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EAPC

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th Research Forum of the European
Association for Palliative Care (ONLUS)

"Collaborate to catalyse Research"

*Venezia Lido (Italy),
Palazzo del Casinò*

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Computerized symptom assessment in palliative care

– current status of the PAT-C project

Marianne J. Hjermsstad
on behalf of the Pain and Palliation Research group
in Trondheim, Norway

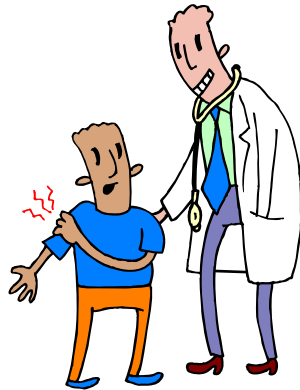
A long preparatory phase

- Background
 - A need for better, more efficient symptom assessment by computer technology
 - Initiative by Stein Kaasa/Jon Håvard Loge
- Application to the NIH and EU mid-90ties
 - ➡ No \$/€!!**
- Funded by the Norwegian Research Council

The overall objective, 1



- To develop a comprehensive, computerbased tool for assessment of symptoms and functioning in palliative care
- **Palliative Assessment Tool – Computerized**
 - for use in clinic
 - for use in research



The overall objective, 2



- This implies
 - the development of the actual assessment system
 - a more systematic and accurate registration
 - better, rapid information about symptoms/problems
 - better, more individualised treatment
 - continuous scientific and technological development

The international perspective

- The overall objective means widespread use
 - EAPC research network and stakeholders have contributed and will continue to do so
- Later phases of the work is funded through the EU FP6 framework, LifeSciHealth-6!

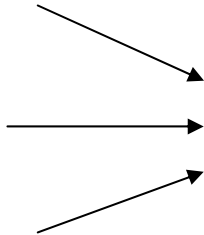


Life sciences, genomics and biotechnology for health

Two weeks ago

- A national, clinical study was launched
 - A step forward towards the overall objective
- 9 palliative care/oncology units in Norway
- Continuous data collection for 6 months
- We aim to include 1000 patients

Objectives

- To collect large data samples on
 - Pain
 - Physical function (PF)
 - Cognitive function (CF)

For further statistical analyses
- To test the computerized data collection
- To test the user-friendliness

A two step registration process, 1

- To be completed by staff
 - Karnofsky performance status scale
 - 3 items on CF
 - date, year, backwards spelling
 - Medical variables
 - diagnosis
 - treatment
 - medication
- Multiple study entries per patient possible

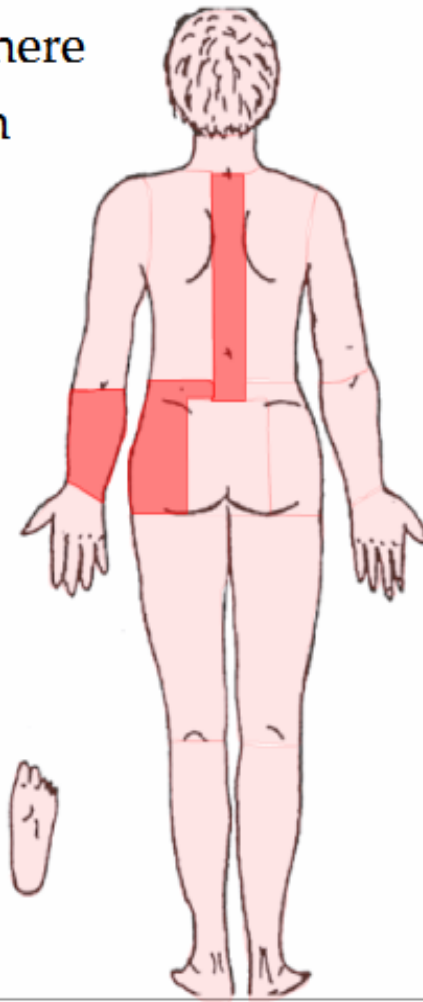
A two step registration process, 2

- To be completed by patients
 - ESAS
 - Screening of depression by a single item
 - "are you depressed?"
 - 24 items on physical function
 - mobility
 - 21 items on pain + a body map from BPI
 - intensity, interference, location, treatment, temporal pattern

PAT

English

Indicate areas where
you have pain

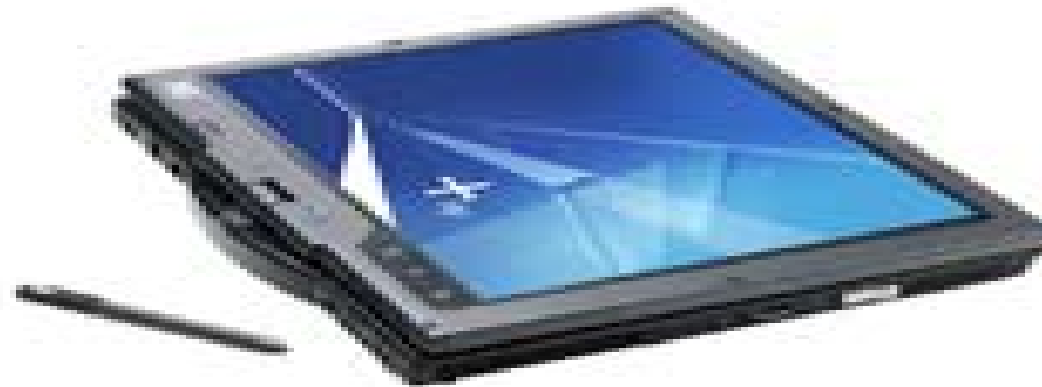


The software content

- Based on
 - literature studies
 - expert reviews
 - clinical studies
 - creation of item banksfor identification of relevant items
- Further analyses
 - by IRT, Item Response Theory
 - or Case Based Reasoning

Hardware


- **Laptop with 12''- screen**
- **Digital pen**
- **A more accurate data collection**
- **Automatic registration of time**



User-friendliness

- Considerations to overcome limitations of age, poor eyesight, or limited dexterity
 - Touch sensitive screens
 - Large bold fonts
 - Strong contrast between background and text
 - One question displayed at the time

The first display



PAT

English

Choose action:



New Consultation



Backup data



Shut down

Part of the registration

Reason for aborting the answering

- ☐ Became tired
- ☐ Too difficult
- ☐ Took too long
- ☐ Didn't understand
- ☐ Other

Back



Abort



Need for assistance

PAT

English

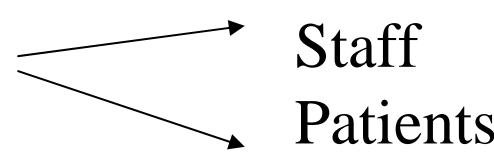
The registration is performed by..

☐ Without assistance

☐ By relative

☐ By nurse

A pilot study

- In April in Trondheim
 - Objectives:
 - To test the userfriendliness
 - To test the applicability
- 
- ```
graph LR; A[To test the applicability] --> B[Staff]; A --> C[Patients];
```

# The pilot study, 1

- Palliative Medicine Unit
- Out-patient clinic: 43 patients
  - 11 were asked, 8 consented to participate
- In-patient clinic: 18 patients
  - 15 were asked, 12 consented to participate
- N=20, F: 6, M: 14
- Mean age: 61 yrs (32 - 81)

# Preliminary pilot results, 1

- Mean time for completion: 26 minutes
  - Are you used to working with computers?
    - Yes: 11                      No: 9
  - Would you prefer paper and pencil to the computer?
    - Yes: 3                      No: 11                      Doesn't matter: 5
  - Was the text easy to understand?
    - Yes: 19
  - What do you think about the time of completion?
    - Too long: 1                      OK: 18

# The pilot study, 2

- Why were not all patients asked?
  - Logistics, staff and equipment
  - Opinion of nurses!
- Gatekeeping - an obstacle to research
  - at various levels
    - ethical committees/declarations
    - institutional
    - individual
  - ethical considerations do apply
  - patients and family have the right to respond to invitations to participate in research!

# Preliminary pilot results, 2

- Quotes from staff
  - *"The patient is too sick today, you should not go in and ask for participation"*
  - *"The patient is in too much pain, she is not in shape today"*
  - *"Maybe some other day"*
  - *"I think this is too demanding for him"*
  - *"The patient is new to me, I do not know him so well. We have to learn to know him better before we can decide"*
  - *"He is too confused today"*
  - *"We would like to spare the patient for this"*
  - *"It's been enough for this patient today, it is just too much to ask, but maybe some other day"*

# Conclusion

- **We have started!**



- **We are optimistic!**
- **We look forward to the work that's ahead and to the international cooperation!**