Ambulatory Oncology Patient Satisfaction Survey (AOPSS)

2023 Snapshot

> *"Our patients, families and caregivers are our north star, guiding the work we do every single day. Their voice and their wishes need to be heard and respected throughout their cancer journey and beyond. The Ambulatory Oncology Patient Satisfaction Survey (AOPSS) allows us to connect with our patients both during and after their treatments and learn more about their experience. Their valuable feedback and insight determines our focus and our priorities. There will always be opportunities for growth and improvement in the ever-changing health-care system. The key is to truly listen to our patients—to let their voice guide the work and lead the way. They will always take us in the right direction."*
>
> **—Deb Bulych, President & CEO, Saskatchewan Cancer Agency**

Introduction

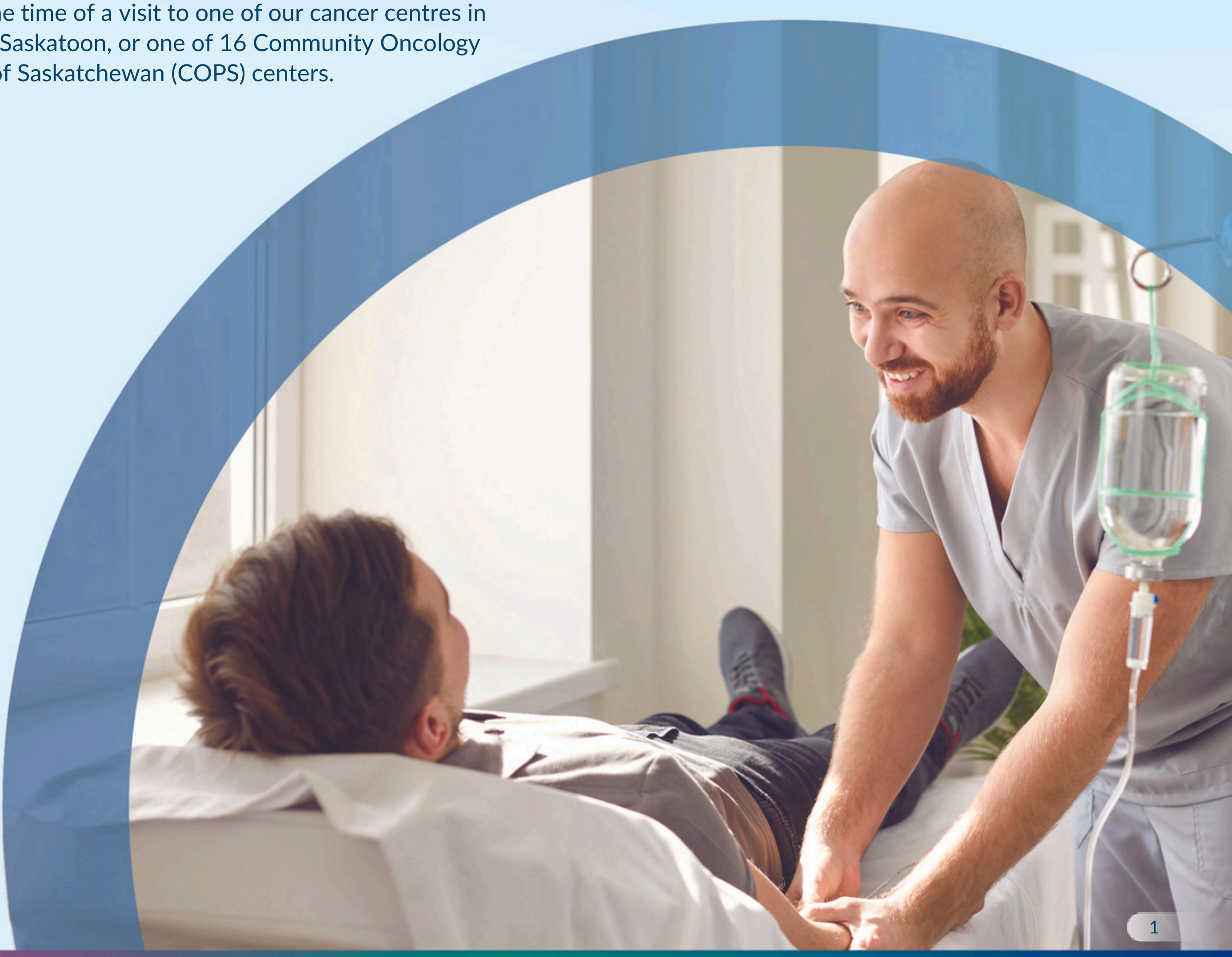
The Saskatchewan Cancer Agency (SCA) is committed to providing the highest quality care possible for our patients, their families and caregivers. That commitment is supported by our promise to listen, learn and, most importantly, act—to make improvements that are guided by the feedback of those who entrust us to their cancer care.

The Ambulatory Oncology Patient Satisfaction Survey (AOPSS) gives patients a confidential and anonymous way of sharing details about their experience; provide open and honest feedback about their cancer care; and offer suggestions on how the SCA can improve our care and treatment. This survey format also allows the SCA to carefully examine and measure the responses and use that information to make meaningful changes and improvements to our processes, policies and daily work.

In March to June 2023, the SCA's epidemiology department mailed the AOPSS to approximately 3,000 patients who received treatment through the SCA in the six months prior. Patients had to be 18 years of age or older at the time of a visit to one of our cancer centres in Regina or Saskatoon, or one of 16 Community Oncology Program of Saskatchewan (COPS) centers.

This survey includes more than 100 multiple choice questions spanning the cancer care experience, and one open-ended question about how the experience could have been improved. Together, the responses to these questions help identify strengths, improvement areas and patient satisfaction with recent outpatient services provided by the SCA. Survey analysis has been completed and a summary report is being used for service evaluation and quality improvement.

The AOPSS is a validated, internationally recognized cancer-specific survey tool that allows for comparability across jurisdictions that use this same survey tool. Comparability is important for recognizing variations in patient experience and identifying opportunities for quality improvement.



AOPSS Survey Analysis

Survey Response Highlights:

3,318
surveys mailed.

1,998
surveys returned.

60%
response rate.

Key Findings:

- A total of **96.4%** of respondents rated their outpatient cancer care as:

52% Excellent ★★★

33.8% Very Good ★★

10.9% Good ★

- **88%** indicated they would “completely” recommend their health-care providers to family and friends.
- Of those who received virtual care (phone, video, telehealth etc.), **86.5%** found it easy to participate.

Results are compiled into six dimensions of care.

The Institute of Medicine (IOM) has recommended that to achieve high quality health care, patient-centered care is paramount. Patient-centered care is responsive to patients’ values and needs and patient preferences guide decision-making. The IOM has endorsed six dimensions of patient-centered care:

1. Respectful of patients’ values, preferences and expressed needs.
2. Coordinated and integrated.
3. Provide information, communication and education.
4. Ensure physical comfort.
5. Provide emotional support – relieving fear and anxiety.
6. Access to care.

Key Takeaways:

- More than three-quarters of patients surveyed said the SCA is ***respectful of patients' values, preferences, and expressed needs*** and ***ensures physical comfort***.
- A large majority of respondents felt positively about their ***access to care*** and the ***coordination and integration*** of care.
- There are opportunities for improvement in the ***information, communication and education*** we provide, as well as the ***emotional support*** we offer.

Open-ended question:

1,136 patients responded to the open-ended question about their cancer care experience, representing 61% of the patients who responded to the survey. Those respondents provided a total of 2,073 qualitative responses on their care experience. Responses were categorized into themes, which included: **cancer care, patient experience, processes, system level and other.**

Patients identified areas that would help improve the patient experience of cancer care, including:

Reviewing treatment options– providing information and having open discussions with patients about the available options.

Ensuring continuity of care and coordination of cancer care related services.

Providing emotional and mental health supports to cancer patients and their families.

Improving communication and information sharing between patients and their care providers.

Providing timely/efficient services for patients.

Providing accessible and accurate diagnostic testing and results. *(This is a shared responsibility between the SCA and the Saskatchewan Health Authority (SHA), so we will work together to improve the patient experience in this area).*

Ensuring accessible and affordable parking for cancer patients at treatment sites. *(This is a shared responsibility between the SCA and the SHA, so we will work together to improve the patient experience in this area).*

Analysis of open-ended question results:

Patients expressed a mix of positive and negative comments regarding their specific cancer care and/or treatment.

Most expressed satisfaction with care providers in treatment settings. Patients were more concerned with the lack of treatment options discussed and/or available, the continuity of their care, coordination of care and triage.

Most had a positive care experience. Some mentioned the need for more emotional and/or mental health supports, as well as more assistance regarding post treatment follow-up and supports.

Other Improvement Opportunities Identified:

Process

Communication and access to information, appointment issues, time, access to services, questions answered, lack of in-person consultations, diagnosis testing waits, diagnosis timeliness and accuracy and parking.

System level

Interacting with health-care partners, travel for diagnosis and treatment, financial barriers and system capacity.

Similar themes emerged in the open-ended question and the AOPSS questionnaire:

Patients expressed a high degree of appreciation and trust for their care team.

Improvement opportunities focused on: Continuity of care, communication of treatment options, coordination of care, preference for in-person appointments, and the need for greater access to emotional and mental health supports.

Action Plan

Based on a review and analysis of survey results by SCA's Care and Medical Services Leadership Team, a draft AOPSS Action Plan 2024 was developed and presented to SCA's Patient and Family Advisory Council (PFAC). The plan was supported by PFAC who expressed that the actions identified aligned with opportunities identified by patients through the survey.

Here is a high-level breakdown of that plan:

Goal: What action do we plan to take?	Why this action?	How do we plan to achieve our goals?
1. Enhance knowledge of, and access to, supportive care services.	Patients identified the need for improved access to emotional and mental health supports through their cancer care. Supportive Care services are available to all patients on request. Increasing awareness and education of staff and patients about existing support services will enhance engagement and enrollment in Supportive Care services and programs.	• Staff education and awareness. • Enhance pathways for proactive patient engagement. • Enhance communication and engagement to support patient and family awareness of programs and services.
2. Development and implementation of Virtual Care Policy, Procedure and Guidelines to support best practice in cancer care.	Virtual care is an effective and person-centered tool when used appropriately. Patients have provided feedback about the importance of virtual care to support relationship development and appropriate monitoring. The goal of virtual care guidelines are to balance patient safety and quality of patient care and experience. This action also supports improved access and more coordinated and convenient appointments and consultations for our patients.	• Review best practice guidelines and standards for virtual care. • Draft policy developed with interdisciplinary engagement. • Engage patient and family advisors in reviewing the policy. • Policy roll-out with frontline staff and physicians.
3. Optimize patient scheduling and load-level clinics to reduce patient wait times, accomodate increasing volume of in person appointments and improve provider/staff workflow.	Optimizing scheduling will improve patient outcomes and experiences by providing timelier and more coordinated access to care and support the shift back to in-person care where appropriate.	• Implement new scheduling process. • Evaluate the process by gathering feedback from patients, health-care providers and staff.
4. Further development of Disease Site Groups (DSGs) to enhance the patient experience and outcomes.	DSGs are intended to support further development of team-based disease site expertise and care. By enhancing the team's focus and understanding of individual disease sites, evidence shows that patient experience and outcomes are significantly improved. Family physicians are an essential team member throughout the cancer care journey. By providing disease site specific education to family physicians, continuity and coordination of care are improved.	• Provide cancer patient survivorship education sessions to engage primary care providers and support them in providing cancer care and transitioning patients to community care settings. • Enhance continuity of care through redesign of medical support model.
5. Systemic Therapy expansion to support attendance of support persons at the Saskatoon Cancer Centre (SCC).	Due to pre-existing space challenges and enhanced infection control measures, the presence of support persons in Systemic Therapy has been limited to ensure patient and staff safety. We hope to change that by expanding the space. The goal of the physical expansion of Systemic Therapy is to support the important presence of support persons. This goal helps us better respect and fulfill patient preferences.	• Review expansion options with Facilities and Space Planning teams. • Engage stakeholders in planning and design.

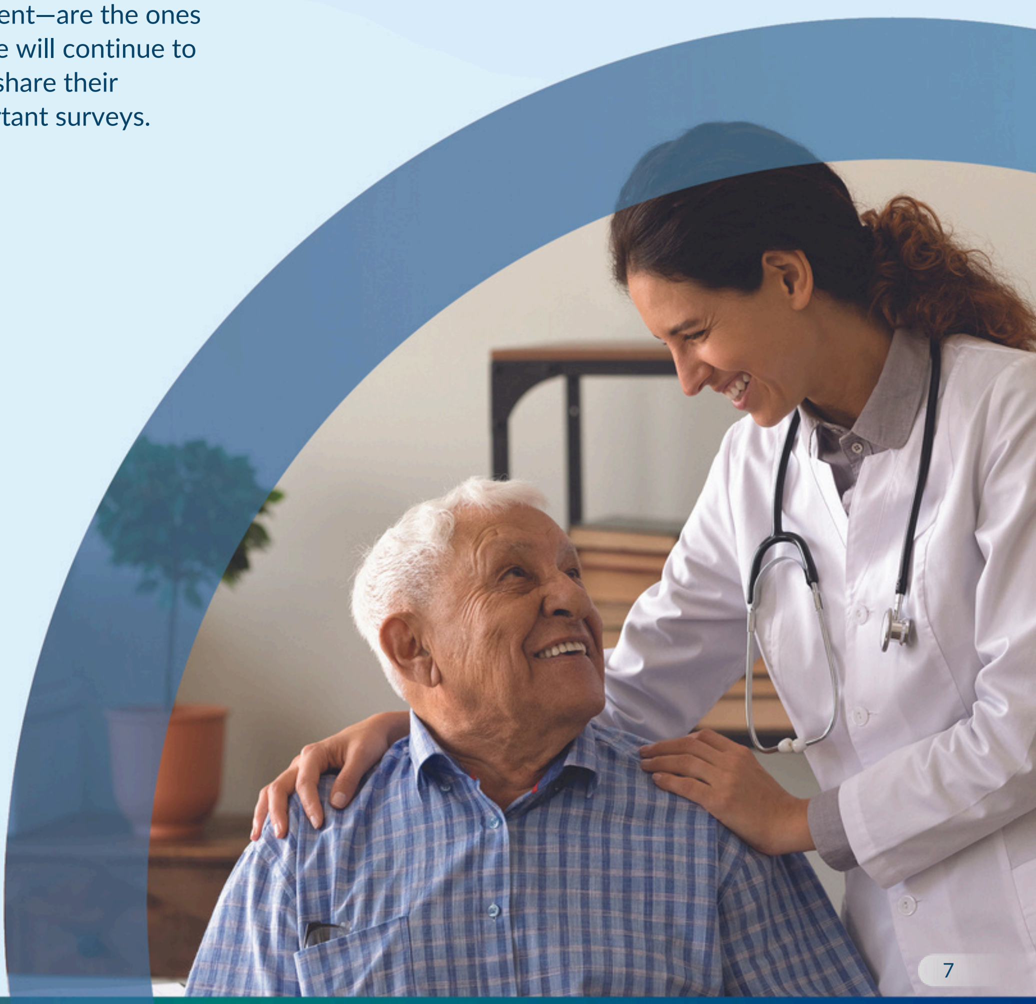
Conclusion

The results from this comprehensive survey of SCA patients has shown that overall patient satisfaction is high. Once patients were received into the care of the SCA, they trusted our health-care providers and appreciated their expertise, commitment, compassion and efforts. The survey results also identified important opportunities for improvement, including coordination of care, communication and emotional support throughout the cancer journey. To prioritize these improvements, the SCA developed an ambitious action plan to outline our goals and actions. We are committed to monitoring our progress and also reporting on our work and successes.

Using the AOPSS standardized survey tool we will be following up with our patients and seeking ongoing feedback to understand the impacts of our action plan on patient satisfaction. Subsequent surveys will also allow us to identify further improvements that can be made to our care and services. We understand that health care and the unique needs of cancer patients and families are always evolving and there will always be opportunities for improvement. It is crucial that our patients—those who entrusted us with their care and treatment—are the ones to guide our work and our priorities. We will continue to encourage our patients and families to share their feedback and participate in these important surveys.

Thank you to everyone who took the time to complete the 2023 AOPSS survey. Your open and honest responses are truly invaluable. Your voice matters. Your experience matters. Your ideas matter. By sharing your thoughts with us, we can better improve our care and services at the SCA for current and future patients. You are making a difference and we are grateful.

> *“A person centred approach puts people at the heart of health and social services, including care, support, and enablement. It is an approach where users are recognised as individuals, encouraged to play an active role in their care, and where their needs and preferences are understood and respected.”*
>
> **- The Picker Institute**



Appendix

The six dimensions of patient-centered care endorsed by the IOM were established by the Picker Institute.

1. Respect for Patient Preferences

- Provide the patient with dignity and respect the patient's autonomy.
- Involve the patient in medical decisions.
- Treating individuals with respect, in a way that maintains their dignity and demonstrates sensitivity to their values, preferences and expressed needs.
- Keeping individuals informed about their condition and involving them in decision-making.

2. Coordination and Integration of Care

- Coordinating and integrating clinical and patient care and services to reduce feelings of fear and vulnerability.

3. Provide Information, Communication and Education

- Providing complete information to individuals regarding their clinical status, progress, and prognosis process of care.
- Information to help ensure their autonomy and their ability to self-manage and to promote their health.

4. Ensure Physical Comfort

- Enhancing individuals' physical comfort during care, especially with pain management, and maintaining a focus on the hospital environment (e.g. comforts).

5. Provide Emotional Support

- Helping to alleviate fear and anxiety the person may be experiencing with respect to their health (physical status, treatment, and prognosis).
- Impact of their illness on themselves and others (family, caregivers, etc.).
- Financial impacts of their illness.

6. Access to Care

- Ensuring access to care, with respect to ambulatory care.
- Access to multiple health care settings and services.
- Availability of transportation.
- Ease of scheduling and availability of appointments.
- Access to specialists and specialty services when needed.