

E-magine ePROs: Personalizing Care with Electronic Patient Reported Outcomes Collection

Tran Truong, IT Manager

Alyssa Macedo, Program Lead

Terri Stuart McEwan, Executive Director

Madeline Li, Psychiatrist

Standardized symptom screening = Improved care

Aim

To improve the quality and consistency of patient's physical and emotional symptom management across the cancer journey

- Earlier identification and communication of symptoms
- Improved symptom management
- Improved collaborative care planning (Temel et al, *NEJM*, 2010)
- To empower *Patients as Partners*

DART - Enhancing the Patient Experience

Drivers for Change

- Ontario Cancer Symptom Management Collaborative (2008)-**provincial benchmarking and public reporting; 70%** of all cancer patients should be **screened** across Ontario.
- Accreditation Canada (2009) New Standard in Practice- Evaluation and monitoring the clients emotional distress as the 6th vital sign
- Ambulatory Care Strategy (2008-2015) **improve the patient experience** monitored with Picker Surveys; emotional support

DART - Enhancing the Patient Experience

ACTION

- Development of **the Distress Assessment and Response Tool (DART)**, a self report questionnaire which includes ESAS and other psychosocial measures (2009)
- Reporting structure up to senior management team
- Standard implementation in clinics with site based accountability



Please **select** the number that **best** describes how you feel **NOW**:

0 1 2 3 4 5 6 7 8 9 10

No Depression

(Depression = feeling sad)

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Worst Possible Depression

No Anxiety

(Anxiety = feeling nervous)

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Worst Possible Anxiety

Best Wellbeing

(Wellbeing = how you feel overall)

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Worst Possible Wellbeing

Back



eCancerCare, University Health Network | Edmonton Symptom Assessment System (ESAS-R)

Next

DART Personalized Assessment

VALIDATED ASSESSMENTS

Edmonton Symptom
Assessment Survey (ESAS)

Patient Reported Functional
Status (PRFS)

Patient Health
Questionnaire (PHQ)

Brief Pain Index (BPI)

Generalised Anxiety Scale
(GAD)

Social Difficulties Inventory
(SDI)

SELECTION CRITERIA

AGE

- AYA < 40
- Geriatric >75

CLINIC LOCATION

- Radiation Review
- Blood Collection Lab

DISEASE SITE

- Lung Cancer
- Prostate Cancer

INTERVENTIONS

- Radiation Fractions
- Smoking Cessation

FREQUENCY

- Every 7 days
- Every 3 months

THRESHOLDS

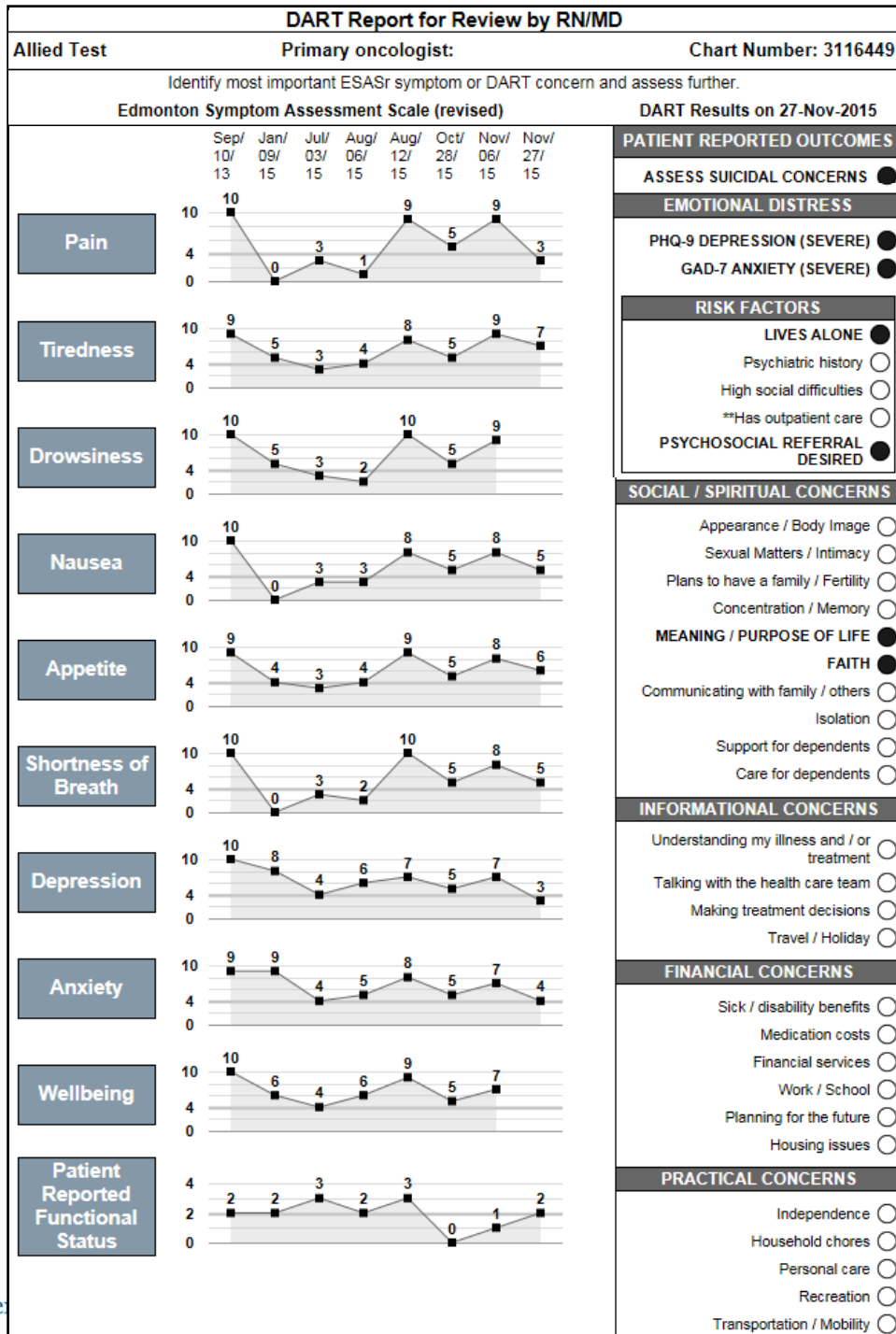
- Anxiety
- Depression
- Pain
- Fatigue
- Smoker

PROGRAMS

- Survivorship
- ALLO BMT

DART Report

Edmonton Symptom Assessment System Revised (every visit)



Patient identifiers and date

EVERY THREE MONTHS
Is there a chance you would do something to end your life?

Depression- Patient Health Questionnaire (PHQ)
Anxiety- Generalized Anxiety Subscale (GAD)
Distress Risk Factors

Social Difficulties Inventory

DART Integration

DART

Please select the number that best describes how you feel **NOW**:

No Pain 0 1 2 3 4 5 6 7 8 9 10 Worst Possible Pain

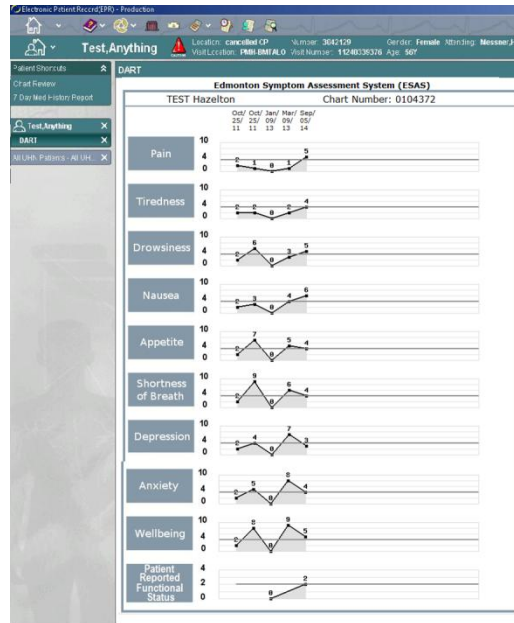
No Tiredness (Tiredness = lack of energy) 0 1 2 3 4 5 6 7 8 9 10 Worst Possible Tiredness

No Drowsiness (Drowsiness = feeling sleepy) 0 1 2 3 4 5 6 7 8 9 10 Worst Possible Drowsiness

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3/3

Patient



EPR



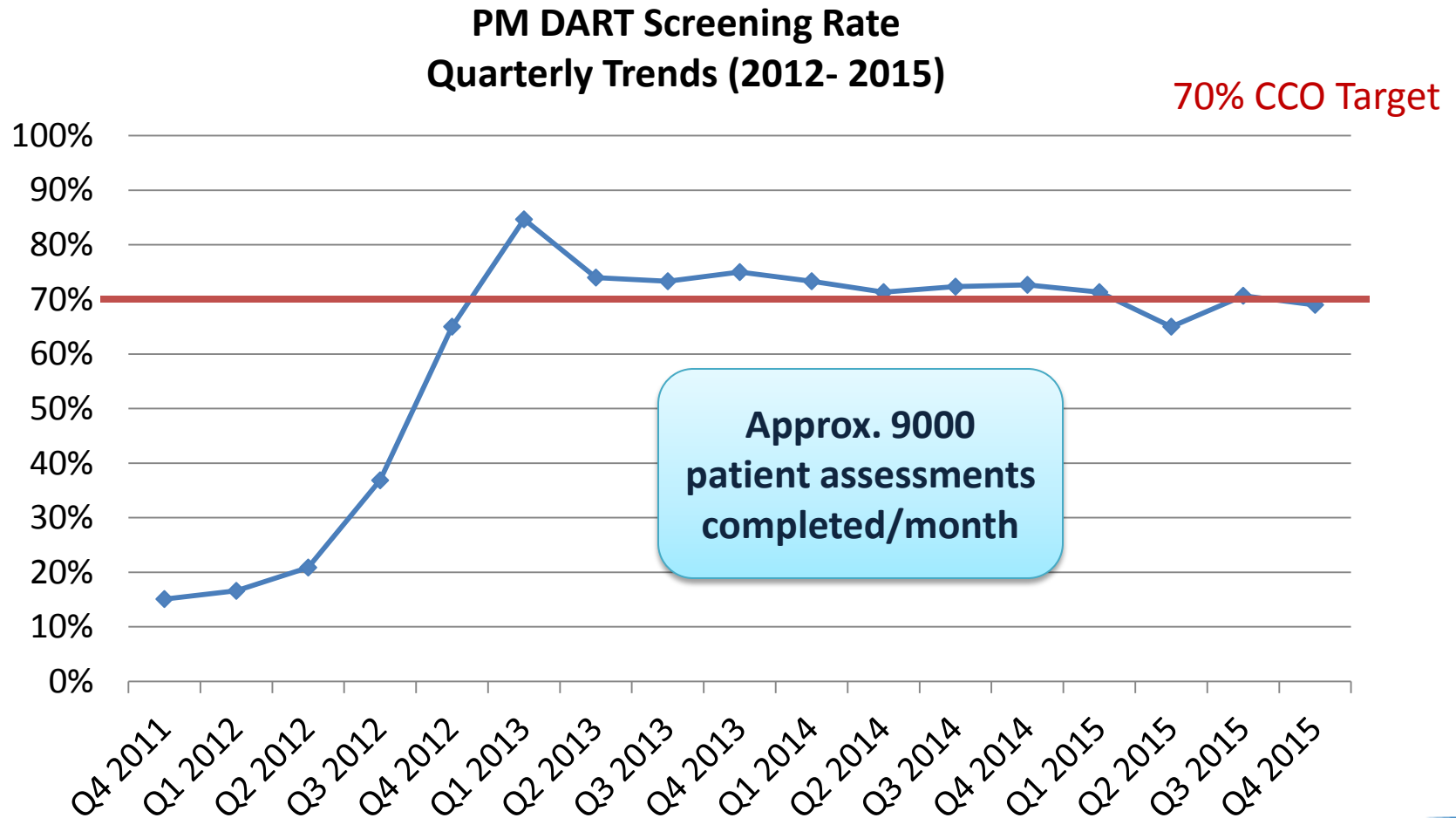
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DART Tech Implementation

- Started with touch screen kiosks (30): expensive and they take up a lot of space
- Mobile devices, iPads (85)
 - Enclosures
 - Charging
 - Security
 - Infection Control
 - Access (no internet)
 - Printing



PM DART screening rates have been maintained above 70% for 3 years



Princess Margaret Distress Screening Performance Report

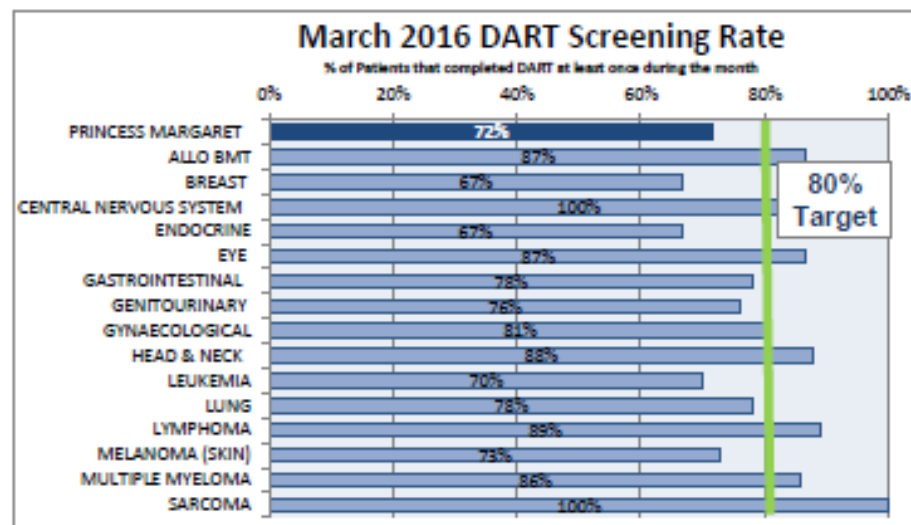
Ambulatory Care Vision: To provide exemplary patient centred ambulatory care experiences
 Monthly Target: 80% of ambulatory care patients screened with DART electronically

Princess Margaret DART Performance Reporting - MARCH 2016

Site	February	Current Month -March		
	Screening Rate	Screening Rate	Paper	Electronic
PRINCESS MARGARET	67%	72%	6%	94%
ALLO BMT	83%	87%	4%	96%
BREAST	61%	67%	10%	90%
CENTRAL NERVOUS SYSTEM	100%	100%	6%	94%
ENDOCRINE	53%	67%	3%	97%
EYE	82%	87%	1%	99%
GASTROINTESTINAL	73%	78%	4%	96%
GENITOURINARY	59%	76%	5%	95%
GYNAECOLOGICAL	78%	81%	3%	97%
HEAD & NECK	88%	88%	8%	92%
LEUKEMIA	69%	70%	13%	87%
LUNG	80%	78%	4%	96%
LYMPHOMA	82%	89%	6%	94%
MELANOMA (SKIN)	74%	73%	4%	96%
MULTIPLE MYELOMA	85%	86%	9%	91%
SARCOMA	100%	100%	5%	95%

Princess Margaret Performance Metrics (compared to previous month):

- on target (within 2 ppt)
- not on target, but improving by 5 ppt or greater
- not on target and not improving (improvement is less than 5 ppt)



Foundations to Expansion and Sustainability

**III. Commitment
to Communication**

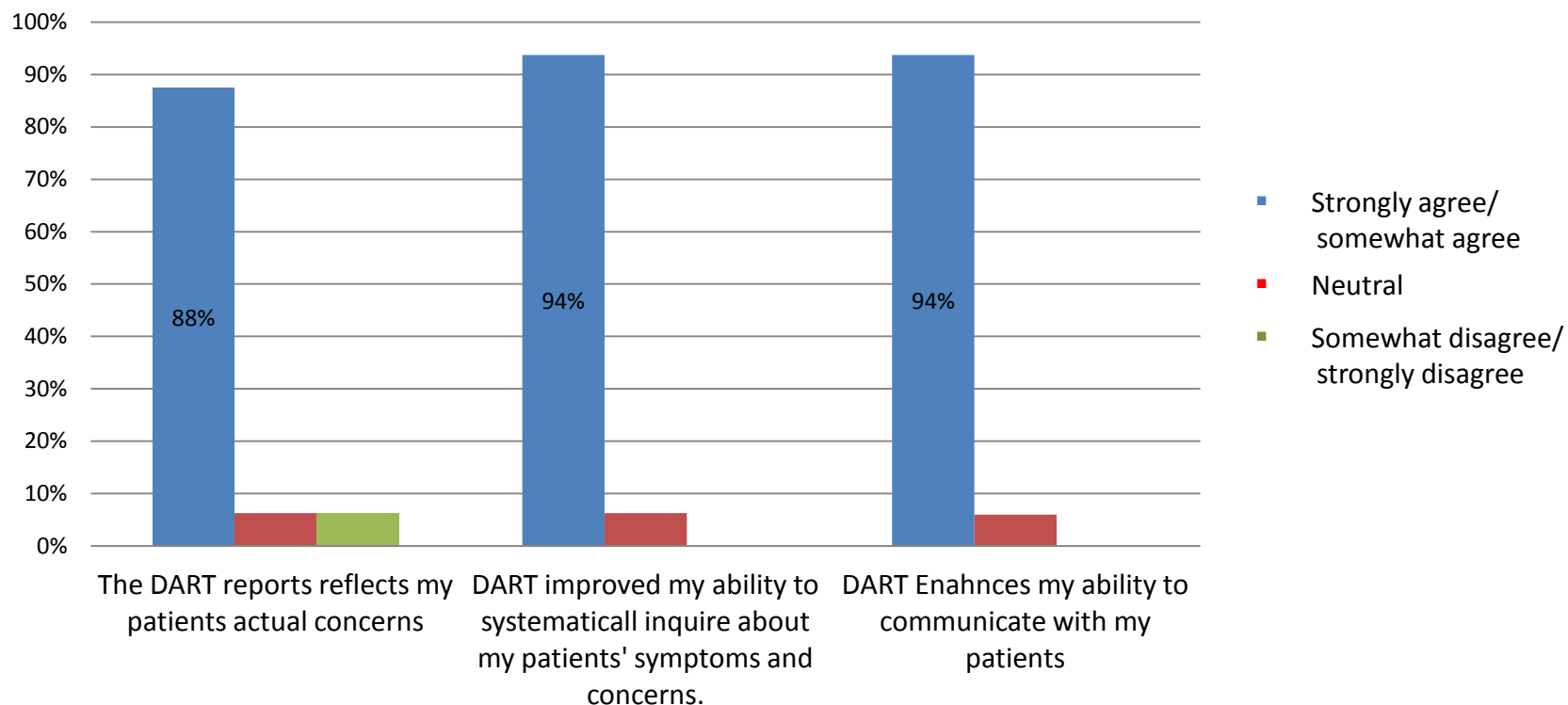
**II. Integration of a Process
Improvement Framework**

I. Organizational and Leadership Commitment



Impact on Staff and Patients

Improved Teamwork and Patient-Clinician Communication



Advances in Program Development

Inter-professional Model
of Psychiatry Active
Collaborative
Care (IMPAC)



Pain
Initiative



AYA



Nurse Triage



Future of DART

- Implementation in Montreal, Rossy Cancer Network, full french translation
- Integration with Patient Portal to complete at home
- Development of a clinic dashboard to view a summary of results
- Implementation in Vancouver Prostate Cancer Centre, Kuwait Cancer Control Center
- Interest from other international cancer centers

Acknowledgements to Team

DART Operations Committee

Alyssa Macedo, *DART Program Lead*

Terri Stuart-McEwan, *Director of Ambulatory Care*

Bruce Campbell *Patient/Volunteer Representative*

Kirsten Wentlandt, *Regional Palliative Care Lead*

Simonne Simon, *Advanced Practice Nurse Educator*

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Tran Truong, *HIR Manager*

Dr. Ringash (phone in), *Oncologist/PRO Champion*

Dr. Madeline Li *POPC Representative*

Sabrina Bennett, *Manager of Ambulatory Care*

DART IT Team

Bruno Ramos, *Technical Analyst*

Yuliya Gavrylyuk, *Project Coordinator*

Lynette Chen, *Support Analyst*

Justin Liu, *Architect*

Viet Tran, *Senior Analyst*

Chris Hamill, , *Senior Analyst*

Collaborators

Doris Howell, *iPEHOC Project Lead*

Dr. Bezjak, *Lung Site Lead*

Dr. Geoffrey Liu, *Radiation Oncologist*

Dr. Meredith Giuliani , *Radiation Oncologist*

Janet Papadacos, *Manager Patient Education*

Robin Forbes, *Social Work, Practice Lead*

Stephanie Phan, *Clinical Lead, CRS Program*

Iryna Tymoshyk, *Ambulatory Manager*

Jennifer Jones, *Director, CRS Program*

Dr. Andrew Matthews, *Senior Psychologist*

Dr. Tony Finelli, *Urologist*

Dr. Abha Gupta, *Medical Oncologist*

Dr. Andrew Hope, *Radiation Oncologist*

Shabbir Alibhai, *Senior Scientist*