

# Review and Implementation of Distress Screening in Birmingham VA Medical Center Cancer Clinic

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### Background

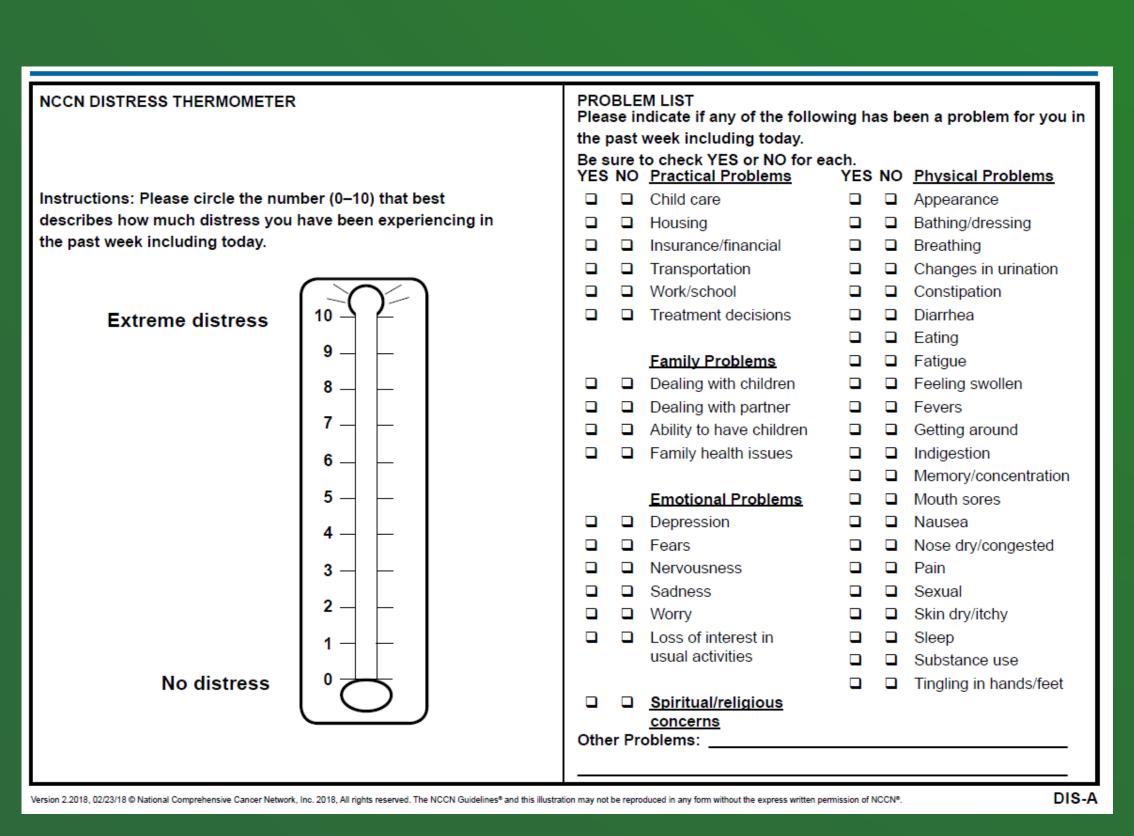
- The diagnosis of a malignancy impacts many aspects of a patient's life, including cognition, emotion, spiritual belief and finance.
- Current cancer treatment models focus heavily on the medical management of malignancies (chemotherapy, radiation and surgery) instead of the psychosocial wellness of the patient.
- Prompt recognition, documentation and management of distress increases a patient's adherence to cancer treatment, reduces the risk of excess toxicities and improves emotional well-being<sup>1</sup>.

## Study Goal

Develop a process map to integrate and implement the NCCN approved psychosocial distress screening tool into the oncology clinic workflow<sup>2</sup>

## **Project Design**

- Review the historical utilization of a distress screening tool at Birmingham Veteran Affairs Medical Center
- Implement protocols to respond to the distress screen and improve referrals to the appropriate specialties (social work, mental health, chaplain, etc.)
- Identify and engage all stakeholders
  (physicians, nurse practitioners, infusion
  nurses, nurse navigator, and schedulers)
  to conduct and review the distress
  screening tool
- Develop a process map to integrate and implement the NCCN approved psychosocial distress screening tool into the oncology clinic workflow<sup>3</sup>



#### Acknowledgements

Birmingham VA Medical Center, specifically the nurse practitioners, infusion nurses and oncology navigator

## PDSA Cycle 1

#### October 2015 to June 2016

- 95 veterans were administered the Distress Screen.
- 47 veterans (49.5%) rated his/her distress level between 4 and 10 (moderate to severe level of distress).

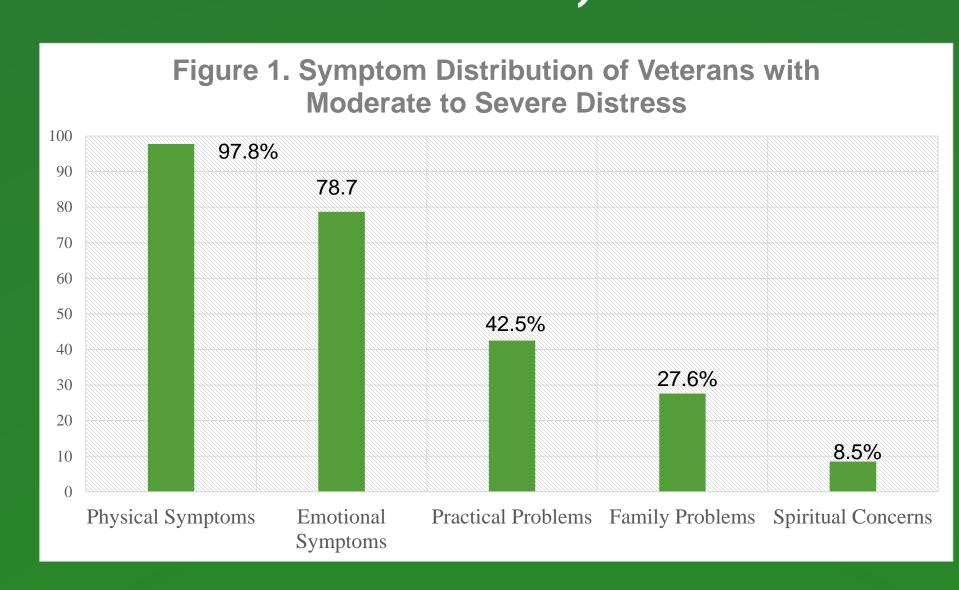


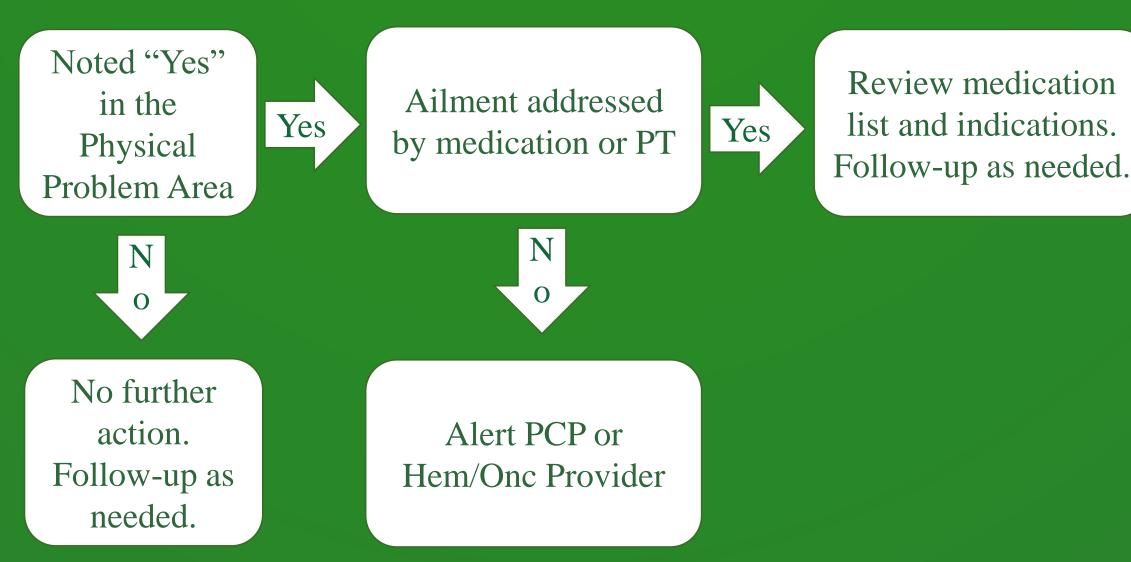
Figure 2: responses to those reporting moderate to severe

| Response  | $\mathbf{N}$ |
|---|--------------|
| Mental Health Consult   | 1            |
| Social Work Consult   | 1            |
| Chaplain  | O            |
| Others (Travel/Lodging,<br>Dental, Hospice, Tobacco<br>Cessation and Nutrition) | 7            |

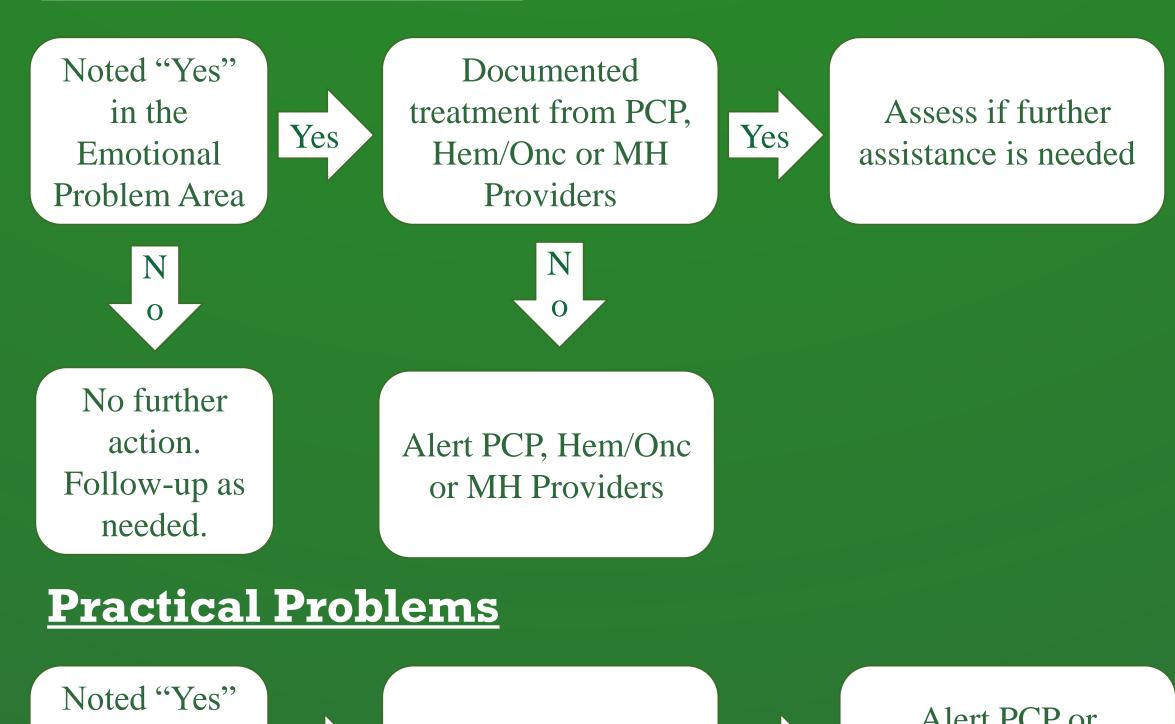
Figure 3: Distress Screening Algorithm



#### **Physical Problems**



#### **Emotional Problems**





## Family Problems (same as Practical

No further

action.

Follow-up as

**Problems**)

#### January 2017 to September 2017

- 81 veterans were administered the Distress Screener.
- 22 veterans (27.2%) rated his/her distress level between 4 and 10 (moderate to severe levels of distress.

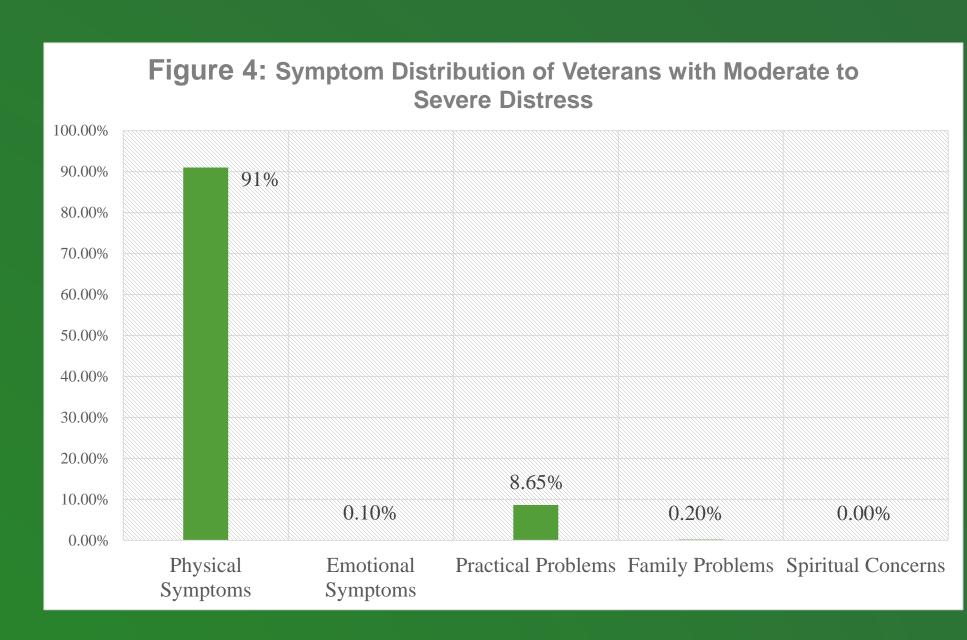


Figure 4: responses to those reporting moderate to severe distress:

| Response  | N  |
|---|----|
| Mental Health Consult   | 2  |
| Social Work Consult   | 1  |
| Chaplain  | 0  |
| Others (Travel/Lodging,<br>Dental, Hospice, Tobacco<br>Cessation and Nutrition) | 19 |

#### Lessons Learned

- Review of the historical data from 2015 to 2016 found that nearly half of surveyed veterans reported moderate to severe distress level, but only 19% of them were referred to appropriate supportive services.
- An algorithm for distress screening was developed in 2016, but it primarily involved oncology staff and was not implemented consistently due to lack of engagement from all stakeholders (social work, mental health, chaplain, etc.).

## Next Step

Identify and study barriers to proper care

Expand and engage stakeholders to include other services (mental health, social work, traveling, etc.) for process planning

## PDSA Cycle 2

- Expand Distress Screen to be conducted at multiple pivotal times to assess the veterans' distress
- Ensure consults are being entered to the appropriate services

## Reference

- Grassi L, Spiegel D, Riba M. Advancing psychosocial care in cancer patients. *F1000Research*. 2017;6:2083.
- Rodriguez MA, Tortorella F, St John C. Improving psychosocial care for improved health outcomes. J Healthcare Qual. 2010;32:3-12.
- NCCN, Distress Management Guideline