

Your Voice Matters (YVM) Report

Methodology

The Your Voice Matters (YVM) Report provides a descriptive view of the YVM surveys collected by Ontario Health (Cancer Care Ontario) since the launch of the re-designed YVM survey on December 4, 2023. This report is updated monthly and is designed for Regional Cancer Centres (RCC) and participating partner hospitals to view data for the YVM survey collected up to the end of the previous calendar month.

Measure or Indicator Overview

The YVM Report contains metrics and indicators grouped in nine sections:

- Cumulative data (reported at the province level),
- Facility summary (summary of survey and prompt volumes for each participating facility),
- Regional Cancer Program (RCP) overview (selected indicators summarized by RCP),
- Percent positive scores (the percentage of surveys with favourable responses),
- Percent positive scores over time,
- Response distribution of individual questions (the percentage of responses by each question/answer combination in the survey),
- Prompt and participation rates (uptake indicators relative to the total number of cancer patients seen at each site),
- Monthly data summary (a tabular view of all key indicators by site), and
- Data notes

Indicators that include patient opinions (such as percent positive scores or response distributions) and/or patient information (such as age, sex, or diagnosis information) are only reported for sites that satisfy the reporting threshold outlined in the [Reporting Threshold](#) section below. These indicators are reported monthly for participating sites with sufficient survey volumes and quarterly for sites where volumes are insufficient. Once participating sites reach sufficient data volumes, data can be reported monthly.

All sections of the report (outside of the "Cumulative Data", "Prompt and Participation Rates" and "Monthly Data Summary" tabs) have the option to filter for a month or quarter. Indicators are automatically aggregated over the period selected by the user. This allows for indicators to be aggregated

by month (as in previous YVM reporting) or over longer periods of time if multiple months or quarters are selected.

All measures and indicators use aggregated data, subject to suppression rules outlined in the Suppression Methodology section. All facilities with the YVM survey enabled (regardless of prompt or survey volumes) are included in the report. Indicators that rely on small counts (<30) should be interpreted with caution.

Database Information

All YVM data is collected and extracted from the Ontario Health (Cancer Care Ontario) – Interactive Symptom Assessment and Collection (ISAAC) Replication Database. Cancer system activity is extracted from the Activity Level Reporting (ALR) database.

Inclusion and Exclusion criteria

In rare cases, the appointment type for the survey (in-person versus virtual care) is unavailable due to missing data in Question 1 of the survey. This question is mandatory, but occasionally data is missing due to a server issue with the ISAAC platform (i.e., the electronic platform collecting all submitted YVM surveys from participating facilities). Surveys with this data quality issue are excluded from all measures and indicators in this report.

Patients with an invalid or missing health card number (HCN) are included for measures or indicators that require data only from the ISAAC Replication Database. These patients still have appropriate identifiers in the ISAAC system for record linkages within the database. This ISAAC-generated identifier is facility-specific and may lead to the double counting of patients, so Ontario totals use the patient health card number (HCN). Ontario totals using HCN may be slightly undercounted because of these patients. Records with invalid or missing HCN will not be linkable to other data sources; future measures (not currently in this report) requiring this linkage will exclude these records (e.g., measures requiring diagnosis information).

YVM Cumulative Data

The cumulative data section of the report includes all YVM surveys submitted across all participating facilities since the launch of the re-designed YVM survey on December 4th, 2023.

Measures and indicators on this tab include (1) the total number of prompts, (2) the number of unique patients prompted to complete YVM at least once, (3) the total number of YVM surveys submitted, (4) the number of unique patients who completed YVM at least once, (5) the number of facilities participating in YVM data collection, and (6) percent positive scores by facility type. Detailed explanations of these measures and indicators are included in subsequent sections of this document.

The facility type stratification includes Ontario (all participating sites), as well as the percent positive scores by Regional Cancer Centres (RCCs) versus all other participating facilities. The following sites are classified as RCCs: Windsor Regional Hospital, London Health Sciences Centre, Grand River Hospital, Hamilton Health Sciences, Trillium Health Partners, University Health Network, Sunnybrook Health Sciences Centre, Southlake Regional Health Centre, Lakeridge Health, Kingston Health Sciences Centre, The Ottawa Hospital, Royal Victoria Regional Health Centre, Health Sciences North/Horizon Santé-Nord and Thunder Bay Regional Health Sciences Centre. Both the Credit Valley and Queensway Health sites are considered part of the RCC at Trillium Health Partners.

YVM Facility Overview

YVM survey measures are available monthly for each participating facility (i.e., both RCCs and partner sites). These measures include a count of the (1) total YVM surveys submitted, (2) the number of unique patients who submitted an YVM survey, (3) total number of YVM prompts recorded by the ISAAC system and (4) the number of unique patients prompted to complete YVM. Users can select multiple month(s) or quarter(s) to summarize the indicators over specific time periods of interest.

A patient is considered 'prompted' if they view the YVM consent page to complete the YVM survey. A patient may be prompted multiple times during the reporting period. Prompts are counted using the corresponding event identifier (AuditID) from ISAAC system, which uniquely identifies a single prompt event.

Survey volumes are individually stratified by three characteristics:

- **Appointment type:** Based on the patient-reported appointment type (entered on Question 1 of the YVM survey), YVM surveys are classified as in-person or virtual care (telephone or video).
- **Survey completeness:** All YVM surveys are classified as complete or partially complete. A 'complete' survey refers to surveys in which the submit button on the final page was selected by the patient, regardless of how many questions were completed. A 'partially completed' survey captures all surveys in which at least one survey question was completed, but the submit button on the final page was not selected by the patient. In both cases, individual questions may have missing responses due to built-in skip-logic in the survey, and/or patients electing not to complete them.
- **Channel:** YVM surveys can be submitted via kiosks (channelID = 1) located on-site at facilities, or via a link to the home channel on a personal or hospital-supplied device (channelID = 2). In rare cases, surveys may be classified under 'other channel' which includes YVM surveys manually uploaded to the ISAAC system.

Metric	Description	Method Notes
Total YVM surveys submitted	Number of unique YVM surveys submitted during the reporting period, stratified by appointment type, survey completeness and channel.	Unique surveys are counted using a survey identifier generated by the ISAAC system (PatientSurveyID).
Unique patients who submitted YVM	Number of unique patients with one or more YVM submissions during the reporting period.	The patient count for individual facilities counts distinct patient-site identifiers (PatientSiteID); this identifier is generated by the ISAAC system for unique combinations of patient and facility. The Ontario count uses HCN.
Total prompts	Number of unique YVM prompts during the reporting period.	This measure provides the total count of YVM prompts launched by the ISAAC system in the reporting timeframe.
Unique patients prompted	The number of unique patients who were prompted to complete the	The patient count for individual facilities counts distinct patient-site identifiers (PatientSiteID);

	YVM at least once during the reporting period.	this identifier is generated by the ISAAC system for unique combinations of patient and facility. The Ontario count uses HCN.
Response Rate	The percentage of unique patients who submitted at least one YVM survey out of those prompted during the reporting period.	<p>The patient count for individual facilities counts distinct patient-site identifiers (PatientSiteID); this identifier is generated by the ISAAC system for unique combinations of patient and facility. The Ontario count uses HCN.</p> <p>Patients who are prompted more than once, and/or submit more than one YVM assessment are only counted once.</p>

DATA NOTES AND CAVEATS

- Within each channel (kiosk and home channel), patients are allowed to submit the YVM survey every 30 days. The prompt logic is channel agnostic, meaning patients can submit YVM more than once within the same 30-day window if submitted on separate channels (e.g., YVM is submitted once by kiosk, then again on a personal device via the home channel).
- For some participating sites, YVM has been disabled on kiosks and all surveys are completed via the home channel.
- Patients who are prompted to complete YVM at multiple participating facilities will be counted under multiple sites (if applicable). These patients are counted only once in the Ontario total.
- A small number of patients may be missing a valid HCN and may result in discrepancies when comparing facility-level totals against the Ontario total.
- Adult patients in Ontario receiving cancer care are prompted with YVM (within each channel) if the following suite of conditions are met:
- As part of the general YSM + YVM workflow:
 - ≥1 Your Symptoms Matter (YSM) Survey submitted at a previous visit,
 - ≥30 days elapsed since a patient last accepted a prompt for the YVM survey, and
 - the patient completed <4 surveys on the electronic interface or kiosk where the YSM Surveys are administered for the respective visit day
- As part of the “stand-alone” YVM workflow:
 - ≥30 days elapsed since a patient last accepted a prompt for the YVM questionnaire
- Patients who decline or ignore a prompt for YVM will be prompted on each login to the ISAAC platform until the prompt is accepted. As a result, this may result in several prompts being recorded per patient within a 30-day period.
- In some cases, patients who accept a prompt may elect not to complete an YVM survey. When prompts are accepted (regardless of survey completion), the patient is not prompted on that channel type to complete the YVM for 30 days.

- Participating facilities that do not administer YVM with ISAAC will not have prompt events in the ISAAC Replication Database that can be used for reporting. For example, prompt measures will not be available for Princess Margaret Cancer Centre since their YVM surveys are uploaded to the ISAAC system and not collected directly by the ISAAC platform.

Regional Cancer Program Overview

The Regional Cancer Program (RCP) section includes (1) the list of facilities within the RCP who are administering the YVM survey, (2) the total number of YVM prompts recorded by the ISAAC system, (3) the total YVM surveys submitted by month or quarter, (4) the cumulative number of surveys stratified by appointment type, survey completeness and channel type, and (5) the percent positive scores for each YVM survey question.

All data reported in this section is aggregated across all participating sites within the selected RCP. Users can select multiple month(s) or quarter(s) to summarize the indicators over specific time periods of interest. As additional sites are onboarded to data collection, they will be added to this report section under their corresponding RCP.

YVM Percent Positive Scores

The YVM percent positive score is the percentage of YVM surveys in which a favorable (positive) response was recorded among all surveys with a response (whether positive or negative). These metrics are reported individually for all questions in the YVM survey except for questions 1, 2, and 6A. These questions are excluded as the response options cannot be classified into positive or negative responses.

A detailed summary of how positive and negative response options are defined is available in [Appendix A: Percent Positive Methodology](#). This indicator is reported individually by question at all participating facilities, with the option to additionally stratify/filter by appointment type. Users can select multiple month(s) or quarter(s) to summarize percent positive scores over specific time periods of interest.

Metric	Description	Numerator	Denominator
Percent Positive Score	The percentage of YVM surveys in which a favorable (positive) response was recorded among all surveys with a positive or negative response. Surveys are counted using the survey identifier (PatientSurveyID field) from the ISAAC Replication Database.	The number of YVM surveys in which a positive response was collected for the question.	Number of YVM surveys in which a positive or negative response was collected for the question.

DATA NOTES AND CAVEATS

Survey questions in which no response option is selected, or the patient selects one option from the following list: "I do not remember", "This does not apply", "No, but I was given a reason why" (question 3 only), and "I was not given instructions" (question 5 only) are excluded from this indicator.

YVM Percent Positive Over Time

This section of the report provides a monthly or quarterly summary of percent positive scores for the selected facility over time. The corresponding Ontario percent positive score is presented for comparison purposes.

Response Distribution

The YVM response distribution summarizes the percentage of YVM surveys in which a given response option was selected for each survey question. The denominator of the response distribution measures includes the surveys where no response was submitted by the patient.

This indicator is reported individually by question for all participating facilities, with the option to additionally stratify/filter by appointment type. Users can select multiple month(s) or quarter(s) to summarize response distributions over specific time periods of interest. The corresponding province level response distribution is presented for comparison purposes.

Measure	Description	Numerator	Denominator
Response Distribution	The percentage of YVM surveys in which each response option for a given question was recorded.	The number of YVM surveys in which the particular response option was selected. Surveys are counted using the survey identifier (PatientSurveyID) from the ISAAC Replication Database.	All YVM surveys submitted (including surveys in which no response was collected for that question). The denominator is the same for each question in the survey as it corresponds to the total number of surveys in the reporting period.

DATA NOTES AND CAVEATS

Some questions in the survey have built-in skip-logic, meaning a patient's responses may dictate the questions they see. These questions will have a high degree of non-response relative to other survey questions, and include:

- Question 5 and 8: Only appear for patients who selected 'video' or 'telephone' in question 1
- Question 6B: Only appears for patients who select any response option including 'Yes' for question 6A
- Question 7B: Only appears for patients who indicated their appointment did not start on time in question 7A
- Question 11B: Only appears for patients who did not select 'This does not apply' for question 11A
- Question 11D: Only appears for patients who did not select 'This does not apply' for question 11C
- Questions 6A and 8 are multi-select questions which allow patients to select all response options that apply to them. As a result, the number of responses for these questions exceeds the total number of survey responses.

Question 8 does not allow patients to select 'I did not have any of these problems' with any other response option.

Prompt and Participation Rates

This section provides a monthly summary of the number of unique patients prompted for YVM and who submitted a YVM assessment relative to the total number of cancer patients seen at each site. These correspond to the prompt and participation rates, respectively. Data on this tab is lagged by 2 months (e.g., an additional month compared to other sections of the report) to account for the data submission schedule in ALR. Data reported from ALR may be resubmitted by sites, resulting in changes to historical indicator values. In some cases, sites may have additional delays in submissions and will not have data available for the most recent months.

Sites which do not submit data to ALR such as Collingwood General and Marine Hospital, Georgian Bay General Hospital and Muskoka Algonquin Healthcare - Bracebridge do not have the prompt rate or participation rate recorded, as no denominator is available.

Metric	Description	Numerator		Denominator
Prompt Rate	The percentage of cancer patients seen by a participating facility who were prompted to complete YVM at least once, reported by month.	The number of unique patients who were prompted to complete YVM at least once during the specified month.		Total number of cancer patients seen by a participating facility in the specified month.
Participation Rate	The percentage of cancer patients seen by a participating facility who submitted at least one YVM survey, reported by month.	The number of unique patients who submitted at least one YVM survey during the specified month.		Total number of cancer patients seen by a participating facility in the specified month.

DATA NOTES AND CAVEATS

The denominator uses the T2PS metric from ALR to determine the total number of cancer patients seen by a participating facility each month.

- T2PS is defined as a unique ALR case with a clinic visit for radiation, systemic, surgery, preventative oncology, or palliative/psychosocial oncology, or radiation planning/treatment visits, antineoplastic systemic or supportive/adjunctive therapy visits in the reporting period. Cases are counted only once per reporting period, regardless of the number of programs in which they are seen.

- Minor procedures activity was no longer accepted by the ALR as of April 1st, 2021. This activity was no longer included in the T2PS metric for any calculations beyond this date.
- The T2PS metric reflects the cancer system activity submitted by the RCCs and their partner sites. The quality of the reported data will be impacted by what is submitted.

Monthly Data Summary

The purpose of this tab is to provide a performance summary for all participating facilities and allow the user to sort data by any of the available columns.

This tab provides a tabular view of eight key indicators:

1. the number of patients who visited the site (based on the T2PS metric),
2. the total number of prompts received by patients visiting the site,
3. the total number of surveys completed,
4. the number of unique patients who submitted at least one YVM survey,
5. the number of unique patients who were prompted to complete YVM at least once,
6. the response rate,
7. the prompt rate, and
8. the participation rate.

Data is available for each month since December 2023 up to and including the previous calendar month. For example, a report refreshed in May 2025 will contain data up to April 2025. Indicators which rely on ALR data follow the submissions schedule for the database and is lagged by 2 months. Delays in ALR submissions from sites may result in additional months having missing indicator values.

General Reporting Methods

Suppression Methodology

To mitigate the risk of re-identifying patients who submitted YVM, indicator numerators and denominators are suppressed for indicators which include patient characteristics and/or patient perspectives (such as specific answers to the YVM survey). Suppression is applied if at least one of the following criteria are met:

- The numerator and/or denominator are a small count (values between 1 and 5, inclusive)
The numerator and/or denominator can be used to back-calculate a suppressed count. This may result in the suppression of numerator and denominator values greater than 6.

Suppression is also applied to the T2PS metric (used as the denominator for both the prompt and participation rates) when the number of cancer patients seen by a site in a given month is between 1 to 5 patients.

Reporting Threshold

Sites with insufficient survey volumes are excluded from sections of the report which include patient opinions (e.g., question-level data from the YVM survey) and/or patient characteristics (such as age, sex or disease site).

This is done to mitigate the risk of patient re-identification and because indicators for these sites would be entirely suppressed due to small volumes.

To determine if a participating facility has sufficient volumes for reporting, the most recent 6 months of data are evaluated. Sites which exceed 6 surveys per month on average are considered to have sufficient data for indicator reporting. Other criteria including the average number of YVM prompts recorded in ISAAC, the cumulative number of prompts and surveys recorded by the site, and any contextual knowledge about data collection efforts and procedures at the site may also be used to assess the reporting threshold.

Ontario Health will routinely monitor the above criteria for each participating site, including newly onboarded sites. Once sufficient data is reached, the data (including all historical records) will be added to the report sections. If participating partner sites have sufficient volumes, indicators may be available monthly rather than quarterly. This will be assessed on a case-by-case basis.

All participating sites can view their facility-specific response rates and prompt and survey volumes in the 'Facility Overview' section of the report but are unable to see indicators and metrics detailing patient responses to the YVM until the reporting threshold is met. Although sites that do not meet the threshold will not be able to see response distributions or percent positive scores for their facility, their survey information will contribute to the RCP-level measures and indicators in the 'RCP Overview' section of the report.

Appendix A: Percent Positive Methodology

	Positive response (included in the numerator and denominator of percent positive calculation)
	Negative response (included in the denominator of percent positive calculation)
	Not applicable (not included in the percent positive calculation)
	The responses for questions 1, 2, and 6A do not have a colour fill since percent positive scores are not reported for these questions.

Question Number	Question Text	Notes	Responses				
1	How did you attend your most recent cancer care appointment?	No percent positive scoring	In-person	Telephone	Video		
2	When was your most recent cancer care appointment?	No percent positive scoring	Within the past month	More than 1 month ago	I do not remember		
3	Were you given the choice of an in-person or virtual (by telephone or		Yes	No	No, but I was given a reason why	I do not remember	

	video) appointment?						
4	Were you given the option to have a family member, friend or caregiver join your most recent cancer care appointment?		Yes	No	I do not remember		
5	Were the instructions for how to join your virtual (telephone or video) appointment clear?	Only for telephone or video appointments	Yes	Somewhat	No	I was not given instructions	
6A	Did you contact the cancer clinic for any of these reasons before your appointment?	Multi-select; No percent positive scoring	Yes, about my health	Yes, about my appointment	Yes, for another reason	No, I did not know how to contact the clinic	No, I did not contact the clinic
6B	Were you satisfied with the response from the cancer clinic?	Only if 'yes' selected in 6A	Yes	Somewhat	No	I do not remember	
7A	Did your most recent cancer care appointment start on time?		Yes	No	I do not remember		
7B	How long did you wait past your scheduled appointment time?	Only if 'no' selected in 7A	Less than 30 minutes	30 minutes or more	I do not remember		

8	Did you have any of these problems during your virtual (telephone or video) appointment?	Multi-select; only for telephone or video appointments	Hearing my cancer care team	Seeing my cancer care team on the screen	Setting up the computer program	Connecting to the internet	Joining my appointment	I did not have any of these problems
9	Did the cancer clinic provide care in your language of choice?		Yes	No	I do not remember			
10	How much do you agree with this statement about your most recent cancer care appointment?	4 parts (A through D)						
10A	My cancer care team spent enough time with me		Agree	Somewhat agree	Neutral	Somewhat disagree	Disagree	
10B	My cancer care team explained things in a way I could understand		Agree	Somewhat agree	Neutral	Somewhat disagree	Disagree	
10C	My cancer care team treated me with respect		Agree	Somewhat agree	Neutral	Somewhat disagree	Disagree	
10D	My cancer care team involved me in making decisions about my care in the way I wanted		Agree	Somewhat agree	Neutral	Somewhat disagree	Disagree	This does not apply

11A	Did your cancer care team talk with you about your physical symptoms (examples: pain, nausea) as much as you wanted?		Yes	No	Somewhat	This does not apply	
11B	Did your cancer care team help you manage your physical symptoms (examples: gave you advice, information, referral, medication)?	Skipped if patient selected 'This does not apply' in question 11A	Yes	No	This does not apply		
11C	Did your cancer care team talk with you about your emotional worries and concerns (examples: fear, sadness) as much as you wanted?		Yes	No	Somewhat	This does not apply	
11D	Did your cancer care team help you manage your emotional worries and concerns (examples: gave you advice, information, referral, medication)?	Skipped if patient selected 'This does not apply' in question 11C	Yes	No	This does not apply		

12	Did you have all the information you needed about the next steps in your care after your appointment?		Yes	Somewhat	No	I do not remember	
13	Did you know who to contact if you had questions or concerns after your appointment?		Yes	No	I do not remember		
14	Overall, how would you rate the care you received at your most recent cancer care appointment?		Very good	Good	Neutral	Poor	Very Poor