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Background

- **Assessment tool:** Psychometrically evaluated data collection instruments completed by patients/caregivers
- There are many existing palliative care (PC) assessment tools and compilations;^{1,4} however, no recent reviews have comprehensively addressed PC assessment tools across domains

Objectives

1. Summarize the characteristics of palliative care assessment tools and describe how these tools have been applied for clinical care, quality indicators, and evaluation of interventions
2. Identify needs for future palliative care assessment tool development and evaluation

Methods

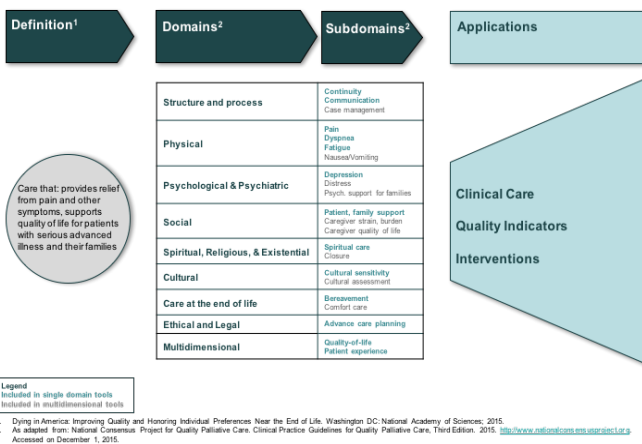
Data Sources

- Interviews with Key Informants representing patient/caregiver and provider perspectives
- Systematic reviews of palliative care assessment tools using PubMed, CINAHL, Cochrane, PsycINFO and PsycTESTS from January 2007 to August 2016
- Supplemental search of reviews and websites

Review Methods

- Tools organized by National Consensus Project Clinical Practice Guidelines for PC domains (Figure 1)
- Included the most relevant, recent, and highest-quality systematic reviews per domain

Figure 1. Conceptualization of domains and applications of PC assessment tool



Results

Key Informants

2 Caregiver advocates:

- Tools may have meaningful info for clinicians, but have minimal impact on patients/families
- Each encounter or survey start with the clinicians identifying the patient/family's "biggest concern", and modify surveys to empower patient/family

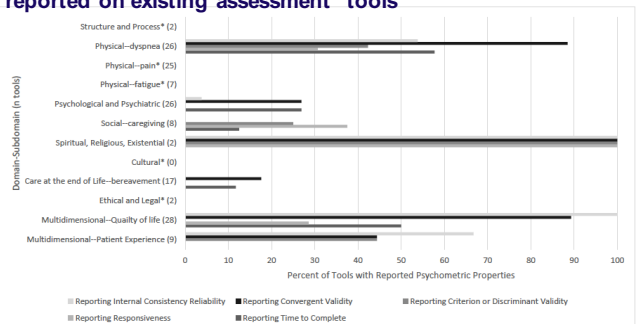
7 Providers Who are Experts in PC and tools:

- Tools are not used enough in clinical delivery or as quality indicators because of feasibility challenges
- NCP domains do not address some crucial aspects of PC (e.g., advance care planning, referral timing)

Systematic Review

- Included 10 systematic reviews of PC assessment tools (7 for domains and multidimensional tools,⁵⁻¹¹ and 3 for applications of tools)¹²⁻¹⁴
- We identified 146 tools (98 from systematic reviews and 48 from other sources)
- Key gaps included the following:
 - No systematic review for the subdomain of pain and lack of many tools on structure and process, cultural, ethical/ legal, and patient-reported experience domains
 - Only 2 tools for the spiritual domain were evaluated in PC populations
 - Among multidimensional tools, none contained cultural domain items
 - Information on internal consistency reliability, construct validity, and usability was available for many tools, but few studies evaluated responsiveness, or compared tools (Figure 2)
- Only 6 studies evaluated the use of tools in clinical practice and only 1 quality indicator with a specified assessment tool
- Among 43 PC interventions, only 23 PC assessment tools were used for evaluation¹⁴

Figure 2. Evidence map of % of psychometric properties reported on existing assessment tools



Conclusions

- We identified more than 150 assessment tools addressing most domains of PC
- Few to no tools address the spiritual, ethical, cultural, or patient-reported experience domains
- Responsiveness of different tools to change and comparisons between tools have not been evaluated
- Future research should:
 1. Develop/test tools addressing domains w/o tools
 2. Test tools in PC populations, particularly spiritual
 3. Evaluate responsiveness of tools for all domains
 4. Improve use of PC tools in clinical care and QI

- **Report:** www.effectivehealthcare.ahrq.gov/reports/final.cfm
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- Based on research conducted by the Johns Hopkins University Evidence-based Practice Center (EPC) under contract to the Agency for Healthcare Research and Quality (AHRQ)(Contract No. 290-2015-00006-I). Findings and conclusions are those of the authors, who are responsible for its contents; the findings and conclusions do not necessarily represent the views of AHRQ; no statement in this poster should be construed as an official position of AHRQ or the U.S. Dept. of HHS

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