

A3 - Cancer Program Nutrition Quality Study

Department: Cancer Program
Sponsor: Anne Lara
Project Owner: Beth Money

Analyze --- Act ---- Achieve!

Define: What is the problem or opportunity – Why is it a problem?

Problem Statement: Head and neck cancer (HNC) patients often experience significant weight loss before and during treatment. They are at risk for malnutrition which negatively impacts quality of life, functional performance and treatment tolerance. Yet no standard exists to guide integration of nutrition support into clinical practice for these patients

Goal Statement: Establish a standard definition for malnutrition in HNC patients and investigate ways to predict which patients are likely to experience significant weight loss during treatment so that malnutrition issues can be addressed as soon as possible.

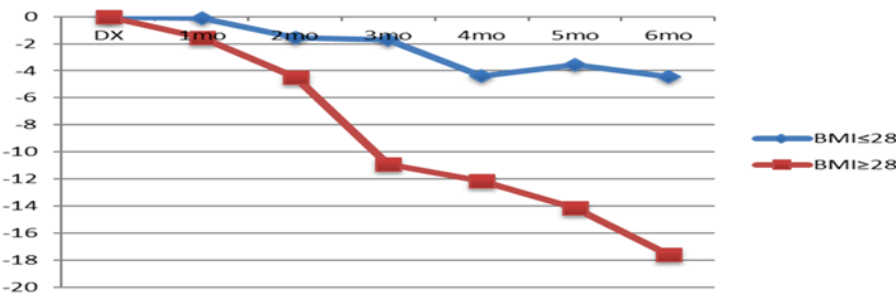
Team Members: Cancer Committee, Beth Money, Pamela Ives, Susan Schooley, Dr. Hosford, Oncology Navigators, Dr. Rahman, Dr. Agarwal, Ashley Boyer

Key Measures: Baseline BMI, % Wt loss starting at 1 month post diagnosis, cancer stage, feeding tube (Y/N/R), nutrition counseling (Y/N)

Measure: What is the current state based on key measures (baseline)

Patient	BMI	DX	1mo	2mo	3mo	4mo	5mo	6mo	Stage	F Tube
1	16	0	0.00	-3.23	5.40	0.00	0.00	0.00	IVA	Y
2	19	0	0.00	0.00	-4.10	-6.56	2.50	0.00	IVA	Y
3	20	0	-3.54	-3.54	-1.77	-4.42	-6.19	-9.73	IVC	Y
4	23	0	0.00	0.00	-3.95	-3.95	-7.24	-3.95	IVA	Y
5	26	0	0.65	-2.58	-3.23	-6.45	-4.52	-5.81	II	R
6	28	0	2.21	0.00	-2.76	-4.97	-6.08	-7.18	IVA	Y
7	28	0	-7.69	-10.90	-17.95	-15.38	-16.67	-16.67	IV	N
8	29	0	0.49	-1.96	-6.86	-7.35	-7.35	-15.69	III	N
9	30	0	0.00	0.00	-14.21	-16.32	-17.89	-18.42	IVA	Y
10	38	0	-1.50	-5.24	-10.86	-11.99	-11.61	-14.61	IVA	N
11	40	0	-0.72	-6.45	-11.10	-13.30	-18.60	-22.60	III	N
12	42	0	0.00	-2.33	-4.65	-8.64	-12.96		IVB	Y

Average % Weight Loss by BMI



Analyze

- 1) A standard assessment tool and definition for malnutrition for HNC patients was not established.
- 2) Clearly defined interventions for patients perceived to be at risk was not established.
- 3) A process for monitoring the effectiveness of intervention strategies was not established.
- 4) It was found that patients with a BMI equal to or greater than 28 were at higher risk of significant weight loss/malnutrition

Improve: What are the proposed countermeasures? What will success look like?

- 1) Implement malnutrition assessment tool.
- 2) Implement nutritional counseling for patients at risk for malnutrition
- 3) Consider supplemental nourishment and as required alternative feeding method such as feeding tube for patients demonstrating significant weight loss.
- 4) Post treatment follow up
- 5) Monthly weight loss tracking for high risk patients to assess impact of interventions.

Improve Plan: What activities are required, who will do them and when?

- 1) Implement a malnutrition screen to help guide dietary consults where the ASPEN standard as formal assessment tool will be used
- 2) Identify likely candidates for significant weight loss using BMI & tumor stage.
- 3) Address significant weight loss potential using nutrition counseling & Feeding tube.
- 4) Implement short stay for patient's who have a feeding tube placed (tube care and use instructions, dietary consult to help reduce out of pocket expenses)
- 5) Consider exercise as a post-treatment means of rebuilding lean muscle mass.

Control: What will ensure that the new process remains intact?

- 1) Malnutrition screening tool will be used initially for our head and neck cancer patients in Union Hospital Radiation Oncology and Union Hospital Medical Oncology practices.
- 2) An ongoing review of the process will be done by the offices, cancer program nursing and social work staff to determine barriers and efficacy of the mini screening tool.
- 3) The ASPEN assessment tool will be a standard for the dietitian this process will be evaluated as well as length of time to see the dietitian for consult
- 4) Cases will be reviewed at the navigation team meetings

Tanadech Dechaphunkul, et al. Malnutrition assessment in patients with cancers of the head and neck: A call to action and consensus. *Critical Reviews in Oncology/Hematology* (2013) 88:459.

Simon Lonbro, Et al. Prediction of critical weight loss during radiation treatment in head and neck cancer patients is dependent on BMI. *Support Cancer Care* (2016) 24:2101.

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Performance Period Progress

Start 2/2017

Last Updated 4/2018

2018- Instituted extended stay for tube placement clients to include education for care and management of the feeding tube, nutrition consult (to reduce barriers of out of pocket expense to receive nutrition counseling), Outpatient Dietitian from the diabetes center has joined the navigation working group and through the cancer program budget joined the Oncology Nutrition Dietetic Practice Group. Case Management coordinates with patient's insurance company to have delivery of feeding upon discharge.

2018- Barrier noted with scheduling Friday PEG tube insertion that the tube feeding formula could not be obtained for the patient before discharge, this was communicated with GI office

2018- Outpatient Dietitian reviewed study results and helped create a mini nutrition assessment to help guide the navigators when a patient needs to see a dietitian, barrier for out of pocket expense is being alleviated by the cancer program patient assistance fund if needed. Emergency appointment time was created for a patient who needs to be seen rapidly.