

Quality Training Program

Title: Evaluation of the emotional state of the oncological patient in first or second visit

Speaker: Dr. José A. Macías

Institution: Hosp. Gen. Univ. J.M. Morales Meseguer

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Institucional Summary

- Academic Center of Servicio Murciano de Salud
- Health area population: 530.000 (one third part of Murcia Region)
- Its a Service with Hematology and Oncology specialist.
- In 2017-2018, we attendance 1400 outpatients in first visit. Of this, 350 were breast cancer and 230 lung cancer patients.
- The team consist of 12 medical oncologist and 4
- In the clinic, more than 100 treatments of chemo or immunotherapy are administrated every day, with 15 nurses and 15 nursing-assistant.

Problem Statement

- Improve the assessment and treatment of oncological patient's emotional problems from the beginning of the diagnosis of cancer.
- The HADs scale is an emotional state test that is simple and useful.
- The circuit of work with the patient in his first visits is suboptimal, which generates a loss of capacity to analyze the emotional state, that is, patients who remain without evaluating in the third visit
- To detect the causes that motivate its improper functioning so we will be able to generate both the data collection and the action program to solve it, which could be applicable to other problems

Team members

Head of Team: Dra. Elisa García Garre y Dr. Jose A. Macías, medical oncologist.

Team members: Jose A. López, Clinical Trials Coordinator and responsible of QOPY self-evaluations.

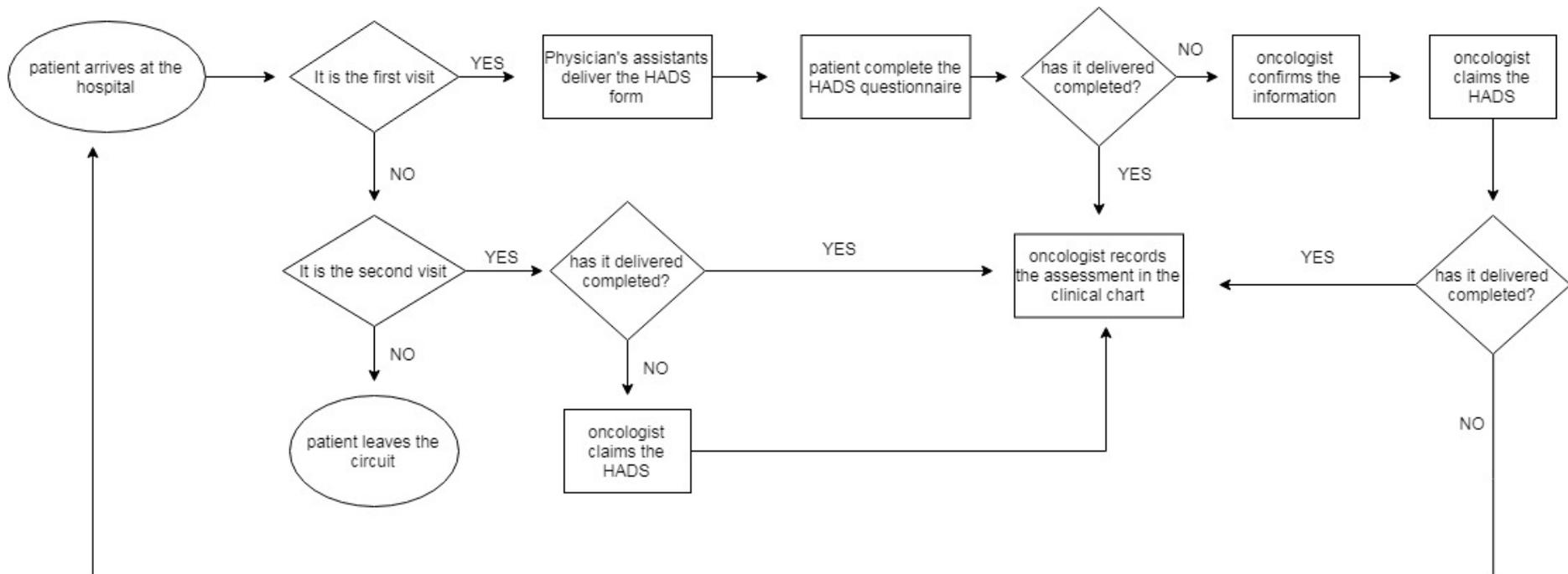
Inmaculada Pina, Head of nurses

Dra. Maria Dolores Nájera, Chemistry Unit and responsible of Clinical Trial Area.

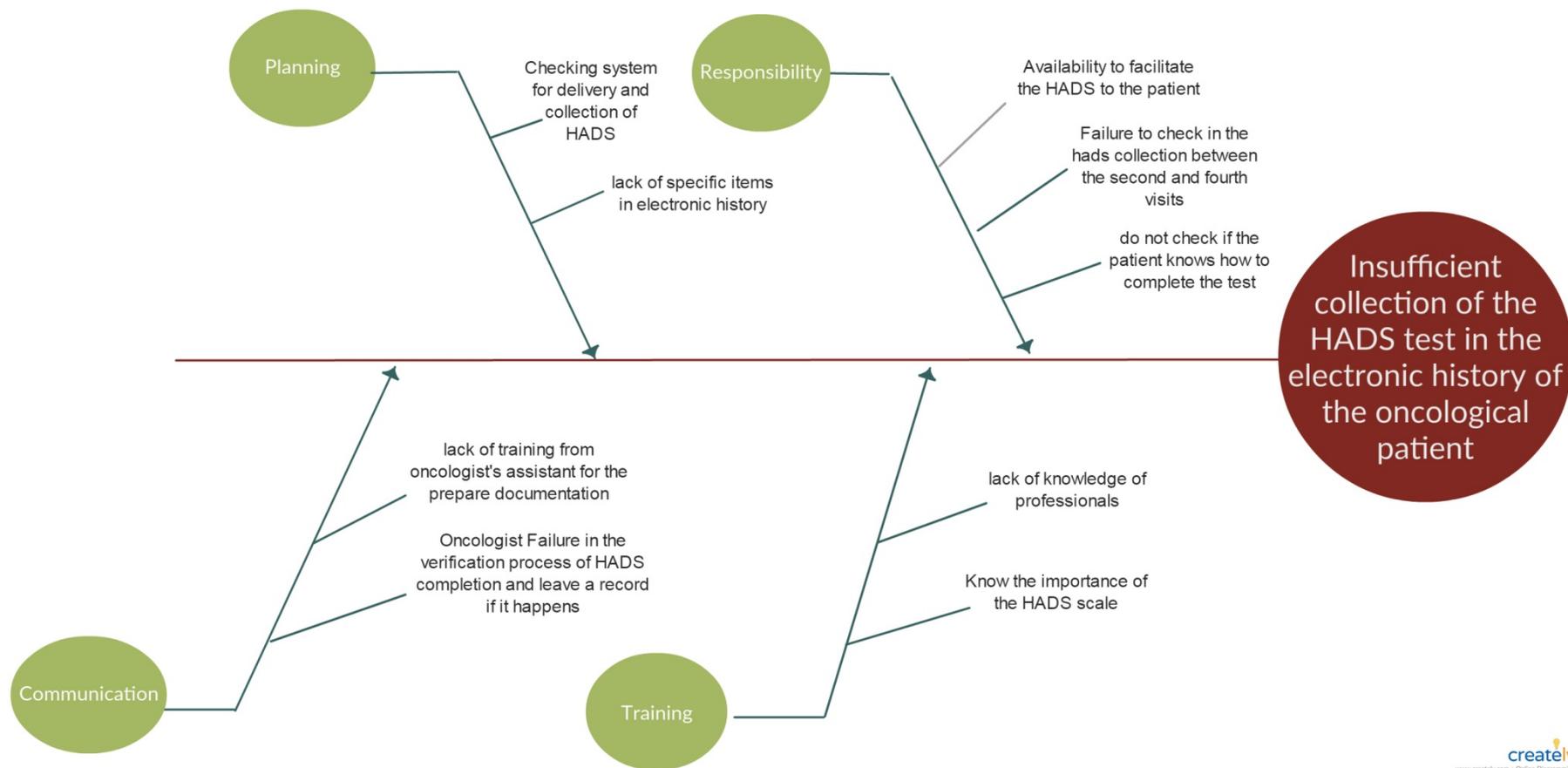
Promotor of Proyec: Dr. Francisco Ayala de la Peña, Head of the Oncologist Unit at “Servicio Hematología y Oncología”.

Process Map New Communication-Education

FLOWCHART



Cause & Effect Diagram



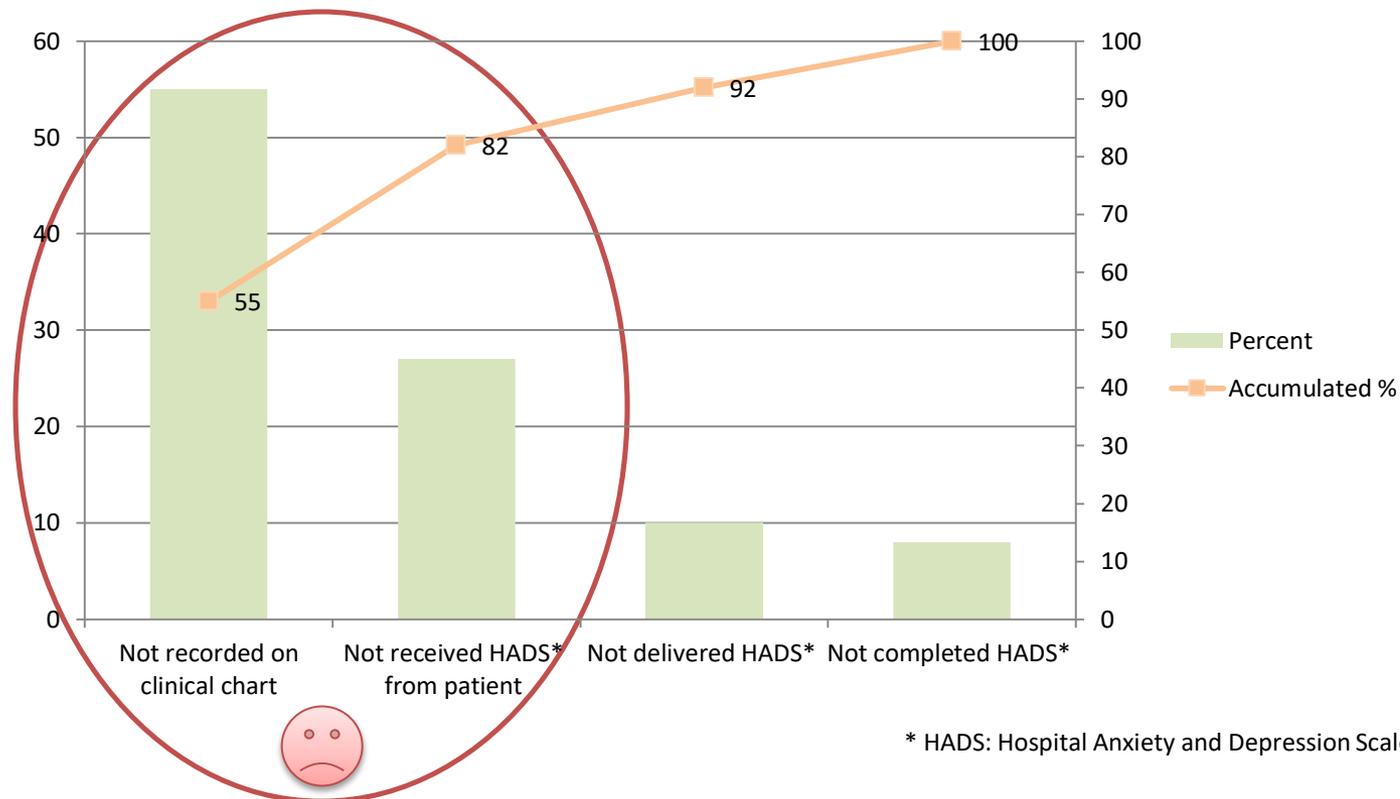
Database

Breast and Lung Cancer patients (27+25=52)			
	%	% accumulated	Nº patients
HADS* completed and written down in the medical record			2
Not reflected in the medical record	56	56	28
HADS is not returned to the doctor	26	82	13
HADS has not been provided	10	92	5
Patient not completed HADS	8	100	4
Total	100		50

* HADS: Hospital Anxiety and Depression Scale

Data of diagnosis pre QTP

Pareto Diagram – Pre QTP Training



Objective

Increase the percentage of registrations of the evaluations of the emotional state (HADS) of the patients at first visits to reach 50%, in the electronic medical record.

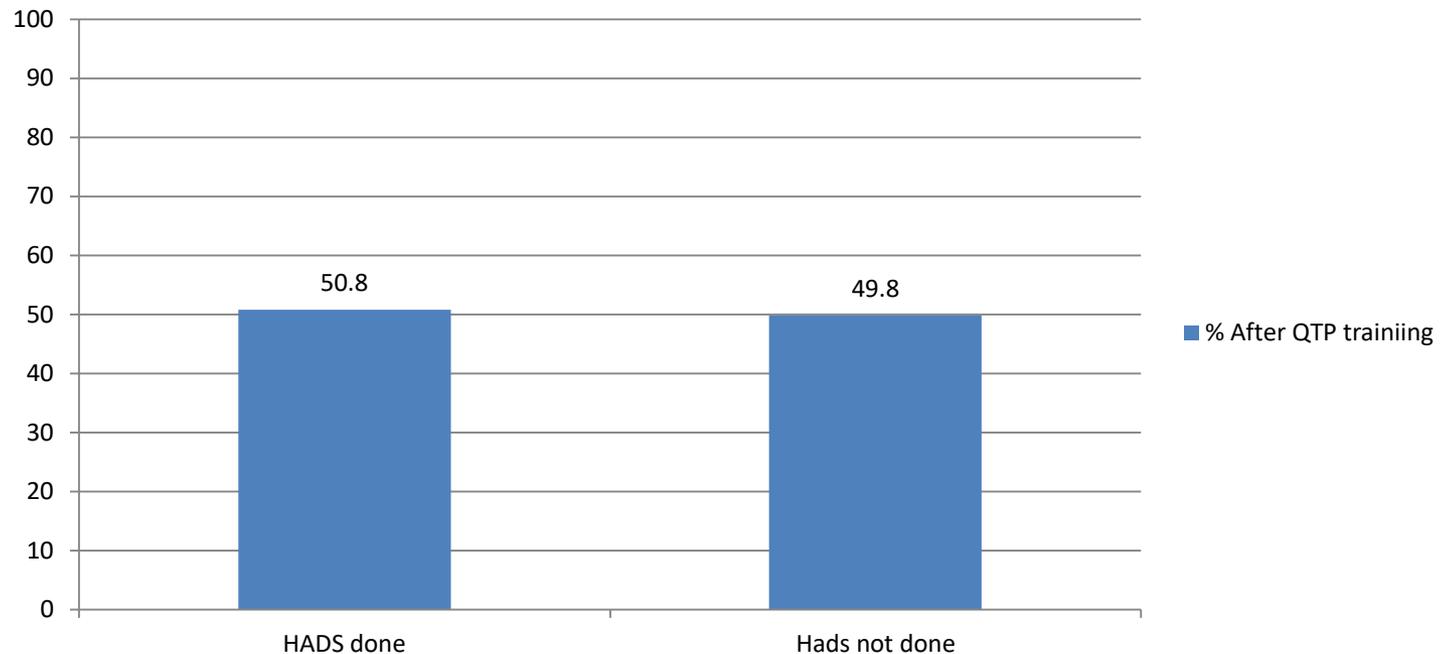
Measures

- Measure: Incorporation into the electronic medical record the collected data of the emotional state
- Population of patients: evaluation of all patients attended as first visit with breast and lung cancer as first visit from 02/01/2019 to 02/28/2019.
- Methodology of calculation: Statistical calculation based on the 59 patients seen for the first or second time in the oncology service with a diagnosis of breast or lung cancer. Given that in the first measurement we observed that in most of cases in which the patient's HADs were not recorded, it was due to the fact that although the patient filled it in, the result was not incorporated into the electronic medical record, after influencing the control measures on the personnel involved in the whole circuit and where the nursing-assistant delivers the HADs test to the patient before entering the medical consultation and the oncologist who collects the completed test.
- **Data source: Electronic medical records of patients. Paper format of the HADs test of each patient**
- Frequency of data collection: retrospectively, at 1/03/2019 electronic medical records of all patients attended as first visit in 2019 were evaluated, until that day
- Quality of the data (any limitation): Collect information about cases in which HADS questionnaire was passed on to patients and they do not return it. Finally that cases were considered as “not measured at emotional status”.

Data of diagnosis post QTP

Diagram – Post QTP Training

After QTP training



* HADS: Hospital Anxiety and Depression Scale

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

Impact	High	<ul style="list-style-type: none"> • CHECK OF COMPLETION AT SECOND VISIT • ONCOLOGIST COLLECTS HADS AND INCORPORATE THE RESULT IN THE ELECTRONIC MEDICAL RECORDS 	<ul style="list-style-type: none"> • ELECTRONIC VERSION OF HADS • INSTRUCT IN THE PROCESS TO NURSING-ASSISTANTS AND ONCOLOGISTS • FILL THE HADS WITH THE PATIENT
	Low	<ul style="list-style-type: none"> • REMEMBER THE PATIENT TO COMPLETE HADS • PATIENT WELCOME GUIDE INCLUDING HADS 	<ul style="list-style-type: none"> • GIVING DIFFUSION OF THE OBJECTIVE TO ONCOLOGISTS (MAILING/WHATSUPP..)
		Easy	Difficult
Ease of Implementation			

The items conducted during January and February, in RED.

PDSA Plan (Test of Change)

Date of PDSA Cycle	Description of Intervention	Results	Action Steps
02-01-2019	HADS COMPLIANCE CHECK IN THE SECOND VISIT	Acquisition of the work method	
20-12-2018	PETITION TO SERVICE OF COMPUTERS THE INCORPORATION OF SPECIFIC ITEM HADS IN ELECTRONIC HISTORY	On going	
From 20/12/18 and every 7 days and continue	REMINDER MESSAGE TO ONCOLOGISTS	Acquisition of the work method	
27-12-2018	INSTRUCTION IN THE PROCESS TO AUXILIARIES AND ONCOLOGISTS	Acquisition of the work method	

Change Data

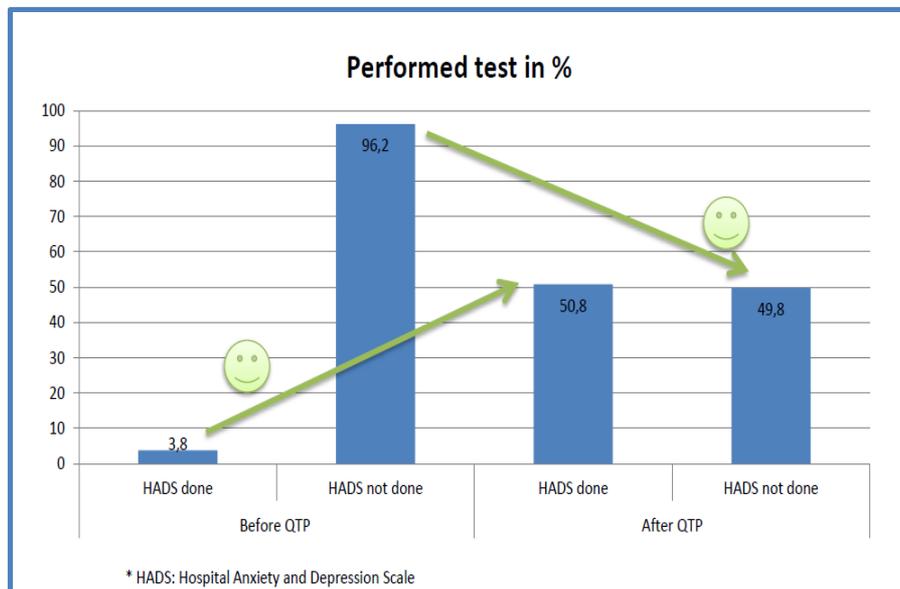
Breast and Lung Cancer Patient (42+17=59) Post QTP Training			
	%	% accumulated	Nº patients
HADS* completed and written down in the medical record			40
Not reflected in the medical record	100%	100%	19
HADS is not returned to the doctor	0	0	0
HADS has not been provided	0	0	0
Patient not completed HADS	0	0	0
Total	100		19

* HADS: Hospital Anxiety and Depression Scale

Change Data

HADS performed test score before and after QTP training program

Before QTP		After QTP	
HADS done	HADS not done	HADS done	HADS not done
3,8 %	96,2 %	50,8 %	49,8 %



Conclusions

- The number of patients with newly diagnosed breast or lung cancer with baseline HADs has increased from 3.8% to 50.8%.
- The incorporation of the emotional evaluation of patients with newly diagnosed breast and lung cancer, through the HADS test as part of the clinical process, as a routine and methodical task, improves the degree of assessment of patients. This results in early detection and treatment of patients with high scores on the anxiety-depression scale.
- The training of the personnel (medical oncologist and nursing-assistant) involved in the process of assessment of the patient, improves the commitment for its completion.

Next Steps/ Plan for Sustainability

- Incorporation of HADs assessment as an item in electronic medical records
- New training meetings in the process with the personnel involved, as a reminder measure and learning in case of new personnel.
- Evaluation of compliance with HADs every 6 months.
- Extend the measurement of the completion of HADs to the rest of tumors when compliance is greater than 80% for breast and lung cancer.

Evaluation of the emotional state of the oncological patient in first or second visit

AIM: Increase the percentage of registrations of the evaluations of the emotional state (HADS) of the patients at first visits to reach 50%, in the electronic medical record

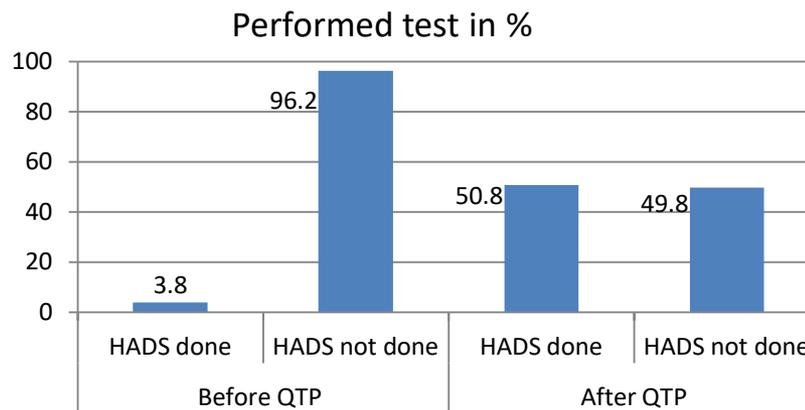
INTERVENTION:

- HADS COMPLIANCE CHECK IN THE SECOND VISIT
- ASK THE COMPUTER SERVICE TO INCORPORATE AN SPECIFIC ITEM FOR HADS IN THE ELECTRONICA MEDICAL RECORD
- GIVING DIFFUSION OF THE OBJECTIVE TO ONCOLOGISTS WITH REMINDER MESSAGES (MAILING/WHATSUPP.)
- INSTRUCTION IN THE PROCESS TO ONCOLOGISTS AND NURSING-ASSISTANTS

TEAM: Dra. E. García Garre y Dr. José A. Macías, Jose A. López

PROJECT SPONSORS: Dr. Francisco Ayala de la Peña.

RESULTS: The number of patients with newly diagnosed breast and lung cancer with baseline HADS has increased from 3.8% to 50.8%



CONCLUSIONS: The incorporation of the emotional evaluation of patients with newly diagnosed breast and lung cancer, through the HADS test as part of the clinical process improves the degree of assessment of patients.

This results in early detection and treatment of patients with high scores on the anxiety-depression scale

NEXT STEPS:

Incorporation of HADs assessment as an item in electronic medical records.

Keep the measures already implemented

Extend the measurement of the completion of HADs to the rest of tumors