



Redefining Care

Title: Psychosocial Distress Screening Policy		Aspect of Care/Service: Continuum of Cancer Care
Submitted by: Senior Oncology Nurse Navigator	Administrative Approval: Vice President of Professional Services	Effective Date: 1/14 Next Review: 1/17
Committee Review: Clinical Practice (preliminary review 1/9/14) Cancer Committee (Reviewed 2/26/14)		Page: 1 of 2

I. Purpose: To provide screening of distress as a standard of care for patients affected by cancer and provide those identified patients with distress resources and/or referral for psychosocial needs.

II. Policy: Distress screening will be performed by any RN at the following specified time frames and departments:

- **Breast Health Center:** At time of treatment planning appointment for patients diagnosed with breast cancer
- **Outpatient Infusion:** On first day of treatment and last day of active treatment
- **Radiation Oncology:** At nursing consult and end of treatment
- **Princeton Medicine:** At consultation where appropriate; week 5 or 6 for patients on active treatment; at end of treatment where appropriate
- **UMCPP Inpatient Units:** Within 24 hours of admission for patients actively being treated for a cancer diagnosis; within 24 hours, as an unscheduled procedure when patient is newly diagnosed with cancer and is ordered a consult with a medical oncologist.

III. Definitions: The National Comprehensive Cancer Network (NCCN) defines distress as a multifactorial unpleasant emotional experience of a psychological, social, and/or spiritual nature that may interfere with the ability to cope with cancer, its physical symptoms, and its treatment. Distress extends along a continuum, ranging from common normal feelings of vulnerability, sadness, and fears, to problems that are disabling, such as depression, anxiety, panic, social isolation, and existential and spiritual crisis.

IV. Patient and Family Education: Patient and family are instructed on the intent of distress screening.

V. Documentation Required: Results of the Distress Screening Tool and associated referrals are documented in the patient chart as designated by the department administering the tool.

VI. References: American College of Surgeons Commission on Cancer: Ensuring Patient Centered Care 2012 standard 3.2; National Comprehensive Cancer Network. Oncology (Huntingt) 13 (5A): 113-47, 1999. [[PUBMED Abstract](#)]

Addendums to this Policy:

Addendum A: Distress Screening Tool

Addendum B: Inpatient Procedure

Addendum C: Outpatient Procedure

Addendum A

Distress Screening Tool

Distress... "an unpleasant experience of an emotional, psychological, social, or spiritual nature that interferes with the ability to cope with cancer treatment. It extends along a continuum, from common normal feelings of vulnerability, sadness, and fears, to problems that are disabling, such as true depression, anxiety, panic, and feeling isolated or in spiritual crisis." (NCCN practice guidelines for the management of psychosocial desires. National Comprehensive Cancer Network. Oncology (Huntingt) 13 (5A): 113-47, 1999. [PUBMED Abstract])

The staff of the Matthews Center for Cancer Care recognizes that cancer care is more than just receiving treatments. Peace of mind and a sense of well-being are essential for you to achieve long-term success. Please tell us how you are doing today by completing this screening tool.

Check this box if there are no changes since the last time you completed this survey.

STEP 1. Please circle the number for each symptom that best describes how you feel now (0 = No complaints; 5 = Severe complaints).

No weight loss	0	1	2	3	4	5	Significant weight loss
No sadness	0	1	2	3	4	5	Significant sadness
No anxiety	0	1	2	3	4	5	Severe anxiety
No concerns about your children/family	0	1	2	3	4	5	Significant concerns about your children/family
No concerns about significant your other	0	1	2	3	4	5	Severe concerns about your significant other
No financial concerns	0	1	2	3	4	5	Severe financial concerns
Other problems	0	1	2	3	4	5	Tell us: _____

STEP 2. If you want to be contacted by one of our professionals, please check the box next to the professional and he or she will contact you.

- Cancer Dietitian UMCCP Chaplain Nurse Navigator
- Financial Services
- Check this box if you *do not* want to be contacted by a support service staff member.

Your name: (please print) _____ Date: _____

Best contact method (phone or email address): _____

Name of your treating physician: _____

Addendum B

Inpatient Procedure: All Units

1. RN explains purpose of Distress Tool to the patient/family.
2. RN interviews patients undergoing active treatment for a cancer diagnosis, and completes Distress Tool in QCPR.
3. Appropriate consults are requested by RN for scores of 4-5:
 - Significant weight loss referral to registered dietitian
 - Significant sadness or anxiety referral to UMCPD social worker or UMCPD chaplain
 - Significant or severe concerns about children/family or significant other referral to UMCPD social worker or UMCPD chaplain
 - Suicidal thoughts follow UMCPD policy
 - Severe financial concerns referral to oncology nurse navigator.

Addendum C: Outpatient Infusion Room, Radiation Oncology, Breast Health Center, PM

1. RN explains purpose of Distress Tool to the patient/family.
2. RN administers tool at timeframe specified.
3. Patient completes tool.
4. RN reviews Distress Tool results.
5. Appropriate consults are requested by RN for scores of 4-5:
 - Significant weight loss referral to registered dietitian
 - Significant sadness or anxiety referral to social worker or chaplain
 - Significant or severe concerns about children/family or significant other referral to CancerCare[®] social worker or UMCPD chaplain
 - Significant sadness or anxiety related to practical problems, concrete needs (ie. transportation, housing, illness related problems, employment, school, career) referral to nurse navigator
 - Suicidal thoughts or plan follow UMCPD policy
 - Severe financial concerns relating to hospital related payment/insurance referral to financial services
 - Severe financial concerns, other, referral to nurse navigator
6. RN documents referrals or intervention on the back of the distress tool and incorporates results of the tool into appropriate record according to department procedure.

A copy is placed in designated collection container