



CLINICAL POLICY

Psychosocial/Spiritual Services for Cancer Patients

A. EFFECTIVE DATE :

April 2020

B. PURPOSE :

The purpose of this policy is to standardize the process for assessment of psychosocial distress in cancer patients

C. POLICY :

1. All cancer patients (excluding patients in Department of Correction custody) will be offered opportunity to self-assess their level of distress according to the procedure outlined below. The result of this assessment will be recorded in the psychosocial distress screening tool in the patients' electronic medical record and needed resources will be offered to patients early in their treatment phase.

D. SCOPE :

This policy applies to all newly diagnosed cancer patients coming to the Neag Cancer Center

E. DEFINITIONS :

1. **Psychosocial Distress** – *Psychological, social, emotional and behavioral factors that may interfere with a patients' treatment plan and adversely affect treatment outcomes*

F. MATERIAL(S) NEEDED :

Psychosocial Distress Screening Tool from NCCN Practice Guidelines in Oncology for Distress Management V.3.2012 2012

G. PROCEDURE :

All cancer patients will be given the opportunity to self-assess their level of distress by completing a psychosocial spiritual distress screening tool during the diagnostic phase of their treatment for cancer. This tool can be given by the Oncology Social Worker or Nurse Navigator at the beginning of their treatment course.

At the discretion of the clinical team, the distress screening tool can be administered at other points in the patients' care. This may include the survivorship assessment interview as well.

The completed distress screening tool which can be found in the electronic medical chart will be reviewed by the Clinical Social Worker or the Nurse Navigator. The results will be directly shared by the Oncology Social Worker with the appropriate provider of the patient care team which may include the Physician, APRN, or Nursing staff member. In response to identified stress, the patient will be offered a referral to the appropriate resources for further

evaluation and intervention. This may include: Psychiatry; Social Work; Chaplain; Financial Counselor; Patient Navigator; Palliative Care or appropriate community resources.

Any psychosocial /spiritual needs that are identified will be documented in the electronic medical record and a referral will be offered or enacted on patient behalf. The distress screening tool shall be placed in the patient’s electronic medical record with such follow up documentation after review by clinical team member. Patients will have the opportunity to except or refuse such resources and be given contact information for Supportive Services Staff to address future concerns.

H. ATTACHMENTS :

[Psychosocial Distress Screening Tool](#)

I. REFERENCES :

This policy is a response to the requirement of the Standard 5.3 of the CoC program which assesses the Cancer Center every 3 years for quality and accreditation

J. SEARCH WORDS :

Psychosocial Distress Screening

K. ENFORCEMENT:

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

L. STAKEHOLDER APPROVALS :

- | | |
|------------------------------------------------------------------------------------------------------------|---------------------------|
| 1. <u>Dr. Susan Tannenbaum, MD (Signed)</u>
Clinical Director of Neag Cancer Center | <u>02/18/2020</u>
Date |
| 2. <u>Marie Ziello, LCSW (Signed)</u>
Oncology Social Worker | <u>02/14/2020</u>
Date |
| 3. <u>Sarah Loschiavo (Signed)</u>
Dir. Supportive Care | <u>02/14/2020</u>
Date |
| 4. <u>Wendy Thibodeau RN (Signed)</u>
RN Navigator | <u>02/17/2020</u>
Date |
| 5. <u>Anne Horbatuck (Signed)</u>
Vice President, Ambulatory Services | <u>03/6/2020</u>
Date |
| 6. <u>Scott Allen, MD (Signed)</u>
Medical Director, Chief Quality Officer
and Chief Medical Officer | <u>04/24/2020</u>
Date |
| 7. <u>Caryly Ryan (Signed)</u>
Chief Nursing Officer | <u>04/27/2020</u>
Date |

M. COMMITTEE APPROVALS :

None

N. FINAL APPROVAL :

- | | |
|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|
| 1. <u>Andrew Agwunobi, MD, MBA (Signed)</u>
Andrew Agwunobi, MD, MBA
UConn Health Chief Executive Officer | <u>05/1/2020</u>
Date |
| 2. <u>Anne D. Horbtauck, RN, BSN, MBA (Signed)</u>
Anne D. Horbatuck, RN, BSN, MBA
Clinical Policy Committee Co-Chair | <u>4/26/2020</u>
Date |
| 3. <u>Scott Allen, MD (Signed)</u>
Scott Allen, MD
Clinical Policy Committee Co-Chair | <u>04/26/2020</u>
Date |
| 4. <u>Caryl Ryan, MS, RN (Signed)</u>
Caryl Ryan, MS, RN
VP Quality and Patient Service & Chief Nursing Officer | <u>4/27/2020</u>
Date |

O. REVISION HISTORY :

Policy Approved: 10/2013

Revisions: 01/2020