

# Victoria Inventory of Symptoms and Activities (VISA)



How can we incorporate palliative patients' priorities into the assessment of their symptoms?

# Who we are

- University of Victoria

- Janet Bavelas
- Jennifer Gerwing
- Sara Healing
- Christine Tomori

- BC Cancer Agency

- Grant MacLean
- Peter Kirk
- Jennifer Finck
- Brenda La Prairie

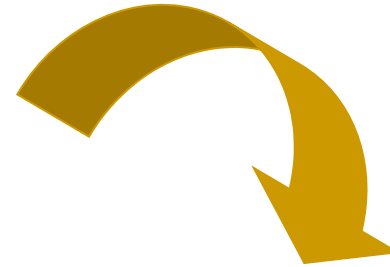
## Funded by:

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- Canadian Institutes of Health Research, New Emerging Team grant (to VIHA)
- Vancouver Island Research Advisory and Development Catalyst Grant (to Grant MacLean & Jennifer Fink)
- Sara Spencer Foundation (to Christine Tomori)

# The Pain and Symptom Management/ Palliative Care clinic (VIC-BCCA)

- 8 month practicum
  - weekly interdisciplinary team meetings
  - direct observation of patient care and symptom assessment
    - waiting room
    - face-to-face interviews



- Research project
  - designed the Victoria Inventory of Symptoms and Activities (VISA)
  - collecting data
    - patients fill out the VISA
    - patient ratings on ESAS
    - dictations of physicians

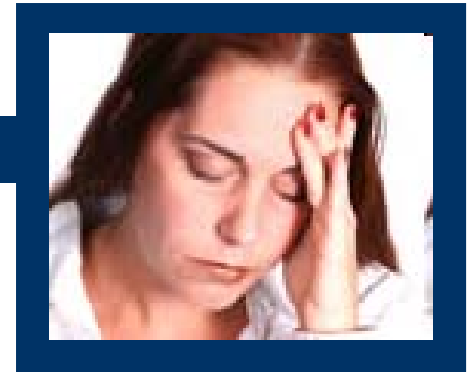
# The Pain and Symptom Management/ Palliative Care clinic (VIC-BCCA)

- Team of experts
  - 2 physicians
  - nurse
  - pharmacist
  - counsellor
  - nutritionist
  - others



- Wednesday and Thursday afternoons

# You are a patient...



- ...with advanced cancer
- ...receiving palliative treatment
- ...experiencing intense symptoms
- ...your oncologist referred you to the Pain and Symptom Management/Palliative Care clinic

# You have...



- ...personal goals and priorities
  - e.g., what sort of things you want to be able to
  - e.g., what parts of your lifestyle that are integral to your quality of life
- ...the direct experience of your symptoms
- ...to find a way to accurately convey your personal goals and experience of your symptoms to the health care providers to get suitable treatment

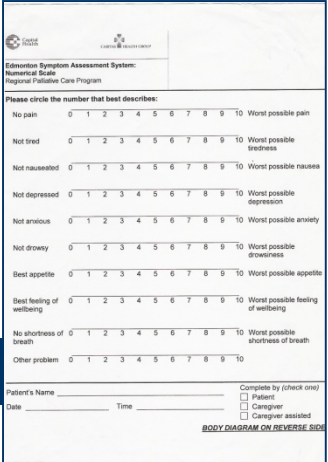
# In the waiting room...

- ...you fill out on the computer or on paper:

## The Edmonton Symptom Assessment System: Numerical Scale (ESAS)

Measures nine symptoms common in cancer patients on a scale from (0 -10; 0 = no experience of the symptom, and 10= the worst possible experience)

- Pain
- Tiredness
- Nausea
- Depression
- Anxiety
- Drowsiness
- Appetite
- Wellbeing
- Shortness of breath
- Other problem



The image shows a printed form for the Edmonton Symptom Assessment System (ESAS). The form is titled "Edmonton Symptom Assessment System: Numerical Scale" and "Regional Palliative Care Program". It includes a header with logos for the University of Alberta and the Edmonton Palliative Care Program. The main section contains nine rows of symptoms, each with a horizontal scale from 0 to 10. The symptoms are: No pain, Not tired, Not nauseated, Not depressed, Not anxious, Not drowsy, Best appetite, Best feeling of wellbeing, and No shortness of breath. Each row is followed by a line for the patient's response. At the bottom, there is a section for "Other problem" and a section for patient information: "Patient's Name", "Date", and "Time". There are also checkboxes for "Complete by (check one)" with options for "Patient", "Caregiver", and "Caregiver assisted". A note at the bottom right says "BODY DIAGRAM ON REVERSE SIDE".

# Meanwhile in the meeting room...

- ...the team reviews your chart and discusses it.



# The team has...

- ...their own professional goals to meet
- ...knowledge about pain and symptom management
- ...knowledge of medications and their effects
- ...your medical history



- ...to gather information from you in order to provide appropriate treatment options

## In the interview...

- ...the health care providers look at your ESAS form to determine the symptoms that are disrupting you the most (i.e., higher numbers)
- ...the health care providers ask you questions about these symptoms and sometimes do a physical examination
- ...the dialogue continues...



# My observations

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- Patients assess the severity of their symptoms by how much they disrupt their lives
- Patients naturally characterize these disturbances as their ability or inability to participate in activities that are most important to them

## Some examples:

“I am unable to play with my grandchild because I am so exhausted. I just can't keep up.”

“I like reading, but the methadone is drying my eyes out so they are becoming irritated after reading for 15 minutes. I used to be able to read about an hour”

## Some more examples:

“I can’t see my friends so much anymore because I can’t keep the appointments. I either have too much pain or I’m having bowel problems”

Patient: “I can do a lot more now without the nausea, like play bridge”

Physician: “I bet you have a better game.”

[both laugh]

# Another observation

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- The ability for patients to participate in these activities at some level affects how satisfied they are with their lives



# Patients...

- Do an activity they enjoy and then “pay for it”
- Take breakthrough medication before they engage in an activity they know will cause pain
- Rest before they engage in an activity that takes a lot of energy
- Ask permission to continue to do certain activities
- Withhold information in order to continue with an activity that causes pain/discomfort

Patient: “The only thing I can do is to lie horizontal”

Nurse: “You can’t live your life like that”

# The VISA supports the Latimer Model

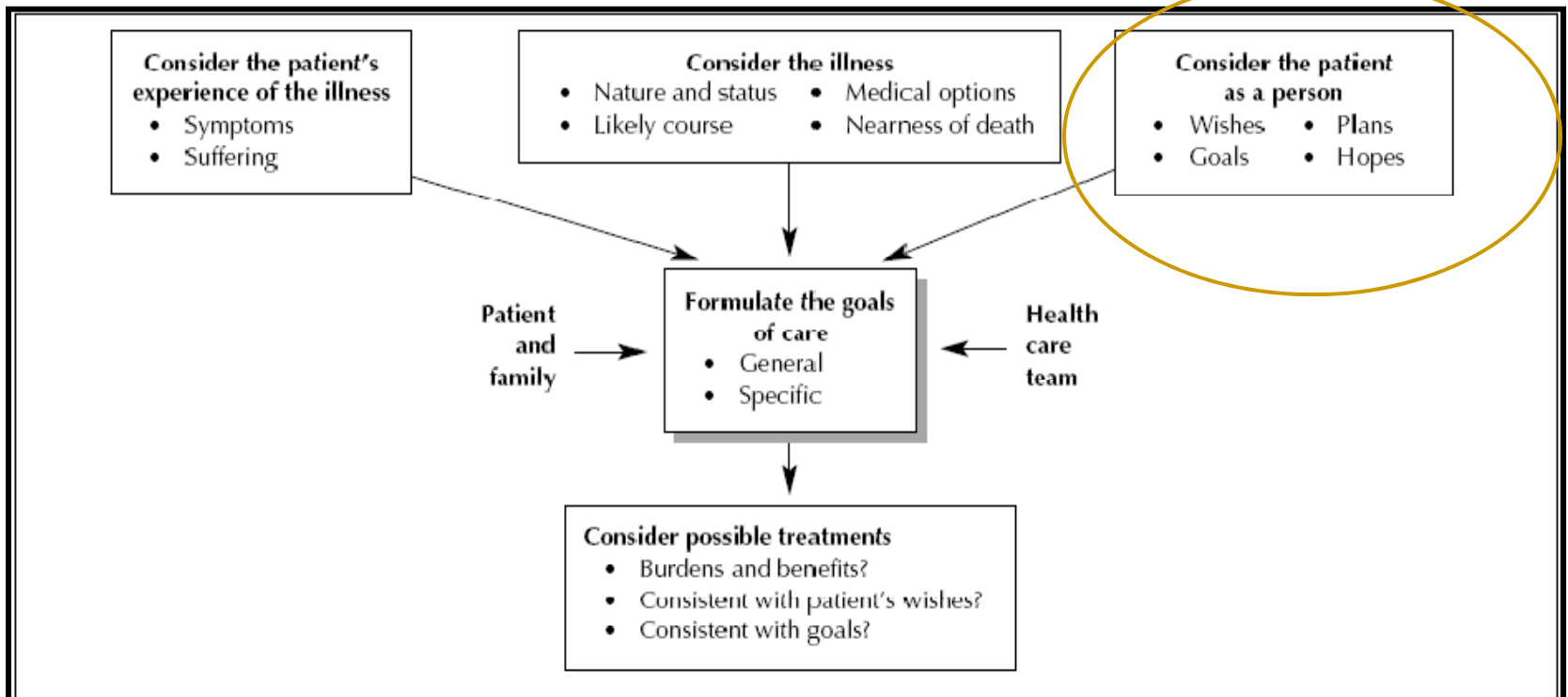


Fig. 1: An approach to formulating the goals of care and treatment plans for seriously ill and dying patients. Adapted by permission of Elsevier Science from "Ethical decision-making in the care of the dying and its applications to clinical practice," by E.J. Latimer, *Journal of Pain and Symptom Management* vol. 6, p. 329-36. © 1991 US Cancer Pain Relief Committee.

# Data collection

- Patient fills out:
  - ESAS
  - VISA
- Patient meets with health care providers
  - Physicians' dictation from interview

# Questions

- Does the VISA gather information that is not already gathered by the ESAS?
  - Are the symptoms that disrupts the majority of the patient's most important activities the same symptoms that have the highest ratings on the ESAS?
- Does the VISA gather information that is not already gathered in the patients' chart?
  - Do the dictations include information about the patient's activities?

**Insights/Questions?**

