

■ CNE Article

# Implementing a Distress Screening Instrument in a University Breast Cancer Clinic: A Quality Improvement Project

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Distress remains a pervasive experience of patients with cancer. As a result, a quality improvement project was conducted in the breast cancer clinic of a university cancer center in the midwestern United States. Nurses identified a need to increase identification of distress over a six-month period when they made only eight referrals for distress support during 1,291 patient encounters. The eight referrals were the result of patient exhibitions of severe distress in the clinic. To increase identification of distress, as well as referrals for support before patients exhibited severe distress, the National Comprehensive Cancer Network's Distress Thermometer screening tool was implemented in the clinic from June 1 through July 6, 2010. The instrument was completed by each participant during a patient encounter, followed by a review of the responses with a nurse.

Referrals for support were offered by nurses when responses indicated a significant level of distress. Nurses increased identification of distress by using the instrument. In addition, referrals for support increased before patients exhibited severe distress. Nurses are positioned to improve care by identifying distress and making referrals for support.

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Cancer-related distress is widespread. The Institute of Medicine (Adler & Page, 2008) reported that 29%–43% of patients with a cancer diagnosis experience significant levels of distress, which may be pervasive and long lasting. In a study of patients with non-Hodgkin lymphoma and breast, prostate, colon, and gynecologic cancers, Armes et al. (2009) reported that 1,425 patients returned packets about distress at the end of their treatments. At that time, 30% reported significant distress. Six months later, 1,152 returned packets about distress, and 60% showed no improvement (i.e., long-lasting distress) (Armes et al., 2009).

Nurses in the breast cancer clinic of the Ellis Fischel Cancer Center at the University of Missouri identified a need to increase identification of distress among clinic patients over a six-month period because they made only eight referrals for distress support in 1,291 patient encounters. That finding was explored because the number of referrals for support in the breast cancer clinic did not approach the frequency of distress reported among patients with cancer in the literature. The eight referrals were the result of patient exhibitions of severe distress (e.g., yelling,

screaming, crying) in the clinic. The nurses wanted to increase identification of distress, as well as referrals for support from the clinic before patients exhibited severe distress. As a result, a quality improvement project was planned and implemented using the National Comprehensive Cancer Network (NCCN, 2012) Distress Thermometer screening tool in the clinic.

## Literature Review

### Impact of Distress

Distress has devastating consequences for patients with cancer. NCCN (2012) described distress as disturbing psychological, social, and spiritual discomfort of varying intensity experienced by patients with cancer. In addition to causing discomfort, distress can impact the trajectory of cancer and its treatment. In an extensive review of literature from 1974–2007 concerning quality of life in patients with breast cancer, Montazeri (2008) reported that psychological factors (e.g., distress) predict quality of life in this population. More concerning, Thomas, Thomas,