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 5
Patient requests for specific services are sent to the appropriate staff member(s).

Step 6
Social worker distributes distress screening forms where patients request supportive care services to the appropriate team member(s).

Step 7
Social worker does an additional screening of distress screening forms where patients have requested contact with billing.

Step 8
Social worker distributes 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 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.

Step 10
Staff documents patient contact in the EHR.

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

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 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 go to the psychologist, and spouse or family concerns go to social work.

Step 6
Social worker distributes distress screening forms where patients request supportive care services to the appropriate team member(s).

Step 7
Social worker does an additional screening of distress screening forms where patients have requested contact with billing.

Step 8
Social worker distributes 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 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.

Step 10
Staff documents patient contact in the EHR.

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.