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

Speaker: Dr. José A. Macías


Date: 9th-April-2019
• 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 QOPPY 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”.
Insufficient collection of the HADS test in the electronic history of the oncological patient

Planning
- Checking system for delivery and collection of HADS
  - lack of specific items in electronic history

Responsibility
- Availability to facilitate the HADS to the patient
  - Failure to check in the HADS collection between the second and fourth visits
    - do not check if the patient knows how to complete the test

Communication
- lack of training from oncologist's assistant for the prepare documentation
  - Oncologist Failure in the verification process of HADS completion and leave a record if it happens

Training
- lack of knowledge of professionals
  - Know the importance of the HADS scale
### Database

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

* HADS: Hospital Anxiety and Depression Scale
Data of diagnosis pre QTP

Pareto Diagram – Pre QTP Training

- Not recorded on clinical chart: 55%
- Not received HADS* from patient: 82%
- Not delivered HADS*: 92%
- Not completed HADS*: 100%

* HADS: Hospital Anxiety and Depression Scale
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 done: 50.8%
Hads not done: 49.8%

* HADS: Hospital Anxiety and Depression Scale
## Prioritized List of Changes (Priority/Pay –Off Matrix)

<table>
<thead>
<tr>
<th>Impact</th>
<th>Ease</th>
<th>Difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• CHECK OF COMPLETION AT SECOND VISIT</td>
<td>• ELECTRONIC VERSION OF HADS</td>
<td></td>
</tr>
<tr>
<td>• ONCOLOGIST COLLECTS HADS AND INCORPORATE THE RESULT IN THE ELECTRONIC MEDICAL RECORDS</td>
<td>• INSTRUCT IN THE PROCESS TO NURSING-ASSISTANTS AND ONCOLOGISTS</td>
<td></td>
</tr>
<tr>
<td>• REMEMBER THE PATIENT TO COMPLETE HADS</td>
<td>• FILL THE HADS WITH THE PATIENT</td>
<td></td>
</tr>
<tr>
<td>• PATIENT WELCOME GUIDE INCLUDING HADS</td>
<td>• GIVING DIFFUSION OF THE OBJECTIVE TO ONCOLOGISTS (MAILING/WHATSUPP..)</td>
<td></td>
</tr>
</tbody>
</table>

### Ease of Implementation

- The items conducted during January and February, in RED.
## PDSA Plan (Test of Change)

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

### Breast and Lung Cancer Patient (42+17=59) Post QTP Training

<table>
<thead>
<tr>
<th>HADS* completed and written down in the medical record</th>
<th>%</th>
<th>% accumulated</th>
<th>Nº patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not reflected in the medical record</td>
<td>100%</td>
<td>100%</td>
<td>19</td>
</tr>
<tr>
<td>HADS is not returned to the doctor</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>HADS has not been provided</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Patient not completed HADS</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100</td>
<td></td>
<td>19</td>
</tr>
</tbody>
</table>

* HADS: Hospital Anxiety and Depression Scale
## Change Data

### HADS performed test score before and after QTP training program

<table>
<thead>
<tr>
<th></th>
<th>Before QTP</th>
<th>After QTP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HADS done</strong></td>
<td>3.8 %</td>
<td>50.8 %</td>
</tr>
<tr>
<td><strong>HADS not done</strong></td>
<td>96.2 %</td>
<td>49.8 %</td>
</tr>
</tbody>
</table>

*HADS: Hospital Anxiety and Depression Scale*
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.
Jose A. Macías. Oncologist
Elisa García. Oncologist
Jose A. López: Clinical Study Coordinator

Murcia. Spain

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

**TEAM:** Dra. E. García Garre y Dr. José A. Macías, Jose A. López
**PROJECT SPONSORS:** Dr. Francisco Ayala de la Peña.

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

**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