The majority of oncology patients experience distress during their treatment journey. According to the Commission on Cancer’s Quality Standard 3.2, it is essential to develop a clear process for distress screening, assessment, documentation, and referral(s) to address the psychosocial issue(s) identified by the patient that could “interfere with the patient’s treatment and adversely affect treatment outcomes.” The National Comprehensive Cancer Network Distress Thermometer assists with measuring a patient’s distress and facilitating the discussion with health care providers during their care.

Prior to 2009, Froedtert Hospital did not have a clear way to document distress screening. The patient completed a paper Distress Tool and the nurse reviewed it with the patient. The document was entered into an Access database, and later scanned into the electronic health record (EHR). The completion rate was 29%. Initial electronic integration of the Distress Tool into the EHR improved visibility and completion. Over time workflow challenges and human ergonomics of the tool resulted in a need to redesign the workflows and tools to improve the assessment of patient’s distress.

A nursing team composed of directors, clinical nurse specialists, clinical registered nurses, nurse informaticists, and an informatics architect collaborated and developed a successful plan to improve the distress screening workflows and tools for documenting in the EHR.

Requirements for success were defined for workflows and EHR changes:
- Increase measurement and documentation of patient’s distress using approved tool in EHR while improving workflows and reporting of distress measurements.
- New documentation tool was designed and approved by the team.

Columns were added into the schedule view so nurses could easily view patients with completed distress screening and corresponding distress score.

Integration of the Distress Tool documentation was added to additional viewing tools to provide increased visibility for the entire care team.

Alerting was developed to notify the nurse that a patient needed distress screening.

Reporting was designed to measure completion of distress tool documentation.

Referral orders established prior to this initiative continue to be used based on the distress screening for interventions to support the patient care needs.

After EHR integration, the nurses were able to capture 87% of the patients, with that number continuing to rise. Nurses have reported that the Distress Tool is easier to use and previous results are easier to find. The nurses feel more comfortable utilizing the data to help drive practice interventions.

With the increase in screening for distress, we would expect to see more positive outcomes for patients. Increased screening often leads to an increase in referrals for supportive care and more thoroughly assessed physical symptoms. Next steps include continuing to increase our completion rates, increasing reassessment rates, and measuring patient outcomes, including supportive care referrals.