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Cancer Care Ontario



References, Abstracts, Tools/Assessment



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Coming Soon to a Clinic Near You: DART



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PMH has developed an innovative, patient-centered, interprofessional Distress Assessment and Response Tool (DART) to improve detection and enhance clinical response to the physical, emotional and social difficulties of our patients.

Distress Statistics

The numbers tell a compelling story. More than 30% of patients report clinically significant distress at any point in their disease trajectory (1, 2). Heightened distress in medical illness has been associated with numerous negative health outcomes including poor treatment adherence (3), worse satisfaction with care (4), worsened quality of life (5) and poorer survival (6). It is also associated with increased health care utilization (7, 8), estimated to be 50% higher than with medical illness alone (9). Despite evidence that heightened distress in cancer responds to both pharmacologic and non-pharmacologic treatments (10), numerous studies have shown that it is often unrecognized and under-treated. Therefore, the Council of the Canadian Strategy for Cancer Control has endorsed Emotional Distress as the 6th Vital sign.

Our Patients' Story

Over 54% of patients at UHN are using the internet and 37% are retrieving health information from it (11). Patients are increasingly at the center of their own care and are calling for an integrated health care system with more communication between health care providers. They are eager to learn about resources, search the internet and consult friends, family and other facilities to choose health care options. Patients are increasingly benefiting from a horizontal exchange of information: patient to patient, peer to peer, survivor to newly diagnosed.

Trends at PMH

There has been a 30% increase in patient volumes at PMH in the past 5 years; more patients are living longer and requiring well follow up. Their needs, concerns and goals are evolving and chronic disease management models are being advocated in response. The demand for increased services may outweigh the resources available unless novel, proactive, collaborative care approaches are developed. We are called to respond, to be patient-centered, preventative and targeted in our approach to balancing patient needs and staff workloads.

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Point of Care Perspective @ UHN

Lindsay Carlsson



Lindsay Carlsson

The Edmonton Symptom Assessment Scale (ESAS) offers nursing great insight into the treatment experiences of our patients, as it targets nine essential symptoms within a standardized fashion. This screening tool has not been systematically

rolled out across the Breast Site, with its current use at the discretion of individual clinicians. My initial exposure to the consistent utilization of the ESAS tool within the radiation review clinics highlighted both how it effectively fosters collaborative practice, and also translates the subjective experience of the patient into an objective, measurable symptom profile. I have witnessed first-

hand how the results from this scale can subsequently facilitate targeted and responsive clinical care. The sheer volume of patients seen in breast clinic on a daily basis, in addition to the complex nature of their needs directly supports the need for such a tool within our clinical practice. I am highly anticipating its implementation within the Breast Site.



Distress Assessment and Response Tool (DART) continued...

How will we respond?

Developed in accordance with Cancer Care Ontario and the Canadian Partnership Against Cancer guidelines, DART is an automated physical, emotional and social distress screening tool, linked to a triaged care path based on each patient's identified level of distress at critical time points along the cancer journey. DART incorporates patient centered care with innovation to have patients initiate and guide conversations in clinic rooms about their ability to manage aspects of their care.

DART is comprised of four well validated measures assessing several domains of health – including practical issues, social issues, spirituality, physical symptoms, and psychosocial distress (anxiety and depression). DART is completed in the waiting rooms prior to clinic appointments with the assistance of specially trained volunteers. The automation allows for immediate scoring and access to reports regarding the patient's current well-being. Clinicians and patients are each provided with a summary report of these results to aid in communication and linkage with resources. Healing Beyond the Body volunteers will provide peer support and information for low levels of distress. Moderate levels of distress are targeted for assessment by the medical team, with nurses playing a key role in the triage process. High levels of distress can be

referred on for specialized care with the Department of Psychosocial Oncology and Palliative Care (POPC). DART creates a targeted dialogue to assist in the provision of the right information, at the right time, by the right individual. Through inter-professional collaboration, clinic teams will be provided with educational opportunities to assist in meeting our patients unique, and evolving needs.

When will DART arrive?

DART, in the form of symptom screening only with the Edmonton Symptom Assessment System (ESAS), has already been implemented in several clinics including the palliative care clinic, multiple myeloma clinic, REACH, PROP and radiation review. The complete DART screen was piloted in POPC and melanoma, and has currently expanded to sarcoma and endocrine. DART will continue to roll out in a step-wise fashion, customized to each clinic, as it expands throughout all PMH clinics over the next few years. The numbers tell a compelling story, now is our chance to hear what our patients have to say.

To learn more about the Distress Assessment and Response Tool (DART) feel free to contact Alyssa Macedo, Program Coordinator or Dr. Madeline Li, DART Physician Lead at Princess Margaret Hospital.

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