

Canadian Partnership for Quality Radiotherapy

Patient Engagement Guidance for Canadian Radiation Treatment Programs

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A guidance document on behalf of:

Canadian Association of Radiation Oncology

Canadian Organization of Medical Physicists

Canadian Association of Medical Radiation Technologists

Canadian Partnership Against Cancer

June 2016

PEG.2016.06.01

[www.cpqr.ca](http://www.cpqr.ca)



**CPQR**

Canadian Partnership for  
Quality Radiotherapy

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Partenariat canadien pour  
la qualité en radiothérapie

## Preface

Approximately 50% of all incident cases of cancer require radiation treatment at some point during the management of the disease (Delaney et al., 2005). In Canada, it is estimated there were approximately 196,900 new cases of cancer (Canadian Cancer Society, 2015) and around 118,350 courses of radiation treatment were administered (data from the Canadian Association of Radiation Oncology (CARO) annual workload survey of Canadian radiation treatment programs). There are currently 46 radiation treatment facilities in Canada.

The Canadian Partnership for Quality Radiotherapy (CPQR), is an alliance among the national professional organizations involved in the delivery of radiation treatment in Canada: the Canadian Association of Radiation Oncology (CARO), the Canadian Organization of Medical Physicists (COMP), and the Canadian Association of Medical Radiation Technologists (CAMRT), together with financial and strategic backing from the Canadian Partnership Against Cancer, which works with Canada's cancer community to reduce the burden of cancer on Canadians. The mandate of the CPQR is to support the universal availability of high quality and safe radiotherapy for all Canadians through system performance improvement and the development of consensus-based guidelines and indicators to aid in radiation treatment program development and evaluation. For more information, please visit [www.cpqr.ca](http://www.cpqr.ca).

This document, entitled "*Patient Engagement Guidance for Canadian Radiation Treatment Programs*" (PEG) provides guidance on activities radiation treatment programs can incorporate into their programs to ensure that patients and family members are adequately and appropriately engaged in activities related to the quality and safety of the care they receive. The statements included are not intended to be benchmarks or measurements for compliance, but rather tools that, if implemented, give centres a sense of the degree of success with which they are approaching patient engagement.

The PEG document compliments, and should be considered in conjunction with, CPQR's *Quality Assurance Guidelines for Canadian Radiation Treatment Programs* document, the overarching elements of quality that are important in all radiation treatment programs, together with key quality indicators for periodic self-assessment and quality improvement. All CPQR guideline documents reflect a consensus view of state-of-the art knowledge in radiation treatment quality and safety. They are living documents that are reviewed and revised at regular intervals by CPQR to maintain relevance as the Canadian radiation treatment environment evolves.

Ownership of CPQR documents resides jointly with the national professional organizations involved in the delivery of radiation treatment in Canada – CARO, COMP, CAMRT, and CPAC. All documents can be accessed online at [www.cpqr.ca](http://www.cpqr.ca).

Citation of this document should read: Canadian Partnership for Quality Radiotherapy, Patient Engagement Guidance for Canadian Radiation Treatment Programs. June 8, 2016. [www.cpqr.ca](http://www.cpqr.ca).

All enquiries regarding CPQR documents, including requests for clarification, should be addressed to The Canadian Partnership for Quality Radiotherapy, 68 Ironstone Drive, Red Deer, Alberta, T4R 0C1. All enquiries will be reviewed by the CPQR Steering Committee.

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## Abbreviations and Definitions

<b>Abbreviations</b>	
CAMRT	Canadian Association of Medical Radiation Technologists
CARO	Canadian Association of Radiation Oncology
CIHI	Canadian Institute for Health Information
COMP	Canadian Organization of Medical Physicists
CPAC	Canadian Partnership Against Cancer
CPQR	Canadian Partnership for Quality Radiotherapy
CPSI	Canadian Patient Safety Institute
IAP2	International Association for Public Participation
KQI	Key Quality Indicator
NSIR-RT	National System for Incident Reporting – Radiation Treatment
PEG	Patient Engagement Guidance for Canadian Radiation Treatment Programs
PEWG	Patient Engagement Working Group
PROs	Patient Reported Outcomes
QRT	Quality Assurance Guidelines for Canadian Radiation Treatment Programs
<b>Definitions</b>	
Cancer Program	The multidisciplinary cancer program that encompasses the radiation treatment program
Organization	The hospital, cancer centre, or institution in which the radiation treatment program resides
Radiation Treatment	The physical location where radiation treatment is

Facility	administered
Radiation Treatment Program	The personnel, equipment, information systems, policies and procedures, and activities required for the safe delivery of radiation treatment according to evidence-based and/or best practice guidelines
Resources	Educational resources such as written materials, online materials or educational classes

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## 1. Introduction

The *Patient Engagement Guidance for Canadian Radiation Treatment Programs* (PEG) provides direction for programs looking to ensure appropriate engagement of patients both in direct patient care interactions, and in broader programmatic planning. It promotes the use of a partnership model between patients and providers to develop national guidance for radiation treatment centres to encourage the successful integration of patient perspectives. The document is intended to complement the *Quality Assurance Guidelines for Canadian Radiation Treatment Programs* document, developed by CPQR and in its third iteration (QRT 2015.12.03), Accreditation Canada's Cancer Care Standards document, that, as of January 2017, will become part of the accreditation process for Canadian cancer centres, and the CARO Radiation Therapy Patient Charter, that provides patients with a set of rights they can expect during their care journey. These, and other resources, can be used by radiation treatment centres as tools to improve both the quality and safety of the radiation treatment being delivered to their patients, but also a guide to ensure the patient voice is meaningfully incorporated into their activities.

For the purposes of this document, patient and family engagement in radiation treatment is defined as “patient and family shared involvement in participation in processes through which they integrate information and professional advice with their own needs, preferences and abilities to optimize health” (CPAC, 2012). Any reference to the term “patient”, or “patient and family” refers not only to the patient, but to their family and caregivers as well. A quality radiation treatment program should engage patients, their families and support networks, in education and discussions related to their individual care, as well as programmatic decisions including the development of useful educational resources, the appropriate management of patient feedback and the establishment of processes that allow for the evaluation of services resulting from said feedback.

## 2. Patient Engagement at CPQR

CPQR recognizes the importance of developing an approach for ensuring the integration of patient experience and perspective in cancer care. As such, patient perspectives have been integrated into three of its main programs: programmatic quality, technical quality and incident learning. CPQR has recruited patient volunteers to sit on its Steering Committee and its working groups, and has provided them with tools and resources to help them gain familiarity with and comfort in working with health professionals in this way. CPQR's fourth area of focus is patient engagement. Its Patient Engagement Working Group (PEWG), that includes patient representation, was struck to identify appropriate mechanisms to drive patient engagement within radiation treatment programs across the country. The PEWG identified the need to provide guidance to radiation treatment programs looking to increase the utility with which they integrate the patient voice within their programs. A full environmental scan of existing patient engagement standards across national and international jurisdictions was conducted to determine the method and appropriate level of cancer patient engagement for identified activities. The results of this scan were consolidated into an article published in Healthcare

Management Forum (Purificacion *et al.*, 2016) and were used to inform the scope and content of the final PEG document.

### 3. Patient Engagement and its Role in the Quality Experience

While there have been extensive studies that aim to develop standards for equipment quality, personnel qualification and safe practice in radiotherapy, the number of initiatives designed to measure patient engagement is limited. Nevertheless, it is important to note that the level of quality in radiotherapy is not only defined by the technical aspects of care. The interpersonal component, or the patient's involvement and satisfaction with the care process, also contributes largely to determining the quality of care that is received (Albert and Das, 2013). Patients' active participation in their cancer journey as well as their knowledge, skills and confidence in managing their health are important determinants of high quality care. (Hibbard and Greene, 2013).

Until recently, cancer groups worldwide did not have mechanisms in place for patients and their families to be an active participant in the treatment and care process. More recently, Canada and other countries have been increasing the focus on patient engagement, through policies that address appropriate engagement in the development of patient education resource, for instance. There has also been an increase in formal feedback mechanisms such as surveys and questionnaires. As with other priorities within cancer centres, these initiatives compete for limited resources and have proven to be a challenge to implement in a consistent manner.

To be effective patient engagement strategies should encourage health care professionals to see their patients as partners in the cancer care process. In the current state, there is limited patient engagement in various treatment and care processes. With specific training in engaging patients, health care professionals can start to recognize their responsibility to promote healthcare literacy and involve patients in the treatment decision making process. At the same time patients should be encouraged to raise their level of involvement and express their preferences more vocally if this is something the individual patient desires. Ultimately, a change in the culture of cancer care is what will allow the patient engagement initiative to move forward.

This document acknowledges the need to identify appropriate avenues for patient engagement and provides guidance that address engagement at the levels of personal care, program development and maintenance and cancer systems. Engagement guidance within these three categories are grouped according to program goals as detailed in the Spectrum of Public Participation developed by the International Association for Public Participation (IAP2, 2007). IAP2 are an international leader in public participation and have developed a set of core values for use in the development and implementation of public participation processes. The main purpose of these values is to help groups make better decisions which reflect the specific interests and concerns of *potentially* affected people and entities. As such, CPQR realized the importance of reaching not only current radiation therapy patients, but those in the public who

may potentially require radiation therapy treatment (IAP2, 2007). Similar engagement classification systems are used by other national organizations including CPQR partner, CPAC. The IAP2 engagement levels, listed in order of increasing level of public impact, include:

1. Inform: To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.
2. Consult: To obtain public feedback on analysis, alternatives and/or decisions.
3. To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.
4. Collaborate: To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.
5. Empower: To place final decision-making in the hands of the public.

All levels of engagement have a function in appropriate patient engagement. With the increasing level of public participation - inform through empower - there is a corresponding increase in expectation for public participation and impact. By simply "informing" the public, there is no expectation of receiving feedback and as a result there is a low level of public impact. At the other end of the IAP2 spectrum, "empowering" the public involves the expectation that the public will make decisions, that their decisions will be implemented and therefore lead to an increased level of public impact. Depending on the aims of the program, leaders will wish to employ different mechanisms, at different times, to ensure that the patient voice is appropriately and adequately integrated into programs. The genuine involvement of the public in the planning, monitoring and evaluation of health care programs is a prerequisite to the delivery of better quality services. This document includes guidance to support appropriate patient engagement at the personal care, program and system levels.

The Patient Engagement Guidance detailed in this document are summarized below:

#### Engagement at the Patient Care Level

Guidance Statement		Engagement Level
1	The radiation treatment program has a process to document informed consent to ensure that patients understand that their consent can be withdrawn at any time. Patients and their families are actively involved in decision making, such as in the process of consent; their desired outcome of interventions; and the plan of care.	Involve
2	The radiation treatment program has a process to document patient updates related to changes in their status or changes to their treatment plan that may be identified or mentioned during their care.	Inform
3	Care providers educate each patient and their family about their radiation treatment and provide the right educational resources at the right time. These resources are discussed with the patient and their family in a manner that ensures patient understanding.	Inform

4	The radiation treatment program reviews patient and family educational resources at least every two years and revises these materials as required. It collaborates with patients and their families on the content and design of these resources.	Collaborate
5	The radiation treatment program has a process to disclose medical errors to involved patients, to analyze events to help prevent recurrence and propagation, and to make programmatic improvements with input from patients and their families. The incident investigation engages involved patients in personal care decisions related to the event.	Collaborate
6	The radiation treatment program collects Patient Reported Outcomes (PRO) and works to increase the number of patients from which these data are collected.	Inform

Engagement at the Program Level

	<b>Guidance Statement</b>	<b>Engagement Level</b>
7	The radiation treatment program considers input from patients and their families on issues related to quality assurance.	Involve
8	The radiation treatment program has a process to review and evaluate aspects of space and services provided from a patient perspective. It involves patients and their families in this process.	Involve
9	The radiation treatment program has a process to define, monitor and evaluate patient and family perspectives on service quality and to respond to feedback within a specified time frame. It promotes quality improvement by sharing relevant feedback with the cancer centre, and externally. This process is developed with patients and their families.	Involve
10	The radiation treatment program collects data related to the percentage of patients that are provided with an opportunity to evaluate services, and the number who participate. The program works to increase the number of patients from which these data are collected, and partners with patients and their families to review, evaluate and prioritize elements of care delivery that can be improved based on this feedback.	Collaborate
11	The radiation treatment program acknowledges feedback from patients and their families, submitted through active or passive mechanisms. The process to acknowledge, document and consider feedback is developed with patients and their families.	Involve

Patient Engagement at the Systems Level

	<b>Guidance Statement</b>	<b>Engagement Level</b>
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12	The radiation treatment program considers barriers that prevent patients from accessing services, and collaborates with patients and their families to identify ways to mitigate these barriers.	Collaboration
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#### 4. Patient Engagement within Patient Care

Internationally, work is underway to develop performance guidelines related to patient engagement in their care. Most of these focus around three main areas (NHS Scotland, 2013):

- Communication – Patients should experience excellent communication from care providers throughout their cancer care
- Information Provision – Patients should experience excellent information provision from care providers throughout their cancer care
- Shared Decision Making – Patients are actively involved in decisions about care and treatment

The following guidance statements have been developed to ensure that patients have an opportunity to be a partner in decisions related to their care, and are able to do so because they are informed of their prognosis and treatment options.

##### 4.1 Patient Communication and Informed Consent

The practice of obtaining informed consent should be viewed as an ongoing one, whereby patients are repeatedly given every opportunity to have their questions answered and are informed of their right to withdraw consent at any time. Documentation of informed consent should also be noted in patient charts, and can be a requirement of radiation treatment programs. Documentation of this consent, either written or within electronic patient records can be made at specific intervals in the care process, including prior to treatment.

The CPQR *Quality Assurance Guidelines for Canadian Radiation Treatment Programs*<sup>1</sup> (QRT Guideline) contains an indicator (KQI #29) related to informed consent and is considered a fundamental indicator suggesting overall programmatic quality. Informed consent for radiation treatment is obtained from the patient, the patient’s legal guardian, or an appropriate substitute decision maker, when the decision to treat is made. Informed consent consists of: 1) providing information about the recommended treatment, alternate treatments, expected outcomes, and potential side effects, in a language that is understood and that respects cultural beliefs and values; 2) reviewing the consent from and allowing enough time for reflection; 3) answering questions; 4) recording the decision in the medical record; and 5) making it known to the patient that they have the right to withdraw consent at any point.

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<sup>1</sup> The CPQR *Quality Assurance Guidelines for Canadian Radiation Treatment Programs* can be found at [www.cpqr.ca](http://www.cpqr.ca)

Guidance Statement #1	Level of Engagement
The radiation treatment program has a process to document informed consent to ensure that patients understand that their consent can be withdrawn at any time. Patients and their families are actively involved in decision making, such as in the process of consent; their desired outcome of interventions; the plan of care.	Involve

Guidance Statement #2	Level of Engagement
The radiation treatment program has a process to document patient updates related to changes in their status or changes in their treatment plan that may be identified or mentioned during their care.	Inform

#### 4.2 Patient Education

There is evidence to indicate that patients currently want more education regarding their cancer treatment and care options than they actually receive. The most common source of patient dissatisfaction is the failure on the part of care providers to communicate information about their illness and treatment (McPherson et al., 2001 and Coulter, 2007).

The process of providing patients with sufficient and appropriate information allows them to confidently express informed preferences. Using a shared decision-making process allows patients to be active participants in their care and should be the goal of all physician-patient interaction. Shared decision making in cancer treatment has been shown to increase patient knowledge, involvement and preventive behaviour. It has also led to the more appropriate use of tests or treatments in addition to improved cost-effectiveness through the decreased use of unnecessary interventions (Coulter, 2007).

The information provided by the care provider can be extremely beneficial, especially if it is personalized to the patient and if it’s provided at the right time during their care. In order to personalize information, not only should the information be specific to the type of care given, but it should also take demographic characteristics into consideration. Furthermore, it has been shown that providing patients with personalized information can produce better health related outcomes.

Educational resources offer decision support by providing evidence-based tools which can facilitate the process of making informed values-based decisions about treatment and disease management. These decision aids should reflect reviews of clinical research and studies of patients’ information needs. Instead of being prescriptive, these materials should help patients clarify their values and preferences while outlining the potential risks and benefits of alternative treatment options (Coulter, 2007). The Cochrane register lists over 500 decision aids that cover a variety of conditions and cancer treatment options ([www.ohri.ca/decisionaid](http://www.ohri.ca/decisionaid)) and can be a useful tool for care providers.

The CPQR QRT Guideline includes a key programmatic indicator (KQI #30) relating to the provision of patient education during the course of a patient’s radiation treatment journey. The provision of such materials to patients is considered, by the CPQR, to be a fundamental indicator of overall radiation treatment programmatic quality. Furthermore, it is important to note that patient education is not solely defined by tangible materials. Other important components of education are patient learning needs, staff training, arranging the activities of learning and the implementation of learning resources. The *CPAC Framework for Achieving Excellence in the Provision of Patient Education in Canada* (2009) provides a template for programs to develop tools to support teaching, including care provider competencies in the evaluation, delivery and assessment of patient education.

<b>Guidance Statement #3</b>	Level of Engagement
Care providers educate each patient and their family about their radiation treatment and provide the right educational resources at the right time. These resources are discussed with the patient and their family in a manner that ensures patient understanding	Inform

<b>Guidance Statement #4</b>	Level of Engagement
The radiation treatment program reviews patient and family educational resources at least every two years and revises these materials as required. It collaborates with patients and their families on the content and design of these resources.	Involve

#### 4.3 Disclosure of Medical Errors

Engaging patients in discussions related to incidents or medical errors that may occur during the course of treatment is an integral component of both the patient education process, and informed consent. It is therefore important for a radiation treatment program to implement a formal process for the disclosure of medical errors or incidents that may occur to patients and their families. Disclosing incidents and medical errors in an open and timely manner can maintain the patient’s relationship with their care team. The key components of a disclosure process include discussing the event with the patient, family and staff, acknowledging and apologizing for the event, taking corrective action to prevent further incidents, responding to questions from the patient, their family or staff members, and offering counseling to those involved.

The Canadian Incident Analysis Framework encompasses a *Patient/Family Perspective* section which was written by Patients for Patient Safety Canada, a patient-led program of the Canadian Patient Safety Institute. These patients and families confirm that the open sharing of information with their care provider helps to strengthen their trust in the care team, and improves the safety and treatment experience. The patients strongly believe that the principles of safety and patient-centered care are even more important when harm occurs or things do

not go as expected. They believe that the disclosure, learning and improvements made for the next patient are the most important part of the process (CPSI, 2012).

From a radiation treatment program perspective, using incident occurrences as a learning tool, to mitigate medical errors and keep them from propagating across the program is an important component of good quality treatment. CPQR and the Canadian Institute for Health Information (CIHI) have developed the National System for Incident Reporting – Radiation Treatment (NSIR-RT) that facilitates the sharing, aggregating and analyzing of information about radiation treatment incidents to promote learning and improve patient safety. Moreover, the CPQR *Quality Assurance Guidelines for Canadian Radiation Treatment Programs* contains three indicators (KQI #6, #7, #8) related radiation treatment incidents, including monitoring and investigation as well as local and provincial and/or national reporting aimed at facilitating broad-based learning and programmatic improvement.

Guidance Statement #5	Level of Engagement
The radiation treatment program has a process to disclose medical errors to involved patients, to analyze events to help prevent recurrence and propagation, and to make programmatic improvements with input from patients and their families. The incident investigation engages involved patients in personal care decisions related to the event.	Involve

## 5. Patient Engagement at the Programmatic Level

The quality of a cancer care service is defined by the aspects of the program that the care team has direct control over. The ability to improve service quality and delivery depends heavily on patient and family experiences. Previous research has shown that there is an association between poor quality experience and poorer health outcomes, so it is becoming increasingly important to encourage patient feedback. Feedback based on patient experiences can provide an indication of patient expectations as well as the realities of the care received. Besides those patients undergoing curative treatment, the evaluation of services should also extend to the palliative patient population. Opportunities to evaluate services should be provided in various languages, literacy levels, and functional abilities, in order to accommodate the diverse patient population.

### 5.1 Patient Reported Outcomes

The use of Patient Reported Outcomes (PRO) is an important component of appropriate patient engagement. PRO are health outcomes that matter to the patient and are usually reported through standardized validated tools used pre, during and/or post treatment. These may include questions about the patient’s functional status, wellbeing and symptoms. These outcomes can inform treatment decisions for individual patients when used alongside clinical data such as lab or imaging results to inform the patient’s treatment (Snyder et al., 2014), and can be used to facilitate the detection of physical or psychological problems, ultimately

improving the delivery of personalized care. From a program perspective, PRO can also be used to spur change in broad clinical care practices at centres when analyzed on a broad basis.

The recent attention on outcome measurements in cancer care settings has emphasized the need to introduce PRO as an essential tool in evaluating the quality of care, collecting data about experiences within cancer treatment, and to determine the effectiveness of various therapies in treating cancer and improving the quality of life of patients.

<b>Guidance Statement #6</b>	<b>Level of Engagement</b>
The radiation treatment program collects Patient Reported Outcomes (PRO) and works to increase the number of patients from which these data are collected.	Inform

### 5.2 Integrating Patient Perspectives in Quality Assurance and Service

There is a need to consider appropriate mechanisms to engage patients in aspects of quality assurance and service delivery. While it is important to ensure that their perspective is included in decision making, the complexity and technical aspects involved in the decision making, often preclude direct patient involvement. Quality Assurance committees, and other committees involved in making decisions related to patient services and care processes should discuss the involvement of the patient perspective and determine the level of engagement that is appropriate for their committee. For some, this may be, direct patient involvement, the involvement of patient representatives such as ombudsmen, or the integration of direct patient feedback mechanisms, some of which are described in section 5.3 of this document.

<b>Guidance Statement #7</b>	<b>Level of Engagement</b>
The radiation treatment program considers input from patients and their families on issues related to quality assurance.	Involve

<b>Guidance Statement #8</b>	<b>Level of Engagement</b>
The radiation treatment program has a process to review and evaluate aspects of space and services provided from a patient perspective. It involves patients and their families in this process.	Involve

### 5.3 Evaluation of Services

Obtaining patient feedback through the evaluation of services is an essential component of treatment quality, monitoring and improvement and is being included in patient engagement practices around the globe (Coulter, 2007 and Crawford *et al.*, 2003). To successfully meet this indicator, the following processes are recommended:

- Method of obtaining feedback directly from patients is implemented
- Feedback regarding patient experience with care is regularly obtained, analyzed, reported and responded to

- The feedback procedure is readily available and the staff should promote the process, ensure that it is easy to use and free of charge
- Feedback should be both qualitative and quantitative

For successful quality monitoring and improvement, processes that acknowledge and consider all patient feedback should be put in place at all radiation treatment programs. There needs to be a shift from generalized satisfaction feedback mechanisms to those that capture detailed feedback on specific areas of the patient experience as they go through radiation treatment.

A well-designed, comprehensive and effective process to solicit patient feedback on the quality of services received is integral to a sound patient engagement process. This can be achieved by the use of survey tools, focus groups or other methodology. It is also important to involve patient representatives with direct experience in the cancer program, who can partner with staff to provide direct input into programs and practices that affect patient care and services.

<b>Guidance Statement #9</b>	<b>Level of Engagement</b>
The radiation treatment program has a process to define, monitor and evaluate patient and family perspectives on service quality and to respond to feedback within a specified time frame. It promotes quality improvement by sharing relevant feedback with the cancer centre, and externally. This process is developed with patients and their families.	Involve

Healthcare providers looking to enhance the care experience for patients can look to the service industry for guidance. In the delivery of services, there is a general agreement that in order to meet the expectations and preferences of service users, it is important to ensure that 100% of users are given the unsolicited opportunity to provide feedback (Crawford *et al.*, 2003). It has long been their practice to place an emphasis on the opinions of users to make changes to processes and policies. This has led to increased customer loyalty and growth. Methods to achieve this can include direct customer observation and more formal qualitative evaluation initiatives as outlined above.

<b>Guidance Statement #10</b>	<b>Level of Engagement</b>
The radiation treatment program collects data related to the percentage of patients that are provided with an opportunity to evaluate services, and the number who participate. The program works to increase the number of patients from which these data are collected, and partners with patients and their families to review, evaluate and prioritize elements of care delivery that can be improved based on this feedback.	Collaborate

<b>Guidance Statement #11</b>	<b>Level of Engagement</b>
The radiation treatment program acknowledges feedback from	Involve

patients and their families, submitted through active or passive mechanisms. The process to acknowledge, document and consider feedback is developed with patients and their families.	
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## 6. Patient Engagement at a Systems Level

Soliciting patient feedback on centre facilities, and available services is a key component of appropriate patient engagement, and can be used to improve local programs and processes. Using aggregate data from these mechanisms can help centres, and provincial cancer agencies inform the systems level decision making process, helping to address areas such as wait times, utilization and barriers to access.

Accessible care means that the service is readily available and the people who are requiring the service are able to access it when needed. For radiation therapy, accessibility is particularly important due to the complex treatment process as well as the sensitivity in providing timely care. Despite these factors, access to care may be compromised by barriers that are under the team’s control (e.g. hours of operation, physical or language barriers) or by barriers that are not (e.g. transportation). Research has identified various factors that contribute to variability in access to radiation treatment in Canada. Factors related the health system such as distance to cancer centre and wait times are large contributors to access. Patient socio-demographic factors such as ethnicity, socioeconomic status, age and culture may also have an effect, along with provider factors such as lack of referral and lack of awareness (Gillan *et al.*, 2012; Maddison *et al.*, 2011). Furthermore, due to the disparate Canadian population, ethnicity and culture have also been identified as potential barriers to cancer care access. From a health-care professional point-of-view, the inability to effectively meet the language and cultural needs of those from a wide range of ethnic backgrounds may contribute to these barriers (CPAC, 2014).

<b>Guidance Statement #12</b>	<b>Level of Engagement</b>
The radiation treatment program considers barriers that prevent patients from accessing services, and collaborates with patients and their families to identify ways to mitigate these barriers.	Collaborate

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