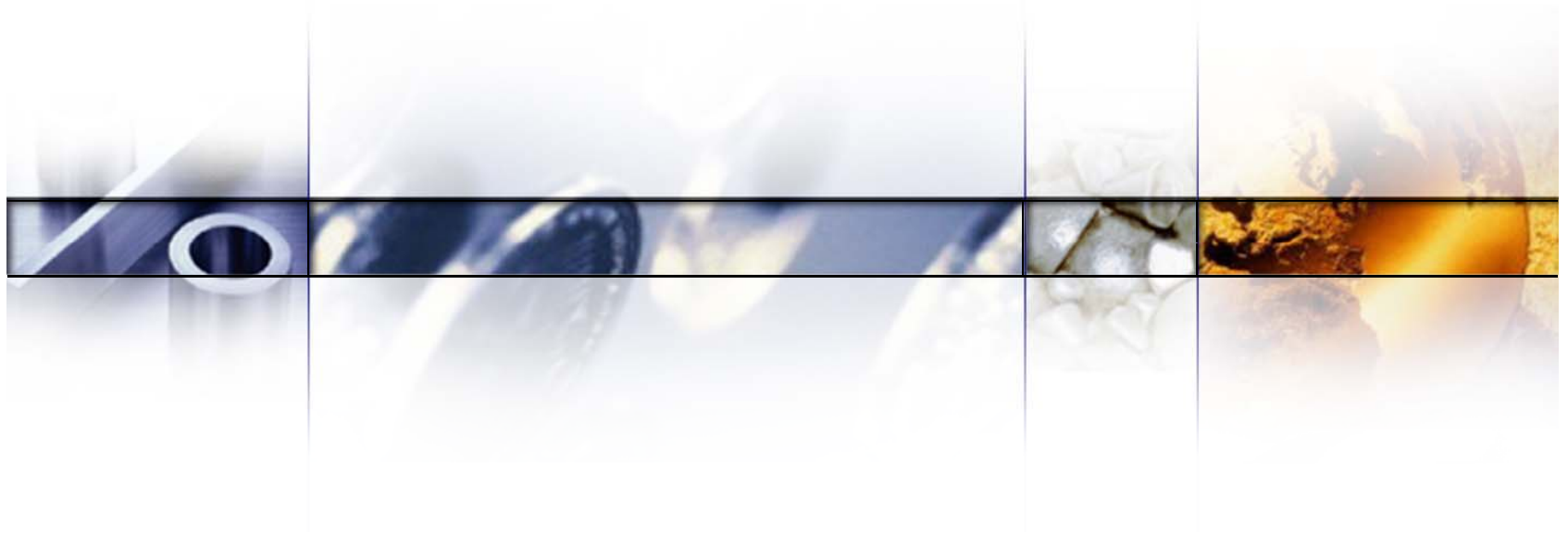


# The quality of the patient experience: developing an understanding from cancer stories

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# Contents

- 1 Context, objectives and questions
- 2 Methods
- 3 Findings: Patient journey
- 4 Findings: experience quality dimensions
  - Overview, 'Diagnosis', Emerging Themes
- 5 Next steps

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# 1. Context, Objectives, Research Issues

**Experience =  
Interactions**

**To develop  
theory...**

**...to inform  
service  
design**

- Customer experience: an important issue
- Understand quality from the patient's perspective
- How patients perceive and evaluate their interactions?
- Conceptual model of patient experience quality
  - What does the patient journey look like?
  - What are the determinants of experience quality?
- Practical tools to evaluate and improve the quality of the patient experience

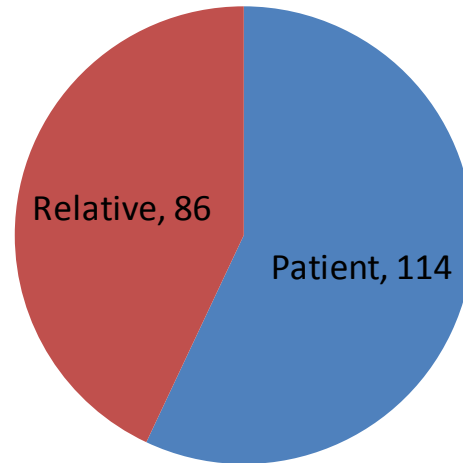
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## 2. Research Methods

- Breadth**
- Sample: 200 cancer stories (Pros and Cons)
  - Coding: 2 researchers – independent reviewing
- Depth**
1. Part of the journey
  2. Positive or Negative evaluation
  3. Discrete quality dimension (e.g. “rude”; “ignored”)
- Rigour**
- Developing categories and subcategories from codes
    - 2 rounds / 4 judges

## 2. Overview of the sample of stories

**Patients and  
Relatives**



**Diversity of  
areas,  
years,  
conditions**

**Year of publication**

2005	1	1%
2006	4	2%
2007	12	6%
2008	28	14%
2009	65	33%
2010	49	25%
2011	38	19%
2012	3	2%

**Geographical Area**

NHS East of England	17	9%
NHS Yorkshire and The Humber	22	11%
NHS North West	26	13%
NHS South Central	12	6%
NHS London	35	18%
NHS East Midlands	36	18%
NHS South West	22	11%
NHS West Midlands	12	6%
NHS South East Coast	12	6%
NHS North East	6	3%

**Condition**

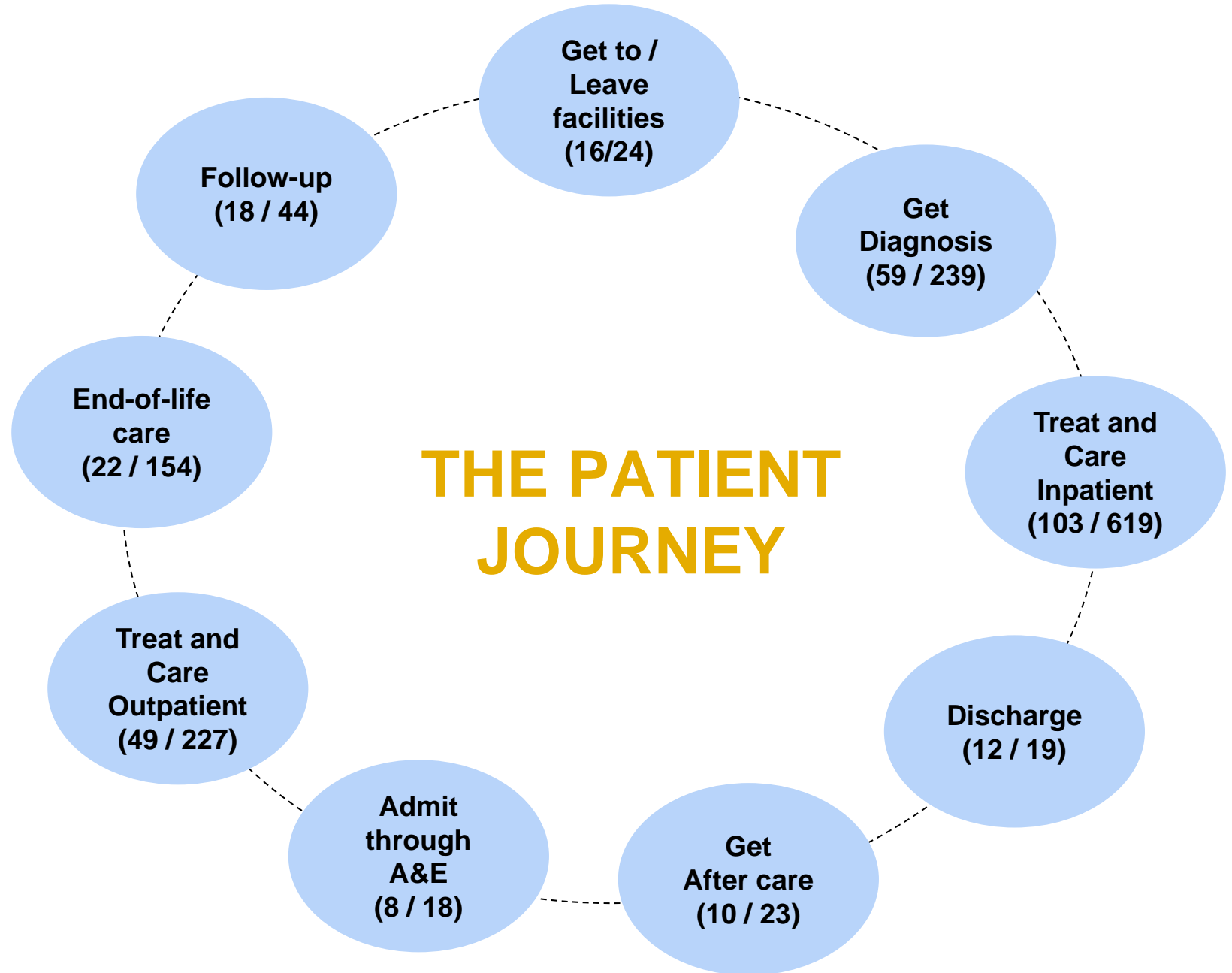
Breast Cancer	35	Kidney cancer	4
Terminal cancer	15	Throat Cancer	3
Prostate cancer	14	Oesophageal cancer	3
Bowel cancer	11	Ovarian cancer	3
Lung Cancer	8	Other	23
Skin cancer	6	N.a.	75

200 stories

1,500  
separate  
pieces of  
code

9 stages

# THE PATIENT JOURNEY



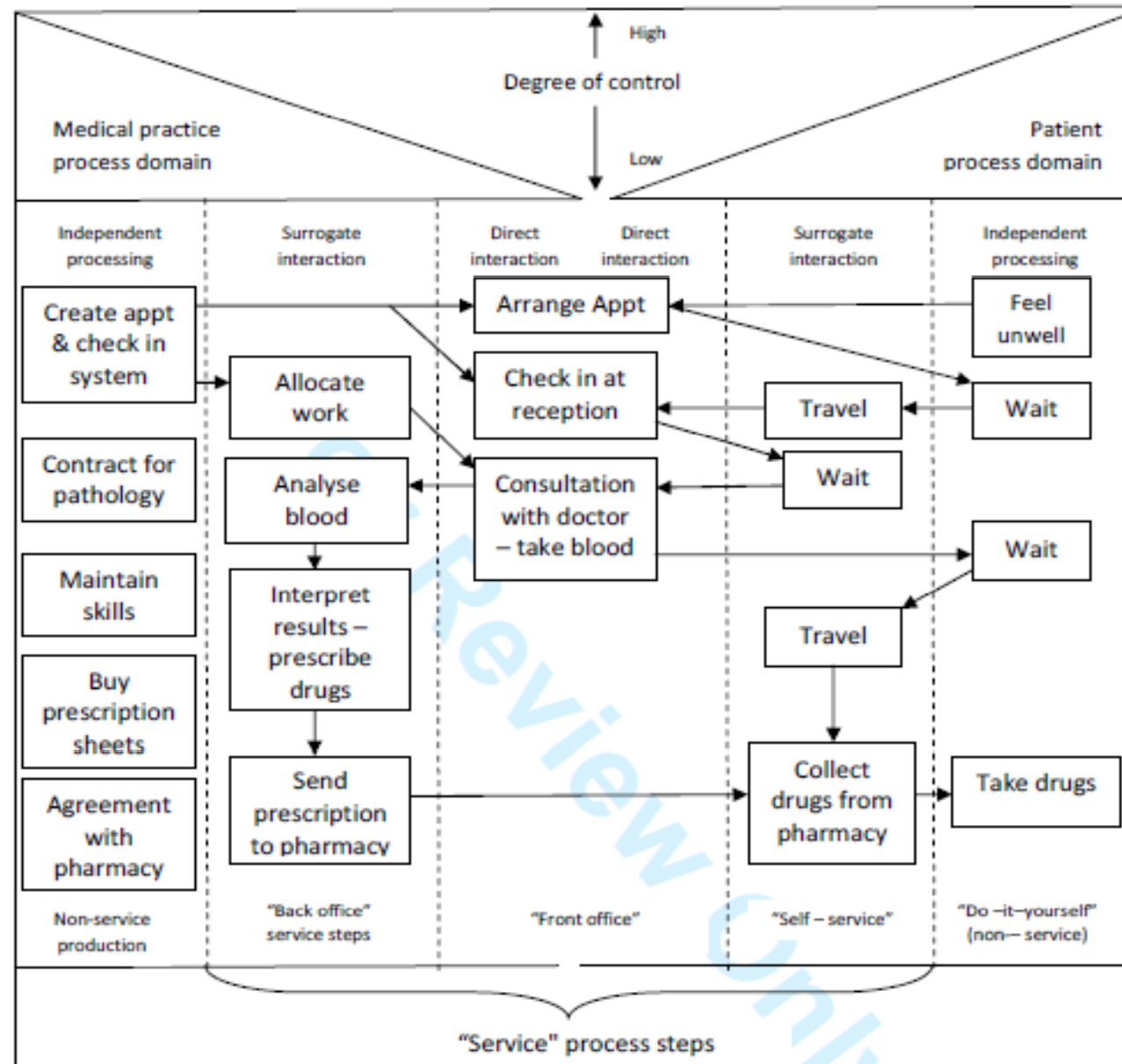
### 3. A framework for visualising patient experiences

Medical Practice Example

Direct Interactions

Surrogate (indirect) Interactions

Independent processing



## 4. Overview

	Positive		Negative	
	Direct	S and I	Direct	S and I
<b>Good experiences associated with staff interactions</b>				
Inpatient	85%	14%	61%	37%
Outpatient	83%	15%	49%	49%
Diagnosis	71%	21%	57%	37%
<b>Bad experiences associated with both staff interactions and other aspects</b>				
End-of-life	88%	12%	68%	32%
Discharge	0%	0%	74%	26%
Follow-up	83%	17%	48%	44%
<b>Overall</b>	<b>83%</b>	<b>15%</b>	<b>59%</b>	<b>38%</b>



## 4. The 'Get Diagnosis' Experience

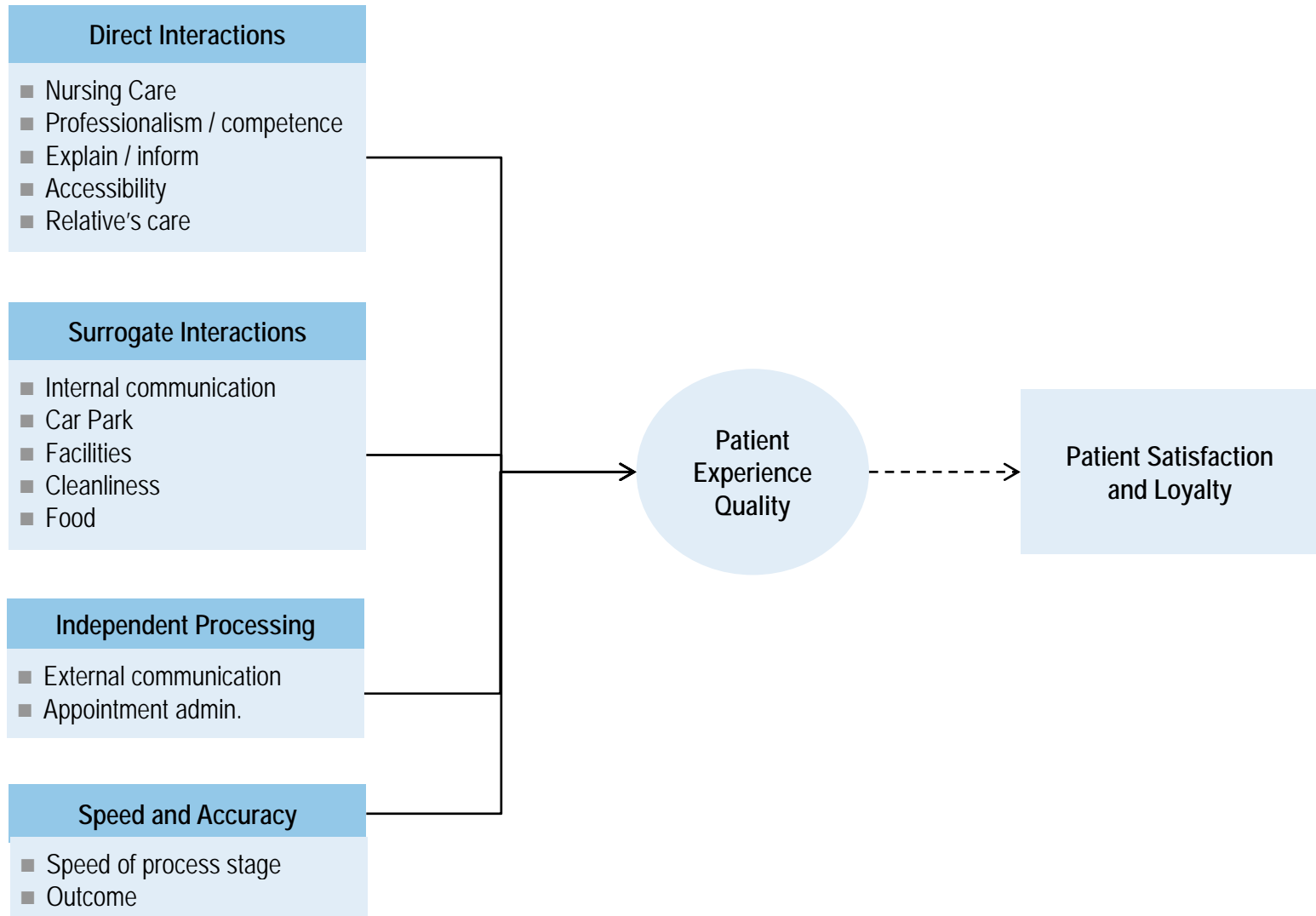
	<i>Category</i>	Positive	Negative
<b>98 positive codes</b>	<b>DIRECT</b>	<b>71%</b>	<b>57%</b>
	Care	40%	23%
	Explain/Inform/Update	11%	11%
	Competency	9%	13%
	Personalise	6%	7%
	Availability	5%	2%
<b>134 negative codes</b>	<b>SURROGATE</b>	<b>18%</b>	<b>26%</b>
	Communication	5%	13%
	Tangibles	7%	5%
	Timeliness / Value Time	3%	4%
	Operation / Organisation	1%	2%
	Atmosphere	0%	1%
	Service Variety/Choice	2%	
	Accessibility		1%
	<b>INDEPENDENT</b>	<b>5%</b>	<b>11%</b>
	Timeliness / Value Time	5%	11%
	<b>SPEED</b>	<b>5%</b>	<b>6%</b>

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## 4. Findings: emerging themes

- Holistic view: reputation, proximity, car park, post-treatment contact, complaints handling
- The concept of the collective customer
- The dual role of fellow patients
- “Life-enhancing” facilities (e.g. TV, WiFi, coffee place, shop, décor)
- The “satisfaction mirror”
- Accommodating patient requests

## 4. Towards a model of Patient Experience Quality



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## 5. Next steps and implications

**Develop  
theory to  
inform  
practice**

1. Continue with the categorisation of codes across the journey
2. Build the conceptual model
3. Further develop and validate the measurement scale through survey or Q-sorts

**Pathway to  
impact**

4. Pilot the experience fitness test in hospitals: a tool for evaluating experience quality and identifying redesign opportunities
- ▶ Text analytics (i.e. automate the coding)