Measuring Emotional Distress

A diagnosis of cancer can trigger waves of distress. At Smilow Cancer Hospital, social workers, financial counselors, and chaplains, among other resources, have long been available to patients. Yet these referrals tended to be catch-as-catch-can, because there wasn’t a system to detect patients in distress or to discern the causes.

Two developments changed that. First, the American College of Surgeons began requiring cancer programs to assess a patient’s psychosocial distress levels several times during the continuum of care. Second, Smilow leadership noticed that on patient surveys the rating for services dealing with distress lagged behind those in other categories.

The pilot launched in October 2013 in two Smilow Care Center locations. It ran for six months and surveyed 864 patients. The goals were to measure patients’ levels of distress, to pinpoint the main causes, and to see if interventions brought relief and greater patient satisfaction. The results were clear.

“Patients were very appreciative that we acknowledged that this was something that needed to be addressed,” said Catherine Lyons, RN, MS, Executive Director of Patient Services at Smilow Cancer Hospital. “and glad that their care team was concerned about these issues and not just about their cancer.”

Most patients also reported that the staff’s interventions made a difference in their ability to cope with diagnosis and treatment. “When you’re diagnosed with cancer—and I can speak from personal experience,” said Ms. Lyons, “—there is a tremendous amount of anxiety. But once you spend time with your doctor and care team, and you have a plan of attack, a calmness comes over you, because now you know what you have to do.”

Diane Corjulo, RN, BSN, Clinical Program Manager for five Smilow Cancer Hospital Care Centers, including the two pilot locations, often saw that happen with new patients. “They might circle a ten on their first visit,” she said, “but after they talked to a doctor, they were a three, because they just needed information and the understanding that we were going to do our best to give them whatever they needed” That sometimes meant referrals to long-term counseling or support groups.

The pilot also affirmed that the distress screen should be given several times during a patient’s care. Pivotal points may occur during the depths of treatment, or when an initial treatment fails, or when the cancer recurs. Another surprising stress point pops up when treatment ends, an emotional time because the patient must say goodbye to staff and fellow patients, and transition to a life without cancer.

When the pilot began, the staff worried that the program would add more work to busy schedules. Instead the extra work was minimal, and nurses and doctors found themselves enthusiastic because the screening and interventions so obviously helped patients and led to better care.

The program has since expanded to Smilow’s main hospital and to all of the Care Centers. “There’s nothing more important than feeling that your doctor and your team not only care about curing your cancer, but about you as a person,” said Ms. Lyons. “I think that by asking these questions, we’re imparting that we care for you, and that we’re going to bring everything we have to help you during this journey!”