



# SITE VISIT 1

## Carl & Dorothy Bennett Cancer Center

Stamford Hospital, Carl & Dorothy Bennett Cancer Center, Stamford, Connecticut, is a 305-bed not-for-profit community hospital in a suburban setting. The cancer center provided care to 936 new patients in 2014. Racial minorities made up 13 percent (including 10 percent African American) of the cancer patient population; additionally, 8 percent of the cancer patient population identified themselves as Hispanic. The cancer center is accredited by the American College of Surgeons as an Academic Comprehensive Cancer Program. The site visit team met with a multidisciplinary team, including:

- The manager of Cancer Support Services
- The director of Cancer Services
- The medical director
- The cancer program manager
- The distress screening coordinator
- A social work intern
- The IT specialist for medical oncology
- The coordinator of the Survivorship Program
- A medical oncologist
- A simulation technologist for Radiation Oncology
- The manager for Radiation Oncology
- The chief physicist for Radiation Oncology.

## TOOLS & RESOURCES

Bennett Cancer Center uses the NCCN Distress Thermometer and Problem List to conduct distress screening. A positive score is considered 5 and above (0-10 scale). In addition to English, the screening tool is available in four languages—Spanish, French Creole, Polish, and Russian.

The cancer center offers a number of resources for their cancer patients (distressed or not), including the STAR (Survivorship Training and Rehabilitation) Program, an exercise program for certain cancer patients at an associated fitness center, nurse navigators, an ostomy nurse, and social work support (one social worker, social work interns). Other resources include a patient resource library, genetic assessment and counseling, palliative care, nutrition counseling, transportation assistance, pastoral care, and integrative therapies (Reiki, reflexology, massage, craniosacral massage, yoga, art therapy, music therapy), and patient education programs, including a survivorship conference.



## DISTRESS SCREENING PROGRAM

Bennett Cancer Center implemented its distress screening program in 2009. Screening is done at four touch points:

1. At the initial Medical Oncology visit, the front desk staff gives new patients the distress screening tool.
2. At the end of medical oncology treatment, the survivorship nurse has patients complete the distress screening tool.
3. At the beginning of radiation oncology treatment, the simulation technologist administers distress screening.
4. At the end of radiation treatment, the manager for Radiation Oncology has patients complete the distress screening tool.

The Medical Oncology scheduler looks at the weekly patient appointments and identifies the patients that should be screened. She also tracks whether the screening results were distributed as planned. Distress screening takes about two hours/per week of her time.

Patients complete a paper-and-pencil version of the NCCN Distress Thermometer and Problem List. The paper form is then scanned into the electronic health record (EHR). In Medical Oncology, the patient gets a copy to take into his or her initial consultation with the oncologist. A copy goes to the cancer center social worker. A positive screen is considered to be a score of 5 or greater on the Distress Thermometer.

In Medical Oncology, the oncologists note the distress score in the Review of Systems in the EHR and the relevant problem areas in the psychosocial section. There are three set responses for the plan of action in the psychosocial section:

1. Patient agreed to contact by Cancer Support Services
2. Patient declined contact by Cancer Support Services
3. Patient declined to complete the form.

When the physician makes a referral, it generates an alert for the referral target. The social worker follows up with the physician (via email) when there is a positive screen in Medical Oncology. In Radiation Oncology, the social worker can put notes into the EHR documenting response to the screen.

Patients are informed about distress screening by staff that performs screening. Patients that have a negative screen (score = 1-4) are sent a letter telling them about available services. For patients that have a positive screen (score > 5), the social worker calls or meets with the patient for assessment of need. The time frame for follow-up depends on the score—higher scores receive faster responses—but follow-up occurs within 24 to 48 hours of receiving the screening result. Staff training about distress screening occurs in educational in-services.

## PROGRAM SUCCESSES

In 2014, Bennett Cancer Center screened 793 of 935 total new patients. The cancer center has a number of multidisciplinary staff trained in the STAR program for their cancer survivors. Further, the cancer center has identified three current and future initiatives:

1. To increase the frequency of screening, particularly to assess distress midway through treatment.
2. To increase the frequency of screening for patients getting oral chemotherapy—who are not coming in to the infusion center. These patients are currently screened at the initial visit to Medical Oncology and at the survivorship visit.
3. To upgrade the survivorship program to a freestanding survivorship clinic.