Implementing the Condensed Memorial Symptom Assessment Scale on an Inpatient Oncology Unit

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BACKGROUND: Symptom distress places a burden on patients and their families, but it is often not captured in nursing documentation. Using a symptom management tool, such as the Condensed Memorial Symptom Assessment Scale (CMSAS), can assist in this capture and link patients to resources.

OBJECTIVES: The purpose of this quality improvement (QI) project was to implement the CMSAS and capture symptom burden to create a streamlined method of documentation.

METHODS: A QI pilot was conducted on an inpatient oncology unit implementing the CMSAS. Then, surveys were provided to the patients to complete at admission and discharge. The most distressing symptoms patients reported were added into the electronic health record nursing care plan that automatically uploaded interventions based on ONS Guidelines™.

FINDINGS: Patient (N = 73) symptom distress was quickly tracked, and there were no statistically significant changes in patient distress from admission to discharge, except for two symptoms: drowsiness and sadness. From admission to discharge, drowsiness decreased and sadness increased. In addition, more than half of the patients reported experiencing pain, worry, and nervousness.

KEYWORDS
symptom assessment; nursing care; health surveys; patient-centered care

DIGITAL OBJECT IDENTIFIER
10.1188/22.CJON.E1-E6

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SYMPTOM MANAGEMENT IS AN IMPORTANT ELEMENT of the care plan of patients with cancer and affects quality of life and function. Patients experience a variety of symptoms as a result of their disease and treatment, including nausea, fatigue, pain, loss of appetite, anxiety, distress, powerlessness, sexual decline, and confusion (Coym et al., 2020). Symptoms differ from signs of a disease in that they are only known through patient self-report (Innominato et al., 2021). Inpatients commonly report feeling powerless, and most state that although their disease is being addressed, their symptoms are not (Howard-Anderson et al., 2016).

One of the largest barriers to symptom management is a lack of standardized documentation (Kelley & Bollens-Lund, 2018). Early recognition and treatment is key to symptom management. Symptom management detection and treatment documentation help to quickly link patients to services and reduce costs through preventive and streamlined measures (Chuang et al., 2017; Evans et al., 2020; Innominato et al., 2021; Kelley & Bollens-Lund, 2018; Matsumura et al., 2021; Mohammed et al., 2020; Musekamp et al., 2016; Senf et al., 2020). Documentation capturing how symptoms are distressing patients is critical in justifying this important element of symptom management; however, documentation can be difficult to find, missing, or non–patient-centered (Bruggeman et al., 2015; Kelley & Bollens-Lund, 2018). Regular, comprehensive, and routine symptom screening can show multiple symptoms that are distressing patients and are not appreciated by standard documentation and assessment (Senf et al., 2020; Sikroaskii et al., 2017). Therefore, it is imperative to choose a symptom management tool to effectively capture the symptom burden and monitor the trajectory of distress throughout the patient's life for chronic or severe illnesses. It is also important that the tool fit within the culture and values of the hospital—because there is no "gold standard" symptom management tool provided by major institutions, including the National Cancer Institute—by determining which symptoms are being addressed (functional, spiritual, physical, and/or emotional), who the source of the information is (healthcare provider or patient), the time it takes to complete a scale, and, finally, the disease state being treated (Kelley & Bollens-Lund, 2018; Sharp et al., 2018).

Background

Several valid and reliable symptom management scales can be used for inpatients and outpatients among all disease categories. Research led to the Memorial Symptom Assessment Scale (MSAS). The MSAS can be modified into