

# eviQ strategic directions

Online survey results



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# Executive summary

The Cancer Institute NSW commenced the eviQ Strategic Directions project in September 2020 to understand how the eviQ Cancer Treatments Online (eviQ) program is currently being used (especially by non-clinical users) and the threats and opportunities to its success, to inform its future strategic direction. As part of this project, an online survey was delivered to hear the views of a broad group of stakeholders.

There were 532 responses to the survey. The highest participation was from nurses (n=257, 48%), medical doctors (n=101, 19%), pharmacists (n=67, 12%) and allied health professionals (n=27, 5%). Twenty (4%) responses were also received from non-clinical users.

The most commonly cited reason for eviQ use was *for information on side effects/toxicity* (67%) followed by *to access patient treatment information* (62%). eviQ is also being used *for staff training and education purposes* (55%), *to refer to the evidence that supports a specific treatment protocol* (54%) and *in real time whilst treating a patient* (51%).

The most vital components of eviQ were found to be the *drug treatment protocols* (65% agreement) and the *protocol specific patient information* (60% agreement). The *clinical procedures, assessment tools, evidence sections of protocols* and *clinical resource documents* were also vital to more than 40% of respondents.

Respondents were very positive about eviQ's contribution to the broader program outcomes including *improving the standardisation of treatment and care provided* (93% strongly agreed/agreed) and, importantly, contributing to *patients having improved health outcomes* (82% strongly agreed/agreed) and *patients having an improved quality of life* (78% strongly agreed/agreed).

The data strongly showed the value of eviQ to users. Respondents widely agreed that eviQ is an invaluable resource in ensuring patients receive the correct, evidence-based treatment protocols and that side effects are managed accordingly. eviQ is well respected and was described as a *reliable, trustworthy* and *high-quality* resource. Respondents also valued access to the site, the content development, use of eviQ for education and professional development and patient information resources. Opportunities were identified for improving navigation and integration of the site.

Results from this survey provide valuable additional information, from a large number of users, to inform the future strategic direction of eviQ. The results may also be used by the eviQ team for quality improvement.

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# Background

A major program of the NSW Cancer Plan is eviQ Cancer Treatments Online ([eviq.org.au](http://eviq.org.au)), a free, global and open-access website that provides evidence-based information to guide the safe delivery of cancer treatments and patient management at the point of care.

Since its inception at the St Vincent's Hospital in 2003, eviQ has undergone significant growth and revision. It was initially a NSW resource, and subsequently expanded to have national and now international usership.

eviQ is designed to:

- provide best evidence-based information on treatment protocols, patient information, clinical tools and resources to assist point-of-care cancer treatment
- reduce unwarranted practice variation and improve clinical practice
- increase use of best evidence-based care, and
- improve patient outcomes.

A process and outcome evaluation was conducted on eviQ in 2012. Building on this, and in response to the changing context in which eviQ operates, the Cancer Institute NSW engaged the Apple Institute in September 2020 to gain an updated understanding of the program's use (especially in non-clinical settings) and the threats and opportunities for its future success. This is known as the eviQ Strategic Direction project.

As part of the consultancy, a limited number ( $n \approx 6$ ) of interviews with non-clinical users will be conducted, and 2 workshops ( $n \approx 15$ ) with both clinical and non-clinical users will be held. The consultants will also review key program documentation, such as website usage statistics, to gain a rounded view of the eviQ program.

To complement the information outlined above, the Institute has designed and delivered an online survey to enable the views of a broader group of stakeholders to be heard.

This document provides a summary of the survey methodology and key findings.

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# Methodology

The following describes the methodology used for the eviQ Strategic Directions survey (the survey).

## Purpose

The survey was conducted with the primary purpose of providing additional information from eviQ users for inclusion in, and to inform, the eviQ Strategic Directions project. Potential secondary use of the survey data is by the eviQ team for quality improvement.

## Design

A short five-question survey was designed by the eviQ Strategic Directions Working Group, with input from members of the eviQ team, who have communications and publishing expertise (see Appendix 1). The survey sought to understand the following domains:

- who is using eviQ
- what are they using it for, and
- the value of eviQ in supporting its users and patients.

Where possible, questions were aligned with the 2012 eviQ health professionals survey to allow for comparisons. The value of eviQ was assessed against the broader goals of the eviQ Program as documented in the Program Theory of Change (Appendix 2).

The survey was purposefully kept short and simple, to maximise stakeholder engagement and due to the limited in-house resourcing for expedited analysis.

## Dissemination

The survey was available online via the eviQ homepage ([eviQ.org.au](http://eviQ.org.au)) between 13-26 November 2020. The survey was promoted via eviQ distribution lists, LinkedIn and targeted emails from eviQ content authors. It is estimated that over 11,000 eviQ stakeholders were reached via these channels.

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## Data storage

Data were extracted from Survey Monkey into an .xlsx format and saved locally to enable analysis. The final overall (E20/25978) and non-clinical specific (E20/25979) datasets are saved on a documents management system (HPRM).

## Data analysis

The data were cleaned to remove any anomalies. This included reassigning responses in the *Other* category to defined categories where possible and appropriate.

### Quantitative data

Basic statistical values were generated for each of the close-ended questions and presented using graphs. Whole percentages (i.e. no decimal places) were used for ease of reading.

Subgroup analysis was conducted for non-clinical users only. Further subgroup analysis may be conducted by the eviQ team in the future.

Usage data from this survey may be compared to historical data (i.e. eviQ 2012 survey results) to understand changes over time.

### Qualitative data

Qualitative data obtained from the open-ended question were thematically analysed. Themes both evolved through the coding processes and were identified by the eviQ team as areas of interest. Codes were split and combined as needed to best represent the data.

## Participation

There were a total of 532 responses to the survey.

While participation across the survey was generally good, not all respondents answered every question, resulting in slight differences in the denominators used when analysing individual questions.

# Findings

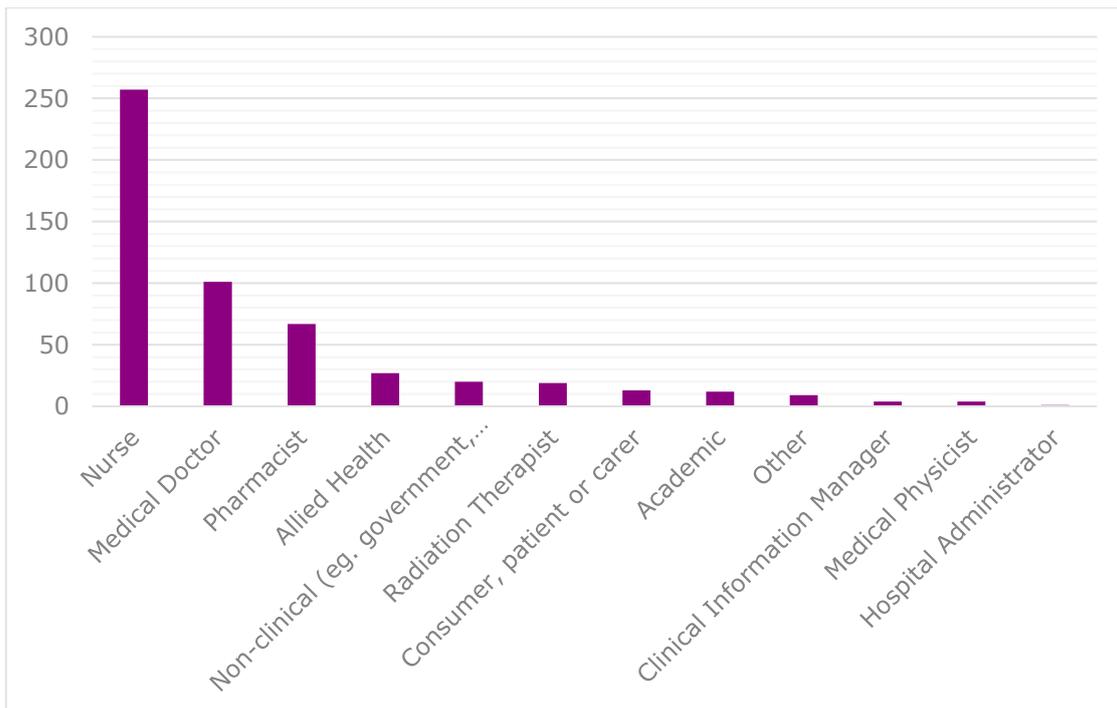
## Users

As shown in Figure 1, the majority of survey respondents were clinical, with the highest representation from nurses (n=257, 48%), medical doctors (n=101, 19%), pharmacists (n=67, 12%) and allied health professionals (n=27, 5%). Figures 2, 3, 4 and 5 show the breakdown within each of these categories.

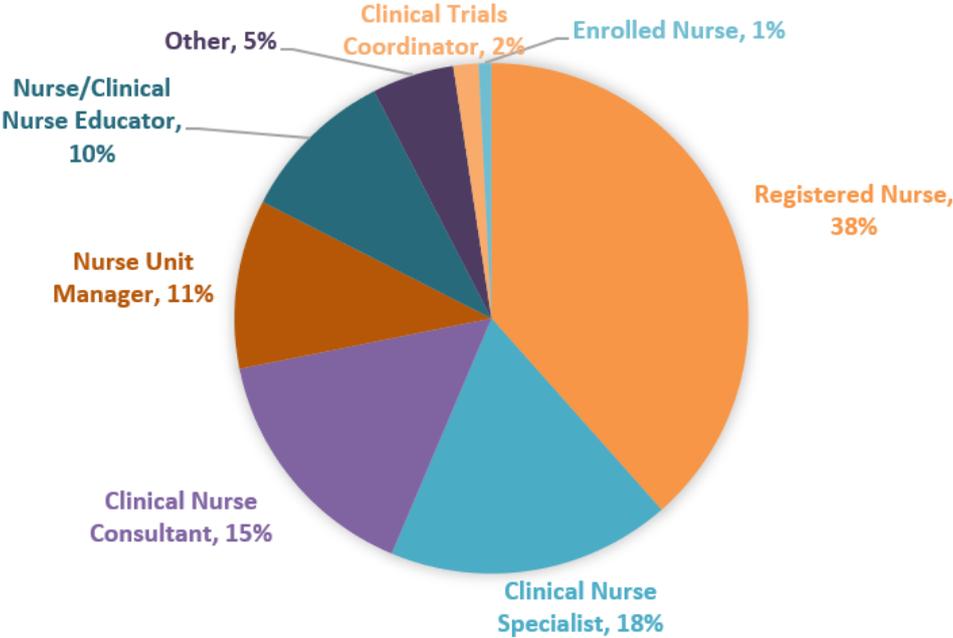
Twenty (4%) respondents identified as non-clinical and included those working for state (n=6) and federal (n=2) government, a pharmaceutical company (n=4) and an electronic prescribing vendor (n=1). Figure 6 illustrates the complete breakdown.

Thirteen (2%) respondents identified as consumers, patients or carers.

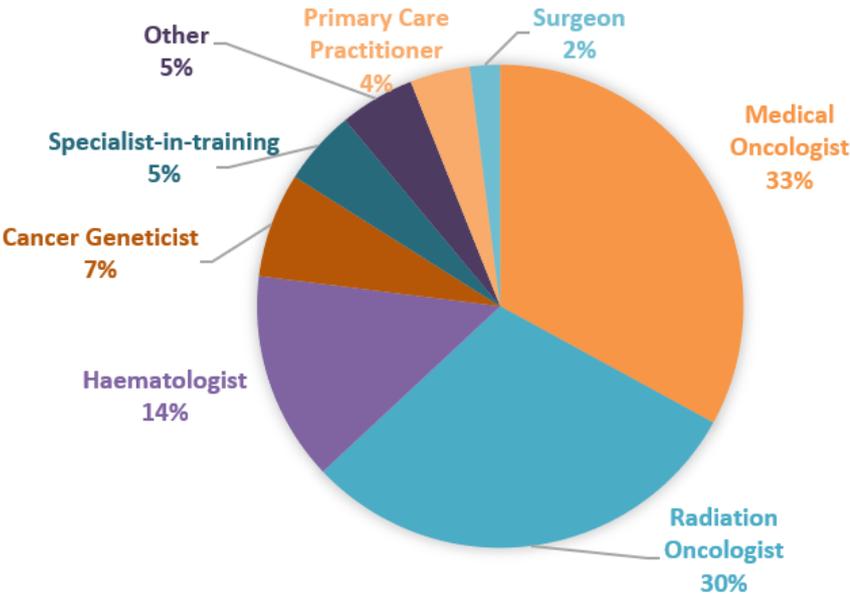
**Figure 1. Professional training and role of respondents**



**Figure 2. Breakdown of nursing (n=252\*)**

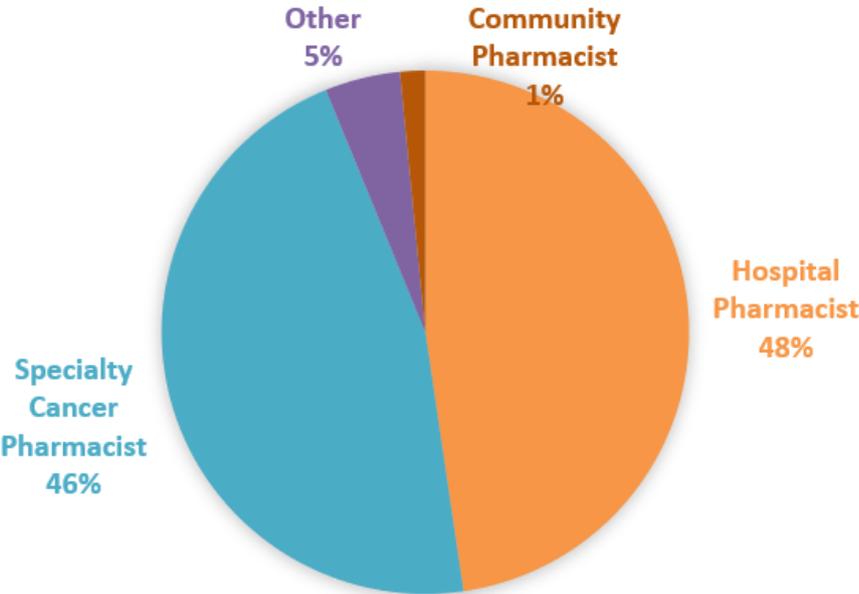


**Figure 3. Breakdown of medical doctor (n=100\*)**

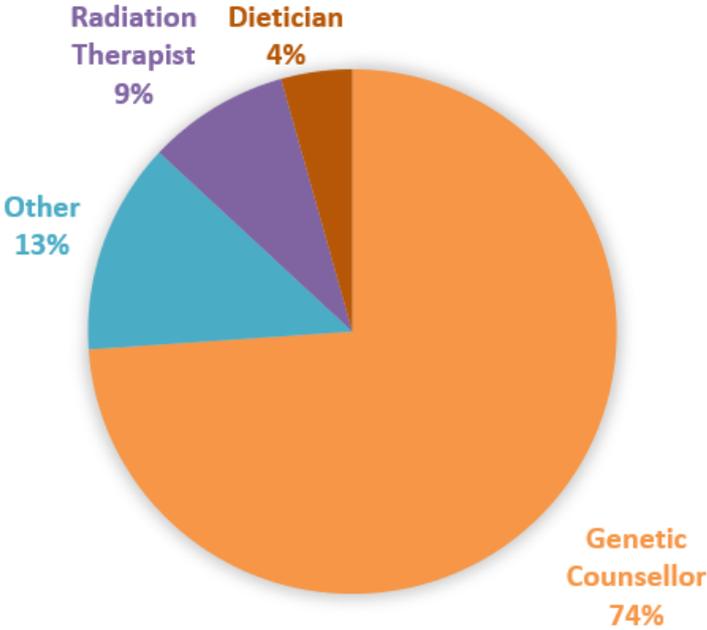


*\* small discrepancies in total respondent numbers reflects that not all people identified within this category earlier in the survey completed this question*

**Figure 4. Breakdown of pharmacy (n=65\*)**

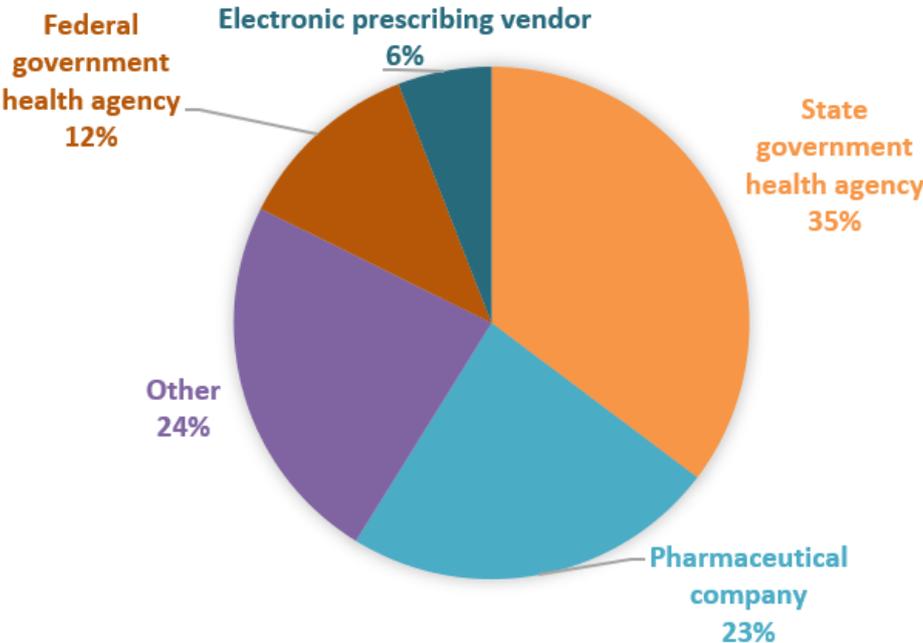


**Figure 5. Breakdown of allied health (n=23\*)**



*\* small discrepancies in total respondent numbers reflects that not all people identified within this category earlier in the survey completed this question*

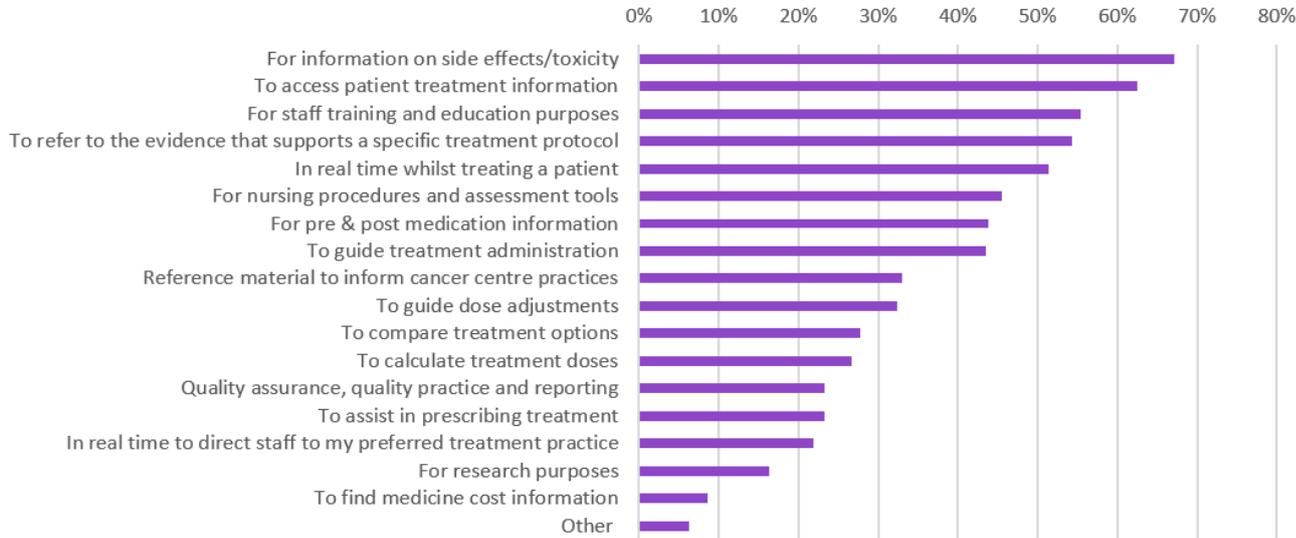
**Figure 6. Breakdown of non-clinical users (n=17\*)**



## Use

There were 466 responses to the question on how eviQ was currently being used (refer to Figure 7). The most commonly cited reason was *for information on side effects/toxicity* (67%) followed by *to access patient treatment information* (62%). eviQ is also being used *for staff training and education purposes* (55%), *to refer to the evidence that supports a specific treatment protocol* (54%) and *in real time whilst treating a patient* (51%). Less common reasons for eviQ use include *to find medicine cost information* (9%) and *for research purposes* (16%)

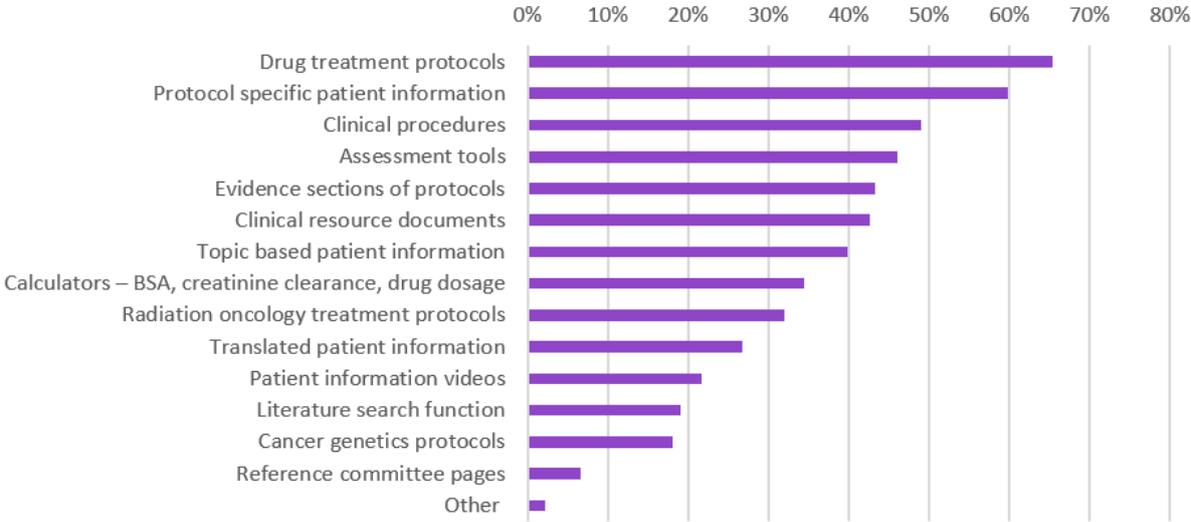
**Figure 7. How eviQ is currently used**



## Vital components

Four hundred and sixty-seven (467) stakeholders indicated which components of eviQ were vital to them (see Figure 8). The majority of respondents indicated that the *drug treatment protocols* (65%) and *protocol specific patient information* (60%) were the most vital components of eviQ. The *clinical procedures, assessment tools, evidence sections of protocols* and *clinical resource documents* were also vital to more than 40% of respondents. The least vital components were the *reference committee pages* (7%) and *cancer genetics protocols* (18%) which may reflect the small number of users to whom this information is relevant.

**Figure 8. Vital components of eviQ**

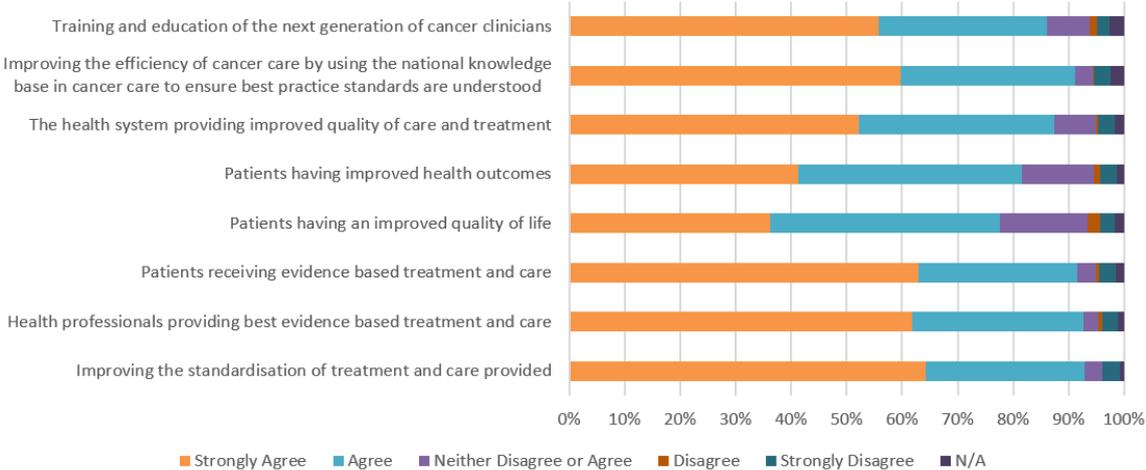


## Outcomes

On average (there was some variation in number of responses for each statement) 466 people indicated the extent to which they believed eviQ contributed to a number of broader program outcomes, as shown in Figure 9.

Overall, respondents were very positive of eviQ’s contribution to the broader program outcomes. Over 90% of respondents either agreed or strongly agreed that eviQ contributed to *improving the efficiency of cancer care by using the national knowledge base in cancer care to ensure best practice standards are understood (91%), health professionals providing best evidence based treatment and care (93%) and improving the standardisation of treatment and care provided (93%)*. Although a little less, there was still strong support for eviQ contributing to *patients having improved health outcomes (82%) and patients having an improved quality of life (78%)*.

**Figure 9. The extent to which eviQ contributes to broader program outcomes**



## Value

One hundred fifty-eight (158) respondents provided additional commentary on the value of eviQ (to them, their organisation and/or their patients) and what gap/s eviQ fills. The overwhelming sentiment of these responses was positive, with much accolade given to eviQ.

A number of key themes emerged from the data, each of which is explored below. However, one comment, in particular, captured broadly the value of eviQ:

*Immeasurable - very much so. The previous so-called 'system' of in-house protocols on paper, in a 'you need to know where it is' folder, paper copies only, no formal review dates, no staff resources to regularly update, and review currency of evidence;*

*[versus now, with eviQ]...the wider base of clinician review of the protocols, the reduction in unnecessary variation of practice, the framework to support staff advocating for patient and staff safety during high risk treatment assists in speaking up for safety and picking up gaps in care or institutional practice - fills so many gaps when used as designed - assists time pressured Nursing staff with comprehensive protocol information and guidance on practice points for each protocol ie all the sections on each clinician version of a protocol 'guide' the clinician safely in assessing if each step of care is completed, and what to look for. The protocol drug interaction tables are so valuable in time saving for clinicians. The time-saving and safety profile raising of all cancer care guided by eviQ is a resource to be guarded and protected at all costs, and is I believe a major factor in the high rates of excellent patient outcomes of not just NSW patients but Australia wide. I know that on a daily basis confidence in my professional practice is infinitely boosted by all the features available on eviQ. The 'in- protocol' links expanding on practice points and information on care guidelines are so helpful.*

**-Clinical Nurse Specialist**

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## Standardising treatment and care

It was widely agreed that eviQ is an invaluable resource in ensuring patients receive the correct, evidence-based treatment protocols and that side effects are managed accordingly. eviQ is often used as a reference point in clinical settings and provides users with the confidence and reassurance that they are providing the best care to their patients.

*eviQ provides the information to ensure a patient's treatment is evidence-based and that the appropriate safeguards are incorporated into protocols to minimise patient harm.*

**-Specialty Cancer Pharmacist**

There are two trains of thought in regards to the role of eviQ, with some centres and clinicians using it as a national 'standard' or benchmark, versus others who see it is a guideline only.

Those using it as a standard see it is a resource that can be used to ensure patients receive equitable treatment, that potential bias is minimised and to avoid bickering between department consultants. This role is viewed as especially important for guiding new and less experienced staff:

*It is an invaluable resource. With Junior doctors and new nursing recruits, it is assured that the patient receives the correct, evidence based treatment protocol and side effects are managed accordingly.*

**-Clinical Nurse Consultant**

Whilst some clinicians and departments see eviQ as their 'bible', others flag concern that eviQ is often misrepresented or misunderstood to be a complete source of prescriptive treatment guidelines:

*I think the role of eviQ is being misrepresented within hospitals (and that is not the fault of eviQ to be fair). It is often misrepresented as a treatment guideline that guides treatment options, whereas it is really the recipe book that tells you how to give a regimen, and a list of possible regimens. The nature of discussions and the style of decision making at reference committee meetings (and indeed their membership) makes it clear that it is not a prescriptive guideline committee. However, I am very concerned that hospital administrators think it is a guideline, and that any deviation from what is listed in eviQ is considered inappropriate.*

**-Haematologist**

*I do not think that eviQ should act as de facto guidelines in Australia as reference groups are not an authority to do so. This should be made very clear to consumers, i.e. that eviQ provides information and treatment standardisation, but not recommendations around preferred treatments. There are plenty of protocols out there that are not on eviQ that may be appropriate in certain circumstances.*

**-Medical Oncologist**

## Quality

eviQ was described as a *reliable, trustworthy* and *high-quality* resource, which respondents hoped remained available. Respondents also referred to it as a *benchmark* and *gold standard* for delivering quality care.

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*eviQ is so reliable and has such a good reputation. I work at two hospitals, in their day infusion centres and both centres use this religiously. It is good to have evidence-based proof to fall back on, and information for the patient that is easy to read and is translated.*

**-Registered Nurse**

*One of the best resources our doctors use.*

**-Medical Oncologist**

Interestingly, perceptions around the quality of the resource was influenced by who the respondent thought developed it. Whilst one respondent viewed the material as high-quality, as it was developed by a team of experts, another respondent flagged that some clinicians are not supportive of eviQ guidelines as they think the guidelines are written by junior clinicians with little experience.

## Content development

Respondents really valued development of the eviQ content. One respondent mentioned that having Australian consensus best practice documents, that they can contribute to, is an efficient way to provide consistent care.

*Though there are other websites such as NCCN [National Comprehensive Cancer Network] many practitioners like eviQ because it is Australian. We do largely use eviQ as the backbone for protocols written in the electronic prescribing and administration/management of chemotherapy system.*

**-Pharmacist**

A few respondents stated that eviQ is extremely valuable to them, as without the eviQ protocols they would need to develop their own in-house documents, which would require significant resourcing and effort.

## Timeliness/currency of protocols

There is recognition that a big challenge for eviQ is maintaining the currency of information in light of the rapidly changing and growing evidence base.

*It's a very valuable tool. As the technology changes and there's a lot of research to keep up with, I think there needs to be a greater investment so the information is current/not too far out of date.*

**-Radiation Therapist**

## Protocol review and integration

The eviQ protocols were considered helpful in standardising treatment and ensuring use of evidence based, best practise care. However, some respondents flagged the need for better import/integration of the protocols into their Oncology Management Information Systems (OMIS) and improvement of the protocol review process:

*It would be really good if direct imports of protocols into OMIS could be used for multiple systems so that updates can occur in real time.*

**-Specialty Cancer Pharmacist**

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*We do largely use eviQ as the backbone for protocols written in the electronic prescribing and administration/management of chemotherapy system. We use the protocol review date listed in the relevant eviQ protocol but then all our protocols are "out of date" until your review process occurs.*

**-Pharmacist**

## Accessibility and navigation

Respondents valued the accessibility of eviQ, in that it is free and available online 24/7.

*eviQ is an invaluable tool in the management of cancer patients and the fact that it is free and readily available means that it provides real time information for patient treatment.*

**-Hospital Pharmacist**

There were mixed opinions about the ease of using the site. Some respondents found it digestible and well-presented whilst others commented that it is not user-friendly, wordy, confusing and sometimes difficult to navigate.

*Always the first go-to website for easy access to information.*

**-Registered Nurse**

*I would use it more if it were easier to navigate and access.*

**-Clinical Nurse**

One respondent suggested that navigation could potentially be improved easily with the addition of a 'back to top' button on all pages.

## Patient information

There is strong support for the patient information available through the site with some respondents using it as their *preferred patient information resource*. Respondents valued the patient advice handouts, noting they were of high quality and available in other languages. They saw the direct benefit of providing this information to their patients:

*eviQ is great as it helps with empowering my patient's with knowledge of their disease and their treatments.*

**-Haematologist**

Suggestions were made to improve and expand the patient information available, such as:

- improving access to information that is of high importance to patients – having it at the top or on front pages
- avoiding using the word/s 'problem/s' on patient information sheets, as this has a negative connotation
- providing more timely updates to patient information sheets as evidence is received – as patients are often highly informed and expect their treating clinician and eviQ information sheets to contain up-to-date information
- expanding coverage to each tumour stream in a generalised form and as very specific handouts.

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## Education and professional development

The educational content (videos and modules) available within eviQ, via eviQ Education, is viewed favourably by many stakeholders who value the standard educational platform it provides across the state for training, and find it engaging and enjoyable. In particular, there is strong support for the recently released rapid learning topics.

The educational content assists in cancer nurse education, achievement of annual competencies and ongoing professional development, and is especially valuable for new nurses, trainee specialists and medical students:

*eviQ competency and training modules are the best way to ensure our staff keep their knowledge and update their knowledge. -Nurse Unit Manager*

The availability of educational content through eviQ also alleviates the pressure on (often resource-strapped) nurse educators to produce their own material:

*EviQ saves nursing educators having to write their own education for chemotherapy competency assessment.*

**-Clinical Trials Coordinator**

*Our CVAD education required an extensive overhaul, and eviQ provided a strong framework for best practice. All our staff accessing CVADs are required to complete the online modules – these are high quality and very much appreciated as our regional health service lacked the resources to compile such resources! It was a game changer – thank you!*

**-Nurse/Clinical Nurse Educator**

Although there was overwhelming support for the educational content, one respondent flagged that some staff are failing the post-course assessments as the content is not clear and focused enough.

*I wish the assessment guides, patient information guides etc were far more simplistic to follow – most of my staff do the modules and then fail assessments as the information is volumes and not focused to exactly what you need to know.*

**-Clinical Nurse Specialist**

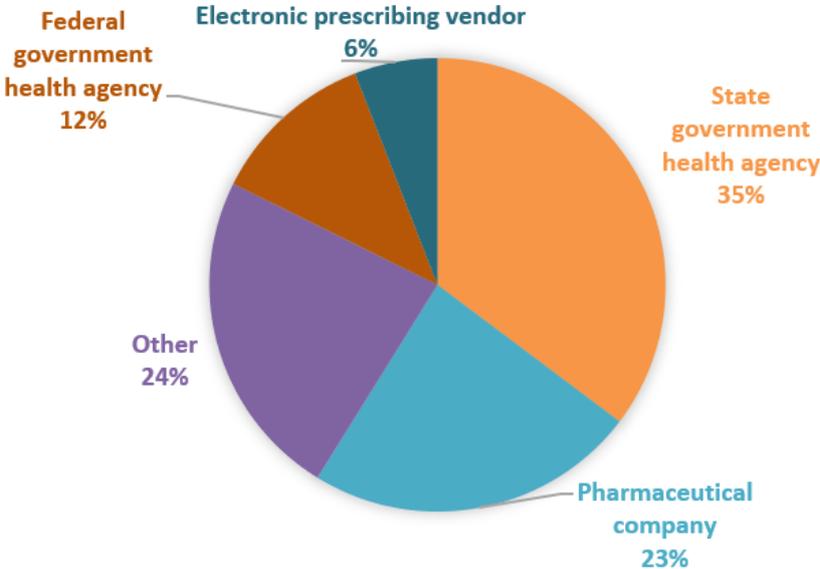
# Spotlight on non-clinical users

As a key component of the eviQ Strategic Directions project is to understand usage by non-clinical users, these data have been extracted below.

## Users

Figure 6, repeated below for ease, shows the breakdown of the 17 respondents identifying as non-clinical users. Six of 17 (35%) non-clinical users were from State government health agencies, five (23%) from pharmaceutical companies, two (12%) from federal government health agency and one (6%) was from an electronic prescribing vendor. Those identifying as *other* were from a health care vendor, clinical research institution, radiotherapy treatment device company and a cancer not-for-profit.

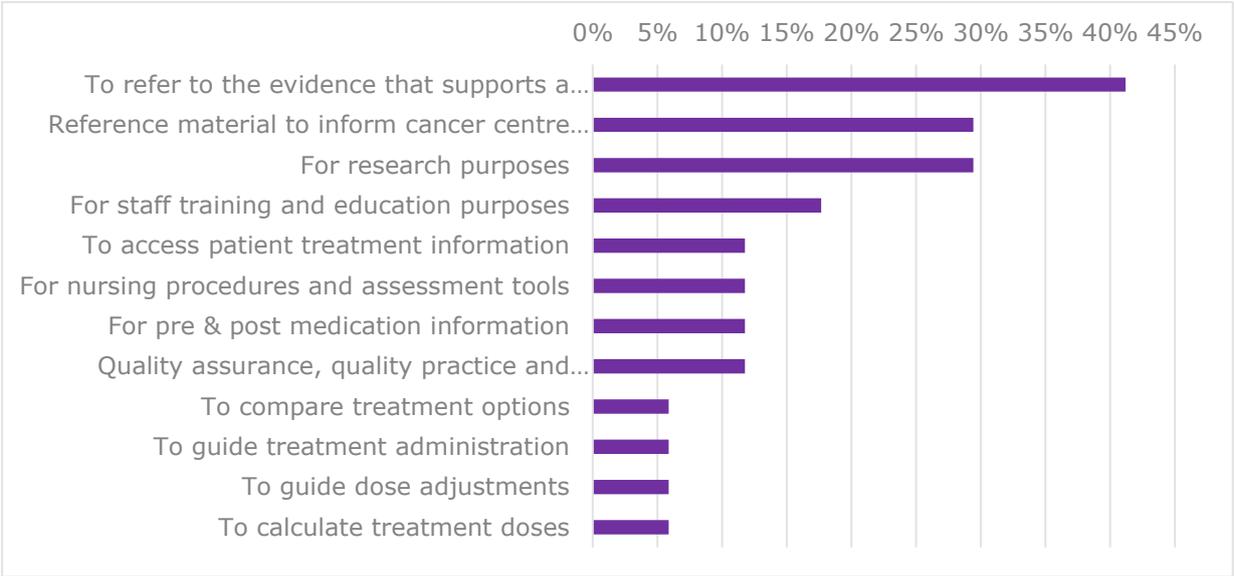
**Figure 6. Breakdown of non-clinical users (n=17\*)**



## Use

Compared to the broader analysis (Figure 7), non-clinical users reported using less components of the eviQ website (as shown in Figure 10). The most commonly cited use was *to refer to the evidence that supports a specific treatment protocol* (41%) followed by *reference material to inform cancer centre practices* (29%) and *for research purposes* (29%).

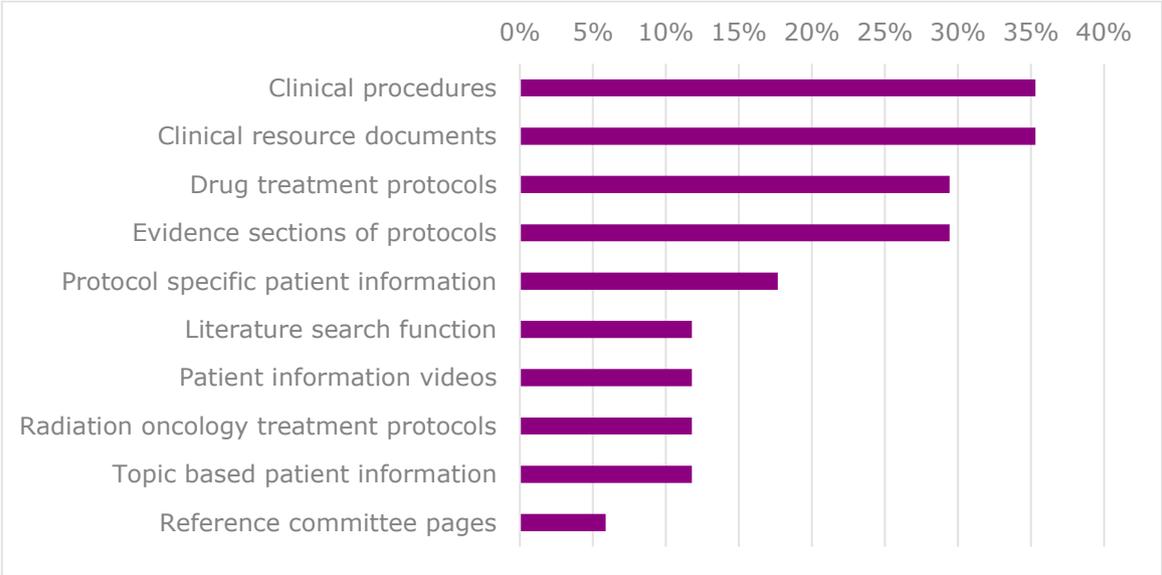
**Figure 10. How eviQ is currently used by non-clinical users**



**Vital components**

Again, when compared to broader analysis (Figure 8) less non-clinical users rated components of eviQ vital to their role (as shown in Figure 11). The most vital component for non-clinical users were the *clinical procedures* (35%) and *clinical resource documents* (35%) followed by the *drug treatment protocols* (29%) and *evidence sections of protocols* (29%).

**Figure 11. Vital components of eviQ for non-clinical users**



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## **Outcomes**

Although generally positive, the data captured from non-clinical users on the contribution of eviQ to the broader program outcomes were too incomplete to report on.

## **Value**

Only two non-clinical users provided additional commentary on the value of eviQ (to them, their organisation and/or their patients) and what gap/s eviQ fills. This was as follows:

*Great resource – so informative.*

***-Clinical research institution representative***

*As we are not part of a hospital system (which would otherwise provide them), the clinical guidelines/procedures are extremely helpful to ensure proper practice.*

***-Pharmaceutical company representative***

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# Appendix 1. Survey instrument

## Questions for eviQ strategic planning pop-up survey – November 2020

### Pop-up introduction

Help us shape the future of eviQ through our strategic planning survey.  
We want to know how you use eviQ so we can continue to support you.

COMPLETE THIS 5 MINUTE SURVEY NOW.  
This survey is anonymous and completely voluntary.

### 1a. Which of the following best describes your professional training and role?

- Academic → go to question 2
- Allied Health → go to question 1d
- Clinical Information Manager → go to question 2
- Consumer, patient or carer → go to question 2
- Non-clinical (e.g government, industry, professional bodies) → go to question 1e
- Hospital Administrator → go to question 2
- Medical Doctor → go to question 1b
- Medical Physicist → go to question 2
- Nurse → go to question 1c
- Pharmacist → go to 1f
- Radiation Therapist → go to question 2
- Other (please specify) → go to question 2

### 1b. Please indicate what type of medical speciality:

- Cancer Geneticist
- Haematologist
- Medical Oncologist
- Primary Care Practitioner
- Radiation Oncologist
- Specialist-in-training
- Surgeon
- Other (please specify)

### 1c. Please indicate what type of nursing role:

- Clinical Nurse Consultant
- Clinical Nurse Specialist
- Clinical Trials Coordinator
- Enrolled nurse
- Nurse Unit Manager
- Nurse/Clinical Nurse Educator
- Registered Nurse
- Other (please specify)

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**1d. Please indicate what type of allied health professional role:**

- Dietician
- Genetic Counsellor
- Psychologist
- Medical physicist
- Social Worker
- Speech Pathologist
- Other (please specify)

**1e. Please indicate the type of organisation you mainly work for:**

- Electronic prescribing vendor
- Federal government health agency
- Pharmaceutical company
- Professional organisation e.g. COSA, MOGA
- Reimbursement/Regulatory body e.g. TGA or PBS
- State government health agency
- Other (please specify)

**1f. Please indicate what type of pharmacy role:**

- Community pharmacist
- Hospital pharmacist
- Speciality cancer pharmacist
- Other (please specify)

**2. Please indicate how you currently use eviQ (select all that apply)**

- in real time whilst treating a patient
- in real time to direct staff to my preferred treatment practice
- for staff training and education purposes
- to compare treatment options
- to assist in prescribing treatment
- to access patient treatment information
- to guide treatment administration
- to find medicine cost information
- to guide dose adjustments
- to refer to the evidence that supports a specific treatment protocol
- for nursing procedures and assessment tools
- for pre & post medication information
- for information on side effects/toxicity
- to calculate treatment doses
- reference material to inform cancer centre practices
- quality assurance. quality practice and reporting
- for research purposes
- Other (please specify)

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**3. Which parts of the eviQ website are vital for you? (select all that apply)**

- assessment tools
- calculators – BSA, creatinine clearance, drug dosage
- cancer genetics protocols
- clinical procedures
- clinical resource documents
- drug treatment protocols
- evidence sections of protocols
- literature search function
- patient information videos
- protocol specific patient information
- translated patient information
- radiation oncology treatment protocols
- reference committee pages
- topic based patient information
- Other (please specify)

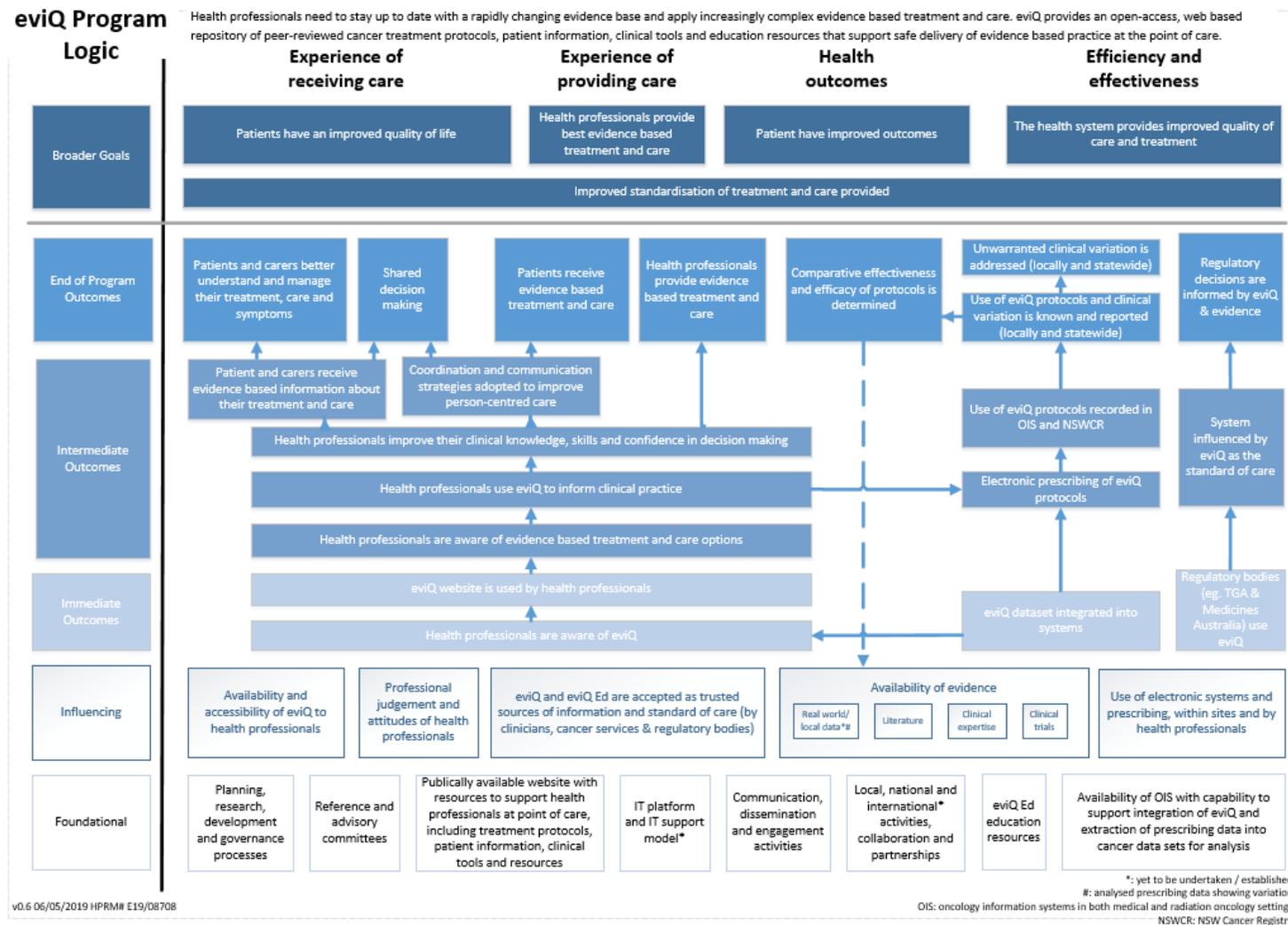
**4. Please indicate the extent to which you agree with the following statements:**

**eviQ contributes towards:**

- improving the standardisation of treatment and care provided at a national level
- health professionals providing best evidence based treatment and care
- patients receiving evidence based treatment and care
- patients having an improved quality of life
- patients having improved health outcomes
- the health system providing improved quality of care and treatment
- improving the efficiency of cancer care by using the national knowledge base in cancer care to ensure best practice standards are understood
- training and education of the next generation of cancer clinicians

**5. Please provide any additional commentary on the value of eviQ (to you, your organisation and/or your patients) and what gap/s eviQ fills.**

# Appendix 2. eviQ program theory of change



v0.6 06/05/2019 HPRM# E19/08708

**Cancer Institute NSW**

[cancer.nsw.gov.au](http://cancer.nsw.gov.au)