

## **Service Priorities and Programmes**

### **Electronic Presentations**

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# Psycho-social Support Care for the Patients with a Newly Diagnosis Haematological Malignancy Related Distress

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## **Introduction**

Psychosocial distress can impact a patient's quality of life and potentially affect the timely and effective cancer management. The National Comprehensive Cancer Network (NCCN) developed a Distress Thermometer that includes a ten point scale of distress and checklist of psychosocial issues. In this analysis we compare the rates of referrals to our psychosocial support services prior to and post implementation of this tool in haemat-oncology nursing practice in Pamela Youde Nethersole Eastern Hospital (PYNEH).

# **Objectives**

The project aimed to develop and pilot an agreed supportive care screening tool in Patients with newly diagnosis haematological malignancy in Pamela Youde Nethersole Eastern Hospital (PYNEH).

### **Methodology**

16 newly diagnosis haematological malignancy admitted patients in Department of Medicine, Pamela Youde Nethersole Eastern Hospital (PYNEH) between 5 October to 27 December 2015. Psychological distress was measured by Distress Thermometer and Problem Checklist, rate of referral to psychology, social services and multi-disciplinary services in the 12 weeks.

### **Result**

16 patients were screening using the NCCN Distress Thermometer and Problem Checklist. 64.3% of patients were rated as significant distressed ( $\geq$  4). 1 patient did not record a distress score and of whom 85.7% had not received psychosocial support before screening. A significant high number of emotional and physical problems were reported by among these patients. 15 out of a possible 16 patients were re-screened (93.7%) one week after they were initially screened. 60% of patients

reported a lower distress score when re-screened then initially screening. 40% of patients scored significantly distressed ( $\geq$ 4) when re-screened. Nursing staffs were generally positive about the ability of routine screening to help them care for their patients and the most agreed that some form of routine screening should continue. Conclusion The project has demonstrated the usefulness of a psycho-social support screening tool to identify referral need in haemat-oncology setting. Early screening to identify patient's need and refer to appropriate support care timely at an early stage is beneficial to patient's well being. Re-screening at 1 week from commencement of treatment showed a significant decrease in distress scores and management activities of daily living (ADLs)