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Patient Acceptability & Satisfaction with a Pilot Supportive and Survivorship Care Program for Cancer Patients

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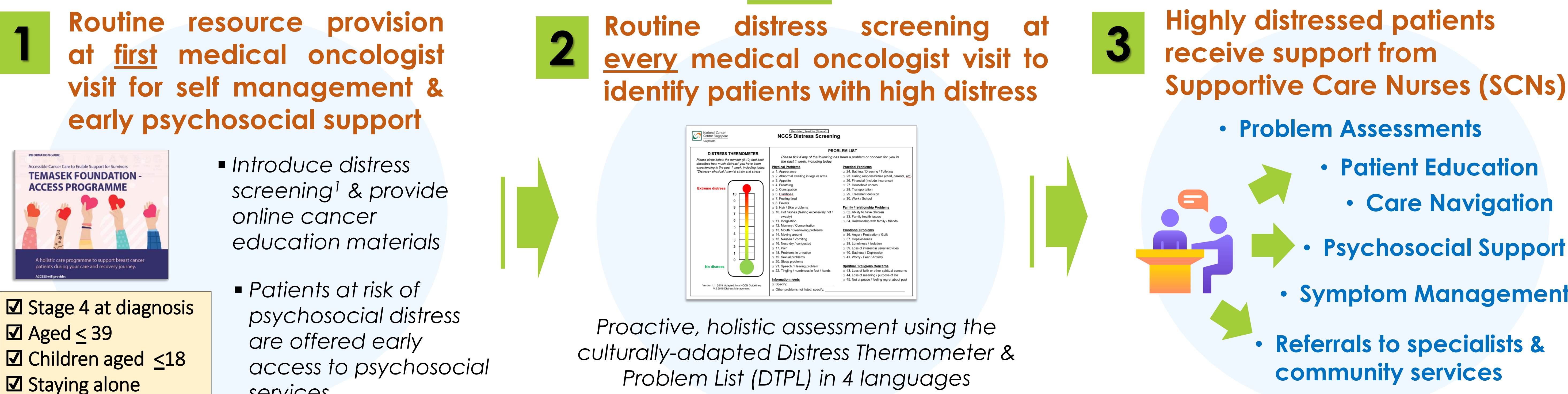
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Background

The Accessible Cancer Care to Enable Support for Survivors (ACCESS) Programme was piloted since September 2019 in National Cancer Centre Singapore (NCCS) to address the needs of patients with breast and gynaecological cancers.

ACCESS Programme Components



Aim

To report participants' **acceptability of and satisfaction** with the ACCESS programme.

Methodology

A survey is administered to enrolled programme recipients, one year post-enrolment. Descriptive analyses were then conducted.

Results

Fifty-nine programme recipients were surveyed from October 2020 – April 2022. Distress screening identified **27(45.8%) recipients at high distress** (DTPL score ≥ 6), who were reviewed by SCNs.

Acceptability of Routine Distress Screening (N=59)

89.8% felt the screening frequency was appropriate (n=53)

83.1% felt the screening was easy to understand (n=49)

83.1% felt the screening was easy to complete (n=49)

Although 57.7% (n=34) found the screening useful for their care, 52.5% (n=31) indicated that their oncologists did not discuss the screening results with them.

Care Provided by SCNs (N=27)

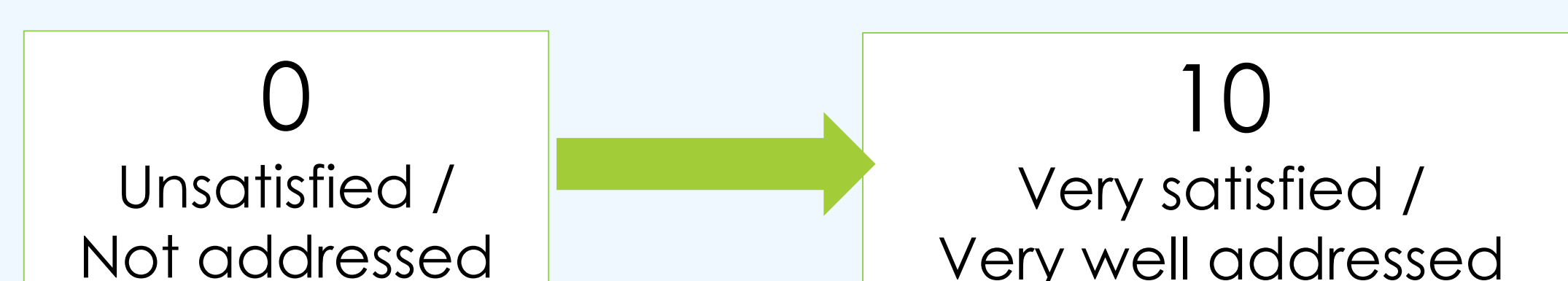
92.6% (n=25) Felt their SCN usually or always:

- Listens carefully & shows respect during conversations
- Answers cancer-related questions to their satisfaction
- Explains things in an understandable manner
- Spends enough time with them

85.2% Felt their SCN usually or always ensures they understand all information provided (n=23)

33.3% Felt their oncologists did not seem informed about care delivered by SCNs (n=9)

Overall Programme Satisfaction (N=59)



- Overall Satisfaction: Average score 7.8**
- Extent of needs Addressed: Average score 7.6**
- 58.6% (n=34) will recommend the programme to others, with a **higher proportion among recipients with SCN contact** than without (70.4% vs. 48.4%).

Conclusion

Patient experience with ACCESS Programme was generally positive, especially with SCN contact. Future efforts should explore strategies to strengthen interdisciplinary collaboration and communications.

Reference

Lim, H. A., Mahendran, R., Chua, J., Peh, C. X., Lim, S. E., & Kua, E. H. (2014). The Distress Thermometer as an ultra-short screening tool: a first validation study for mixed-cancer outpatients in Singapore. *Comprehensive psychiatry*, 55(4), 1055–1062.

Acknowledgements

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