Implementation of Nutrition Screening Process in Outpatient Cancer Center to Facilitate Early Nutrition Intervention

Shannon Edwards BA; Crissy Kaleekal, MSc, B. Ed, MS, RD, LD; Melinda Pine, RD, LD, CSO; Joseph Rorabaugh MS, RD, LD
The University of Kansas Hospital, Kansas City, Kansas

BACKGROUND

In 2011, the American Cancer Society estimated there were 1.6 million new cases of cancer, and an estimated 571,950 related cancer deaths1. Poor nutrition plays a large part in survival accounting for an estimated 1/3 (190,065) of all cancer related deaths2. Identification of patients at risk for malnutrition through screening has been identified by the Academy of Nutrition and Dietetics as a standard of practice in Oncology care.

The scope of nutritional status represented in oncology patient is quite broad. Patients nutritional status may vary based on specific disease status, type and length of treatment they have received, personal preferences or belief’s, presence of one or more treatment related intake barriers, and presence of additional comorbidities. Identification of those at nutritional risk in community based cancer centers becomes critical to providing outstanding care.

Many community based cancer centers use a multidisciplinary approach utilizing registered dietitians, nurses, medical assistants, medical providers, and patients themselves. Current tools in use include Patient-Generated Subjective Global Assessment (PG-SGA), the Malnutrition Screening Tool (MST), or the Mini Nutrition Assessment (MNA). The PG-SGA uses four main questions to identify unintentional weight loss, changes in food amount/intake, type barriers, and changes in general activity. Each main question is then broken down into 3-6 more specific questions to identify malnutrition risk factors. The abridged PG-SGA, which forgoes a physical assessment, has been validated to measure malnourishment with 97% sensitivity and 86% specificity in comparison to a full Subjective Global Assessment3. The MNA has been used as a standard to validate the MST and Mini Nutrition Assessment4.

Identification of those at nutritional risk would be followed by individualized nutrition therapy, which several studies have shown as beneficial in improving patient outcomes. Use of individualized nutrition counseling along with liquid meal replacements and supplements was found improve nutritional intake in persons with cancer related anorexia or cachexia5. The Oncology Nursing Society also has supported use of individualized nutrition therapy for improvement with patients suffering uncontrolled loss of appetite6. Screening for identification of these risk factors becomes critical in providing nutrition interventions in an outpatient cancer center.

OBJECTIVE

Implementation of an adapted standardized screening form to all new patients to facilitate early nutrition intervention at the outpatient cancer center.

METHODS

New Patient Nutrition Screening Process

- Screening tool created from adapted form of PG-SGA, a validated tool.
- All new patients complete form during registration may self refer to dietitian.
- Nutrition assistant scores form for level of nutrition risk.
- Nurse notified of elevated nutrition risk.
- Nutrition plan developed during consultation. Interventions initiated and follow-up appointment planned as needed.

Score Screening form and enter into EMR
- Registered Dietitian scores forms and assesses nutrition risk
- Nurse Coordinators contact patient or schedule referral
- CNC contacts patient about referral
- CNC brings up referral at next visit
- CNC automaically schedules visit at next appointment

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- CNC contacts patient about referral
- CNC brings up referral at next visit
- CNC automatically schedules visit at next appointment

RESULTS

- Nutrition Screening Process increased multidisciplinary staff awareness of patient nutritional risk.
- Ongoing staff education of nutrition screening process.
- Implemenation of Nutrition Screening Process in an outpatient cancer center.
- Complete form retrieval after patient completion of screening form.
- All new patients complete form during registration may self refer.
- Implementation of Nutrition Screening Process in outpatient cancer center.
- Implementation of Nutrition Screening Process increased multidisciplinary staff awareness of patient nutritional risk.

LIMITATIONS

- Incomplete form retrieval after patient completion of screening form.
- Ongoing staff education of nutrition screening process.

CONCLUSIONS

- Implementation of Nutrition Screening Process in an outpatient cancer center increased multidisciplinary staff awareness of patient nutritional risk.
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BIBLIOGRAPHY