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

Patient Volume: 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
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

Team Leader: 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 Entsinger (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

Patient Check in → Nurse Triage → Waiting Room → Hem/Onc Fellow calls the patient into their room.

Interview, Exam, Discussion and ultimately clearance or not for chemotherapy

Yes → Infusion Nurse Check-in → Initiation of Chemotherapy → Check out and scheduling of the next appointment

No →
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

Instructions: Please circle the number (0–10) that best describes how much distress you have been experiencing in the past week including today.

Extreme distress

No distress

PROBLEM LIST

Please indicate if any of the following has been a problem for you in the past week including today. Be sure to check YES or NO for each.

YES NO
Practical Problems

- Child care
- Housing
- Insurance/financial
- Transportation
- Work/school
- Treatment decisions

YES NO
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
- Substance use
- Tingling in hands/feet

Spiritual/religious concerns

Other Problems: ____________________________

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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
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

Patient Factors:
- Decline to fill out form
- Too much paperwork
- Forget to get form from patient
- Refuse to document distress score

Provider Factors:
- Forget to hand form to provider
- Copy note forward
- Forget to enter distress score in note

System Factors:
- Time to see patients
- EMR-unable to add hard stops to templates

Ancillary Staff Factors:
- Forget to hand out form

Physician Documentation
Prioritization Matrix

Impact

Low

High

Implementation Complexity

Low

High

Reminders
from Program Director

Reminders to Physicians

EDUCATION

FORM DELIVERY
# PDSA PLAN

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

Symptoms When Undergoing Chemotherapy

- Fatigue: 19.0%
- Pain: 35%
- Tingling in Hands Feet: 47%
- Skin Dry/Itchy: 58%
- Worry: 68%
- Sleep: 74%
- Depression: 82%
- Nervousness: 90%
- Fears: 100%
Distress Scores

Number of Patients vs Distress Score

(n=88)

61.3%
Distress Score Documentation

- Education of providers at weekly conference
- Email reminders to all providers weekly
- Personal reminders to each provider during clinic
- Form given to providers during clinic
- Pens in waiting room

Percent Of Distress Documented per PDSA Cycle

- PDSA 1: 14%
- PDSA 2: 21%
- PDSA 3: 36%
“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”
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.
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 (check-in 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