

Measuring Distress in the Oncology Clinic

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The Problem

In 2015, the Commission on Cancer will require that patients be screened for emotional and psychological distress. The American Society of Clinical Oncology (ASCO) has incorporated an assessment of emotional well-being into its quality certification program. Studies have found that clinicians poorly measure distress. Even when they do, the assessment may not be documented or may be buried in the unstructured content of a clinical note. The National Comprehensive Cancer Network (NCCN) Distress Tool thermometer allows patients to alert clinicians to their distress at the check-in of every visit. Through this systematic screening of distress we aim to bring our care closer to the Institute of Medicine's goal of Patient Centeredness.

Aim/Goal

To increase the measurement of emotional well-being in the Oncology clinic. As per ASCO's Quality Oncology Practice Initiative (QOPI), a benchmark has been set that 75% of patients have emotional well-being assessed by the second office visit. In fall 2012, 61.70% of charts fulfilled this measure. Our goal was to increase the documented assessment of emotional well-being to 75% or greater in the fall 2013 data collection. The following data represent the pre and post-intervention results limited to the breast oncology population. Our clinic will recertify as a QOPI site in 2014, at which time a larger chart abstraction will assess the sustainability and generalizability of the Distress Tool thermometer.

The Team

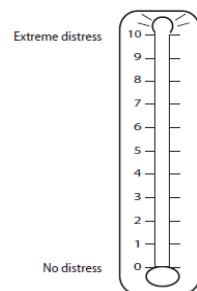
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The Interventions

- Fall 2012: Collection of QOPI data.
- Evaluation and selection of distress tool by social work and psychiatry.
- Tool introduced over e-mail to front desk PA/MA teams.
- May 2013: Roll-out of tool for patients checking into SCC-7 & 9. PAs transcribe score to OMR vitals sheet.
- Periodic reminders e-mailed to staff.
- Annual QOPI data collection to assess sustainability.

Figure 1: NCCN Distress Tool

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

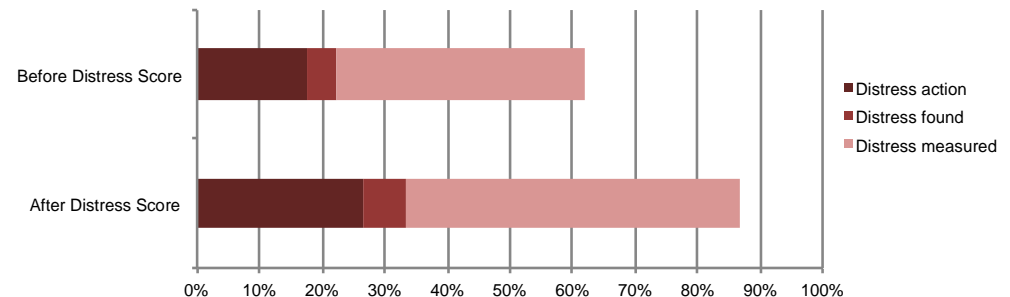


The Results/Progress to Date

Table 1: Results Before and After NCCN Tool 2012-2013, Breast Oncology

	Before (n = 68)	After (n= 15)	p-value (x ²)
Distress measured, % (n)	61.76 (42)	86.67 (13)	0.047
Distress found, % (n)	35.71 (15)	38.46 (5)	0.836
Distress action, % (n)	80.00 (12)	80.00 (4)	1.000

Figure 2: Results Before and After NCCN Tool 2012-2013, Breast Oncology



Lessons Learned

- Tool Specificity:** Informal clinician feedback revealed some patients gave reasons for high distress unrelated to their medical conditions (ie: traffic, wait times).
- Tool Delivery Standardization:** Some patients expressed confusion regarding the tool's purpose at the time of check-in when provided the instructions.
- Intervention Maintenance:** Project staff noted a decrease in the transcription of scores from the thermometer to the vitals sheet coinciding with float pool Practice Assistants. This was resolved with e-mail and in-person reminders.

Next Steps/What Should Happen Next

- Modification of tool with statement "By 'distress', we mean things like how sad or scared are you by your health problems or how difficult has the treatment been for you."
- Creation of script for front desk staff to present tool to patients.
- QOPI collection in Breast, Lung, Colon and Non-Hodgkin Lymphoma patients in spring 2014 to assess modified tool and division-wide implementation.
- Participation in QOPI Performance Improvement CME pilot program.

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