Project Title: Incorporating Emotional Distress Tool for Cancer Treatment patients

Presenter’s Name: Gina Villani, MD, MPH; Madhuri Devabhaktuni, MD; Margaret Bediones, RN; Dorota Stypulkowska, RN; Lisa Pfail, MBA

Institution: Ralph Lauren Center for Cancer Care (RLCCC)

Date: January 26, 2017
Institutional Overview

• RLCCC located in Harlem, N.Y has a mission to provide cancer care and prevention to N.Y City’s underserved population.

• RLCCC’s patient population consists of 80% Black or Latino; 75% are covered by a Medicaid/Medicare product and 70% are immigrants.

• The RLCCC team includes: three Oncologists, one Breast Surgeon, one Gastroenterologist and one Nurse Practitioner.
Distress screening is a proven method to timely assess and manage common symptoms and stressors of chemotherapy patients. RLCCC shows 0% compliance by not utilizing standardized methods to assess distress in its patient population which historically has high levels of distress.
Team Members

- Team Leader: Madhuri Devabhaktuni

- Core Team Members:
  - Administration: Lisa Pfail
  - Physician Member: Gina Villani
  - Nursing: Margaret Bediones, Dorota Stypulkowska

- Other Team Members: Hyewon Jung, NP; Tamika Bascombe, MA; Phillesa Savage, MA; Linda Lopez, Registration

- Project Sponsors: Stavros Niarchos Foundation

- Improvement Coaches: Steve Power, MBA & Arif Kamal, MD, MBA, MHS
New patient to practice

Completes registration packet

Triaged by medical assistant

ED assessed

Yes

Communicated to nurse or physician

No

History obtained by nurse

No

ED assessed

Yes

ED communicated to physician

No

ED assessed

No

Assessment

No

Assessment

No

Assessment

Physician reviews sees patient

ED assessed + documented

Yes

Action Taken

No

Referral to service

No

Assessment

No

Assessment

ED= Emotional distress
Cause & Effect Diagram for <80% compliance

**Policies**
- Information not disseminated to all staff
- Lack of training to implement tool
- Different priorities between front desk and clinical staff
- Fast paced lot of responsibility at the front desk

**People**
- Patient refuses
- Family refuses
- Patient doesn’t understand
- Nurse forgets
- Registrar forgets

**Resources**
- Forms not available
- Improper Language
- Educational level not appropriate for patient population
- Forms get lost/not returned
- Lack of in-house resources

**Work-flow**
- Copies not made
- Forms not handed out to
- Forms not collected
- Forms not given to the nurse
- Forms not scanned in the patient’s chart

**Measurements**
- Questions are not applicable
- Answers not consistent
- Forms not complete

**Controls**
- No assistance for patients
- Lack of accountability
- No checkpoints

No formalized measurements or processes currently in place to measure patient’s emotional distress at time of visit
Prior to August 2016 RLCCC did not have a standard and consistent process for routine distress screening of its chemotherapy patients. Thus RLCCC was unable to quantify distress or develop processes to address distressed patients.
By December 31, 2016 we aim to assess and document in the patient’s medical record the NCCN Distress Screening Tool for 80% of the chemotherapy patients at the Center within the first 2 visits.
• Measure: 1) Number of chemotherapy patients screened for distress
  2) Percent of chemo patients scores above 5 requiring intervention

• Patient population: Patients receiving chemotherapy

• Calculation methodology:
  1) Numerator: Number of chemotherapy patients screened with the tool
     Denominator: Total number of chemotherapy patients who completed the screening tool
  2) Numerator: number of chemo pts with scores 5 and above
     Denominator: total number of chemo pts completing the tool

• Data source: NCCN Distress Tool

• Data collection frequency: Weekly

• Data quality (any limitations): Patients missed or non-compliant; cultural / education barriers
Chemotherapy patients screened for distress

![Bar chart showing the number of patients screened for distress in weeks 1-11 and 12-22. The chart compares total chemotherapy patients and total patients screened.](chart)

- **Week 1-11:**
  - Total chemotherapy patients: 50
  - Total patients screened: 20

- **Week 12-22:**
  - Total chemotherapy patients: 50
  - Total patients screened: 40

Key:
- Total chemo patients
- Total patients screened
Breakdown of Distress Scores

- Score 0-4: 43 forms, 57.3% cumulative
- Score 5-7: 21 forms, 85.3% cumulative
- Score 8-10: 11 forms, 100.0% cumulative

Baseline Data – Post Intervention
## Prioritized List of Changes (Priority/Pay -Off Matrix)

<table>
<thead>
<tr>
<th>Impact</th>
<th>Ease of Implementation</th>
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</thead>
<tbody>
<tr>
<td>High</td>
<td>Easy</td>
</tr>
<tr>
<td></td>
<td>Handing the tool to the patients and having them fill it out.</td>
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<tr>
<td></td>
<td>Evaluating emotional distress screening tool provided to chemotherapy patients during the first 2 treatment visits and scanned in the EMR. Reinforcing MAs and RNs about importance of distributing tool.</td>
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<tr>
<td>Low</td>
<td>Difficult</td>
</tr>
<tr>
<td></td>
<td>Patient filling out the tool by the second office visit and reviewing with MD/RN Navigator.</td>
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<tr>
<td></td>
<td>RNs/MDs assisting each patient to answer the questionnaire.</td>
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*American Society of Clinical Oncology*
# PDSA Plan (Test 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>7/18/16-7/25/16 Pilot</td>
<td>Establishment of tool workflow</td>
<td>NCCN Distress Thermometer</td>
<td>Educated the front desk staff on the implementation of the tool</td>
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<tr>
<td>7/26/16-10/16/16</td>
<td>Initiation of implementing the tool &amp; development of data collection</td>
<td>Unsatisfactory results; low screening</td>
<td>Intervention: called meeting and educated clinical staff MAs and RNs on usage of tool</td>
</tr>
<tr>
<td>10/17/16-12/31/16</td>
<td>Process change; education of MAs and RNs to assist pt with completion of tool</td>
<td>Improved screening scores in quantity and quality</td>
<td>Phase 2- Plan to utilize the tool for every new oncology pt and create a plan to help minimize</td>
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*Quality Training Program™*
Materials Developed (optional)
Change Data

Distress Tool Utilization

- Actual value
- Baseline Mean
- Lower Control Limit
- Upper Control Limit

Weeks
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23
Conclusions

• We developed a process which is more efficient in achieving our goal of 80% of chemotherapy patients filling out the tool by the second office visit.
• Our study shows that we need to develop a process to address emotional distress, as 43% of our patients had scores >5
Next Steps/Plan for Sustainability

• Continue with staff training and education regarding tool and need for measure
• Integrate NCCN tool into our new EMR
• Continue to collect data and meet monthly to evaluate our interventions
• Develop processes for referral for patients with high distress scores 5 and above
• Establish in-house social worker