

Using patient experience to inform and validate service improvement

Kerry Davidson, Program Manager- Optimal Care Pathways

Background

	care pathway for prostate cancer	
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- Measures and metrics were guided and determined via the implementation of the Optimal Care Pathways for Prostate & Lung Cancer.
- Sought to gain patient perceptions of what happened, timing & frequency.
- Focus on preferences for care rather than degree of satisfaction.

Context

Prospectively – Prostate Cancer	Retrospectively – Lung Cancer
 Aims: To explore possible gaps between organisational perception and the quality of the patient experience. 	 Aims: Review- did intervention brought about the required change? Identifying further opportunities for
 To inform improvement activities 	enhancement / improvement to the

patient experience.

• To inform improvement activities and the utilisation of resources.



Prostate Cancer - 19 patient interviews

Thematic analysis:

- Information provided was tailored to individual patient needs with ample opportunities to ask questions.
- Supportive Care Services discussed were offered but not always received.
- Support & /or information was incomplete at times.
- Patients were not always clear where and how to receive further support and information.

Improvement activities identified

- Development of patient resources (face to face education session and paper based).
- Formalisation and documentation of referral pathways for supportive care services.



Lung Cancer – 10 patient interviews

Thematic analysis:

- Care Coordination and continuity of care was evident.
- Care was person centered, respectful & responsive to individual needs, preferences and values.
- The delivery of care was multidisciplinary, collaborative and timely.

Improvement activities identified:

- Continuation of the Rapid Access Lung Lesion Clinic and Lung Care Coordinator initiatives.
- Continued development of a local communication / service protocol for clinical trial patients.
- Establish transition / handover processes to relevant supports post completion of the diagnostic phase.