

Cancer Care Professionals' Attitudes toward Systematic Standardized Symptom Assessment and the Edmonton Symptom Assessment System (ESAS) Following Large Scale Population-Based Implementation in Ontario, Canada.

Presented by: Serena Rix, Pharm D, on 19 January 2016.

Reference: Pereira JL, Chasen MR, Malloy S, Amernic H, Brundage M, Green E, Kurkjian S, Krzyzanowska M, Mahase W, Shabestari O, Tabin R, Klinger C. JPS e-pub ahead of print (accessed 18 Jan 2016)

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 towards 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 health care 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 staff (PSO) 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. The majority of 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.

Strengths of study:

Large sample size and strong statistical interpretation were demonstrated, despite the multiple response questions posing analytic challenges.

Weaknesses of study:

Design of study invites selection bias. Patient outcomes of using the ESAS in this setting has not been measured. Other health-care professionals may have been included.

Relevance to palliative care:

The ESAS was introduced into CCO patient clinics to improve and standardize reporting of symptoms by patients. It is hoped that when these symptoms are reported the clinicians will provide appropriate therapy, which may be considered an early introduction to palliative care. Additionally, patient needs are addressed quickly without unnecessary referral to other physicians, thus streamlining care.

Patients' familiarity with the tool will provide improved seamless care when they are discharged from oncology and transition to palliative care or other services. Family physicians can also use the ESAS (patients could complete the paper version in the waiting room) further integrating care and making the concept of palliative care less traumatic.

