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Original article

Measuring the Quality of Personal Care in Patients Undergoing Radiotherapy for Prostate Cancer

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Abstract

Aims: To describe the quality of the non-technical component of the care (personal care) of patients receiving radical radiotherapy for prostate cancer and to identify elements of personal care that should be priorities for quality improvement.

Materials and methods: One hundred and eight patients undergoing radiotherapy for localised prostate cancer completed a self-administered questionnaire that asked them to rate the importance of 143 non-technical elements of care and to rate the quality of their own care with respect to each element. The elements that a patient rated as both 'very important' and less than 'very good' were deemed to be his priorities for improvement. The priorities of the population were established by ranking the elements based on the percentage of patients who identified them as a priority (importance/quality analysis).

Results: The response rate was 65%. The percentage of elements rated 'very good' varied from patient to patient: median 79% (interquartile range 69–92%). The percentage of elements rated either 'very good' or 'good' was higher: median 96% (interquartile range 86–98%). Nonetheless, almost every patient rated at least some elements of his care as less than optimal, regardless of the cut-off point used to define optimal quality. Patients assigned their lowest quality ratings to elements relating to the quality of the treatment environment and comprehensiveness of additional services available to them. However, patients rated most of these elements as relatively unimportant, and importance/quality analysis identified elements of care relating to communication of information about the disease and its treatment as the highest priorities for quality improvement.

Conclusions: Most patients rated most elements of their personal care as very good, but almost all were able to identify some elements that were less than optimal. When ratings of quality were integrated with ratings of importance, elements relating to communication emerged as the patients' highest priorities for quality improvement.

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Key words: Prostate cancer; quality; quality improvement; radiotherapy

Introduction

The quality of medical care is defined as 'the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge' [1].

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Medical care has technical and non-technical components [2], the latter sometimes referred to as 'interpersonal care' or 'personal care' [2,3]. The quality of care affects outcomes [4]. In oncology, the quality of technical care may affect survival, whereas the quality of personal care may affect a patient's quality of life and their satisfaction with their care. Both technical and personal care must be optimised to achieve the best possible overall outcomes [5].

Quality improvement requires the definition of quality indicators and the development of methods for measuring quality in practice [6].

Technical quality assurance has long been an integral part of the practice of radiotherapy, and indicators for the technical quality of the overall operations of radiation therapy programmes are already widely available [7]. Indicators of the technical quality of radiation therapy for certain types of cancer have also been developed [8]. Our group recently developed a suite of indicators of the technical quality of radiotherapy for prostate cancer [9]. These indicators were used in a nationwide audit of the quality of radiotherapy for prostate cancer across Canada and opportunities for technical quality improvement were identified at every participating centre [10]. The quality of personal care was not evaluated in that audit.

We have since developed a self-administered questionnaire to elicit patients' views about the quality of the personal care that they receive while undergoing radiotherapy for prostate cancer [3]. The objectives of the present study were to describe the quality of personal care delivered to patients undergoing radiotherapy for prostate cancer in routine practice and to identify the elements of personal care that should be targeted for quality improvement.

Materials and Methods

Questionnaire Development

Elements of personal care relevant to patients undergoing radiotherapy for prostate cancer were identified based on a literature review and interviews with patients and healthcare providers and then organised into 10 categories relating to different aspects of personal care [3]. We constructed a self-administered questionnaire to allow patients to rate the importance and quality of each of these elements based on their own experience. Each element of quality was

presented as a positive statement and the patient was then asked: 'How important is this to you?' and 'How good was your care in this regard?' Patients provided their responses on ordinal scales, as shown in Figure 1. The questionnaire was divided into three modules [3]. Module 1, containing 60 questions pertinent to the treatment decision, was delivered in the first week of radiotherapy. Module 2, containing 19 questions pertinent to the treatment period, was delivered in the last week of radiotherapy. Module 3, containing 64 questions pertinent to the overall treatment experience, was delivered at the first post-treatment visit, about 3 months after treatment was completed.

Patient Selection and Recruitment

The Cancer Centre of Southeastern Ontario (CCSEO) is a regional cancer centre integrated within a large general hospital. During the study period, the centre had 8.4 full-time equivalent radiation oncologists and treated a total of about 1100 new cases each year with radiotherapy. Patients starting external beam radiotherapy for localised prostate cancer at CCSEO between May 2011 and August 2014 were eligible. Patients who had brachytherapy were excluded. We wanted to study a group of patients whose treatment experience was as uniform as possible and therefore we also excluded patients who had previously had a prostatectomy. If the radiation oncologist agreed, the patient was invited to participate during his first week of radiotherapy. Patients were assured that their responses were confidential.

Administration of the Questionnaire

Radiation therapists personally delivered each module of the questionnaire to the patient at the appropriate time

Characteristic of good care	How important is this to you?				How good was your care in this regard?					
	Not Important	Somewhat Important	Important	Very Important	Very Poor	Poor	Okay	Good	Very Good	Unable to answer
• The patient has a short wait to start treatment after the decision was made to have radiation treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The patient has a short wait in the waiting room for daily radiation treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Once the treatment starts, someone on the healthcare team reminds the patient of the potential side effects to expect during the course of radiation treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fig 1. Sample page of the self-administered questionnaire.

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