

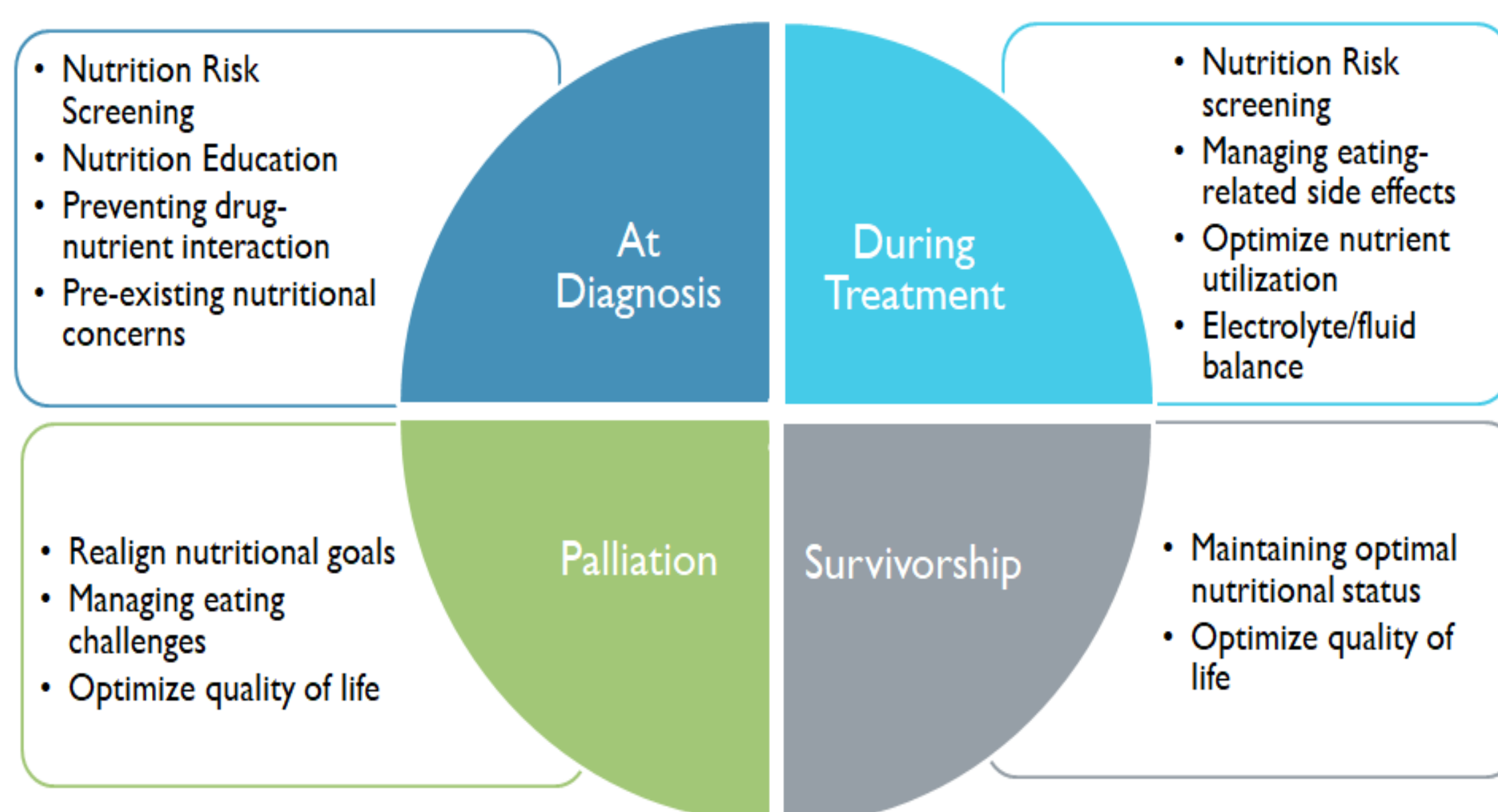
Targeting Malnutrition Risk: A Collaborative Approach to Early Identification and Intervention of Patients in a Community Hospital's Cancer Care Clinic

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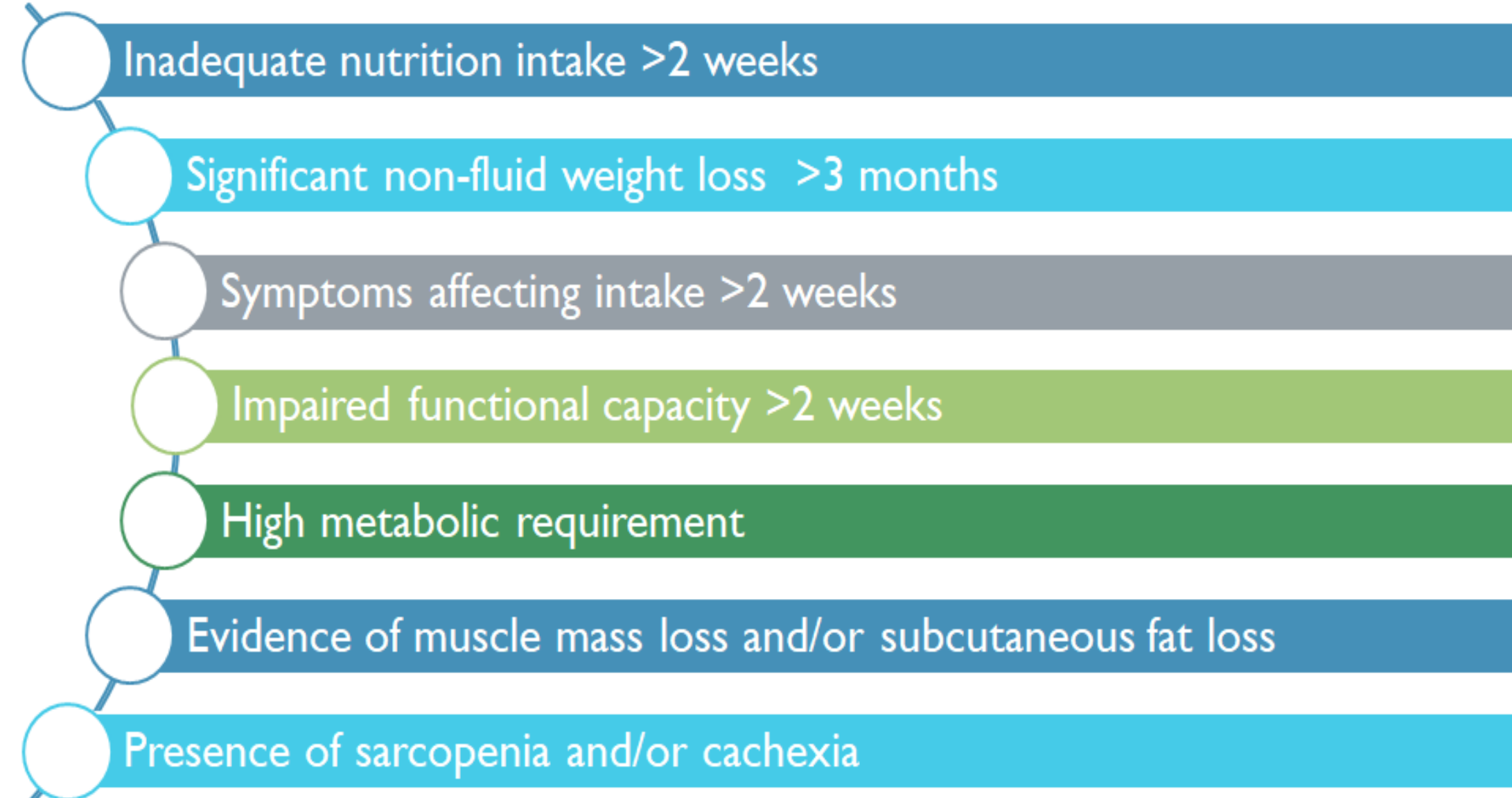
BACKGROUND

- Average of 35% of all cancer diagnosis are GI malignancies at Humber River Hospital and 30% of oncology palliative care admissions comprising of the same diagnosis
- Various evidence-based literature cite 20-80% of cancer patients are malnourished, however only 30-60% who are at risk actually receive nutritional therapy
- Gap analysis identified a need for a systematic nutrition screening tool to complement symptom screening ESAS in order to assess high-risk patients, and their nutritional concerns in real-time

Nutrition Concerns Throughout the Cancer Continuum



Clinical Presentation of Malnutrition

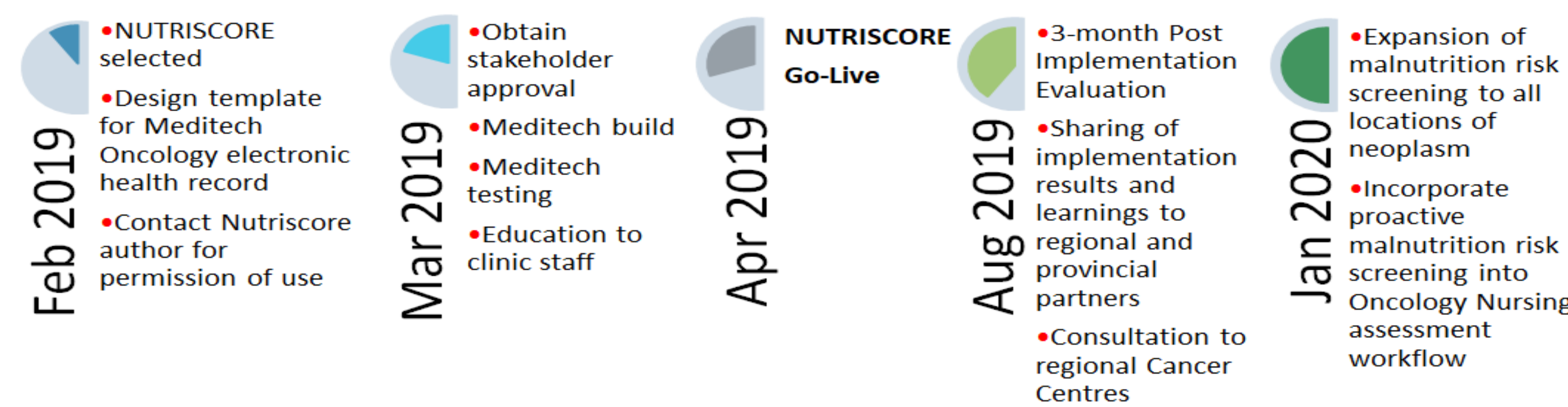


OBJECTIVES

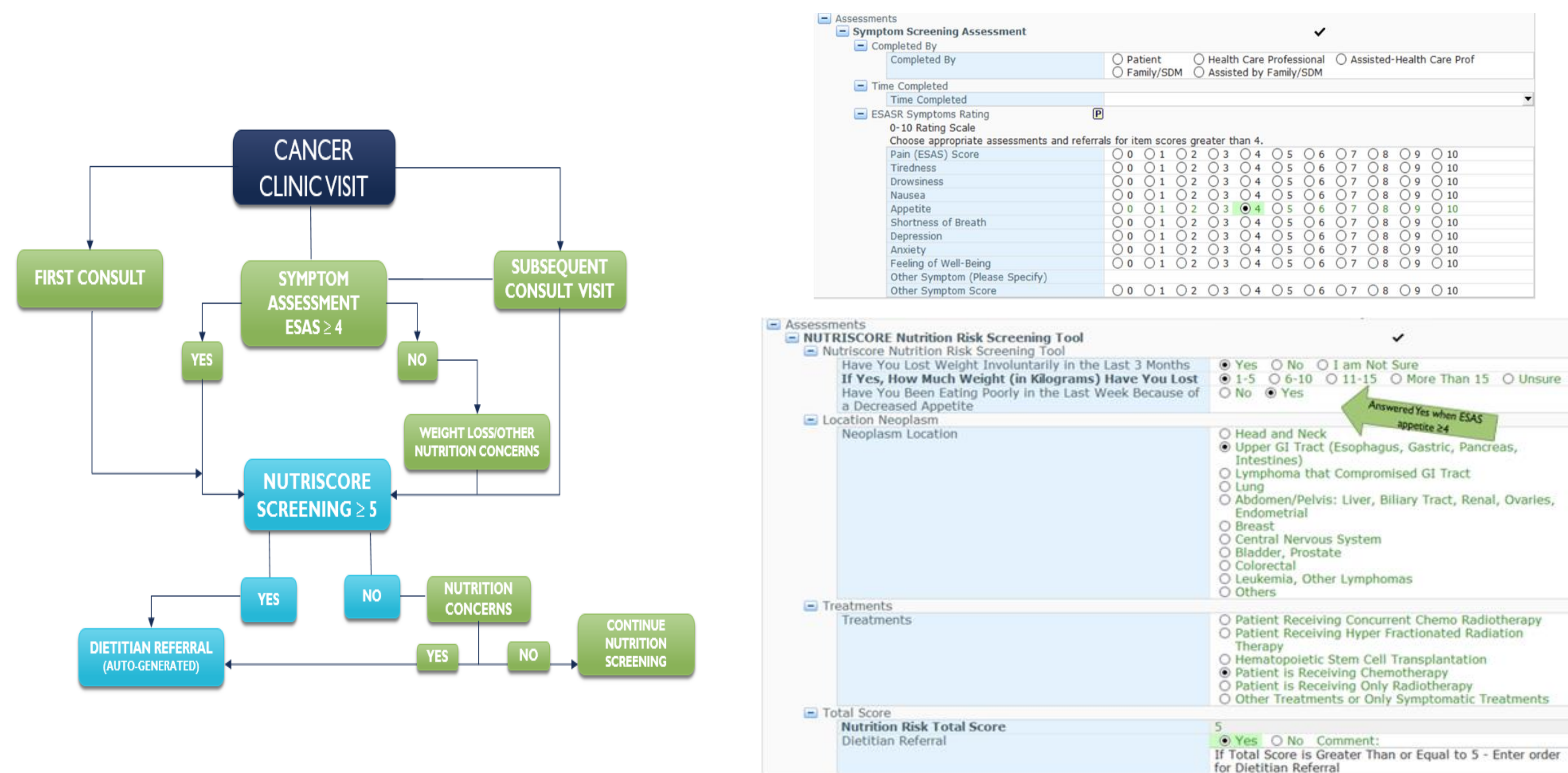
- To implement an oncology nursing and dietitian collaborative with focus to improve on the process of early identification of patients who may be at malnutrition risk
- To review how an interdisciplinary approach to nutrition screening can positively influence workflow efficiencies and patient outcomes
- To embed nutrition risk screening into the cancer symptom assessment and management pathway

METHODOLOGY & IMPLEMENTATION

- Literature search conducted in January 2019 for validated nutrition screening tool
- Comparative analysis conducted between three other outpatient oncology nutrition screening tools for sensitivity, specificity, and time to complete assessment: Patient-generated subjective global assessment (PG-SGA), Nutriscore, and Malnutrition screening tool (MST)
- Review and discussion with Ontario Health-Cancer Care Ontario Nutrition Community of Practice group
- Nutrition screening tool built into electronic health record as part of Oncology care plan and documentation



Integrating Malnutrition Risk Screening into Cancer Care Clinical Practice

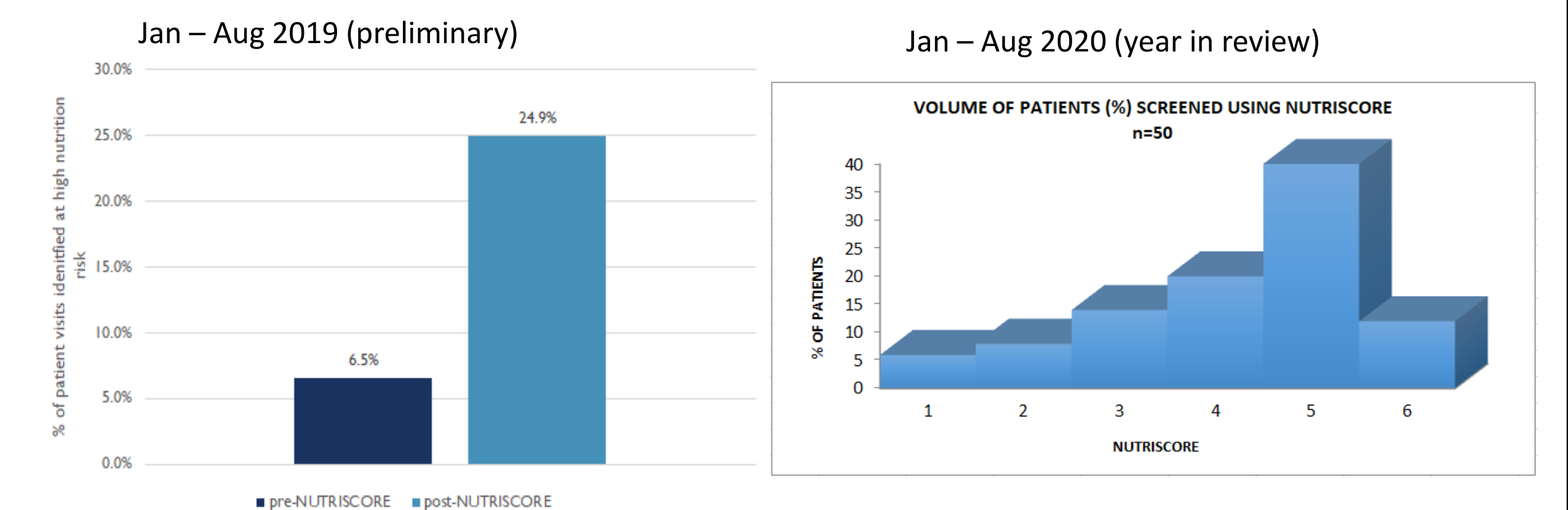


LEARNINGS & FUTURE DIRECTION

- Engaging of oncology nurses at point of care and physicians to design and review model of care at each stage to ensure appropriate fit with workflow processes.
- Seeking external stakeholder feedback on efficacy of screening tools for implementation in outpatient cancer settings
- Conducting intermittent education and follow up by dietitian with nurse champions to promote use and improve uptake
- Integrate nursing telephone assessments into new workflows to address potential and existing nutrition concerns
- Addressing malnutrition requires a consolidative effort amongst all cancer care team members

OUTCOMES

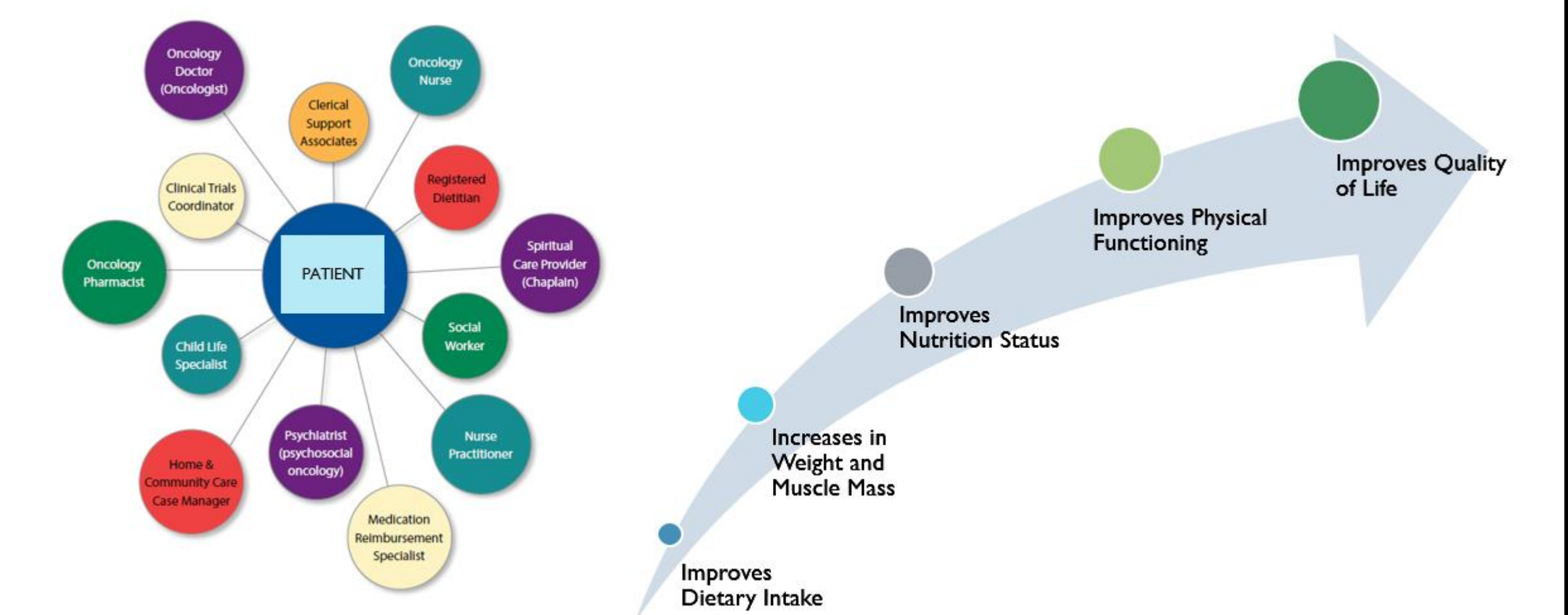
- Incorporating nutrition risk screening with standard cancer symptom assessment :
 - 10% more patients identified at malnutrition risk
 - Approximately 20% increase in proportion of high risk patients receiving nutrition therapy/intervention
- Clinical practice includes nutrition focused assessment



SUCCESES

- Nurses and dietitian collaboratively initiated screening based on defined parameters of the screening tools
- Auto-referral to dietitian generated based on automatically calculated Nutriscore of 5 or greater
- Immediate identification of high risk patients to the team and nutrition intervention implemented in real time
- Process facilitates timely access to dietitian with limited or no patient wait time

Collaborative Approaches to Achieve Positive Nutrition Outcomes



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