

Original Article

Development and Validation of a Medical Chart Review Checklist for Symptom Management Performance of Oncologists in the Routine Care of Patients With Advanced Cancer

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Abstract

Context. Oncologists perform a range of pharmacological and nonpharmacological interventions to manage the symptoms of outpatients with advanced cancer.

Objectives. The aim of this study was to develop and test a symptom management performance checklist (SyMPeC) to review medical charts.

Methods. First, the content of the checklist was determined by consensus of an interprofessional team. The SyMPeC was tested using the data set of the SAKK 96/06 E-MOSAIC (Electronical Monitoring of Symptoms and Syndromes Associated with Cancer) trial, which included six consecutive visits from 247 patients. In a test data set (half of the data) of medical charts, two people extracted and quantified the definitions of the parameters (content validity). To assess the inter-rater reliability, three independent researchers used the SyMPeC on a random sample (10% of the test data set), and Fleiss's kappa was calculated. To test external validity, the interventions retrieved by the SyMPeC chart review were compared with nurse-led assessment of patient-perceived oncologists' palliative interventions.

Results. Five categories of symptoms were included: pain, fatigue, anorexia/nausea, dyspnea, and depression/anxiety. Interventions were categorized as symptom specific or symptom unspecific. In the test data set of 123 patients, 402 unspecific and 299 symptom-specific pharmacological interventions were detected. Nonpharmacological interventions ($n = 242$) were mostly symptom

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unspecific. Fleiss's kappa for symptom and intervention detections was $K = 0.7$ and $K = 0.86$, respectively. In 1003 of 1167 visits (86%), there was a match between SyMPeC and nurse-led assessment. Seventy-nine percent (195 of 247) of patients had no or one mismatch.

Conclusion. Chart review by SyMPeC seems reliable to detect symptom management interventions by oncologists in outpatient clinics. Nonpharmacological interventions were less symptom specific. A template for documentation is needed for standardization. *J Pain Symptom Manage* 2014;48:1160–1167. © 2014 American Academy of Hospice and Palliative Medicine. Published by Elsevier Inc. All rights reserved.

Key Words

Chart review, validation, symptom management, oncology

Introduction

Patients with advanced cancer suffer from a variety of symptoms with fluctuating intensity. These symptoms can be physical, emotional, or spiritual.¹ To manage symptoms, treat the patients, and support their family members, oncologists perform a variety of interventions. These interventions range from specific anti-cancer treatments, such as chemotherapy or radiotherapy, to management of treatment side effects but include also diagnostic procedures and the invitation to interdisciplinary team members such as psycho-oncologists to participate in the care of the patients.^{2,3}

The management of common symptoms is part of oncologists' professional skills. The Global Core Curriculum for Medical Oncology (American Society of Clinical Oncology/European Society for Medical Oncology [ESMO]) includes supportive and palliative care. Likewise, the recently launched Quality Cancer Care statement of American Society of Clinical Oncology and ESMO includes, as the last of 10 points, pain management as well as supportive and palliative care.^{4,5} However, as in other medical disciplines, variability in symptom management practices is common, and medical documentation varies between individuals and institutions. Documentation of medical treatment is required by law, and different documentation systems are in use, for example, flow sheets, notes, and computers, used by physicians and nurses. The minimal medical record usually covers diagnosis and medication. Many different forms of symptom assessment have been used by physicians and nurses and may have become part of the medical record.

Different methods have been used to evaluate currently delivered multidimensional interventions in the context of palliative cancer care. Prospective checklist work,⁶ videotape/audiotape of consultation,⁷ or retrospective chart reviews⁸ can be applied.

Retrospective chart review by independent medical professionals is frequently used to gain insight into consultations.^{9,10}

In one study, a quality standard called the "palliative care for advanced disease" pathway was introduced, and a standardized tool, the "chart abstraction tool" (CAT), was used to retrospectively analyze records. The CAT includes 100 elements with a high inter-rater reliability (>95%).¹¹ In another analysis, the Edmonton Symptom Assessment System was used at admission and discharge at the M. D. Anderson Cancer center, and medication at discharge was measured. Symptom management was deducted from symptom prevalence and medication.¹²

Although retrospective analyses are inferior to prospective data collection, they are frequently applied because it is relatively easy and does not need to be planned in advance. A good overview of current practice in real-life conditions can be derived. A major limitation of retrospective chart review is the lack of standardization and that it is dependent on the extractor, which limits the evidence level.

The aim of this study was to develop and validate a symptom management performance checklist (SyMPeC) for medical chart review focusing on a defined list of symptom-specific interventions delivered by oncologists

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