



# HAROLD C. SIMMONS CANCER CENTER FLOWCHARTS

## Distress Screening Process

- 3,600 new patients per year
- Infusion: 65 patients per day

2015 to Present



### Step 1

Distress screening initiated in 2011.  
7 social workers (4 OP, 3 IP),  
1 psychologist, 2 dietitians,  
3 music therapists.



**DEFINING PIVOTAL POINTS:**  
Distress screening is done at every office visit by nurses in Medical Oncology and Surgical Oncology in the clinic room or by nurses in the chemotherapy infusion center.

### Step 2

During assessment, nurses verbally ask patients the distress screening questions and enter responses in the EHR. Patients are asked about nutritional changes and then to make three verbal ratings (depression, anxiety, and spouse or family concern) on a 0-10 rating scale. Patients are also asked whether they want to be contacted by the oncology dietitian, cancer psychologist, cancer social worker, or a medical center chaplain.

### Step 3

An indication of nutritional changes and/or a score of 8 or above on any of the 3 rating scales is considered a positive screen, which creates an automatic referral within the EHR to the appropriate supportive care team member.

### Step 4

Dietary issues alerts to the dietitian, anxiety or depression alerts to the psychologist, and spouse or family concerns alerts to social work.

### Step 6

Staff responds to distress screening form by contacting patient by phone and in person within 24-48 hours. When a provider follows up to an alert, a note is entered into the EHR.

### Step 5

Patient requests for specific services are sent to the appropriate staff member(s).



### Step 8

Staff documents patient contact in the EHR.



### Step 7

If patient is seen beyond the 48-hour threshold, staff notes in EHR that distress screening follow-up will occur in person on the following appointment date.

2011 to 2014



### Step 1

Distress screening initiated in 2011.  
Team includes 7 social workers (4 OP, 3 IP), 1 psychologist,  
2 dietitians, 3 music therapists.



**DEFINING PIVOTAL POINTS:**  
Distress screening is done at every office visit by nurses in Medical Oncology and Surgical Oncology in the clinic room or by nurses in the chemotherapy infusion center.

### Step 2

Front desk staff gives paper distress screening form to all patients. Patients complete the form in the waiting area and return it to front desk staff.

### Step 3

Patients are first asked about nutritional changes and then asked to make three verbal ratings (depression, anxiety, and spouse or family concern) on a 0-10 rating scale. Patients are also asked whether they want to be contacted by the oncology dietitian, cancer psychologist, cancer social worker, or a medical center chaplain.

### Step 4

Social workers collect distress screening forms from front desk staff. If distress screening forms are found at other locations in the clinic, team members will return them to front desk staff and/or the social worker.

### Step 8

Staff responds to distress screening form by contacting patient by phone and in person within 24-48 hours. When a provider follows up to an alert, a note is entered into the EHR.

### Step 7

Social worker does an additional screening of distress screening forms where patients have requested contact with billing.

### Step 6

Social worker distributes distress screening forms where patients request supportive care services to the appropriate team member(s).

### Step 5

An indication of nutritional changes and/or a score of 8 or above on any of the 3 rating scales is considered a positive screen. Social worker distributes positive screens; dietary issues go to the dietitian, anxiety or depression goes to the psychologist, and spouse or family concerns go to social work.

### Step 10

Staff documents patient contact in the EHR.



### Step 9

If patient is seen beyond the 48-hour threshold, staff notes in EHR that distress screening follow-up will occur in person on the following appointment date.