

## Review Article

## A Systematic Review of the Use of the Palliative Care Outcome Scale and the Support Team Assessment Schedule in Palliative Care

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## Abstract

**Context.** The Palliative care Outcome Scale (POS) and the Support Team Assessment Schedule (STAS) are two outcome measures used in palliative care settings to assess palliative concerns, needs, and quality of care.

**Objectives.** This systematic review builds on the findings of a previous review to appraise the use of the POS and STAS since 2010, particularly the context and nature of their use.

**Methods.** MEDLINE, Embase, PsycINFO, British Nursing Index, and CINAHL were searched for studies published between February 2010 and June 2014. Relevant authors were contacted, and reference lists of included studies were searched. Studies reporting validation or the use of the POS or STAS were included, and data on sample population, how the outcome measure was being used, study design, study aim, and results of the study were extracted.

**Results.** Forty-three studies were included (POS  $n = 35$ , STAS  $n = 8$ ). There was an increase in the use of the POS and STAS in Europe and Africa with the publication of 13 new translations of the POS. Most studies focused on the use, rather than further validation, of the POS and STAS. There has been increasing use of these measures within non-cancer patient groups.

**Conclusion.** The POS and STAS are now used in a wide variety of settings and countries. These tools may be used in the future to compare palliative care needs and quality of care across diverse contexts and patient groups. J Pain Symptom Manage 2015;■:■-■. © 2015 The Authors. Published by Elsevier Inc. on behalf of American Academy of Hospice and Palliative Medicine. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

## Key Words

Outcome measure (health care), palliative care, patient outcome assessment, hospice care, terminal care

## Introduction

Outcome measures have an increasingly important role in health care. These are measures that help to record a patient's change in health over time, as a result of health care or interventions.<sup>1</sup> The implementation of outcome measures is important for improving the quality of service delivery and promoting accountability. In particular, patient-reported outcome measures (PROMs or PROs) are increasingly recognized as a good way to inform the delivery of health care

and promote patient-centered care, as outcomes directly reflect the difference made for the patient.<sup>2</sup>

The Support Team Assessment Schedule (STAS) and the Palliative care (or Patient) Outcome Scale (POS) are examples of outcome measures specifically developed for palliative care. The STAS was developed in 1986 as a standardized measure to evaluate the work of palliative care support teams. Its 17 items can be rated from 0 (best) to 4 (worst) by a patient's professional caregiver. These items measure patient

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symptoms, anxiety and insight, family anxiety and insight, quality of communication with health care professionals and carers, and the need for practical support. Cohen kappas for STAS items were greater than 0.48 (up to 0.87), with high correlation coefficients (Spearman rho ranged 0.65–0.94).<sup>3,4</sup>

The POS was developed in 1999 following the success of the STAS. This measure was designed for use with advanced cancer patients and evaluates similar outcomes to the STAS, but with an additional patient-reported element. The POS demonstrated good construct validity (Spearman rho = 0.43–0.80), as well as test/retest reliability.<sup>5</sup> Internal consistency of the different versions of the measure was also good (Cronbach alpha = 0.65 [patients], 0.70 [staff]).<sup>5</sup> The 10 items of the POS assess physical symptoms, psychological, emotional, and spiritual needs, and the provision of information and practical support. Two versions of the original (“core”) POS are available for use in specialist and nonspecialist palliative care settings. The latter is also referred to as the “Patient Outcome Scale” in some studies.<sup>6</sup> This is recommended when POS is used in a population that will not necessarily be familiar with or introduced to the term palliative care, such as screening those with long-term conditions for palliative care needs. The POS-S is a further development of the POS that incorporates a symptom list. Extended versions of the POS-S have been developed for use with those living with multiple sclerosis (POS-S-MS), parkinson disease (POS-S-PP), and end-stage renal disease (POS-S-renal). Additional POS measures (POS-S and Integrated Palliative care Outcome Scale [IPOS]) represent refinements of POS to capture more detail about symptoms (POS-S) or to integrate the core POS with the symptom module POS-S (IPOS). In addition, POS is being developed as a screening measure to assess needs of dementia patients residing in care homes.

One of the main challenges to the use of PROMs in palliative care is the high proportion of palliative care patients with impaired cognition or those who are otherwise too unwell to complete them. In some palliative care settings, nearly 60% of all patients were unable to complete PROMs unaided.<sup>7</sup> It is helpful, therefore, to use the term “patient-centered outcome measures,”<sup>8</sup> which refers to measures that encapsulate the priorities of patients themselves, but may include proxy reporting (i.e., they are completed with help from family or professionals, or directly by professionals themselves). Of note, the POS exists in patient, health professional, and carer versions, and so supports this approach.

A review was conducted in 2010 to appraise the use of the POS and STAS since their development. To

build on these findings, the present review aims to appraise the use of the POS and STAS, especially in the context and nature of their use and identify strengths and weaknesses, by identifying and analyzing publications about their use since 2010.

## Methods

### Design

We conducted a systematic literature review to update the previous review by Bausewein et al.,<sup>7</sup> including references up to 2014. We followed standard review methodologies as outlined by the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) statement, which is an evidence-based minimum set of items for reporting systematic reviews.<sup>9,10</sup>

### Search Strategy

We used a predefined search strategy. Articles were identified by a comprehensive search of five electronic databases: MEDLINE, Embase, PsycINFO, British Nursing Index, and CINAHL. Databases were searched for articles published between January 1, 2010 and June 9, 2014. The following search terms were used in an advanced key word search, or an advanced abstract search where the key word search function was unavailable: “Support Team Assessment Schedule”; “STAS and palliative”; “Palliative Care Outcome Scale”; “Palliative Outcome Scale”; “Patient Outcome Scale”; and “POS and palliative.” To identify any further articles, the reference lists of relevant articles were reviewed, users registered to the POS website ([www.pos-pal.org](http://www.pos-pal.org)) were contacted for additional publications, and a list of publications from the Department of Palliative Care, Policy and Rehabilitation, King’s College London, was searched for relevant records from 2010 onward. Full details of the search strategy are presented in [Appendix I](#) (available at [jpsmjjournal.com](http://jpsmjjournal.com)).

### Inclusion and Exclusion Criteria

Inclusion criteria were as follows: 1) those publications that focused on the validation of POS (and related measures, e.g., POS-S) or STAS; 2) reported psychometric testing or psychometric properties of the original measures or of translations; and 3) those publications that used the POS (and related measures, e.g., POS-S) or STAS to collect data. Exclusion criteria were as follows: 1) review articles; 2) publications before January 2010; and 3) publications already included in the previous review.<sup>7</sup>

### Study Selection

Studies identified through the search were imported into Endnote X7 (Thomson Reuters, Philadelphia,

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