

Original Article

Cancer Care Professionals' Attitudes Toward Systematic Standardized Symptom Assessment and the Edmonton Symptom Assessment System After Large-Scale Population-Based Implementation in Ontario, Canada

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Abstract

Context. Cancer patients experience a high symptom burden throughout their illness. Despite this, patients' symptoms and needs are often not adequately screened for, assessed, and managed.

Objectives. This study investigated the attitudes of cancer care professionals toward standardized systematic symptom assessment and the Edmonton Symptom Assessment System (ESAS) and their self-reported use of the instrument in daily practice in a large healthcare jurisdiction where this is routine.

Methods. A 21-item electronic survey, eliciting both closed and open-ended anonymous responses, was distributed to all 2806 cancer care professionals from four major provider groups: physicians, nurses, radiotherapists, and psychosocial oncology (PSO) staff at the 14 Regional Cancer Centres across Ontario, Canada.

Results. A total of 1065 questionnaires were returned (response rate: 38%); 960 were eligible for analysis. Most respondents (88%) considered symptom management to be within their scope of practice. Sixty-six percent of physicians considered the use of standardized tools to screen for symptoms as "best practice," compared to 81% and 93% of nurses and PSO staff, respectively. Sixty-seven percent of physicians and 85% of nurses found the ESAS to be a useful starting point to assess patients' symptoms. Seventy-nine percent of physicians looked at their patient's ESAS scores at visits either "always" or "often," compared to 29%, 66%, and 89% of radiotherapists, PSO staff, and nurses, respectively. Several areas for improvement of ESAS use and symptom screening were identified.

Conclusion. Findings show significant albeit variable uptake across disciplines in the use of the ESAS since program initiation. Several barriers to using the ESAS in daily practice were identified. These need to be addressed. *J Pain Symptom Manage* 2016;51:662–672 © 2016 American Academy of Hospice and Palliative Medicine. Published by Elsevier Inc. All rights reserved.

Key Words

Cancer professionals, Edmonton Symptom Assessment System, ESAS, patient-reported outcomes, PROs, patient-reported outcome measurement, PROM, systematic symptom assessment

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Introduction

Cancer patients experience a high symptom burden throughout their illness trajectory.^{1–4} Although this burden often increases as the disease progresses,⁵ patients with controlled disease^{6,7} and some cancer survivors also experience significant symptom burden.^{8,9} Despite this, patients' symptoms and needs are often not adequately screened for, assessed, and managed.^{10,11} The use of a systematic, standardized population-based approach to symptom screening and assessment—including the use of appropriate instruments—may help stimulate symptom-focused discussions between clinicians and patients,¹² improve patient satisfaction,¹³ and lead to improved symptom screening and control.^{14,15}

The Edmonton Symptom Assessment System (ESAS) is among these numerous symptom screening instruments.^{16–18} It screens for nine key symptoms and their intensity: anxiety, depression, drowsiness, lack of appetite, nausea, pain, shortness of breath, tiredness, and overall well-being. Although initially developed for a cancer population with advanced disease,¹⁶ the ESAS is now used across different stages.⁸ Studies have identified evidence for validity in cancer patients with advanced disease^{19,20} as well as earlier in the illness trajectory.^{21,22} In addition, studies have used the ESAS across cancer populations from survivors and patients undergoing treatment to patients with advanced disease and at the end of life.^{23–26} The ESAS also has been used in several noncancer populations, including patients with advanced heart^{27,28}/chronic obstructive pulmonary^{28,29} disease, and validity of a modified ESAS has been shown in end-stage renal disease.^{30,31}

Cancer Care Ontario (CCO), through its Ontario Cancer Symptom Management Collaborative (OCSMC), implemented a large-scale, system-wide approach to symptom screening and assessment in Ontario, Canada using the ESAS in 2006,^{32,33} with now more than four million symptom screens logged in their database. Patients are asked to complete the ESAS when they present to outpatient clinics at Ontario's 14 Regional Cancer Centres (RCCs), mostly electronically at touch-screen kiosks. When completed electronically, a histogram is generated showing the trending of patients' symptom scores over time. Evidence-based clinical practice guidelines also have been developed by CCO to guide symptom management.³⁴ In a 2013 survey of 3660 patients,³⁵ 92% "strongly agreed" or "agreed" that the ESAS was important as it helped their healthcare team to know their symptoms and severity.

Despite its utilization and importance expressed by patients,³⁵ some resistance toward the tool and challenges in uptake have been observed. A study of

oncology physicians and nurses at an RCC in Ontario³⁶ found that about 15% of oncologists "rarely" or "never" looked at their patients' ESAS scores, and 30% looked at them "occasionally." Nurses reported a higher frequency of use.³⁶ In a similar study of physicians conducted at another RCC,³⁷ 30% of medical and 45% of radiation oncologists said that they "rarely" or only "occasionally" looked at the ESAS. Although recent years have seen an uptake in adoption,³³ the provincial screening rate remains just under 60%,³⁸ and of those patients screened, only 62% reported that their healthcare team always talks with them about their ESAS scores.³⁵ Thus, gaps regarding clinician acknowledgment, support, and utilization of the ESAS remain.

The purpose of this study was to investigate the attitudes of cancer care professionals in all 14 Ontario RCCs toward standardized symptom assessment and the use of the ESAS, with specific objectives of exploring cancer care providers' self-reported ESAS utilization in daily practice and understanding barriers and facilitators to usage.

Methods

The study was approved by the Ottawa Health Science Network Research Ethics Board as the primary site (OHSN-REB protocol # 20130837-01H); all study participants provided informed consent via a dialogue box at the outset and at submission of the electronic questionnaire (available at jpsmjournal.com).

Study Population

The study population, identified through OCSMC representatives from each of the 14 RCCs, included all 2806 cancer care professionals from four major professions: physicians (medical oncologists, radiation oncologists, surgical oncologists, general practitioners in oncology, and palliative care physicians), nurses, radiation therapists (radiotherapists), and psychosocial oncology (PSO) staff.

Survey Design

An anonymous, self-administered questionnaire was distributed via email. It was modeled after those used in two previous studies^{36,37} and transferred to FluidSurveys™ (Ottawa, Ontario, Canada). The questionnaire was organized into three parts: 1) participant demographics, 2) symptom assessment and the ESAS in clinical care, and 3) CCO symptom management guidelines and was composed of 21 questions, including both closed-ended (dichotomous, Likert scale, and frequency questions) and open-ended free-text questions.³⁹ This latter qualitative approach allowed participants to provide additional information explaining their responses.⁴⁰

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