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| SAS Quality Improvement Audit: Patient & Clinician Symptom Assessment Scale (SAS) S:\CHSD Shared\AHSRI programs\PCOC\PCOC_Logo_Best.PNG |
| **Objective** | To compare the difference between clinician (proxy) SAS scores and patient self-assessed score.  |
| **Rationale** | * Identify variation between clinician and patient rating
* Improve the application and communication of the SAS tool
* Identify areas for education
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| **Instructions**This is an ‘inter-rater reliability’ audit that requires two clinicians and ten patients to use the same audit tool to compare patient and clinician (proxy) assessments. In this way we can more effectively and reliably assess variance. | For this quality improvement activity identify the following:* 10 patients who can rate distress using the SAS tool.
* 1 clinician to perform SAS proxy assessment.
* 1 clinician to lead QI activity by comparing the patient score and the clinician score for each assessment and tally results.

Instruction for QI lead* Select clinician to be involved
* Select 10 patients to be involved, patients must be able to participate in scoring the SAS either independently or with assistance by a clinician
* QI lead to tally results and summarise trends using the SAS tool tally sheet. Results to be disseminated to team and actioned.

Instruction for Patient* **Print 10 SAS forms, one for each patient**
* Patient independently or with assistance record their SAS scores on the SAS form. Assistance cannot be provided by the clinician who is assessing patient by proxy.
* Instruct patient:
* Consider experience of individual symptom or problem over the last 24 hours and rate distress according to
* A score of 0: means the symptom or problem is absent
* A score of 1: means the symptom or problem is causing minimal distress.
* A score of 10: means the symptom or problem is causing the worst possible distress.

Instruction for Clinician* Clinician to document assessment scores on a separate SAS form. **Print 10 SAS forms for the clinician**.
* The two assessments on each patient should occur within a short time frame, preferably a maximum of two hours apart
* As far as practicable, the clinician assessing a particular patient should not know the patient’s score.
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| **Date/s of activity** |  |
| **Name and Position of QI lead** |   |
| **Name and Position of clinician conducting assessment:** |   |

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| Tally Sheet: Patient vs Clinician SAS Scores |
|  | Difficulty sleeping | Nausea | Bowel problems | Breathing problems | Fatigue | Pain | Fatigue | Comment |
| MRN | Clinician  |  |  |  |  |  |  |  |  |
| Patient |  |  |  |  |  |  |  |  |
| MRN | Clinician  |  |  |  |  |  |  |  |  |
| Patient |  |  |  |  |  |  |  |  |
| MRN | Clinician  |  |  |  |  |  |  |  |  |
| Patient |  |  |  |  |  |  |  |  |
| MRN | Clinician  |  |  |  |  |  |  |  |  |
| Patient |  |  |  |  |  |  |  |  |
| MRN | Clinician  |  |  |  |  |  |  |  |  |
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| MRN | Clinician  |  |  |  |  |  |  |  |  |
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| MRN | Clinician  |  |  |  |  |  |  |  |  |
| Patient |  |  |  |  |  |  |  |  |
| MRN | Clinician  |  |  |  |  |  |  |  |  |
| Patient |  |  |  |  |  |  |  |  |
| Total scores within the range of 2 points  | /10 | /10 | /10 | /10 | /10 | /10 | /10 |  |
| **Notes on areas for improvement and action plan** |

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| S:\CHSD Shared\AHSRI programs\PCOC\PCOC_Logo_Best.PNG | **Symptom Assessment Scale**Form for completion by patients |
|  **Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  1. Write the day or date in the space provided 2. Select a number between 0 and 10 using the diagram below 3. Record your score  4. Add in any other symptoms or problems that are causing you distress in the blank spaces, below the listed symptoms 0 1 2 3 4 5 6 7 8 9 10**Worst possibledistress****Absent or no distress**  0 = means the symptom is absent or you have no distress caused by the symptom. 10 = means you are experiencing the worst possible distress caused by the symptom. |
| **Date/Day** |  |  |  |  |  |  |  |  |
| Difficulty sleeping |  |  |  |  |  |  |  |  |
| Appetite problems |  |  |  |  |  |  |  |  |
| Nausea |  |  |  |  |  |  |  |  |
| Bowel problems |  |  |  |  |  |  |  |  |
| Breathing problems |  |  |  |  |  |  |  |  |
| Fatigue |  |  |  |  |  |  |  |  |
| Pain |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
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