Screening for Distress: Implementation and Outcomes in Three Provinces

Jill Taylor-Brown, MSW, RSW,
Director of Patient and Family Support Services, CancerCare Manitoba

Shannon Groff, MSc, BSc,
Provincial Coordinator of Screening for Distress, Alberta Health Services

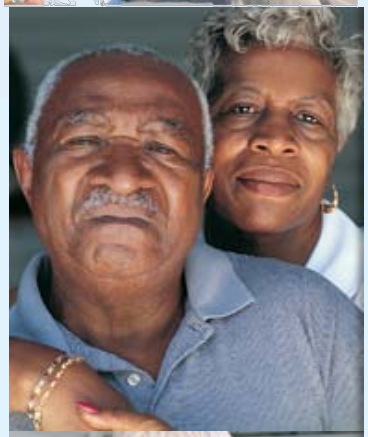
Deb Bulych, BA, BSW, BAdmin, MHS,
Provincial Leader Supportive Care, Saskatchewan Cancer Agency

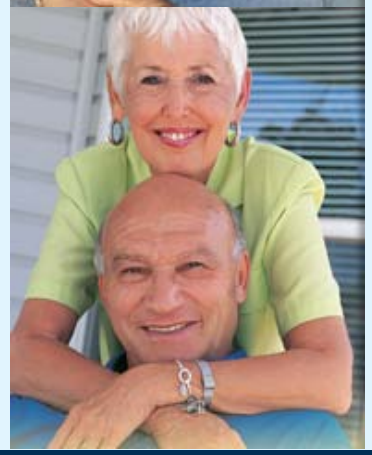
Purpose

- Share with participants the current state of Screening for Distress in Manitoba, Saskatchewan, and Alberta
- Share some of the data emerging from these implementations
- Provide participants with insight into our future directions
  - This presentation emerged from an exciting new collaboration building upon Screening for Distress

CancerCare Manitoba

COMPASS





A COMPASS to Person Centred Care: Rural & Urban Patient Reported Results

Feb 26, 2014

Jill Taylor-Brown, MSW, RSW
Director, Patient and Family Support Services

COMPASS collaborators in rural Manitoba

Eriksdale: Erin Roehl (Program Assistant)

Neepawa: Joanne Nelson and Kristyn Wilson (Nurses)

Hamiota: Sharon Armitage (Nurse)

Deloraine: Megan Vandenberghe (Nurse)

Boundary Trails: Anna Friesen (Nurse)

Portage: Cheryl Longmuir(Nurse)

WMCC: Brenda Hiebert (Nurse)

Russell: Danielle Beischer (Nurse)

Gimli: Julie Kumps (Nurse)

Selkirk: Melanie Bernas (Nurse)

Dauphin: Karen McPhee (Nurse)

Swan River: Lee-Anne Campbell (Nurse)

Steinbach: Sheri Bueckert (OSW)

Pinawa: Susan Barnett (OSW)

The Pas: Lesley Harvey (Nurse)

Flin Flon: Shawn Krassilowsky (Nurse)

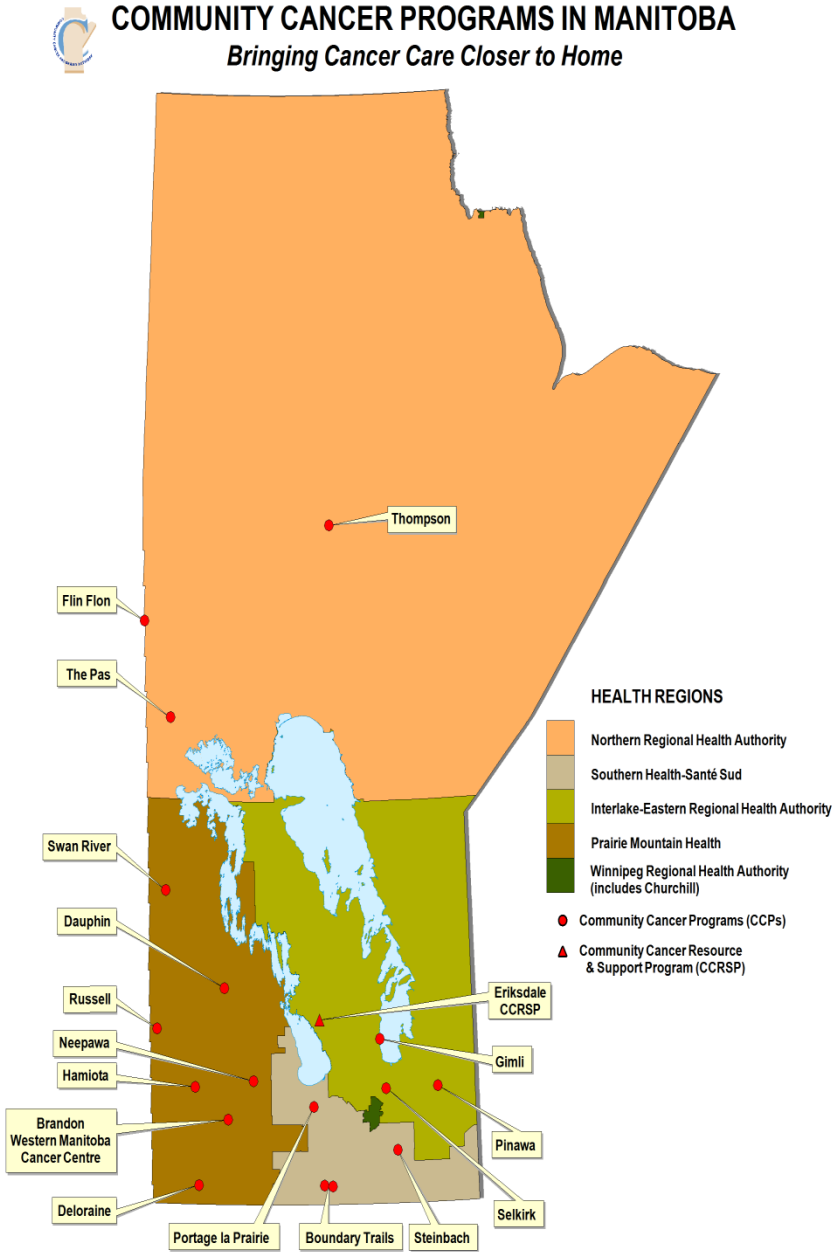
Thompson: Margaret Paradis (Nurse)

SCREENING FOR DISTRESS

Jill Taylor-Brown, Lead
Donna Bell, Project Manager
Heather CampbellEnns, Implementation Facilitator

RURAL IMPLEMENTATION TEAM:

Patricia Bocangel, Coordinator
Megan McLeod
Zenith Poole
Jodi Hyman



COMPASS:

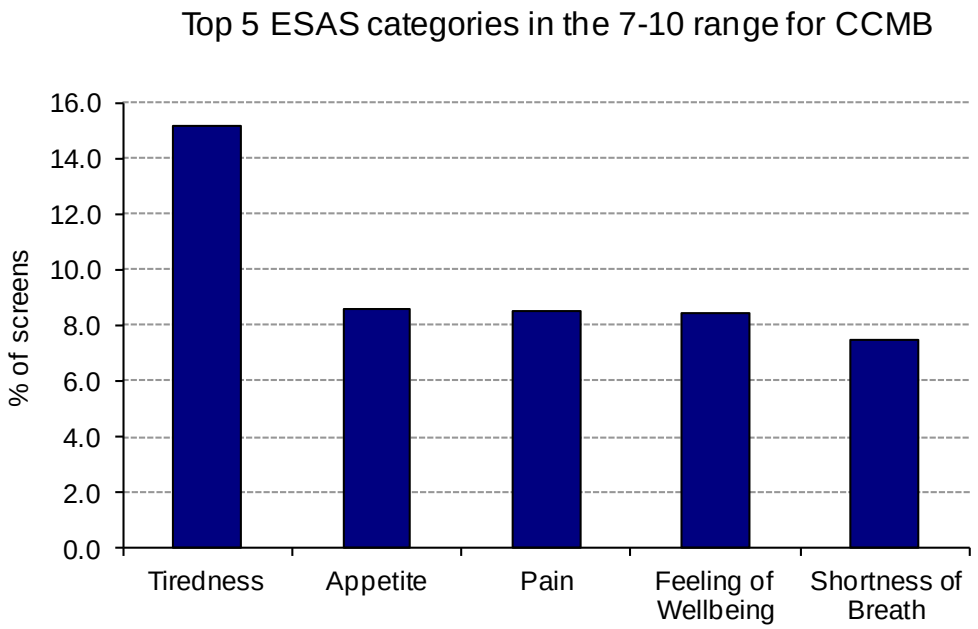
COMprehensive **P**roblem **A**nd **S**ymptom **S**creening:

- ESASr
- Canadian Problem Checklist
- Additional question on smoking

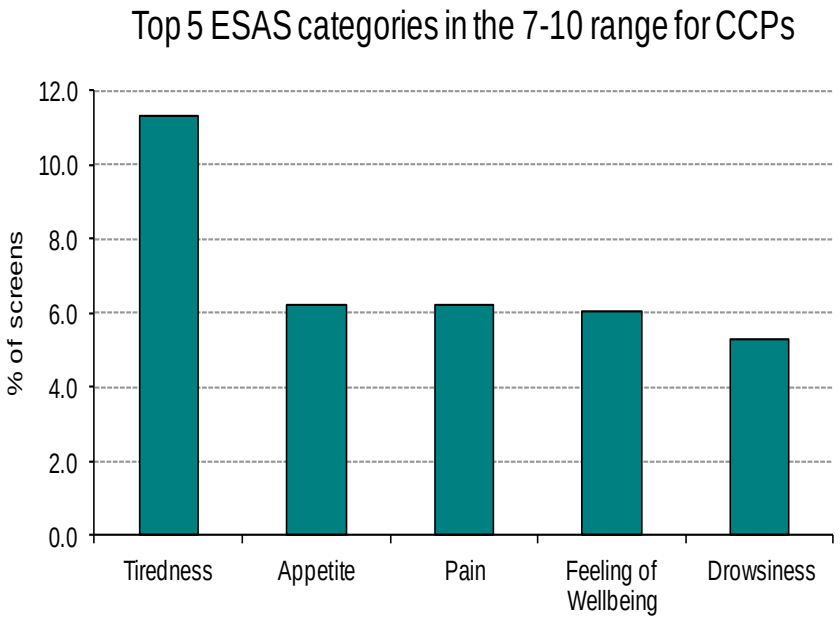
- **Since 2012:**
  - Used at Every physician visit
  - At every clinic at CCMB and all CCPs (except Surg Oncology)

TOP 5 ESAS IN 7 – 10 RANGE

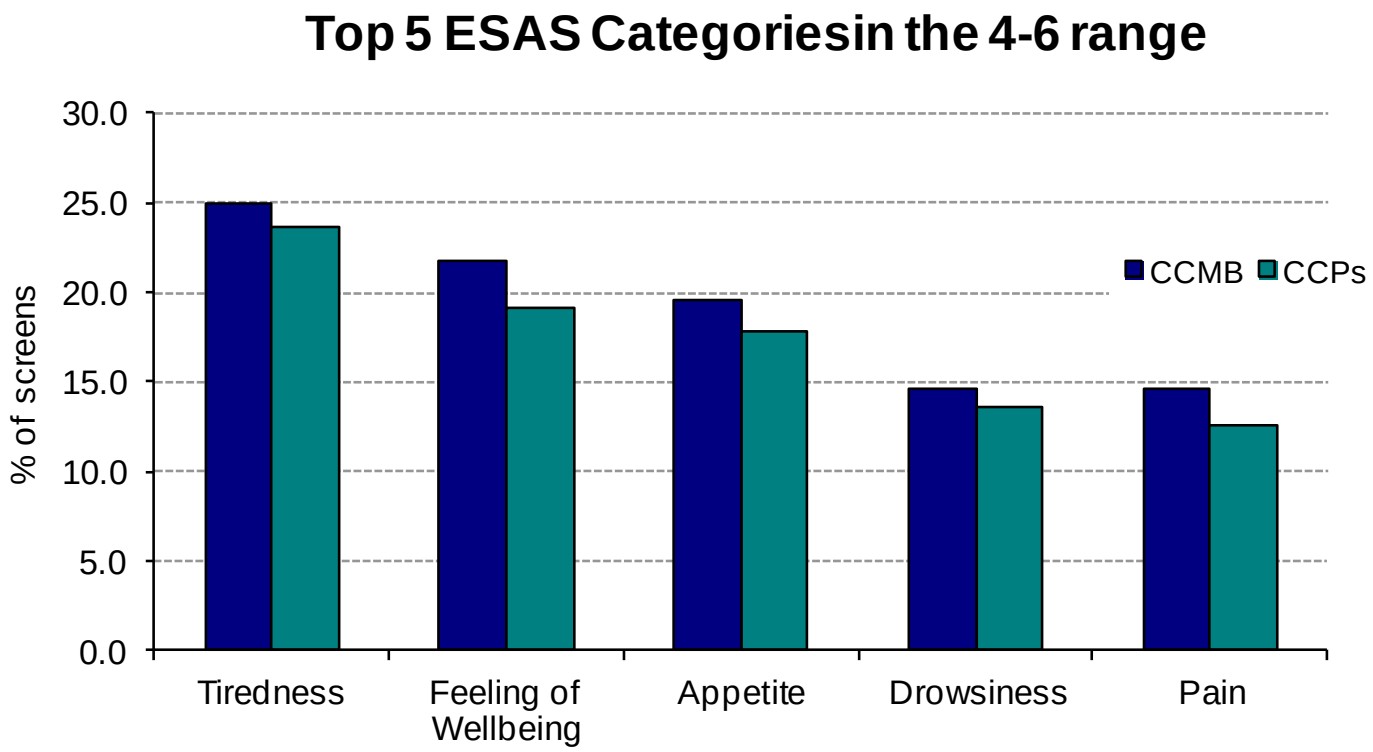
CANCERCARE MANITOBA
WINNIPEG CLINICS
N=11,438



COMMUNITY CANCER PROGRAMS
OUTSIDE WINNIPEG
N= 5, 618



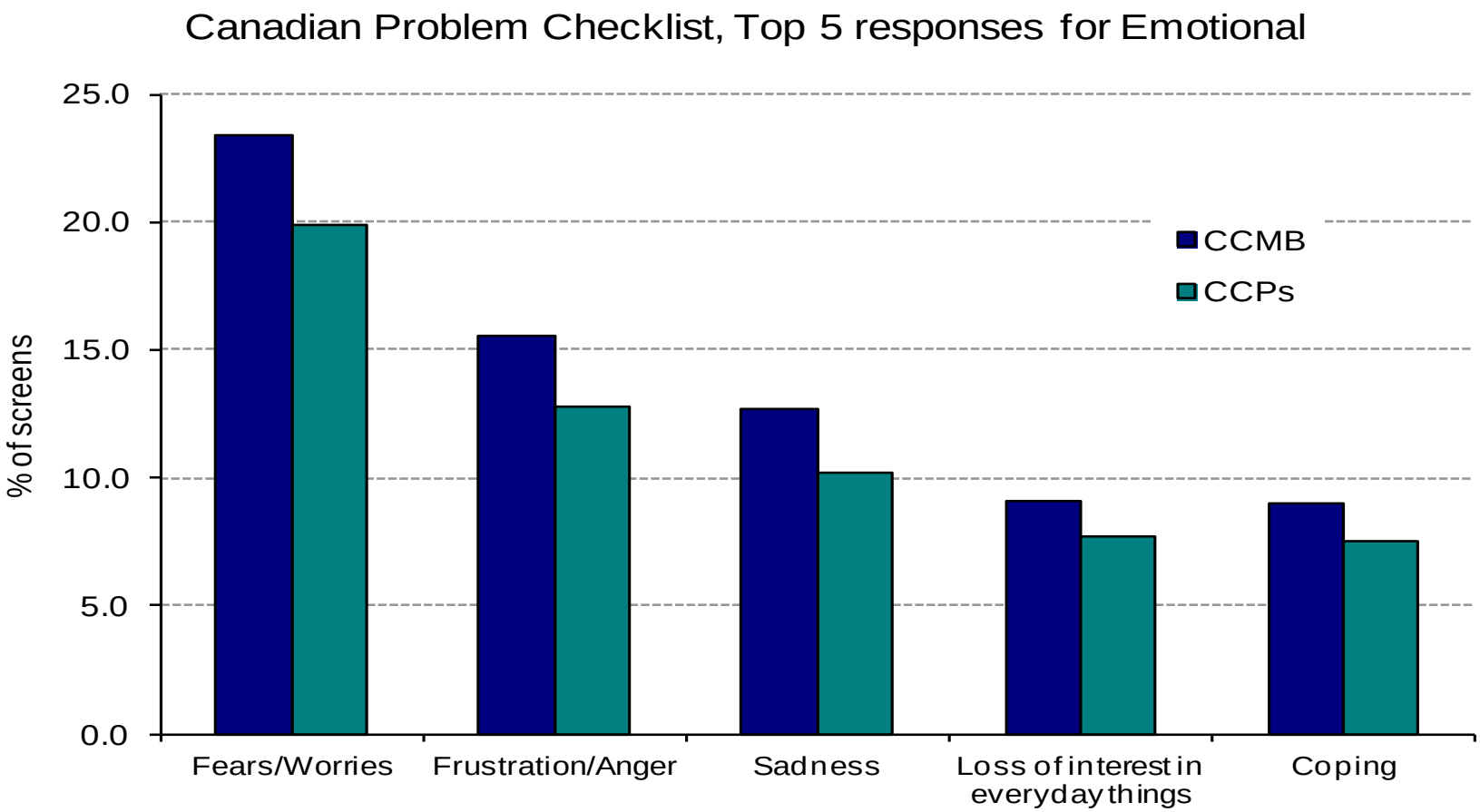
TOP 5 ESAS IN 4-6 RANGE



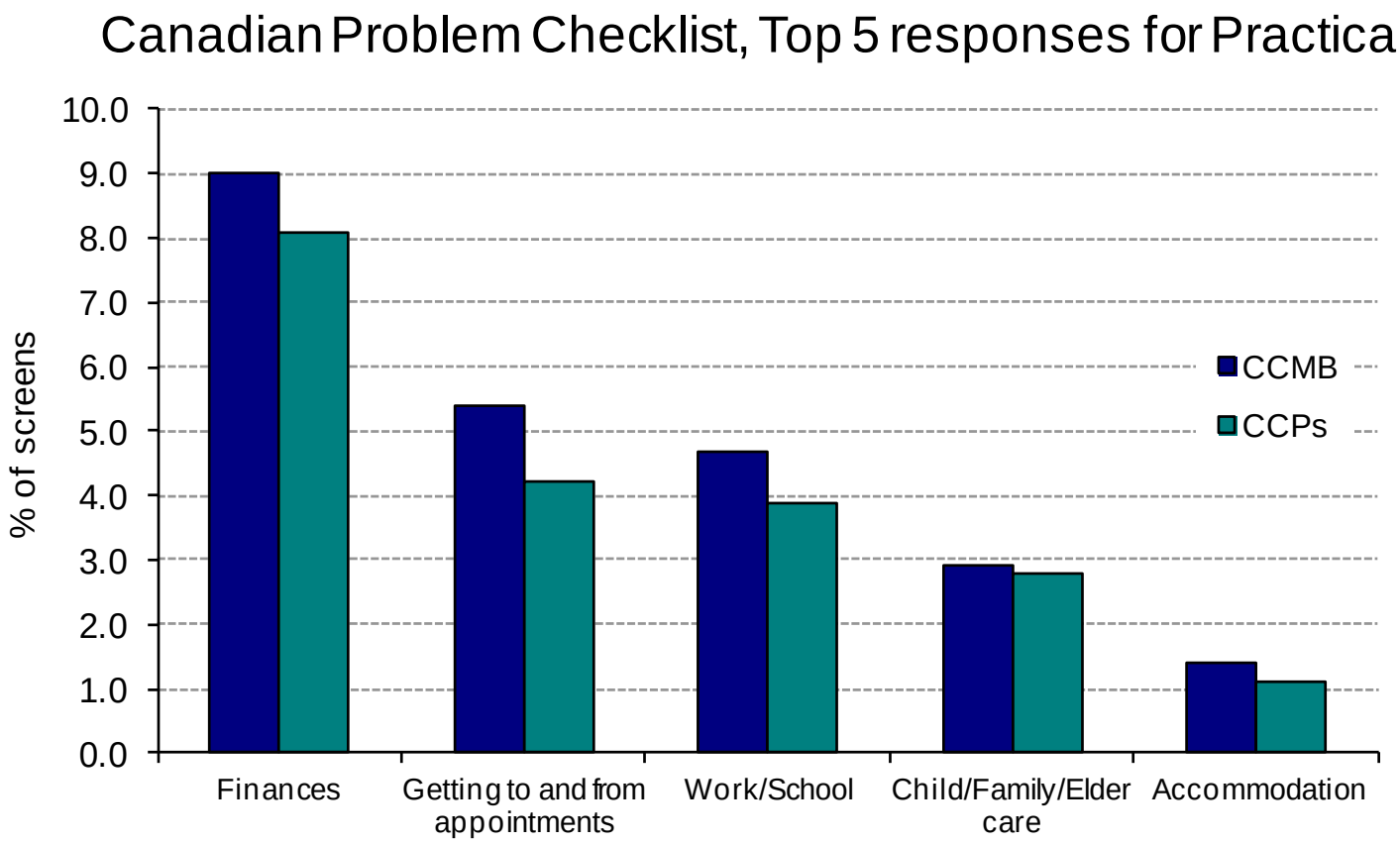
Rank Order for CPC Item Selection (12-23*%) 6 domains

1.	**Sleep***	**Physical**
2.	**Fears / Worries***	**Emotional**
3.	Constipation / Diarrhea	Physical
4.	Concentration / Memory	Physical
5.	Weight	Physical
6.	Worry about friends/family	Social/Family
7.	Frustration/Anger	Emotional
8.	Understanding my illness/treatment	Informational
9.	Sadness	Emotional
10.	Feeling a burden to others	Social/Family

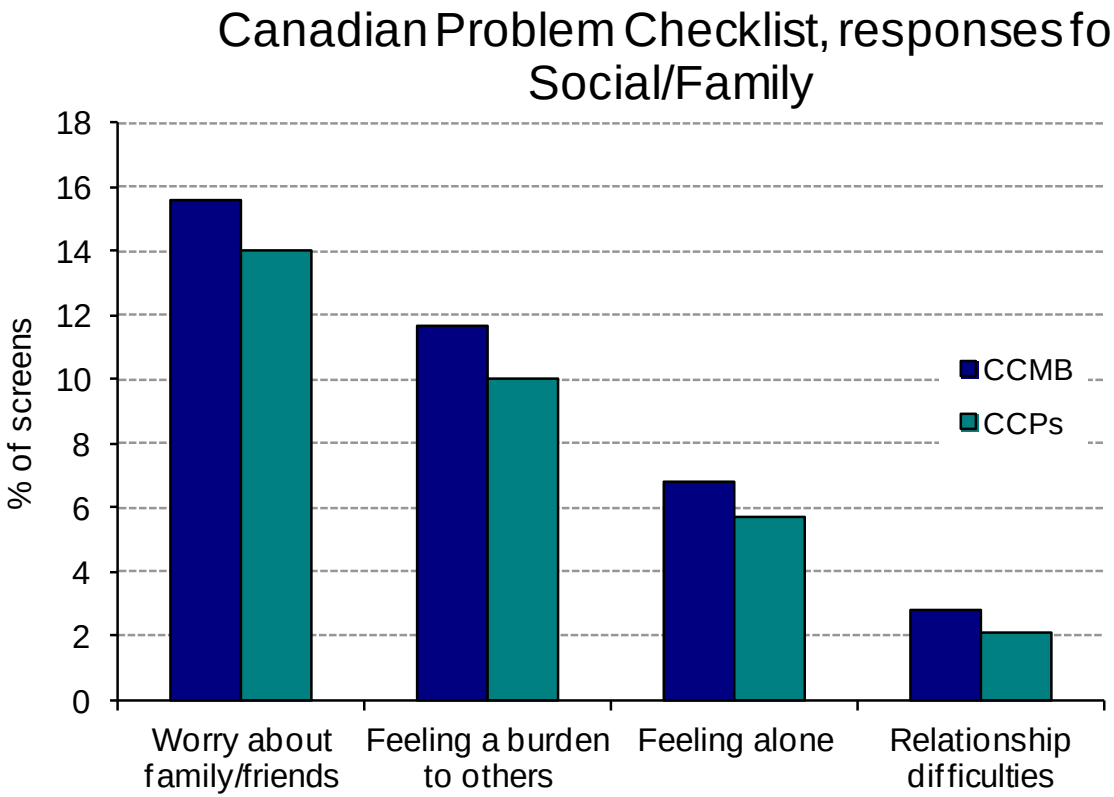
Canadian Problem Checklist: Emotional



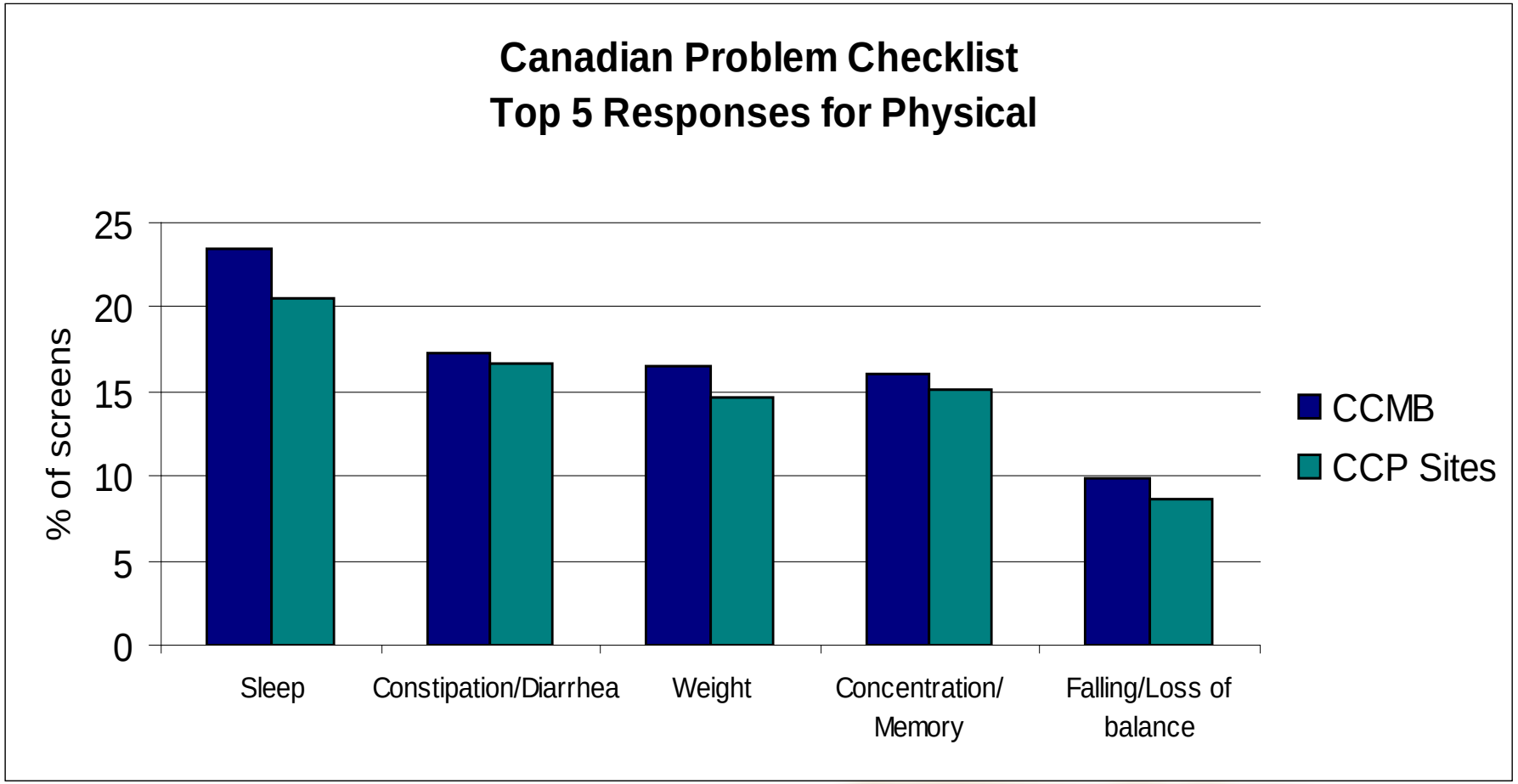
Canadian Problem Checklist: Practical



Canadian Problem Checklist: Social



Canadian Problem Checklist: Physical



Moving Forward in Manitoba

- Engagement of Nurse Educator and Managers and CNO
- Implementation in last clinics: Surgical Oncology and Gyne – WRHA Oncology programs
- Engagement of Epi and IS
- Partnership/collaboration with Alberta and Sask
- Audits/ongoing education/leveraging other work
- Screening Coordinator?
- HREB – Evaluation and Data analyses

Saskatchewan Cancer Agency

Screening for Distress Implementation

By: Deb Bulych

February 2014

Current State / Outcomes

- Implemented in 2011 with new patients at the Saskatoon Cancer Centre (SCC) and the Allan Blair Cancer Centre (ABCC) – paper based
  - Both sites implemented with screening new patients; primary nurses discusses the tool with patient and assesses/intervenes as required
- Allan Blair Cancer Centre
  - Fall 2013: expanded to all review appointments with an oncologist
- Saskatoon Cancer Centre
  - 2013: expanded to include Radiation therapists conducting screening for distress during first week of treatment
- Province wide - New patient navigators conduct screening for distress with newly diagnosed patients

Current State / Outcomes

- Top three frequently identified distress symptoms rated ≥5 on the ESAS:
  1. Tiredness 35%
  2. Best well being 29%
  3. Anxiety 28%

- 3 most commonly endorse categories on the CPC
  1. Emotional 61%
  2. Informational 60%
  3. Physical 52%

Current State / Outcomes

- Top three reasons of referrals from the ESAS :
  1. Depression 35%
  2. Anxiety 32%
  3. Nausea 31%
- Top three reasons for referrals by CPC category:
  1. Social/Family 39%
  2. Emotional 31%
  3. Practical 28%

Evaluation Data/Outcomes

Annual audits conducted

- August 2013: Allan Blair Cancer Centre
  - 98% of patients participated
  - 94% reviewed with nurse
  - 71% issues assessed by primary nurse
  - Resulted in 64% referrals following assessment

Implementation Data/Outcomes

- November 2013: Saskatoon Cancer Centre
  - 82% of patients participated
  - 67% reviewed and issues assessed by primary nurse
  - 48% referrals following assessment

Key learnings from the implementation:

- Dedicated coordinators are required in each treatment center to coordinate and champion the program
  - Coordinators hired in July 2013
- Conduct regular training and encouragement to staff
- Conduct ongoing monitoring and audits. Share results with staff
- Develop clear care pathways, procedures, and documentation protocols
- Future evaluation should include patient experience and staff competencies with Screening for Distress

Screening for Distress as a patient reported outcome

- Utilizing data collected from Screening for Distress can inform our practice
- Through identified patient need in the implementation phase 3 new programs were created:
  1. Pain and Symptom Management clinics
  2. Sexuality counselling
  3. Fatigue program
- Evaluation results showed the Aboriginal and Metis population had a much higher percentage of CPC issues
- Each of these needs were consistently identified by patients in Screening for Distress and led to the creation of programs to meet those patient reported needs

Enhancing Person-Centred Care Through: Screening for Distress, the 6th Vital Sign

Project Lead:
Linda C. Watson

Provincial Coordinator:
Shannon Groff

Clinical Sponsor:
Dr. Barry Bultz

TBCC Site Coordinator:
Sydney Phillips

Program Assistant:
Andrea Williams

CCI Site Coordinator:
Brent Schaitel

Screening for Distress as a Priority in Alberta

- Long history with screening
  - 2005: TBCC – Research and program
  - 2010: Funded by the Partnership to implement in 3 areas
- Important Endorsements:
  - Accreditation Canada (2009)
  - Alberta Cancer Plan (2013)
- Enhanced Care Grant (2012-2014)
  - Implement routine screening in 17 cancer centres

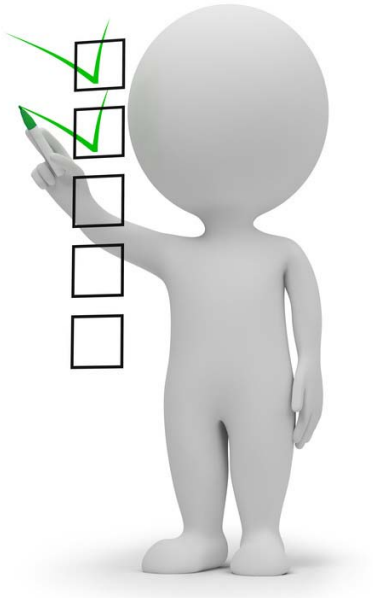
Goals of Provincial Program

1. Establish Screening for Distress as a standard component of care delivery across cancer care

2. Improve Person-Centredness of care delivery (Quality Improvement)

3. Establish a consistent set of data points collected across province (outcomes)

4. Ensure sustainability of practice change



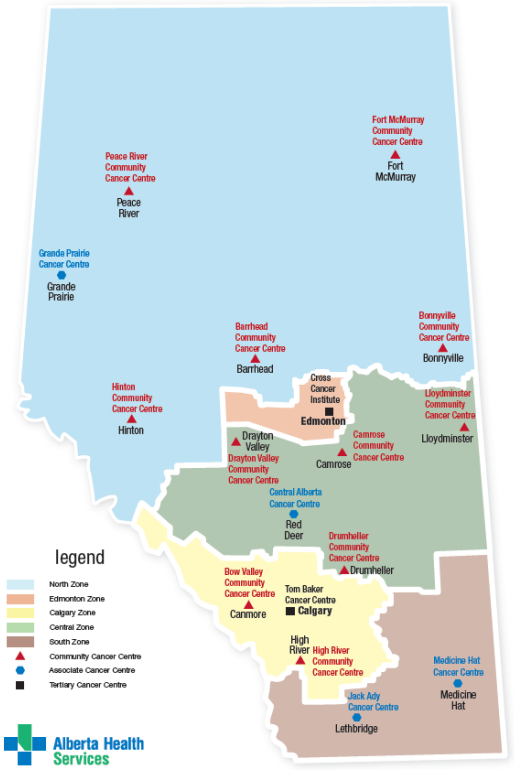
Models of Implementation

TBCC	CO	CCI
Coordinator connects with Tumour Group Leader and Coordinator	Site Visit and Presentation	Coordinator works with management & nursing ed. to identify area of implementation
Coordinator works with identified staff to develop plan	Navigator Trained and Orientated	In conjunction with this group and area specific staff develops plan
	Work with site/Nav to develop plan	

- Baseline Data Collected
- Additional Training Provided
- Implementation
- Ongoing QI
- Post Data Collection
- Feedback and Future Plans

Current Status of Implementation

- Community Cancer Centres
  - Screening (11/11): Hinton, Barrhead, Drayton Valley, Canmore, Bonnyville, High River, Peace River, Drumheller, Camrose, Fort McMurray, Lloydminster
- Associate Cancer Centres
  - Screening (4/4): Medicine Hat, Grande Prairie, Red Deer, Lethbridge
- Tertiary Sites
  - TBCC: Screening 24/24 groups
  - CCI: Screening 4/4 groups



Standard Components

- Basic Model
- Recommendations
  - All patients
  - Routine
  - Minimum data set
- Charting requirements
- Education Content
- Evaluation Framework- Provincial/Project Accountabilities

Alberta Health Services

Affix patient label within this box.

Screening for Distress

Completed By
☐ Patient ☐ Family ☐ Health Professional ☐ Assisted by family/health professional

Date *(yyyy-Mon-dd)*

Please circle the number that best describes how you feel NOW

No pain	0 1 2 3 4 5 6 7 8 9 10	Worst possible pain
No tiredness (Tiredness = lack of energy)	0 1 2 3 4 5 6 7 8 9 10	Worst possible tiredness
No drowsiness (Drowsiness = feeling sleepy)	0 1 2 3 4 5 6 7 8 9 10	Worst possible drowsiness
No nausea	0 1 2 3 4 5 6 7 8 9 10	Worst possible nausea
No lack of appetite	0 1 2 3 4 5 6 7 8 9 10	Worst possible lack of appetite
No shortness of breath	0 1 2 3 4 5 6 7 8 9 10	Worst possible shortness of breath
No depression (Depression = feeling sad)	0 1 2 3 4 5 6 7 8 9 10	Worst possible depression
No anxiety (Anxiety = feeling nervous)	0 1 2 3 4 5 6 7 8 9 10	Worst possible anxiety
Best well-being (Well-being = how you feel overall)	0 1 2 3 4 5 6 7 8 9 10	Worst possible well-being
No _____ Other problem (i.e. constipation)	0 1 2 3 4 5 6 7 8 9 10	Worst possible _____

Check all of the following items that are CURRENTLY concerns for you

Emotional
☐ Fears/Worries
☐ Sadness
☐ Frustration/Anger
☐ Changes in appearance
☐ Intimacy/Sexuality

Spiritual
☐ Meaning/Purpose of life
☐ Faith

Practical
☐ Work/School
☐ Finances
☐ Getting to & from appointments
☐ Home Care
☐ Accommodation
☐ Quitting smoking
☐ Drug costs
☐ Health Insurance

Physical
☐ Concentration/Memory
☐ Sleep
☐ Weight
☐ Fever/Chills
☐ Bleeding/Bruising
☐ Cough
☐ Mouth sores
☐ Difficulty swallowing
☐ Special diet
☐ Heartburn/Indigestion
☐ Vomiting
☐ Diarrhea
☐ Constipation
☐ Bladder problems
☐ Dizziness
☐ Headaches
☐ Vision or hearing changes
☐ Numbness/Tingling
☐ Changes to skin/Nails
☐ Lymphedema/Swelling
☐ Walking/Mobility
☐ Trouble with everyday activities (i.e. bathing, dressing)
☐ Sensitivity to cold

Social/Family
☐ Feeling a burden to others
☐ Worry about family/friends
☐ Feeling alone
☐ Support with children/partner

Informational
☐ Understanding my illness and/or treatment
☐ Talking with the health care team
☐ Making treatment decisions/Personal Directive
☐ Knowing about available resources
☐ Taking medications as prescribed

☐ Other Concerns _____

Reviewed by *(Name of Health Care Professional)* | **Signature** *(of Health Care Professional)* | **Date** *(yyyy-Mon-dd)*

18125(Rev2013-03)

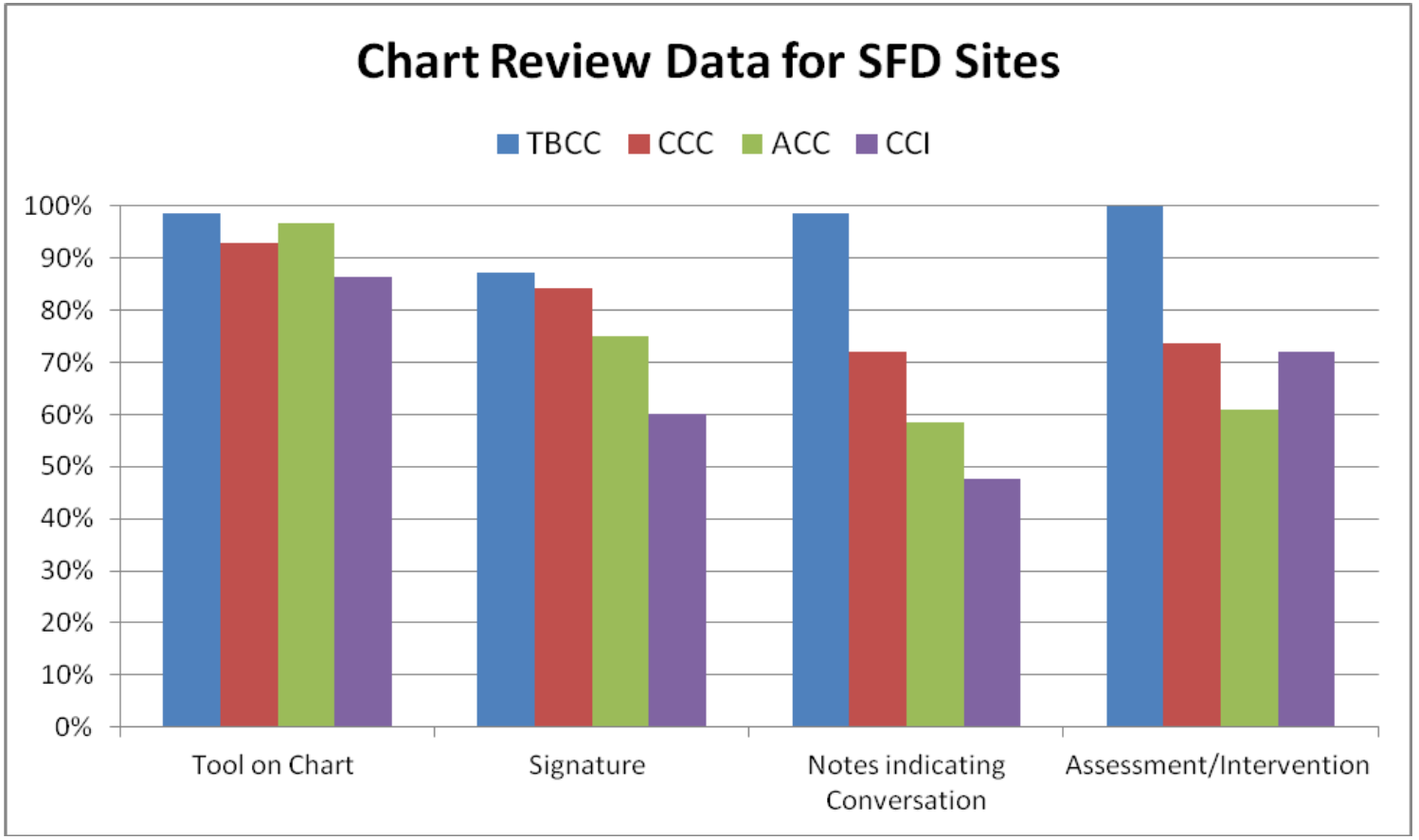
Site Specific Components

- Implementation plan
- Education strategy/approach
- Integration with current documentation
- Which team members will be responsible for managing various concerns
- What are the referral options and pathways

Evaluation

- Robust pre/post evaluation across all sites
  - 739 pre patient surveys
  - 251 pre staff surveys
  - Currently completing post surveys
- Purpose of data collection
  - Evaluate implementation
  - Determine differences and similarities across sites and groups
- Ongoing quality improvement
  - Chart reviews

Chart Reviews



Key Learnings Across Sites

- Importance of being present & building positive personal relationships
- Phased implementation is vital
- Evaluation is a pain but important
  - Chart reviews are great for monitoring progress
- Sustainability should be a consideration in the implementation
  - Orientation, integration with documentation, resource pathways
- 2 years to implement a project this size is ambitious

Moving Forward…

- Grant Extension
  - Solidifying practice change and ensuring sustainability
  - Positions: Interdisciplinary practice coordinator, Research Associate, Evaluation Assistant
- Utilizing the Data
  - Overall summary
  - Group specific data
  - Prevalence of concerns

- New Enhanced Care Grant
  - Responding to distress by utilizing supportive care guidelines
- Patient Reported Outcomes
  - Collecting and utilizing patient reported outcomes to drive care

Moving Forward Together – PROs

- Building on our screening connections to submit PRO proposal
- Patient Reported Outcomes
  - Patient-reported outcomes have been defined as those outcomes that matter to the patient, distinct from disease-focused outcomes they are usually self-reported (Cancer Quality Council of Ontario, 2003)
  - Our proposal builds on provincial similarities (same minimum screening data set & same EMR)
  - Over the next 3 years we hope to work together to:
    - Develop systems for the routine collection, analysis, and integration of PRO data into cancer care systems
    - Work together to utilize the data to select and implement QI initiatives

Questions & Discussion

Jill Taylor-Brown
Jill.TaylorBrown@cancercare.mb.ca

Shannon Groff
Shannon.Groff@albertahealthservices.ca

Deb Bulych
Deb.Bulych@saskcancer.ca