Utilization of a Distress Screening Tool in an Inpatient Hematopoietic Stem Cell Transplant Unit

Ivana Espinosa, MSN, APRN1,3, Christina Pozo-Kaderman, Ph.D.1,2, Maria Rueda-Lara, M.D.1,2, Elise James, LCSW, OSW-C1,4, Maritza Alencar, DNP, MBA, APRN-BC, BMTCN1,3, Jessica MacIntyre, MSN, APRN, NP-C, AOCNP1,3, Lisa Merheb, LCSW1,4, Abby-Gail Solomon, MSW1,4, Michelle Rodriguez Diaz, Ph.D1,2, Sophie Torrents, B.A.1,2

Affiliation: 1 University of Miami, Sylvester Comprehensive Cancer Center (SCCC), 2 Department of Psychiatry, 3 Department of Medicine, 4 Department of Social Work

Background/Project Intent

Hematopoietic Stem Cell Transplants (HSCT) are potentially curative or can extend long-term remission of hematological malignancies. These procedures have a high risk of morbidity and mortality, thus posing a threat to patients’ mental and emotional well-being. Psychological factors, such as distress, have been found to impact treatment outcomes and survival rates for transplant patients (Foster, 2009; Holland, 2011). Accordingly, we developed a quality improvement project to evaluate the current distress screening process at our HSCT inpatient unit.

Methods

At Sylvester Comprehensive Cancer Center, current Psychological Distress Screening Guidelines (PDSG) require social workers to administer a distress screening form within 72 hours of a new patient admission. Social workers conduct clinical interviews and review the distress screening tool (DST) with the patients (see appendix A). The patients who exhibit high levels of distress are provided with psychosocial consultation. The initial data consisted of gathering the completed DST during the month of January 2019. It demonstrated a lack of consistency in utilizing the DST. An educational session was provided to the inpatient social workers, which reviewed the current PDSG and documentation process. Post-intervention data was collected for a month to assess compliance.

Results

Twenty-four patients were admitted to the Inpatient HSCT unit in January 2019. Data analyses revealed a 67% (N=16) completion rate of the distress screening tool. Post-educational intervention data showed 100% (N=18) completion rate, a 33% increase (Figure 1). Post-intervention data also demonstrated that 38% of patients reported high levels of Distress versus 0.8% of patients admitted in January 2019.

Conclusions

Implementation of PDSG and standardization of documentation of DST is instrumental in the identification of patients with high levels of distress. Detecting high levels of distress early during hospitalization facilitates prompt intervention by healthcare providers, which can enhance patient outcomes.

References


For additional information contact: Ivana Espinosa APRN
Sylvester Comprehensive Cancer Center
(305) 243-4129 ICE13@med.miami.edu

Appendix A

Distress Screening Tool (NCCN, 2018)

Recommendations

Future recommendations include transitioning to an electronic format of the DST within the electronic medical record. Monthly audits can monitor compliance and reveal factors that may be affecting clinical performance. Developing a systematic follow-up or re-evaluation of distress during admission can identify barriers that may interfere with treatment plan or outcomes.

Figure 1.