Patient experience of an electronic supportive care screening tool utilised for Cabrini cancer patients: a prospective analysis

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Introduction

Advancements in cancer detection and therapies have markedly improved survivorship, however many patients experience significant and persisting physical, functional and psychosocial consequences.[1] **Cancer supportive care** refers to the provision of care necessary to address multifactorial patient needs, from diagnosis through treatment to post-treatment care, encompassing multidimensional support for patients and families.[2] To understand and address unmet multidisciplinary needs of our cancer patients, an **opt-in electronic supportive care screening tool (SCST)** was implemented via the eCaptis platform in 2022, enabling routine collection of patient-reported outcome measures (PROMs) via validated survey tools (Figure 1). The SCST has been in routine clinical use since, with over 1,300 patients opting in to date.

To appraise patient experience of the tool and related follow-up care, we created and administered an optional electronic patient-reported experience measures (PREMs) ***2025 SCST Evaluation Questionnaire*** to registered participants who had engaged with the tool prior to 31st December 2024. PREMs represent an important supplement to PROMs as they capture the patient perspective, generating individual-level information for facilitating timely patient-centred care and broader quality improvement strategies.[3]

Objective | Analyse questionnaire responses to evaluate patient experience of the SCST, assess whether the tool is fit for purpose and identify areas for improvement to bolster supportive care delivery.

Methodology

Measures | ***2025 SCST Evaluation Questionnaire*** consisting of 2 parts:

1. '*Ease & convenience of use*' → designed to assess the perceived usability and acceptability of the electronic SCST
2. '*Identifying & addressing supportive care needs*' → designed to assess the perceived utility of the SCST in identifying unmet needs and prompting appropriate follow-up care

- The questions were developed through literature and resource consultation[4,5] and multidisciplinary discussions.
- A 5-point Likert response scale was utilised for the majority of questions, however several required "*Yes*"/"*No*" and "*Not Applicable*" variants or adapted options catered to the SCST.
- Several free-text questions were included to appraise patient satisfaction.

Design | Prospective analysis of de-identified questionnaire responses obtained from eCaptis completed **9th May – 31st August 2025**.

Participants | **788 living current/former SCST participants** aged ≥18 years who completed ≥1 PROMs survey between 1st August 2022 and 31st December 2024.

Analyses

- *Likert scale & variant responses* → descriptive qualitative analysis
- *Free-text responses* → development of an inductive coding framework refined and organised into broader themes and patterns for thematic analysis, intended to complement descriptive data

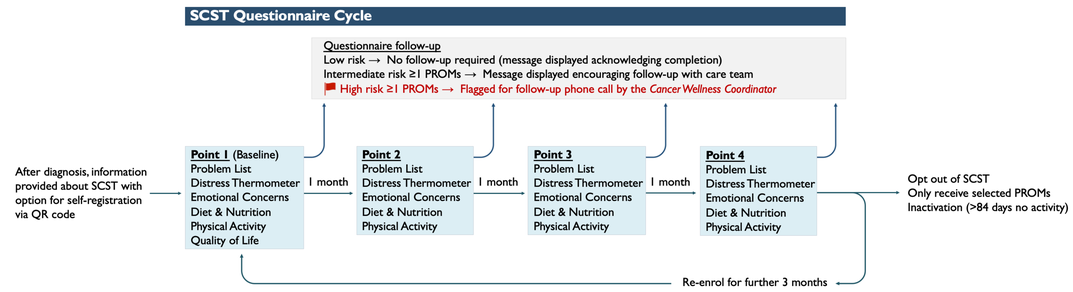


Figure 1. 3-month SCST Questionnaire cycle consisting of 4 questionnaires containing 5-6 PROMs. Follow-up was based on predefined validated risk thresholds.

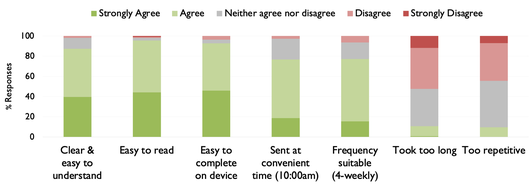
Results: Descriptive Analysis

Demographics

- 114 participants **(14.5%)** completed the *2025 SCST Evaluation Questionnaire*.
- Mean age **68.9 years** (range 39–87), **66.7% female** (mean 67.5 years), **32.5% male** (mean 72.4 years) and one participant of unspecified gender.

Part 1 | Ease & convenience of use

- The vast majority of respondents **agreed/strongly agreed** that the SCST Questionnaire was **easy to understand (85.1%)**, to **read (94.7%)** and to **complete** on their device of choice **(88.6%)** (Figure 2).
- Most also agreed that it was **suitable** in timing **(75.4%)** and administration frequency **(74.6%)**.
- A smaller majority disagreed/strongly disagreed that it took too long to complete **(52.3%)**.
- **46.0%** neither agreed nor disagreed that it was too repetitive, attracting the highest proportion of neutral respondents across all questions.



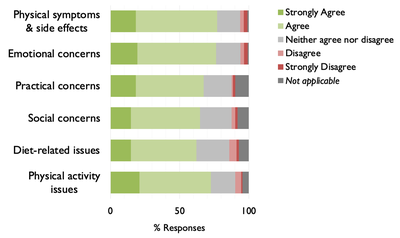
NB. "Not applicable" responses have been omitted (0.9–4.4%).

Figure 2.

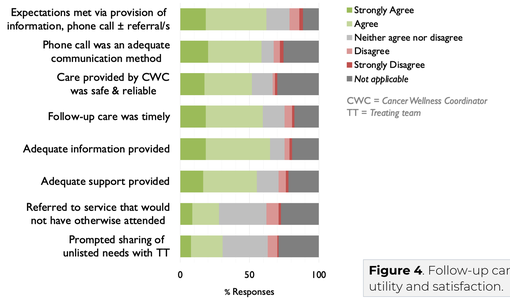
Part 2 | Identifying & addressing supportive care needs

- **62.3–77.2%** of respondents **agreed/strongly agreed** that the SCST Questionnaire **identified their needs** – highest for symptomatology and treatment side effects, lowest for diet-related issues (Figure 3).

Figure 3. Identification of needs.



- For those who received follow-up care: most **agreed/strongly agreed expectations** of care were met **(70.3%)**, care was **safe/reliable (73.4%)** and **timely (72.3%)**, and adequate **information (80.4%)** and **support (70.8%)** was provided to meet their needs (Figure 4).
- Many found a phone call adequate (67 of 85 contacted, **78.8%**) → of those who disagreed/strongly disagreed, most indicated preference for video conferencing, followed by in-person meetings and email correspondence.
- Of those referred to a service, **38.6%** agreed/strongly agreed they would otherwise not have attended the service (32 of 83 respondents).
- **Half** of those recommended/referred to the Cabrini *Cancer Exercise and Wellness Centre* (CEWC) **attended** a service/program (38 of 76 respondents) → most who did not attend felt they did not need the service/program.
- **23.2%** who received instructions to contact a member of their care team did so (17 of 73 respondents) (Figure 1: *Intermediate risk*) → most felt it was not necessary.
- **43.2%** with additional **unlisted needs** (35 of 81 respondents) felt the questionnaire offered the opportunity to bring these to the attention of their treating team.



CWC = Cancer Wellness Coordinator
TT = Treating team

Figure 4. Follow-up care utility and satisfaction.

Results: Thematic Analysis

- Respondents commonly shared positive sentiments and expressed gratitude, commenting on ***"support"***, ***"kindness"*** and **CEWC service/team excellence**.
- Feedback supported utility of the SCST, with patients appreciating its regularity, reflective nature and follow-up support – including services that some were unaware of.
- Prohibitive factors to seeking care → financial ("*too expensive*"), medical (active issues) and location-based.
- 16 respondents elaborated on **unlisted needs** they shared with their care team, prompted by the questionnaire (Figure 5).

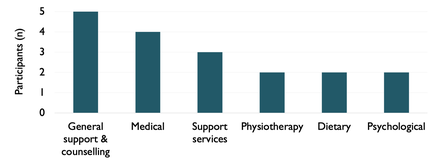


Figure 5. Categories of unlisted needs.

Key improvement themes (by prevalence):

1. Provision of individualised **contact/follow-up** ("*human interaction*") for *all* patients (not only high-risk) → patients desired "*meaningful action*" as a product of surveys.
2. More **specific/tailored questions** (to diagnosis/treatment) → some were interpreted as too "*vague*" / "*general*", some "*obvious*" (i.e., negative effects of cancer treatment).
3. **Less frequent questionnaire administration** due to "*repetitive*" nature → patients described "*giving the same feedback*" at times.
4. **Addition of free-text questions** to allow for elaboration.
5. **Broader scope** of questions (e.g., external services engaged, more symptoms/behaviours, other life events).

Key Findings

- Analysis of scored responses revealed high levels of usability and acceptability of the SCST.
- Feedback highlighted a globally positive experience regarding its utility in identifying and addressing unmet needs across domains.
- Most respondents agreed that follow-up care was timely, safe and reliable, and that information and support received was adequate to address individual supportive care needs.
- Over a third referred to a service agreed they would otherwise have not attended the service.
- Thematic analysis reiterated the value of the SCST as a helpful and reflective instrument.
- Respondents described several key areas warranting improvement: aspects of follow-up contact, breadth/tailoring/clarity of questions, provision of free-text elaboration on questions and administration frequency.
- Patient feedback will guide enhancements to the SCST and subsequent supportive care delivery.

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