Step 1 Distress screening initiated in 2009. 1 social worker, between 2 to 4 social work interns, 4 nurse navigators, and a genetic counselor available on site.

DEFINING PIVOTAL POINTS:  
Patients screened at first medical oncology visit and again at the end of medical oncology treatment; patients screened at first radiation oncology visit and again at the end of radiation oncology treatment.

Step 2 The medical oncology scheduler looks at the weekly patient appointments and identifies the patients that should be screened.

Step 3 Front desk staff ask patients to complete a paper-and-pencil version of the NCCN Distress Thermometer and Problem List.

Step 4 The paper form is then scanned into the electronic health record (EHR).

Step 5 The patient gets a copy to take into his or her initial consultation with the oncologist; physician reviews the distress screening score during the patient visit.

Step 6 A copy goes to the cancer center social worker. A positive screen is considered to be a score of 5 or greater on the Distress Thermometer.

Step 7 The oncologist enters the distress screening score into the EHR.

Step 8a Patient agrees to contact by Cancer Support Services.

Step 8b Patient declines contact by Cancer Support Services.

Step 8c Patient declines to complete the form.

Step 9a Physician and social worker review the screens independently. For patients that have a positive screen (score > 5), physician makes a referral, which generates an alert for the referral target. The social worker then calls or meets with the patient for assessment of need. The time frame for follow-up depends on the score—higher scores receive faster responses—but follow-up occurs within 24 to 48 hours of receiving the screening result.

Step 10a Social worker follows up with physician referrals on the EHR.

Step 10b In Radiation Oncology, the social worker enters score into the EHR.