

ASCO's Quality Training Program

Emotional Distress Assessment and Management Initiative

Stephanie Buia Amport, MBA, CPHQ

Anne Chiang, MD, PHD

Diane Corjulo, RN, BSN

Smilow Cancer Hospital at Yale-New Haven

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Institutional Overview

- Smilow Cancer Hospital (SCH) provides cancer services by Yale Cancer Center faculty in New Haven or one of 9 Care Center community locations
- Created in 2012 by the acquisition of two community practices, all SCH Care Centers are fully integrated practice sites using a provider-based model and a unified electronic medical record (e.g. EPIC).
- The faculty practice includes 47 oncologists in the New Haven academic campus and 22 oncologists in the Care Center locations.
- The number of analytic cases at SCH reach approximately 5600, including an estimated 1600 patients per year in the Care Center locations.
- In addition, Smilow Cancer Hospital Network oversees and supports cancer services delivered within the Yale-New Haven Health system of Greenwich Hospital.

Problem Statement

- In Spring 2012 QOPI abstraction results, 49% (217/445) of Smilow Cancer Hospital patients had documented assessment of “emotional well-being assessed by the second office visit” identifying a barrier to addressing patient emotional needs.
 - Compliance in 2 of our 10 cancer care centers identified for improvement pilot was below 12%

Note: QOPI data based on physician documentation in paper chart

Team Members

| Role | Name | Job Function |
|--------------------------------------|---|---|
| <i>Project Sponsor[#]</i> | Rogério Lilenbaum, MD Catherine Lyons, RN, MS | CMO Smilow Cancer Hospital Clinical Program Director/Director of Nursing Smilow Cancer Hospital |
| <i>Team Leader[†]</i> | Anne Chiang, MD | CMO Smilow Network |
| <i>Core Team Member[*]</i> | Diane Corjulo, RN | Clinical Program Manager |
| <i>Core Team Member[*]</i> | Stephanie Amport, MBA | Quality & Safety Coordinator |
| <i>Facilitator</i> | Stephanie Amport, MBA | Team member who facilitates the team meetings to optimize group processes. |
| <i>Other Team Member[^]</i> | Bruce Lundberg, MD | CCA CLINIC MD & Physician Champion |
| <i>Other Team Member[^]</i> | Nancy Hassan, RN June Kelly, RN & Fran Jaworowicz, RN | Nurse Coordinator CCA Clinic Staff Nurses CCB Clinic |
| <i>Other Team Member[^]</i> | Nicole Weld, LCSW Bonnie Indeck, LCSW | CCA & CCB Clinic Social Worker Manager Oncology Social Work |
| <i>Other Team Member</i> | Andrea Silber, MD | CCB Clinic MD & Physician Champion |
| <i>Advisor</i> | Connie Engelking, RN | Consultant |
| <i>Advisor</i> | Ruth McCorkle, RN | Yale School of Nursing Research Expert |
| <i>Patient/ Family Member</i> | TBD | Working on determining who is most appropriate |
| <i>QTP Improvement Coach</i> | Holley Stallings | Provides remote support to the team regarding the science of quality improvement and participation in the QTP. |

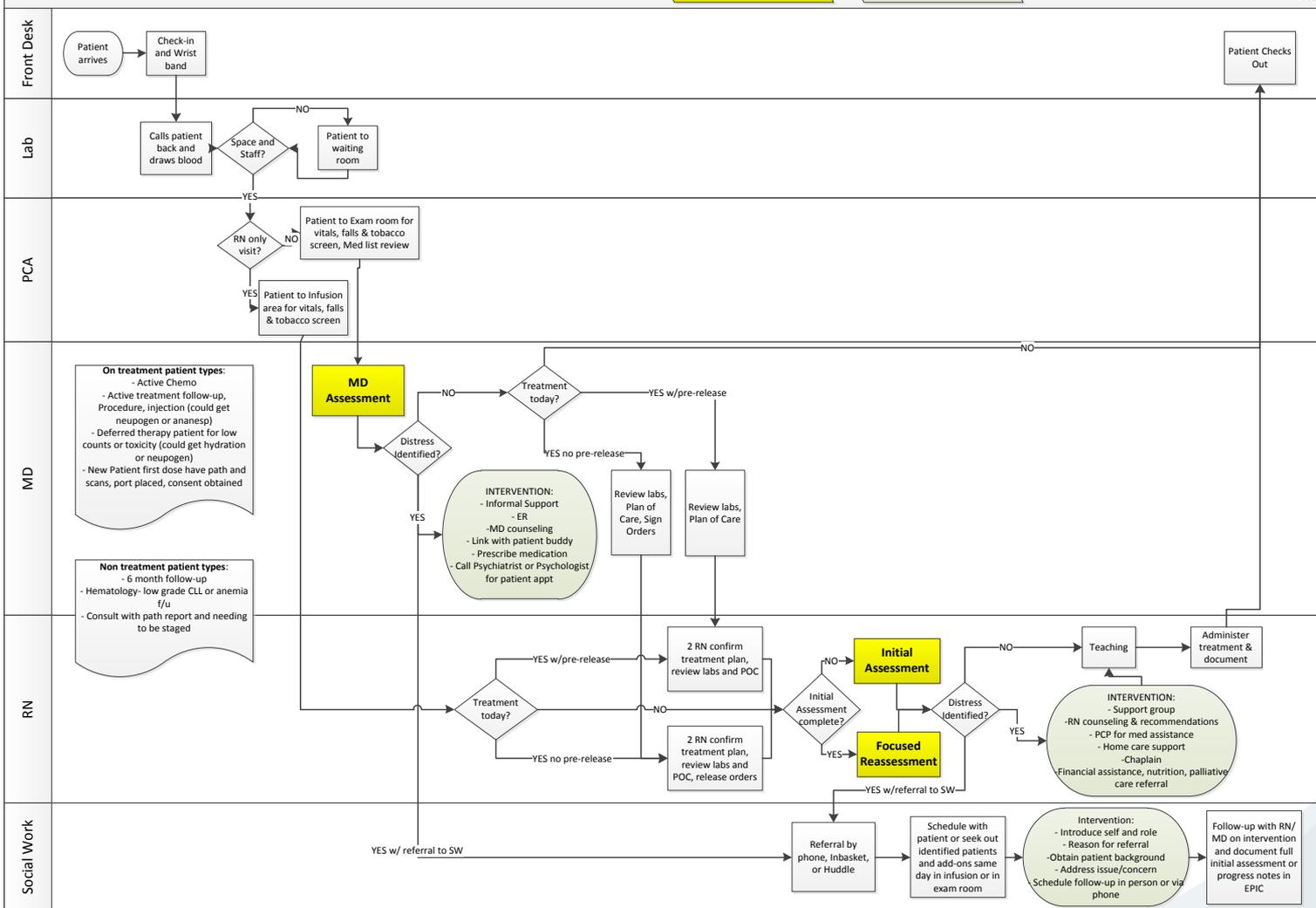
Process Map

CCA & CCB CLINICS Emotional Distress Assessment CURRENT STATE Process Map

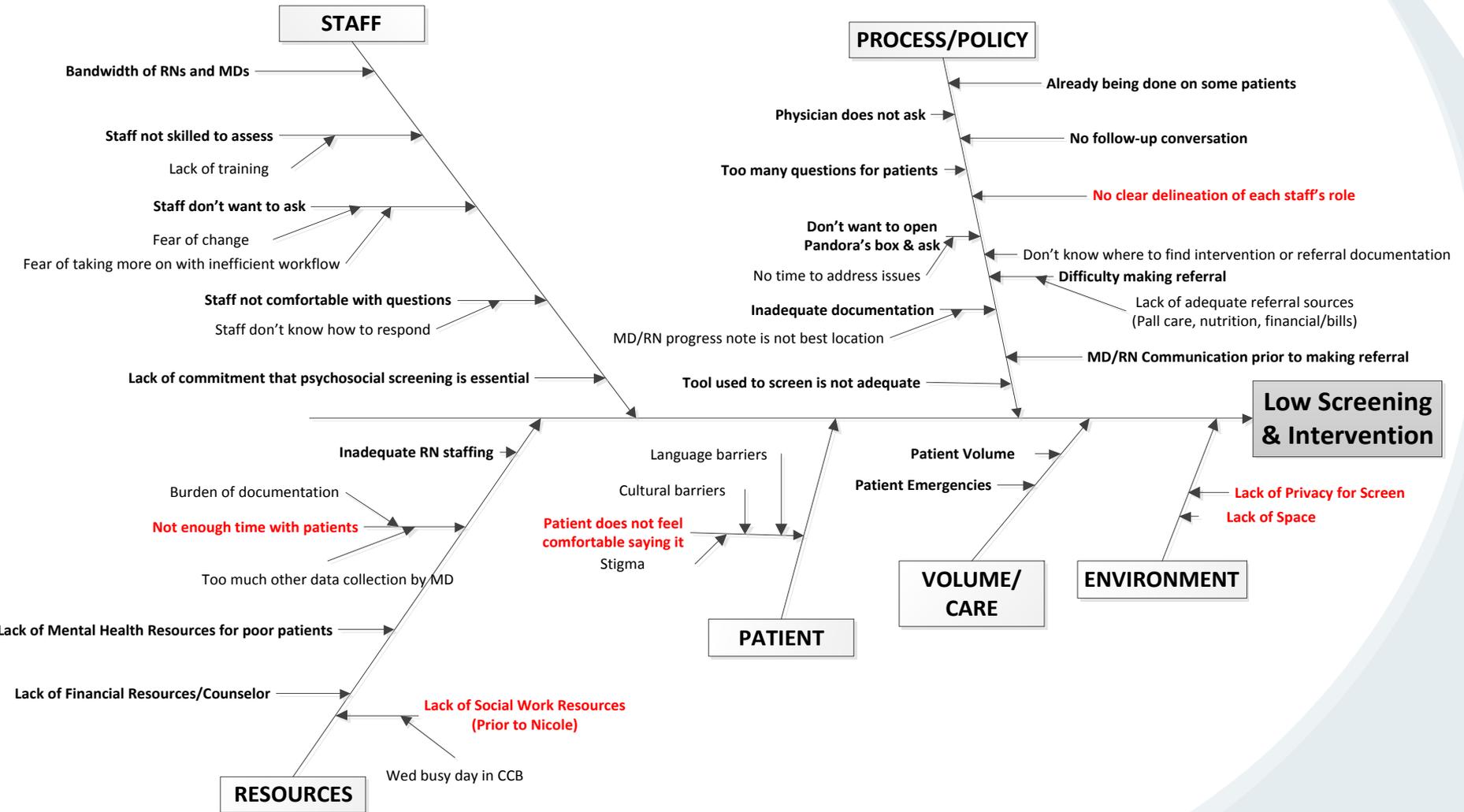
Yellow color denotes where emotional assessment is done

Green color denotes where intervention is done

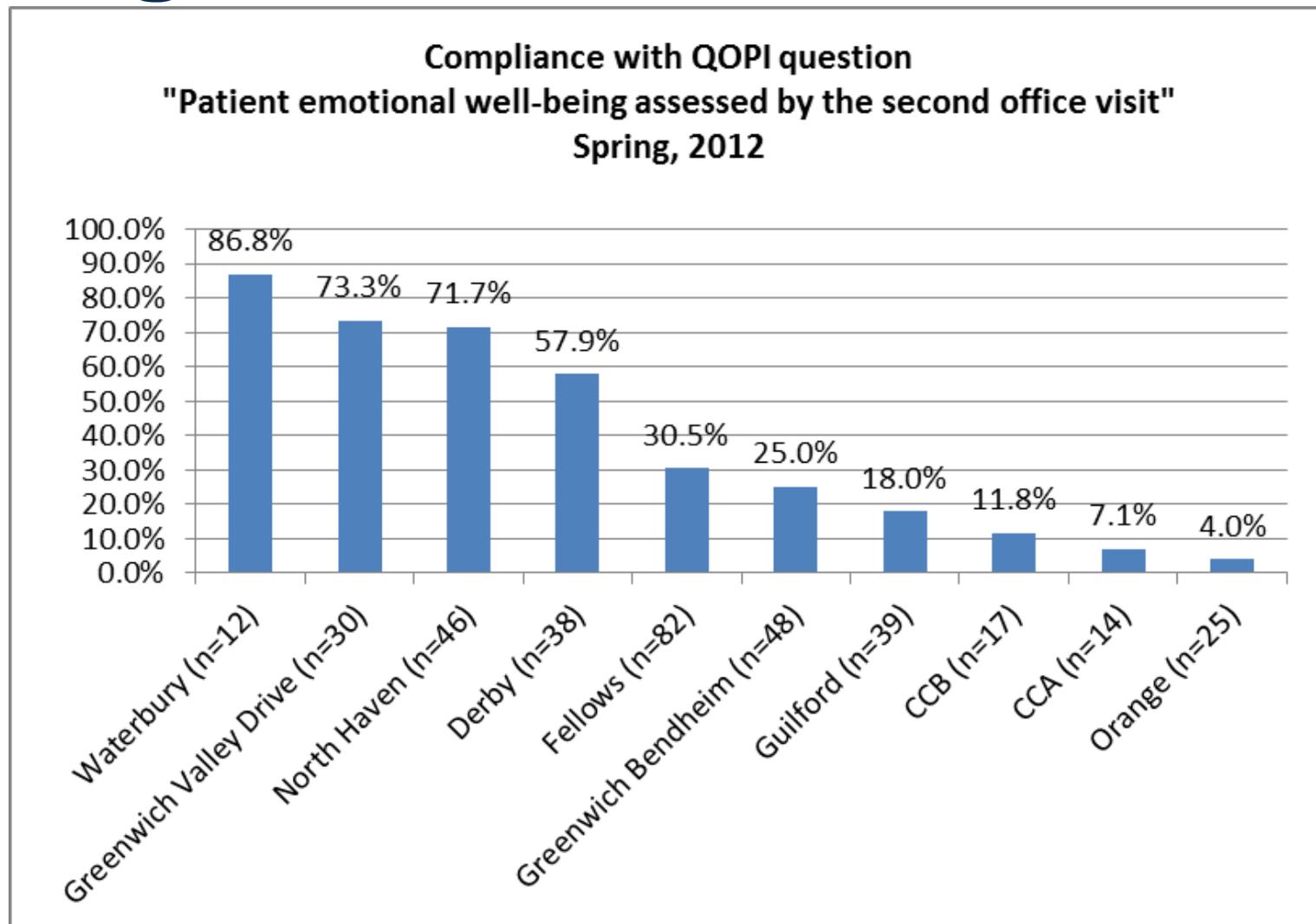
Phase



Cause & Effect Diagram

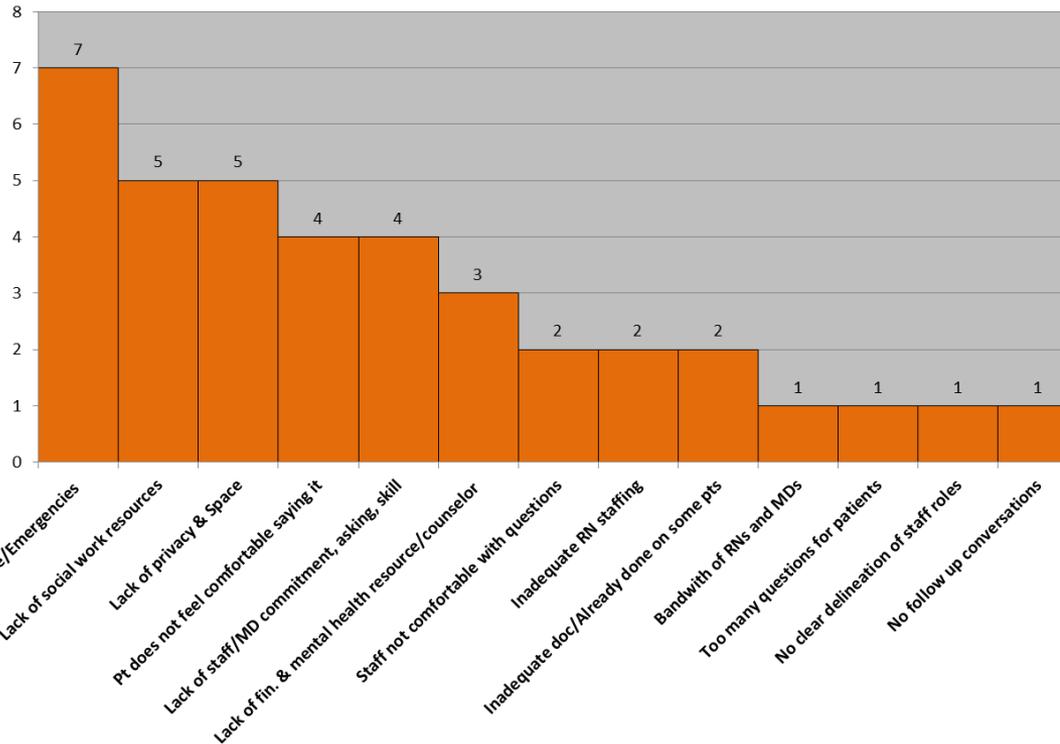


Diagnostic Data



Diagnostic Data

Perceived Causes of Low Screening and Intervention



Top 4 Causes/Barriers

- Not enough time w/pts, Volume/Emergencies
- Lack of social work resources
- Lack of privacy & space
- Patient does not feel comfortable saying it

Aim Statement

- By April 2014, increase screening of distress levels to 75% of patients seen in CCA and CCB care center clinics in February and March, 2014.

Materials Developed



Welcome,

The treatment and management of cancer and hematologic disorders requires a team that consists of physicians, nurses, social workers, chaplains, dieticians, and other support staff. Your care team at the Smilow Cancer Hospital at Yale-New Haven wants to make an effort to meet all of your needs – physical, emotional, practical, and spiritual.

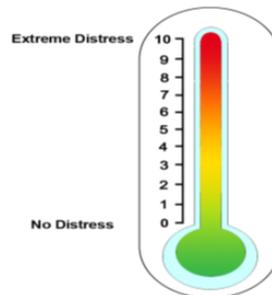
To better understand your holistic needs, we ask that you take just a couple of moments to complete this self-assessment about distress.

Based on your feedback, we will provide you with resources that we hope will be helpful to you during this time. Our goal is to ensure that you receive the best care possible.

Please let us know if you have any questions.

Thank you,
Your Care Team
Smilow Cancer Centers

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



Place patient sticker here

- I would like to speak with someone about my concerns.
- I do not wish to speak to staff regarding this information.

Signature _____

Reviewed by: _____ Date: _____

Referral made to: _____

Second, please indicate by checking the box, if any of the following has been a problem for you in the past week including today.

- Practical Problems**
 - Child Care
 - Housing
 - Insurance/financial
 - Transportation
 - Work/school
- Family Problems**
 - Dealing with children
 - Dealing with partner
 - Ability to have children
 - Family health issues
- Emotional Problems**
 - Depression
 - Fears
 - Nervousness
 - Sadness
 - Worry
 - Loss of interest in usual activities
- Spiritual/religious concerns**
 - Concerns with meaning/purpose of life
 - Concerns about God/Divine
 - Issues regarding prayer or spiritual practices(s)
 - Issues regarding religious faith group/affiliation
 - Other spiritual/religious concerns, struggles, fears or questions
- Physical Problems**
 - Appearance
 - Bathing/dressing
 - Breathing
 - Changes in urination
 - Constipation
 - Diarrhea
 - Eating
 - Fatigue
 - Feeling swollen
 - Fevers
 - Getting around
 - Indigestion
 - Memory/concentration
 - Mouth sores
 - Nausea
 - Nose dry/congested
 - Pain
 - Sexual
 - Skin dry/itchy
 - Sleep
 - Tingling in hands/feet
- Cancer Problems**
 - Diagnosis
 - Treatment options/decisions
 - Management of side effects
- Other problems**
 - _____
 - _____



CCA

| Visit Date | Time | Visit Type | Notes | Provider | Permanent Comments |
|------------|----------|-------------|------------------------------------|----------------------------|----------------------------------|
| 02/04/2014 | 9:00 AM | INJECTION | XGEVA | A, Yc Nurse-Nh Suite | DT completed 2/4/14 |
| 02/04/2014 | 10:30 AM | INJECTION | B12 | A, Yc Nurse-Nh Suite | DT completed on 2/4/14 |
| 02/04/2014 | 10:45 AM | INJECTION | 3m/B12 | A, Yc Nurse-Nh Suite | DT completed 2/4/14 |
| 02/04/2014 | 11:00 AM | INJECTION | B12 | A, Yc Nurse-Nh Suite | DT completed 2/4/14 |
| 02/04/2014 | 11:15 AM | INJECTION | ARANESP | A, Yc Nurse-Nh Suite | DT Completed 2/4/14 SCIM #753 |
| 02/04/2014 | 1:45 PM | INJECTION | 7W | A, Yc Nurse-Nh Suite | DT completed 2/4/14 |
| 02/04/2014 | 3:15 PM | NEW PATIENT | NECK BX RESULT NOT FINAL ROOM 1 | Tara, Harold H., MD | |
| 02/04/2014 | 9:00 AM | RETURN | CBC 1W---ROOM 4 | Lundberg, Walter Bruce, MD | DT completed 2/4/14 |
| 02/04/2014 | 9:15 AM | RETURN | XGEVA ROOM 1 | Tara, Harold H., MD | DT completed 2/4/14 |
| 02/04/2014 | 9:15 AM | RETURN | IVIG---ROOM 3 | Lundberg, Walter Bruce, MD | DT completed 2/4/14 |
| 02/04/2014 | 9:30 AM | RETURN | F/U---ROOM 4 | Lundberg, Walter Bruce, MD | DT completed 2/4/14 |
| 02/04/2014 | 9:30 AM | RETURN | 2w ROOM 2 | Tara, Harold H., MD | DT completed on 2/4/14 |
| 02/04/2014 | 9:30 AM | RETURN | 1W CBC | A, Yc Nurse-Nh Suite | DT completed 2/4/14 declined |
| 02/04/2014 | 9:45 AM | RETURN | RITUXAN---ROOM 3 | Lundberg, Walter Bruce, MD | DT completed 2/4/14 |
| 02/04/2014 | 10:00 AM | RETURN | CBC | A, Yc Nurse-Nh Suite | DT completed 2/4/14 |

Process Measure 1

- PROCESS Measure: % Patients screened once using distress thermometer/scale by clinical team (provider/nurse)
- Patient population: All patients (new & return) seen in CCA and CCB clinics in February & March, 2014.
 - Exclusions: Multi-day treatment patients will not get tool every time
- Calculation methodology:
 - Numerator: Number of patients screened with tool once during pilot counted as compliant for each visit
 - Denominator: Number of patient visits (patients counted every visit)
- Data source: Paper screening tools
- Data collection frequency: Daily & Monthly
- Data quality (any limitations): Ability to look up every patient in EPIC, Staff resources to collect data on busy days, Patient acceptance of new assessment tool

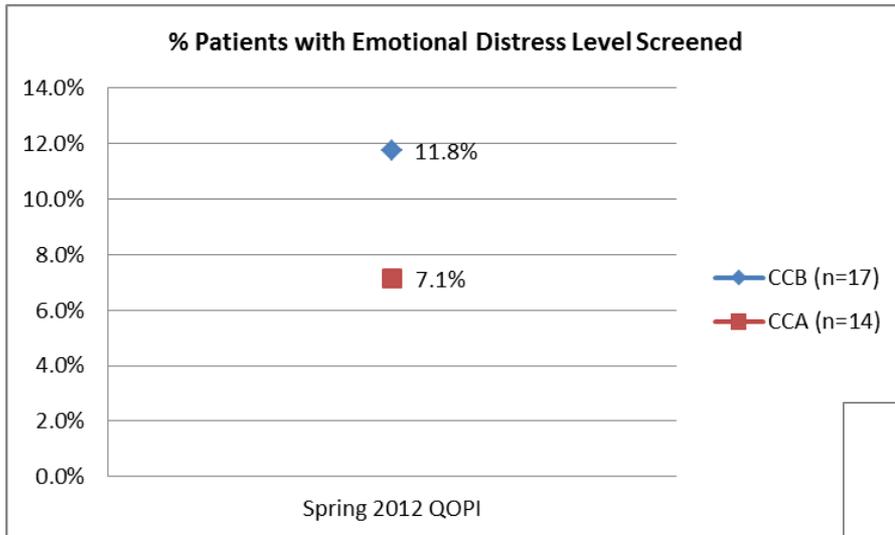
Process Measure 2

- PROCESS Measure: % Patients screened for emotional distress by clinical team (provider/nurse)
- Patient population: All patients (new & return) seen in CCA and CCB clinics in February & March, 2014.
- Calculation methodology:
 - Numerator: Number of patients with distress level documented by RNs in EPIC
 - Denominator: Number of patient visits (patients counted every visit)
- Data source: EPIC patient volume reports
- Data collection frequency: Monthly
- Data quality (any limitations): Currently EPIC report does not count unique patients

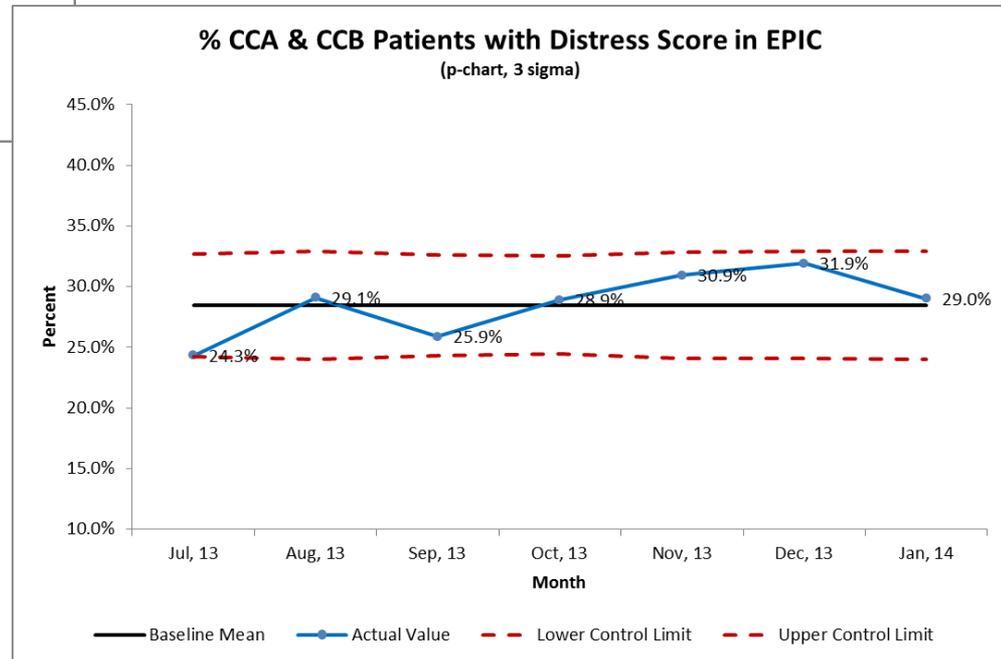
Outcome Measure

- OUTCOME Measure: Mean score and % Very Good level of patient satisfaction with “Degree to which staff addressed your emotional needs” from Press-Ganey
- Patient population: All that complete survey based on Date of Visit
- Calculation methodology: N/A
- Data source: Press-Ganey Patient Satisfaction Survey
- Data collection frequency: Monthly
- Data quality (any limitations): Delay in obtaining reports, Low N

Baseline Process Data



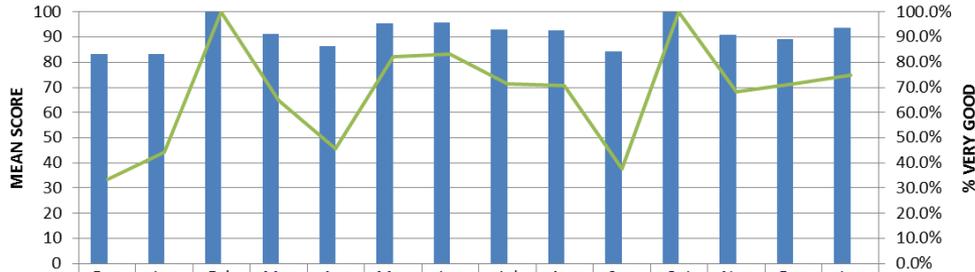
Process Measure 2



Baseline Outcome Data

CCA Press-Ganey

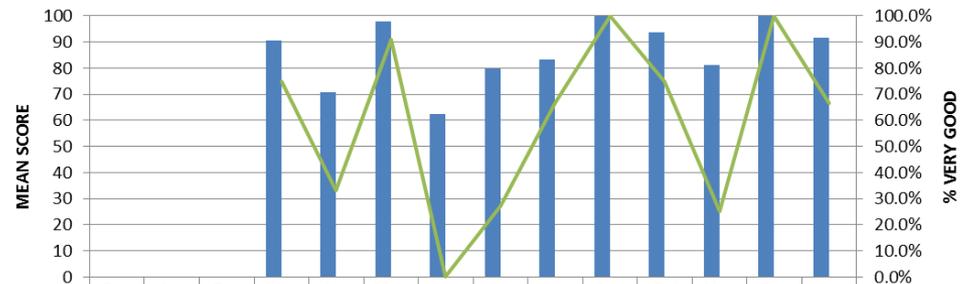
"Degree to Which Staff Addressed your Emotional Needs"



| | Dec '12 | Jan '13 | Feb '13 | Mar '13 | Apr '13 | May '13 | Jun '13 | Jul '13 | Aug '13 | Sep '13 | Oct '13 | Nov '13 | Dec '13 | Jan '14 |
|-------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Mean Score | 83.3 | 83.3 | 100 | 91.2 | 86.4 | 95.5 | 95.8 | 92.9 | 92.7 | 84.4 | 100 | 90.8 | 89.3 | 93.8 |
| N | 6 | 9 | 1 | 17 | 11 | 28 | 6 | 14 | 17 | 8 | 12 | 19 | 7 | 4 |
| % Very Good | 33.3% | 44.4% | 100.0% | 64.7% | 45.5% | 82.1% | 83.3% | 71.4% | 70.6% | 37.5% | 100.0% | 68.4% | 71.4% | 75.0% |

CCB Press-Ganey

"Degree to Which Staff Addressed your Emotional Needs"



| | Dec '12 | Jan '13 | Feb '13 | Mar '13 | Apr '13 | May '13 | Jun '13 | Jul '13 | Aug '13 | Sep '13 | Oct '13 | Nov '13 | Dec '13 | Jan '14 |
|-------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Mean Score | | | | 90.6 | 70.8 | 97.7 | 62.5 | 79.6 | 83.3 | 100 | 93.8 | 81.3 | 100 | 91.7 |
| N | | | | 8 | 6 | 11 | 2 | 11 | 3 | 9 | 4 | 8 | 7 | 6 |
| % Very Good | | | | 75.0% | 33.3% | 90.9% | 0.0% | 27.3% | 66.7% | 100.0% | 75.0% | 25.0% | 100.0% | 66.7% |

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

| | | | |
|--------|------|--|--|
| | | Not enough time | |
| | | Privacy/Space | |
| | High | Patient Comfort | |
| IMPACT | High | Patient self screen with paper tool given by RN, RN/MD review during visit and RN document in EPIC | Patient self screen with e-tool on tablet, auto-feed to EPIC and RN/MD review during visit |
| | Low | RN Screen without paper tool and document in EPIC (Initial and Focused Reassessment) | MD screen with paper tool and staff scan into EPIC |
| | | Easy | Difficult |
| | | EASE OF IMPLEMENTATION | |

PDSA Plan (Tests of Change)

| Date of PDSA cycle | Description of intervention | Results/Lessons Learned | Action steps |
|--------------------------------|---|---|---|
| Start: 1.15.14 End: 1.23.14 | <ol style="list-style-type: none"> 1. Finalize tool & implementation plan using cause & effect diagram including patient population <ol style="list-style-type: none"> a. Invite CCB nurses to meetings 23rd 2. Define screening workflow including documentation <ol style="list-style-type: none"> a. Update Patient letter b. Scanning? 3. Develop data collection plan <ol style="list-style-type: none"> a. Paper, EPIC, QOPI Dashboard | <p>Tool and workflow finalized.</p> <p>Letter updated. Did not address reading level with goal of 6-8th grade or translate. Not scanning.</p> <p>Requested EPIC report, developed collection plan for paper tools.</p> | <p>Translate tool into Spanish, Mandarin and Tagalog (Pilipino)</p> |
| Start: 1.23.14 End: 1.30.14 | <ol style="list-style-type: none"> 1. Educate all staff and physicians on screening process <ol style="list-style-type: none"> a. Summarize process including documentation b. Send via email and one on one education | <p>Intervention plan emailed to RN and MD staff 1.30.14.</p> <p>Presented to medical directors in person 1.30.14</p> | <p>On-going encouragement and support of MDs</p> |
| Start: 2.3.14 End: 2.28.14 | <ol style="list-style-type: none"> 1. Pilot results and review results <ol style="list-style-type: none"> a. Voice of patient feedback b. Review results 2.20.14 and determine if change in process needed | <p>Some patient feedback obtained. Continue with screen into March. Lost one given not translated yet. Snow and staffing impact compliance.</p> | <p>Interview additional patients. CCB PCA to hand out tool starting 2.21.14 Encourage MDs to sign</p> |

PDSA Plan (Voice of Stakeholders)

Voice of Patient

- Long-term pt- no need now but “would have been helpful 12 years ago”
- Mental health worker, 1 year out- useful for others who won’t speak up or do not have resources
- Breast cancer pt in follow up- helpful, very important, easy, would use MyChart.

Voice of Providers

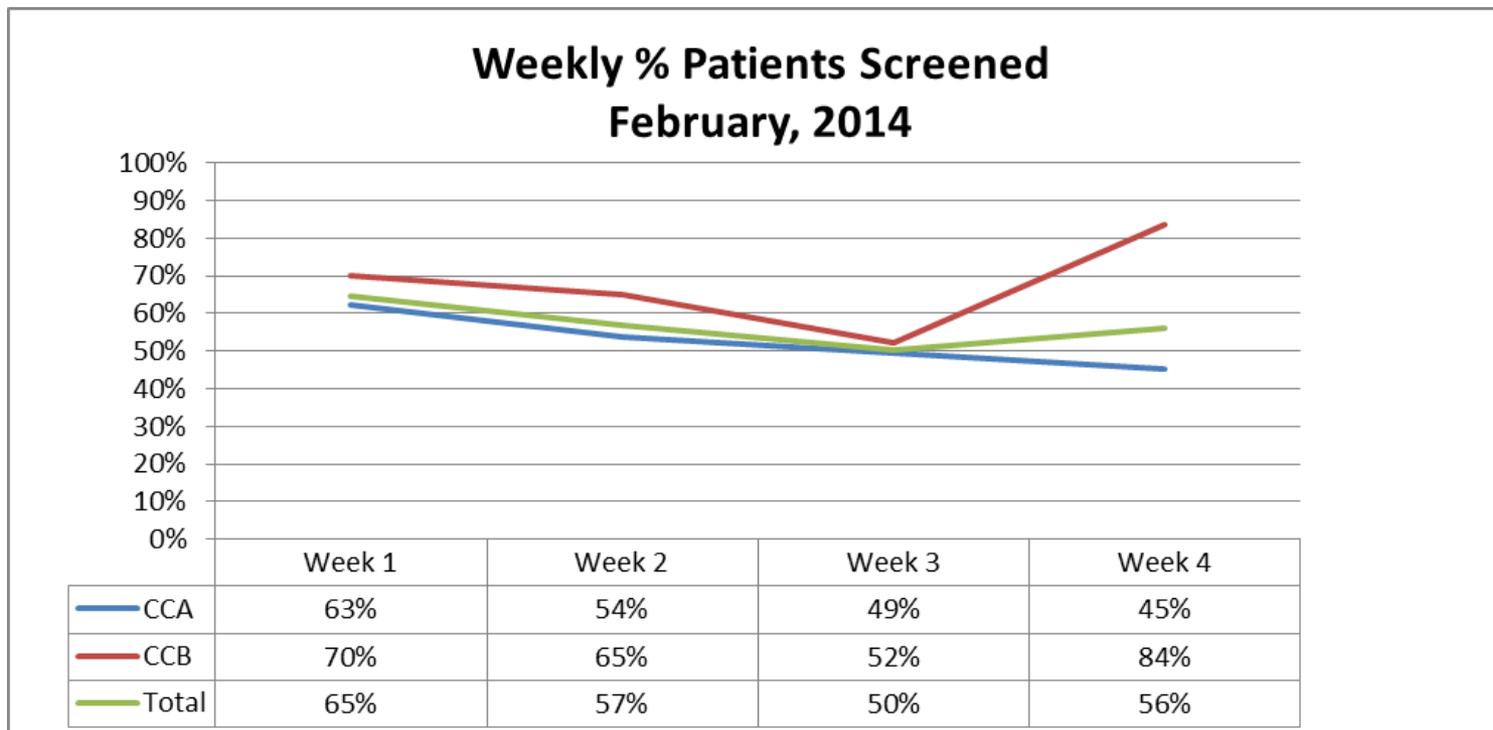
RNs

- Challenges= Distribution of tool upon arrival and sufficient time to review form, especially for patients just seeing MD
- Patients expected to be “10” are often less
- Finding out more about those who are not seen often e.g. monthly shots

MDs

- Tool has “caught” some patients
- Happy about on-site SW, but highlights need for psychiatric services
- Generating RN-MD communication about scores
- Patients have different responses– some more “health-savvy” did not like it, some lower socioeconomic patients seem to like the attention
- Distress level does not correlate with severity of disease, often related to non-cancer life events, e.g. death in family, work or financial issues

Change Data Process Measure – 1 (Paper Tool)



CCA

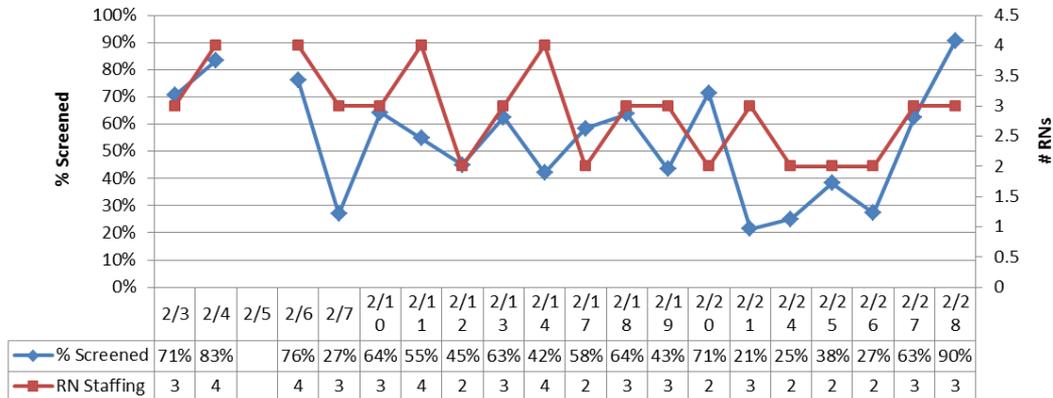
Average Patients per week= 103
Average Paper Tools per week= 27

CCB

Average Patients per week= 45
Average Paper Tools per week= 22

Change Data Process Measure – 1 (Paper Tool)

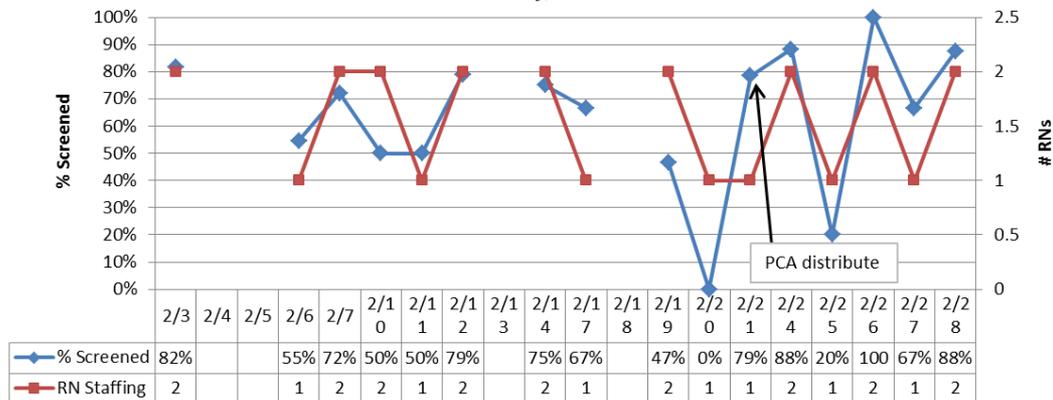
**CCA Clinic Daily % Patients Screened and RN Staffing
February, 2014**



CCA

- Average Patients per day= 21
- Average Paper Tools per day= 6
 - more repeaters after the first couple weeks, on-going patients e.g. head & neck with concurrent therapy

**CCB Clinic Daily % Patients Screened and RN Staffing
February, 2014**

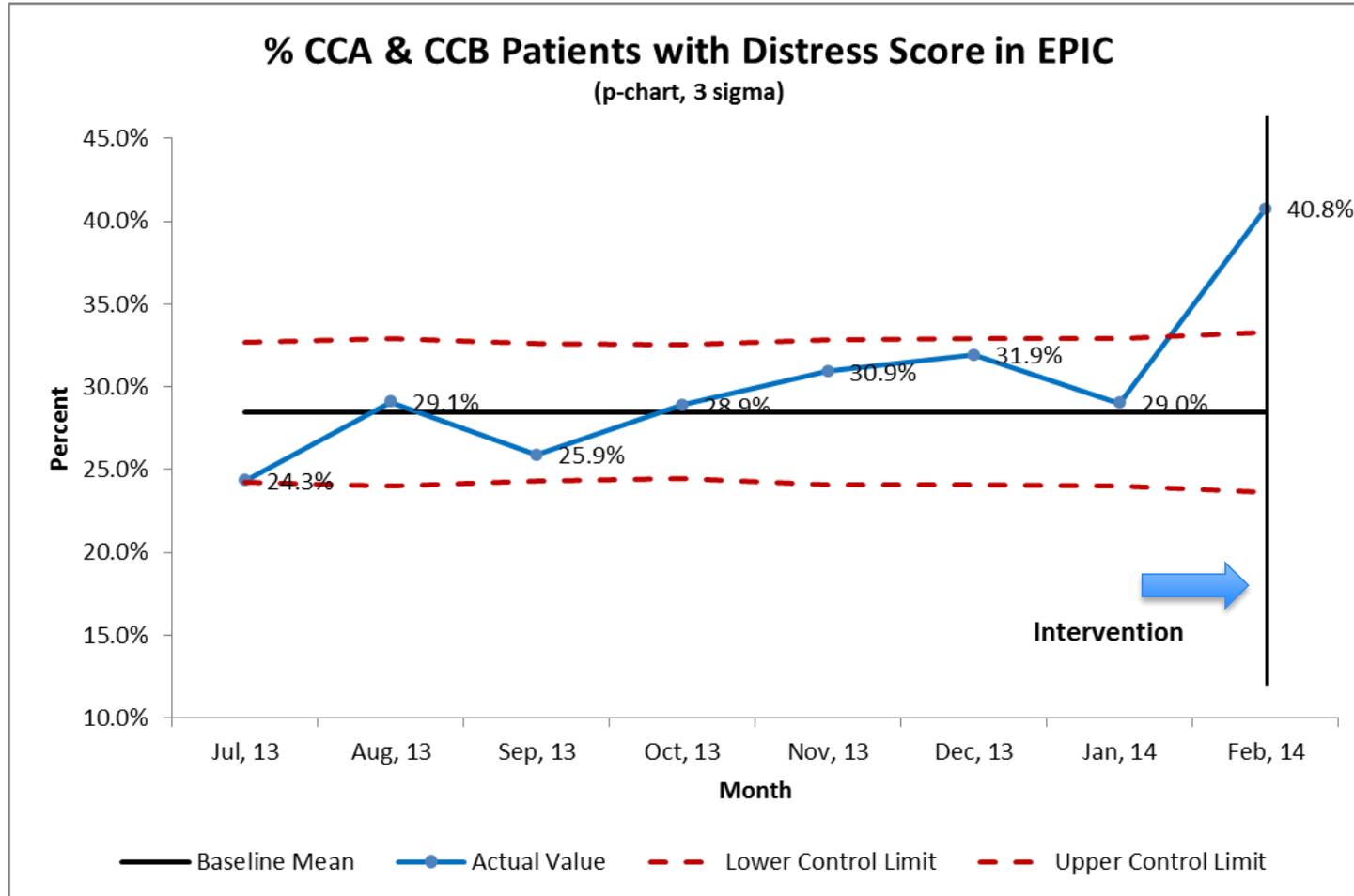


CCB

Average Patients per day= 9

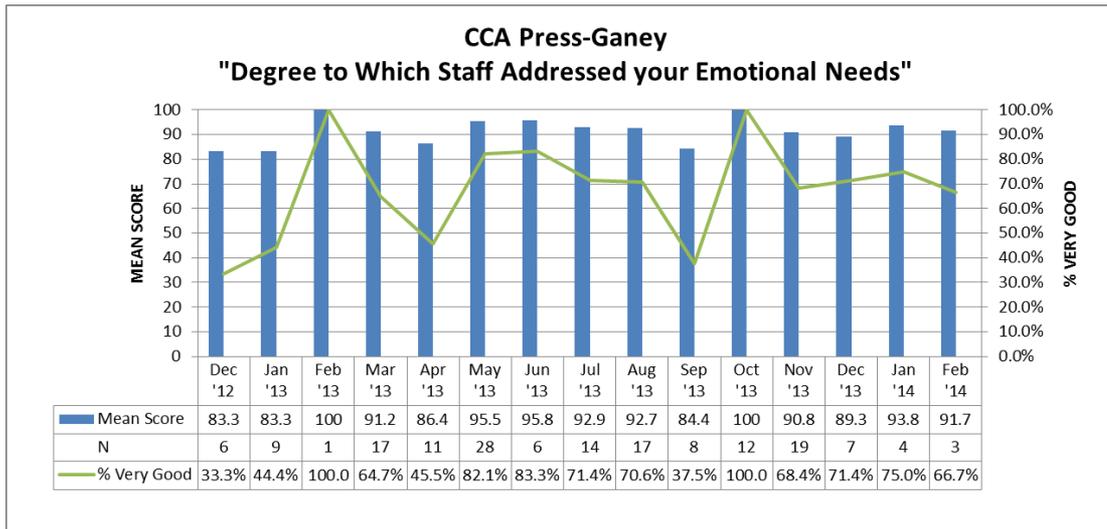
- Average Paper Tools per day= 5
 - Less repeaters, more follow-up visits

Change Data Process Measure-2

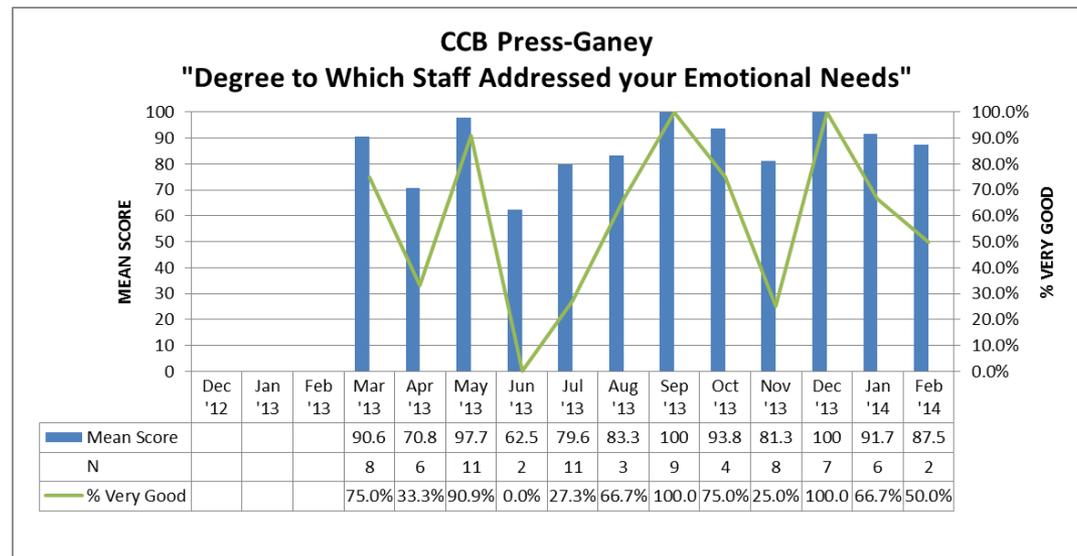


41% increase in screening in February when started pilot of distress thermometer

Change Outcome Data



- Low N for Dec 13-Feb 14
- Await more returned surveys to evaluate



Conclusions

- We have seen improvements in % screened based on tools collected and RN documentation in EPIC
 - 196 Tools collected
 - CCA=52% (213/410 screened, 107 tools)
 - 13 refused/declined all in CCA
 - CCB=69% (124/180 screened, 89 tools)
 - Increased compliance by 41% in February based on EPIC documentation process measure
- We did not meet our AIM of 75% for the month of February
 - 3 out of 19 total days screening $\geq 75\%$ (CCA 2 days, CCB 7 days)
- Staffing effects compliance:

| CCA | | CCB | |
|-------|-----|-------|-----|
| 4 RNs | 64% | 2 RNs | 75% |
| 3 RNs | 59% | 1 RN | 52% |
| 2 RNs | 52% | | |

Lessons Learned

- Distress Level
 - 0-3 = 60% (118/196)
 - 4-7 = 22% (43/196)
 - 8-10 = 10% (19/196)
 - No score = 8% (15/196)
 - 13 Patients Refused/Declined
- Patient reported outcomes can be incorporated into our workflow
- Use of EPIC can be optimized to capture and report on Distress Screening
- Improvements in RN-MD communication and Patient Engagement

Next Steps/Plan for Sustainability

- Additional Tests of Change
 - Incorporate PCA for distribution in CCA
 - Incorporate RN entry into Distress Screen flow sheet in CCB
 - Pilot at next Care Centers
 - Explore utility of MyChart for patient reported outcomes
 - Determine distress score trigger for intervention
 - Use daily huddle to determine who is appropriate for screen
- Data
 - Continue to measure process distress screen rates to evaluate intervention
 - Outcome Press-Ganey measure to be analyzed once more surveys returned
 - Increase measure reliability with EPIC report by Unique patients
 - More detailed analysis of tool by patient, intervention and problems
- Celebrate & Communication
 - Luncheon for staff
 - Share at Hospital, Cancer Hospital and Care Center Quality Committees and staff meetings
 - Use for Magnet submission and Health System annual quality conference and JOP

Emotional Distress Assessment and Management Initiative

AIM: By April 2014, increase screening of distress levels to 75% of patients seen in CCA and CCB care center clinics in February and March, 2014.

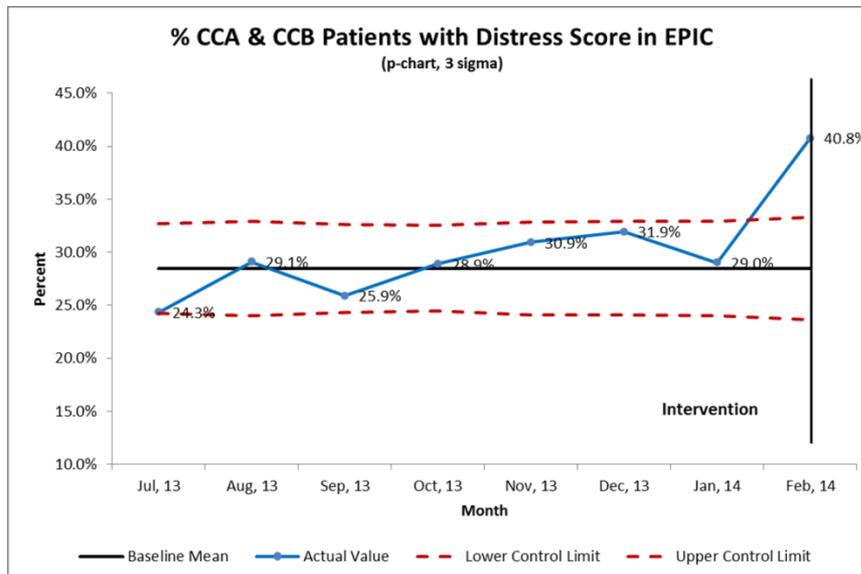
INTERVENTION:

- Developed, educated staff on and implemented workflow for:
 - Distribution of NCCN Distress Thermometer paper screening tool to all patients in CCA and CCB clinics for capture of patient reported outcomes (PRO)
 - RN/MD review of results with patient and suggested intervention (i.e. referral to Social Work) and documentation of results
 - Patient tracking in EPIC electronic medical record and collection and analysis of paper tools

TEAM:

Smilow Network: Stephanie Buia Amport, MBA, Anne Chiang, MD, Diane Corjulo, RN
Care Center Staff: Nancy Hassan, RN, Fran Jaworowicz, RN, June Kelly, RN, Bruce Lundberg, MD, Andrea Silber, M
Social Work: Bonnie Indeck, LCSW & Nicole Weld, LCSW
Nursing Research: Ruth McCorkle, RN
Consultant: Connie Engelking, RN
PROJECT SPONSORS:
Rogerio Lilenbaum, MD
Catherine Lyons, RN, MS

RESULTS: A statistically significant increase in screening occurred as evidenced by 41% of patients having a distress score documented by RN in EPIC in February, 2014



CONCLUSIONS:

- We did not meet our AIM in February, 2014 but saw improvements in % screened based on RN documentation of distress score and on tools collected (see below)
- CCA used tool to screen 52% of patients seen
 - 2 out of 19 days \geq 75% screened
- CCB used tool to screen 69% of patients seen
 - 7 out of 16 days \geq 75% screened
- Higher RN staffing levels = higher % screened

NEXT STEPS:

- Adjust workflow to include Patient Care Associate distribution in CCA, Explore utility of MyChart e-tool for capture of PRO, Determine distress score trigger requiring intervention, pilot at next clinic