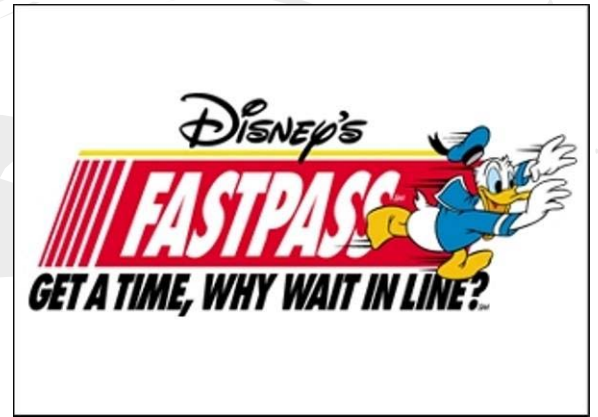


90-Day Pilot Program: A Nurse Navigator's Assessment of Psychosocial Distress in Gynecologic Cancer Patients

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Center for Gynecologic Oncology and Advanced Pelvic Surgery
Washington, DC





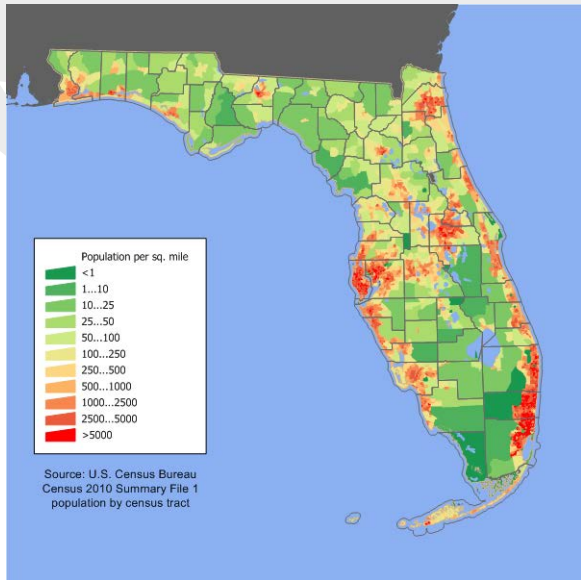






PHOTO: BRYAN ALLEN/CORBIS











NURSE NAVIGATORS wear MANY HATS



**SIBLEY MEMORIAL
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Sibley Center for Gynecologic Oncology & Advanced Pelvic Surgery



Jeffrey Y. Lin, MD
*Director, GYN Oncology
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**Mildred Chernofsky,
MD**
Gynecologic Oncologist



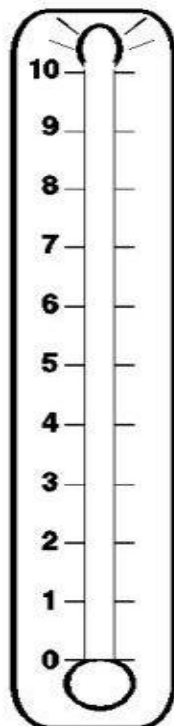
Antoinette Solnik, RN, BSN
Cancer Nurse Navigator



SCREENING TOOLS FOR MEASURING DISTRESS

Instructions: First please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including today.

Extreme distress



No distress

Second, please indicate if any of the following has been a problem for you in the past week including today. Be sure to check YES or NO for each.

YES NO Practical Problems

- Child care
- Housing
- Insurance/financial
- Transportation
- Work/school
- Treatment decisions

Family Problems

- Dealing with children
- Dealing with partner
- Ability to have children
- Family health issues

Emotional Problems

- Depression
- Fears
- Nervousness
- Sadness
- Worry
- Loss of interest in usual activities

- Spiritual/religious concerns**

Other Problems: _____

YES NO Physical Problems

- Appearance
- Bathing/dressing
- Breathing
- Changes in urination
- Constipation
- Diarrhea
- Eating
- Fatigue
- Feeling Swollen
- Fevers
- Getting around
- Indigestion
- Memory/concentration
- Mouth sores
- Nausea
- Nose dry/congested
- Pain
- Sexual
- Skin dry/itchy
- Sleep
- Tingling in hands/feet

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Introduction

In 2012, the Commission on Cancer (CoC) developed Standard 3.2, which calls for screening patients with cancer for psychological distress and is now being phased into practices nationwide by 2015. This standard requires accredited hospitals to define a process by which practitioners monitor on-site distress screening and make referrals to services as needed for patients with cancer.¹ To prepare to meet the new CoC standard, a gyn onc nurse navigator began implementing a 90-day pilot to assess sources and levels of stress in women facing gynecologic cancers. Because issues related to depression, insurance, financial matters, social and family relationships, and spirituality are often seen as a cause of psychosocial distress in patients facing a cancer diagnosis, screening these newly diagnosed patients with cancer helped the nurse navigator identify issues that had the potential to negatively impact their treatment and outcome.

Objectives

The purpose of this 90-day pilot was to fine-tune a process to address gynecologic patients who reported significant distress early in the treatment trajectory in order to treat them proactively and hopefully avoid future psychosocial problems. The other objective was to better determine the capacity with current staffing to respond and follow up with patients who met or exceeded a threshold for significant distress. The information obtained in the screening was reviewed and triaged by the nurse navigator, who then either acted upon the expressed concern or referred the patient to the appropriate specialist.

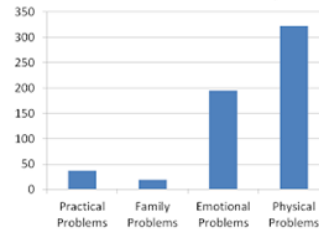
Materials and Methods

During the duration of the pilot, all newly diagnosed patients scheduled with their gyn oncologist were screened. The nurse navigator provided eligible patients with a letter explaining the pilot's objective and instructions for completing a distress screening form, "The Distress Thermometer," prior to seeing the physician. The National Comprehensive Cancer Network (NCCN) Distress Thermometer was chosen because of its proven reliability, ease of use, and review of both practical and psychosocial issues.² Two additional questions were added at the end of the distress screening tool to determine if the patient was already getting help for these problems and/or if she wanted Sibley staff to follow up to provide additional support. If a patient indicated a 6 or greater (of a potential high of 10) on the thermometer, the nurse navigator called her within 1 week to more clearly determine which staff could appropriately address each area of concern. The nurse navigator then made referrals to the oncology social worker, a physical therapist, lymphedema therapist, the palliative care nurse practitioner, oncology dietitian or the hospital chaplain. For issues pertaining to medical care, the nurse navigator would address them directly.

Results

- Physical and emotional problems ranked highest among patients above child care, housing, insurance/financial, transportation, work/school and family.
- Patient's scoring 6 or > were called by the nurse navigator within one week of completing the form.
- Physical problems were handled by the nurse navigator or referred to lymphedema therapy, physical therapy, palliative care, oncology dietitian or hospital chaplain.

Tracking Gyn Cancer Patient Problems: Number of Physical and Emotional Problems > Practical and Family Problems



Top Emotional Gynecologic Cancer Patient Problems: Fear, Nervousness and Worry



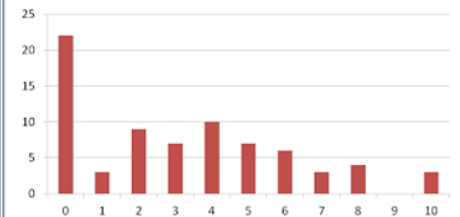
- Top emotional problems included **fear, nervousness and worry**.
- Emotional problems were due to the uncertainty of diagnosis, worry over cost of care and how individual family members would be affected.
- Referral to Sibley's oncology social worker was an effective next step with some patients.

Top Physical Gynecologic Cancer Patient Problems: Fatigue, Pain, Sleep



- Primary physical problems include **fatigue, pain and sleep**.
- The distress scale opened the door for dialogue between nurse navigator and patient to better communicate both immediate and outer lying issues. Referrals to Sibley's Integrative services and programs such as yoga, meditation, nutrition, acupuncture, support groups and palliative care were made.

Number of Surveyed Gynecologic Cancer Patients Indicating a Distress Score Between 0-10



- 100 women were surveyed during the 90-day pilot.
- 25% of women indicated a distress score of 0 (with 0 being no stress and 10 being the greatest amount of stress); the nurse navigator learned this might be due to the population at Sibley Hospital with less barriers to care.
- More than 50% of women indicated a distress score of greater than 6 were referred to a specialist.

Conclusions

Distress screening is extremely useful to the nurse navigator and has become crucial in identifying patient needs at a challenging time of early diagnosis and pretreatment. Appropriate screening and triage can likely result in treatment of those patients who are most in need of care and may not have accessed it otherwise. The modified NCCN Distress Tool offers an efficient way to identify which newly diagnosed patients may require and be receptive to additional support from the oncology team.

Next Steps

Next steps include evaluating whether current staffing has the capacity to respond to patients with a screen of 4 or more. Staff will also compare the gynecologic patients' needs to a parallel pilot being conducted at Sibley with newly diagnosed patients with breast cancer. The data obtained will allow staff to better meet individual patient needs, as well as to develop supportive programming and education that may serve the broader population of cancer patients. Other pilot projects may include screening individual patients at various transition points in their cancer care.

References

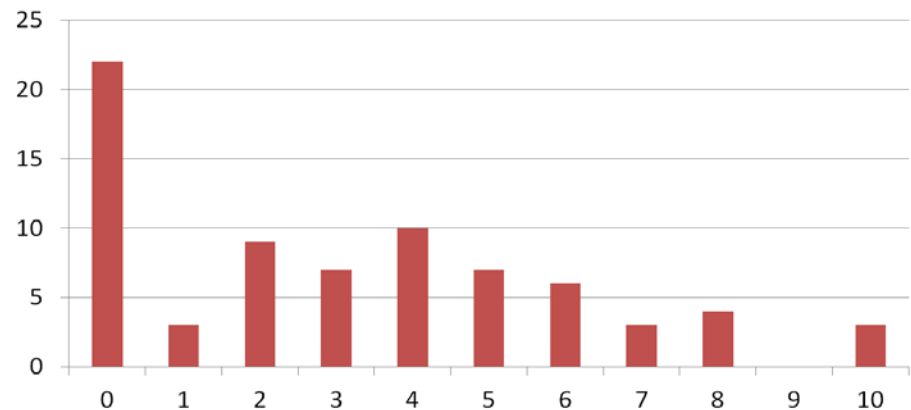
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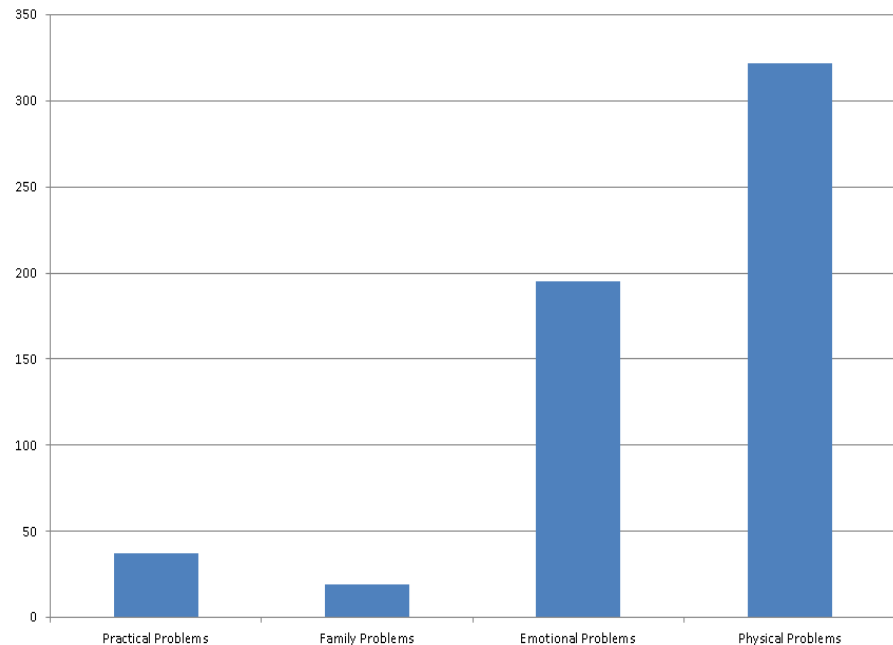
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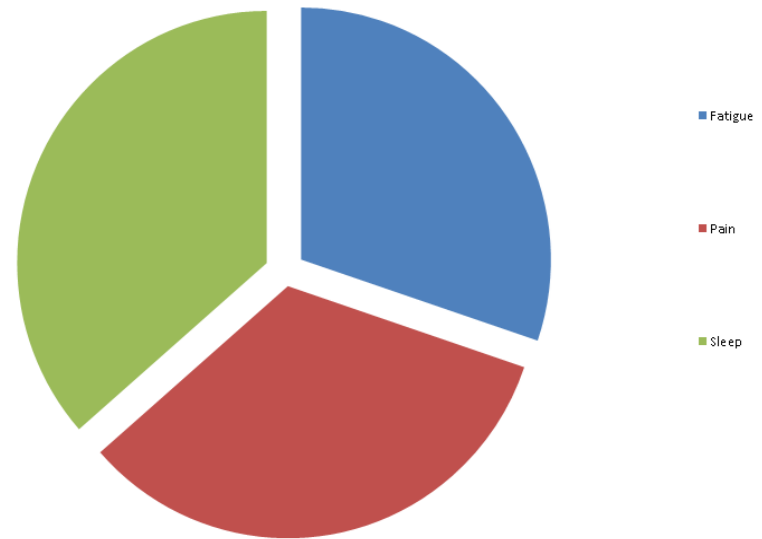
Tracking Gynecologic Cancer Patient Problems: Physical and Emotional Problems Out-weigh Practical and Family



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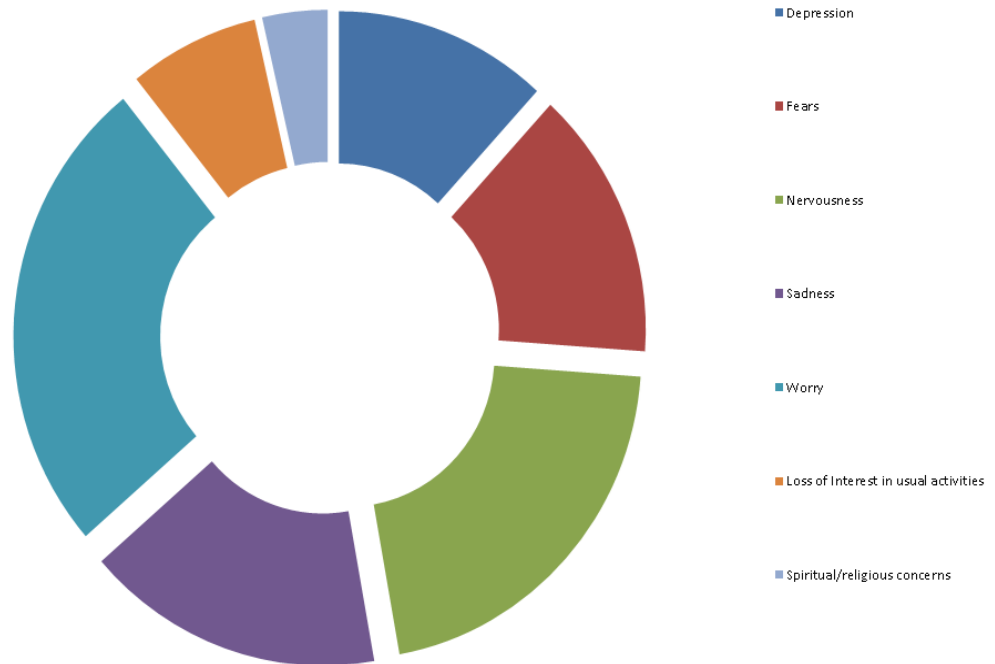
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Top Emotional Gynecologic Cancer Patient Problems:
Fear, Nervousness and Worry



Lessens Learned:

- **Timing is key to the administration of the screening tool.**
- **The medical oncology pivotal visit provides the best barometer for a gynecologic patients distress.**

Next Steps:

- Evaluation of staffing and capacity to effectively respond.
- A followup study comparing distress in gynecologic patients with distress in those with breast cancer.
- An additional pilot to include screening individual patients at various transitions points in their cancer care.



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