



SUPPORTIVE CARE SCREENING

Identifying needs for patients in the Chemotherapy Day Unit at Monash Medical Centre – Moorabbin (Southern Health)

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SMICS Supportive Care Advisory Group and Governance Committee

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Executive Summary

Cancer remains as Australia's leading broad cause of disease burden.¹ By the age of 75 years, 1 in 3 Australian males and 1 in 4 Australian females will have been diagnosed with cancer at some stage in their life. In Victoria, more than 24,000 individuals develop cancer every year.²

An expanding evidence base suggests more and more, the value of supportive care approaches in improving cancer experiences and outcomes.^{3,4,5}

What is supportive care?

Supportive care has been defined as care that 'helps the patient and their family to cope with cancer and treatment of it it helps the patient to maximise the benefit of treatment and to live as well as possible with the effects of the disease'.⁷

Supportive care incorporates five domains:

- Physical
- Social
- Psychological
- Spiritual
- Information

Developing the project

SMICS identified seven inter-related supportive care priorities for southern Melbourne's cancer services. Screening for supportive care needs was one of these. This was a key priority in consultation with staff at Monash Medical Centre (MMC) – Moorabbin.

The primary purpose of the project was to pilot an agreed supportive care screening tool to identify the needs of all new patients attending the Chemotherapy Day Unit (CDU) at MMC – Moorabbin.

A Working Group considered existing supportive care screening tools in view of the local service provisions and possible risk factors. An adapted screening tool was developed, which incorporated the following elements:

- **Distress Thermometer** and **Problem Checklist** (validated)
- **Malnutrition Screening Tool** (validated)
- questions addressing three **risk factors**:
 - had the patient previously had treatment for emotional problems? (yes or no)
 - how supported did the patient feel by family and friends? (11-point scale)
 - how much help did the patient need for their concerns? (11-point scale)

Project findings

The pilot screened n=103 new patients, of which 98 were used in the analysis.

Distress Thermometer and Problem Checklist

Fifty-two per cent (n=51) of patients were significantly distressed (distress score of 4 or above). The most predominant problems included fear (over 40% of patients); nervousness and worry (over 55% of patients) and loss of interest in usual activities (nearly 30% of cases). Fatigue (55%), sleep and pain were most significant in the physical domain, across distress score sub-groups (distress score: 3 or less; 4 or more; incomplete).

Malnutrition Screening Tool

A significant finding of this pilot was that 90% of patients were either at high or moderate risk of malnutrition at their initial chemotherapy appointment. This was reflected with the Problem

Checklist findings, where eating (45%), nausea (35%) and constipation (33%) all rated highly, predominantly for cases where patients scored 4 or above on the Distress Thermometer.

Risk factor questions

Twenty per cent (n=21) of responses indicated that they had treatment previously for emotional problems. Eighty per cent (n=81) of responses felt completely supported by their family and friends. Asked what level of help they required, nearly 47% believed they could manage by themselves. Again, a distress score of 4 or above was related to increased help required for any identified needs. More than 65% of this sub-group responded with 5 or more (on an 11-point scale), indicating medium to high level supports needed.

Patient survey responses

Nineteen responses (response rate of 19.4%) reported being very supportive of the tool, being able to understand the format and questions (84%), and there was general support for the time and location of the tool being completed (80-84%).

CDU staff feedback

The response from the CDU staff survey was mixed. Although there was general support for the tool (60%) and the underlying role of supportive care, there were some staff concerns around patients being comfortable answering the questions (30%) and the time and location of the tool's completion (30% for both). However, patient feedback suggests that these are not issues for them – that they view the tool as a worthwhile and relevant aspect of their care.

Recommendations

The project has demonstrated the usefulness of a supportive care screening tool in the CDU setting. The findings of the pilot reflected existing evidence about supportive care and the role that screening has in identifying patient needs from an early stage. It is recommended that:

- implementation of supportive care screening be considered across:
 - outpatient clinics
 - inpatient wards
 - in conjunction with co-providers of care, i.e. Peter MacCallum Cancer Centre at MMC – Moorabbin
- consideration be given to the translation of the screening tool into several of the more predominant languages at each health service, i.e. Greek, Italian, Vietnamese etc
- work continues with health services to integrate supportive care practices into routine clinical care (i.e. part of the medical record, re-screening process) and new staff orientation
- consideration be given to evaluating the supportive care screening tool in 12-18 months time to assess validity and feasibility of the tool across health services and across southern Melbourne
- SMICS continues to introduce supportive care screening across its member health services (Alfred Health, Cabrini Health, Peninsula Health and Southern Health).

Introduction

Cancer remains as Australia's leading broad cause of disease burden (19% of the total).¹ By the age of 75 years, 1 in 3 Australian males and 1 in 4 Australian females will have been diagnosed with cancer at some stage in their life. In Victoria, the diagnosis and management of cancer has a significant impact on the lives of more than 24,000 individuals who develop cancer every year, and their families.²

An expanding national and international body of evidence demonstrates the value of supportive care approaches in improving these experiences and outcomes (NBCC and NCCI 2003³, NCCN 2005⁴, IOM 2007⁵). Improving the supportive care for patients with cancer and their families is one of the four key priority areas for cancer reform in Victoria and is an action area in *Victoria's Cancer Action Plan 2008-11* (VCAP).⁶

What is supportive care?

Supportive care has been defined as care that:

.... helps the patient and their family to cope with cancer and treatment of itIt helps the patient to maximise the benefit of treatment and to live as well as possible with the effective of the disease.

(NICE 2004⁷)

Supportive care incorporates five inter-related domains of care that are given equal attention:

- physical
- social
- psychological
- spiritual
- information

Establishing the evidence

Canada leads the way internationally, with distress becoming the sixth vital sign to be checked routinely along with pulse, respiration, blood pressure, temperature and pain.⁴ In Australia, the National Breast Cancer Centre (NBCC) and National Cancer Control Initiative (NCCI) released Clinical practice guidelines for the psychosocial care of adults with cancer in 2003. The National Institute of Clinical Excellence (UK) and Institute of Medicine (USA) have expanded this work further to encompass all elements of supportive care. Each of these organisations has considered the role of supportive care to be integral to the treatment of patients with cancer. Below is an overview of the evidence on supportive care needs (by domain).

Table 1. Evidence relating to each of the supportive care domains

Domain	Key evidence
Physical	The most common needs are fatigue, pain, nausea and vomiting, and nutritional issues. Carlson et al (2004) ⁸ reported that: <ul style="list-style-type: none">• nearly half of all patients reported problems with fatigue• management of pain was identified as an issue in over 26% of patients
Social	NBCC and NCCI (2003) reported that: <ul style="list-style-type: none">• financial burden, transport and accommodation, social isolation and difficulty in performing daily tasks exacerbate distress. Kim et al (2006) ⁹ notes the role of carer, in addition to other family roles, can increase the risk of mental health consequences.
Psychological	NBCC and NCCI (2003) note some of the risk factors which can contribute to increased distress associated with a cancer diagnosis:

- younger than 55 years
- lack of social supports
- caring for children or other dependants
- previous episodes of depression, anxiety or other psychiatric illness
- high alcohol or drug intake

Spiritual NICE (2004) suggests that unmet spiritual needs may impact on a person's capacity to endure present discomforts and their ability to face their death in a way that they wish. Research does indicate that spiritual issues gain more importance as physical conditions deteriorate.⁴

Information There is also evidence to suggest that timely quality information enhances patients' psychological well-being (NBCC and NCCI 2003). Key information needs are:

- about their disease, even if it is bad news
- more details about their test results and prognosis
- appropriate timing of information and tailored to the patients' needs

Project overview

Developing SMICS' supportive care agenda

In 2008-09 SMICS undertook a consultation project to map current supportive care services and to develop supportive care priorities for across southern Melbourne's cancer services. Seven inter-related priorities were agreed:

1. increasing the profile of supportive care
2. improving access to a skilled supportive care workshop
3. screening for supportive care needs
4. patient communication and access to information
5. access to emotional support, counselling, psychology and mental health services
6. access to palliative care resources
7. continuity and integration of care

Developing the project aim

The consultation process identified the development and implementation of a supportive care screening tool as a priority for the Chemotherapy Day Unit (CDU) at Monash Medical Centre (MMC) – Moorabbin.

Table 2. MMC – Moorabbin: Chemotherapy Day Unit identified priorities

Priority area	Ease of implementation			Additional resources required		
	Easy	Moderately hard	Hard	Few or none	Moderate	Significant
Social work information booklet for CDU	✓			✓		
Private space for discussions with patients			✓			✓
Develop & implement defined screening tool for SC needs		✓		✓		
Access to internal psychological services			✓		✓	
Greater EFT for supportive care practitioners			✓			✓

After endorsement through the SMICS Governance Committee, the proposal was developed for a pilot of a supportive care screening tool in the CDU at MMC – Moorabbin.

Project methodology

The primary **purpose** of the project was to pilot an agreed supportive care screening tool to identify the needs of all new patients attending the Chemotherapy Day Unit (CDU) at MMC – Moorabbin at their first appointment.

The specific project **deliverables** included:

- designing and testing an agreed supportive care screening tool
- confirming referral pathways for identified needs
- education of staff (informal)
- screening tools filed in patients' medical records
- evaluation and analysis
- a final report and recommendations

The project **scope** included the following:

- drawing on the development of existing supportive care screening tools
- establishing a Working Group to guide and support the pilot
- to screen newly diagnosed patients attending their first chemotherapy appointment
- to have provisions for referral to services as indicated through the completion of the tool
 - this was predominantly to either social work or dietitian as these services are funded for the CDU. Where required, other allied health services would be referred to.

The project scope *excluded* the ongoing funding of supportive care services and the screening of patients who had already commenced chemotherapy treatment.

Project advisory mechanisms

A Working Group was established and chaired by the SMICS Cancer Service Improvement Coordinator (CSIC). Membership included:

- Nurse Unit Manager, CDU
- Social Worker
- Dietitian
- Cancer Service Improvement Manager, SMICS

Key project activities

Planning phase included the design of the screening tool (see page 9) and endorsement of the project plan; the pilot was approved through the Southern Health Ethics Department.

Referral pathways and a decision tree for how to address the nutrition needs identified on the screening tool was developed by the unit's dietitian. This process also supported the use of existing information and resources (Cancer Council Victoria – nutrition and exercise booklet and nutritional supplements) for patients with a low and/or moderate malnutrition risk.

Staff education included 2 sessions, as part of existing CDU staff meetings. The sessions allowed for a brief overview of supportive care, the aim of the pilot and expected processes for nurses and clerical staff.

Pilot commenced with screening tools and patient consent forms readily accessible in the CDU, for clerical staff to provide to patients at their first appointment. Nurses would discuss the screening tool with the patients and consider if referrals were required (based on the agreed referral pathways – above). The screening tool was placed in a tray for data collection (SMICS Cancer Service Improvement Coordinator) as well as copied for the social worker or dietitian, if referral was required.

Half-way point: CDU nurses were asked to complete a survey to gauge their views about the screening tool and any suggestions they had.

Post-pilot evaluation: a survey was sent to the patients (identified on patient consent form), seeking their feedback about the screening tool itself, focusing on usefulness and format and the screening process including time with the nurse / referrals.

A **final report** outlining the findings and suggested future activities was then completed.

Development of the supportive care screening tool

Across Victoria, health services and ICS' have been in the process of developing or using existing supportive care screening tools (see Table 3).

Table 3. Existing screening tools

Screening tool	Brief description
Brief Symptom Inventory (USA)	A patient-reported form: nine dimensions (53 items) on a five point rating scale. Has to be purchased. Is not cancer specific, and doesn't address all supportive care domains (information, spiritual, physical).
Distress Thermometer and Problem Checklist (USA)	A free tool with five dimensions (35 items) and an 11 point scale (thermometer) for 'how distressed' a patient has been over the previous week. Created specifically for cancer population, but transferable across services. Does not address all supportive care domains (information).
Hospital Anxiety and Depression Scale (USA)	A patient-reported form: 14 items measuring anxiety and depression separately. Doesn't address all supportive care domains (information, spiritual, physical).
Kessler Psychological Distress Scale (K10) (USA)	A quick and easy form: 10 questions about negative emotional states experienced during the 4 weeks prior to the assessment. Doesn't address all supportive care domains.
Supportive Care Needs Survey (AUS)	<i>Centre for Health Research and Psycho-oncology (CHeRP)</i> Is comprehensive and useful in research and evaluation projects. Is difficult to review quickly and the time taken to complete form may be barriers in clinical setting.
Supportive Needs Screening Tool (AUS)	<i>Peter MacCallum Cancer Centre (PMCC)</i> Is comprehensive and useful in research and evaluation projects. Time taken to complete is a barrier and may not be relevant for some cancer groups.

The Working Group considered these tools with the aim of screening for supportive care needs. In addition they considered:

- identifying current levels of distress and need – which current screening tools identify
- identifying risk factors – evidence suggests that identifying risk factors is as important (NBCC and NCCI 2003) as screening for current levels of distress and need³

Therefore the following screening tool elements were subsequently proposed (see Attachment 1):

- distress thermometer and problem checklist (page one)
- malnutrition screening tool (MST) (page two)
- plus the following questions which address key risk factors:
 - had the patient previously had treatment for emotional problems? (yes or no)
 - how supported did the patient feel by family and friends? (11-point scale)
 - how much help did the patient need for their concerns? (11-point scale)

Findings

This section is divided into the following sections:

- findings from the screening tool data collection
 - demographics
 - Distress Thermometer score
 - Problem Checklist
 - Malnutrition Screening Tool
 - risk factor questions
- patient survey responses
- CDU staff feedback

The NCCN Guidelines for Distress Management⁴ recommend a score of 4 as above being representative of patient distress. The pilot reflected this guideline in the referral flowchart and the data have been analysed in a similar way. The data is broken into three sub-groups:

- Distress score of 3 or below
- Distress score of 4 or above
- Distress score – incomplete (-)

Screening tool data

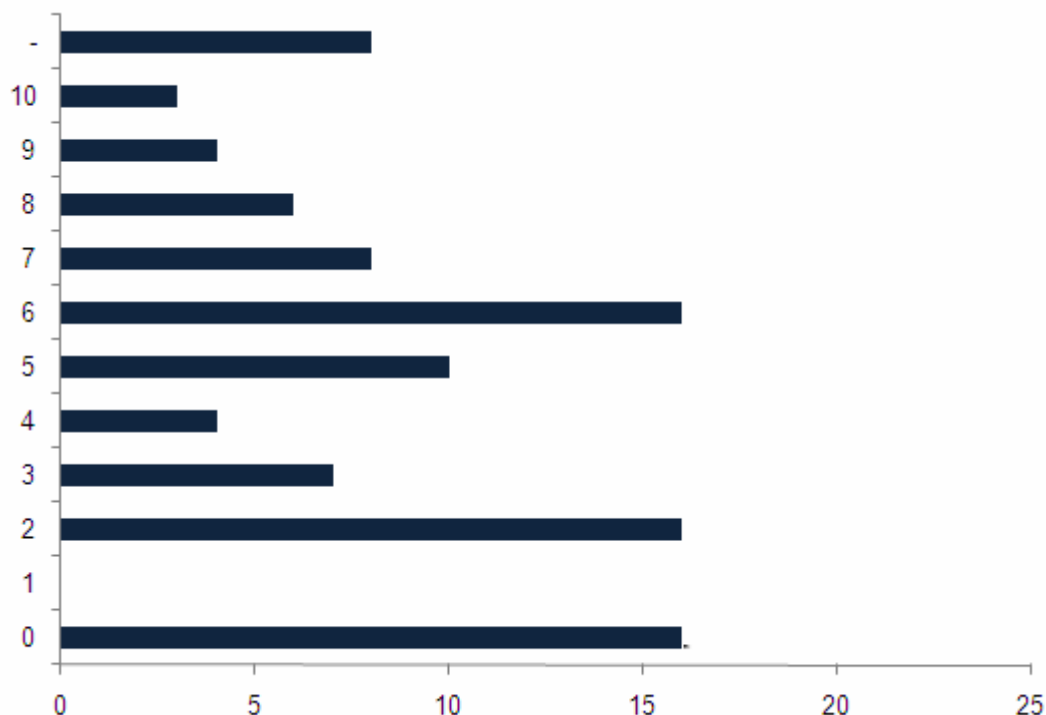
The sample of n=103 was collected. Five cases were removed for having incomplete data, therefore n=98 were used for the analysis. A full analysis of the data is in Attachment 3.

Table 4. Demographics

Sex		n (%)
Male		37 (37.8)
Female		61 (62.2)
<i>Total</i>		98 (100)
Age		n (%)
Range		25-90
Median		63
Mean		62.5
SD±		13.53
Cancer type		n (%)
Upper GI		29 (29.6)
Lung		19 (19.5)
Breast		16 (16.3)
Gynaecological		16 (16.3)
Colorectal		7 (7.1)
Haematological		7 (7.1)
Head and Neck		4 (4.1)
Language		n (%)
English		91 (93)
Arabic		1 (1)
Assyrian		1 (1)
Greek		2 (2)
Italian		1 (1)
Spanish		1 (1)
Vietnamese		1 (1)
Location		n (%)
Metropolitan		85 (86.7)
Regional		6 (6.1)
Unknown		7 (7.2)

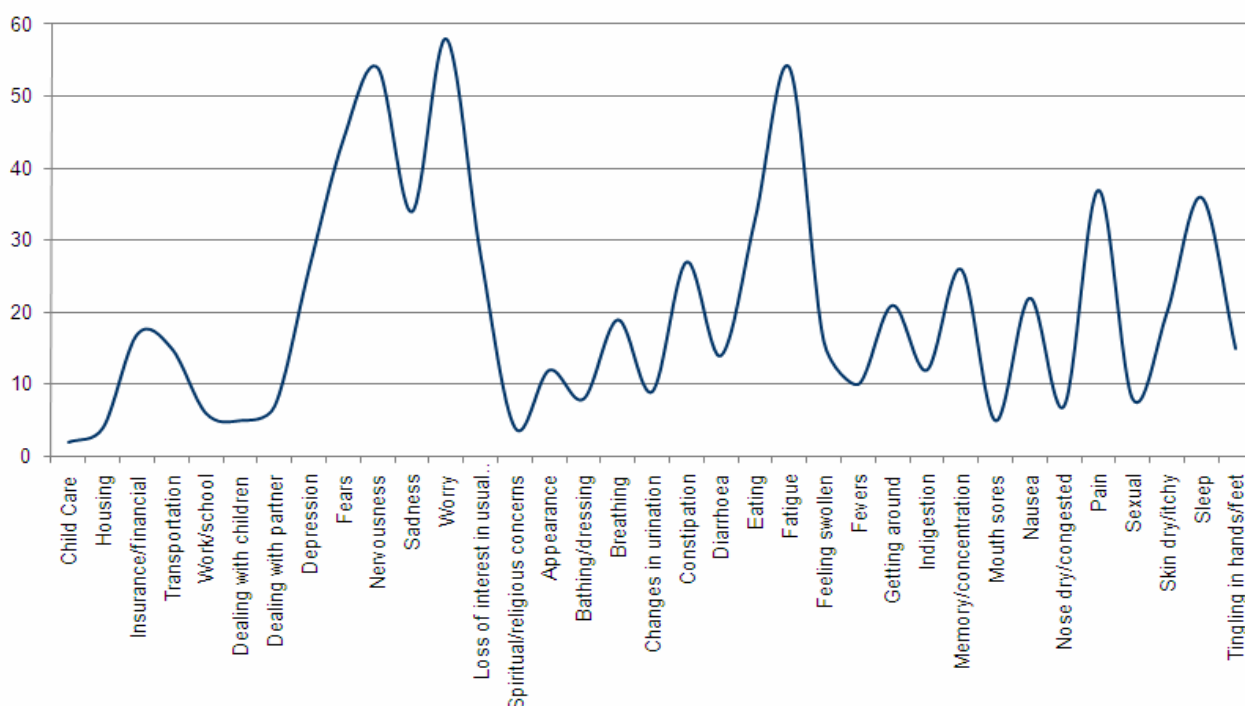
Females made up almost two thirds of the sample (n=61). The average age was 62.5 years. Nearly 30% of patients had been diagnosed with an upper GI cancer, followed by lung (19.5%) and breast and gynaecology (16.3% each).

Graph 1. Distress Thermometer



Scores of 0, 2 and 6 were reported most often (n=16 for each). The average was 3.9 over the total sample (n=98). Over 50% of patients reported their distress as 4 or above, over the past week.

Graph 2. Problem Checklist



The screening tool identified significantly high levels of need under the emotional domain. Specifically, **fear** was identified in nearly 45% of patients; **nervousness** and **worry** in over 55% of patients and **loss of interest in usual activities** in nearly 30% of cases. Equally high, within the physical problems, was **fatigue** being identified in over 55% of patients, and eating (33%), pain (37%) and sleep (36%). These problems were reported more regularly in patients who scored themselves as 4 or above on the distress thermometer scale. A full analysis of the data is provided in Attachment 3.

Dietetics

The dietetics questions were:

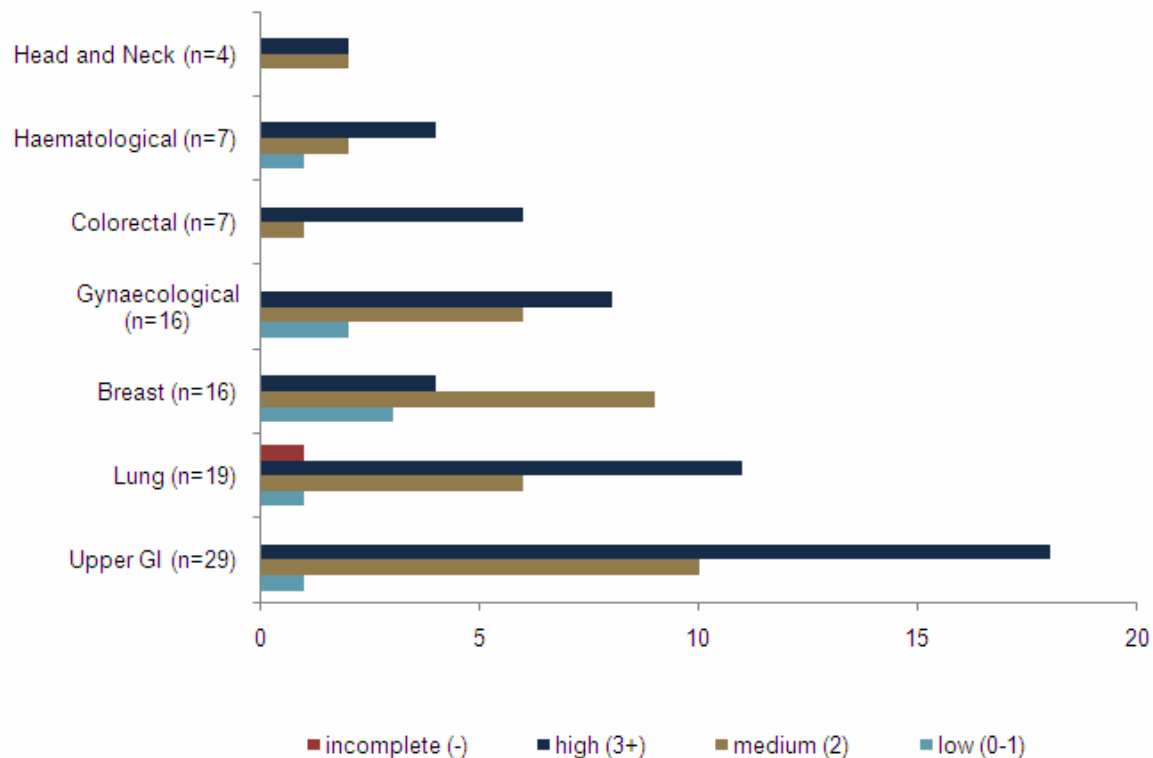
- have you lost weight without trying?
- have you been eating poorly because of a decreased appetite?

Table 7. Malnutrition Screening Tool

Total (n=98)		
	n	%
low (0-1)	8	8.2
medium (2)	36	36.7
high (3+)	53	54.1
(-)	1	1.0

Table 7 summarises the findings of the malnutrition screening tool. Overall, 90% patients in the pilot were recognised as being either at moderate or high risk of malnutrition. This trend was across all distress score sub-groups.

Graph 3. Malnutrition needs by cancer stream

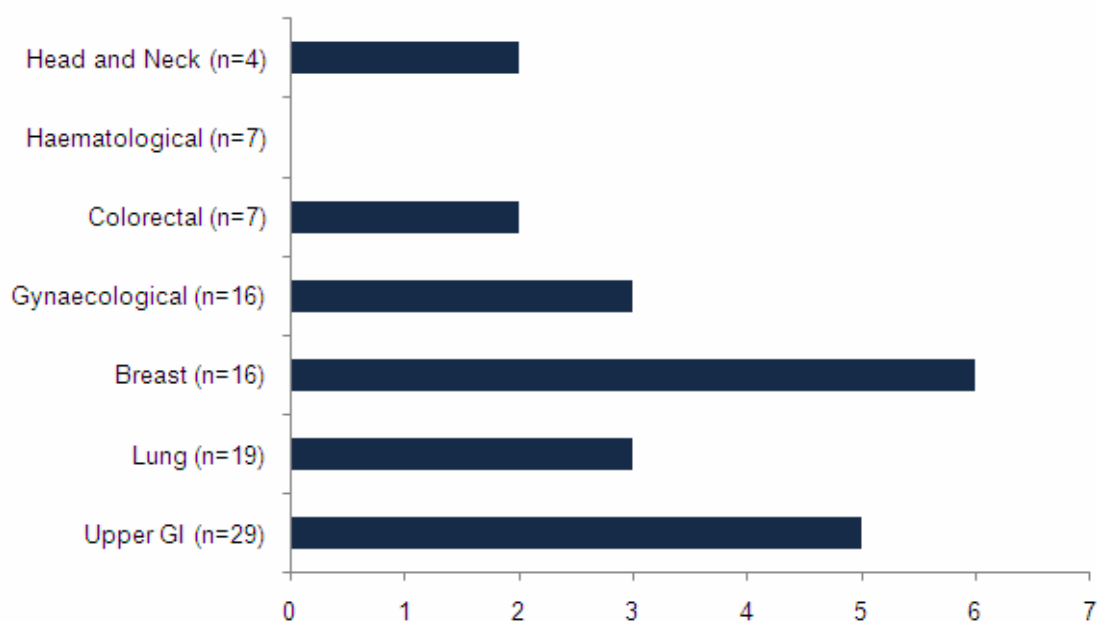


Risk factor questions

Three questions were added to the screening tool, to identify risk factors commonly associated with higher levels of distress. These questions were:

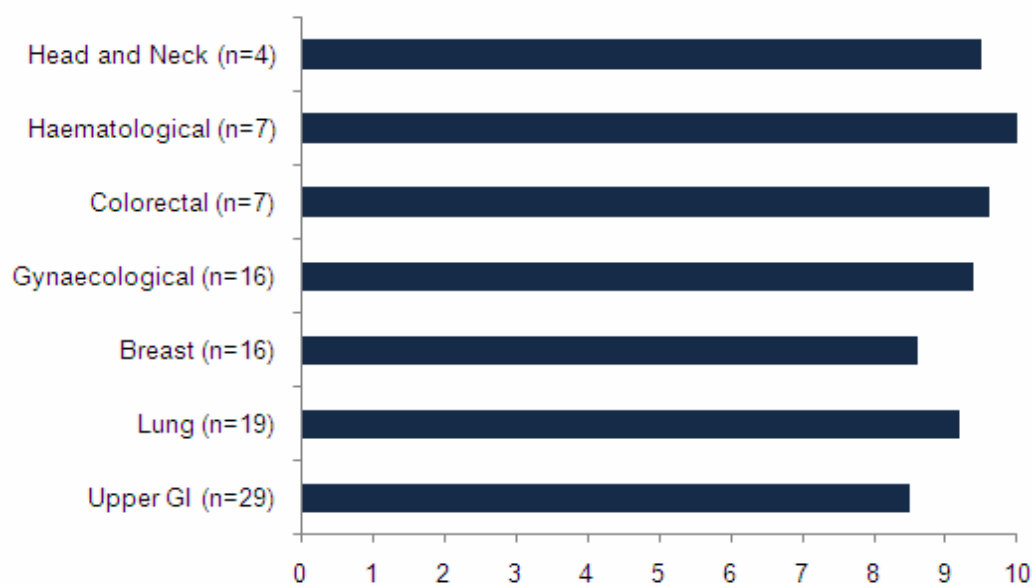
- have you previously had treatment for emotional problems?
- how supported do you feel by family and friends?
- how much help do you need for these concerns?

Graph 4. Patient who previously received treatment for emotional problems

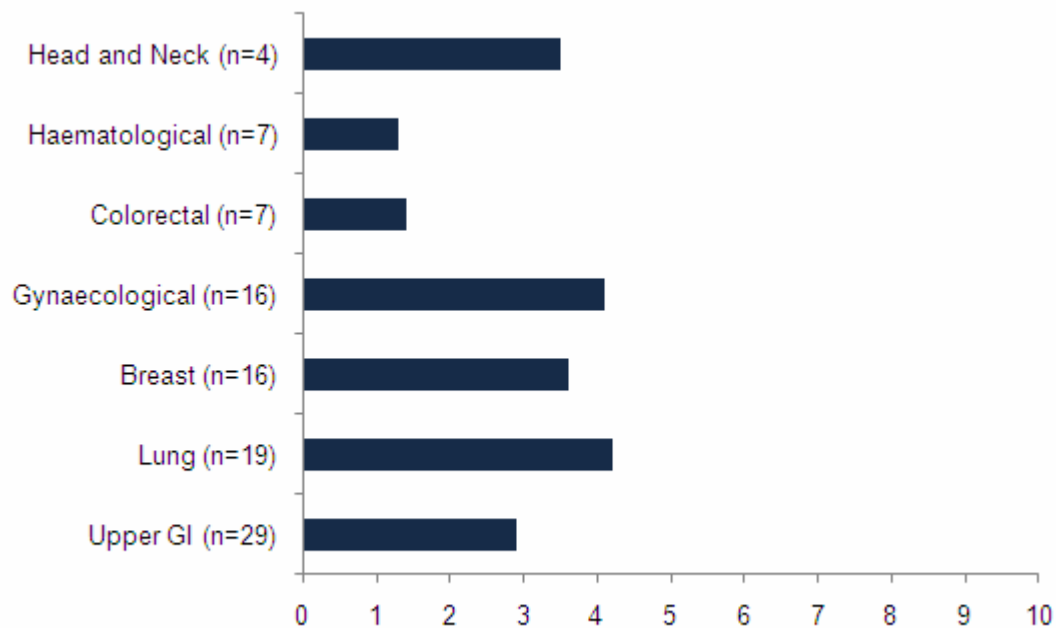


Of the 98 cases analysed, 21 (21.4%) indicated that they had received previous treatment for emotional problems. When indicated, this treatment most often related to: depression, anxiety, PMS and in two (2) cases, schizophrenia. Again, the predominant sub-group was for a distress score of 4 or above.

Graph 5. How supported did patients feel by their family and friends?



Graph 6. Average level of support required by patients in addressing their needs

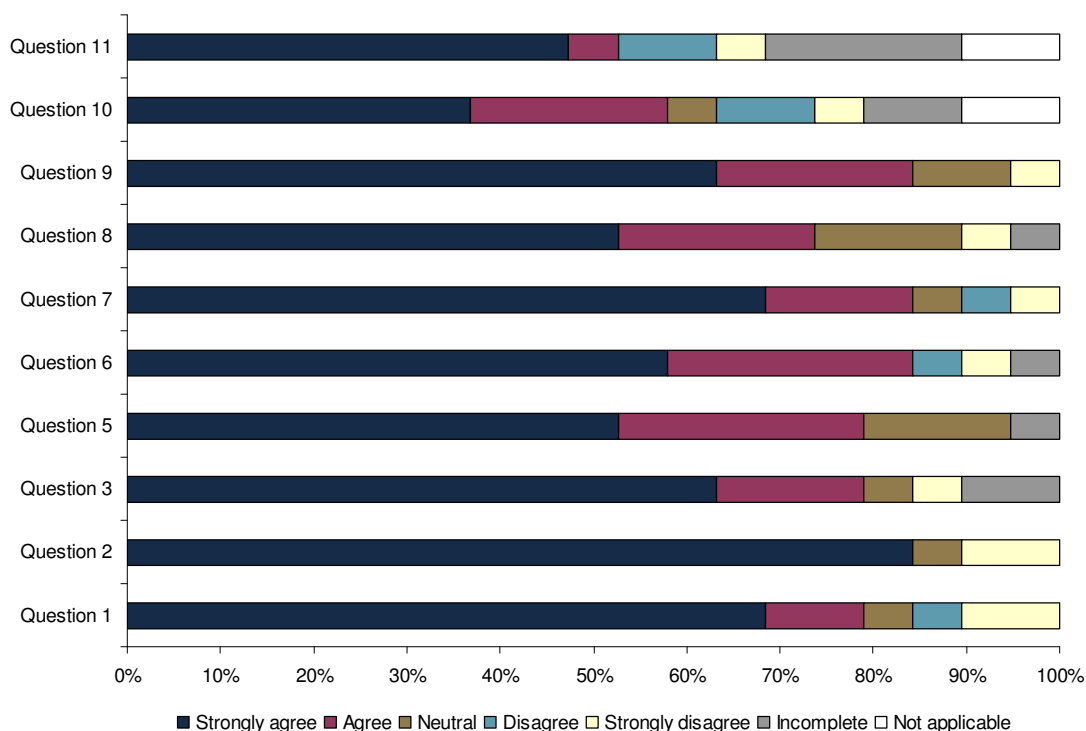


Over 80% of the sample believed they had complete support from their family and friends. When asked what level of help was needed to address their identified needs, 47% were inclined to manage of their own accord. Of the other 50%, the predominant demand was when patients had 4 or above on their distress score.

Patient survey

A survey was sent to the participating patients at the end of the pilot, to seek their feedback about the format, language and usefulness of the screening tool. A total of 19 surveys were returned (19.4% response rate).

Graph 1. Patient survey results.



The response rate (19.4%) for the patient survey was low; however the data does indicate a level of acceptance for the screening tool and process. Questions 1 and 2 asked whether patients' were able to *understand and read* all of the questions. Eighty per cent (n=15) agreed that the format was understandable and they knew the words.

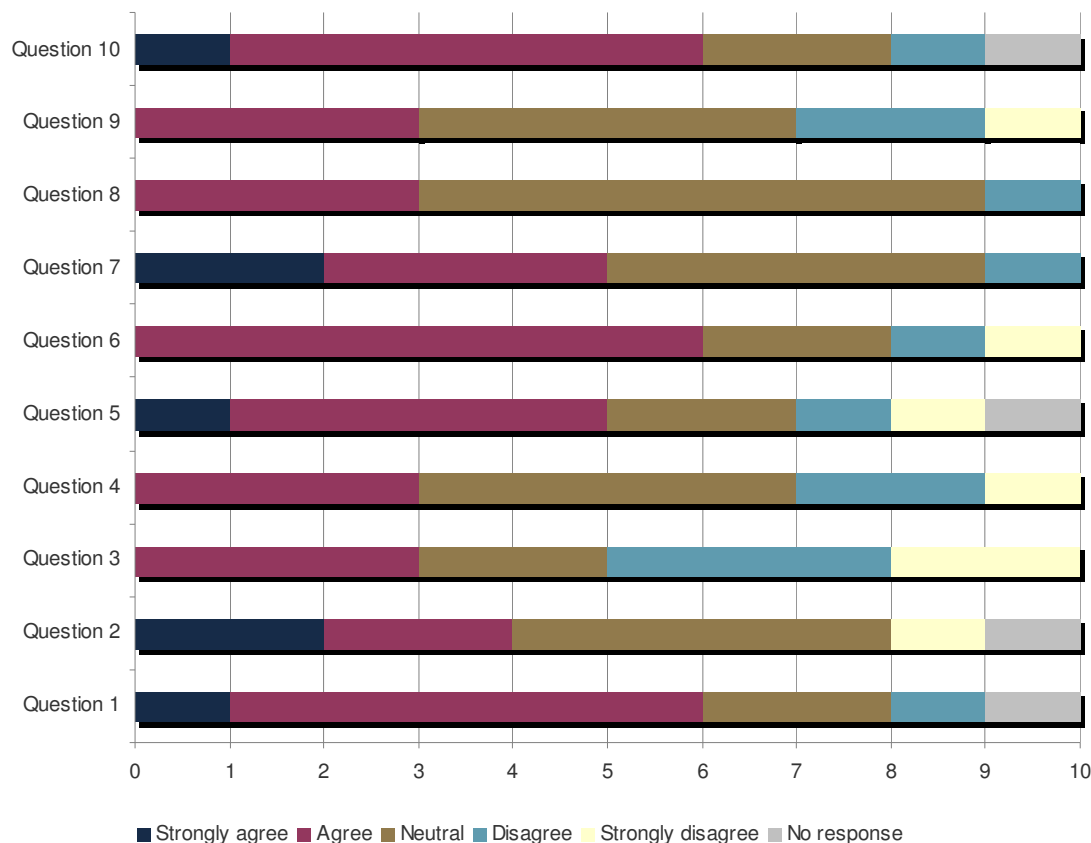
Question 5 asked if the tool helped patient discuss their needs separate from the treatment. Nearly 80% believed this was the case, with no responses disagreeing with this statement. Many of the responses (over 85%) believed the time spent with the nurses, and the opportunity to ask questions, was beneficial.

NB. Question 4 was not included in the data analysis. It referred to a process in the pilot which was changed early on (see Attachment 2).

CDU staff feedback

Mid-way through the pilot, CDU nursing staff were asked for their feedback about the screening tool and referral processes and their suggestions. Ten (10) surveys were returned.

Graph 2. CDU staff feedback results.



Questions 1 and 2 related to the education provided for staff, prior to the pilot commencing. Six out of the ten responses found the session useful, however only four (4) believe the education *increased confidence* when dealing with supportive care issues.

Questions 3 and 4 asked if the time and location of the screening tool discussion was appropriate. Only three (3) of the ten responses agreed that the time allowed, and location to conduct the screening tool was appropriate. In comparison, the patient survey found the time spent with CDU staff very valuable (84% either agreed or strongly agreed) and the location appropriate (73%).

Questions 5 and 6 related to whether the screening tool helped guide staff in the provision of information and the usefulness of a referral flowchart (supporting document to the tool). Just over half of the responses agree that the screening tool and referral flowchart were useful.

Fifty (50) per cent of staff considered the referrals they made to be appropriate (Question 7), however only three (3) responses thought the patients would be more comfortable talking about their supportive care needs (Questions 8 and 9), by using the tool. In comparison, nearly 80% (n=15) of patients indicated that the *tool helped them think about their needs, and could ask questions when required* (84%).

Six (6) of the staff responses recommended more education be given to staff about supportive care and the role of the screening tool. This finding is supported by informal discussions with staff during the pilot.

Discussion

Evidence suggests that patients with cancer can experience significant distress from the time of their diagnosis through to treatment, follow up care and palliation. An increased body of evidence demonstrates the positive benefits associated with the recognition of needs and subsequent actions taken, to assist the patient and their family and carers as they move through the health system.

This pilot examined the use of an adapted screening tool, based around the NCCN's Distress Thermometer and Problem Checklist. It also included the Malnutrition Screening Tool (MST) and questions relating to three risk factors.

Developing the screening tool

During the pilot, SMICS was communicated with other ICS' about their screening activities. It was recognised that the approach taken for this pilot (i.e. using the Distress Thermometer and Problem Checklist in addition to questions around risk factors) differed to other similar projects.

The rationale for this was to consider the services, priorities and challenges faced by the staff in the CDU at MMC – Moorabbin. To do this, the Working Group recognised that the Distress Thermometer and Problem Checklist on their own, would not adequately address the needs of both the patient population and the CDU staff. The decision to design a combined screening tool allowed for two things:

- a more comprehensive view of the patient (social supports, emotional background and level of self-sufficiency)
- additional nutritional information, which this pilot has demonstrated is vitally important

Screening tool findings

From October 2009 until April 2010, 103 patients were screened for their supportive care needs in the CDU at MMC – Moorabbin. Of these, five cases were removed, as there was insufficient information. A total of 98 cases were included in the analysis and evaluation of the screening tool.

Distress thermometer and problem checklist

In this pilot, 52% (n=51) of patients were significantly distressed (distress score of 4 or above). The average patient scored around 4 on the distress thermometer in terms of their perceived distress over the past week, with a standard deviation of ± 2.9 .

Multiple supportive care needs were experienced by the patients. The most predominant problems included fear (over 40% of patients); nervousness and worry (over 55% of patients) and loss of interest in usual activities (nearly 30% of cases). Fatigue (55%), sleep and pain were most significant in the physical domain, across distress score sub-groups (distress score: 3 or less; 4 or more; incomplete). These findings support existing evidence that fatigue, anxiety and distress are often exhibited in 15-23% of patients.³

Malnutrition Screening Tool (MST)

The screening tool included three standard questions related to malnutrition risk, which is used across the health sector. A significant finding of this pilot was that 90% of patients were either at high or moderate risk of malnutrition at their initial chemotherapy appointment. This was reflected with the Problem Checklist findings, where eating (45%), nausea (35%) and constipation (33%) all rated highly, predominantly for cases where patients scored 4 or above on the Distress Thermometer. This finding should be highlighted in future service planning considerations, given the prospect that for many, there is potential that their nutritional status will deteriorate once they have undertaken part of their treatment cycle.

Risk factor questions

Over 20% of responses indicated that they had treatment previously for emotional problems. Where indicated, this was mainly for depression and anxiety. Eighty per cent (80%) of responses felt completely supported by their family and friends. Asked what level of help they required, nearly 47% believed they could manage by themselves. Again, a distress score of 4 or above was related to increased help required for any identified needs. More than 65% of this sub-group responded with 5 or more (on the 11-point scale), indicating medium to high level supports needed.

Patient survey responses

Patients who responded to the survey (n=19) reported being very supportive of the tool, being able to understand the format and questions (84%), and there was general support for the time and location of the tool being completed (80-84%).

A key area of feedback from patients, related to the time taken between completing the screening tool (at their initial appointment) and the survey being sent out. This will be included in the overall project evaluation framework, to ensure improvements in future work.

CDU staff feedback

The response from the CDU staff survey was mixed. Although there was general support for the tool (60%) and the underlying role of supportive care, there were some staff concerns around patients being comfortable answering the questions (30%) and the time and location of the tool's completion (30% for both). However, patient feedback suggests that these are not issues for them – that they view the tool as a worthwhile and relevant aspect of their care. Key findings from the CDU staff feedback include:

- strengthening the use of a referral flowchart to aid staff in considering referrals
- incorporating supportive care education into ongoing / orientation training for clinical and ward staff
- demonstrating the patients' support for the screening tool – assuring CDU staff of the value it has for them

Project limitations

This project was intended as a small pilot study to assess the usefulness and feasibility of using a supportive care screening tool within the CDU setting. As such, a small sample of patients were recruited (n=103). Nonetheless, the needs identified through the screening tool have been significant.

As with similar projects in clinical settings, there are variables beyond the control of the Working Group. Some of the variables were encountered within this project included:


- change over of staff during the pilot, with new staff not being advised of the screening tool or having education about the process
- significant increase in patient numbers within the CDU, therefore placing more burden on staff time
- introduction of other new practices within the CDU, such as scanned medical records, new assessment forms and clinical trials.

Recommendations

The project has demonstrated the usefulness of a supportive care screening tool in the CDU setting. The findings of the pilot reflected existing evidence about supportive care and the role that screening has in identifying patient needs from an early stage. It is recommended that:


- implementation of supportive care screening be considered across:
 - outpatient clinics
 - inpatient wards
 - in conjunction with co-providers of care, i.e. Peter MacCallum Cancer Centre at MMC – Moorabbin
- consideration be given to the translation of the screening tool into several of the more predominant languages at each health service, i.e. Greek, Italian, Vietnamese etc
- work continues with health services to integrate supportive care practices into routine clinical care (i.e. part of the medical record, re-screening process) and new staff orientation
- consideration be given to evaluating the supportive care screening tool in 12-18 months time to assess validity and feasibility of the tool across health services and across southern Melbourne
- SMICS continues to introduce supportive care screening across its member health services (Alfred Health, Cabrini Health, Peninsula Health and Southern Health).

Attachment 1. Final version of screening tool for pilot



The following questions provide an opportunity to work out the kinds of support that may be most helpful for you and your family during your treatment. You can ask a family member or carer to help.

Please complete both sides of this form and hand it to your nurse at your first appointment.



NCCN® Practice Guidelines in Oncology – v.1.2008

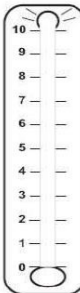
Distress Management

Screening date: _____

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 tick YES or NO for each.

<p>YES <input type="checkbox"/> NO <input type="checkbox"/> Practical Problems</p> <p>Child care <input type="checkbox"/> <input type="checkbox"/></p> <p>Housing <input type="checkbox"/> <input type="checkbox"/></p> <p>Insurance/financial <input type="checkbox"/> <input type="checkbox"/></p> <p>Transportation <input type="checkbox"/> <input type="checkbox"/></p> <p>Work/school <input type="checkbox"/> <input type="checkbox"/></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/> Family Problems</p> <p>Dealing with children <input type="checkbox"/> <input type="checkbox"/></p> <p>Dealing with partner <input type="checkbox"/> <input type="checkbox"/></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/> Emotional Problems</p> <p>Depression <input type="checkbox"/> <input type="checkbox"/></p> <p>Fears <input type="checkbox"/> <input type="checkbox"/></p> <p>Nervousness <input type="checkbox"/> <input type="checkbox"/></p> <p>Sadness <input type="checkbox"/> <input type="checkbox"/></p> <p>Worry <input type="checkbox"/> <input type="checkbox"/></p> <p>Loss of interest in usual activities <input type="checkbox"/> <input type="checkbox"/></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/> Spiritual/religious concerns</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/> Physical Problem</p> <p>Appearance <input type="checkbox"/> <input type="checkbox"/></p> <p>Bathing/dressing <input type="checkbox"/> <input type="checkbox"/></p> <p>Breathing <input type="checkbox"/> <input type="checkbox"/></p> <p>Changes in urination <input type="checkbox"/> <input type="checkbox"/></p> <p>Constipation <input type="checkbox"/> <input type="checkbox"/></p> <p>Diarrhoea <input type="checkbox"/> <input type="checkbox"/></p> <p>Eating <input type="checkbox"/> <input type="checkbox"/></p> <p>Fatigue <input type="checkbox"/> <input type="checkbox"/></p> <p>Feeling swollen <input type="checkbox"/> <input type="checkbox"/></p> <p>Fevers <input type="checkbox"/> <input type="checkbox"/></p> <p>Getting around <input type="checkbox"/> <input type="checkbox"/></p> <p>Indigestion <input type="checkbox"/> <input type="checkbox"/></p> <p>Memory/concentration <input type="checkbox"/> <input type="checkbox"/></p> <p>Mouth sores <input type="checkbox"/> <input type="checkbox"/></p> <p>Nausea <input type="checkbox"/> <input type="checkbox"/></p> <p>Nose dry/congested <input type="checkbox"/> <input type="checkbox"/></p> <p>Pain <input type="checkbox"/> <input type="checkbox"/></p> <p>Sexual <input type="checkbox"/> <input type="checkbox"/></p> <p>Skin dry/itchy <input type="checkbox"/> <input type="checkbox"/></p> <p>Sleep <input type="checkbox"/> <input type="checkbox"/></p> <p>Tingling in hands/feet <input type="checkbox"/> <input type="checkbox"/></p>
--	--

Have you previously had treatment for emotional problems:

NO ☐ **YES** (e.g. anxiety/depression) ☐

How supported do you feel by family and/or friends?



Completely

Moderately

Not at all

Used with permission from NCCN 2008

After patient label or record patient details

Surname: _____

First Name: _____

D.O.B: _____

Sex: _____ UR No: _____

ONCOLOGY SUPPORTIVE CARE SCREENING TOOL MR (pilot project) #

ONCOLOGY SUPPORTIVE CARE SCREENING TOOL MR (pilot project) #

To help the dietitian assess your nutritional needs, would you please CIRCLE your answer to the following questions.

QUESTION

Have you lost weight in the last 3 months, without trying?

No⁰

Unsure²

Yes

(please circle the amount)

1-5kg¹

6-10kg²

11-15kg³

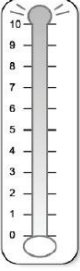
+ 16kg⁴

Have you been eating poorly because of a decreased appetite?

No⁰

Yes²

SCORE



Desperately

Can manage by myself

Staff member: _____

Date of diagnosis: _____

Completed by: PATIENT / NURSE / BOTH

Interpreter required: Y / N

Information provided:

Verbal information _____

Written brochure _____

Other: _____

Referral required:

Patient: CONSENTED / DECLINED

Refer to: _____

Comments: _____

Please tell us what your three most important concerns are:

1. _____

2. _____

3. _____

TOTAL SCORE (office use only)

THANKYOU

After patient label or record patient details

Surname: _____

First Name: _____

D.O.B: _____

Sex: _____ UR No: _____

Attachment 2. Patient survey



PILOT PROJECT



**Supportive care screening for cancer patients in
Chemotherapy Day Unit, MMC - Moorabbin: a pilot project
PATIENT SURVEY**

Southern Health, in conjunction with the Southern Melbourne Integrated Cancer Service (SMICS) has been piloting a supportive care screening tool in the Chemotherapy Day Unit at MMC – Moorabbin (Southern Health).

You are receiving this survey because you agreed to participate in the pilot and would have completed the supportive care screening tool at your first treatment appointment.

We are now looking to evaluate the process in terms of the impact that it had on you to ask you about your supportive care needs at the beginning of the pilot, and how easy you found it to fill out the form.

Participation in this survey is entirely voluntary and all data will be de-identified for reporting. The survey is brief and it is anticipated that it will only take a few minutes of your time.

If you have any queries or wish to make further comment, please feel free to contact Anna Spain, Cancer Service Improvement Coordinator (T) 9928 8599, or (E) anna.spain@southernhealth.org.au.

Please return the completed survey in the enclosed stamped envelope to:

Anna Spain (Project Manager)
Southern Melbourne Integrated Cancer Service
PO Box 72
East Bentleigh Vic 3165.

Patient Survey					
1. I was able to understand the screening tool, i.e. the format and structure of the questions.			2. I was able to read all of the questions and understand the words.		
Rate:	1	2	3	4	5
	Strongly			Strongly	
	Agree			Disagree	
Comments:					
3. I felt comfortable in completing the screening tool before coming to my first appointment at the Chemotherapy Day Unit (CDU).			4. I brought the screening tool with me to my first appointment to complete with the nurse.		
Rate:	1	2	3	4	5
	Strongly			Strongly	
	Agree			Disagree	
Comments:					
			YES NO NOT APPLICABLE		
Comments:					

Patient Survey					
5. The tool helped me think about my needs separate from the treatment I was going to receive. Rate: 1 2 3 4 5 Strongly Strongly Agree Disagree			6. I felt that the time spent with the nurse to discuss my treatment and the screening tool was useful. Rate: 1 2 3 4 5 Strongly Strongly Agree Disagree		
Comments:			Comments:		
7. I was able to ask questions about the screening tool. Rate: 1 2 3 4 5 Strongly Strongly Agree Disagree			8. The room used to speak with the nurse at my first appointment was appropriate. Rate: 1 2 3 4 5 Strongly Strongly Agree Disagree		
Comments:			Comments:		
9. I found the information provided to me appropriate (verbal or written) (if applicable). Rate: 1 2 3 4 5 Strongly Strongly Agree Disagree			10. I found the nutrition show bag, with information about supplements, was useful (if applicable). Rate: 1 2 3 4 5 Strongly Strongly Agree Disagree		
Comments:			Comments:		
11. I found the referrals made to other services appropriate (if applicable). Rate: 1 2 3 4 5 Strongly Strongly Agree Disagree					
Comments:					
11. Overall, do you have any comments about the supportive care screening tool or the pilot project? <hr/> <hr/> <hr/>					

Thank you for your participation in this important project.

Attachment 3. Screening tool data analysis

Distress thermometer scores

Distress score (DS)	n (%)		
0	16 (16.3)	Median	5
1	0 (0)	Mean	3.9
2	16 (16.3)	SD±	2.9
3	7 (7.1)		
4	4 (4.1)	DS sub-groups	n (%)
5	10 (10.2)	dt ≤3	39 (39.8)
6	16 (16.3)	dt ≥4	51 (52.0)
7	8 (8.2)	dt (-)	8 (8.2)
8	6 (6.1)		
9	4 (4.1)		
10	3 (3.1)		
- (incomplete)	8 (8.2)		

Problem checklist

	dt ≤3		dt ≥4		dt (-)		Total (n=98)	
	n	%	n	%	n	%	n	%
Practical Problems								
child care	0	0.0	2	3.9	0	0	2	2.0
housing	0	0.0	3	5.9	1	12.5	4	4.1
insurance / financial	7	17.9	9	17.6	1	12.5	17	17.3
transportation	2	5.1	12	23.5	1	12.5	15	15.3
work / school	3	7.7	3	5.9	0	0	6	6.1
Family	n	%	n	%	n	%	n	%
dealing with children	1	2.6	3	5.9	1	12.5	5	5.1
dealing with partner	2	5.1	4	7.8	1	12.5	7	7.1
Emotional	n	%	n	%	n	%	n	%
depression	3	7.7	22	43.1	1	12.5	26	26.5
fears	5	12.8	35	68.6	4	50.0	44	44.9
nervousness	13	33.3	38	74.5	3	37.5	54	55.1
sadness	6	15.0	27	52.9	1	12.5	34	34.7
worry	13	33.3	41	80.4	4	50.0	58	59.2
loss of interest in usual activities	7	17.9	20	39.2	1	12.5	28	28.6
Spiritual	1	2.6	3	5.9	0	0	4	4.1
	dt ≤3		dt ≥4		dt (-)			
Physical	n	%	n	%	n	%	n	%
appearance	1	2.6	10	19.6	1	12.5	12	12.2
bathing / dressing	0	0.0	7	13.7	1	12.5	8	8.2
breathing	2	5.1	16	31.4	1	12.5	19	19.4
changes in urination	1	2.6	8	15.7	0	0	9	9.2
constipation	10	25.6	17	33.3	0	0	27	27.6
diarrhoea	3	7.7	10	19.6	1	12.5	14	14.3
eating	8	20.5	23	45.1	2	25.0	33	33.7
fatigue	18	46.2	33	64.7	3	37.5	54	55.1
feeling swollen	5	12.8	8	15.7	3	37.5	16	16.3
fevers	1	2.6	9	17.6	0	0	10	10.2
getting around	5	12.8	15	29.4	1	12.5	21	21.4
indigestion	2	5.1	10	19.6	0	0	12	12.2
memory / concentration	4	10.3	21	41.2	1	12.5	26	26.5

mouth sores	1	2.6	4	7.8	0	0	5	5.1
nausea	3	7.7	18	35.3	1	12.5	22	22.4
nose dry / congested	2	5.1	5	9.8	0	0	7	7.1
pain	11	28.2	23	45.1	3	37.5	37	37.8
sexual	2	5.1	6	11.8	0	0	8	8.2
skin dry / itchy	8	20.5	12	23.5	0	0	20	20.4
sleep	6	15.4	28	54.9	2	25.0	36	36.7
tingling in hands / feet	3	7.7	9	17.6	3	37.5	15	15.3

Risk Factor questions

	dt ≤3		dt ≥4		dt (-)		Total (n=98)	
	n	%	n	%	n	%	n	%
Previous treatment for emotional problems	4	10.3	16	31.4	1	12.5	21	21.4
Level of support from family and friends								
(not at all) 0-2	0	0.0	0	0.0	0	0.0	0	0.0
3-4	0	0.0	0	0.0	0	0.0	0	0.0
(moderately) 5-6	0	0.0	3	5.9	2	25.0	5	5.1
7-8	2	5.1	6	11.8	0	0.0	8	8.2
(completely) 9-10	36	92.3	41	80.4	4	50.0	81	82.7
- (incomplete)	1	2.6	1	2.0	2	25.0	4	4.1
How much help needed to address identified needs								
(can manage by self) 0-2	30	76.9	12	23.5	4	50.0	46	46.9
3-4	2	5.1	1	2.0	1	12.5	4	4.1
5-6	1	2.6	17	33.3	2	25.0	20	20.4
7-8	1	2.6	11	21.6	0	0.0	12	12.2
(desperately) 9-10	1	2.6	7	13.7	1	12.5	9	18.8
- (incomplete)	4	10.3	3	5.9	0	0.0	7	7.1

Abbreviations

AIHW	Australian Institute of Health and Welfare
CDU	Chemotherapy Day Unit
DH	Department of Health
HOC	Haematology Oncology Clinic, Alfred Health
ICS	Integrated Cancer Services
IOM	Institute of Medicine (USA)
MDT	Multidisciplinary Team Meetings
MMC	Monash Medical Centre
NBCC	National Breast Cancer Centre
NCCI	National Cancer Control Initiative
NCCN	National Comprehensive Cancer Network (USA)
NICE	National Institute of Clinical Effectiveness (UK)
PMCC	Peter MacCallum Cancer Centre
SC	Supportive Care
SMICS	Southern Melbourne Integrated Cancer Service
VCAP	Victoria's Cancer Action Plan 2008-2011

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