

Chapter One: Executive Summary

More than 90 per cent of overnight cancer inpatients rated their overall care as excellent, very good or good.

Under the *NSW Cancer Plan 2007–2010*, the Cancer Institute NSW initiated a cancer patient satisfaction survey for routine use by cancer patients across NSW. Annual feedback will be gathered from patients receiving cancer care at health care facilities across the state.

To establish this survey, during 2007 the Cancer Institute NSW partnered with NSW Health to employ the survey as a strategy to better understand trends across the state related to cancer care and to identify opportunities to improve cancer care in NSW by addressing unmet needs. The Cancer Patient Satisfaction Survey captures a more detailed understanding of the experience of cancer patients, and develops a picture of patient care from cancer services that complements other quality assurance activities that are already in place.

NSW Health has contracted IPSOS Australia Pty Ltd in conjunction with NRC and Picker to conduct the statewide patient survey project over a three-year period. IPSOS is commissioned to undertake the core logistic functions such as distribution, collection and collation of surveys, analysis and reporting on an annual basis. As part of this contract two cancer surveys were administered, one with an expanded cohort of cancer inpatients, the other to capture the experience of cancer outpatients. The increased cancer cohort provided greater statistical power, and the outpatient component was initiated by the Cancer Institute NSW using a validated survey instrument employed in Canada.

This executive summary of the Cancer Patient's Satisfaction Survey 2007 focuses on the key findings of the state cancer inpatient and outpatient survey results. The first part of the summary outlines key measures that could maintain and improve services for NSW cancer patients. The use of a

validated instrument enabled an overview of key issues to be then compared to Canada and further identify areas in which NSW scored higher or lower than NRC Canadian benchmarks for cancer outpatients.

Using information supplied by both NSW Health and participating NSW public health care facilities, IPSOS mailed surveys to over 8,800 cancer patients in NSW who received inpatient or outpatient services during February, 2007. The NSW health care facilities that participated in the survey included the eight Area Health Services and the Children's Hospital Westmead. The Cancer Outpatient Survey was conducted at 16 health care sites across NSW. In total, 4129 cancer outpatients completed the survey. The survey invited patients to reflect on the previous six months of treatment gathering feedback about the patient journey. As part of the admitted overnight inpatient category of the NSW Health Patient Survey, 616 cancer inpatients treated in February, 2007 completed the survey across the state. The effective response rate for cancer inpatients was 50.5% and for cancer outpatients 57.8%. In comparison, an effective response rate of 33.6% was achieved across the other NSW Health patient categories excluding cancer.

Key Findings: NSW Cancer Inpatients

Out of 1349 cancer inpatients who were invited to participate in the 2007 NSW Health Patient Survey a total of 616 cancer inpatients across NSW completed the survey (response rate of 50.5%). More than 90% of cancer inpatients across NSW rated the overall care that they received as excellent, very good or good. Sixty-six percent of cancer inpatients across NSW would definitely recommend the hospital to their family and friends.

Areas of Importance to NSW Cancer Inpatients

The following sections provide an overview of key measures to maintain and improve for NSW cancer inpatients. The first section outlines the areas in which patients reported high and low levels of satisfaction. Then, areas of strong performance and areas for improvements are identified based on their high correlation with the overall care ratings provided by cancer inpatients and current levels of performance reported by them.

High Levels of Satisfaction

The overwhelming majority of cancer inpatients were satisfied with the following areas. Results are listed in order of their positive score^v (descending). The corresponding core/supplementary dimension is included in brackets:

- Courtesy of doctors (Overall Attitudes), 95.5%;
- Courtesy of admission staff (Overall Attitudes), 95.1%;
- Courtesy of nurses (Overall Attitudes), 92.2%;
- How well doctors and nurses work together (Overall Attitudes), 90.4%;
- Risks and benefits were explained by surgeon (Surgery, Procedures and Tests), 90.0%;
- Patients knew who to call for help after they left the facility (Continuity and Transition), 90.0%; and
- Patients received the right amount of pain medicine (Physical Comfort), 89.2%

The human interactions experienced by cancer inpatients, particularly the courtesy of staff (doctors, nurses as well as admission staff) and how well they work together were important areas in which patient feedback was positive. Patients seemed to be informed about the risks and benefits of surgery and procedures, and knew who to call if they required help after they left the health care facility.

Lower Levels of Satisfaction

Cancer inpatients reported lower levels of satisfaction with the following areas. Results are listed in order of their positive score (ascending). The corresponding core/supplementary dimension is included in brackets:

- Patients were given choice of admission dates (Access to Care), 28.9%;
- Nurses responding quickly when the call button was pushed for help (Physical Comfort), 50.1%;
- Nurses discussing anxieties or fears about the condition or treatment (Emotional Support), 54.0%;

- Patients having enough say about their treatment (Respect for Patient Preferences), 57.3%;
- Staff advising patients when they could resume their normal activities (Continuity and Transition), 57.7%; and
- Patient being given enough information in the emergency department about the medical condition and treatment (Information and Education), 58.6%;

Areas in which patient satisfaction was low included being given a choice of admission dates, treatment planning involving the patient, and his or her family and carer, emotional support from nurses and improved discharge planning.

Areas of Stronger Performance – NSW Cancer Inpatients

In summary, the key measures of good performance are listed below in order of their correlation with cancer inpatient ratings of the overall care received. The corresponding core/supplementary dimension is listed in brackets, followed by the correlation coefficient (r) and positive score:

- Availability of nurses (Access to Care), $r=0.567$, (79.7%);
- Staff treating patients with dignity and respect (Respect for Patient Preferences), $r=0.541$, (82.7%);
- How well doctors and nurses work together (Overall Attitudes), $r=0.537$, (90.4%); and
- Courtesy of nurses (Overall Attitudes), $r=0.520$, (92.2%);

The role of nurses seemed vital to the overall care ratings of cancer inpatients: the availability of nurses, how well doctors and nurses work together and the courtesy of nurses accounted for three out of four areas of stronger performance with this group. Being treated with dignity and respect was rated as the second highest area of stronger performance and is a common theme across cancer inpatients and outpatients.

v. A positive score summarises performance using the percentage of “positive” responses out of the total number of responses to a question. For instance, a positive score of 65.0% means that 65.0% of the respondents chose a positive response option such as “Yes, always” (as opposed to “Yes, sometimes” or “No, never”)

Areas for Improvement – NSW Cancer Inpatients

In summary, the key measures for improvement for cancer inpatients are listed below in order of their correlation with patient ratings of the overall care received. The corresponding core/supplementary dimension is listed in brackets, followed by the positive score and the correlation coefficient (r):

- Staff did everything to control pain (Physical Comfort), $r=0.547$, (73.9%);
- Nurses discussed anxieties or fears about the condition or treatment (Emotional Support), $r=0.515$, (54.0%);
- Patients have confidence and trust in nurses (Emotional Support), $r=0.515$, (73.8%);
- Patients got help getting to the bathroom when needed (Physical Comfort), $r=0.464$, (69.4%);
- Nurses responded quickly to call button (Physical Comfort), $r=0.463$, (50.1%);
- Comfortable asking medical staff questions about condition or treatment (Patient Safety), $r=0.461$, (73.1%);
- Ease of finding someone to talk to (Emotional Support), $r=0.459$, (61.1%); and
- Staff provided enough information regarding rights/responsibilities as patient (Respect for Patient Preferences), $r=0.456$, (66.1%);

The role played by nurses with cancer inpatients was vital to their overall care ratings, yet was extremely diverse. Areas where cancer inpatient feedback suggested some improvements could be made included their quick response to the call button when help was needed; their willingness to discuss anxieties or fears about the condition or treatment; and their ease of access when the cancer inpatients had concerns that needed to be discussed. In other words, the level of emotional support offered to cancer inpatients by nursing staff. The data also suggested that the overall care rating would increase if patients have confidence in nursing staff, a thorough understanding of their condition and rights and responsibilities as well as improved pain control.

Key Differences by Patient Characteristics

In terms of performance on the eight core Dimensions of Care, no statistically significant differences were found between male and female cancer inpatients across NSW. However, patients in the 40 to 59 year age group reported significantly lower emotional support ratings, and support and involvement for family and friends. Younger patients, aged 20 to 39 years, reported statistically significantly lower ratings for the information and education that they received, and on their coordination of care. Cancer inpatients from a non-English speaking background reported statistically significantly lower ratings than English-speaking patients on Emotional Support and Coordination of Care dimensions. Cancer inpatients who had had three or more overnight hospital visits in the last six months gave statistically significantly lower ratings than less frequent inpatients on four core Dimensions of Care – Emotional Support, Family and Friends, Continuity and Transition, and Coordination of Care. Cancer inpatients in poor or fair health gave significantly lower ratings on all core Dimensions of Care, except Access to Care, than patients in better health. In summary, opportunities exist in regard to cancer inpatients who are aged between 20 to 39 years, from a non-English speaking background, regular inpatients and in poor or fair health.

Key Differences by Tumour Type

An analysis of cancer inpatient data by tumour type was not undertaken due to lack of available tumour type data.

Key Findings: NSW Cancer Outpatients

The Cancer Patient Satisfaction Survey was sent to 7,452 cancer outpatients treated at 16 selected facilities across NSW in February 2007. A total of 4,129 cancer outpatients participated in the survey, achieving a response rate of 57.8%. More than 97% of cancer outpatients across NSW rated the quality of the overall care that they received in the past six months as excellent, very good or good. This ranged across the 16 facilities from 94.6% to 100%. Further to this, 81.5% of cancer outpatients across NSW would definitely recommend the hospital or clinic to their family and friends, ranging from 75.4% to 91.0%.

Areas of Importance to NSW Cancer Outpatients

The following sections provide an overview of key measures to maintain and improve for NSW cancer outpatients. The first section outlines the areas in which cancer outpatients reported high and low levels of satisfaction. Then, areas of strong performance and areas for improvements are identified based on their high correlation with the overall care ratings provided by cancer outpatients and current levels of performance reported by them.

High Levels of Satisfaction

The overwhelming majority of cancer outpatients were satisfied with the following areas. Results are listed in order of their positive score (descending). The corresponding core/supplementary dimension is included in brackets:

- Rating of quality of care at the hospital in the past 6 months (Overall Attitudes), 97.6%;
- Handling of transfer of case between specialist groups (Coordination of Care), 92.9%;
- Staff treating patients with dignity and respect (Respect for Patient Preferences), 86.3%;
- Patients felt they were given enough privacy during care (Respect for Patient Preferences), 85.6%;

More than 97 per cent of NSW cancer outpatients rated their overall care as excellent, very good or good.

- After patients were advised about their treatment they felt that they did not wait too long for the first treatment appointment (Access to Care), 83.6%;
- Staff at the hospital did everything they could to treat the cancer (Overall Attitudes), 83.2%.

The quality of overall care received in the six months prior to the survey and the recognition that staff did everything that they could to treat the cancer, were areas in which patient satisfaction was high. Care coordination (the transfer of patients between specialist groups) was other areas of strength perceived by cancer outpatients. The human relationships between staff and cancer outpatients were also important, and satisfaction was high with cancer outpatients feeling that they were treated with dignity and respect.

Lower Levels of Satisfaction

Cancer outpatients reported lower levels of satisfaction with the following areas. Results are listed in order of their positive score (ascending). The corresponding core/supplementary dimension is included in brackets:

- After initial diagnosis, being put in touch with healthcare professionals who could help with anxieties and fears (Emotional Support), 33.2%;
- Receiving enough information about possible changes in sexual activity (Information and Education), 35.7%;

- Receiving enough information about possible changes in relationship with spouse or partner (Information and Education), 36.7%;
- Patients never waited longer than expected for radiation treatment (Access to Care), 39.7%;
- Patients never waited longer than expected for chemotherapy (Access to Care), 41.7%;
- Receiving enough information about possible changes in emotions (Information and Education), 43.1%;
- When first told of illness, being put in touch with healthcare professionals who could help with anxieties and fears, or issues (Emotional Support), 44.5%;
- Being offered counselling or support for issues such as concerns about cancer or coping at home or at work (Emotional Support), 46.3%;
- Feeling comfortable talking with staff about complementary, alternative or non-traditional therapies (Information and Education), 47.7%; and
- Staff took family or living situation into account in planning for treatment (Family and Friends), 47.9%.

It was the level of emotional support they received, and accompanying relevant information, that were the two main areas of lower satisfaction. Having access to health care professionals who could assist cancer outpatients with their anxieties and fears from the time of first indication, through diagnosis to treatment and recovery, was an area that could be considered for improvement for this patient group.

Receiving more information about possible changes in relationships, sexual activity and emotions would also be valuable to many cancer outpatients, as would counseling or support regarding coping with cancer at home or at work. Some cancer outpatients would like to feel more comfortable talking with staff about complementary, alternative, or non-traditional therapies, and to have staff take their family or living situation into account in planning for their treatment.

Areas of Stronger Performance – NSW Cancer Outpatients

In summary, the key measures of good performance are listed below in order of their correlation with the ratings given by cancer outpatients of the overall care received. The corresponding core/supplementary dimension is listed in brackets followed by the positive score and correlation coefficient (r):

- Patients received services they needed in past 6 months (Overall Attitudes), $r=0.548$, (75.3%);
- Staff at the hospital did everything they could to treat the cancer (Overall Attitudes), $r=0.518$, (83.2%);
- Staff treating patients with dignity and respect (Respect for Patient Preferences), $r=0.464$, (86.3%);
- Patients trusted staff with confidential information (Respect for Patient Preferences), $r=0.441$, (80.5%);
- Rating of quality of care at the hospital in the past six months (Overall Attitudes), $r=0.418$, (97.6%);
- Staff knew enough about cancer therapies (Overall Attitudes), $r=0.416$, (76.3%); and
- Handling of transfer between specialist groups (Coordination of Care), $r=0.412$, (92.9%).

The three factors that were most highly associated with the rating of overall care given by cancer outpatients and were areas of relatively strong performance at the 16 selected cancer sites, according to patient feedback, were that cancer outpatients received the services needed in the past six months; that the facility did everything required to treat cancer; and that the cancer outpatients were treated with dignity and respect. Other key areas of strong performance were that the cancer outpatients trusted staff with confidential information and that the staff had enough knowledge about cancer therapies.

Areas for Improvement – NSW Cancer Outpatients

In summary, the key measures for improvement for cancer outpatients are listed below in order of their correlation with ratings of the overall care received as reported by cancer outpatients. The corresponding core/supplementary dimension is listed in brackets followed by the positive score and correlation coefficient (r):



- Staff went out of way to help (Emotional Support), $r=0.446$, (57.4%);
- Staff provided enough information regarding patient rights/responsibilities (Respect for Patient Preferences), $r=0.420$, (67.3%);
- Staff did everything to control pain and discomfort (Physical Comfort), $r=0.419$, (71.3%); and
- Patients knew next step in care (Information and Education), $r=0.411$, (58.4%).

Cancer outpatient feedback suggested there were four key areas that if improved would increase the overall level of care received. Two of these were related to patient education: receiving enough information regarding patient rights and responsibilities; and understanding the next step in care. The other two areas for improvement related to the outpatient receiving value added services: that the facility went out of way to help; and that the facility did everything to control pain and discomfort.

Key Differences by Patient Characteristics

Some subgroups of cancer outpatients appeared to warrant particular attention in terms of care delivery. Cancer outpatients aged up to 59 years, gave substantially lower ratings to the Respect for Patient Preferences, the Physical Comfort and the Coordination of Care dimensions than their older counterparts; cancer outpatients from a non-English speaking background also rated these dimensions substantially lower than those who normally speak English at home, as well as rating Emotional Support and Access to Care substantially lower. Cancer outpatients who had been in hospital overnight or longer at least twice in the six months prior to the survey gave lower ratings on four core Dimensions of Care – Respect for Patient Preferences, Information and Education, Coordination of Care and Access to Care – than those who had not stayed in hospital or had stayed overnight or longer only once. Cancer outpatients who rated their health as poor or fair gave substantially lower ratings on five of the seven core Dimensions of Care compared with those rating their health as very good or excellent – the exceptions were Physical Comfort and Access to Care. Little difference was found between the genders on ratings of the core Dimensions of Care by cancer outpatients, though males rated the Physical Comfort dimension higher than females.

Key Differences by Tumour Type

Cancer outpatients were classified into one of seven different groups by tumour type – breast, colorectal, lymphohaematology, melanoma, respiratory, urogenital and other. Those diagnosed with a respiratory tumour gave a lower overall care rating than the average for all cancer outpatients (92.9% compared with the state average of 97.2%); however, they gave a higher rating on the Physical Comfort dimension (76.4% compared with the state average of 68.8%). Cancer outpatients with a colorectal tumour were less likely to recommend the hospital or clinic to their friends and family (76.3% compared with the state average of 81.5%). Those with a urogenital tumour were more likely to recommend the facility to their friends and family (85.2% compared with the state average of 81.5%). They also gave higher ratings than the state averages for three of the core Dimensions of Care – Information and Education, Respect for Patient Preferences and Physical Comfort.

State Comparison with NRC Canadian Benchmark Measures for Cancer Outpatient Data

The NSW cancer outpatient results were compared against NRC Canadian data. Canada was chosen for benchmarking due to the similarities between the Australian and Canadian health care systems including cancer control activities. The following section summarises the areas in which NSW performed substantially higher or below than Canadian benchmarks for the cancer outpatient group.

On four of the seven core Dimensions of Care, comparisons were possible with Canadian benchmarks. On one of these four core Dimensions of Care – Information and Education - NSW performed substantially above the Canadian benchmark average. However, on the other three – Emotional Support, Coordination of Care and Access to Care – NSW performed substantially below the Canadian averages, suggesting opportunities for improvement with cancer outpatients across the state.

There were also three individual measures on the core Dimensions of Care on which NSW performed substantially above the Canadian benchmarks for cancer outpatients, and which could therefore be considered for positive promotion to cancer care staff. These are listed on the following page.

The positive scores for the NSW and Canadian data are included in brackets:

- Information and Education dimension → More often than not, patient knew the next step in their care (NSW=58.4%; C=55.3%); and
- Coordination of Care dimension → Less often than not, patient was given confusing or contradictory information about their health or treatment (NSW=77.0%; C=75.4%).

There were also three individual measures across these seven core Dimensions of Care on which NSW performed substantially below the Canadian benchmarks for cancer outpatients, and which could therefore be considered for improvement in NSW (the positive scores for the NSW and Canadian data are included in brackets):

- Access to Care dimension → Never waited longer than expected for chemotherapy treatment (NSW=41.7%; C=44.7%);
- Access to Care dimension → Never waited longer than expected for radiation treatment (NSW=39.7%; C=57.4%).

For NSW cancer outpatients, the expected waiting time from the scheduled appointment to chemotherapy treatment was rated more positively than the Canadian benchmark, as was the frequency of knowing the next step in care, and the lower likelihood of being given confusing or contradictory information about their health or treatment.

Overall Summary: NSW Cancer Patients

There are several ways of drawing conclusions about the key findings of the 2007 NSW Cancer Patient Satisfaction Survey. One of these is based on the perceived rating of the overall care received in February, 2007, the overall stay rating and the extent to which patients would recommend the service to family and friends. A summary of these three measures is presented in **Table I.1**.

The conclusion could be reached that, because almost 90% of patients treated in the NSW health system were at least reasonably satisfied with the care they received, and the majority would recommend the service. However, there is room for improvement, particularly for cancer inpatients relative to cancer outpatients.

Cancer inpatients and cancer outpatients both rated all three measures higher than the NSW state average for all patients. However, cancer outpatients provided by far the highest satisfaction ratings. A total of 97.2% of cancer outpatients rated the overall care received as good/very good or excellent compared to 90.5% of cancer inpatients and the NSW average of 88.1%. The majority (63.1%) of cancer outpatients gave their stay/visit a rating of nine to ten (of a zero to ten scale). About 20% fewer cancer inpatients (41.9%) rated their stay nine to ten. A similar pattern was observed with the overall measurement 'would definitely recommend the service to family and friends' which 81.5% of cancer outpatients and 66.0% of cancer inpatients indicated rated highly. These comparisons need to be interpreted with caution as different survey tools were administered to both populations.

The Cancer Patient Satisfaction Survey invited cancer outpatients to reflect on the previous six months of treatment gathering feedback about the patient journey whereas the cancer inpatient survey focused on one treatment occasion. Further research seems necessary to determine why both cancer group categories performed generally better than the NSW average.

On the rating of the visit to the facility itself, there are also opportunities for review and improvement. Using an eleven point rating scale (from zero to ten), only 39.9% of NSW patients gave the visit to the facility a rating of nine or ten. This was similar to the rating given by cancer inpatients (41.9%) though cancer outpatients gave much higher ratings

than any other patient category participating in the NSW Health survey on this indicator (63.1%). The amenity ratings varied substantially across the cancer patients responding – notably being lowest for the availability of car parking; and for cancer inpatients, for the taste and the temperature of the food. The cleanliness of the room and facility were most strongly correlated with the overall care rating, and performance on these measures was rated quite highly by cancer inpatients; as was the accuracy of receiving food items that were ordered and the courtesy and helpfulness of food service staff (for cancer inpatients). Further analyses are needed to investigate why the majority of patients would still recommend the service to friends or family despite relatively low overall stay ratings.

It is best to strive for improvement in the areas which are most important to NSW cancer patients – that is, the areas most strongly correlated with the overall care rating they gave. These are summarised in **Table 1.2** both for cancer inpatients and cancer outpatients.

It can be seen that nurses played a key role in the care of cancer inpatients – five of the six key drivers of the overall care rating involved nurses – their availability; their courtesy; their ability to discuss anxieties and fears with patients about their condition or treatment; the confidence and trust they engender in the patients; and the way they work together with doctors. Staff doing all they could to control the patient's pain was also strongly related to the overall care rating.

For cancer outpatients, the most important driver of overall care was receiving the services needed to treat the cancer. Other key drivers were treating the patient with dignity and respect; staff going out of their way to help the patient to feel better; staff respecting confidential patient information and giving patients all the information they need about their rights and responsibilities; staff controlling patients' pain or discomfort; staff knowing about a range of therapies for treating cancer; handling the transfer well between specialist groups; and advising the patient of the next step in their care.

Table I.1 Comparison of all NSW patients with cancer patients overall measures by Patient Category

Patient Category	Overall care received (% Good/Very Good/Excellent)	Overall stay/visit rating (% Rating 9-10 on 0 to 10 Scale)	Would recommend (% Yes, Definitely)
All admitted Patients (all overnight, including cancer; day only inpatients, mental health, paediatric, adult rehabilitation)	89.5%	42.1%	64.5%
Admitted Cancer Inpatients	90.8%	41.9%	66.0%
All Non- Admitted Patients (emergency patients; community health; general outpatients, cancer outpatients)	87.6%	39.1%	61.8%
Non-admitted Cancer Outpatients ¹	97.2%	63.1%	81.5%
All NSW Health Patients (admitted and non-admitted)	88.1%	39.9%	62.5%

Note: ¹For non-admitted cancer outpatients, the sample data was not weighted to population estimates for each facility, so statistical testing against weighted NSW state averages is not possible

Table I.2 Key Drivers of overall care ratings for Cancer Patient Categories, 2007

Overnight Cancer Inpatients: Key Drivers ¹	% Positive score
Availability of nurses	79.7%
Staff did all they could to help control pain	73.9%
Staff treated patients with dignity and respect	82.7%
Doctors and nurses/treatment team worked together	90.4%
Courtesy of nurses	92.2%
Nurses could discuss anxieties or fears about condition or treatment	54.0%
Patients had confidence and trust in nurses	73.8%
Cancer Outpatients: Key Drivers ²	% Positive score
Patients received services needed in past six months	75.3%
Staff did everything to treat cancer	83.2%
Staff treated patients with dignity and respect in hospital	86.3%
Staff went out of their way to help patient or make them feel better	57.4%
Patients trusted staff with confidential information	80.5%
Patients were given enough information as wanted about patient rights and responsibilities	67.3%
Staff did everything to control pain or discomfort	71.3%
Staff knew enough about therapies for treating cancer	76.3%
Handling of transfer between specialist groups	92.9%
Patient knew next step in care	58.4%

¹=Key drivers are individual measures which are highly correlated with "Overall care received". Key drivers are listed in order of their correlation (descending). All key drivers listed in this table have a correlation coefficient above 0.500

²= Key drivers listed in this table have a correlation coefficient between 0.548 – 0.411

Next Steps

Some of the most important measures for patients may be the most difficult to deliver in a system in which service delivery is often striving for efficiency, working with limited resources and with various levels of practical staff training. This survey clearly shows that time taken to help patients to feel better, listening to their fears and anxieties, providing professional advice for these anxieties and keeping them informed of the next steps in their care will improve the patient experience.

The above findings and conclusions have been generated from the 2007 benchmark wave of the NSW Patient Survey. It is planned to conduct this survey again in the first half of 2008 and 2009 so that trends in patient experiences are monitored over time. The goal now is to identify priority areas for action across the system, focus improvement initiatives and activities, and redesign service delivery to better meet the needs of patients. While this process will only be in the early stages when the survey is mounted for the second time in 2008, the second wave will add further depth and insight to the planning process. Past experience has shown that substantial movements in key patient indicators may not be expected until the third or fourth year of the survey. The annual Cancer Patient Satisfaction Survey is obviously now a key monitoring tool in the Cancer Institute NSW's goal to facilitate steps to directly address patient's needs.