British Columbia’s Cancer Care Outpatient Experience Survey

In 2005/06, British Columbia undertook a survey of cancer care outpatients at 50 designated cancer care facilities to ask for feedback about their experiences with the care and services they received as cancer care outpatients. The survey is the first of its kind in British Columbia.

Cancer care outpatients can tell us a lot about how we are doing in providing accessible and high quality health services that meet their needs. Their feedback can provide insight into what is working and where care services can be enhanced. A survey that includes appropriate safeguards for patient consent and confidentiality allows cancer care outpatients to be more candid than they might be if they spoke directly to a health care professional or administrator.

The cancer care outpatient experience survey is a “snapshot” of outpatient cancer care in British Columbia. It provides health care providers, hospital administrators, health authorities, the BC Cancer Agency and the Ministry of Health with valuable information about how British Columbia cancer care facilities are performing. The results will assist health authorities and the ministry in providing quality patient care and making improvements where they are needed.

What the Survey Measured

The survey evaluated cancer care outpatients’ experiences with outpatient cancer services across six areas or dimensions of care:
• access to care;
• emotional support;
• respect for patient preferences;
• information, communication and education;
• physical comfort;
• co-ordination and continuity of care.

The survey also considered patients’ overall impressions of the care they received. Additional questions were asked about demographics, safety, the provision of background information about cancer care, and location of cancer treatment.

Participants

• 12,215 former cancer care outpatients, who were receiving active cancer treatment from one or more of 50 designated cancer care facilities between November 15, 2005 and May 15, 2006, were mailed the survey.
• 60.1% or 6,974 patients responded.

Overall Quality of Care

Percentage of British Columbia respondents who rated their overall quality of care as good, very good or excellent:
• 97.1% of all patients
What the Results Mean

These results represent cancer care outpatients’ voices and experiences. They provide vital information about where the cancer care system is working and what patients think could be improved. For example, after patients knew what their treatment was going to be, 78 per cent felt that they did not wait too long to get their first appointment for treatment. In addition, patients give high ratings to the wait times from scheduled appointments to radiation therapy and chemotherapy. They also say they are treated with dignity and respect by cancer care providers. This is a testament to the continual and outstanding efforts health care providers make every day.

It is important to also keep in mind that even high scores warrant attention. For instance, 86 per cent of patients said they did not suffer harm as a result of a medical error or mistake, while 9 per cent indicated they did not know. That means 5 per cent of patients felt they did suffer some form of injury. Results such as these will be shared with groups focused on quality improvement, such as the B.C. patient safety task force, to target areas that promote a culture of patient safety.

Many of the areas where cancer care outpatients tell us that change is desirable relate to the provision of information and emotional support. Some changes can be easily made, such as ensuring patients receive more information prior to commencing cancer treatment to better prepare them for their experience as patients. Others, such as providing better emotional support, may require further review of best practices in those areas.

For more survey results, see page 4.
How British Columbia Compares to Other Provinces

British Columbia cancer care outpatients’ views of their experiences were remarkably similar compared to the average for other Canadian provinces that comprise the Canadian benchmark (Nova Scotia, Ontario, Manitoba Saskatchewan, Alberta and British Columbia). Their overall rating of the quality of British Columbia’s cancer care outpatient services is also on par with the benchmark.

Comparing the Findings to Other Patient Satisfaction Surveys

A January 2006 Conference Board of Canada report, Healthy Provinces, Healthy Canadians: A Provincial Benchmarking Report, indicated British Columbia has Canada’s best overall health outcomes, but the second lowest ratings for patient satisfaction. The scores in the Conference Board report are based on a Statistics Canada survey of the general public’s perceptions of patient access, rather than perceptions of actual patients. Because British Columbia’s survey is based on cancer care outpatient experiences, it gives a more accurate understanding of British Columbia cancer care outpatients’ perceptions of the care they received.

Similarly, the June 2006 release of indicators from the Canadian community health survey on patient satisfaction from Statistics Canada reported on the entire health care system, including primary care, emergency care, acute care and other services. British Columbia’s survey reports on cancer care outpatient services only. The survey methods, questions and populations surveyed are also different. Because of this, comparisons between the two surveys are not statistically valid.

Survey Size

A total of 12,215 surveys were mailed out between November 15, 2005 and May 15, 2006. The response rate was 60.1 per cent, with 6,974 completed surveys returned, just exceeding the targeted response rate of 60 per cent (the desired response rate based on experiences with similar surveys across Canada).

Survey Method

A self-report questionnaire was mailed to the patients’ home address. Translated questionnaires were available in French, Chinese and Punjabi via a 1-866 phone line. Patients could also complete the survey online through a secure website.

Survey Tool

The province used the cancer care outpatient survey, developed by National Research Corporation (NRC) Canada, a leader in measuring patient experience.

Survey Administration

NRC Canada’s cancer care tool was chosen because it had been used in similar surveys in Nova Scotia, Ontario, Manitoba, Saskatchewan, and Alberta. This meant that besides meeting the province’s survey requirements, NRC Canada was able to provide comparative data for similar cancer care outpatient populations.

Cost

The total cost of the survey is estimated to be approximately $150,000.

How the Results will be Used

The Ministry of Health and health authorities are committed to acting on the survey results. Over the next two years, health authorities will work to enhance cancer care outpatient services and share information about best practices among British Columbia cancer care facilities.

Who Participated

All six health authorities and 50 facilities within British Columbia participated.

With some exceptions, all cancer care outpatients who received active cancer treatment and services at a British Columbia designated cancer care facility between November 15 2005 and May 15, 2006 received the survey. The survey does not include information about patients who died during the survey period, opted out or:

- were less than 18 years old;
- had no fixed address;
- did not have a confirmed cancer diagnosis;
- had not been in active treatment as a cancer care outpatient within the previous six months;
- were on oral chemotherapy treatment only;
- had received only inpatient cancer services.
## Survey Results

Respondents were surveyed about their cancer care outpatient experiences across six aspects or “dimensions” of their care. Each dimension of care consists of a series of questions. The responses to each of these questions were averaged to provide an overall score for the dimension.

<table>
<thead>
<tr>
<th>Dimension</th>
<th>B.C. Average</th>
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<tbody>
<tr>
<td><strong>1. Physical comfort</strong></td>
<td>77.2%</td>
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<tr>
<td>Includes questions on patients’ perceptions of the ability of cancer care providers to manage the symptoms of pain and discomfort associated with their cancer, and to mitigate adverse effects of their radiation and/or chemotherapy treatment.</td>
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<td><strong>2. Access to care</strong></td>
<td>75.8%</td>
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<td>Includes questions on patients’ perceptions about the timelines and logistical ease of accessing B.C.’s cancer care services.</td>
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<td><strong>3. Respect for patient’s preferences</strong></td>
<td>74.1%</td>
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<td>Includes questions on patients’ perceptions about whether they were treated with dignity and respect and whether they had sufficient involvement in their own care.</td>
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<td><strong>4. Co-ordination and continuity of care</strong></td>
<td>64.5%</td>
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<td>Includes questions on patients’ perceptions about the efficiency of communications between those involved in the provision of care during the course of their treatment (nurses, attending physicians, family physician, etc.) and how such communication affected the delivery of care.</td>
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<tr>
<td><strong>5. Information, communication and education</strong></td>
<td>61.4%</td>
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<td>Includes questions on patients’ perceptions about whether physicians and nurses provided sufficient information on issues related to their treatment in a way that was easily understood.</td>
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<td><strong>6. Emotional support</strong></td>
<td>53.1%</td>
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<tr>
<td>Includes questions on patients’ perceptions of their cancer care providers willingness, ability and availability to listen to and discuss anxieties and fears and provide sufficient emotional support over the course of their treatment.</td>
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Strengths in B.C.'s Cancer Care Outpatient System

Cancer care outpatients felt most positive about:

- the wait from scheduled appointments to radiation therapy;
- being treated with dignity and respect by care providers;
- the involvement of family and friends in outpatient care and treatment; and
- the wait from scheduled appointment to outpatient chemotherapy.

Opportunities for Improvement

Cancer care outpatients felt improvements could be made in:

- putting patients in touch with care providers to help with anxiety and fear;
- providing enough information to patients on relationship changes; and
- providing enough information to patients on emotional changes.