

Centre hospitalier universitaire Vaudois

Implementation of systematic
distress screening for cancer
patients at key points in their
outpatient oncology care at the
Lausanne University Hospital
(CHUV)

Célia Darnac

Congrès SCHP 01.09.2022

Unil
UNIL | Université de Lausanne



CONFLICTS OF INTEREST - DISCLOSURE

Nothing to declare



Background



Project development



Results



Discussion & Conclusion



Background

CHUV, Oncology Department,
outpatient unit

« Distress is a **multifactorial** unpleasant experience of a **psychological** (ie, cognitive, behavioral, emotional), **social**, **spiritual**, and/or **physical** nature that may interfere with one's ability to cope effectively with cancer, its physical symptoms, and its treatment. »
(NCCN, 2022)

In 2019, no systematic screening for distress procedure

Systematic Distress Screening for
Oncology Patients: **Quality Standard**
(Bultz & Carlson, 2006; Mitchell & all., 2011)

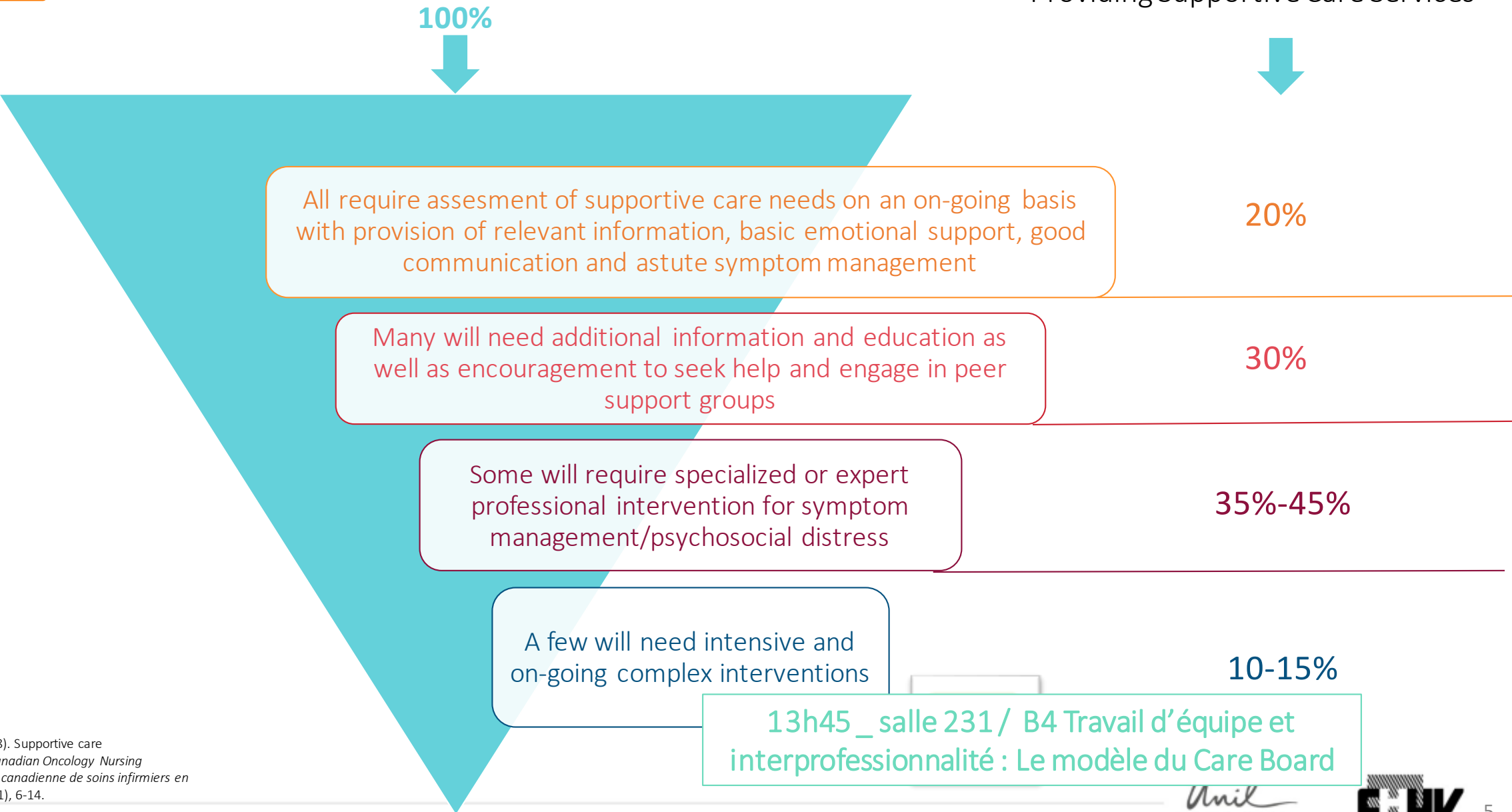
45% of all patients express
significant distress
(Bultz & Carlson, 2006)

Not considering distress: impact on patient's
quality of life, increased morbidity and health
care costs
(Howell, Hack, Green, & Fitch, 2014).



Cancer Patients Entering the Cancer System

Providing Supportive Care Services





Background



15 min



Self report
(feasibility)



Given by nurses
during treatment



Cut off : 4/10

NCCN distress management
Guidelines. 2022

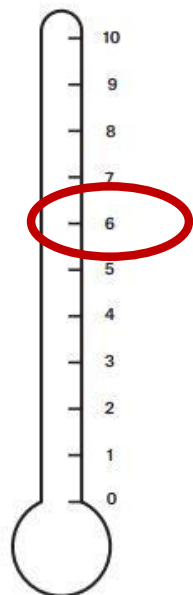
Département d'oncologie

Mes difficultés: faisons le point

Comment évaluez-vous votre niveau de difficulté durant la dernière semaine incluant aujourd'hui?

(SVP encerclez un chiffre sur le thermomètre ci-dessous)

Difficulté extrême



Aucune difficulté

Vos préoccupations

SVP, cochez tous les éléments qui ont été une source de préoccupation ou un problème pour vous durant la dernière semaine incluant aujourd'hui.

Oui Non Problèmes familiaux

- ☒ En relation avec les enfants
- ☐ En relation avec partenaire
- ☒ Capacité d'avoir des enfants
- ☐ Santé de la famille

Oui Non Préoccupations spirituelles ou religieuses

☐

Oui Non Problèmes émotionnels

- ☒ Déprime
- ☒ Peur
- ☐ Nervosité
- ☒ Tristesse
- ☐ Inquiétude
- ☒ Perte d'intérêt dans les activités courantes

Oui Non

Problèmes physiques

- ☐ Apparence
- ☐ Se laver, S'habiller
- ☐ Respiration
- ☐ Changement dans l'élimination urinaire
- ☐ Constipation
- ☒ Diarrhée
- ☐ Alimentation
- ☒ Fatigue
- ☐ Se sentir gonflé
- ☐ Fièvre
- ☐ Se mobiliser
- ☒ Digestion
- ☐ Mémoire, Concentration
- ☐ Irritations buccales
- ☒ Nausée
- ☐ Nez sec, Nez congestionné
- ☐ Douleurs
- ☒ Sexuel
- ☒ Problèmes de peau
- ☒ Sommeil
- ☐ Abus de substances (alcool, drogues)
- ☐ Fourmillements pieds, mains

Oui Non

Problèmes pratiques

- ☒ Garde des enfants
- ☐ Ménage, Habitat
- ☐ Assurances, Finances
- ☐ Transports
- ☐ Travail, École
- ☐ Décision concernant le traitement

Autres problèmes:



Background

Project Aim: Screen all cancer patients for distress at key points in the outpatient oncology care pathway using the Distress Thermometer by June 2020

Identify key points in the care pathway at which distress should be screened

Training 100% of staff in the use of the distress thermometer.

To define a distress management procedure based on current evidence

Develop a toolkit of resources available to respond to distress screening

Document distress in a structured way in the patient's electronic record



Project development

Tools used



Monthly meeting of the project team

Gant



Plan de communication - Thermomètre de difficultés

Groupe concerné	Contenu	Présence	Date	Heure
Groupe projet	Décision topics pour boîte à outil	Celia/ Caroline	20.janv	9h-10h
Cadre inf - colloque de dép	Soumission de proposition de petit groupe de travail pour boîte à outil		22.janv	
Cadres DO - Colloque clinique	Résultats d'audit	Stef/ Celia/ Caroline	19.mars	14h00
Equipe CCO	Note soalan et groupes pour boîte à outil	Stef	28.janv	16h30
Pilotes du projet	Avancées du projet	Stef/ Celia/ Caroline	24.fevr	9h-10h
Groupe projet	Avancées du projet et accompagnement des équipes	Stef/ Celia/ Caroline	02.mars	11h00
Direction DO	Présentation avancées du projet et stratégies	Stef/ Celia/ Caroline	06.mars	14h00
Equipe CCO	Atelier de pratique/Mgnettes	Stef/ Celia/ Caroline	dés mars	A définir par GT
Cefor	Formation - Tutoriel	Stef/ Celia/ Caroline	avr.20	
Pilotes du projet	Audit final	Stef/ Celia/ Caroline	fin juin 2020	
Equipe CCO	Restitution audit final	Stef/ Celia/ Caroline	sept.20	
Equipe CCO	Suivi du projet selon indic	GT	juin.21	

Communication plan



Initial practice audit and follow-up



JBI PACES



Bureau d'Echange
des Savoirs pour des
pratiques exemplaires
de soins (BEST)

A JBI Centre of Excellence

GRiP (Getting Research into Practice)
du PACES : Identification of barriers and
strategies

Analysis of post baseline
audit results:

Ishikawa / Briefing / focus group





1

There is **an organizational policy** regarding the distress management in cancer patient.

2

All staff involved in the distress management in cancer patients received **education** about distress management for cancer-related distress.

3

All cancer patients are **screened** using **standardized**, reliable and **validated screening tools** to determine the presence and level of psychological distress.

4

All cancer patients received **appropriate individualized distress management** according to their conditions and their preferences, and or the preferences of the family members or informal caregivers, with regards to the distress management (types of interventions, care settings, mode of delivery and intervention providers).

5

A **stepped care approach** (least intensive intervention first) is used for all patients.

6

Regular **re-assessment** and review of the patient's distress and distress management is used for all patients.



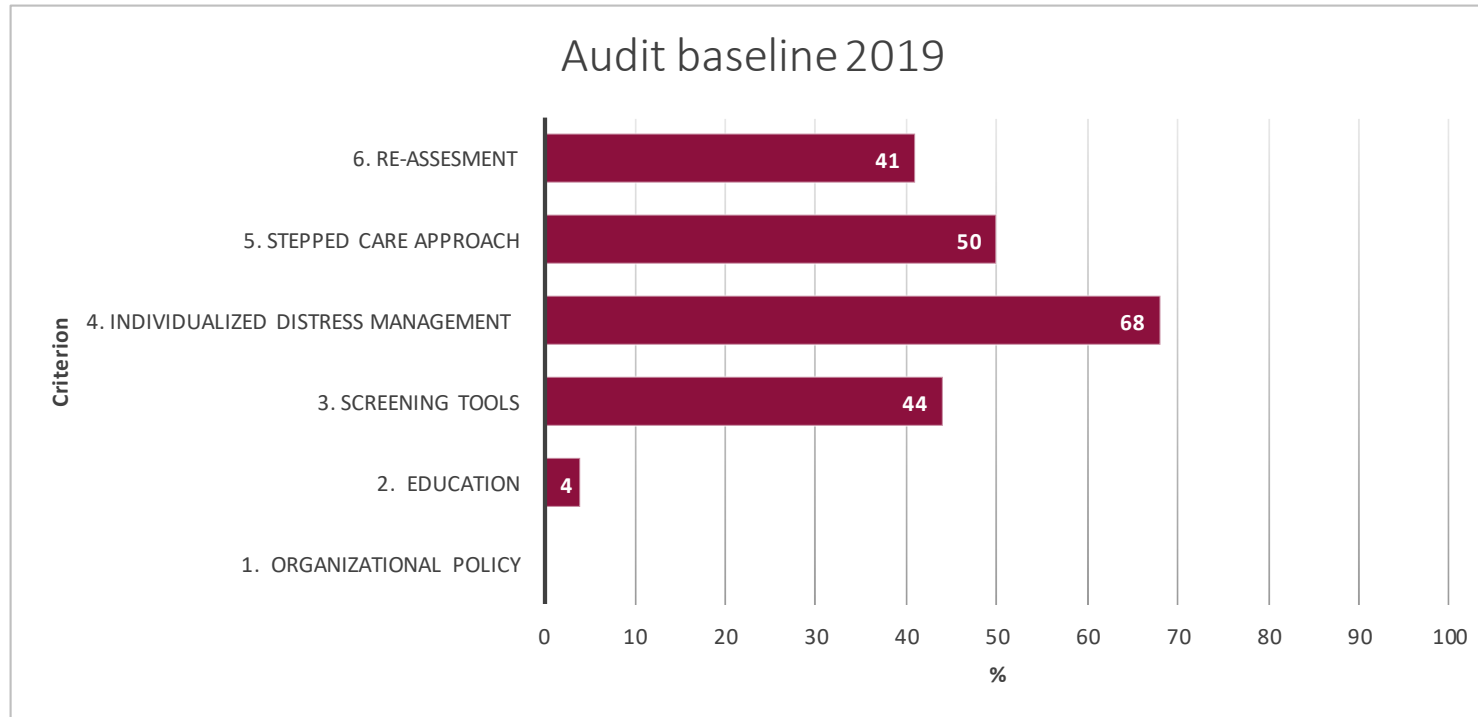
Audit of the electronic patient record:
Review of 110 care records of patients who came for initial treatment

Nurse note present (YES/NO)

Assessment of distress by thermometer completed (YES/ NO)

Record of highlighted distress (YES / NO)

Follow-up of the distress (YES/ NO)



1: There is **no standardized screening for distress policy**

2: 4% of the nurses on the team are **trained**

3: 44% of patients have their **distress/difficulties** referenced

From the 44% of patients:

4: 68% of patients received **advice/support** on their difficulties

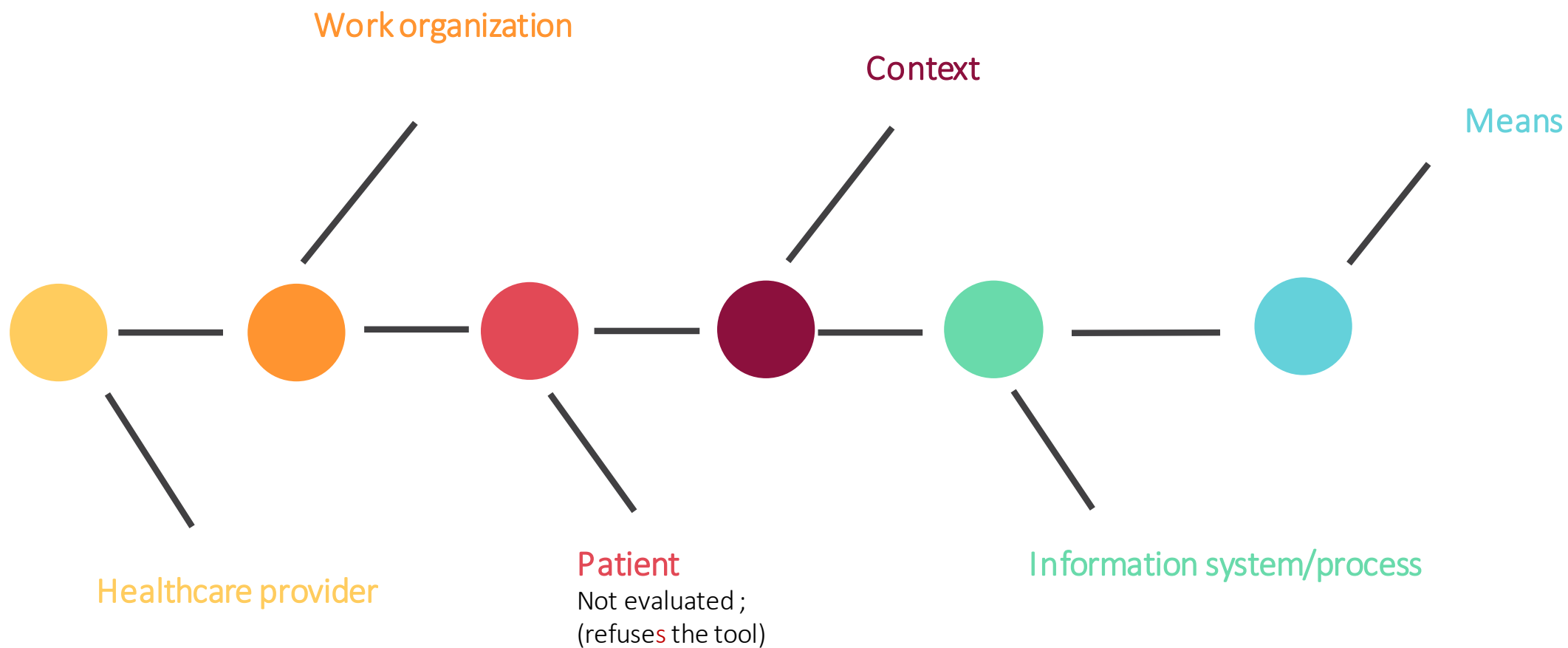
5: A **step-by-step approach** is used in 50% of the cases

6: **Follow-up** and re-assessment were referenced in 41% of cases



Results

Barriers to Distress Screening Identified





Results

Barriers

Strategies



Healthcare provider

Lack of knowledge of the tool.
Care team burnout: not emotionally
available to listen to patients'
difficulties

Training
Clinical case studies
Tutorial
Self-efficacy



Work organization

Lack of resources for
local teams

Involvement of managers
Identify "TD Champions"
Support from sponsors
"TD minute"



Context

Delay, Interruption
due to the COVID-19
epidemic

Prioritization of projects
Involvement of the piloting team



Information system/process

Lack of knowledge of the use and functionalities of the electronic file.

Apprehension/fearance to propose/use the tool due to lack of resources/knowledge in dealing with the identified needs

Means

Traceability of the screening in the computerized patient record

Specific forms in the patient's electronic record

Standardized writing of the note

Sub-working group in charge of the electronic patient record.

Toolbox listing action strategies for each need

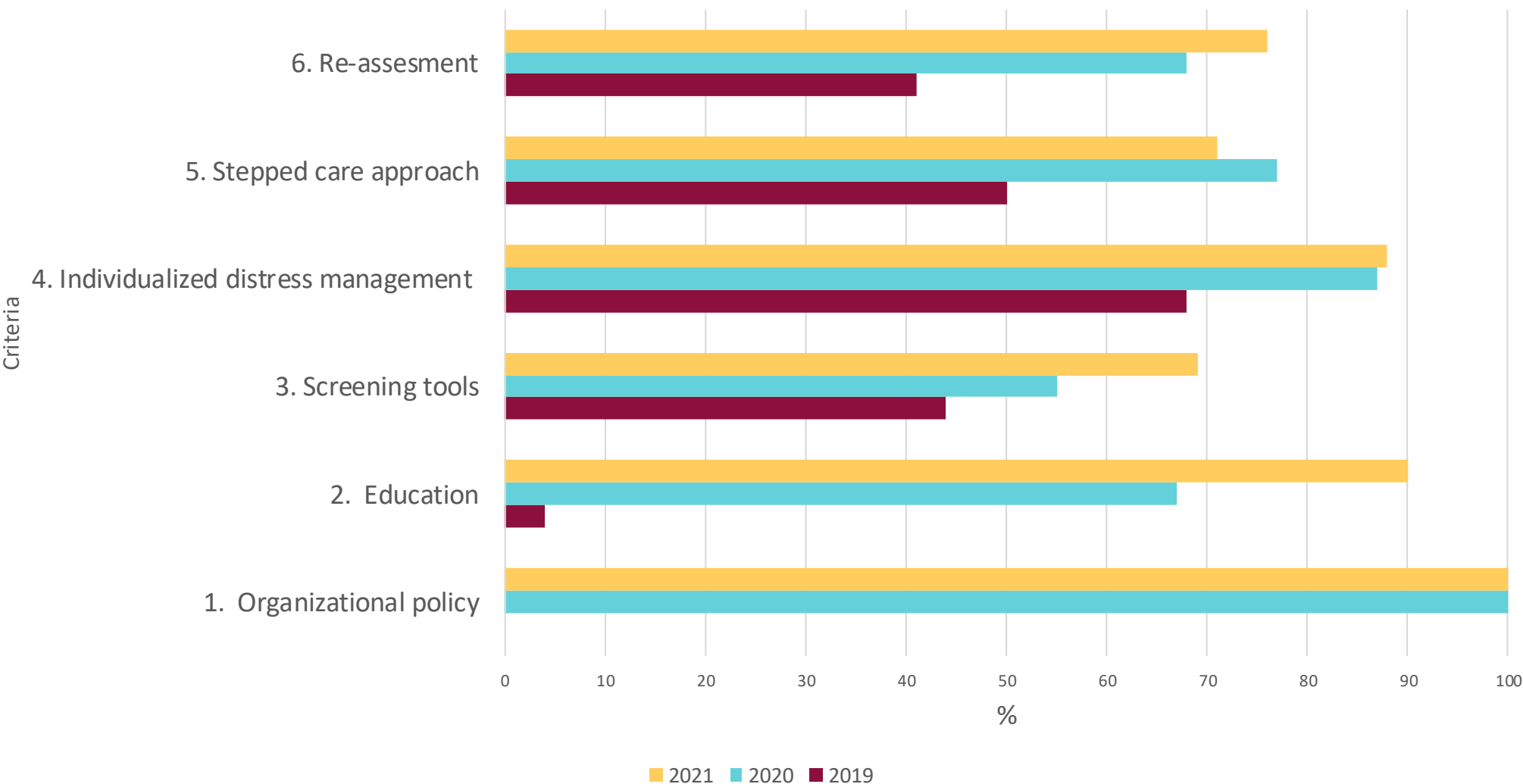
The care team is involved in the creation of the toolbox

Newsletter to inform about the updates of the toolbox



Results

Audit 2019-2020-2021



90% NURSES
TRAINED



1 TUTORIAL
SUPPORT



12 HALF DAY OF
CONDUCTED
TRAINING

40% TERMINÉ

Introduction

Théorie

Pratique

Vignettes cliniques

Conclusion

Leçon 1 sur 5

Introduction

FM Florence Minchin-Hupka

Bien que le cancer soit devenu une maladie chronique grâce au progrès de dépistage et de traitement, ce dernier est toujours associé à la mort, la douleur et la souffrance (Bultz & Carlson, 2006; Powe & Finnie, 2003).

La pyramide des besoins en soins de support

Ce modèle illustre la nécessité du dépistage pour tous les patients.

Un certain nombre de patient auront besoin d'informations, d'un soutien minimal (20%)

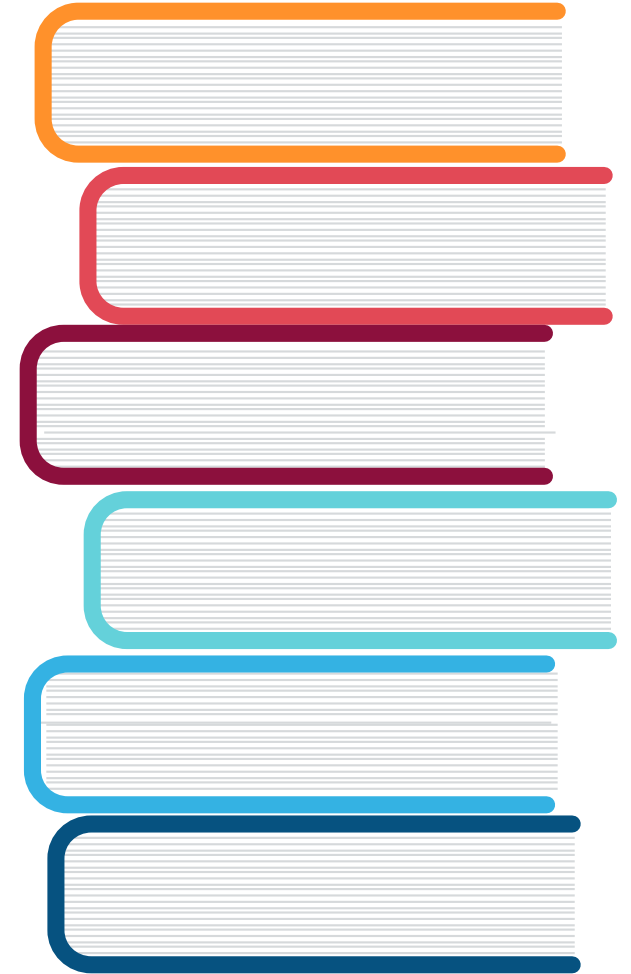
Un bon nombre de patients auront besoin d'informations supplémentaires, d'une aide

QUITTER LE MODUL



Strategies that worked and did not work

- 3 years after implementation, significant improvement
- Systematic use of the tool
- The toolbox is a key element in enhancing feelings of self-efficacy (Pirl and al., 2014)
- Added value of the tool: at the beginning, from fear to support. Personal factors barriers (Fischer and al., 2016)
- Toolbox: support in the use of the TD (Fischer and al., 2016)
- Lack of emotional readiness of healthcare providers (Giusti and al., 2020)





Conclusion



Sustainability with
annual audit



Team involvement,
best current staffing



Toolbox to be
consolidated and
disseminated to the
entire hospital



Articulation with other institutional
and departmental projects (CEMIC,
Care Board, patient self-management
support program)

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Thank you


UNIL | Université de Lausanne
Institut universitaire de formation
et de recherche en soins FBM

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universitaire vaudois
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Fondation Recherche Cancer