

Baseline Evaluation of the AIM Higher Initiative: Establishing the Mark From Which to Measure

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Purpose/Objectives: To collect baseline measurements before the implementation of interventions associated with the AIM (Assessment Information Management) Higher Initiative—a quality improvement program intended to improve symptom assessment, management, and information distribution for five chemotherapy-related symptom groups: anemia, neutropenia, diarrhea and constipation, nausea and vomiting, and depression and anxiety.

Design: Subject telephone interviews and chart reviews.

Setting: 15 community oncology clinics in the United States.

Sample: 376 adult patients with cancer who visited a healthcare provider before the start of a chemotherapy cycle; patients were enrolled in the study after the initiation of chemotherapy, with at least one chemotherapy cycle remaining.

Methods: Subject interviews and chart reviews to determine the frequency, assessment, and management of and information about target symptoms.

Main Research Variables: The frequency of target chemotherapy-related symptoms and occurrence of symptom-specific assessment, information provided, and management.

Findings: The five target symptoms had occurred in a considerable proportion of patients with cancer receiving chemotherapy during their most recent chemotherapy cycles. At a substantial number of clinic visits, no documentation of cancer-related symptom assessment, information distribution, or management occurred.

Conclusions: Chemotherapy-related symptoms occur frequently but often are not assessed, managed, or handled with appropriate patient information.

Implications for Nursing: Findings in the baseline evaluation illustrate the need to improve supportive care—a key responsibility of oncology nurses.

Key Points . . .

- ▶ The inadequate assessment and management of chemotherapy-related toxicities can have substantial clinical, economic, and quality-of-life consequences.
- ▶ The AIM (Assessment Information Management) Higher Initiative is designed to optimize supportive care by improving cancer-related symptom assessment, information distribution, and management for five chemotherapy-related symptom groups: anemia, neutropenia, diarrhea and constipation, nausea and vomiting, and depression and anxiety.
- ▶ Pretreatment risk assessments often are not documented in patients; in addition, a substantial proportion of symptoms are underreported, underassessed, and therefore, undertreated.

of chemotherapy toxicities can have negative consequences. Anemia and other toxicities, for example, can have profound effects on patients' quality of life (QOL) (Cella et al., 2003). Fatigue occurs in as many as 75% of patients who are treated with chemotherapy (Gillespie, 2002), and hemoglobin levels less than 12 g/dl are associated with fatigue, a greater requirement for red blood cell transfusions, depression, sleep disorders, and reduced ability to work (Cella, 1998; Gillespie, 2002). Patients who are unable to work suffer economic burden associated with lost wages. In addition, patients who are required to travel for treatment may incur expenditures for transportation, child care, food, and hotel accommodations (Fortner, Tauer, Zhu, Ma, & Schwartzberg, 2004). Chemotherapy toxicities are of even greater concern because they contribute to morbidity and potentially life-threatening complications. An analysis of data on 55,000 hospitalizations for febrile neutropenia found in-hospital

In a National Institutes of Health (NIH, 2002) state-of-the-science statement, Donald L. Patrick, MD, said that the undertreatment of cancer-related symptoms is unacceptable when many effective strategies to manage symptoms exist and that optimal symptom management should be received by all patients. The AIM (Assessment Information Management) Higher Initiative, a national quality improvement program, was developed to optimize supportive care for chemotherapy-related symptoms, including anemia, neutropenia, diarrhea and constipation, nausea and vomiting, and depression and anxiety. The AIM Higher Initiative is intended to provide office-based interventions to improve three key components of supportive care in cancer: symptom assessment, information distribution, and management.

Assessment

Inadequate assessment is a barrier to effective management of symptoms (NIH, 2002), and inadequate management

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