ASCO’s Quality Training Program

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

Presenter’s Name: Caroline Usry, RN, BSN, OCN
Laura Holder, Pharm.D.
Jennifer Lamneck Heaberlin DO, MPH

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 satisfaction.
# Team Members

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Job Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team Sponsor</td>
<td>Kim Taylor</td>
<td>Chief Operating Officer</td>
</tr>
<tr>
<td>Team Leader</td>
<td>Jennifer Lamneck</td>
<td>Physician</td>
</tr>
<tr>
<td>Core Team Members</td>
<td>Meg Harmon</td>
<td>Cancer Liaison</td>
</tr>
<tr>
<td></td>
<td>Laura Holder</td>
<td>Pharmacist</td>
</tr>
<tr>
<td></td>
<td>Caroline Usry</td>
<td>Charge Nurse</td>
</tr>
<tr>
<td>Other Team Members</td>
<td>Anu Batra</td>
<td>Physician</td>
</tr>
<tr>
<td></td>
<td>Alan Faulkner</td>
<td>Chaplain</td>
</tr>
<tr>
<td>Advisor</td>
<td>Michael Shlaer</td>
<td>Physician</td>
</tr>
</tbody>
</table>
Process Map

Patient arrives at the front desk

New Patient

Yes

Patient is given the new patient packet to be filed out with NCCN distress thermometer

No

MD visit

PA visit

RN eval

Lab draw only

Form filled out

No

Form given to Chaplain

Distress score

Yes

0-4

Form scanned in patient’s chart

Yes

>= 5

Referred to Cancer Liaison

Financial Assistant

Chaplain

Patient Advocate

MD

No

Form scanned in patient’s chart
 Cause & Effect Diagram

**Staff**
- Unwilling to ask
- Time/efficiency
- Don’t know how to respond
- Staffing ratios
- Another office process
- Who should address

**Material**
- Educationally appropriate for all
- Is it working...the form

**Patient**
- Do not want to share
- Not a priority at the time of appointment
- Language barrier
- Illiteracy
- Don’t want to be held up
- Cultural
- Perceived lack of resources

**Environment**
- Low screening
- Lack of resources
- Who should follow up
- No outpatient psychiatrist
- No outpatient dietician
- Lack of referral resources

**Workflow**
- Lack of training to detect stress
- Lack of training to implement program
- Lack of standardization in asking questions
- When is the right time / How often
- Instructions not given initially on why this is important

**Resources**
- Not enough time to fill out form
- Already under stress of referral
- Overwhelmed with forms
- Privacy
- Stress level is multifactorial and varies constantly
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

<table>
<thead>
<tr>
<th>Range</th>
<th>Frequency</th>
<th>Cumulative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Marked</td>
<td>0.446327684</td>
<td>0.446327684</td>
</tr>
<tr>
<td>0 - 4</td>
<td>0.745762712</td>
<td>0.881355932</td>
</tr>
<tr>
<td>5 - 7</td>
<td>1.000000000</td>
<td>1.000000000</td>
</tr>
<tr>
<td>8 - 10</td>
<td>1.000000000</td>
<td>1.000000000</td>
</tr>
</tbody>
</table>
### Prioritized List of Changes (Priority/Pay-Off Matrix)

<table>
<thead>
<tr>
<th>Ease of Implementation</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>High</strong></td>
<td></td>
</tr>
<tr>
<td>Easy</td>
<td></td>
</tr>
<tr>
<td>No standardized tool</td>
<td></td>
</tr>
<tr>
<td>Review of distress by</td>
<td></td>
</tr>
<tr>
<td>providers and Nurses</td>
<td></td>
</tr>
<tr>
<td>Tool filled out by MD/RN with questions directly asked to the patient</td>
<td></td>
</tr>
<tr>
<td><strong>Low</strong></td>
<td></td>
</tr>
<tr>
<td>Difficult</td>
<td></td>
</tr>
<tr>
<td>Change format of the form to 2 pages to help ensure patients fill out both parts of the tool</td>
<td></td>
</tr>
</tbody>
</table>
# PDSA Plan (Tests of Change)

<table>
<thead>
<tr>
<th>Date of PDSA cycle</th>
<th>Description of intervention</th>
<th>Results</th>
<th>Action steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/18/2015 - 5/5/2015</td>
<td>Identification of tool Workflow</td>
<td>NCCN Distress thermometer</td>
<td>Educated MD's, Nurses, Staff in the practice regarding implementation</td>
</tr>
<tr>
<td>5/5/2015 – 7/1/2015</td>
<td>Pilot Implementation of tool Development of data collection plan</td>
<td>Low screening not meeting goals</td>
<td>Plan to educate the front desk to reinforce the importance of form to the patient</td>
</tr>
<tr>
<td>8/1/2015-9/30/2015</td>
<td>Changed the format of the distress tool Educated the front desk on administration of the tool and asking patients to fill it out.</td>
<td>Overall percentage of pts filling out the form completely is improved.</td>
<td>Plan to continue distress screening tool and start to find ways to better address stressors in patient’s lives.</td>
</tr>
</tbody>
</table>
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. Be sure to check YES or NO for each.

YES NO Practical Problems
- Child care
- Housing
- Insurance
- Transportation
- Work/school

Family Problems
- Dealing with children
- Dealing with partner

Emotional Problems
- Depression
- Fears
- Nervousness
- Sadness
- Worry

Spiritual/Religious concerns
- Loss of faith
- Relating to God

Other Problems: __________________________

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 Physical Problems
- Appearance
- Bathing/dressing
- Breathing
- Changes in urination
- Constipation
- Diarrhea
- Eating
- Fatigue
- Feeling Swollen
- Fevers
- Getting around
- Indigestion
- Mouth sores
- Nausea
- Nose dry/congested
- Pain
- Sexual
- Skin dry/itchy
- Sleep
- Tingling in hands/feet

NCCN Practice Guidelines in Oncology – v. 1.2003
Distress Management

In the interest of patient confidentiality, the NCCN does not publish nor distribute patient information. These guidelines and this document may not be reproduced in any form without the express written permission of NCCN.
Materials Developed
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