ASCO's Quality Training Program

Project Title:

Documentation of distress in Hematology/Oncology Patients

Presenter's Name: Arpan Patel, MD

Institution: Malcom Randall VA Medical Center, Gainesville FL

Date: June 29, 2018



Institutional Overview

Location: Gainesville, FL

<u>Patient Volume</u>: Top 3 highest volume of oncology patients in VA medical centers nationwide

Practice Setting: Malcom Randall VA Medical Center (Academic) with 15-chair Infusion Center

Staff:

15 Fellows, 8 Attendings,

4 Oncology Pharmacists,

2 Patient Coordinators,

1 dedicated Social Worker





Problem Statement

61% of hematology/oncology patients at Malcom Randall VA Medical Center experienced distress based on a department NCCN distress tool survey between April to June 2018 which place patients at risk because a failure to assess patient distress may negatively impact patient compliance, patient satisfaction, and the overall patient experience.



Team Members

<u>Team Leader</u>: Arpan Patel, MD

Project Sponsor: Julia Close, MD (Fellowship Program

Director, Associate Chief of Medicine)

Core Team Members: Arpan Patel, MD; Priya Gopalan, MD

Other Team Members: Dari Entsminger (SW), Samantha

Bodner (MPH Intern)

Patient Members: 25 patients who participated in the

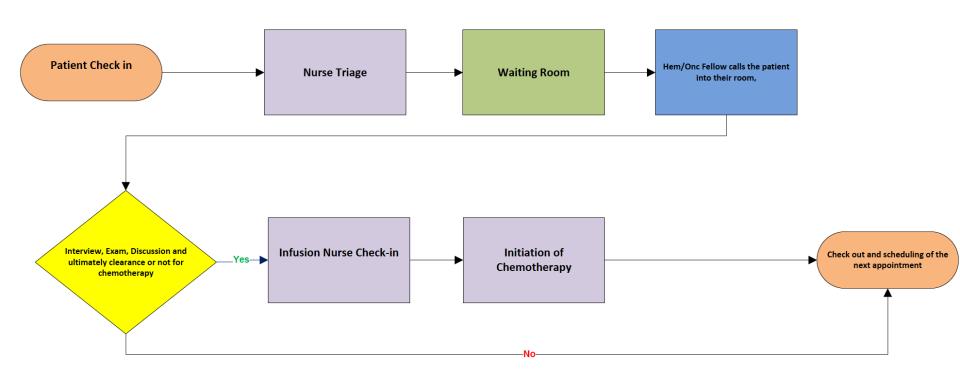
"Patient Voice" interviews

ASCO QTP Coach: Vedner Guerrier, MBA, RTT, LSSBB



Process Map

Current State





Aim Statement

By June 15, 2018, we plan to document a distress score in 50% of patients followed by fellows in the hematology/oncology clinic at the Malcom Randall VA Medical Center, using the patient self-evaluation distress tool, the NCCN Distress Screening form.



Distress Screening Form



NCCN Distress Thermometer and Problem List for Patients

NCCN DISTRESS THERMOMETER		PROBLEM LIST Please indicate if any of the following has been a problem for you in					
			the past week including today.			sen a problem for you in	
		Be sure to check YES or NO for each.					
				Practical Problems	YES	NO	Physical Problems
Instructions: Please circle the number (0–10) that best				Child care			Appearance
describes how much distress you have been experiencing in				Housing			Bathing/dressing
the past week including today.				Insurance/financial			Breathing
				Transportation			Changes in urination
	\bigcirc			Work/school			Constipation
Extreme distress	10 1			Treatment decisions			Diarrhea
							Eating
	9 - -			Family Problems			Fatigue
	8 -			Dealing with children			Feeling swollen
	_			Dealing with partner			Fevers
	⁷			Ability to have children			Getting around
	6 _ _			Family health issues			Indigestion
							Memory/concentration
	5 —			Emotional Problems			Mouth sores
	4			Depression			Nausea
				Fears			Nose dry/congested
	3 — —			Nervousness			Pain
				Sadness			Sexual
	2 - -			Worry			Skin dry/itchy
	1			Loss of interest in			Sleep
				usual activities			Substance use
No distress	l °	1000					Tingling in hands/feet
	(\bigcirc)			Spiritual/religious			
		concerns Other Problems:					

Version 2.2018, 02/23/18. The NCCN Clinical Practice Guidelines (NCCN Guidelines) are a statement of evidence and consensus of the authors regarding their views of currently accepted approaches to treatment. Any clinician seeking to apply or consult the NCCN Guidelines is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient's care or treatment. The National Comprehensive Cancer Network® (NCCN®) makes no representations or warranties of any kind regarding their content, use or application and disclaims any responsibility for their application or use in any way. The NCCN Guidelines are copyrighted by National Comprehensive Cancer Network®. All rights reserved. The NCCN Guidelines and the illustrations herein may not be reproduced in any form without the express written permission of NCCN. @2018.



Measures

- Measure:
 - Outcome Measure Percentage of charts where patient distress score was documented
 - Process Measure Percentage of forms collected
 - Balance Measure Increased time for the provider for assessment/documentation, time for intervention if necessary (i.e. calling Social Worker), time for Social Worker
- Patient population: Veterans undergoing chemotherapy
- Calculation methodology:
 - Numerator: Documentation of intervention; Denominator: All patients with distress scores of 1+
- Data source: All patients to the Malcom Randall VA Medical Center who are undergoing chemotherapy
- Data collection frequency: Q2 weeks (Total of 3 PDSA cycles)
- Quality of data (any limitations): Provider Documentation

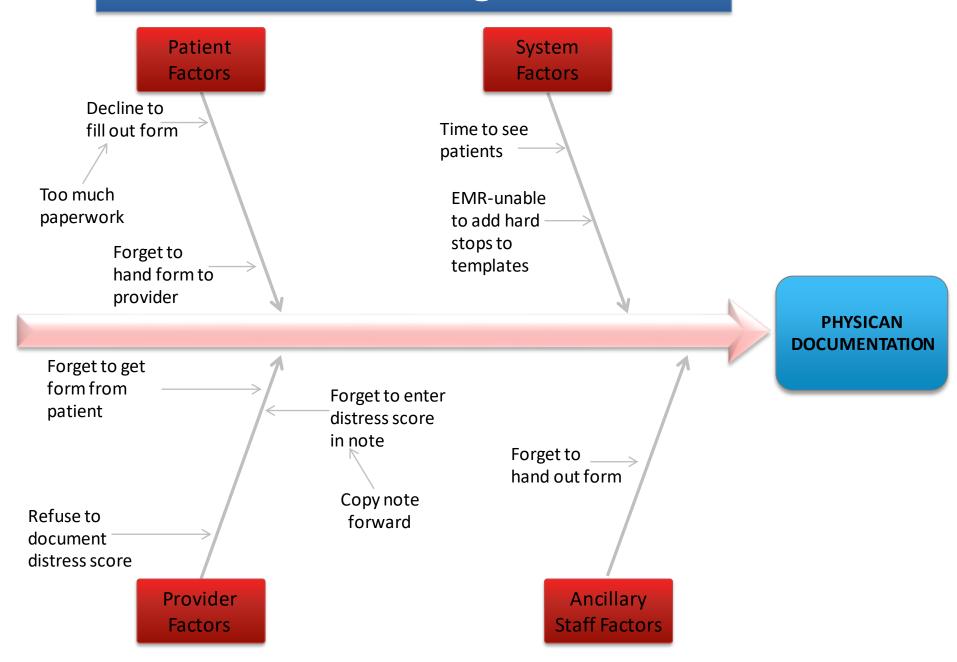


Baseline Data

- Currently we do not document the level of distress experienced by patients seen in the Section of Hematology/Oncology at the Malcom Randall VA Medical Center.
- Providers will occasionally comment on distress, but no objective measurement is documented, and no mandate to document level of distress has been instituted.

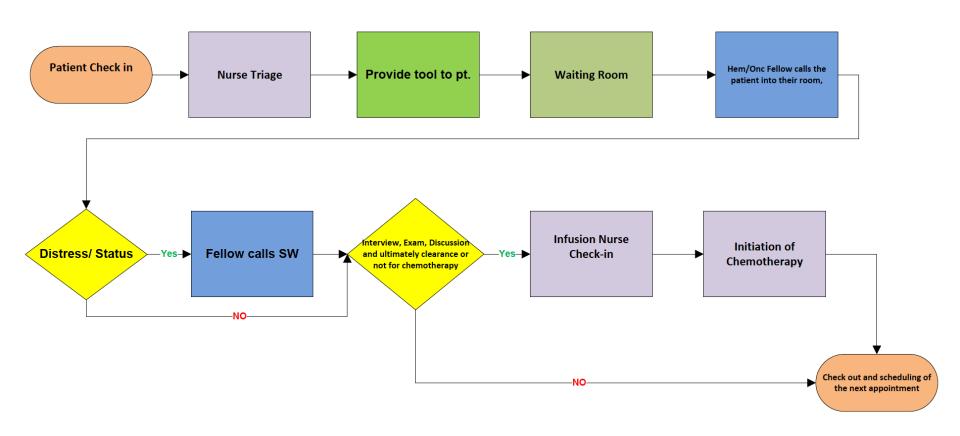


Cause & Effect Diagram



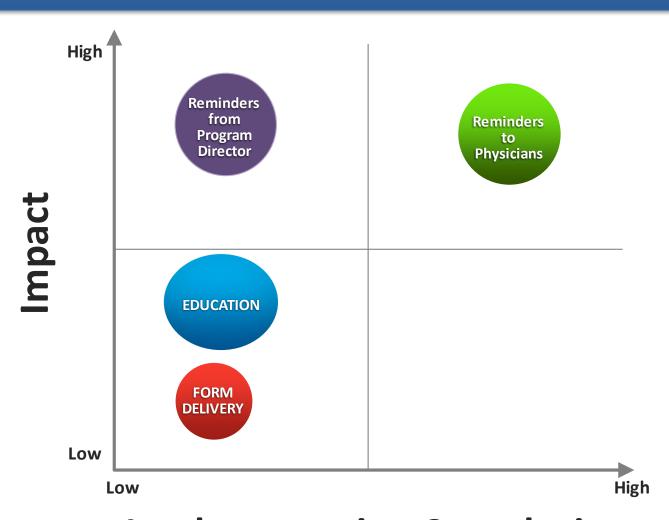
Process Map – Future State

Future State





PRIORITY MATRIX

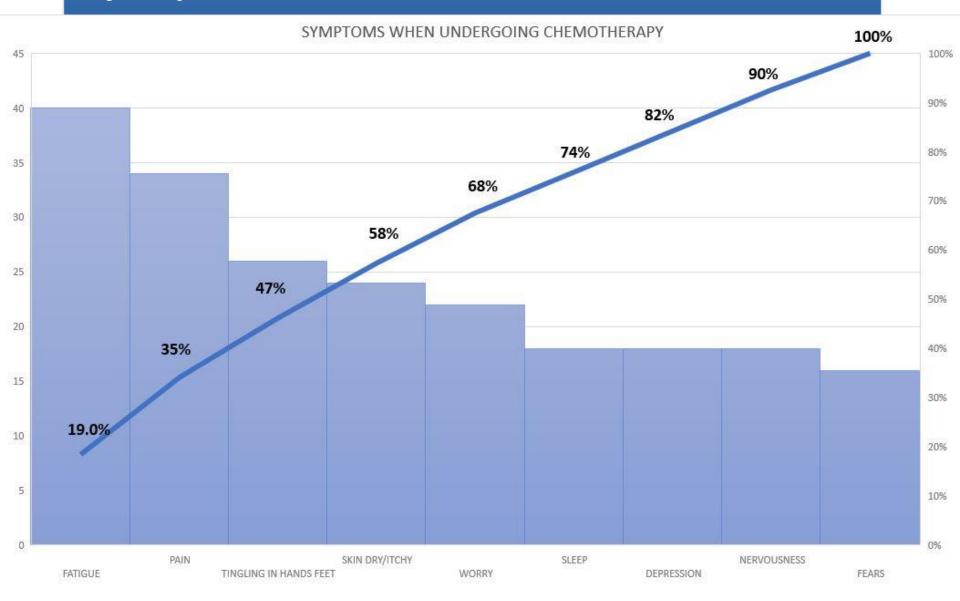


Implementation Complexity

PDSA PLAN

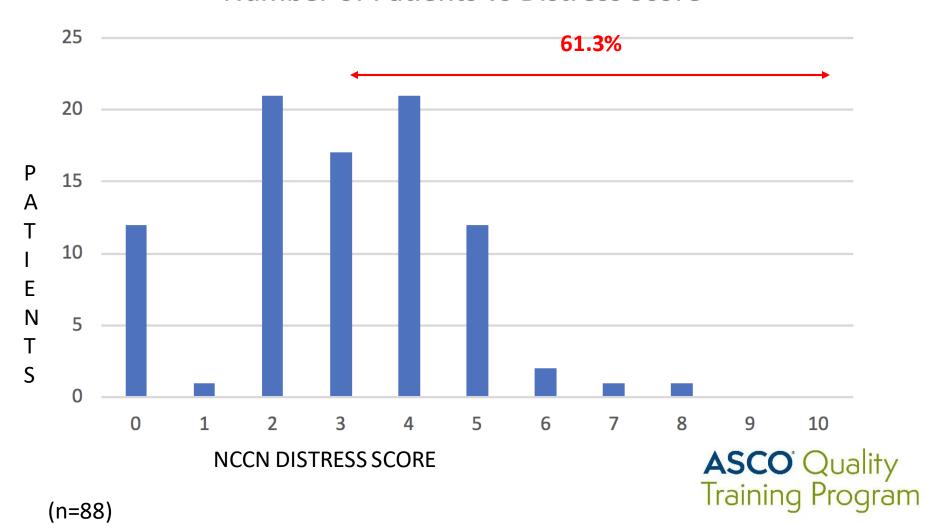
Date of PDSA Cycles	Description of Intervention	Results	Action Steps
	1. Education of providers (at conference) and	d	
PDSA 1 (4/23/18-5/4/18)	check-in personnel in the previous week.	1. Realized difficulty in engaging providers	
	Email reminders to all fellows on Monday morning.	2. Non-compliance	Allow providers to hand out Distress Screening Forms
		3. Resistance	
	1. Personal reminder to check-in personnel		
PDSA 2 (5/7/18-6/1/18)	prior to every clinic.	1. More compliance	Discussed with Program Director
	2. Forms given to providers at the beginning of each clinic to give to patients.	2. Positive reinforcement	
	3. Pens in the waiting room		
	4. Personal reminders to providers prior to		
	every clinic.		
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PDSA 3 (5/1/18-6/15/18)	1. Email reminder from Program Director	1. More compliance	
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Symptoms of Distress



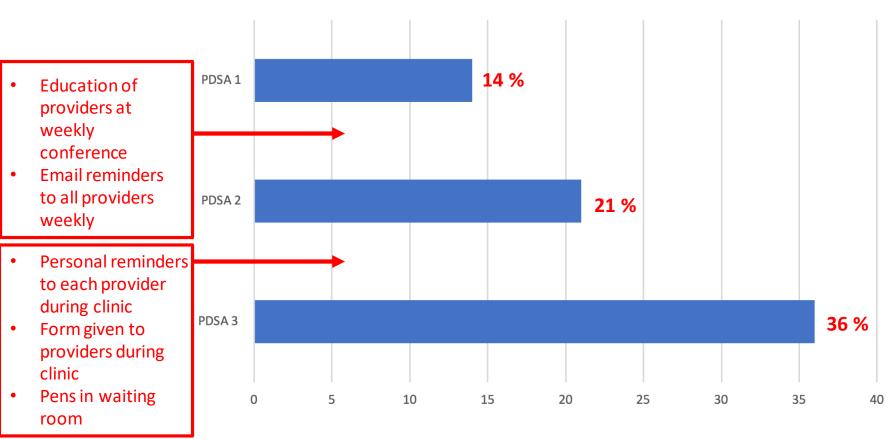
Distress Scores

Number of Patients vs Distress Score



Distress Score Documentation







"Voice of the Customer" Survey

The patient voice. Guidelines.

- 1. What round of chemo are you doing right now? Is this your first, second time, several, etc.
- 2. Before you started chemotherapy, did you know what it was? (Yes, No, Somewhat)
- 3. How did you feel the moment you made the decision to go through chemotherapy? The day you were at an appointment and the doctor gave you the option.
- 4. Did the doctors and nurses impact your feelings about starting chemotherapy? If so, how?
- 5. What were the top 3 biggest sources of stress before starting chemotherapy for the first time?
- 6. So now, thinking back to your first day receiving treatment in the infusion center, how did you feel overall that day/the morning of? On a scale of 1 to 10, with 1 being extremely uncomfortable, 10 being extremely comfortable)
- 7. Can you elaborate on your previous response? What was your experience like on your first day receiving your first round of chemotherapy in the infusion?
- 8. After you completed your first chemotherapy, was it what you expected?
- 9. Were you satisfied with the amount of information you got regarding your disease and treatment plan before you started. (On a scale of 1 to 10, 1 being extremely unsatisfied, and 10 being extremely satisfied.)
- 10. Do you think an online, virtual, video tour would decrease your anxiety/distress before starting chemotherapy?
- 11. Can you please tell me 3 things we do well in preparing you for your first chemotherapy? Mentally, emotionally, etc.
- 12. Can you please tell me 3 things we can work on in preparing you for your first chemotherapy?



Voice of the Customer

- 25 interviews completed
- 88% male
- Regarding anxiety level of first day of cancer treatment, patients noted:
 - "I knew what I was getting into..."
 - "I felt lower than normal—nervous, anxious, apprehensive".
- Sources of stress:
 - "Pain from needles" (2)
 - "Fear of the unknown"
 - "Pending mortality"



Voice of the Customer

11 patients noted that being a veteran affected their experience:

"...mentally able to handle an obstacle better."

"You learned to just deal with it."



Conclusions

 We achieved a 36% rate for documentation of distress at the Malcom Randall VA Medical Center by the end of 3 PDSA cycles.



Conclusions

- Making improvements in quality that rely on physicians to electively change their practice/documentation is difficult.
- Veteran populations may be "special" since their experience as a soldier may affect their willingness to report distress.



PDSA / Sustainability

- Right now, it's not at all sustainable
 - Requires significant effort by team (personal reminders, etc.)
- Incorporate the distress score as a vital sign via triage nurses
 - Problem: Documentation will be there, but physicians may not look at it and make appropriate referrals to SW
 - Possible solution: Ask triage nurses to make SW referral to anyone with Distress Score > 6
 - Push-backs: Triage nurses are already busy, may not make the referrals due to time constraints
- Education for incoming fellows
 - Make it part of their template as soon as they start seeing patients.
- Review data monthly and provide feedback to providers.

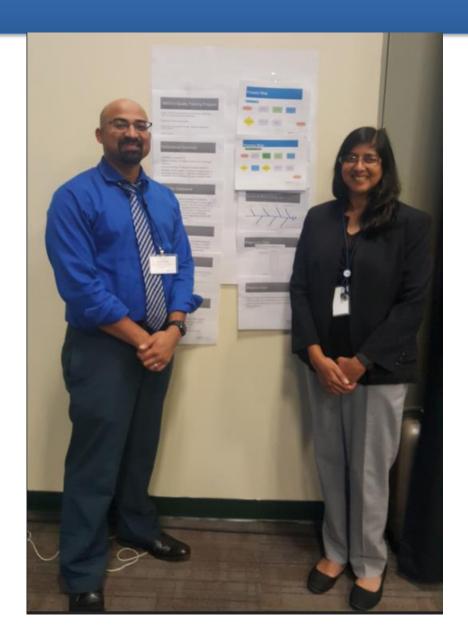


Learning Points

- VERY difficult to engage across all levels (checkin staff, fellows, patients)
- Small details (e.g. no pens in the waiting room)
- Support from administration (i.e. program director) via sending reminders



THANK YOU ASCO



ASCO Quality Training Program