

# *ASCO's Quality Training Program*

Project Title: Incorporating Distress Screening Tool in an Oncology Office Setting

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Institution: University Oncology, Augusta, Georgia

Date: 10/08/2015

# Institutional Overview

- University Oncology is a hospital based hematology oncology practice
- We have two locations: Augusta, Georgia and Aiken, South Carolina
- The practice has 6 physicians providers and one physician assistant.
- The practice caters to an average of 1200 new patients a year

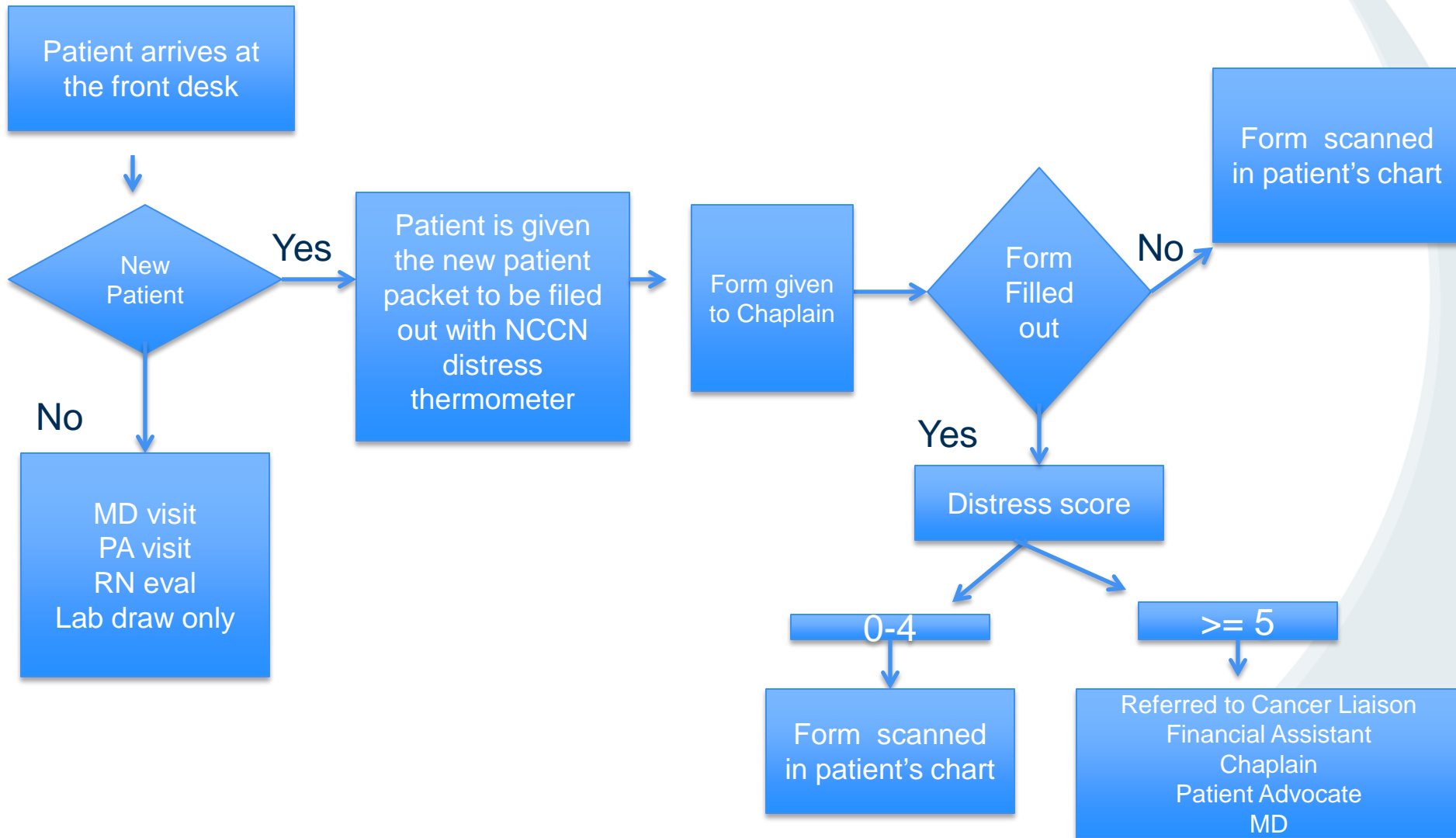
# Problem Statement

Identifying and addressing all of the stressors within the relationship-centered care process of our practice will enhance our ability to better relieve or lessen distress, hopefully improving outcomes. The integration of the ambulatory and hospital based services also offers the ability to impact admissions and hospital length of stay, both impacted by psychosocial issues that can severely compound symptoms related to the primary disease and its treatment. An effective process may, therefore, reduce the overall cost of care while maximizing outcomes and patient outcomes and patient satisfaction.

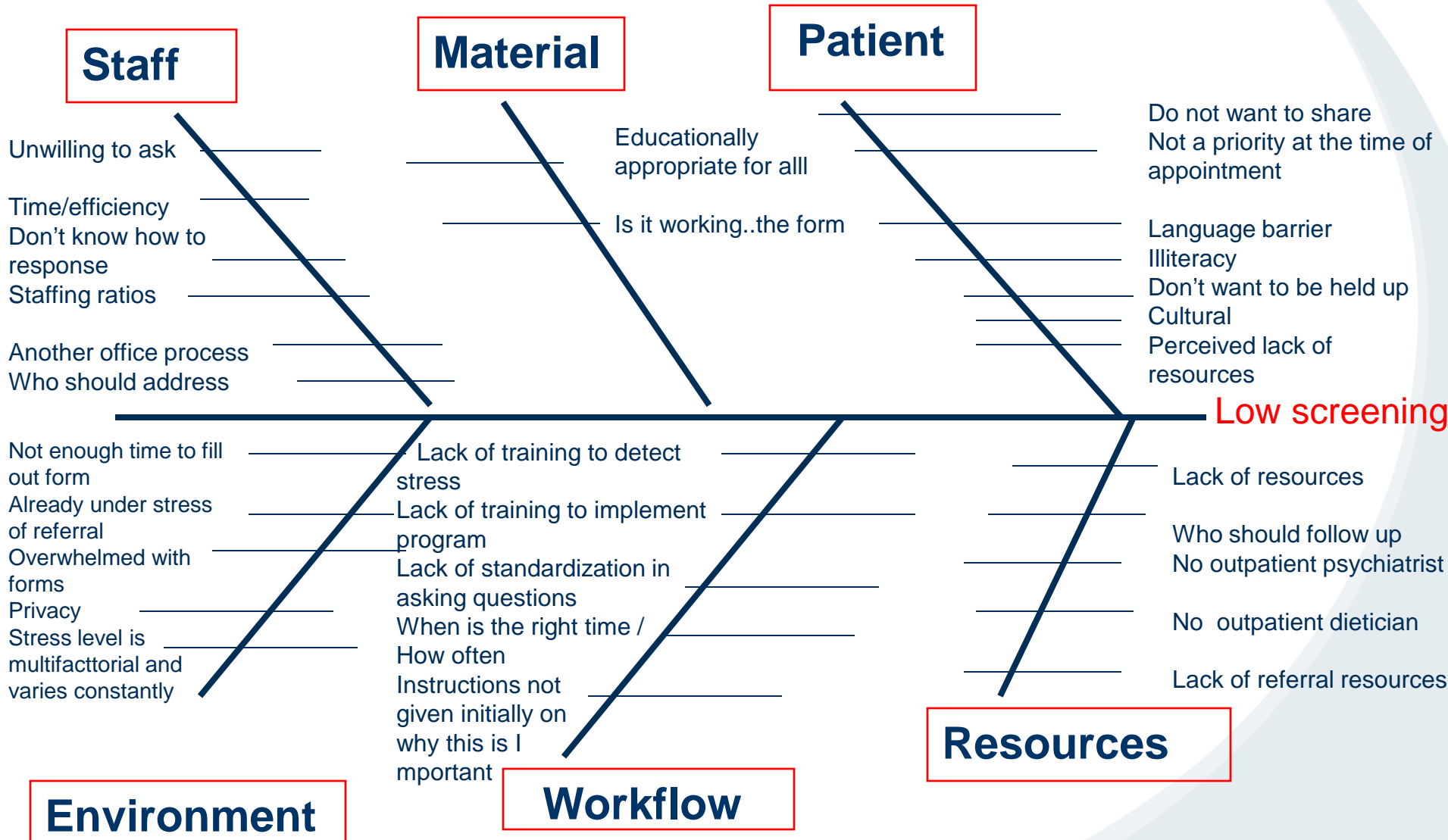
# Team Members

Role	Name	Job Function
Team Sponsor	Kim Taylor	Chief Operating Officer
Team Leader	Jennifer Lamneck	Physician
Core Team Members	Meg Harmon Laura Holder Caroline Usry	Cancer Liaison Pharmacist Charge Nurse
Other Team Members	Anu Batra Alan Faulkner	Physician Chaplain
Advisor	Michael Shlaer	Physician

# Process Map



# Cause & Effect Diagram



# Diagnostic Data

- We have not had consistent process of documenting distress
- We have previously documented spiritual and emotional distress using part of the NCCN tool, but comprehensive distress assessment has not been carried out.
- We found only 45% of responders marked the distress thermometer.

# Common Barriers to Screening

- Time versus efficiency among staff
- Instructions not clearly given
- Lack of referral resources once distress identified



# Aim Statement

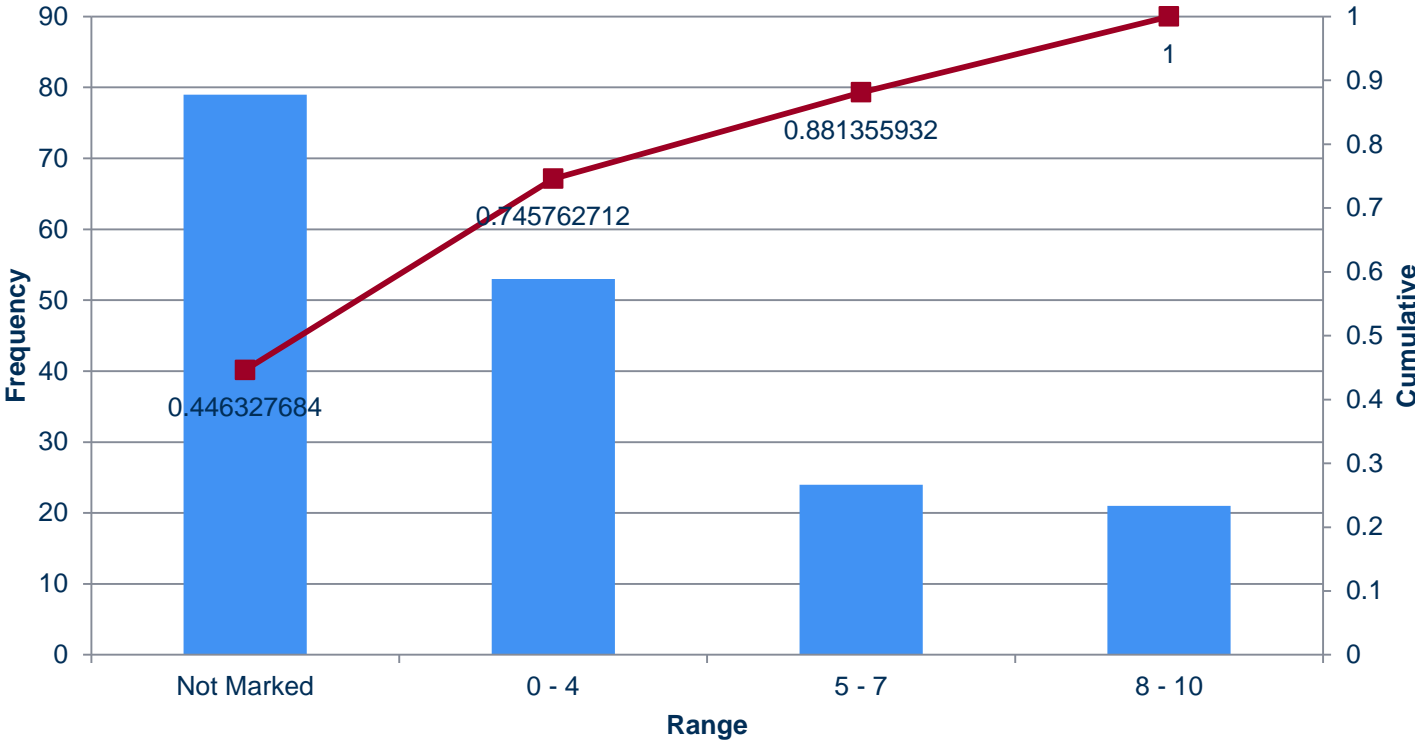
By September 30, 2015, incorporate a comprehensive assessment tool and increase the documentation of physical, practical, emotional and spiritual problems for new oncology patients being seen in University Oncology's office to 75% at the time of their initial visit.

# Measures

- Measure: Percentage of new patients screened for distress
- Patient population: New patients
  - Exclusions (if any):
- Calculation methodology:
  - Numerator : Number of patients with screening tool documented
  - Denominator (if applicable): Number of new patients
- Data source: New Patient Packet
- Data collection frequency: weekly
- Data quality (any limitations) Incomplete filling out of forms

# Baseline Data

## Breakdown of Distress Scores



# Prioritized List of Changes (Priority/Pay-Off Matrix)

<b>Impact</b>	<b>High</b>	<p>Self screening tool provided to patients as a part of the new patient packet which is later scanned into our system</p> <p>Education of front desk staff about importance of form and making sure it is completed</p> <p>Change format of the form to 2 pages to help ensure patients fill out both parts of the tool</p>	<p>Tool filled out by MD/RN with questions directly asked to the patient</p>
	<b>Low</b>	<p>No standardized tool</p> <p>Review of distress by providers and Nurses</p>	<p>Filling out the tool at each visit and reviewing with MD/RN</p>

Easy

Difficult

**Ease of Implementation**

# PDSA Plan (Tests of Change)

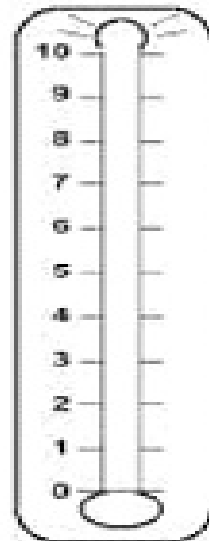
Date of PDSA cycle	Description of intervention	Results	Action steps
4/18/2015 - 5/5/2015	Identification of tool Workflow	NCCN Distress thermometer	Educated MD's, Nurses, Staff in the practice regarding implementation
5/5/2015 – 7/1/2015	Pilot Implementation of tool Development of data collection plan	Low screening not meeting goals	Plan to educate the front desk to reinforce the importance of form to the patient
8/1/2015- 9/30/2015	Changed the format of the distress tool Educated the front desk on administration of the tool and asking patients to fill it out.	Overall percentage of pts filling out the form completely is improved.	Plan to continue distress screening tool and start to find ways to better address stressors in patient's lives.

# Materials Developed

**Figure 1**  
Screening tools for measuring distress

**Instructions:** First please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including today.

Extreme distress



No distress

Second, please indicate if any of the following has been a problem for you in the past week including today. Be sure to check YES or NO for each.

- | YES                      | NO                       | <u>Practical Problems</u>           | YES                      | NO                       | <u>Physical Problems</u> |
|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Child care                          | <input type="checkbox"/> | <input type="checkbox"/> | Appearance               |
| <input type="checkbox"/> | <input type="checkbox"/> | Housing                             | <input type="checkbox"/> | <input type="checkbox"/> | Bathing/dressing         |
| <input type="checkbox"/> | <input type="checkbox"/> | Insurance                           | <input type="checkbox"/> | <input type="checkbox"/> | Breathing                |
| <input type="checkbox"/> | <input type="checkbox"/> | Transportation                      | <input type="checkbox"/> | <input type="checkbox"/> | Changes in urination     |
| <input type="checkbox"/> | <input type="checkbox"/> | Work/school                         | <input type="checkbox"/> | <input type="checkbox"/> | Constipation             |
|                          |                          | <u>Family Problems</u>              | <input type="checkbox"/> | <input type="checkbox"/> | Diarrhea                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Dealing with children               | <input type="checkbox"/> | <input type="checkbox"/> | Eating                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Dealing with partner                | <input type="checkbox"/> | <input type="checkbox"/> | Fatigue                  |
|                          |                          | <u>Emotional Problems</u>           | <input type="checkbox"/> | <input type="checkbox"/> | Feeling Swollen          |
| <input type="checkbox"/> | <input type="checkbox"/> | Depression                          | <input type="checkbox"/> | <input type="checkbox"/> | Fevers                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Fears                               | <input type="checkbox"/> | <input type="checkbox"/> | Getting around           |
| <input type="checkbox"/> | <input type="checkbox"/> | Nervousness                         | <input type="checkbox"/> | <input type="checkbox"/> | Indigestion              |
| <input type="checkbox"/> | <input type="checkbox"/> | Sadness                             | <input type="checkbox"/> | <input type="checkbox"/> | Mouth sores              |
| <input type="checkbox"/> | <input type="checkbox"/> | Worry                               | <input type="checkbox"/> | <input type="checkbox"/> | Nausea                   |
|                          |                          | <u>Spiritual/religious concerns</u> | <input type="checkbox"/> | <input type="checkbox"/> | Nose dry/congested       |
| <input type="checkbox"/> | <input type="checkbox"/> | Loss of faith                       | <input type="checkbox"/> | <input type="checkbox"/> | Pain                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Relating to God                     | <input type="checkbox"/> | <input type="checkbox"/> | Sweat                    |
|                          |                          |                                     | <input type="checkbox"/> | <input type="checkbox"/> | Skin dry/itchy           |
|                          |                          |                                     | <input type="checkbox"/> | <input type="checkbox"/> | Sleep                    |
|                          |                          |                                     | <input type="checkbox"/> | <input type="checkbox"/> | Tingling in hands/feet   |

Other Problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

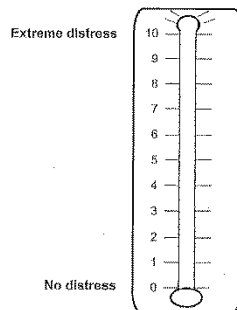
# Materials Developed



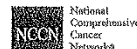
## NCCN Distress Thermometer for Patients

### SCREENING TOOLS FOR MEASURING DISTRESS

Instructions: First **Please Circle** the number (0-10) that best describes how much distress you have been experiencing in the past week including today.



The NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) are a statement of evidence and consensus of the authors regarding currently accepted approaches to treatment. Any clinician seeking to apply or consult the NCCN Guidelines® is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient's care or treatment. The National Comprehensive Cancer Network® (NCCN®) makes no representations or warranties of any kind regarding the content, use, or application, and declines any responsibility for their application or use in any way. The NCCN Guidelines are copyrighted by National Comprehensive Cancer Network®. All rights reserved. The NCCN Guidelines and the illustrations herein may not be reproduced in any form without express written permission of NCCN. ©2012.



## NCCN Distress Thermometer for Patients

Second, please indicate if any of the following has been a problem for you in the past week including today. Be sure to check YES or NO for each.

- | YES                      | NO                       | Practical Problems                   | YES                      | NO                       | Physical Problems      |
|--------------------------|--------------------------|--------------------------------------|--------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Child care                           | <input type="checkbox"/> | <input type="checkbox"/> | Appearance             |
| <input type="checkbox"/> | <input type="checkbox"/> | Housing                              | <input type="checkbox"/> | <input type="checkbox"/> | Bathing/dressing       |
| <input type="checkbox"/> | <input type="checkbox"/> | Insurance/financial                  | <input type="checkbox"/> | <input type="checkbox"/> | Breathing              |
| <input type="checkbox"/> | <input type="checkbox"/> | Transportation                       | <input type="checkbox"/> | <input type="checkbox"/> | Changes in urination   |
| <input type="checkbox"/> | <input type="checkbox"/> | Work/school                          | <input type="checkbox"/> | <input type="checkbox"/> | Constipation           |
| <input type="checkbox"/> | <input type="checkbox"/> | Treatment decisions                  | <input type="checkbox"/> | <input type="checkbox"/> | Diarrhea               |
|                          |                          | <b>Family Problems</b>               | <input type="checkbox"/> | <input type="checkbox"/> | Eating                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Dealing with children                | <input type="checkbox"/> | <input type="checkbox"/> | Fatigue                |
| <input type="checkbox"/> | <input type="checkbox"/> | Dealing with partner                 | <input type="checkbox"/> | <input type="checkbox"/> | Feeling Swollen        |
| <input type="checkbox"/> | <input type="checkbox"/> | Ability to have children             | <input type="checkbox"/> | <input type="checkbox"/> | Fevers                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Family health issues                 | <input type="checkbox"/> | <input type="checkbox"/> | Getting around         |
|                          |                          | <b>Emotional Problems</b>            | <input type="checkbox"/> | <input type="checkbox"/> | Indigestion            |
| <input type="checkbox"/> | <input type="checkbox"/> | Depression                           | <input type="checkbox"/> | <input type="checkbox"/> | Memory/Concentration   |
| <input type="checkbox"/> | <input type="checkbox"/> | Fears                                | <input type="checkbox"/> | <input type="checkbox"/> | Mouth sores            |
| <input type="checkbox"/> | <input type="checkbox"/> | Nervousness                          | <input type="checkbox"/> | <input type="checkbox"/> | Nausea                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Sadness                              | <input type="checkbox"/> | <input type="checkbox"/> | Nose dry/congested     |
| <input type="checkbox"/> | <input type="checkbox"/> | Worry                                | <input type="checkbox"/> | <input type="checkbox"/> | Pain                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Loss of interest in usual activities | <input type="checkbox"/> | <input type="checkbox"/> | Sexual                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Spiritual/religious concerns</b>  | <input type="checkbox"/> | <input type="checkbox"/> | Skin dry/itchy         |
|                          |                          |                                      | <input type="checkbox"/> | <input type="checkbox"/> | Sleep                  |
|                          |                          |                                      | <input type="checkbox"/> | <input type="checkbox"/> | Substance abuse        |
|                          |                          |                                      | <input type="checkbox"/> | <input type="checkbox"/> | Tingling in hands/feet |

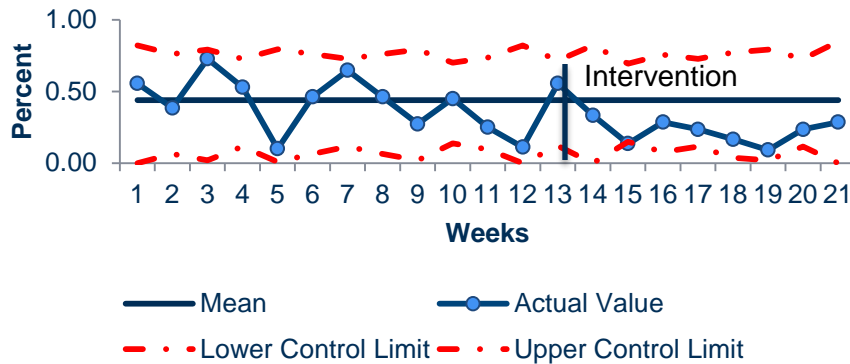
Other Problems: \_\_\_\_\_

Signed: \_\_\_\_\_

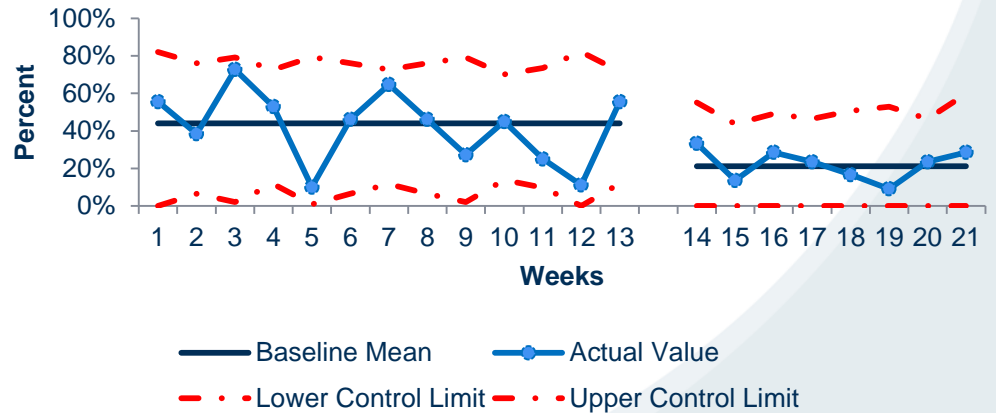
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# Change Data – P Chart

## Distress Screening Not Filled Out Completely



## Distress Screening Not Filled Out Completely





# Conclusions

- Our p chart does not show specific cause as we don't have enough data points since the intervention
- We did see a trend toward a change and achieving our aim of having at least 75% of new patients filling out the form completely.

# Next Steps/Plan for Sustainability

Continue to collect data on if patients are filling out the form completely to evaluate our intervention

Explore resources so we can address the concerns appropriately on the distress screening which was the original plan for project before we realized that patients were not using the form correctly.

Meet with social worker, chaplain and team to develop a plan on how to find better ways to address the stressors that we are identifying in the patients.

Continue with staff education.

Continue to meet on weekly basis