RQHR Palliative Care Services (PCS) has conducted a series of client satisfaction surveys since 2001. All surveys received RQHR Research Ethics Board approval or approval was waived by the Board. All surveys were analysed by RQHR Research.

Until 2013 all of our surveys utilized the Wascana Client Centred Care Survey-Palliative Care Version (WCCS-PCS, Asmundson & Jones, 2002). The WCCS-PCS considers 3 dimensions of client-centred care:

- Consideration for Physical and Emotional Needs:
- Understanding and Participation in Care
- Facilitation of Community Care

Findings of our WCCS-PCS Surveys consistently demonstrated that PCS was fully client-centred in its work (≥80% positive response in each dimension of care). In 2010, however, we decided to review one of our individual questions with a lower score – “questions about practical matters” – by re-surveying that cohort with a single-item questionnaire. This survey helped us to identify a need for updating our written and internet resources, which we subsequently did.

In order to add a greater degree of validation to our previous results, in 2013 we did a 3-month sample utilizing a different, validated core tool. FAMCARE-2 (Aoun, et al. 2010) is a revision of the widely utilized FAMCARE tool. FAMCARE-2 was developed by Australian researchers specifically for use with palliative populations. It is a 17-item, 5-point Likert Scale with response options between “very satisfied” and “very dissatisfied”, and with an option to state “not relevant”. Scores can be individually reported, or reported as a total score. FAMCARE-2 loads 4 factors of client satisfaction with services: management of physical symptoms and comfort (Q: 1, 6, 7, 8, 12); provision of information (Q: 2, 3, 5, 14); family support (Q: 9, 10, 11, 13); and patient psychological care (Q: 4, 15, 16, 17).

As before, a range of additional questions were asked: demographic items, locations of PCS care, location of death, satisfaction with location of death (both NOK’s preferences and NOK’s recollection of patient’s preferences), bereavement follow-up received to date and wishes for additional information or professional services.

**2013 Survey Selected Results:**

- The survey was completed by 49 Next-of-Kin participants, 20 males and 28 females (1 unidentified) with a mean age of 64.1 ± 12.5 years. The following results pertain to the 49 deceased patients for whom the survey was completed, 22 males and 27 females with a mean age: 75.6 ± 14.2 years.
• Cancer was the **diagnosis** in 75.5% of cases.

• A total of 8 patients (16.4%) would have identified themselves as members of a **visible minority**, while 37 would not have (4 unidentified).

• Patients were seen by the PCS team in a wide range of PCS service locations with 80% being seen at some time on the Palliative Care Unit, 47% at some time in palliative home care and 35% at some time in Hospice.

• Most deaths occurred on the Palliative Care Unit (43%), or at Hospice (33%), with only 8% of deaths occurring at home.

• 74% of respondents recall receiving a bereavement follow-up letter, 67% a phone call and 12% a personal visit.

The questions of the FAMCARE-2 tool can be combined to produce scores in **four domains**. The domains and the scores are reported below.

**FAMCARE-2 Total Score = 4.40** out of a possible score of 5 (**SD = 0.75**)

<table>
<thead>
<tr>
<th>Domains</th>
<th>Mean*</th>
<th>SD**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management of physical symptoms and comfort (Q: 1, 6, 7, 8, 12)</td>
<td>4.35</td>
<td>0.84</td>
</tr>
<tr>
<td>Provision of information (Q: 2, 3, 5, 14)</td>
<td>4.23</td>
<td>0.99</td>
</tr>
<tr>
<td>Family support (Q: 9, 10, 11, 13)</td>
<td>4.45</td>
<td>0.78</td>
</tr>
<tr>
<td>Patient psychological care (Q: 4, 15, 16, 17)</td>
<td>4.56</td>
<td>0.69</td>
</tr>
</tbody>
</table>

*Mean = the middle score between the highest and lowest scores

**SD = Standard Deviation (the amount of difference from the Mean between the highest and lowest scores)

Findings demonstrate that **PCS is providing services that are perceived as fully client-centred** in each of the four domains of this tool and in its total score. These findings further confirm that the WCCS-PCS has, in the past, accurately reported overall client satisfaction with our program. There is added value to client satisfaction research when different tools designed to measure this construct demonstrate similar results.
How will we use these data to improve our services?

Participants were asked to indicate areas where they wished they had either more information or enhanced professional support. The most common informational needs expressed were: more information on services available (33%) particularly the palliative care unit (20%) and at home (16%); more information about the dying process (20%) particularly practical matters (12%) and medical decision-making (12%). The most common professional support needs were for emotional support (18%) and family/relationship issues (12%). To address these needs, we recently reviewed and updated our team publications. Continuing to assess who requires what information at what time in their journey as patients and family members is a challenge that we will address on an ongoing basis.

Some participants returned written comments, which were transcribed and reviewed. While overwhelmingly positive about the services they received, a few did comment about areas for improvement. None of these comments were noted with sufficient frequency to justify reporting here, but we do take them seriously.

PCS team members will receive a shortened version of this report. It will also be published to the PCS page on the RQHR Intranet and Internet. A link will be provided to our service partner Regina Palliative Care Inc., for their web site. The full report will be shared with Accreditation Canada during our next survey. It will be discussed at our next PCS Team Day and opportunities for improvement will be openly considered and implemented as may be practical.

Appreciation is expressed to Dr. Erwin Karreman, RQHR Research Scientist, for his advice in developing our 2013 survey and his analysis of the data.

Prepared 31 March 2014 by:
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