Psychosocial Distress: An Outpatient Palliative Social Work Intervention
Alexandra Reed, LMSW & Katherine Lewis, LMSW

Methods
- Psychosocial intervention based on healthcare provider referrals from January 2014 to April 2014
- 39 referrals received; with 15 patients scheduling face-to-face visits
- National Comprehensive Cancer Network Distress Thermometer Scores
- Advanced Directive Completion Rates

Background
- Patients desire to participate in the advance care planning (ACP) process
- Barriers of lack of time and comfortability with the topic limit health professionals from ACP conversation facilitation
- Lack of advanced directive completion potentially results in families making inadequately informed decisions, creating additional emotional and financial distress
- Increased distress is associated with decreased quality of life
- ACP results in higher patient satisfaction and greater adherence to patient goals of care

Implications
- Costs associated with end of life care can be reduced by increased AD completion through less futile or unwanted treatment
- Social workers can be increasingly utilized to facilitate ACP due to extensive training in interpersonal skills
- Hendrick Medical Center established an Advance Directive Champion Team to increase ACP in the acute setting

Research Goals
To assess the impact of psychosocial support on ACP and associated outcomes

References
- Hammes, B.J. (2013). How can a “care planning system” improve care? Research presented at the meeting of the Center to Advance Palliative Care, Dallas, TX. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Distress Management V.2.2013. © National Comprehensive Cancer Network, Inc 2014. Accessed March 6, 2013. To view the most recent and complete version of the guidelines, go online to NCCN.org. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, NCCN GUIDELINES®, and all other NCCN Content are trademarks owned by the National Comprehensive Cancer Network, Inc.

How does advanced directive completion correlate with distress?
- Mean Initial Distress Scores
  - Patients without previously completed ADs = 9.25
  - Patients with previously completed ADs = 5.75

Psychosocial Intervention
- Number of Patients: Initial Distress - Pre = 12, Initial Distress - Post = 12, Distress - Follow-up = 10
- Mean Distress Score: Initial Distress - Pre = 6.92, Initial Distress - Post = 5.875, Distress - Follow-up = 3.9