

SUPPORT TEAM ASSESSMENT SCHEDULE

DEFINITIONS AND RATINGS

GENERAL POINTS

- The problem and need for improvement is scored on a 5 point (0-4) scale at first contact, then weekly until death.
- High scores indicate many problems, low scores few problems.
- Family = the patient's nearest carer (i.e. parent, partner, relative or friend). NB. This may change over time.
- Other professionals = the other involved professionals including General Practitioner, District Nurse, Social Worker, Hospital Staff.
- Score 9 if you are unable to assess an item to indicate a missing score.
- Score 8 if the item is not applicable. (e.g. When scoring family anxiety and insight if there is no carer.).This indicates a different missing score.
- Score 7 for all items for weeks when there was no contact with the patient or family.

For further information please contact:

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You are free to use the Support Team Assessment Schedule (STAS), but if you do intend to use it or an adapted version, please let us know in writing and acknowledge us in any written material or presentations.

PAIN CONTROL

Effect of his/her pain on the patient.

0	None
1	Occasional or grumbling single pain. Patient is not bothered to be rid of symptom.
2	Moderate distress, occasional bad days, pain limits some activity possible within extent of disease
3	Severe pain present often. Activities and concentration markedly affected by pain.
4	Severe and continuous overwhelming pain. Unable to think of other matters.

OTHER SYMPTOM CONTROL

Effect of his/her symptoms on the patient (not including pain).

0	None
1	Occasional or grumbling single or few symptom(s). Patient has usual activity and is not bothered to be rid of symptom.
2	Moderate distress, occasional bad days, symptoms limit some activity possible within extent of disease
3	Severe symptom(s) present often. Activities and concentration markedly affected by symptom(s).
4	Severe and continuous overwhelming symptom(s). Unable to think of other matters.

PATIENT ANXIETY

Effect of his/her anxiety on the patient.

0	None
1	Worry over changes. No physical or behavioural symptoms of anxiety. Concentration not affected.
2	Waiting for changes or problems: on edge. Occasional physical or behavioural symptoms of anxiety.
3	Anxious often. Physical/behavioural symptoms. Concentration markedly affected.
4	Completely and continuously preoccupied with anxiety and worries. Unable to think of other matters.

FAMILY ANXIETY

Effect of anxiety on the family.

Family = patient's nearest carer(s). Please specify who in the comments section, e.g. parents, relatives, partner, friends.

NB. This may change over time. Please note changes in the comments section.

0	None
1	Worry over changes. No physical or behavioural symptoms of anxiety. Concentration not affected.
2	Waiting for changes or problems: on edge. Occasional physical or behavioural symptoms of anxiety.
3	Anxious often. Physical/behavioural symptoms. Concentration markedly affected.
4	Completely and continuously preoccupied with anxiety and worries. Unable to think of other matters.

PATIENT INSIGHT

Patient's awareness of his/her prognosis.

0	Full awareness of prognosis.
1	Prognosis over or under estimated by up to 200%; e.g. Thinking the prognosis is 6 months when it is likely to be 2-3.
2	Uncertain over becoming well or long prognosis; e.g. 'Some people with this die and I might too soon.'
3	Unrealistic; e.g. Expecting to return to normal activity or work for a year when the prognosis is only 3 months.
4	Expecting to become completely well.

FAMILY INSIGHT

Family's awareness of the prognosis.

0	Full awareness of prognosis.
1	Prognosis over or under estimated by up to 200%; e.g. Thinking the prognosis is 6 months when it is likely to be 2-3.
2	Uncertain over patient becoming well or long prognosis; e.g. 'Some people with this die and he/she might too.'
3	Unrealistic; e.g. Expecting to return to normal activity or work for a year when the time scale is only 3 months.
4	Expecting the patient to become completely well.

COMMUNICATION BETWEEN PATIENT AND FAMILY

Depth and openness of communication between patient and family.

0	Communicating openly and honestly. Verbally and non verbally.
1	Communicating openly at some times or with some family members. OR Sometimes with partner or with some members of family.
2	Acknowledge condition but discussion does not satisfy either the patient or family who feels full implications are not discussed. OR Maybe with partner but not family.
3	Out of step, all discussions guarded.
4	Pretending.

COMMUNICATION BETWEEN PROFESSIONALS

Speed, accuracy and depth of information communicated between other professionals, reflecting any difficulties for patient and family. Comment on who is involved.

0	Detailed correct messages to all involved on the same day.
1	Correct messages between key professionals, minor inaccuracies and delays between others.
2	Small changes in management not communicated / major changes delayed for over 1 day, between key professionals.
3	Delay of several days -1 week before major changes notified; e.g. Hospital to General Practitioner.
4	Prolonged delays or no communication, professionals unsure of which other professionals are visiting and when.

COMMUNICATION PROFESSIONAL TO PATIENT AND FAMILY

Depth of information given to patient and family, when they require this, from other professionals.

0	Full information. Patient and family feel free to ask.
1	Information communicated but not clearly understood.
2	Facts given on request, patient or family would have liked more information.
3	Evasive, avoids true picture or some questions.
4	Avoids answering questions or visiting / gives incorrect information which distresses patient and family.

PLANNING

Further need for the patient, as desired, to organize his/her affairs and special meetings.

This can be scored for the team in some cases, e.g. if the patient is demented. A note should be made of this in the comments section as above.

0	Completed or unnecessary.
1	1 aspect needs planning, not urgent, may be already underway.
2	1 aspect needs planning urgently / several aspects with some time available, may have been discussed.
3	Major decisions to be made, urgent. Patient has time to contribute and may have begun to think of these.
4	Major decisions outstanding, muddled, very little time or capacity to plan or make arrangements; e.g. Deterioration or death imminent.

PRACTICAL AID

Further need for practical aids at home, reflecting the difficulty for patient and family without aids.

0	None needed.
1	1 aid desirable, not urgent, patient managing present.
2	1 aid needed urgently, i.e. the next day, or a few aids needed soon, patient or family experiencing some difficulty.
3	Aids needed badly, some improvisation possible.
4	Patient incapacitated without basic aids.

FINANCIAL

Further need for entitled benefits, reflecting the difficulty for patient and family without benefits.

Benefits/grants from voluntary organisations are also included here.

0	All entitled benefits received, managing.
1	1 benefit desirable, patient and family managing, matter may be in hand.
2	1 benefit required urgently / several benefits desirable, patient and family experiencing difficulties in managing.
3	Urgent need for several benefits, barely managing.
4	Not managing, entitled to many benefits, in chaos and none in hand.

WASTED TIME

Amount of patient's time lost for tests or appointments which could have been avoided, the patient not wishing to attend.

0	No time lost.
1	1 -3 hours lost; e.g. Trip for prescription which tired patient.
2	Half to one day wasted; e.g. Out-patient appointment.
3	One + day wasted.
4	Two + days wasted; e.g. Unnecessary or prolonged admission, results lost and repeated etc.

SPIRITUAL

0	Content in self and world view, without feelings of guilt or punishment over illness. Any denomination or agnostic.
1	Occasional doubts or unrealistic expectations. Patient able to resolve their feelings/problems themselves.
2	Uncertain, sometimes troubled. Doubts. Patient unable to resolve their feelings/problems themselves.
3	Uncertain and guilty; e.g. Troubled, conflicts, worry.
4	Distraught with uncertainty or guilt over beliefs. In chaos as to how to remedy situation. Crisis, unable to resolve things, inability to cope, symptomatic (physical/emotional).

PROFESSIONAL ANXIETY

Effect of anxiety on other professionals reflecting any difficulties this causes for patient and family.

0	None.
1	1 professional anxious. No inappropriate action.
2	1 or more professional(s) anxious, beginning to lose objectivity.
3	Professional(s) stressed, multiple telephone calls, inappropriate action.
4	Multiple indiscriminate referrals / want patient taken over / total paralysis.

ADVISING PROFESSIONALS

Amount and speed of advice needed for other professionals.

0	No further advice needed.
1	1 professional needs advising within one week.
2	1 professional needs advising in 1-2 days / 2 + professionals need advising within one week.
3	Urgent / immediate advice needed for several professionals.
4	Major difficulties of patient and family not recognized by key professionals.

KARNOFSKY INDEX

(The Karnofsky Index is not part of STAS. It is a measure of function that many teams use.)

Modified to exclude 'need for hospitalization' from scores 30 and 20.
100 = Normal, no complaints, no evidence of disease.
90 = Able to carry on normal activity, minor signs or symptoms of disease.
80 = Normal activity with effort, some signs or symptoms of disease.
70 = Cares for self. Unable to carry on normal activity or to do active work.
60 = Requires occasional assistance, but is able to care for most of his needs.
50 = Requires considerable assistance and frequent care.
40 = Disabled, requires special care and assistance.
30 = Severely disabled.
20 = Very sick, active support necessary.
10 = Moribund, fatal process progressing rapidly.
0 = Dead.

CONTACT WITH THE TEAM

(The following questions are not part of STAS but are often recorded.)

0	Nil
1	Telephone contact
2	Face to face visit/ clinic or ward: Patient or relative
3	(Multiple) telephone contact; can be plus clinic/ ward contact
4	Home visit up to 1 hour
5	Home visit(s) 1 -2 hours
6	Home visit(s) 2 -5 hours
7	Home visit(s) 5 + hours
	'Telephone contact' includes calls to professionals

TEAM KEY WORKER

- 1=
- 2=
- 3=
- 4=
- 5=
- 6=
- 7=