ACLP

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Proactive Psycho-Oncology Consultation and Liaison Service: Collaborative Efforts for Early Intervention

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Disclosure: Daniel Fishman, MD

With respect to the following presentation, in the 24 months prior to this declaration there has been no financial relationship of any kind between the party listed above and any ACCME-defined ineligible company which could be considered a conflict of interest.

Pilot Study

- 6 month pilot of proactive CL model
- Oncology patients
  - Primarily Lymphoma and Leukemia patients
- 2 units with a 36 patient census
- Daily Screening
- One Attending and sometimes an APP

Case

- 64 year old man with diffuse large b-cell lymphoma
- Underwent an allogeneic hematopoietic stem cell transplant 6 months ago with successful engraftment
- PTSD following an episode of severe delirium while admitted for transplant
- Eventually admitted for GVHD and is prescribed lorazepam 1mg q4h for nausea and anxiety.
- He uses 4-5mg of lorazepam a day, resulting in the development of delirium

Elements of Proactive Consultation Psychiatry

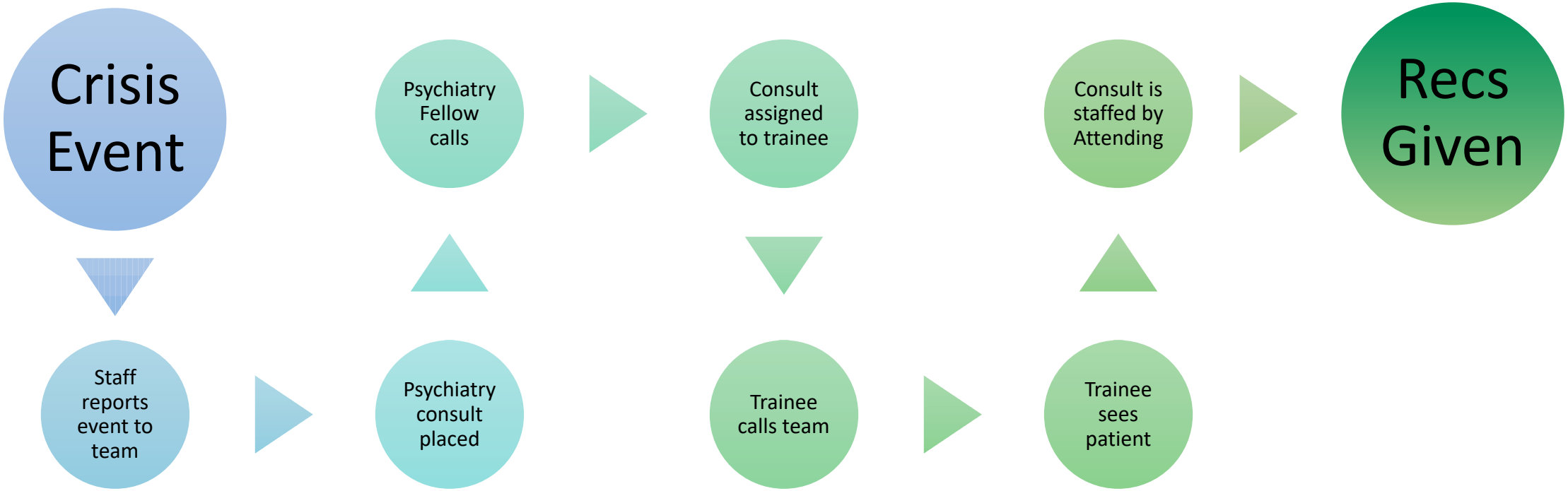
Systematic screening

Proactive clinical engagement

An interdisciplinary team approach

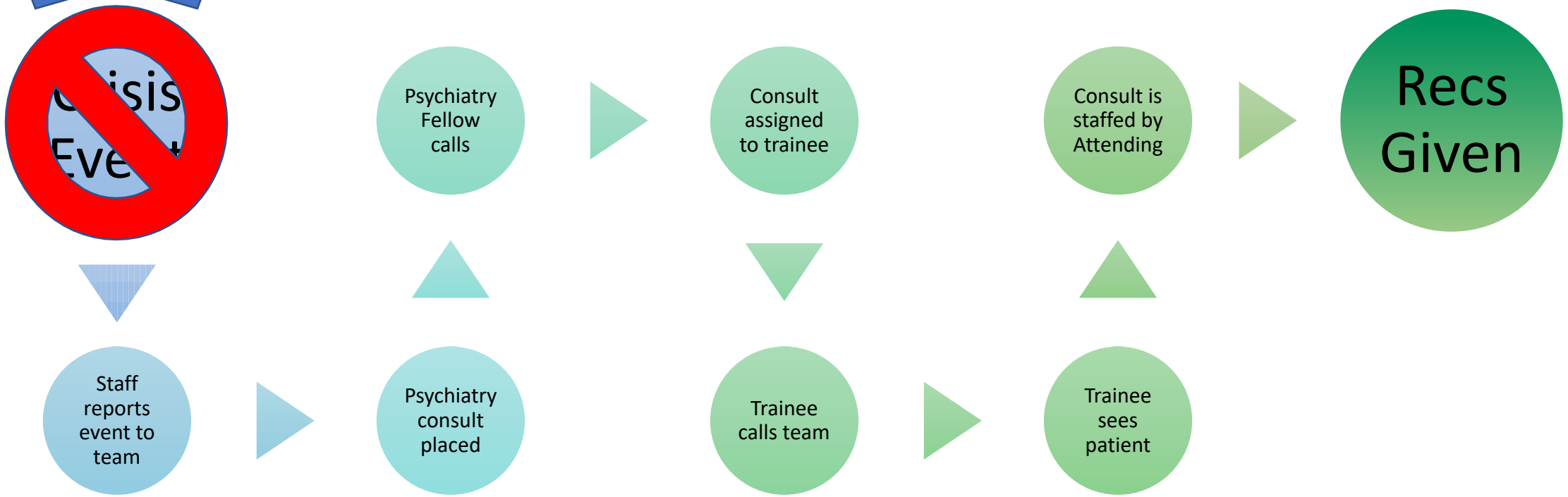
Care integration

Traditional Reactive Consult Model

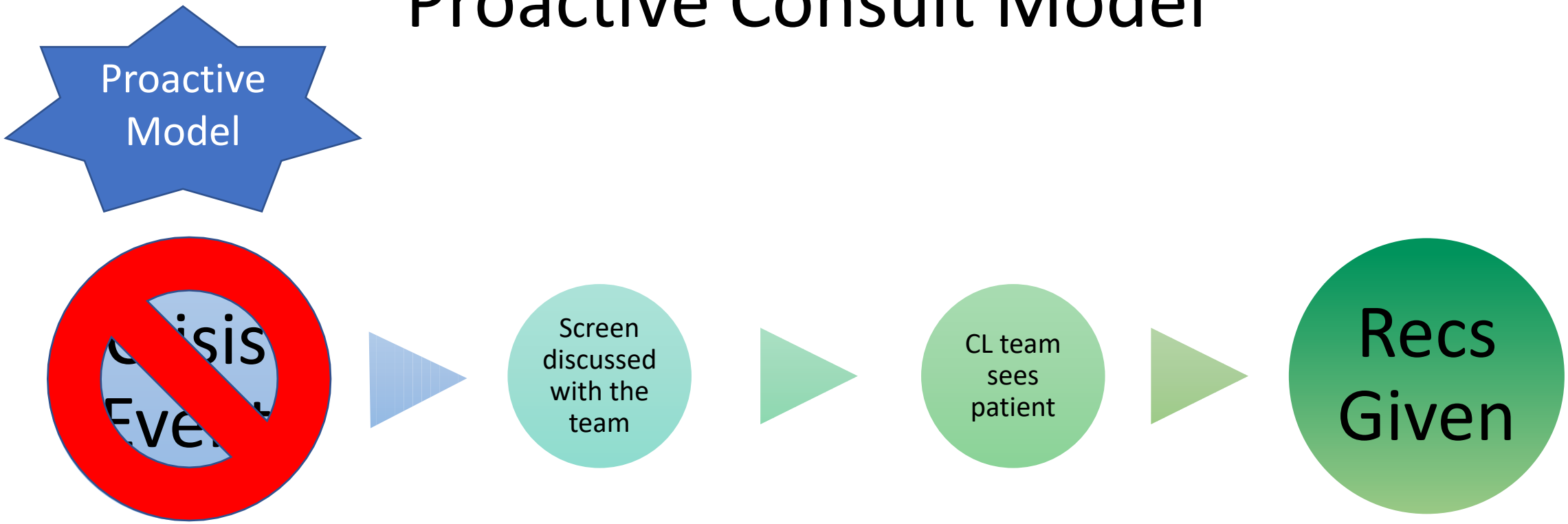


Proactive Model

Proactive Consult Model



Proactive Consult Model



Why a proactive model?

- Prevents longer lengths of stay
- Favorable cost benefit analysis
- Enhances staff satisfaction
- May reduce provider burnout

Why the BMT population?

- Prolonged inpatient stays
- Improved integration between inpatient and outpatient care
- Primary team familiarity with patients
- High level of psychopathology
  - Depression and anxiety 15-40%
  - PTSD 5-25%
  - Delirium 40-70%
  - Severe Immune effector cell-associated neurotoxicity syndrome (ICANS) 12-42%

Psychopathology during admission

- Anxiety is typically highest prior to transplant
- Depression increases during hospitalization for HSCT and may remain elevated for years
- Distress often starts in the hospital but can be experienced by patients for several years after transplant.

Psychopathology following transplant

- Medical PTSD: Diagnosis- and treatment-associated traumas that the patient can re-experience during future medical encounters
- Delirium during HSCT engenders higher levels of distress and fatigue, poorer neurocognitive functioning, and lower quality of life at both six and twelve months post-transplant.
- Delirium also associated with a 14-fold greater mortality rate in the first 4 weeks

Proactive Psych-Oncology Service Screening

Proactive Psych-Oncology Service Screening

Psychiatrist screens EMR

- History of Delirium
- History of Cognitive Impairment + Age >65
- History of Severe Persistent Mental Illness
- Orders for specific psychopharmacology/restraints/sitters
- History of distress during inpatient admissions
- PRN use suggesting distress or chemical coping
- 3 or more home psychotropics

Triggers Psychiatry Consult

Proactive Psych-Oncology Service Screening

Floor Nurse screens patient

- Positive Stanford Proxy Test for Delirium
  - Performed at the end of each shift
- Positive (self-administered) Hospital Anxiety and Depression Scale
  - Administered semiweekly
- Positive Admission Suicide Screen

Triggers Psychiatry Consult

Proactive Psych-Oncology Service Screening

Social Worker screens via Pre-Transplant Assessment

- Psychiatric concerns during outpatient pre-transplant assessment (SIPAT)
- Need for continuity of care for patients being followed in psychosocial oncology clinic

Triggers Psychiatry Consult

Stanford Proxy Test for Delirium (S-PTD)

Maldonado, et al. 2013 Psychosomatic Medicine Service, Stanford University School of Medicine

Instructions – Please, consider whether any of the items listed below applies to your patient, based on observations made during your nursing shift and any information observed or reported by other staff & family DURING THE PRECEDING 12 HRS.	Not at ALL	Some times	MOST of the time
1. During your shift, has your patient experienced difficulties with attention: For example: a. Trouble maintaining focus when you ask questions or provide directions? b. Easily distracted during conversations? c. Easily distracted from tasks requiring attention (e.g., filling out the menu)	0	1	2
2. During your shift, has your patient experienced difficulties with awareness/orientation: For example difficulty knowing: ☐ Where he/she is? ☐ What his/her medical condition is? ☐ Why he/she is here? ☐ What the date is?	0	1	2
3. During your shift, has your patient experienced difficulties with memory: For example: a. Forgetting why he/she was admitted to the hospital? b. Forgetting daily events such as visitors, meals, procedures, etc.? c. Forgetting the identities/roles of primary team and staff members?	0	1	2
4. During your shift, has your patient experienced difficulties with verbal or written language communication (not just speech): For example difficulties: a. Knowing what an object is but being unable to recall the exact name of an object? b. Substituting nonsense words in place of the correct word? c. Responding nonsensically to straightforward questions? d. Producing incomprehensible/mumbling speech?	0	1	2
5. During your shift, has your patient experienced difficulties with learning new information? For example difficulties: a. Learning new information regarding his condition? b. Learning new rehabilitation maneuvers during PT/OT? c. Learning to use new hospital equipment (e.g. bedside urinals, crutches, wheelchair, suction)?	0	1	2
6. During your shift, has your patient experienced difficulties with reasoning and decision-making? For example: a. Difficulties manipulating information in an logical manner while discussing care options with his/her primary team or family? b. Difficulties choosing a preferred option when offered alternatives (e.g. positioning in bed, blinds open vs. closed)?	0	1	2
7. During your shift, has your patient had visuospatial difficulties: For example: a. Trouble navigating his/her meal tray? b. Missing when trying to grab something, or missing his/her mouth when eating, drinking, or suctioning?	0	1	2

Instructions – Please grade as "0" = "not at all", "1"=sometimes, "2"=most of the time", based on observations made during your nursing shift and any information observed or reported by other staff & family DURING THE PRECEDING 12 HRS.	Not at ALL	Some times	MOST of the time
8. During your shift, has your patient experienced difficulties with perceptions: For example: a. ILLUSIONS, (e.g. believing that objects in the room are something else, or misinterpreting sounds/spoken language that he/she hears)? b. Auditory and/or visual HALLUCINATIONS (e.g., picking at "stuff" in his skin or sheets, grabbing/pointing at imaginary objects; having conversations with people not present in the room?	0	1	2
9. During your shift, has your patient demonstrated disorganized thinking: For example: a. Disorganized or rambling speech? b. Fixed, false beliefs that are inconsistent with reality, such as: ☐ Paranoia (e.g. beliefs that the team is trying to poison him/her)? ☐ Grandiose ideas? ☐ Ideas of reference (e.g. thinking irrelevant events are of special significance to his/her life)?	0	1	2
10. During your shift, has your patient experienced changes in behavior and/or psychomotor activity: For example: a. Acted unusually agitated and hyperalert (e.g., on the edge) b. Demonstrated rapid and unpredictable changes in mood? c. Acted unusually slowed (in either thinking or movements) and withdrawn, exhibiting a noticeable lack of movement, subdued, sad or depressed?	0	1	2
11. During your shift, has your patient had changes in sleep pattern? For example: a. Experienced insomnia? b. Demonstrated excessive daytime somnolence which is clinically significant and impairing daily function? c. Has your patient experienced extremely vivid and disturbing dreams during the daytime? d. Talking about events from sleep/dreams as if they had actually occurred?	0	1	2
12. The disturbance/changes described above developed over a relatively short period of time (hours to days) and represent a change from the patient's baseline attention and awareness, and tends to fluctuate in severity during the course of a day.	0	1	2
13. AGE	≤ 55 y/o **0**	56 – 70 y/o **1**	> 70 y/o **2**
TOTAL SCORE			

Hospital Anxiety and Depression Scale (HADS)

Tick the box beside the reply that is closest to how you have been feeling in the past week.
Don't take too long over you replies: your immediate is best.

D	A		D	A	
		I feel tense or 'wound up':			**I feel as if I am slowed down:**
	3	Most of the time	3		Nearly all the time
	2	A lot of the time	2		Very often
	1	From time to time, occasionally	1		Sometimes
	0	Not at all	0		Not at all
		I still enjoy the things I used to enjoy:			**I get a sort of frightened feeling like 'butterflies' in the stomach:**
0		Definitely as much		0	Not at all
1		Not quite so much		1	Occasionally
2		Only a little		2	Quite Often
3		Hardly at all		3	Very Often
		I get a sort of frightened feeling as if something awful is about to happen:			**I have lost interest in my appearance:**
	3	Very definitely and quite badly	3		Definitely
	2	Yes, but not too badly	2		I don't take as much care as I should
	1	A little, but it doesn't worry me	1		I may not take quite as much care
	0	Not at all	0		I take just as much care as ever
		I can laugh and see the funny side of things:			**I feel restless as I have to be on the move:**
0		As much as I always could		3	Very much indeed
1		Not quite so much now		2	Quite a lot
2		Definitely not so much now		1	Not very much
3		Not at all		0	Not at all
		Worrying thoughts go through my mind:			**I look forward with enjoyment to things:**
	3	A great deal of the time	0		As much as I ever did
	2	A lot of the time	1		Rather less than I used to
	1	From time to time, but not too often	2		Definitely less than I used to
	0	Only occasionally	3		Hardly at all
		I feel cheerful:			**I get sudden feelings of panic:**
3		Not at all		3	Very often indeed
2		Not often		2	Quite often
1		Sometimes		1	Not very often
0		Most of the time		0	Not at all
		I can sit at ease and feel relaxed:			**I can enjoy a good book or radio or TV program:**
	0	Definitely	0		Often
	1	Usually	1		Sometimes
	2	Not Often	2		Not often
	3	Not at all	3		Very seldom

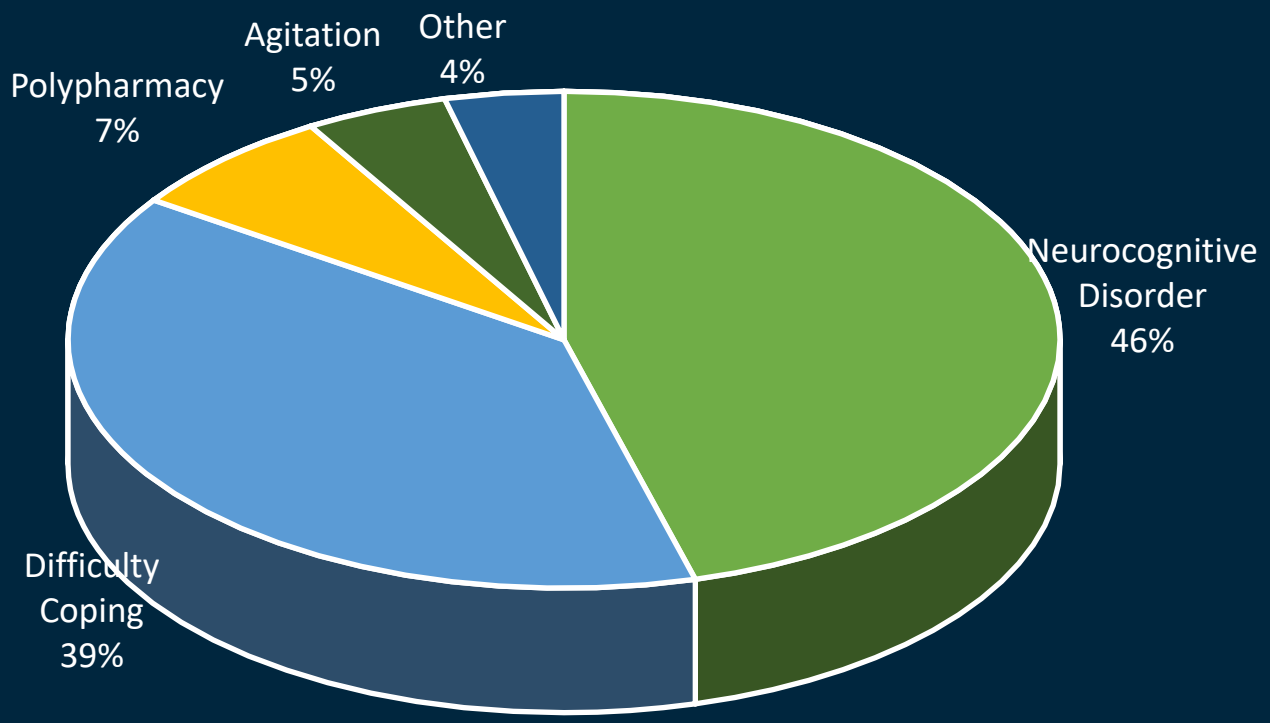
Please check you have answered all the questions

Scoring:
Total score: Depression (D) _____ Anxiety (A) _____
0-7 = Normal
8-10 = Borderline abnormal (borderline case)
11-21 = Abnormal (case)

Results: Consults Reason

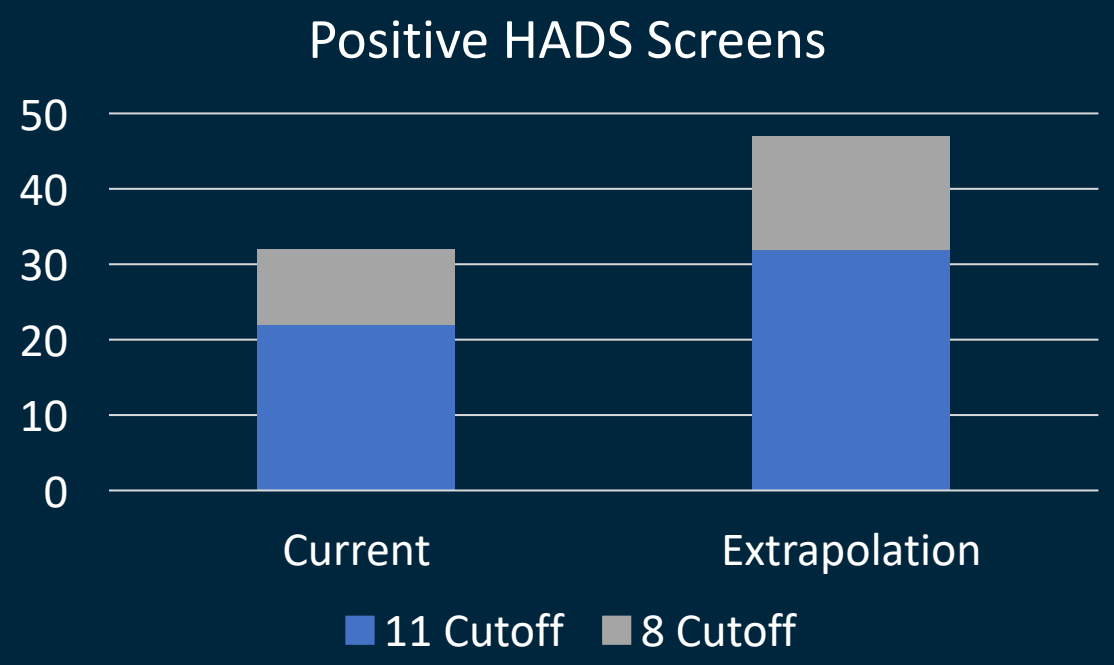
Difficulty Coping	S-PTD	Delirium or Cognitive Impairment	HADS	Poly-pharmacy	Non-delirious Agitation	Other
48	33	20	11	9	6	5
37.20%	25.60%	13.20%	8.40%	7.00%	4.70%	3.90%

Consolidated Consult Frequency



Hospital Anxiety and Depression Sca

	Total number of positive screens	Total number of screens	Percentage of positive screens
EGR	15	65	23.1%
E1	17	120	14.2%



HADS Progress

	Total Number of Screens	Number of Screening Opportunities	Rate of Screens Completed	Rate of Positive Screens
One unit 6 Month Pilot	120	931	12.9%	14.2%
One unit Last Month	52	144	36.1%	19.2%

Outcomes

- 129 consults on 112 unique patients
- Consult rate tripled from 10% to 30.5%
- “We’ve been asking for this forever.”
- “So nice to finally have more of a voice.”
- “It’s improved culture around talking about the mental health/psychosocial well-being of our patients… and reminded them that we are there to take care of them and advocate for all aspects of their being: physical, physiological, spiritual, social, emotional, and mental, etc.”
- “Psych-onc should be a part of every patient's admission in the same way that PT, Dietary, Social Work, Case Management, etc. are automatically included.”
- “So grateful for all of your help with our patients.”

Summary and Take-aways

- Psychopathology is highly prevalent
- Proactive CL Psychiatry Service appears to be a viable model in this population
- Primary team and staff investment is critical

Thanks to our stellar team!

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