

ASCO Quality Training Program

Improving Distress Screening at Hartford Healthcare

Hartford HealthCare Cancer Institute ASCO Team

Institutional Overview

- Hartford HealthCare is an integrated delivery network comprised of 7 hospitals, and a primary and specialty care medical group.



- The Cancer Institute, which oversees quality, research and education in oncology.
- For the purposes of this grant, activity will center at Hartford Hospital, an 867 bed hospital that serves an inner city, economically challenged population.

Team members

Project Sponsor	Peter Yu, MD
Team Leader	Alvaro Menendez, MD
Core Team Members	Todd Alekshun, MD Amy Beer, MPA, RN, OCN Brooke Harrison, MPA
Facilitator(s)	Brooke Harrison, Amy Beer
Nurse Manager	Shannon Pindar, RN, OCN
Director of Nursing Education	Mary Kate Eanniello DNP, RN, OCN
Clinical Psychologist	David Finitzis, Ph.D
Director, Cancer Care Delivery and Disparities Research	Ellen A. Dornelas, Ph.D
Epic Partners	Patty Kaehrle, RN Mary Lou Vasquenza, RN
QTP Improvement Coach	Holley StallingsRN, MPH, CPH, CPHQ

Problem Statement

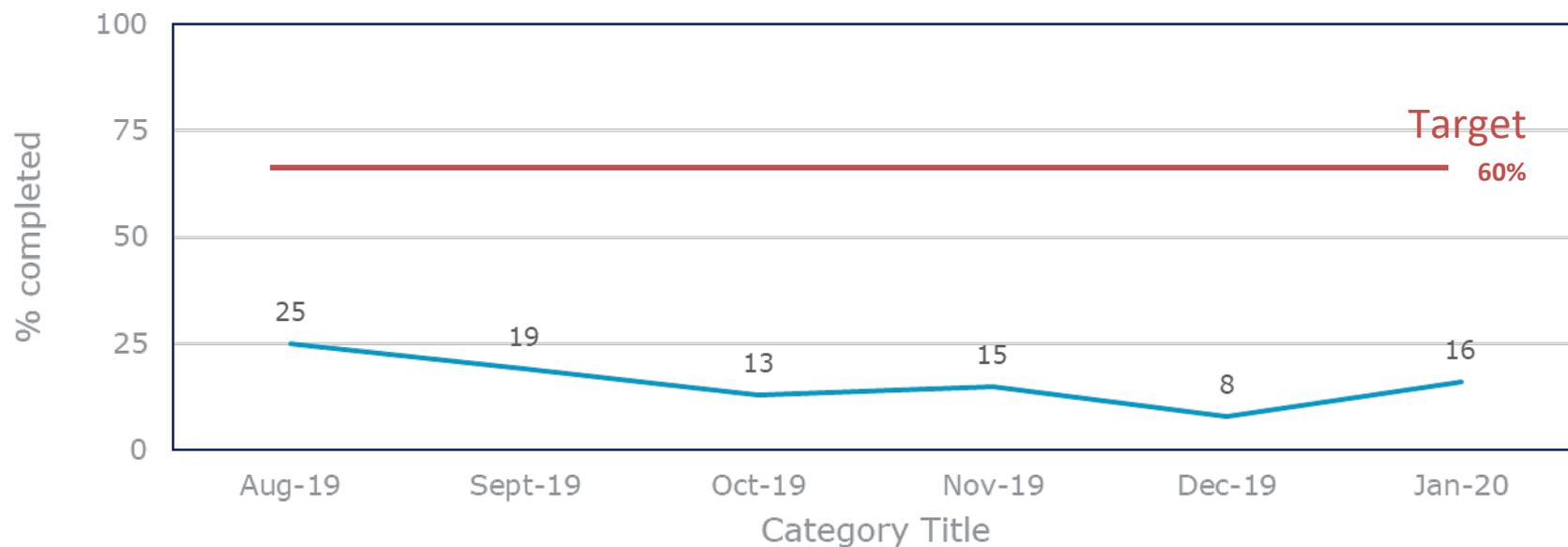
84% of new patients receiving treatment at Hartford Hospital's Infusion Center (August 2019 – January 2020) were not screened for distress. The absence of a standard approach to distress screening results in a failure to systematically connect patients to the appropriate support services. This negatively impacts their emotional well-being and quality of life and ultimately interferes with their ability to cope with cancer and treatment.

Baseline data summary

Item	Description
Measure:	Percentage of patients not screened for distress
Patient population: <i>(Exclusions, if any)</i>	New patients receiving intravenous chemo therapy and patients receiving IV chemo therapy who are starting new regimen
Calculation methodology: <i>(i.e. numerator & denominator)</i>	N= all completed wellness assessments D= All new patients and patients starting new regimen
Data source:	EPIC, paper forms
Data collection frequency:	Weekly
Data limitations: <i>(if applicable)</i>	Manual effort

Baseline data

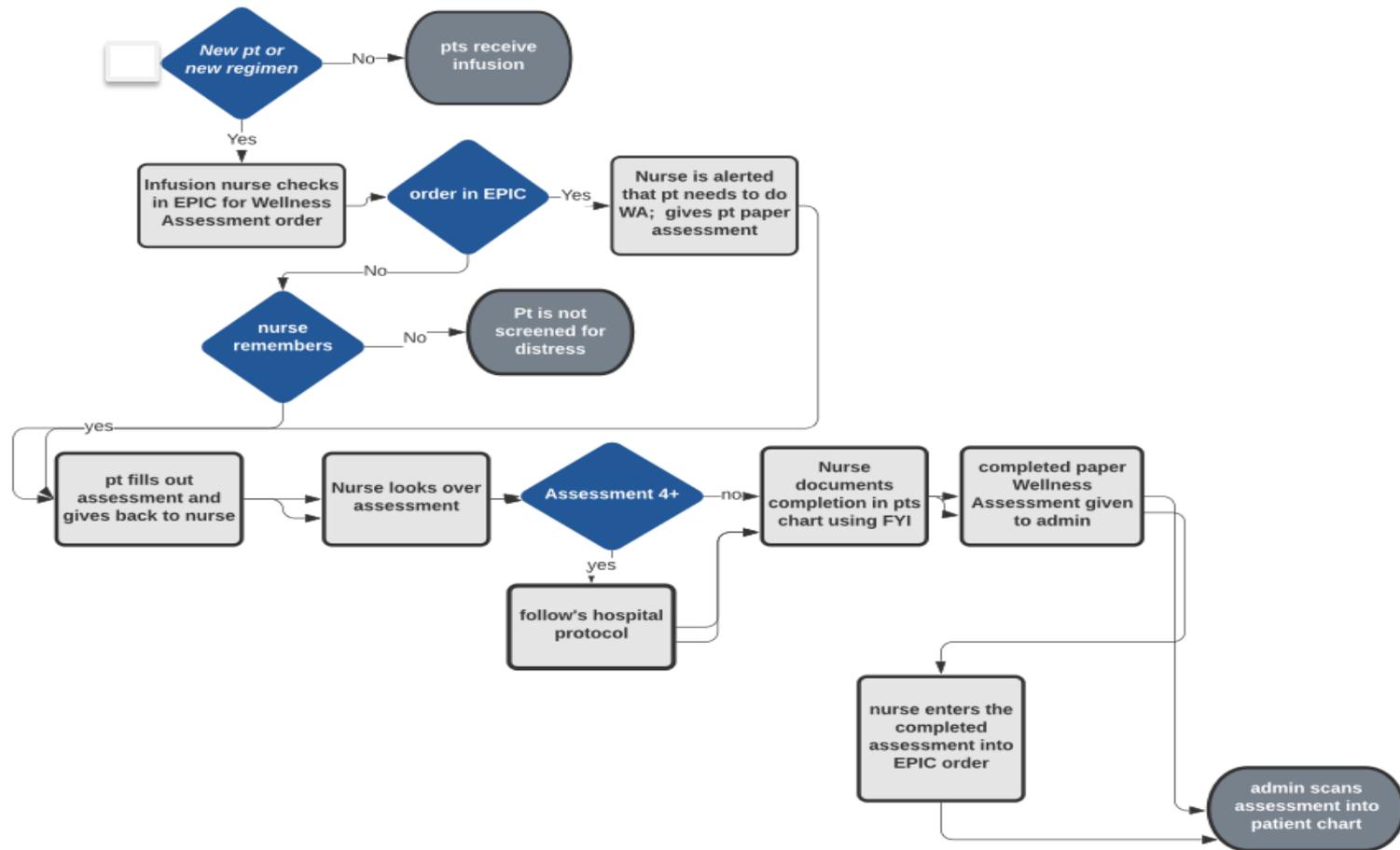
% Completion of Wellness Assessment



Aim Statement

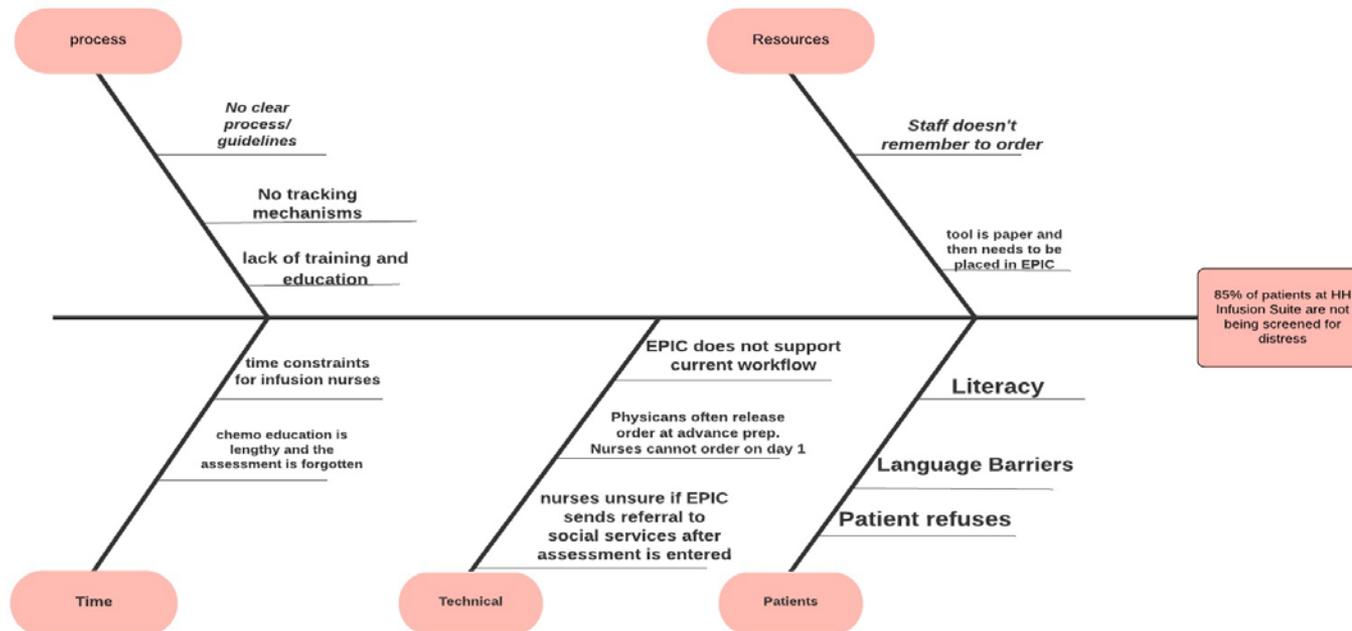
60% of patients at Hartford Hospital's Infusion Center that are either new patients starting intravenous chemotherapy or existing patients starting a new regimen, will be screened for distress by the completion of cycle 1 day 1 of their IV therapy plan by October 1.

Process map



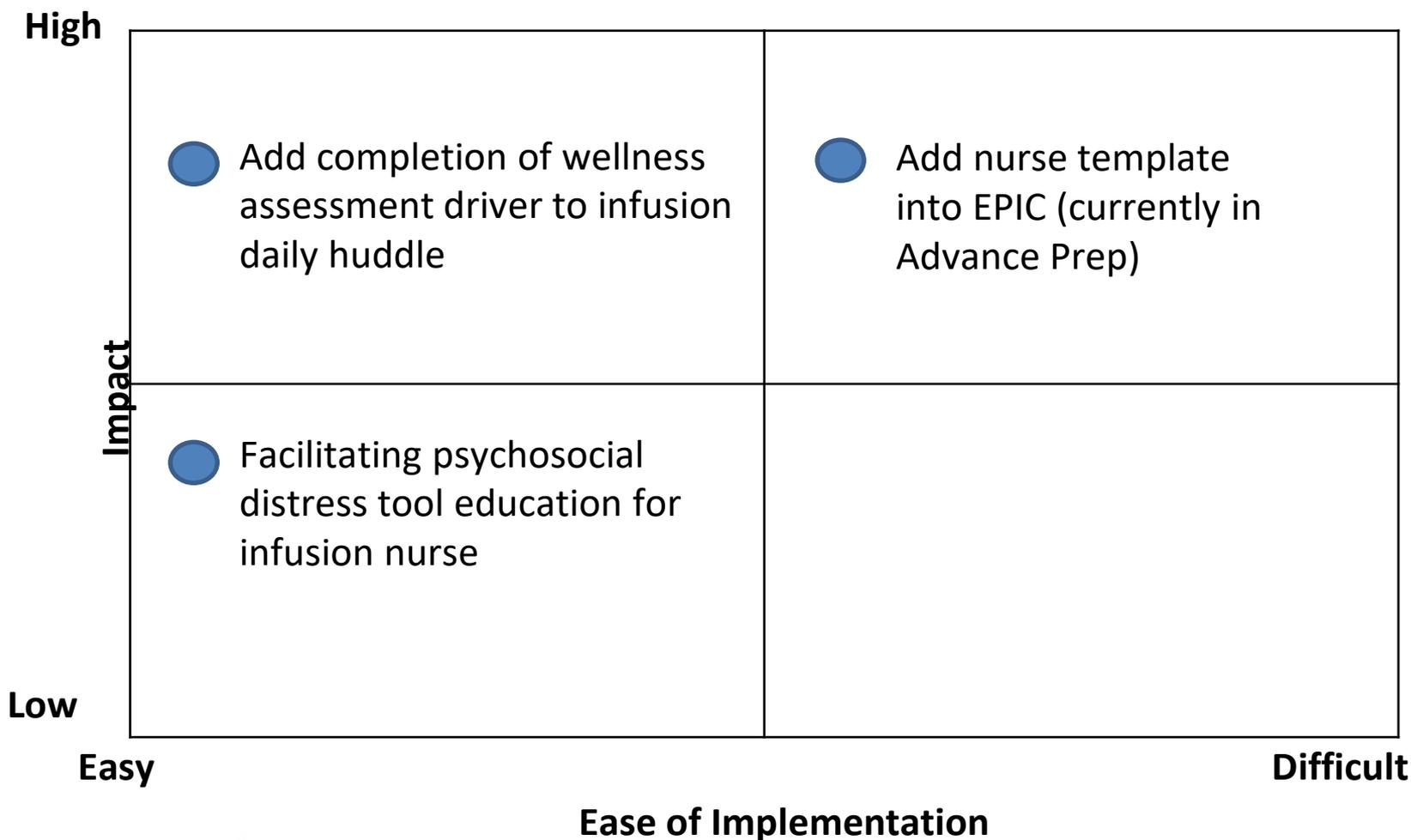
The current process has many steps. Through the process map exercise we learned that a factor in determining whether a patient receives a distress tool is whether or not the Infusion Nurse remembers.

Cause and Effect diagram



Through the cause and effect exercise we found that technical issues was a huge barrier in the current process. In the current process, an order for the assessment is placed and often times the order is dropped off in advanced prep stage.

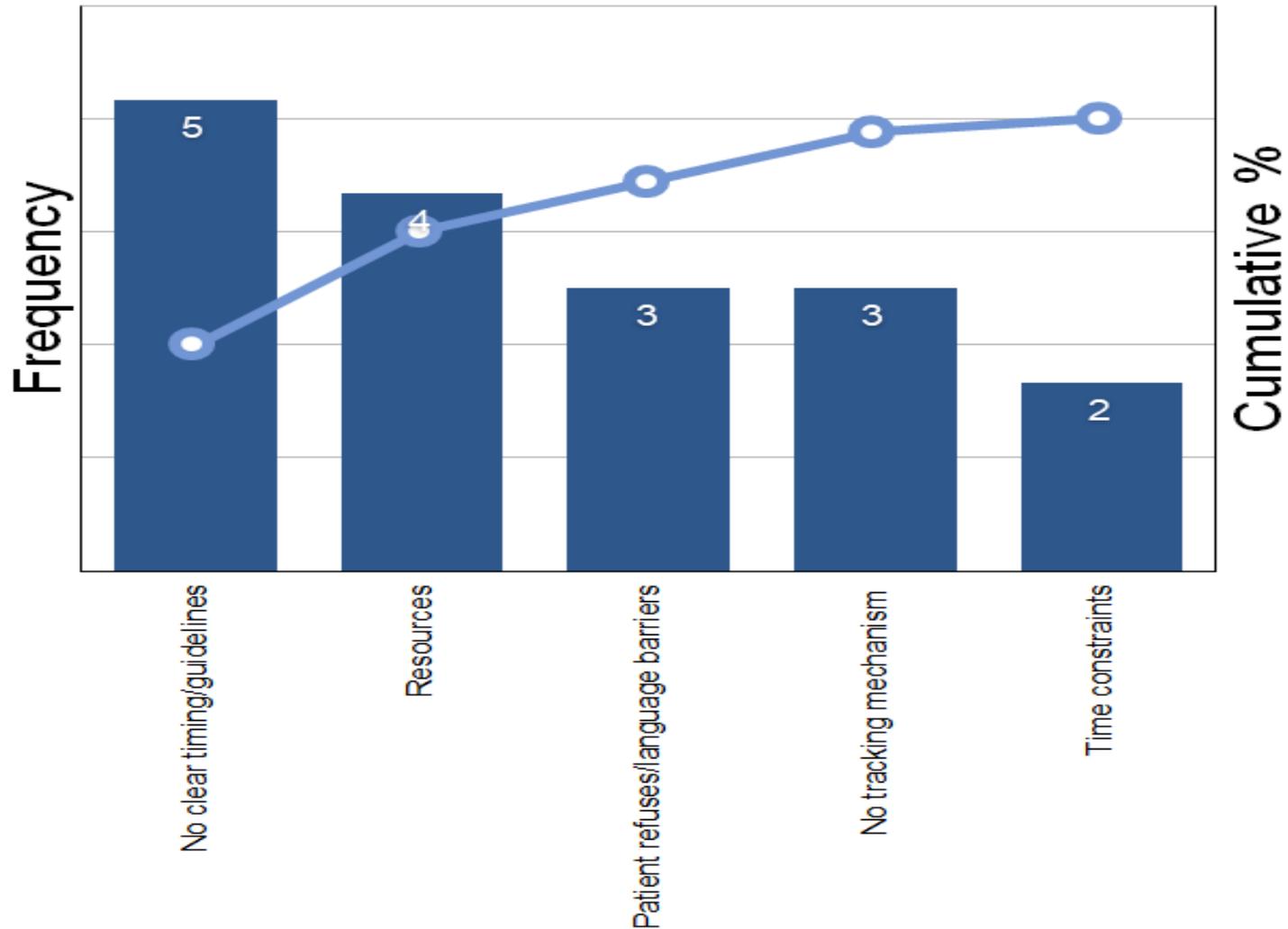
Countermeasures



Diagnostic Data summary

Item	Description
Measure:	Screening for distress using Wellness Assessment screening tool
Patient population: <i>(Exclusions, if any)</i>	Patients initiating IV therapy at the Hartford Hospital's Infusion Center
Calculation methodology: <i>(i.e. numerator & denominator)</i>	Numerator: patients initiating chemotherapy at Hartford Hospital's Infusion Center screened for distress using Wellness Assessment Denominator: patients starting chemotherapy at Hartford Hospital's Infusion Center
Data source:	Hartford Hospital Infusion Center clinical staff
Data collection frequency:	Weekly
Data limitations: <i>(if applicable)</i>	data collection is completely manual– takes time and man power from infusion admin staff

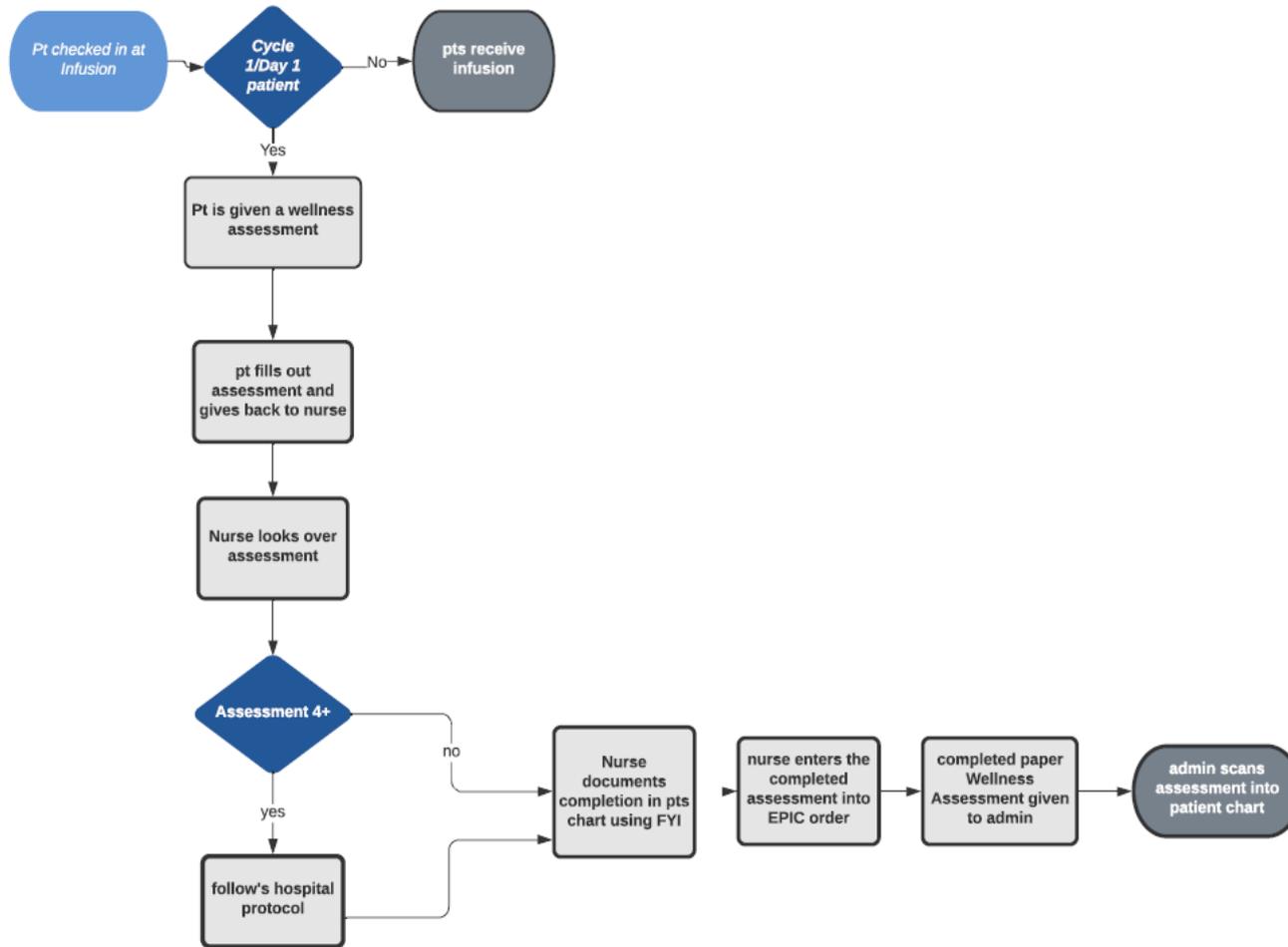
Diagnostic Data



Test of Change
PDSA Plan

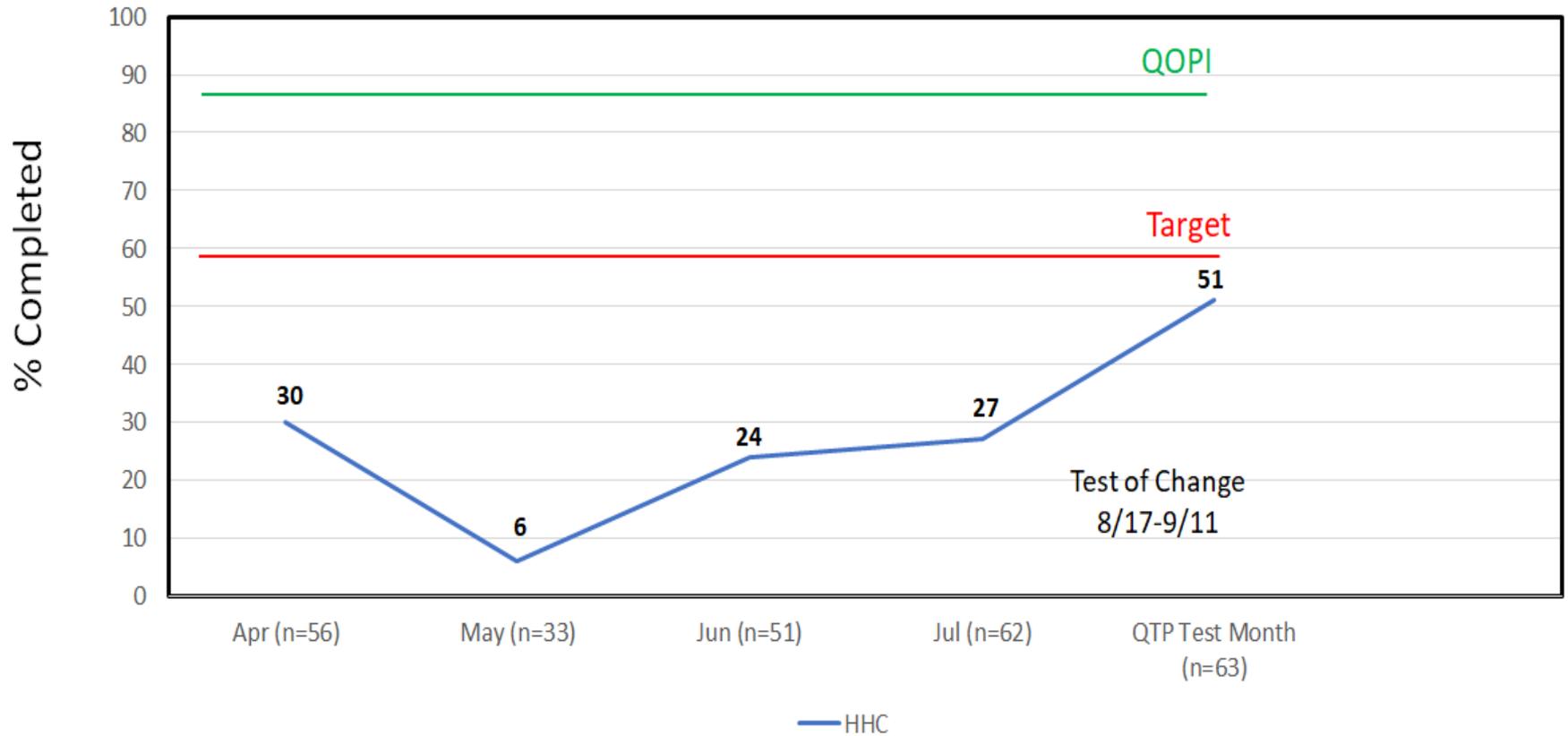
Date	PDSA Description	Results
8/17/2020	<ul style="list-style-type: none"> • Team will speak with Nurse Manager and infusion nurses informally about the importance of distress screening later to be followed by a formal presentation on distress by Psychosocial team. 	
8/17/2020	<ul style="list-style-type: none"> • Implement new process screening Day 1 cycle 1 and chemo education patients 	
8/17/2020-9/11/2020	<ul style="list-style-type: none"> • We will monitor Day 1 Cycle 1 weekly to have an accurate denominator. • We will compare weekly the denominator to completed 	
8/17/2020-9/11/2020	<ul style="list-style-type: none"> • We will solicit feedback from nurse manager and those administering the assessment to get their feedback on new process 	
8/17/2020-9/24/2020	<ul style="list-style-type: none"> • Psychosocial team will educate infusion staff on the importance of the wellness assessment 	

New Process



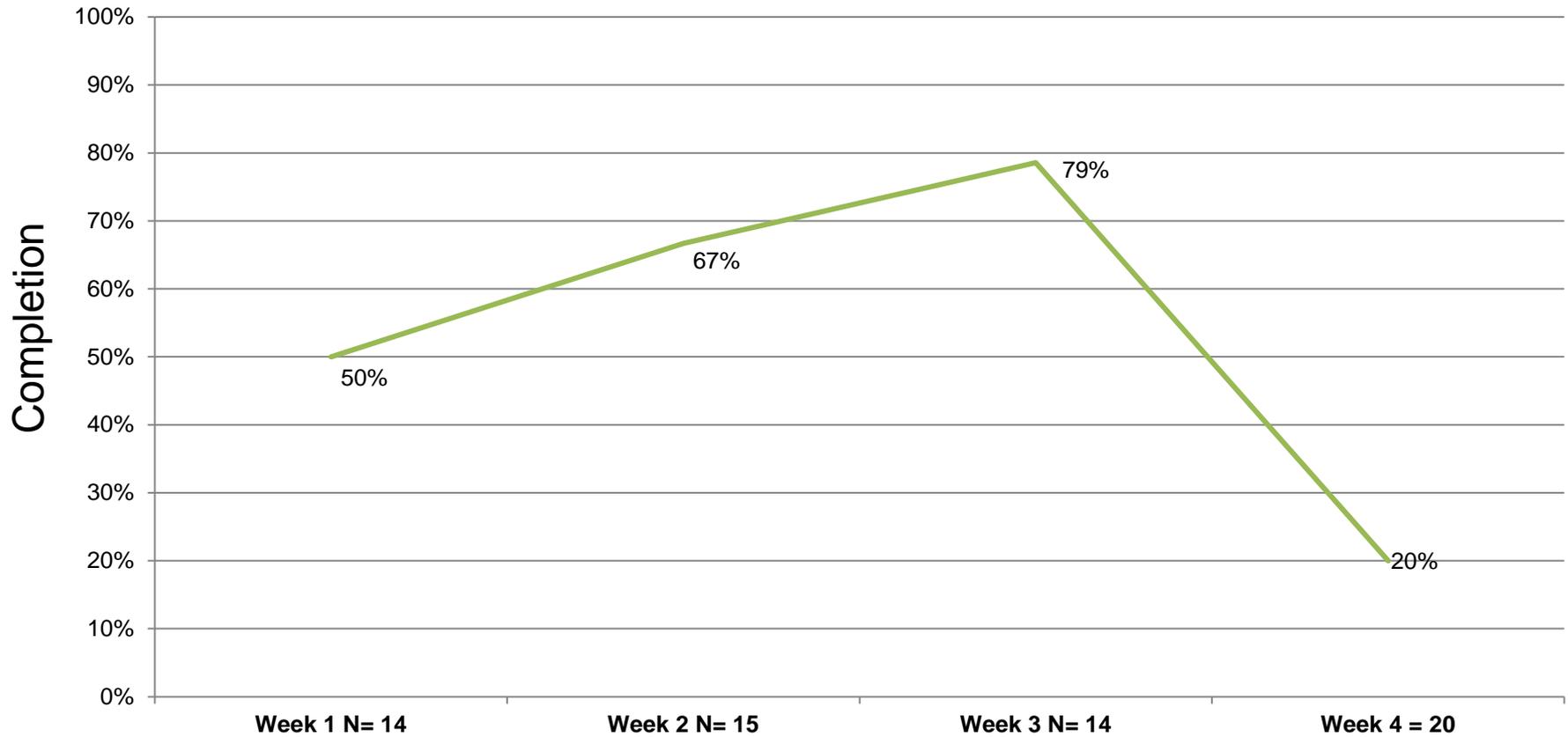
Outcome Measure Change Data

% Completion of Wellness Assessments



Outcome Measure
Change Data

Test Month
Week 1-4



Next steps

Sustainability Plan

Next Steps	Owner
Biweekly reminders at Morning Huddle on the need to screen patients starting intravenous chemotherapy or existing patients starting a new regimen, will be screened for distress by the completion of cycle 1 day 1	Infusion Manager
Creating hard copy reminders to be placed on infusion rooms reminding nurses to screen patients starting intravenous chemotherapy or existing patients starting a new regimen, will be screened for distress by the completion of cycle 1 day 1	ASCO QTP team
Add nursing order set to chemo as part of Beacon/EPIC	IT

Conclusion

- The immediate and subsequent impact of COVID-19 continues to de-prioritize/delay the progression of this QTP.
- New process defined and implemented has brought us closer to our goal. More work is needed to achieve and sustain goal.
- Deeper dive into variations in identified workflow is needed to adjust and improve. Will proceed with another PDSA.
- Technology (EPIC) continues to be a barrier in both implementation and data collection. Unfortunately, HHC's ITS is faced with an extensive list of projects and this will not be prioritized in the short term.
- This project is striking a balance with the higher level HHC Cancer Institute partnership with the Cancer Support Community which will include a systematic, standardized implementation of distress screening. This will include the integration of Epic.
- The ASCO QTP has successfully brought attention to distress screening and simultaneously created visibility into other areas of quality improvement.

Improving Distress Screening at Hartford Healthcare

AIM: 60% of patients at Hartford Hospital’s Infusion Center that are either new patients starting intravenous chemotherapy or existing patients starting a new regimen, will be screened for distress by the completion of cycle 1 day 1 of their IV therapy plan by June 1, 2020.

TEAM:

- Todd Alekshun, MD
- Amy Beer, MPA, RN, OCN
- Brooke Harrison, MPA
- Alvaro Menendez, MD

INTERVENTION:

Nurses in the Hartford Hospital Infusion Center will complete Wellness Assessments for Cycle 1, Day 1, New Regimen patients, and/or patients receiving chemo education. The intervention will take place for the month of August 8/17-9/11.

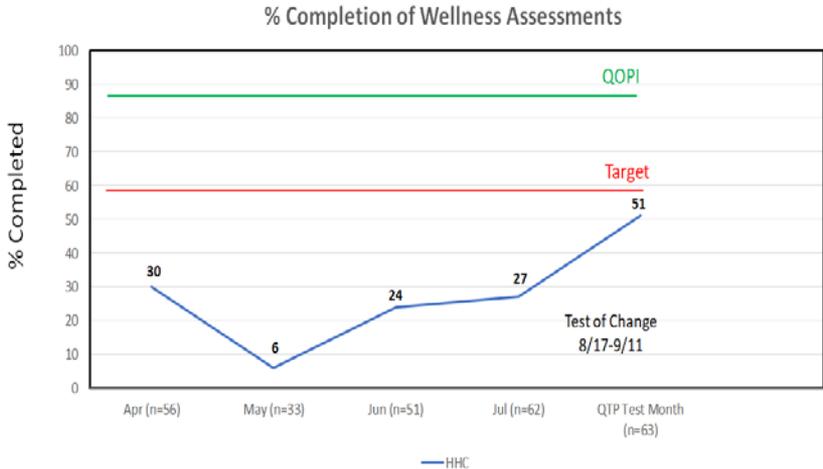
PROJECT SPONSORS:

- Peter Yu MD

RESULTS:

Each week the completed assessments increased with the exception of week 4. On average the % of completion was 51%.

Graph title



CONCLUSIONS:

The aim was not met. The goal was for 60% of patients at Hartford Hospital’s Infusion Center to be screened for distress by completion of our project. During the time of our pilot study 51% was completed. This was 9% below our aim

NEXT STEPS:

The new process/intervention will be incorporated into the center’s workflow. In addition there will be reminders, education for the nurses, and a monthly driver to continue staff’s awareness.