The experience of patients with cancer at diagnosis and during treatment: A report on the results of the Rosy Cancer Network survey from 2014-2018

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Objectives
- To report patient experience data from the RCN-partner hospitals.
- To highlight person-centered quality improvement initiatives led by RCN.

Methods
- AOPSS (Ambulatory Oncology Patient Satisfaction Survey - NRC Picker)
- ~100 questions with 1 open-ended item
- Mailed every 3 months to 415 adult patients (April 2013-September 2017)
- Must have received therapeutic treatment (surgery, radiation therapy, chemotherapy (oral or intravenous)) as an outpatient in the last 6 months.
- N = 3278 participants

Results

**WHO ANSWERED THE SURVEY?**

<table>
<thead>
<tr>
<th>BY GENDER</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>75%</td>
<td>40%</td>
<td>60%</td>
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</table>

<table>
<thead>
<tr>
<th>BY AGE</th>
<th>65 to 74</th>
<th>75 to 84</th>
<th>85+</th>
</tr>
</thead>
<tbody>
<tr>
<td>55%</td>
<td>22%</td>
<td>15%</td>
<td>8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BY CANCER TYPE</th>
<th>Breast</th>
<th>Lung</th>
<th>Colorectal</th>
<th>Prostate</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>30%</td>
<td>10%</td>
<td>15%</td>
<td>20%</td>
<td>35%</td>
<td>10%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BY HOSPITAL</th>
<th>Shriners</th>
<th>JGH</th>
<th>MUHC 39%</th>
<th>MUHC 10%</th>
</tr>
</thead>
<tbody>
<tr>
<td>28%</td>
<td>36%</td>
<td>34</td>
<td>15%</td>
<td>19%</td>
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</tbody>
</table>

**WHAT WE LEARNED**

Satisfaction levels are generally high

98% rate the quality of care as good, very good or excellent

89% felt the healthcare providers did everything they could to treat their cancer

91% would recommend their hospital

89% were satisfied with their care

**PATIENT EXPERIENCE BY CARE DOMAIN**

Access to Care

- Most have the treatment scheduled quickly
- Some report long waits on the day of treatment

Coordinated and Continuous Care

- Fell family doctor knew enough about your cancer care
- Fell family doctor provided everything they could to treat

Supportive Care

- Fell family doctor considered you as part of their family
- Fell family doctor clearly explained

**COORDINATION AND CONTINUITY OF CARE**

- Lack of awareness of their cancer care by their family doctor - lack of awareness of their medical history and test results by their specialist

**ACCESS TO CARE**

- Did not have to wait too long for first appointment
- Fall care provider considered you as part of their family

**THE WAITING ROOM EXPERIENCE**

- Radiation therapy only
- Chemotherapy and/or radiation therapy
- Radiation therapy only
- Surgery only

- 12% of patients felt that their care provider did all they could to control pain or discomfort

**EMOTIONAL SUPPORT**

- Told of diagnosis in a sensitive manner
- Asked if they were satisfied
- Referred to a care provider to help with anxiety and fears when first told of illness

- 81% of patients were aware of navigation and support services such as Proxys, Hope & Care, Cedars CanSupport

**HOW WE ARE IMPROVING THE PATIENT EXPERIENCE**

- Making changes to the waiting room experience
- Implementing a waiting room management system in radiation oncology at the MUHC
- Reduced line-ups and wait times when calling for an appointment
- Development of a mobile application for patients to schedule appointments
- Development of an online self-referral tool for patients to schedule appointments
- Baseline tests on a symptom assessment and treatment plan information
- Patients on improved safety, reduced wait times on day of treatment

**HOW WE ARE IMPROVING THE WAITING ROOM EXPERIENCE**

- Reduced wait-time to see the radiation oncologist
- Reduced wait-lists on a separate day from chemotherapy
- Development of a mobile application for patients to schedule appointments
- Development of an online self-referral tool for patients to schedule appointments
- Baseline tests on a symptom assessment and treatment plan information

**HOW WE ARE IMPROVING THE PAIN EXPERIENCE**

- Making changes to the waiting room experience
- Implementing a waiting room management system in radiation oncology at the MUHC
- Reduced line-ups and wait times when calling for an appointment
- Development of a mobile application for patients to schedule appointments
- Development of an online self-referral tool for patients to schedule appointments
- Baseline tests on a symptom assessment and treatment plan information

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Survey Limitations

- Potential recall bias in self-reporting due to survey being retrospective
- Over-representation of a group of participants (women with breast cancer)
- Survey cannot document satisfaction pertaining to all healthcare providers
- Expansion is planned for more cancer types: with an estimated 9000 recruited patients over a year.

Discussion and Perspectives

- Patients’ needs, values and perspectives should guide the design and delivery of care services
- AOPSS is one of many strategies used to identify gaps and issues in care
- Every step taken to improve quality of care also contributes to an enhanced patient experience

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