ASCO's Quality Training Program

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.





Problem Statement

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

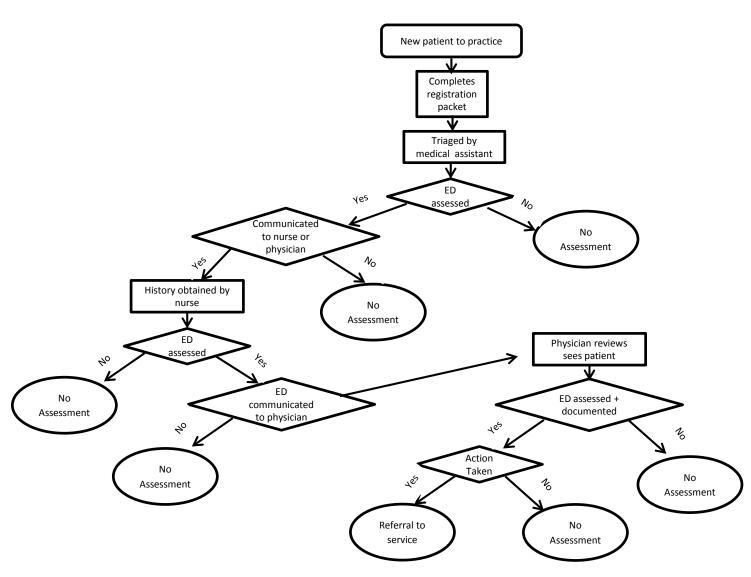
Physician Member: Gina Villani

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

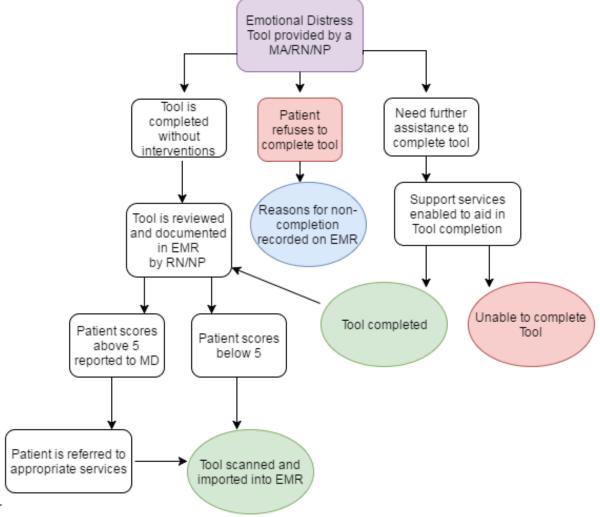






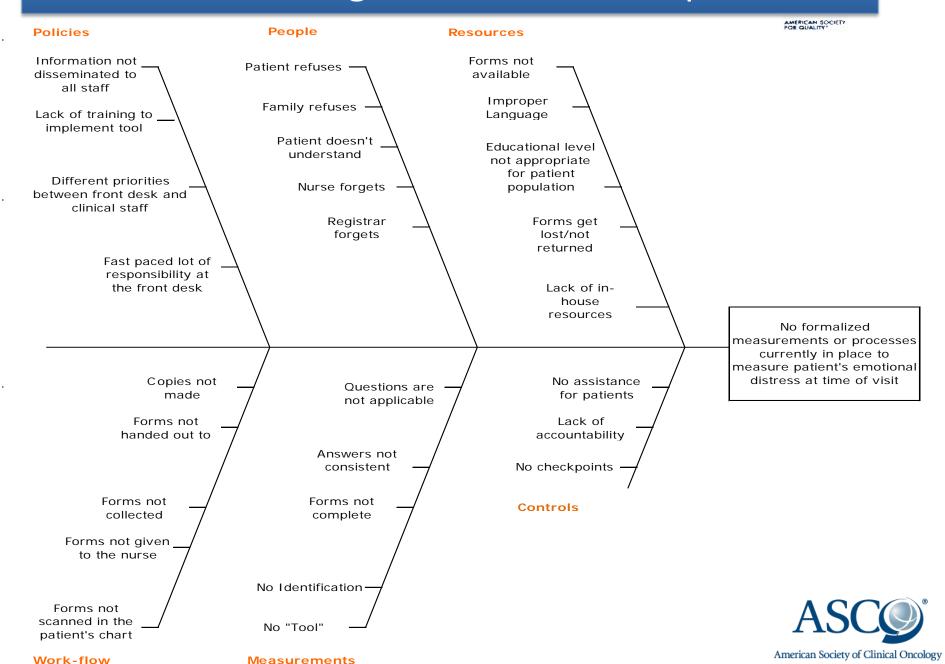
ED= Emotional distress

Revised Process Map





Cause & Effect Diagram for <80% compliance



Diagnostic Data

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.





Aim Statement

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.





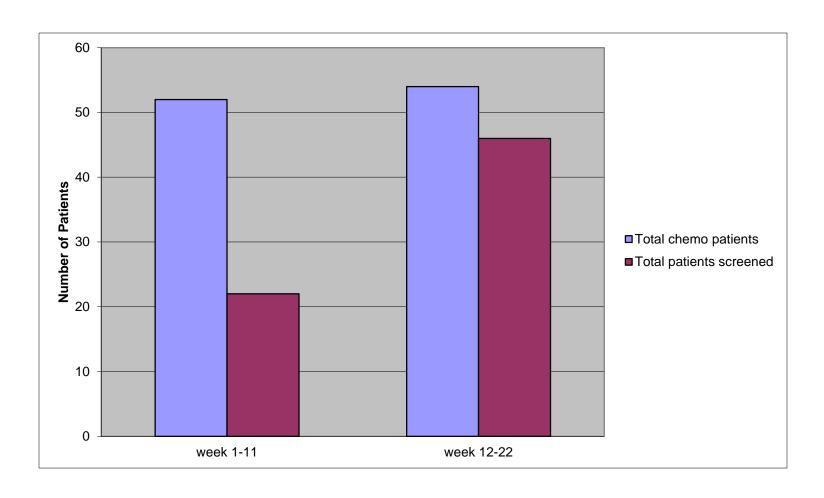
Measures

- 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



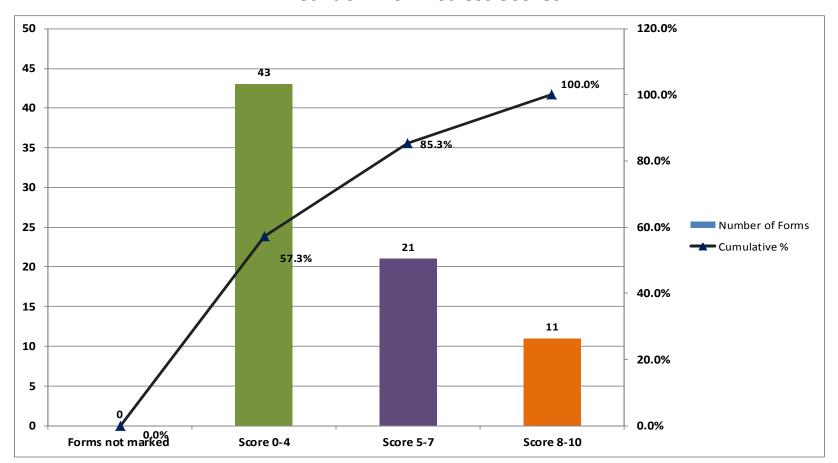


Chemotherapy patients screened for distress



Baseline Data – Post Intervention

Breakdown of Distress Scores







Prioritized List of Changes (Priority/Pay –Off Matrix)

High	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.	RNs/MDs assisting each patient to answer the questionnaire. Evaluate patients' emotional distress during MD visits.
Mo Impact	Handing the tool to the patients and having them fill it out.	Patient filling out the tool by the second office visit and reviewing with MD/RN Navigator.
LOVV		

Easy Difficult

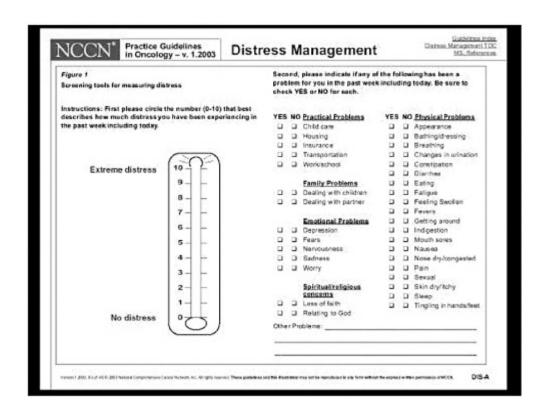




PDSA Plan (Test of Change)

	Date of PDSA Cycle	Description of Intervention	Results	Action Steps
	7/18/16- 7/25/16 Pilot	Establishment of tool workflow	NCCN Distress Thermometer	Educated the front desk staff on the implementation of the tool
	7/26/16- 10/16/16	Initiation of implementing the tool & development of data collection	Unsatisfactory results; low screening	Intervention: called meeting and educated clinical staff MAs and RNs on usage of tool
	10/17/16- 12/31/16 UALITY TRAINING PROGRAM™	Process change; education of MAs and RNs to assist pt with completion of tool	Improved screening scores in quantity and quality	Phase 2- Plan to utilize the tool for every new oncology pt and create a plan to help minimize of Clinical

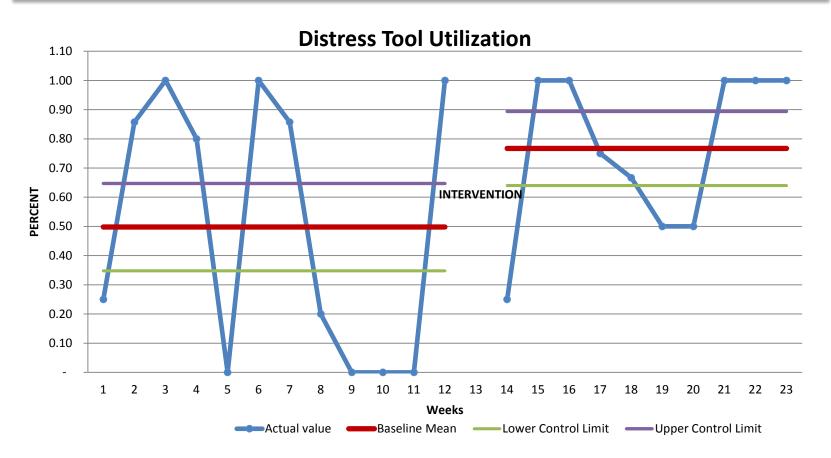
Materials Developed (optional)







Change Data







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



