

INTENT CE1047 - Experiences of using the benchmarking tool and implementation guidelines of a patient-centered care model

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

Version 6
11 2020

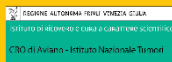




TABLE OF CONTENT

1. Overview of the piloting process	3
2. Experiences of the first phase of the piloting, between February 17 and May 31, 2020	5
2.1. SECTION 1 Piloting experience	5
2.2. SECTION 2 Administering the benchmarking tool (5 questionnaires)	6
2.3. SECTION 3 Content of the benchmarking tool (5 questionnaires) - content of the questions	10
2.4. SECTION 3 Content of the benchmarking tool (5 questionnaires) - overall strengths and weaknesses of the piloting and suggestions for improvement	12
3. Experiences of the second phase of the piloting, between June 1 and October 31, 2020	15
3.1. SECTION 1 Evaluation of the piloting experience	15
3.1.1. Evaluation of the background guidelines for the use of the benchmarking tool	15
3.1.2. Using the online benchmarking tools - piloting the benchmarking tools	16
3.2. SECTION 2 Use of the implementation guidelines for a patient-centered care model - piloting the guidelines	19
4. Overall piloting experience	22
ANNEXES	27
Annex I. Questionnaire to evaluate the first phase of the piloting	27
Annex II. Questionnaire to evaluate the second phase of the piloting	30



1. Overview of the piloting process

The pilot sites of the INTENT CE1047 project participated in the piloting process of using the benchmarking tool at their institutes. The piloting exercise was coordinated by WPT3 (Piloting in Central European Regions) the National Institute of Oncology in Budapest, Hungary. The following institutes participated in the piloting process and its evaluation (we kept their anonymity, hereinafter, to present the survey results we used numbers):



• Institute of Oncology Ljubljana, Ljubljana, Slovenia (OI LJ)

Masaryk Memorial Cancer Institute, Brno, Czech Republic (MMCI)

National Institute of Oncology, Budapest, Hungary (NIO)

Centro di Riferimento Oncologico di Aviano (CRO), IRCCS Aviano, Italy (CRO Aviano)

Veneto Institute of Oncology, IOV, Padua, Italy (IOV)

The first phase of the piloting lasted between February 17 and May 31, 2020. This phase of the piloting period was originally scheduled from February 17 until March 31, however, due to the global Covid-19 pandemic, the exercise was temporarily put on hold and the timeline was extended until May 31st, by which time all pilot sites managed to successfully complete the piloting exercise despite the challenges.

For the first phase of the piloting, 5 set of Questionnaires (benchmarking tool) had been drafted addressing the following stakeholders: 100 patients (50 male, 50 female), 5 expert patients, 10 doctors, 10 nurses, 1 manager (official statement of institute). The benchmarking tool was translated to all local languages of the participating pilot sites, namely Czech, Italian, Slovenian and Hungarian. The questionnaires were filled out by the target groups either on paper, and later uploaded onto the online benchmarking tool developed by project partner IHIS (Institute of Health Information and Statistics) of the Czech Republic, or filled directly using the online tool, or using a mix of paper and online. On April 22, 2020 IHIS staff held a training for staff members at each site to use the online tool.

Following the first part of the piloting process, next step was its evaluation through which pilot sites shared their experiences. A survey was developed by the WP T3 leader, National Institute of Oncology, Budapest, Hungary to receive feedback from the pilot sites in terms of improving the processes, the online tool and the content of the tool (5 questionnaires). The findings are summarized in Chapter 2 of the present report. The original questionnaire of the survey can be found in Annex I.

Next phase of the piloting process started on June 1 and lasted until October 31, 2020. During the second piloting period, pilot sites all used the online benchmarking tool, which was finetuned by IHIS in the meantime. For the use of the online benchmarking tool, pilot sites were provided with user manuals (Benchmarking tool user guide and Statistical methodology manual both drafted by IHIS) according to which they performed the piloting process and received the result of their institute on their own online interface. Knowing their own results, next step was to conduct a SWOT analysis of their institute and select one improvement point on which they drafted a Performance Improvement Plan. For these latter



actions, pilot sites were asked to use two guidelines: the ‘Patient Centered Cancer Care Model and Implementation guidelines in the Central Europe’ (Deliverable T1.3.1, drafted by WPT1) and the ‘Performance Improvement Plan and SWOT template’ (Deliverable T3.2.3, drafted by WPT3).

Piloting experience of the pilot sites was assessed in the second period, as well, and a second survey was developed and evaluated by WP T3, see the original questionnaire in Annex II and the evaluation of this survey result in Chapter 3.

Section 3 of the latter questionnaire pertained to the overall piloting experience of the pilot sites, see these questions in Annex III and its results are summarized in Chapter 4.

The present report summarizes the piloting experiences of the pilot sites during the two piloting periods and gives a complete overview of the entire piloting process.



2. Experiences of the first phase of the piloting, between February 17 and May 31, 2020

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

During the first piloting periode, pilot sites developed questionnaires specifically to he target groups and let them fill out. The below table represents the number of questionnaires the pilot sites managed to fill out with each target group:

Pilot Sites / Stakeholders to fill the benchmarking tool and target numbers per stakeholder group	Pilot site 4	Pilot site 2	Pilot site 1	Pilot site 5	Pilot site 3
Manager (1)	1	1	1	1	1
Doctor (10)	10	13	8	12	10
Nurse (10)	11	11	10	11	10
Patient (100; 50 male/50 female)	98	102	105	100	105
Expert patient (5)	6	5	5	5	5

The evaluation of the piloting experience focused on three sections:

- Section 1: The process of piloting, the ‚piloting experience‘ itself
- Section 2: Administering the benchmarking tool (5 questionnaires)
- Section 3: Content of the benchmarking tool (5 questionnaires) regarding the content of the questions and the overall strengths and weaknesses of the piloting with suggestions for improvement

See the relevant original questionnaire in Annex I.

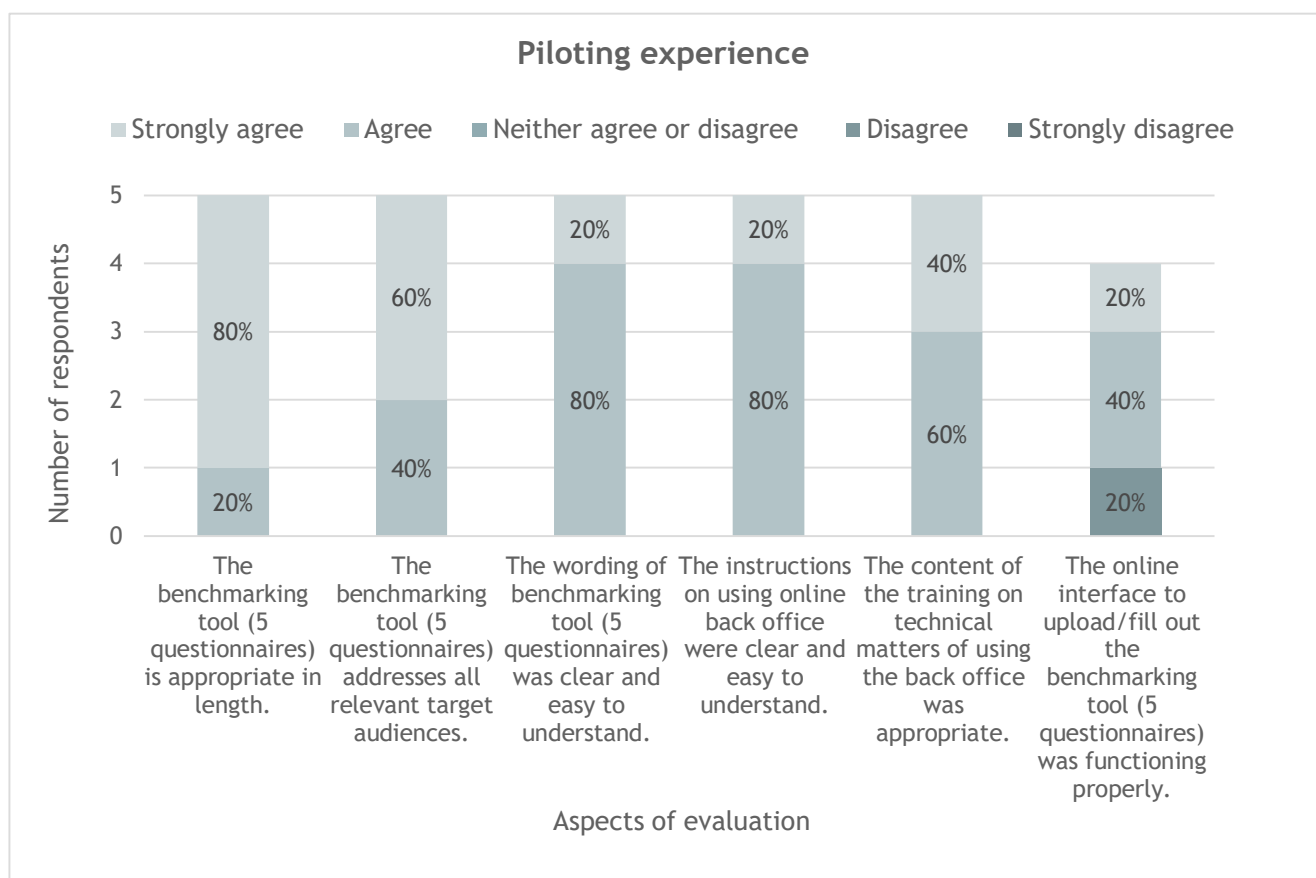
2.1. SECTION 1 Piloting experience

Question 1. Please tick the box that best describes your feelings to the following statements:

- The benchmarking tool (5 questionnaires) is appropriate in length.
- The benchmarking tool (5 questionnaires) addresses all relevant target audiences.
- The wording of benchmarking tool (5 questionnaires) was clear and easy to understand.
- The instructions on using online back office were clear and easy to understand.
- The content of the training on technical matters of using the back office was appropriate.
- The online interface to upload/fill out the benchmarking tool (5 questionnaires) was functioning properly.



Pilot sites were asked to express their opinion on how much they agree with the statements about the benchmarking tool. The below chart summarizes the responses where the numbers represent how many pilot site gave a certain answer (given also in percentage). Overall, the pilot sites mostly agreed or strongly agreed with the statements. The most positive answer (strongly agree) was given for the appropriate length (4 out of 5 sites) and the proper addressing of the target groups (3 out of 5 sites) of the benchmarking tool, while the majority of the pilot sites gave “agree” for the wording (4 out of 5 sites) of the benchmarking tool, the instructions on using the back office (4 out of 5 sites) and the content of the training on technical matters of using the back office (3 out of 5 sites). Pilot sites the least agree with the statement on the proper functioning of online interface to upload/fill out the benchmarking tool; out of 5 pilot sites, 1 pilot site disagrees with it, 2 of them agree, 1 strongly agrees and one site did not use this tool therefore it did not give any response to this question. None of the pilot sites gave the response ‘Strongly disagree’ to any of the questions.



2.2. SECTION 2 Administering the benchmarking tool (5 questionnaires)

Question 1. Please tick the appropriate box regarding the format in which the 5 questionnaires were administered. Please also describe any comments regarding administering the 5 questionnaires in the comments section below.

Each of the 5 questionnaires was available online and in paper format as well. At Section 2, pilot sites were asked about administering of the benchmarking tool, i.e. whether they used paper, online or mixed format for disseminating and processing the questionnaires in case of the certain target group.



The below table shows the number of the pilot site(s) used the certain administration format:

	Paper	Online (sending the questionnaire links via email)	Mix of paper and online (sending the questionnaires links via email)
Patients	(4)	-	(1)
Expert Patients	(2)	(2)	(1)
Doctors	(1)	(1)	(3)
Nurses	(4)	(1)	-
Management	(4)	(1)	-

According to the feedback of the pilot sites, 4 of them (out of 5) used paper and 1 (out of 5) mix of paper and online questionnaires in case of **Patients**' target group and none of the sites used the online version only.

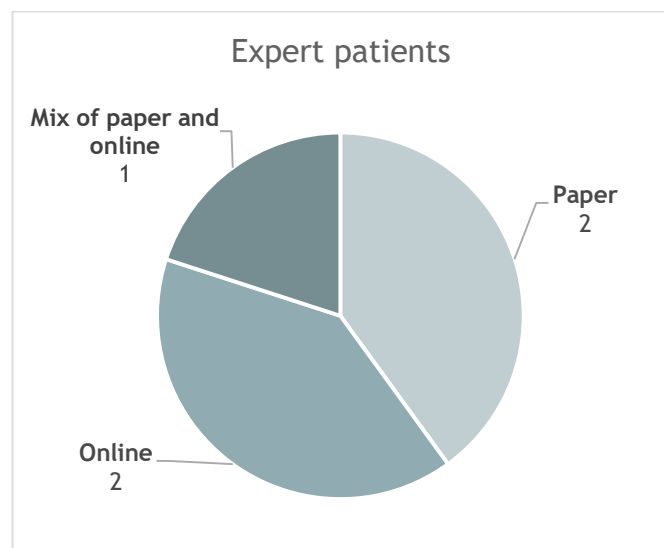
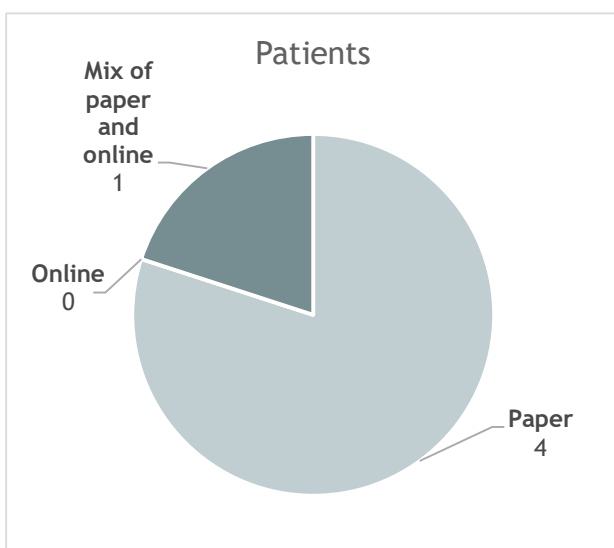
For **Expert patients**, 2 pilot sites (out of 5) used paper, 2 pilot sites (out of 5) online and 1 pilot site (out of 5) mix of paper and online questionnaires.

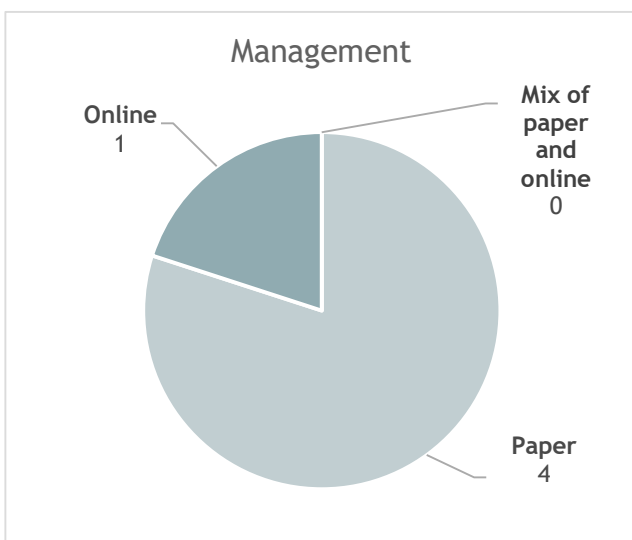
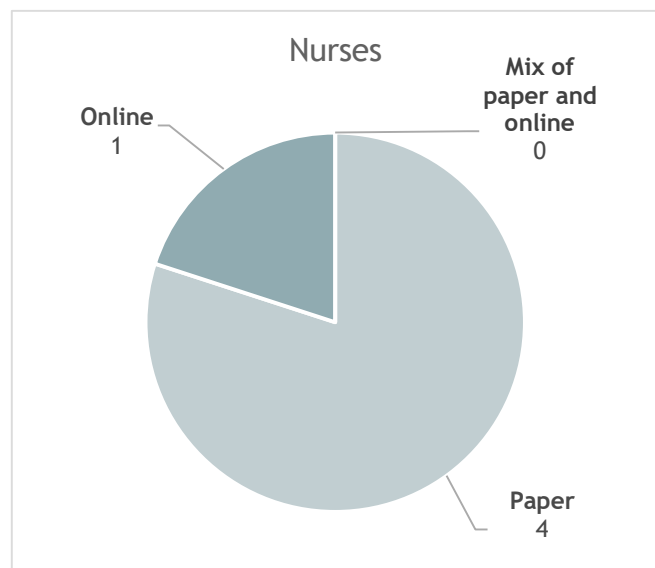
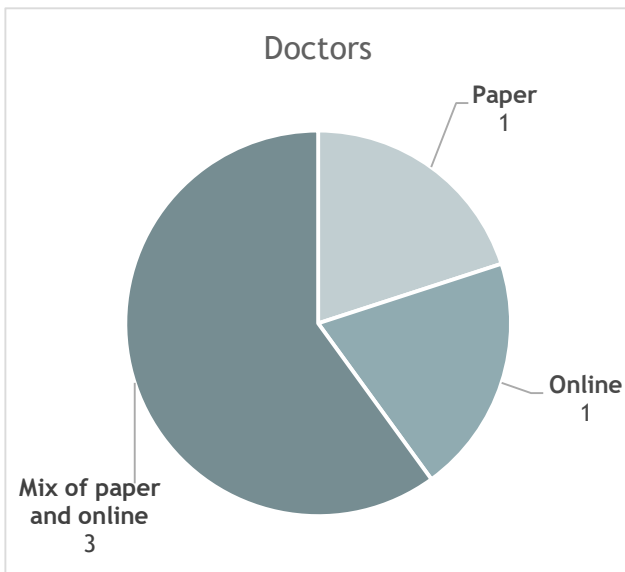
For **Doctors**, 1 pilot site (out of 5) used paper and 1 pilot site (out of 5) online and 3 pilot sites (out of 5) applied mix of paper and online questionnaires.

For **Nurses**, 4 pilot sites (out of 5) used paper and 1 pilot site (out of 5) online questionnaires and none of the sites used a mix

For **Management**, 4 pilot sites (out of 5) used paper and 1 pilot site (out of 5) online questionnaires and none of the sites used a mix.

The below charts represent the results of administering the benchmarking tool broken down into target groups:





Pilot sites were also asked at this section to describe any additional comments regarding administering the benchmarking tool (5 questionnaires).

The comments in general pertain to some experiences and suggestions for improving the online tool. Throughout the piloting Associates of the Institute of Health Information and Statistics (IHIS) of the Czech Republic provided continuous technical support from the back office and they immediately helped to address any challenges in the system.

As for future improvements to the tool, Pilot site 4 and Pilot site 3 commented that the online link sent via the back office was, in many cases, an unfamiliar email and often went to the recipient’s spam folder. These pilot sites had to generate the links of the questionnaires by themselves and send them “manually” to the addressed target group by email. According to their comment, using a single common URL in the final tool is preferable.

For Pilot site 3, using the online tool to send the surveys directly to the “Patient” group online via email was not feasible as the Institute does not collect the patients’ email addresses. In the final version of the online tool benchmarking tool, making available the questionnaires in a downloadable format is important for sites that are not able to conduct the exercise purely online.



The below table represents the detailed comments given by certain pilot sites:

Target group	Please describe any comments regarding administering the benchmarking tool (5 questionnaires) to the target audiences (e. g. any challenges that you may have encountered administering either the paper or the online versions via the back office, etc.)			
	Pilot site 4	Pilot site 1	Pilot site 2	Pilot site 3
Patients	Sometimes, after submitting the replies, pressing the button of “save and submit” would create an error - message that the questionnaire was already submitted. This was rather a technical issue solved with IHIS.			The online tool for Patient surveys was not feasible at our institute as we do not collect patients’ email addresses. The paper versions were uploaded by staff.
Expert patients		An expert patient had difficulty saving the questionnaire.		Everything worked well.
Doctors	For these three categories, there were problems with automatic sharing of links - the automatic emails with the links were probably captured by the antivirus system of the hospital. We had to call these persons in person to see whether they have received the emails, when not - we had to create the links and email them “manually”.		At the beginning of the lockdown we decided to use “google forms” to collect the questionnaires. In that time, the tool wasn’t available, yet.	We did not send the online link to doctors via the back office because the unfamiliar email often went to the spam folder. We generated the links and sent the links to doctors via our working emails.
Nurses				Our suggestion for the online survey for Medical Doctors and Nurses to use a single common URL (not a unique URL) like in case of Patient and Expert Patient surveys.
Management				Everything worked well.



2.3. SECTION 3 Content of the benchmarking tool (5 questionnaires) - content of the questions

Question 1. Please describe in detail each question that was difficult to understand for the relevant target audience and make suggestions for changing the wording of the English version. (Please indicate the number of the question in the relevant questionnaire).

Pilot sites were asked to make suggestions to change the wording of the English version of the questionnaires based on their piloting experience. They evaluated each question that was difficult to understand for the relevant target audience and some pilot sites made suggestions for changing the wording for the certain questions.

None of the pilot sites had any specific comment on the content of the benchmarking tool for **EXPERT PATIENTS, DOCTORS and NURSES**.

In the questionnaire for **PATIENTS**, the following pilot sites had suggestions to change the content of certain questions:

Original question	Suggestion of Pilot site 3	Suggestion of Pilot site 2
Question number 7 At the [name of the hospital], can your caregiver be present with you (including discussion with doctors and nurses) whenever you wish?	-	It was not significant by Covid rules.
Question number 11 Did you and your doctors discuss the possibility of receiving the same treatment in a healthcare facility closer to your home?	Add a reply Not Applicable , because some patients live in the geographical area that our pilot site serves and it is the closest cancer hospital to them.	It is not meaningful for patient who lives in the town of the Institute.
Question number 14 At the [name of the Institute], have you been informed about the following services rendered?	-	Is the question nr. 15 dependent on the nr. 14? If someone responds "none of above" on nr. 14, how should he consider the nr. 15?
Question number 15 At the [name of institute], did you find the printed material or website helpful and easy to understand?	The question could be broken into two questions to measure printed and online materials separately.	
ZIP Code:		We propose to use three categories: in the town of Institute, in the province of Institute, outside of province.
Please indicate your primary cancer site		Cancer site: too many answers "other". We propose to add "head and neck", at least.

The pilot sites not indicated in the table above had no specific comment for this question.



In the questionnaire for the **MANAGEMENT**, the following suggestions were given by the certain pilot sites:

Original question	Suggestion of Pilot site 3	Suggestion of Pilot site 4
<p>Question number 12 Are the spaces (e.g. Main Lobby, Clinic Entrances, Cancer Information Service, Unit-based nurses' stations) designed to have a welcoming, comforting and "healing" impression?</p>	<p>Are the spaces (e.g. Main Lobby, Clinic Entrances, Cancer Information Service, Unit-based nurses' stations) designed to have a welcoming, comforting atmosphere? The term 'healing expression' was difficult to translate and to grasp what is meant by that exactly. It is suggested to leave the term 'healing expression' out.</p>	
<p>General comment</p>		<p>We had comments that were specified in the open text of the Manager questionnaire. However, we do not have a copy of the replies, the comments or the questionnaire itself. This might need to be discussed - centers should be able to download/save a copy of the replies submitted by them. This is especially valid for Manager questionnaires. Thank you.</p>

Pilot sites not indicated in the table above had no specific comment for this question.



2.4. SECTION 3 Content of the benchmarking tool (5 questionnaires) - overall strengths and weaknesses of the piloting and suggestions for improvement

Question 2. Please describe the strengths of piloting benchmarking process (including the use of the online tool) in your opinion.

Overall, several sites cited the following **strengths** of the benchmarking process and tool:

- appropriate in length
- covers relevant areas/ topics
- easy to use

They also highlighted the cooperation they had experienced by the certain target groups as an advantage of the tool and see further benefits from the collaboration between other centers while applying the tool in the future.

Question 3. Please describe the weaknesses of piloting benchmarking process (including the use of the online tool) in your opinion.

As weakness, pilot sites mainly mentioned:

- technical challenges
- online tool for older generation is not feasible to use
- some sites are unable to collect patient email addresses due to GDPR, which hinders online dissemination of patient questionnaire

Question 4. Please describe any suggestions that you have to improve any aspects of the benchmarking process.

Pilot sites gave **suggestions for improvement** for the above mentioned difficulties such as:

- making the blank questionnaires in pdf format also available for the easier distribution with the online tool
- have a piloting Manual for users of the final online tool
- balance the numbers of questions in the axis to improve the reliability



The table below summarizes the **STRENGTHS** and **WEAKNESSES** of the piloting benchmarking process (including the use of the online tool) in the opinion of the pilot sites and **SUGGESTIONS** that they had in order to improve any aspects of the benchmarking process.

Pilot site	STRENGTH	WEAKNESS	SUGGESTIONS FOR IMPROVEMENT
Pilot site 1	<ul style="list-style-type: none"> - The questionnaire is not too long - The questions cover many topics - Clear and simple online version 	Nothing to report.	Centers should be able to independently download the questionnaires they uploaded.
Pilot site 2	<ul style="list-style-type: none"> - Sponsorship of the Medical director and the Scientific director - Collaboration with the Psychologists and the Day hospital Coordinator - Creativity and resilience of the team 	<p>Patient: Difficulty integrating the indications of the privacy office (GDPR) with the research needs: as a result, it was not possible to use the online solution (sending the links to the questionnaire via e-mail)</p>	<p>To balance the numbers of questions in the axis to improve the reliability. In some cases, there are only 2 questions for an axis and 6 questions for another axis. Or on the same axis the indicator of an actor is calculated on six questions and the indicator of another actor is calculated on only two questions.</p> <p>There is this problem in</p> <ul style="list-style-type: none"> -doctors/nurse questionnaire - axis 2 - two questions - patient/expert patient: Axis 5 and axis 6 - two questions. In axis 4 - three questions
Pilot site 3	All the 5 questionnaires cover the relevant areas; the questions were sufficiently short and to the point, easy to understand and to fill in for the responders. It was also easy to use the online tool, IHIS staff members were helpful with technical questions.	Individual online links for nurses and doctors surveys were at times challenging to manage. Unified links would be easier to use online.	<p>Having a piloting Manual for users of the final online tool.</p> <p>Make the questionnaires also downloadable in pdf or another format in addition to the online tool.</p>



Pilot site	STRENGTH	WEAKNESS	SUGGESTIONS FOR IMPROVEMENT
Pilot site 4	We evaluate the questionnaires as well designed and asking the questions “to the point”. The process itself in our institution was rather smooth. We have noticed very good and easy cooperation from the side of nurses and expert patients, which rather shows a good design and explanation of what we want to achieve.	Sometimes, after submitting the replies, pressing the button of “save and submit” would create an error - message that the questionnaire was already submitted. This was rather a technical issue solved with IHIS. Doctors, Nurses, Management: there were problems with automatic sharing of links - the automatic emails with the links were probably captured by the antivirus system of the hospital. We had to call these persons in person to see whether they have received the emails, when not - we had to create the links and email them “manually”.	We had comments that were specified in the open text of the Manager questionnaire. However, we do not have a copy of the replies, the comments or the questionnaire itself. This might needs to be discussed - centers should be able to download/save a copy of the replies submitted by them. This is especially valid for Manager questionnaires. Thank you.
Pilot site 5	I see the advantages of the pilot benchmarking process in connecting with other centers, to share the data, we will obtain with the online tool. Certainly this is an acquisition, to improve health services and motivate employees to achieve quality holistic treatment of patients and other stakeholders.	The online tools are intended to the younger generation of patients, who are skilled in using the internet and the available applications.	Present a tool to elderly patients - a display in waiting rooms, in a visible place in the hospital, where each patient could give an assessment of the hospital's operation, on the hospital's website or fill out a paper survey.



3. Experiences of the second phase of the piloting, between June 1 and October 31, 2020

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

The evaluation of the second phase of the piloting experience focused on the following sections:

- Section 1: Evaluation of the piloting experience: the background guidelines for the use of the benchmarking tool and the use of the online benchmarking tool
- Section 2: Use of the implementation guidelines for a patient-centered care model - piloting the guidelines

See the relevant original questionnaire in Annex II.

3.1. SECTION 1 Evaluation of the piloting experience

Questions at this section concerned, on the one hand, the guidelines supporting the piloting process and, on the other hand, the use of the online benchmarking tool.

3.1.1. Evaluation of the background guidelines for the use of the benchmarking tool

Pilot sites were asked to express their opinion on how much they agree with the statements about the background materials that had been sent to them for supporting the use of the benchmarking tool:

- Benchmarking tool user guide (<https://intent.uzis.cz/res/file/benchmarking-user-guide.pdf>, drafted by IHIS)
- Statistical methodology manual (<https://intent.uzis.cz/res/file/benchmarking-methodology.pdf>, drafted by IHIS)

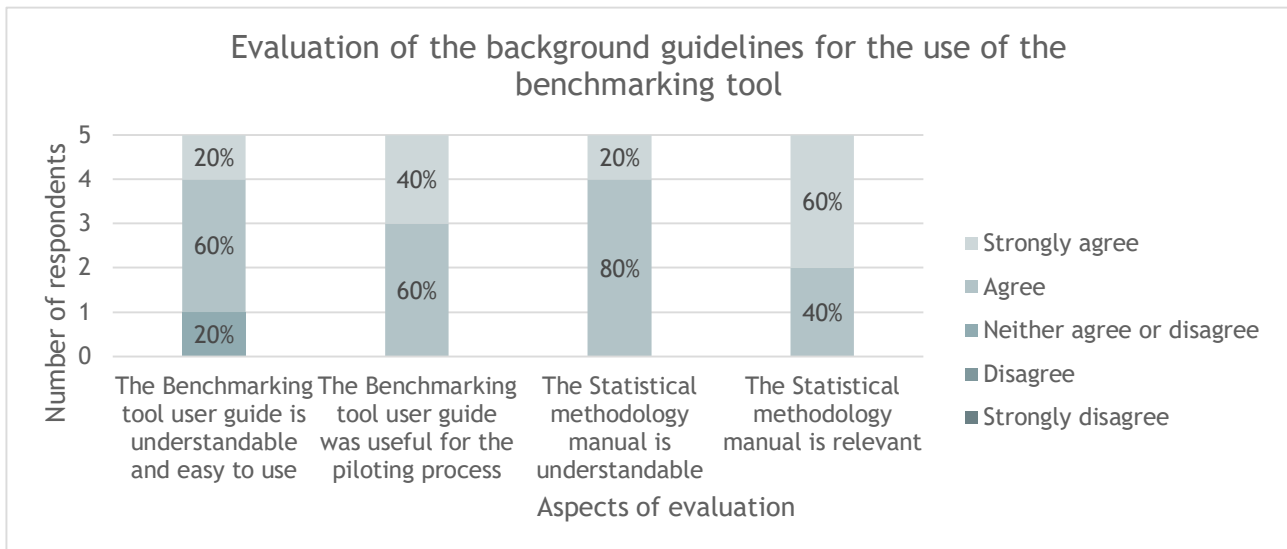
Question 1. Please tick the box that best describes your feelings to the following statements:

- **The Benchmarking tool user guide is understandable and easy to use.**
- **The Benchmarking tool user guide was useful for the piloting process.**
- **The Statistical methodology manual is understandable.**
- **The Statistical methodology manual is relevant.**

The below chart summarizes the responses where the numbers (also given in percentage) represent how many pilot site gave a certain answer. Overall, pilot sites gave only positive answers and they mostly agree or strongly agree with the statements.

1 out of 5 pilot sites gave the 'strongly agree', 3 pilot sites gave 'agree' and 1 pilot site gave the "Neither agree or disagree" rating to the statement that **'The Benchmarking tool user guide is understandable and easy to use'**. Furthermore, 2 pilot sites strongly agree and 3 pilot sites agree with the statement that the same manual is useful for the piloting process.

Regarding the **'Statistical methodology manual'**, 1 pilot site strongly agree and the rest (4 out of 5) of them agree with that the manual is understandable. With the statement that the statistical manual relevant is, 3 pilot sites strongly agree and 2 pilot sites agree.



Question 2. Please add any comments you may have to further improve the below manuals

Pilot sites also had the opportunity to describe their opinion on the guidelines in more details. The following answers were formulated by the pilot sites pertaining to **the Benchmarking tool user guide**:

- It is a very comprehensive and useful document. In addition, an online tutorial with the content of the Benchmarking tool user guide whose link is uploaded onto the benchmarking tool would be helpful.
- The user guide was understandable. However, I am not completely sure that user not very familiar with the project will understand everything easily. I would consider shorter more user-friendly manual in very simple language.
- The benchmarking tool user guide is user-friendly, clear and complete.

The below answers apply to the **Statistical methodology manual**:

- Ranking is because I cannot evaluate statistical methods, but it did seem reasonable to our team.
- You could perhaps add one or two extra figures to help with the various statistical steps.

3.1.2. Using the online benchmarking tools - piloting the benchmarking tools

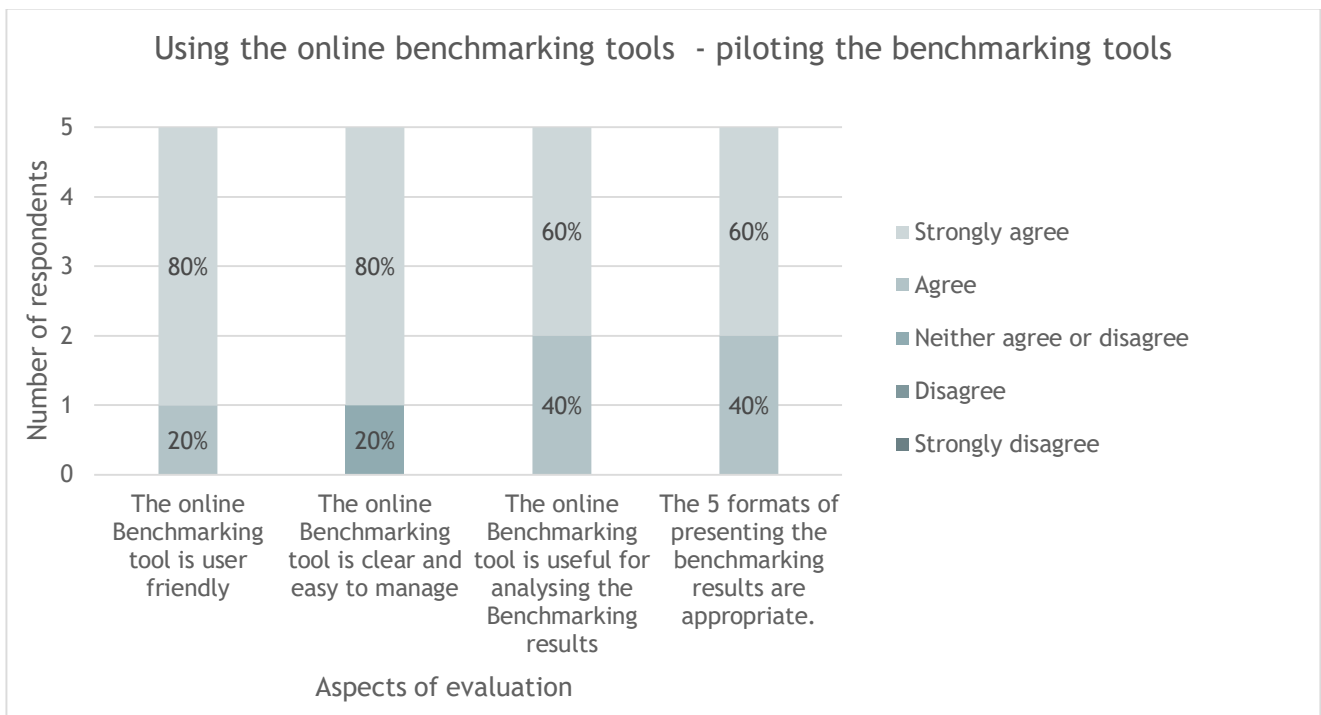
We have assessed the experiences of the pilot sites in using the online benchmarking tool interface, where pilot sites received their benchmarking results: <https://intent-benchmark.uzis.cz>

Question 3. Please tick the box that best describes your feelings to the following statements:

- The online benchmarking tool is user-friendly.
- The online benchmarking tool is clear and easy to manage.
- The online benchmarking tool is useful for analysing the benchmarking results.
- The 5 formats of presenting the benchmarking results (Spider graph, Data table, Particular dimension, Benchmarking graph, Benchmarking table) are appropriate.



The below chart represents how much the pilot sites agree with the given statements. Most pilot sites (4 out of 5) strongly agree with the statements that ‘The online Benchmarking tool is user friendly’ and ‘The online Benchmarking tool is clear and easy to manage’. One pilot site only agrees with the former statement and one pilot site gave the neutral ‘neither agree or disagree’ answer to the latter statement. The usefulness of the Benchmarking tool has been valued with ‘strongly agree’ by 3 pilot sites while 2 pilot sites only ‘agree’ with the relevant statement. The same result was obtained pertaining to whether the 5 formats of presenting the benchmarking results (Spider graph, Data table, Particular dimension, Benchmarking graph, Benchmarking table) are appropriate: 3 pilot sites strongly agree and 2 pilot sites agree with it.



Question 4. Please, write down your comments on each of the 5 formats in which the benchmarking results are presented

Pilot sites could also describe their opinion on each format of representing the benchmarking results, the below table summarizes their experiences in words.

Format of the benchmarking results	Comment of the pilot sites
Spider graph	<ul style="list-style-type: none"> Useful graph for an immediate view of the differences. The ability to click on the parts of interest is really useful. Understandable, but not at the first sight.
Data table	<ul style="list-style-type: none"> A clear overview.
Particular dimension	<ul style="list-style-type: none"> There were some system errors, which have been promptly fixed. Useful to go into details and analyze each part of the results.
Benchmarking graph	<ul style="list-style-type: none"> Easier to interpret. Very useful.
Benchmarking table	<ul style="list-style-type: none"> It is useful to go into the details of each question. It would be beneficial to not only display the highest score but also the Institute that achieved the score



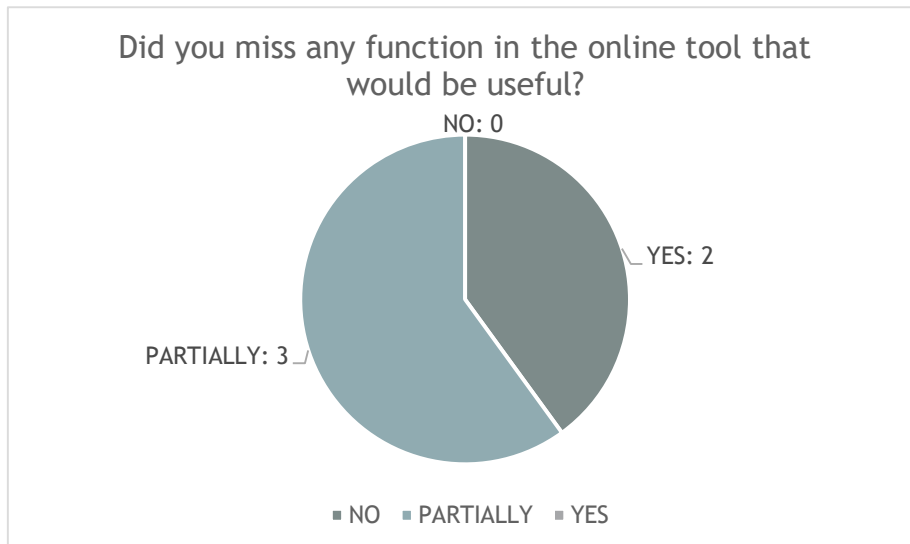
Question 5. Overall, please describe any suggestions for improvements for the online benchmarking tool

Pilot sites gave the following further suggestions for improvements for the online benchmarking tool in general to the above open ended question:

- The format of presenting the benchmarking results online is well structured. Below are some suggestions for minor improvements:
 - It would be helpful for the user, if the definition of each data presentation format would appear e.g. “Spider graph” - when hovering the mouse over or clicking on the name of the certain benchmarking result
 - It would also greatly support the user, if the benchmarking results can be printed as a single, summarized document (e.g. in PDF format).
 - Qualitative comments for certain questions are suggested to be included in a downloadable format
 - Regarding the content of the benchmarking tool, we suggest to review the indicators of the dimensions as they are not equally represented for the different target groups and this generates skewed benchmarking results
 - The Benchmarking graph and Benchmarking table menu points when opened do not fit the browser window and have to be adjusted so all information can be seen
- We would appreciate if weakest points (indicators) could be shown also on the same page as the spider graph. (e.g. visual combination between the graph and the table)
- Congratulations, we think the formats are very effective
- In general, I suggest simplifying a benchmarking tool in terms of understandability, maybe by adding some short clarifications in small separate windows that would appear after crossing the text with a mouse

Question 6. Did you miss any function in the online tool that would be useful?

To the above question the possible answers were: No, Partially or Yes. The below chart represents the number of the given answers: 3 pilot sites answered ‘Partially’ and 2 pilot sites answered ‘No’.





In case a pilot site gave the answer Partially or Yes, they were asked to specify their answer in more details, see them below:

- Being able to download the results in a report format would be helpful as mentioned above.
Having Patient Centered Cancer Care Model and Implementation guidelines accessible online in the online benchmarking results section would be also useful.
- For each axis, we would like to find an example of good practice linked to the best in class in the VKHC.
- I suggest adding some short instructions or clarifications also in the tool itself - most people don't like to look in a separate instruction document. They want to proceed further as fast as possible.

3.2. SECTION 2 Use of the implementation guidelines for a patient-centered care model - piloting the guidelines

At this section, we evaluated the experiences of the pilot sites in using the implementation guidelines and in drafting the SWOT and PIP:

- A Patient Centered Cancer Care Model and Implementation guidelines in the Central Europe (Deliverable T1.3.1, drafted by WPT1)
- Performance Improvement Plan and SWOT template (Deliverable T3.2.3, drafted by WPT3)

These guidelines provided instructions for the pilot sites to draft a SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis and the Performance Improvement Plan (PIP) pertaining to the selected improvement points of the patient-centered model of care.

Question 1. Please tick the box that best describes your feelings to the following statements:

- **The Patient Centered Cancer Care Model and Implementation guidelines is understandable and clear to use.**
- **The recommendations of the Patient Centered Cancer Care Model and Implementation guidelines are practical.**
- **The guidelines of the Performance Improvement Plan and SWOT template are user-friendly and understandable.**
- **The Performance Improvement Plan and SWOT template is useful when turning the benchmarking results into performance improvement plans.**

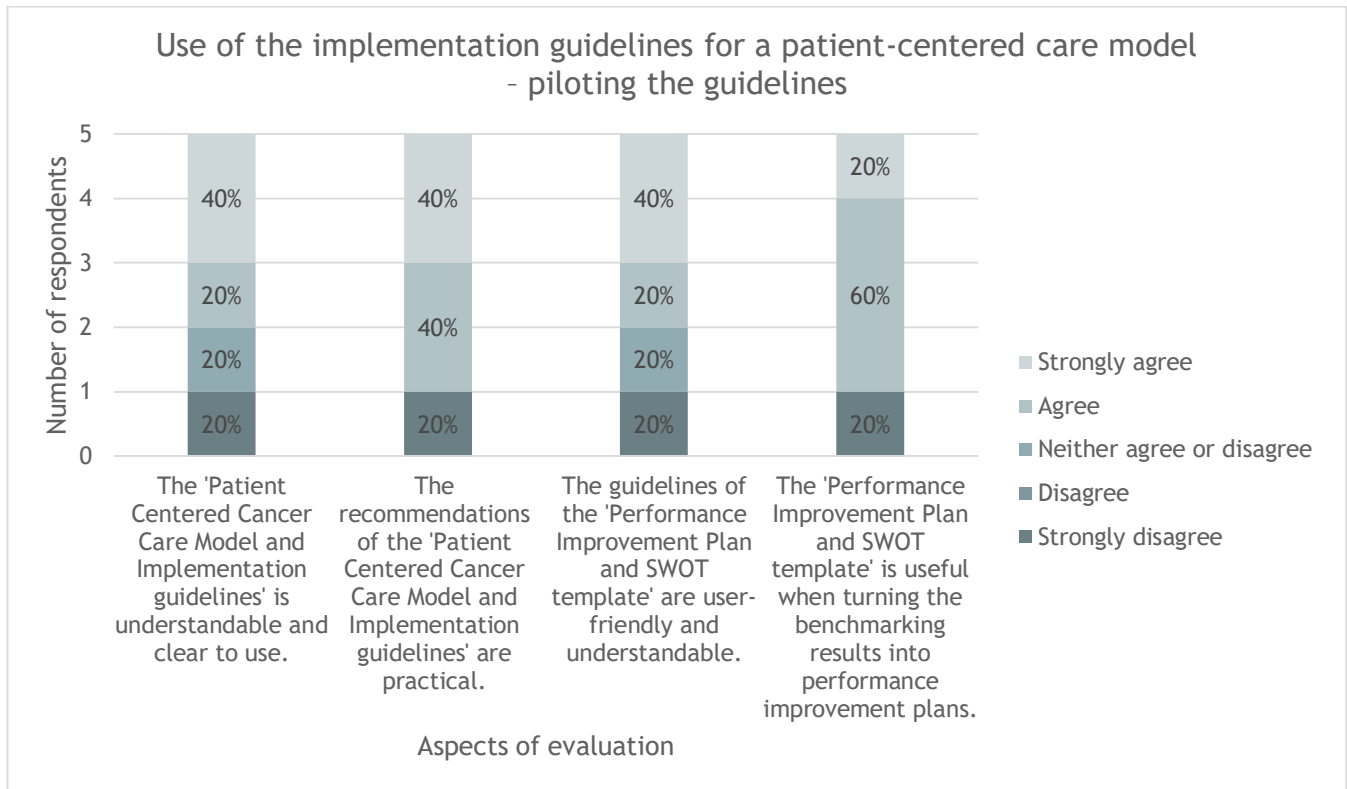
Pilot sites expressed their opinion about the above guidelines with answering how much they agree with the relevant statements. The below chart depicts the number of the given answers (also in percentage). In general, pilot sites gave varied answers for the statements on the above mentioned guidelines and only at this section was the most negative answer ('strongly disagree') marked by one (for each statement) pilot site while rest of the answers were positive or neutral.

Pertaining to the clarity '**Patient Centered Cancer Care Model and Implementation guidelines**', 2 out of 5 pilot sites strongly agree, 1 of them agrees, 1 of them chose 'neither agree or disagree' and 1 pilot site strongly disagrees with the positive statement. For the statement about how practical the above mentioned guidelines are, 2 out of 5 pilot sites marked the 'strongly agree', also 2 of them the 'agree' and 1 pilot site marked the 'strongly disagree' answer.

There was also a large variance in responses related to the '**Performance Improvement Plan and SWOT template**'. With the understandability of the template, 2 out of 5 pilot sites strongly agree, 1 of them

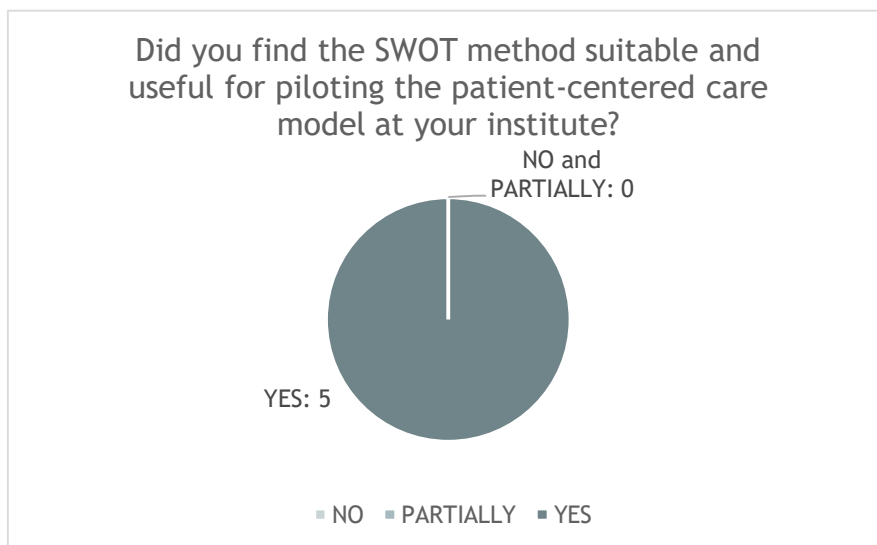


agrees, 1 of them gave the neutral answer and 1 pilot site strongly disagree with it. For the statement about the usefulness of the template, 4 pilot sites gave positive answers (1 of them 'strongly agree' and 3 of them 'agree') and 1 pilot site has the 'strongly disagree' opinion.



Question 2. Did you find the SWOT method suitable and useful for piloting the patient-centered care model at your institute?

The possible answers for the above question were: No, Partially or Yes and all pilot sites (5 out of 5) answered 'Yes', see the below chart.



However there was no 'Partially' or 'No' answer, where pilot sites were asked to specify their answer in more details, one pilot site added a comment:

- Maybe there were too many swot analysis: the risk is to be redundant



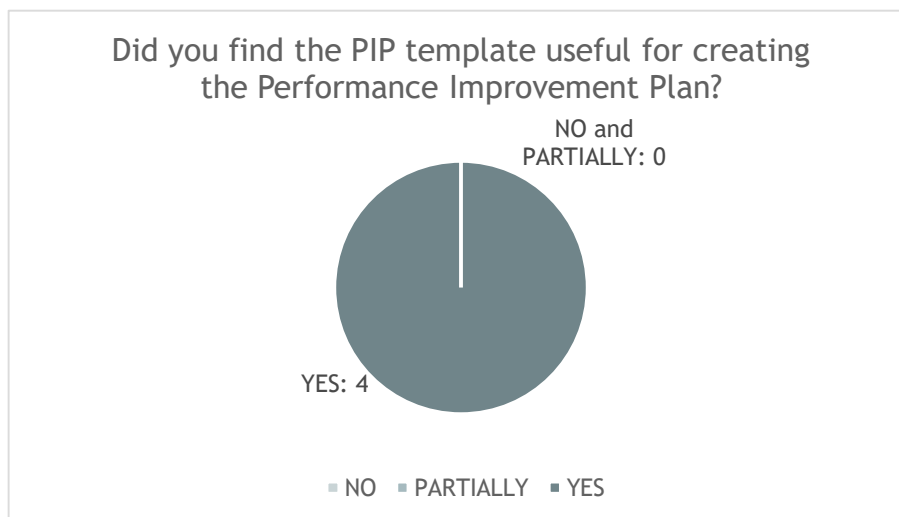
Question 3. Do you have any recommendations to further improve the Patient Centered Cancer Care Model and Implementation guidelines? Please describe in details.

Pilot sites could also express their opinion at the above open ended question, these are the following:

- It is a very comprehensive and useful document
- Planning the care model dissemination
 - To set a deadline to review the care model
 - To involve the stakeholders to evaluate the distance between the guidelines recommendations and the real-world practice, to verify the guideline uptake, periodically
- As we were involved in the project from the beginning, it is hard to rate the guidelines as would someone has done, seeing it for the first time.

Question 4. Did you find the PIP template useful for creating the Performance Improvement Plan?

Answering this question, 4 out of 5 pilot sites found the PIP template useful for drafting the PIP, one pilot site did not give any answer to this question, see the below chart.



One pilot site specified its answer as per below:

- We would like to find an example of good practice of the best in class on each axis in VKNC

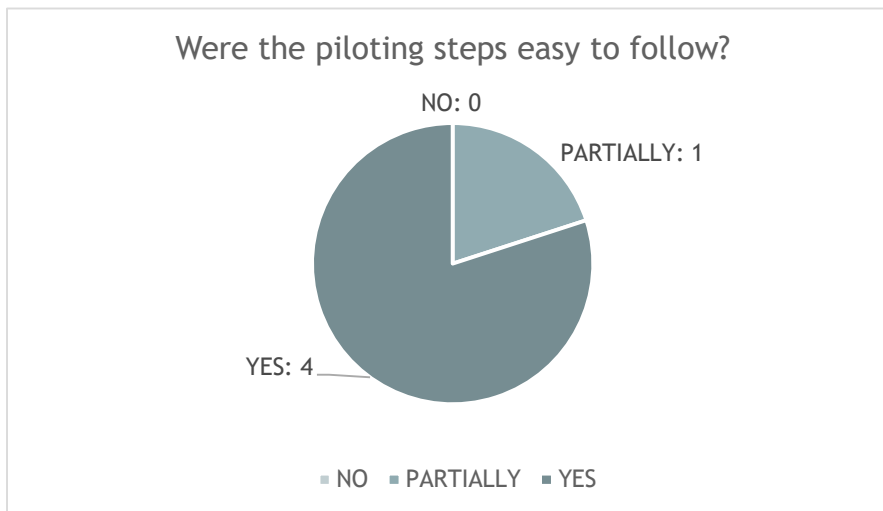


4. Overall piloting experience

Finally, the overall piloting experience of the pilot sites has been assessed with the following questions. The relevant questions were included in the questionnaire of the second phase, we separated them in this report, see them in the Annex III.

Question 1. Were the piloting steps easy to follow?

4 out of 5 pilot sites answered ‘Yes’ and one pilot site ‘Partially’ to the question whether the piloting steps were easy to follow, see the below chart.



As we asked for more specified details in case a pilot site answered ‘Partially’ or ‘No’, the one pilot site answering ‘Partially’ gave the following comment:

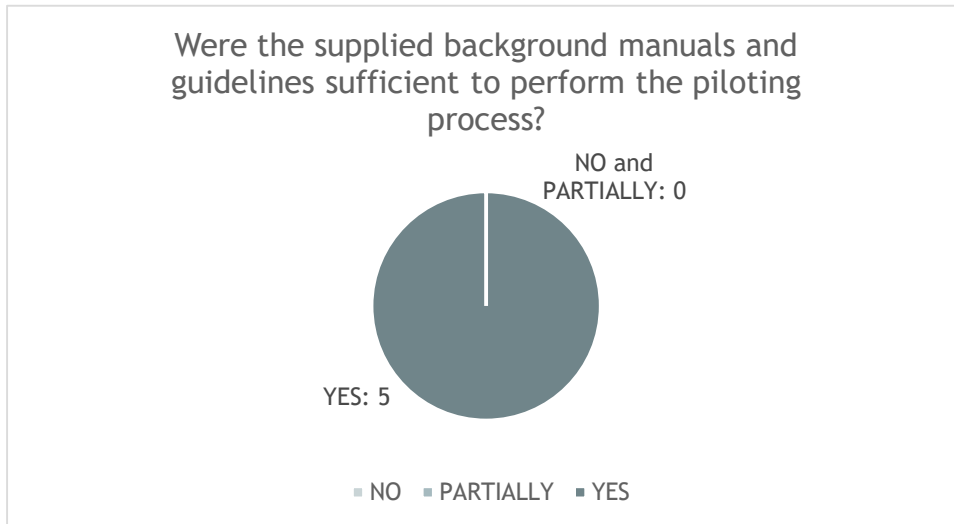
- In our opinion, the optimal way would be: 1. step: interviews, 2. step: analysis and comparison with other institutions, based on the benchmarking tool, and the last step: Performance improvement plan.

As we have been preparing our institutional PIP from October 2019 on, our steps were overlapping and, at the beginning, it was not very clear to us how to change the “older” edition of PIP (June 2020) into the new one.



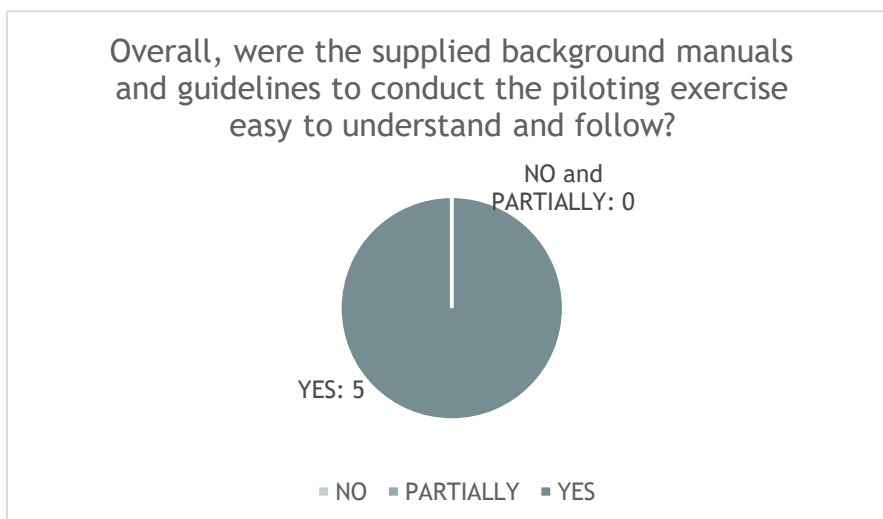
Question 2. Were the supplied background manuals and guidelines sufficient to perform the piloting process?

All pilot sites (5 out of 5) found the supplied background manuals and guidelines sufficient to perform the piloting process and answered ‘Yes’ to this relevant question with no additional comment, see the below chart.



Question 3. Overall, were the supplied background manuals and guidelines to conduct the piloting exercise easy to understand and follow?

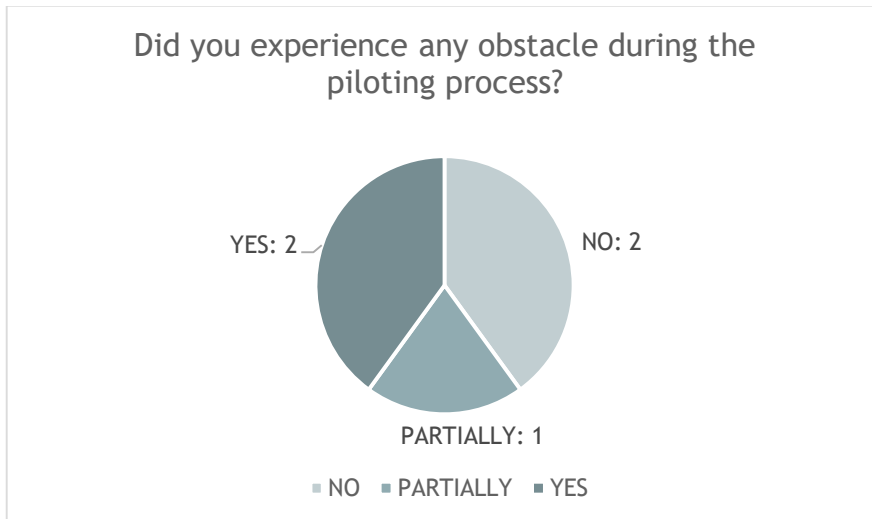
At this question, as well, pilot sites answered 100% (5 out of 5) with ‘Yes’ and so found the background manuals and guidelines to conduct the piloting exercise easy to understand and follow and gave no additional comment, see the below chart.





Question 4. Did you experience any obstacle during the piloting process?

Responses were more varied about the obstacle that pilot sites had experiences during the piloting process: 2 out of 5 pilot sites answered ‘Yes’, 2 of them said ‘No’ and 1 pilot site answered ‘Partially’ to the above question, see the below chart.



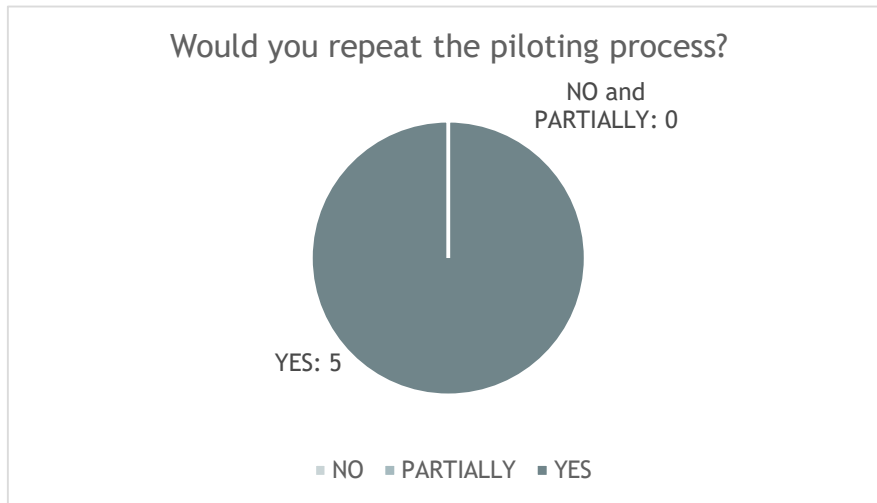
Pilot sites answering ‘Yes’ or ‘Partially’ were also asked to specify their responses with more details which were the following:

- Covid-19 pandemic impacted the ability to complete the piloting exercise in the planned timeframe.
- Coronavirus was an obstacle during the piloting period, since the stakeholders could not attend all activities in person, and all needed piloting steps took much more time than originally planned. Nevertheless, this situation is not related to the quality of the piloting or the tools themselves.
- Surely the Covid outbreak impacted on our piloting process; We ran into many difficulties (organizational level, timing,...) to transfer the knowledge to the current practice, despite the commitment and the satisfactory responsiveness received from the Board.



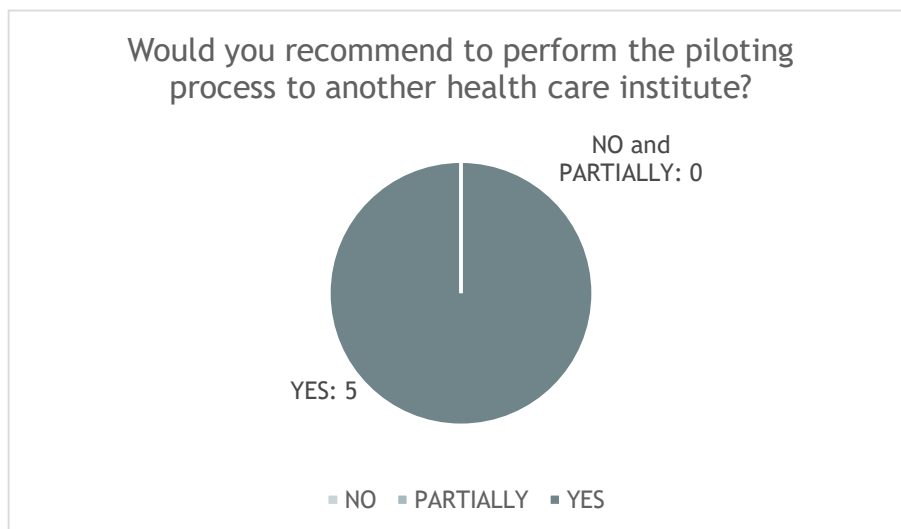
Question 5. Would you repeat the piloting process?

Pilot sites 100% (5 out of 5) gave ‘Yes’ answer to the question if they would repeat the piloting process and gave no further comment to it, see the below chart.



Question 6. Would you recommend to perform the piloting process to another health care institute?

100% (5 out of 5) of the pilot sites would recommend the piloting process to another health care institute, see the below chart.



Question 7. What was your overall experience in the piloting process? What were the main benefits for your organization for conducting the piloting?

To the above open ended question, pilot sites gave the following comments:

- It was a beneficial exercise to assess and compare the patient centeredness at the institute from the viewpoint of all different stakeholders (patients, doctors, nurses, etc.) and to pinpoint strengths improvement actions;



Learning from other cancer centers in the region and benchmarking patient centered practices with them also brings great value.

- We evaluate the overall experience as smooth under the given circumstances and we do not have additional comments;

Main benefits of piloting for Pilot site 4 was numeric and statistic proof of some issued/topics to be addressed. PIPs were created based on these results.

- Our overall experience was positive, we felt involved. We could give some key words to resume the impact: dialogue, awareness, concrete model and tool, networking (Intent partnership).
- Our overall experience in the piloting process was particularly useful.
The main benefits for our organization for conducting the piloting were:
 - written opinions of the various stakeholders on each axis;
 - confirm or disconfirm our previous impressions;
 - found strengths and weaknesses to work on;
 - constructive comparison with other healthcare realities;
- The main benefits were the collaboration among different stakeholder groups, shared decision-making, and a smart planning of the further steps for the improvement in terms of PCCC.

Question 8. Please describe any further comments you may have that would improve the piloting in the future

One pilot site gave further comment on how to improve the piloting in the future in general:

- In my opinion, the process should also have a possibility of phase two- the reevaluation of the improvement actions that were made in the institution based on the PIP. But maybe not earlier than after three years.



ANNEXES

Annex I. Questionnaire to evaluate the first phase of the piloting

Name of your Institute: _____

Date of filling out the survey: _____

SECTION 1 Piloting Experience

Question 1. Please tick the box that best describes your feelings to the following statements:

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
The benchmarking tool (5 questionnaires) is appropriate in length.					
The benchmarking tool (5 questionnaires) addresses all relevant target audiences.					
The wording of benchmarking tool (5 questionnaires) was clear and easy to understand.					
The instructions on using online back office were clear and easy to understand.					
The content of the training on technical matters of using the back office was appropriate.					
The online interface to upload/fill out the benchmarking tool (5 questionnaires) was functioning properly.					



SECTION 2 Administering the benchmarking tool (5 questionnaires)

Question 1. Please tick the appropriate box regarding the format in which the 5 questionnaires were administered. Please also describe any comments regarding administering the 5 questionnaires in the comments section below.

	Paper	Online (sending the questionnaire links via email)	Mix of paper and online (sending the questionnaires links via email)	Please describe any comments regarding administering the benchmarking tool (5 questionnaires) to the target audiences (e. g. any challenges that you may have encountered administering either the paper or the online versions via the back office, etc.)
Patients				
Expert Patients				
Doctors				
Nurses				
Management				

SECTION 3 Content of the benchmarking tool (5 questionnaires)

Question 1. Please describe in detail each question that was difficult to understand for the relevant target audience and make suggestions for changing the wording of the English version. (Please indicate the number of the question in the relevant questionnaire).

Patients
Expert Patients
Doctors
Nurses
Management



Question 2. Please describe the strengths of the piloting benchmarking process (including the use of the online tool) in your opinion.

Question 3. Please describe the weaknesses of the piloting benchmarking process (including the use of the online tool) in your opinion.

Question 4. Please describe any suggestions that you have to improve any aspects of the benchmarking process?



Annex II. Questionnaire to evaluate the second phase of the piloting

Name of your Institute: _____

Date of filling out the survey: _____

SECTION 1 Piloting Experience

We would like to evaluate the experiences of the pilot sites during their piloting process. Questions at this section concern, on the one hand, the guidelines supporting the piloting process and, on the other hand, the use of the online benchmarking tool.

1.1 Evaluation of the background guidelines for the use of the benchmarking tool

We would like to ask your feedback on your experiences pertaining to the background materials that had been sent to the pilot sites for supporting the use of the benchmarking tool:

- Benchmarking tool user guide (<https://intent.uzis.cz/res/file/benchmarking-user-guide.pdf>, drafted by IHIS)
- Statistical methodology manual (<https://intent.uzis.cz/res/file/benchmarking-methodology.pdf>, drafted by IHIS)

Question 1. Please tick the box that best describes your feelings to the following statements:

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither agree or disagree</i>	<i>Agree</i>	<i>Strongly agree</i>
The Benchmarking tool user guide is understandable and easy to use.					
The Benchmarking tool user guide was useful for the piloting process.					
The Statistical methodology manual is understandable.					
The Statistical methodology manual is relevant.					



Question 2. Please add any comments you may have to further improve the below manuals:

Benchmarking tool user guide _____

Statistical methodology manual _____

1.2 Using the online benchmarking tools - piloting the benchmarking tools

We would like to assess the experiences of the pilot sites in using the online benchmarking tool interface, where pilot sites received their benchmarking results: <https://intent-benchmark.uzis.cz>

Question 3. Please tick the box that best describes your feelings to the following statements:

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither agree or disagree</i>	<i>Agree</i>	<i>Strongly agree</i>
The online benchmarking tool is user-friendly.					
The online benchmarking tool is clear and easy to manage.					
The online benchmarking tool is useful for analysing the benchmarking results.					
The 5 formats of presenting the benchmarking results (Spider graph, Data table, Particular dimension, Benchmarking graph, Benchmarking table) are appropriate.					



Question 4. Please, write down your comments on each of the 5 formats in which the benchmarking results are presented:

<i>Format of the benchmarking results</i>	<i>Comment of the pilot site</i>
Spider graph	
Data table	
Particular dimension	
Benchmarking graph	
Benchmarking table	

Question 5. Overall, please describe any suggestions for improvements for the online benchmarking tool:

Question 6. Did you miss any function in the online tool that would be useful?

Please tick the box at your relevant answer:

NO

PARITALLY

YES

If your answer is yes or partially, please describe it in more details:



SECTION 2 Use of the implementation guidelines for a patient-centered care model - piloting the guidelines

The following implementation guidelines provided instructions for the pilot sites to draft a SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis and the Performance Improvement Plan (PIP) pertaining to the selected improvement points of the patient-centered model of care:

- A Patient Centered Cancer Care Model and Implementation guidelines in the Central Europe (Deliverable T1.3.1, drafted by WPT1)
- Performance Improvement Plan and SWOT template (Deliverable T3.2.3, drafted by WPT3)

At this section, we would like to evaluate the experiences of the pilot sites in using the implementation guidelines and in drafting the SWOT and PIP.

Question 1. Please tick the box that best describes your feelings to the following statements:

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither agree or disagree</i>	<i>Agree</i>	<i>Strongly agree</i>
The Patient Centered Cancer Care Model and Implementation guidelines is understandable and clear to use.					
The recommendations of the Patient Centered Cancer Care Model and Implementation guidelines are practical.					
The guidelines of the Performance Improvement Plan and SWOT template are user-friendly and understandable.					
The Performance Improvement Plan and SWOT template is useful when turning the benchmarking results into performance improvement plans.					



Question 2. Did you find the SWOT method suitable and useful for piloting the patient-centered care model at your institute?

Please tick the box at your relevant answer.

NO PARITALLY YES

If your answer is no or partially, please describe your answer in more details:

Question 3. Do you have any recommendations to further improve the Patient Centered Cancer Care Model and Implementation guidelines? Please describe in details.

Question 4. Did you find the PIP template useful for creating the Performance Improvement Plan?

Please tick the box at your relevant answer.

NO PARITALLY YES

If your answer is no or partially, please describe your answer in more details:



SECTION 3 Overall piloting experience

At this section we would like to assess the overall piloting experience of the pilot sites. Please, answer the following questions.

Question 1. Were the piloting steps easy to follow? Please tick the box at your relevant answer:

NO PARITALLY YES

If your answer is no or partially, please describe your answer in more details:

Question 2. Were the supplied background manuals and guidelines sufficient to perform the piloting process?

Please tick the box at your relevant answer:

NO PARITALLY YES

If your answer is no or partially, please describe your answer in more details:

Question 3. Overall, were the supplied background manuals and guidelines to conduct the piloting exercise easy to understand and follow?

Please tick the box at your relevant answer:

NO PARITALLY YES

If your answer is no or partially, please describe your answer in more details:

Question 4. Did you experience any obstacle during the piloting process?

Please tick the box at your relevant answer:

NO PARITALLY YES

If your answer is yes or partially, please describe your answer in more details:



Question 5. Would you repeat the piloting process? Please tick the box at your relevant answer:

NO

MAYBE

YES

If your answer is maybe or no, please describe

e your answer in more details:

Question 6. Would you recommend to perform the piloting process to another health care institute?

Please tick the box at your relevant answer:

NO

MAYBE

YES

If your answer is maybe or no, please describe your answer in more details:

Question 7. What was your overall experience in the piloting process? What were the main benefits for your organization for conducting the piloting?

Question 8. Please describe any further comments you may have that would improve the piloting in the future:
