 2015), health literacy, etc. Empathic and exhaustive communication is promoted; professionals welcome the participation of family, friends, and caregivers (Greene et al., 2012). Educational activities are designed to improve patients’ health behaviours and/or health status (“Cancer Patient Education Network,”) Communication/information/education are part of the therapeutic process. The communication must take in account the engagement of the patient. The ultimate goal of an effective communication should be a shared therapeutic plan between patients and doctors. (INTENT D.T1.3.1 A Patient Centered Cancer Care Model and Implementation guidelines in the Central Europe. p. 11)

Communication, Information and Education	Strength (0.8-1.0 score)	Weakness (0.0-0.3 score)	0.4-0.5 score  (In case the scores in the 0.0-0.3 interval are limited)	Improvement points
Patients				
Expert Patients				
Medical Doctors				
Nurses				
Management				



### 3. Accessibility and Continuity of Care

Definition: Facilitation of timely access to healthcare tailored to the patient's needs (Zill et al., 2015). This includes: logistics, architectural aspects, administrative services, (e.g.: The appointment-making process is easy, clinic wait times are minimized, the services is efficient (Greene et al., 2012)) etc. When treatments are not available in place, patients receive an adequate continuity of care plan. The referral to other institutes is efficient and managed with standardized procedures. (INTENT D.T1.3.1 A Patient Centered Cancer Care Model and Implementation guidelines in the Central Europe. p. 13)

Accessibility and Continuity of Care	Strength (0.8-1.0 score)	Weakness (0.0-0.3 score)	0.4-0.5 score  (In case the scores in the 0.0-0.3 interval are limited)	Improvement points
Patients				
Expert Patients				
Medical Doctors				
Nurses				
Management				



#### 4. Shared decision making and Multidisciplinary approach

Definition: clinicians and patients work together to make decisions concerning treatments and care plans based on clinical evidence that balances risks and expected outcomes, based on the best-available evidences, coupled with patient preferences and values (Greene et al., 2012; "Shared Decision Making,"). Patients are actively involved in the decision making, special attention is given to patient’s preferences (Zill et al., 2015). Treatment and care plans are discussed by a multidisciplinary team (MDT), who is composed by members from many disciplines, and is supported by a wide array of technical facilities in various services, which cooperate to provide optimal treatment (Board). The physician, who presents patient case to the MDT, reports patient preferences and values, which are taken into account by the MDT. Recommendations from the MDT are discussed with the patient and plan set jointly. (INTENT D.T1.3.1 A Patient Centered Cancer Care Model and Implementation guidelines in the Central Europe. p. 14)

Shared decision making and Multidisciplinary approach	Strength (0.8-1.0 score)	Weakness (0.0-0.3 score)	0.4-0.5 score  (In case the scores in the 0.0-0.3 interval are limited)	Improvement points
Patients				
Expert Patients				
Medical Doctors				
Nurses				
Management				



### 5. Enhancing the Quality of Life

Definition: The organization has specific strategies in place to promote, enhance, and record the quality of life and wellbeing of patients, i.e. using patient reported outcome measures (PROMS) (Brandt, Scotte, & Jordan, 2019). The organization should incorporate policies, protocols and processes to ensure the implementation of practices that, based on evidence, have been shown to protect the patient from preventable harm ("WHO Guide for developing national patient safety policy and strategic plan [http://www.who.int/patientsafety/policies/policy\\_resources/en/](http://www.who.int/patientsafety/policies/policy_resources/en/),") Patient support: a set of procedures that ensure physical support to patients (e.g. pain management, assistance with daily living needs) and emotional support (e.g. screening of the patient’s emotional state and if needed emotional support) (Zill et al., 2015). (INTENT D.T1.3.1 A Patient Centered Cancer Care Model and Implementation guidelines in the Central Europe. p. 15)

Enhancing the Quality of Life	Strength (0.8-1.0 score)	Weakness (0.0-0.3 score)	0.4-0.5 score  (In case the scores in the 0.0-0.3 interval are limited)	Improvement points
Patients				
Expert Patients				
Medical Doctors				
Nurses				
Management				



## 6. Research and improving Health Technologies

Definition: Research is a continuous process for improvement in all aspects of care: from basic to translational research, from testing new drug compounds to impact survival, from improving quality of life to explore new strategies to implement patient centeredness in the cancer care. Research deals also with technological improvements of cancer care (e.g. imaging instruments, robotic surgery, genomic analysis, etc...). (INTENT D.T1.3.1 A Patient Centered Cancer Care Model and Implementation guidelines in the Central Europe. p. 16)

Research and improving Health Technologies	Strength (0.8-1.0 score)	Weakness (0.0-0.3 score)	0.4-0.5 score  (In case the scores in the 0.0-0.3 interval are limited)	Improvement points
Patients				
Expert Patients				
Medical Doctors				
Nurses				
Management				



Overall Summary table for the Cancer Center

	Strength (including scores between 0.8-1.0)	Weaknesses (including scores between 0.0-0.5, if applicable)	Improvement points
1. Patient centred culture			
2. Information, communication, education			
3. Accessibility and continuity of care			
4. Shared decision making and multidisciplinary approach			
5. Enhancing quality of life			
6. Research			

The improvement points can be specified by the pilot sites and adapted to the local characteristics. In the chosen action, a certain challenge has to be addressed to improve patient centered cancer care. It is essential that pilot sites elaborate action plans that are feasible and adaptable in their own existing cancer care models. General objectives should be avoided; the chosen improvement actions need to be measurable and specific with a specific deadline.