Implementation of the Distress Thermometer to Improve Distress Screening and Referral Rates

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Problem Statement

Cancer patients are at higher risk for experiencing distress; up to 60% of cancer patients report distress when assessed.

- Undermanaged distress is associated with higher mortality rates, decreased treatment adherence and poorer quality of life.
- The NCCN Distress thermometer is a screening tool utilized to measure distress levels among oncology patients. It is recommended that patients be screened with initial treatment and through varying stages of their treatment.

A Comprehensive Cancer Center in a north-eastern academic center implemented this tool for most outpatient oncology patients. However, this practice was not yet implemented at the relatively new outpatient Transplant Cellular Therapy (TCT) clinic. With current recommendation guidelines, it was necessary to implement distress screening at this facility.

Purpose of Project

Purpose: To implement the Distress Thermometer for distress measurement and guidance for appropriate referrals to provider or social work among oncology patients at TCT. Approximately 150 adult oncology patients are expected to benefit from this project. Project received HRPO determination.

Goals:
1. 100% of eligible patients will receive distress screening.
2. 100% of patients that score significant for distress will receive appropriate referrals to provider and or social worker.

Methods

Setting
- 8 room outpatient Transplant Cellular Therapy Clinic (TCT) at a north-eastern Comprehensive Cancer Center that provides the following services: Auto-stem cell transplant, CAR T and various infusions.

Inclusion Criteria
- Adult oncology patients ≥ 18 years, first day visiting clinic after inpatient discharge, first day of CAR T or Autologous stem transplant.

Implementation Framework
- Conceptual Framework for Complex Innovation Implementation was utilized due to framework concepts closely aligning with project plans and objectives

Interventions
- Implement the NCCN Distress Thermometer screening for eligible patients for a 15-week period. Score > 4 would indicate a referral to social work or provider. Screenings completed on paper then transcribed into EHR to promote patient privacy. Referrals directly transcribed into EHR.

Implementation Strategies
- Clinic staff education, nursing implementation, establishment of referral process.

Data Collection
- Weekly rates of screening and appropriate referrals using a HIPAA compliant, VPN server

Figures

Figure 1

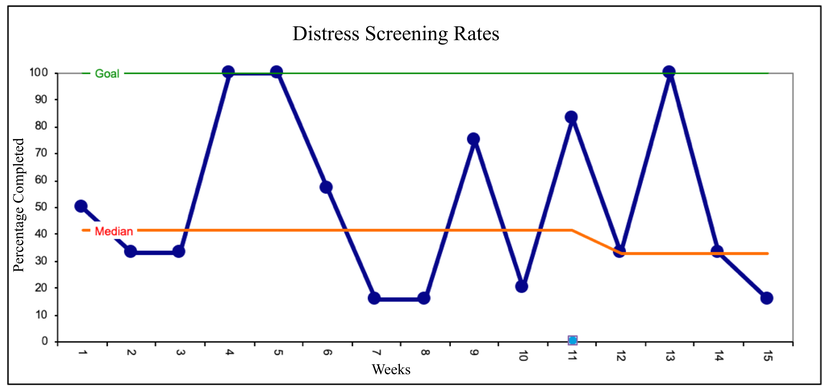


Figure 2

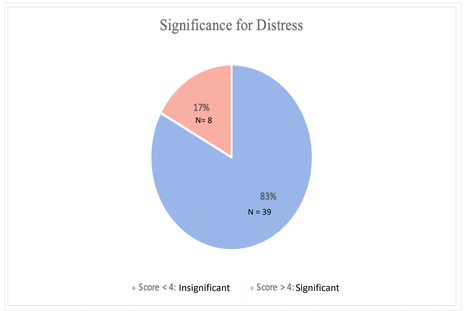
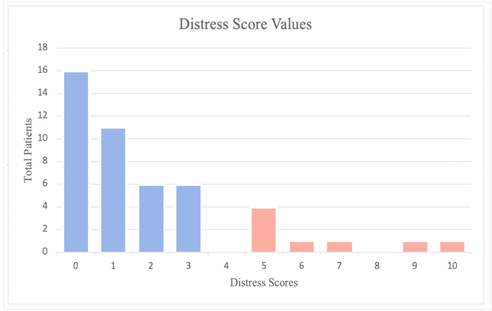
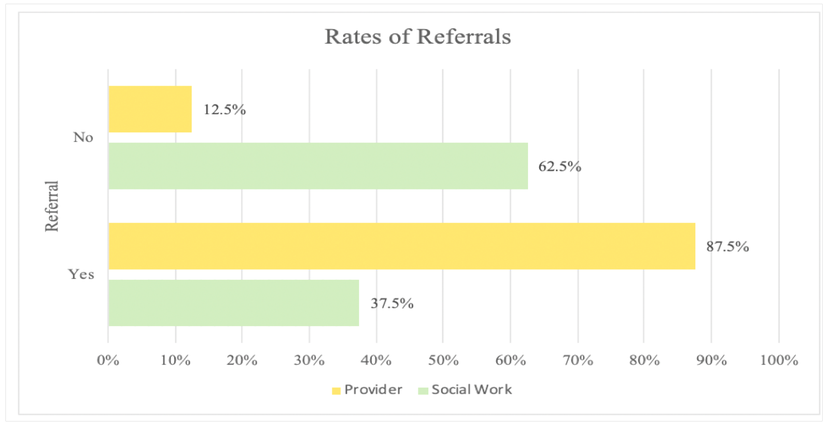


Figure 3



Results

Table 1



Discussion

- Distress screening was conducted for (N=47) 53.4% of eligible patients.
- For 3 out of 15 weeks 100% of eligible patients were screened (Figure 1)
- 17% (N=8) of patients scored significant for distress (Figure 2&3)
- A total of 10 patients received referrals (Table 1)
  - 3 patients (37.5%) received social work referrals.
  - 7 patients (87.5%) received provider referrals.
    - 2 out of 10 patients did not score significant for distress but were referred to provider for various needs.

Limitations
- Nursing staff
  - Increased patient to nurse ratio and patient census
  - Busy shifts- Distress screening not priority
  - Forgetting to screen
- Patient: refusal to screen N=5 (4.4%)

Conclusions

Implementation of Distress Thermometer led to
- Initiation of distress screening
- Clinician guidance for referrals/ improved referral processes
- Providing patients with necessary resources
- For the weeks with 100% screening completion, nurses had began creating a list of eligible patients

Sustainment Plan
Due to the organizational implementation plan for FACT-BMT (a distress screening tool specific for bone-marrow transplant patients) it is unlikely that the Distress Thermometer will remain a standard practice at TCT. However, it is hopeful that clinic staff members will continue to prioritize patient distress to promote holistic treatment.

References

References available in QR code below