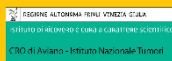


GOOD EXAMPLE ON PATIENT-CENTERED CANCER CARE

INTENT CE1047 project





Name of your Institute:	National Institute of Oncology, NIO
Address:	Ráth György utca 7-9, 1122 Budapest, Hungary
Title of the good example:	Patient centered care, structure and scientific activity of the Psycho-oncology Team of the National Institute of Oncology, Budapest, Hungary
Start date of the implementation:	2010
End date of the implementation:	The protocols and tools for the operation of the psycho-oncology team have been fully implemented and they are periodically reviewed for further improvements.
Dimension according to the INTENT Patient-Centered Cancer Care Model	2. Information communication and education 5. Enhancing quality of life
Keywords:	Psycho-oncology, quality of life, support, psycho-therapy, patient centeredness, patient education, multidisciplinary approach
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Further information:	https://onkol.hu/betegeknek/fekvo-es-jarobeteg-ellatas/onkopszichologiai-munkacsoport/



Objective of the good example

The main objective of the establishment of the onco-psychology team was to provide patient-centered onco-psychological and social care, including treatment-matched onco-psychological support from prevention to rehabilitation for Hungarian cancer patients.

Scope of the good example

The onco-psychology unit was formally established within the Rehabilitation Department at NIO in 2010 with four onco-psychologists. The team was eventually expanded to 7 psychologists, in addition to a social worker and an assistant. The formal establishment of the onco-psychology unit was aimed to meet cancer patients' needs for onco-psychological services in order to improve their quality of life using a holistic and multidisciplinary approach. There is one Onco-psychologist assigned to each clinical department, and they participate in their day-to-day work. Currently, the onco-psychological screening is organized systematically for inpatients, and onco-psychologists are present at the morning ward rounds and medical staff meetings.

Services provided:

The unit provides the following services to patients: Group Sessions to prepare for interventions (surgery, chemotherapy, radiotherapy), Relaxation techniques group sessions; Speech rehabilitation for head-and-neck cancer patients; Smoking Cessation Program; Patient Education Programs; Personal Consultations and Psychotherapy sessions. The management of the Institute continuously supports the expansion of the scope of the activities of the unit in order to benefit patients. Since the Covid-19 pandemic has started onco-psychological treatment has transitioned to telemedicine and video sessions as well.

The following services are provided to staff (doctors and nurses): Burnout prevention sessions; Continuous Medical Education programs for credit points (onco-psychology, patient-doctor communication, psycho-pathologies etc.). Besides regular internal meetings and case consultations, an external supervisor also aids the unit's work. The unit also annually hosts 40 interns from universities and regularly presents their activities at national and international congresses.

Benefits:

Providing complex onco-psychological services - covered by the National Health Insurance Fund and available to patients free of charge during and after their cancer treatment. If patients receive supportive psychotherapy at the right time, it can help prevent the development of PTSD, thus leading to a better quality of life. After patients' discharge, they can have access to 5-10 psychotherapy follow-up sessions at NIO (if needed, the patient can participate in more sessions), or can continue their therapy closer to their home.



Annually, on average of 2,150 patients received psychological care at the Institute in 30/50 minute sessions. Depending on the type of oncology care, 5-10 sessions are available for each patient during their active treatment.

Description of the implementation

Implementation of the onco-psychology unit:

1. Increase capacities
2. Formally establish the unit, create the organizational structure, functions, SOPs and patient centered approach that applies to the full spectrum of care. Ensure the provision of psycho-oncology services from prevention to rehabilitation in a multidisciplinary way that is closely connected to active oncology care of the patient
3. Establish internal and external communication channels, protocols and tools
4. Continuously improve and expand services provided to patients and staff in line with their needs
5. Engage with professional networks nationwide and serve as a model program in operating an onco-psychology unit. Support and mentor onco-psychology units at other hospitals
6. Expand international professional activities and continuously improve protocols and tools (following the PDCA cycle)

Key success factors and barriers

Success factors:

- Support of hospital leadership to integrate onco-psychological services into everyday clinical activities with a multidisciplinary approach.
- The openness of clinical staff to collaborate with onco-psychologists.
- Staff in the onco-psychology team is committed to continuous education.

Barriers:

- Creating optimal conditions for the onco-psychological sessions by having a quiet, calm environment. To overcome this challenge, optimal spaces have been assigned over the years for onco-psychological activity.
- Greater demand for onco-psychological services than the available capacity. To overcome this challenge, the originally 4-person team was expanded over the years with additional professionals.

Lessons learned

- There is no “one size fits all” approach to onco-psychological protocols; they need to be tailored to the specific clinical departments and the type of care they provide for patients.
- Patient centered onco-psychological care is specifically tailored to the needs of the patient and to the active oncology care that they receive.
- Keeping protocols and tools up to date and adjusted to advance in cancer care. Applying accumulated experiences from practice to improve protocols is important as well.



- Participation in supervisory and team coaching practices is also a great way to build a well-functioning unit.