



PERFORMANCE IMPORVEMENT PLAN FOR THE INTENT CE 1047

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

Version 5
10 2020



Table of Contents

1. Introduction - Thematic Work Package 3 - Piloting in Cental European Regions	3
2. Translating bechmarking results into Performance Improvement Plans and Implementing the pilot actions following the PDCA cycle	5
2.1. The PDCA cycle in general.....	5
2.2. PLAN - Planning the INTENT Improvement Actions based on the benchmarking data ..	6
2.2.1. Step 1 Analyze the benchmarking results	7
2.2.2. Step 2 Summarize the strengths, weaknesses and improvement points in one table for each dimension.....	13
2.2.3. Step 3 Performance Improvement Plan	20
2.2.4. Step 4 Perform a SWOT	22
2.2.5. Step 5 Local Stakeholder Panels at the pilot site approve the PIP and provide feedback on the piloted tool	25



1. Introduction - Thematic Work Package 3 - Piloting in Central European Regions

The thematic Work Package 3 contributes to testing the online benchmarking tool and patient centered model of care. It generates knowledge, data and good practice for use in achieving the virtual know-how center.

Piloting is key to assessing how practical the patient-centered cancer care model and online benchmarking tools are in implementing a patient-centered approach to improve patient benefits and outcomes achieved by public cancer care providers in Central Europe.

The following institutes participated in the piloting process and its evaluation:



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)

Each pilot site has different starting point that influences the conduct, results and consequences of their benchmarking exercise. Each pilot is led by a stakeholder panel that decides how to set up the pilot locally. They either focus on a specific department, care pathway or the whole organization depending on their resources and size of the organization.

This WP has three stages that together deliver effective piloting of the tools and the generation of appropriate Performance Improvement Plans:

Stage 1: assessing the preparedness of pilot sites to conduct piloting

Stage 2: testing the tools and producing practical Performance Improvement Plans

Stage 3: external evaluation of the pilot process

Critically, benchmarking is supported using realtime support for problem solving, site visits where needed and comparing results and experience of benchmarking. For the INTENT consortium, this is the first step toward a long term sustainable collaboration among the partner institutions as the Central European 'spoke' to the Know-How Centre/Hub linked to OEI (Organisation of European Cancer Institutes - <http://www.oeci.eu/>). INTENT contributes to establishing a culture of exchange of clinical/professional, communication approaches and ethical considerations as well as information on training opportunities at EU, regional and local levels. Each institute creates a report of experiences and results of the benchmarking and propose suggestions towards the improvement of the 6 dimensions. The lessons learned during



the piloting will also inform policy recommendations made by the consortium and other engaged stakeholders. With the help of the external evaluator the improvement plans will be monitored, and he/she will measure the improvement pre- and post-benchmarking. The external evaluation would take time during the second half of 2020.

Outputs of the Thematic Work Package 3:

1. Five Pilot Actions
2. Performance Improvement Plans (PIP)

The pilot sites of the INTENT CE1047 project participated in the piloting exercise of using the benchmarking tool developed during the project by WP2 following the 6 dimensions of the patient centered model of care, namely:

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

The benchmarking tool [5 set of Questionnaires addressing the following stakeholders: 100 patients (50 male, 50 female), 5 expert patients, 10 doctors, 10 nurses, 1 manager (official statement of institute)] was translated to the local languages in January 2020 and was piloted between February 17th and May 31st. The piloting period was originally scheduled from February 17th until March 31st, 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. The questionnaires were filled out by the target groups either on paper, then later uploaded to the online benchmarking tool developed by project partner IHIS (Institute of Health Information and Statistics) of the Czech Republic.

The Results of the Online benchmarking tool are available in the online tool developed by the Institute of Health Information and Statistics of the Czech Republic IHIS and all pilot sites received personal access to their institutional data: <https://intent-benchmark.uzis.cz/>

The purpose of this current report is help the INTENT pilot sites to translate the benchmarking results into performance improvement plans and to pilot the D.T1.3.1 guidelines: “A Patient Centered Cancer Care Model and Implementation guidelines in the Central Europe”.



2. Translating benchmarking results into Performance Improvement Plans and Implementing the pilot actions following the PDCA cycle

2.1. The PDCA cycle in general

The PDCA: Plan-Do-Check-Act model is a practical scientific method for testing changes in complex systems, therefore the method is widely used in healthcare improvement. The point of the PDCA cycle lies in its flexibility and adaptability, as it allows new learning to be built in to the experimental process.

Methodology

The four phases of the PDCA cycle are the following:

1. **Plan:** define the expected performance, objectives and processes required to achieve it, and formulate and action; organise a competent team; set up a timeline and location
2. **Do:** Test the action with launching the process (preferably in a small scale). Collecting and measuring data is an important part of this phase for the performance of the next steps.
3. **Check:** Analyse the results (collected and measured in the previous phase) and compare them to the predictions, summarize the edification: “What did we learn?”, “What went wrong?”. Documenting and depicting the data enables to represent the trends of the iterated PDCA cycles in an expressive way. Thus, data can be transformed to information.
4. **Act:** Revise the action based on the lessons learned from the anomalies between the prediction and the results. This redefined action needs to be applied in a new PDCA cycle.

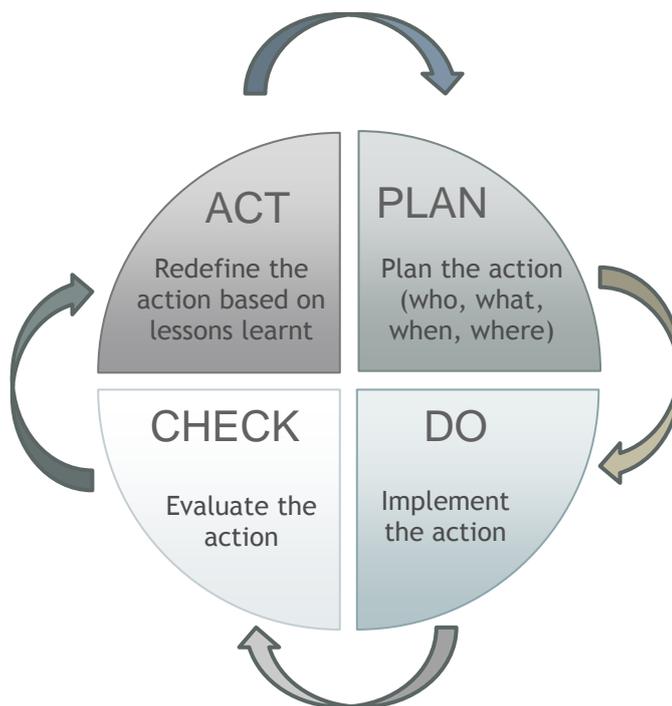


Figure 2: Implementation of pilot improvement actions using the PDCA cycle

If you do not find any further fields to improve after performing these four steps, the PDCA cycle can be refined and/ or raised to a higher quality level. Documentation of each stage is important to ensure the obtained knowledge is recorded to support organizational improvement and transferability to other settings.^{1 2 3}

2.2. PLAN - Planning the INTENT Improvement Actions based on the benchmarking data

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

Step 1 Analyze the benchmarking results for each particular dimension of the patient centered cancer care (PCCC) model and fill out the provided charts identifying strengths, weaknesses and improvement points for each target group that completed the questionnaire.

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

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 for the particular dimension.

¹ Taylor MJ, McNicholas C, Nicolay C, Darzi A, Bell D, Reed JE. Systematic review of the application of the plan–do–study–act method to improve quality in healthcare. *BMJ Qual Saf.* 2014 Apr 1;23(4):290–8

² Reed JE and Card AJ. The problem with Plan-Do-Study-Act cycles. *BMJ Qual Saf* 2016;25:147–152.

³ Coury J et al. Applying the Plan-Do-Study-Act (PDSA) approach to a large pragmatic study involving safety net clinics. *BMC Health Services Research* (2017) 17:411



Step 4 Perform a SWOT analysis 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 the Central Europe for the particular dimension.

Step 5 Local Stakeholder Panels at the pilot site approve the PIP and provide feedback on the piloted tool.

2.2.1. Step 1 Analyze the benchmarking results

The Results of the Online benchmarking tool are available in the online tool developed by the Institute of Health Information and Statistics of the Czech Republic IHIS and all pilot sites received personal access to their institutional data: <https://intent-benchmark.uzis.cz/>

Please refer to the INTENT Benchmarking Tool User Guide developed by IHIS and the INTENT benchmarking Tool Methodological Manual to help interpret the results.

<https://intent.uzis.cz/res/file/benchmarking-user-guide.pdf>

<https://intent.uzis.cz/res/file/benchmarking-methodology.pdf>.

General information for data analysis

In the Spider graph view, please note that there were no questions asked from the Nurses related to the Research dimension, therefore the Research axis for Nurses is not available in the spider graph. In addition, the Expert patients were asked on the dimension of Patient Centred Culture.

The aggregate data along the dimensions shows the following in the “Data Table” view:

0.8-1.0 the high scores (marked in green in the “Data Table”)

0.4-0.7 (marked orange in the “Data Table”)

0.0-0.3 (marked in red in the “Data Table”)

Please look through the scores within these intervals along each dimension of the PCCC model in the aggregated data format and fill out the provided templates for each dimension by also looking at the particular questions under the dimensions in order to identify Strengths, Weaknesses and formulate improvement points. In case no scores fall in the threshold of 0.0-0.3, please consider the scores between 0.4-0.5 to formulate improvement points. Then summarize the result in the Overall Summary table (page 18.). In order to help identify improvement points, please refer to the D.T1.3.1 A Patient Centered Cancer Care Model and Implementation guidelines in the Central Europe that also contains recommendations for improvements.

When looking at the scores, please note that certain dimensions, for certain target groups e.g. patient centered culture for patients only contained one question, while for other target groups e.g. management the same dimension contained several questions. Therefore, there is a need to review the particular questions under the dimension, before coming to conclusions about the performance of the institute as viewed by certain target groups.

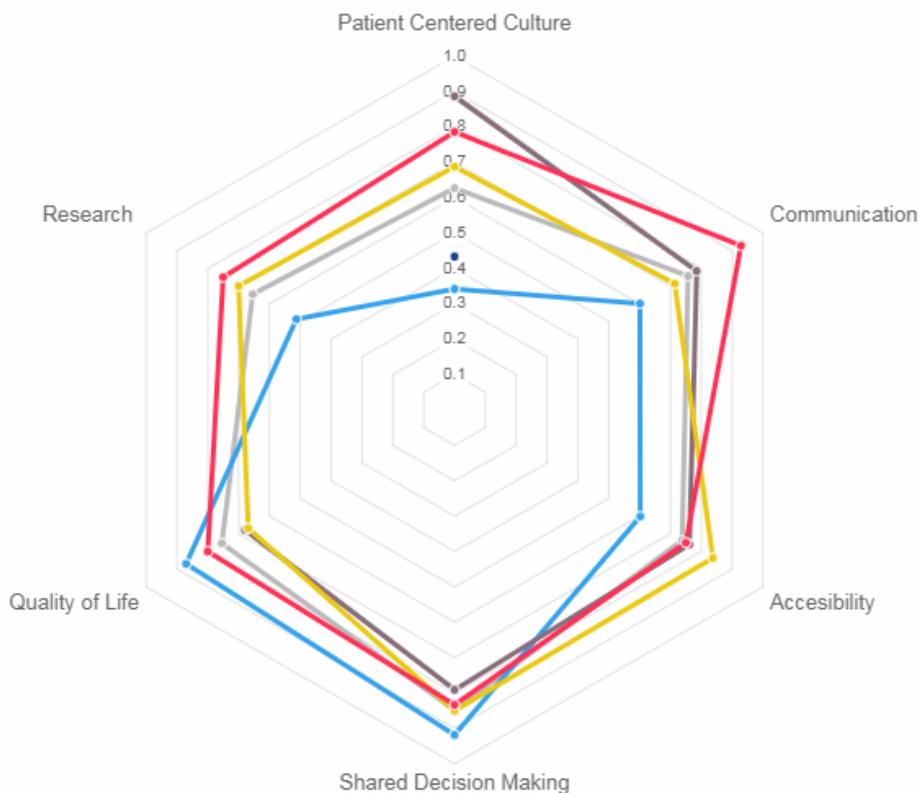


The data is available in the online benchmarking tool in the following format: Spider Graph, Data table, Particular dimension, Benchmarking graph that is depicted below.



➤ Spider graph

Management Medical Doctors Nurses Patients Expert Patients Total score



➤ Data table

	Patient Centered Culture	Communication	Accesibility	Shared Decision Making	Quality of Life	Research	Total
Patients	0.3 (N=98/98 responses)	0.6 (N=98/980 responses)	0.6 (N=98/588 responses)	0.9 (N=98/294 responses)	0.9 (N=98/196 responses)	0.5 (N=98/196 responses)	0.6 (N=588/2352 responses)
Expert Patients	0.4 (N=6/30 responses)						0.4 (N=6/30 responses)
Medical Doctors	0.7 (N=10/40 responses)	0.7 (N=10/110 responses)	0.8 (N=10/40 responses)	0.9 (N=10/60 responses)	0.7 (N=10/160 responses)	0.7 (N=10/50 responses)	0.7 (N=60/460 responses)
Management	0.8 (N=1/7 responses)	0.9 (N=1/21 responses)	0.8 (N=1/8 responses)	0.8 (N=1/6 responses)	0.8 (N=1/15 responses)	0.8 (N=1/8 responses)	0.8 (N=6/65 responses)
Nurses	0.9 (N=11/44 responses)	0.8 (N=11/121 responses)	0.8 (N=11/44 responses)	0.8 (N=11/55 responses)	0.7 (N=11/165 responses)		0.8 (N=55/429 responses)



➤ Particular dimension

Patient Centered Culture ▾

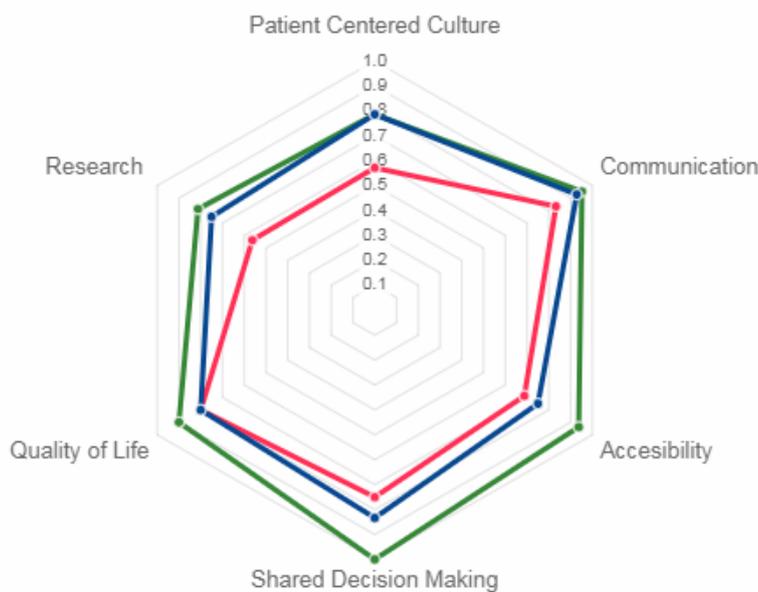
Print all Export all (CSV format) Search:

	Management	Medical Doctors	Nurses	Expert Patients	Patients	Total
1-1	1 (N=1)			0.5 (N=6)		0.8 (N=7)
1-2	0.5 (N=1)	0.9 (N=10)	1 (N=11)	0.7 (N=6)		0.8 (N=28)
1-3	1 (N=1)	0.6 (N=10)	0.8 (N=11)	0.2 (N=6)		0.6 (N=28)
1-4	1 (N=1)					1 (N=1)
1-5	1 (N=1)	0.9 (N=10)	1 (N=11)	0.3 (N=6)		0.8 (N=28)
1-6	0 (N=1)			0.6 (N=6)		0.3 (N=7)
1-7	1 (N=1)	0.4 (N=10)	0.7 (N=11)		0.3 (N=98)	0.6 (N=120)

➤ Benchmarking graph

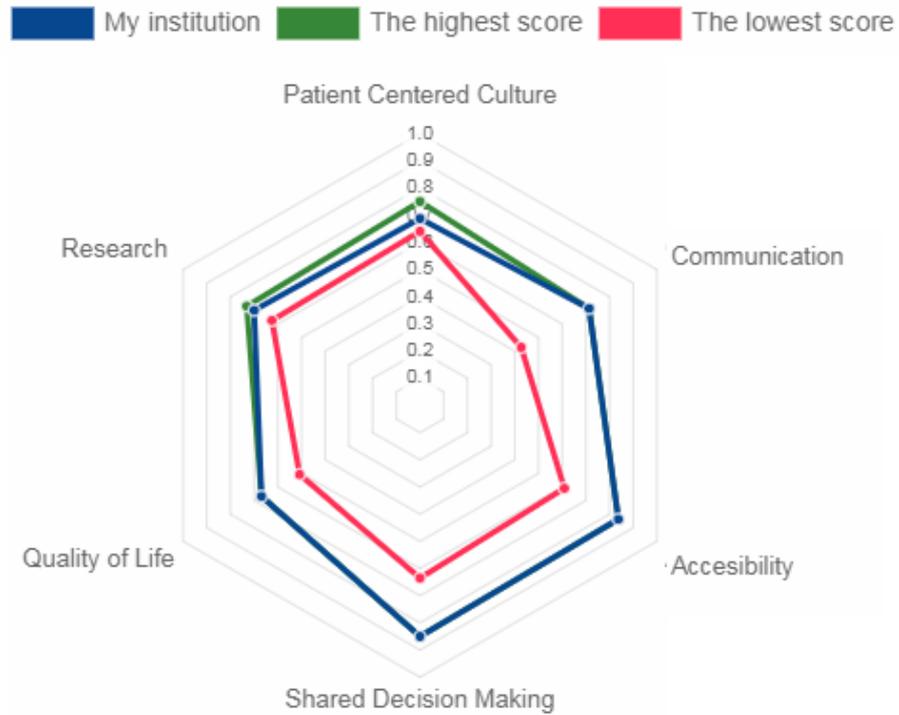
Management

■ My institution ■ The highest score ■ The lowest score

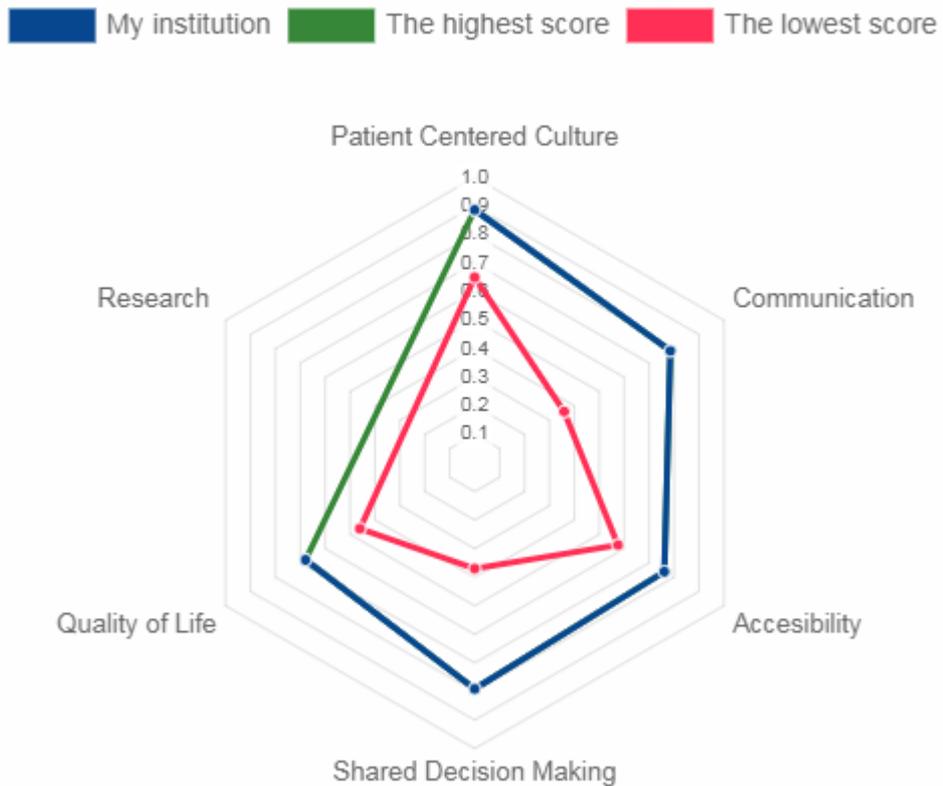




Medical Doctors



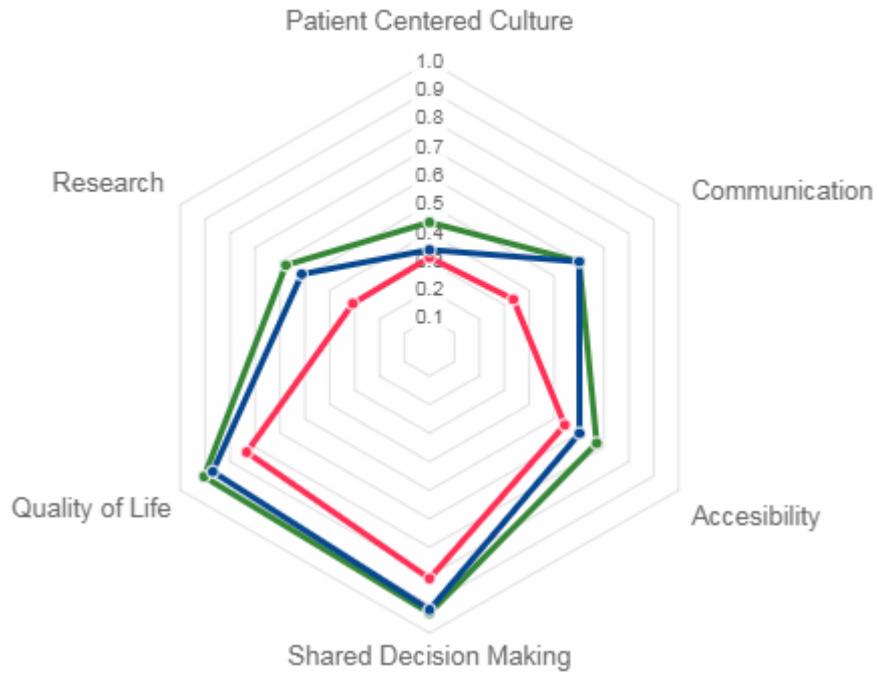
Nurses





Patients

■ My institution
 ■ The highest score
 ■ The lowest score



➤ Benchmarking table

	Management	Medical Doctors	Nurses	Expert Patients	Patients	Total
1-1	0.5	0.5	0.5	0.8	0.5	0.5
1-2	0.5	0.5	0.5	0.8	0.5	0.5
1-3	0.5	0.5	0.5	0.8	0.5	0.5
1-4	0.5	0.5	0.5	0.8	0.5	0.5
1-5	0.5	0.5	0.5	0.8	0.5	0.5
1-6	0.5	0.5	0.5	0.8	0.5	0.5
1-7	0.5	0.5	0.5	0.8	0.5	0.5
2-1	0.5	0.5	0.5	0.8	0.5	0.5
2-2	0.5	0.5	0.5	0.8	0.5	0.5



2.2.2. 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/,") 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.



2.2.3. Step 3 Performance Improvement Plan

Select one improvement point and fill out the provided Performance Improvement Plan (PIP) template.

Title of the PCCC dimension	<i>Select the relevant dimension of the PCCC model the dropdown menu Please select</i>
Title of the Improvement Action	<i>Describe the title of the action in a few words</i>
Objective of the Improvement Action	<i>What is the objective of the action? Describe in maximum of 2-3 sentences.</i>
Scope of the Improvement Action	<i>Describe in no longer than two paragraphs the following:</i> <ul style="list-style-type: none"> • <i>What is the particular problem/challenge that you are trying to address?</i> • <i>What is the goal/desired result?</i> • <i>Who are the stakeholders involved?</i> • <i>What are the central topics that need to be addressed through action?</i>
Persons involved in the implementation of the Improvement Action	<i>Provide the names, title, and departments of the particular persons who will work on implementing the action.</i>
Resources needed to achieve the results (e.g. IT, personnel, equipment etc.)	<i>Describe in no longer than a paragraph the following:</i> <ul style="list-style-type: none"> • <i>In terms of personnel, what resources may be needed to reach the goals/desired results (involving current staff members, creating a new position etc.)?</i> • <i>What are the critical infrastructures/systems (facilities, IT infrastructure, equipment etc.) needed to implement the action?</i>
Start date of the Improvement Action	Year/Month/Date
End date of the Improvement Action	Year/Month/Date
MILESTONES	<i>Describe below the major milestones to reach the goals/desired results. You may add additional milestones or have fewer ones.</i>
Milestone 1 of the Improvement Action	<i>Description of Milestone 1</i>



	<i>Start date</i> Year/Month/Date	<i>End date</i> Year/Month/Date
Milestone 2 of the Improvement Action	<i>Description of Milestone 2</i>	
	<i>Start date</i> Year/Month/Date	<i>End date</i> Year/Month/Date
Milestone 3 of the Improvement Action	<i>Description of Milestone 3</i>	
	<i>Start date</i> Year/Month/Date	<i>End date</i> Year/Month/Date
Internal evaluation date of the Improvement Action	Year/Month/Date	
Key performance indicators for the evaluation	<i>Define KPIs</i>	
Priority of the Improvement Action (High, Medium, Low)	<i>Select the priority of the action from the dropdown menu Please select</i>	



2.2.4. Step 4 Perform a SWOT

Perform a SWOT analysis (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 the Central Europe for the particular dimension.

A SWOT analysis focuses on Strengths, Weaknesses, Opportunities, and Threats. It is an analytical method which is used to identify significant internal (Strengths and Weaknesses) and external (Opportunities and Threats) factors. This analysis helps an organization to determine how to allocate the resources to achieve its goals.⁴

- Strengths are positive internal characteristics that can be controlled and provide foundations for the future. Strengths at organizational level include resources, skills or other characteristics by which an organization is more effective and efficient than another similar organizations (i.e. overall communication strategy of the Institute, special expertise).⁵

Internal strength factors include resources and experiences, like:

- Human resources - staff, volunteers, board members, target population
- Physical resources - your location, building, equipment
- Financial - grants, funding agencies, other sources of income
- Activities and processes - programmes you run, systems you employ

Before going into action of improvement, an organization has to know the potential that it has as an advantage. Being aware of the own strengths enables an organization to use the opportunities created by the outside environment. Furthermore, the organization has to face the threats of the outside environment by using its strengths.⁶

- Weaknesses are negative internal characteristics which can be controlled and need to be handled. Weakness at organizational level means that the capability capacity is weaker or less efficient compared to other similar organizations or to the opportunities that the available recourses would make achievable. Consequently, the organization is not able to respond to a possible problem or opportunity, and cannot

⁴ FOR-LEARN- JRC EUROPEAN COMMISSION- SWOT (Strengths Weaknesses Opportunities and Threats) Analysis [Internet]; Available at:http://forlearn.jrc.ec.europa.eu/guide/4_methodology/meth_swot-analysis.htm

⁵ Gürel E, Tat M. SWOT ANALYSIS: A THEORETICAL REVIEW. The Journal of International Social Research. 2017;51(10): 994-1006. Doi Number: <http://dx.doi.org/10.17719/jisr.2017.1832>

⁶ Ibid.



adapt to changes (i.e. inefficient communication between clinical units, burdened staff).⁷

Although strengths and weaknesses of an organization are internal qualities, the perspective of people outside its group should not be overlooked. Especially in the field of patient centeredness, it is appropriate to identify strengths and weaknesses from both the pilot site's point of view and that of other stakeholders (e.g. patients, patient organizations, external experts etc.).

- Opportunities are external positive factors that may stimulate the implementation. Opportunity means a situation or condition suitable for an activity, but they are often beyond the control of an organization (i.e. national regulation). “For organizational managements, an opportunity is the convenient time or situation that the environment presents to the organization to achieve its goals.”⁸
- Threats refer to a disadvantageous situation. For this reason, they have a negative characteristic that should be avoided. Threats are external conditions that may hinder the implementation (i.e. insufficient resources). Threats are results of changes in the distant or the immediate environment that would prevent the organization from reaching the organizational goals.⁹

For drafting the SWOT analysis, the below table presents questions as guidelines. Please, answer these or similar questions for each of your chosen action.

⁷ Ibid.

⁸ Gürel E, Tat M. SWOT ANALYSIS: A THEORETICAL REVIEW. The Journal of International Social Research. 2017;51(10): 994-1006. Doi Number: <http://dx.doi.org/10.17719/jisr.2017.1832>

⁹ Ibid.



SWOT Table (Piloting the Implementation guidelines)

DIMENSIONS OF PATIENT CENTEREDNESS:			
<i>Select the relevant dimension of the PCCC model from the below the dropdown menu: Please select</i>			
1. [TITLE OF THE IMPROVEMENT ACTION] <i>Fill in the title of the Action</i>			
STRENGTHS	<ul style="list-style-type: none"> • <i>What are the advantages of your institute relevant to the action plan to implement?</i> • <i>What relevant resources can you reach?</i> • <i>What is your special expertise?</i> • <i>What do other stakeholders see as your strengths?</i> 	WEAKNESSES	<ul style="list-style-type: none"> • <i>What could you change for improvement?</i> • <i>What should you avoid?</i> • <i>What are your challenges in change management?</i> • <i>What do other stakeholders see as your weakness?</i>
OPPORTUNITIES	<ul style="list-style-type: none"> • <i>What are the opportunities accessible for you?</i> • <i>What are the positive tendencies in the field related to the chosen action?</i> • <i>Which external resources are available for you?</i> • <i>Which ‘best practices’ could you apply?</i> • <i>Do you already have any proven tool in patient centeredness that you can implement in another unit of your institute?</i> 	THREATS	<ul style="list-style-type: none"> • <i>What obstacles do you have to deal with?</i> • <i>Are the circumstances for your services changing?</i> • <i>What are the threats in the environment your cancer center operates in?</i> • <i>What are the negative tendencies in the field related to the chosen action?</i>

Table 1: SWOT Analysis template table with guiding questions



2.2.5. Step 5 Local Stakeholder Panels at the pilot site approve the PIP and provide feedback on the piloted tool

Please discuss the outcomes of the data analysis with the Local Stakeholder Panel as well as the PIPs and ask for their feedback benchmarking tool piloted.