

## Background and Significance

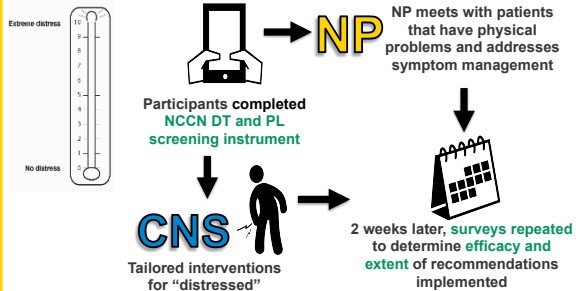
- 30% of 1.6 million Americans diagnosed with cancer have psychological distress.
- Cancer Patients - Distress Screening & Treatment: Required by ACS CoC & QOPI.
- Collaboration between advanced practice nurses through the use of mobile-health technology in an oncology setting can improve patient distress scores and patient-care efficiency.

## Objectives

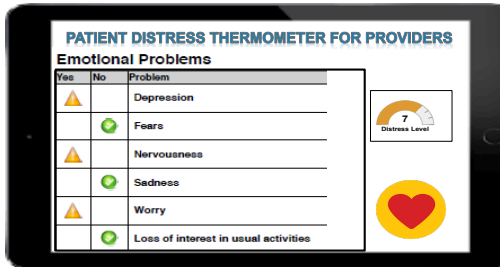
- The audience will identify benefits to patient care (specifically to mitigate distress in cancer patients) for collaboration between advanced practice nurses when utilizing mobile-health technology.
- Identify a well-designed automated software program for health care providers that can increase efficiency by identifying cancer patients in distress and providing referral or treatment options.
- Interpret the distress management requirements to achieve or continue ACS CoC & ASCO QOPI accreditations & determine how to provide more than a referral for distress.

## Methods

- Medical oncology practice: Cancer and Leukemia Center.
- Adults diagnosed with cancer in varying stages.
- Developed and utilized an ACS CoC and QOPI- complaint distress management software.
- Program based on the National Comprehensive Cancer Network (NCCN) Distress Thermometer (DT) and Problem List.



## Results



**Table 1.** Comparison of distress score and distress symptoms in physical problems between Pre-test and Post-test among those who got referrals. †Paired t-test was used to test the change in distress score.

Symptom	Pretest	Post-Test	p
<b>Physical problems (n = 29)</b>			
Appearance	8	12	0.1025
Bathing or dressing	3	4	0.5637
Breathing	6	1	0.0588
Changes in urination	5	1	0.0455
Constipation	9	8	0.7055
Diarrhea	6	5	0.7389
Eating	11	12	0.7055
Fatigue	18	15	0.2568
Feeling swollen	10	8	0.5271
Fevers	1	3	0.3173
Getting around	5	5	1
Indigestion	6	3	0.1797
Memory and concentration	12	13	0.7055
Mouth sores	4	1	0.0833
Nausea	10	9	0.7055
Nose dry and congested	11	5	0.0578
Pain	12	7	0.0588
Sexual	1	1	1
Skin dry and itchy	11	14	0.2568
Sleep	12	3	0.0027
Tingling in hands and feet	11	9	0.1573

## Results (continued)

CNS

Symptom	Pretest	Post-Test	p
<b>Emotional problems (n = 22)</b>			
Depression	6	5	0.7055
Fears	12	6	0.0578
Nervousness	11	7	0.1573
Sadness	13	10	0.1797
Worry	18	11	0.0082
Loss of interest in usual activities	9	3	0.0143

Note. McNemar's chi-square test was used to test the changes in distress symptoms.

## Implications for Practice

- **Psychiatric-Mental Health Clinical Nurse Specialist (PMHCNS):**
  - Through the use of the automated software program.
  - Could quickly identify the patient-reported level of distress using the National Comprehensive Cancer Network (NCCN) Distress Thermometer.
- **Family Nurse Practitioner (FNP):**
  - Quickly assess the information and meets with the patient.
  - Provides immediate recommendations, treatment or referral.
- **The Patient**
  - Leaves the office with a plan in hand and a follow-up appointment when needed.

## Conclusion

- Two advanced practice nurses collaborated using the mobile-health technology program to identify patients in experiencing and treating distress.
- Building a stronger collaboration between nurses can improve distress levels in cancer patients and likely leads to maximizing nurse productivity and efficiency.

\*References available upon request

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