

Supporting Cancer Patients and Survivors Through Implementation of Evidence-Based Nutrition Interventions

Background

The American Cancer Society estimates that 4,770 individuals will be diagnosed with cancer in South Dakota in 2019. Malnutrition in patients undergoing cancer treatment is a frequent and serious problem as it can lead to reduced treatment response, poorer survival outcomes, and impaired quality of life. Additionally, maintaining a healthy weight is a critical strategy to reduce the risk of cancer recurrence and development of new cancers. Unfortunately, many cancer patients do not receive timely and quality nutrition intervention that helps prevent malnutrition and weight management due to barriers to care. Research demonstrates early and timely access to nutrition services among cancer patients supports management of long-term side effects and improved patient outcomes.

The Comprehensive Cancer Control Program within the SD Department of Health (SDDOH) released a request for applications targeting organizations interested in partnering to implement evidence-based interventions to reduce the burden of cancer in the state. Partnering organizations were required to implement evidence-based interventions that align with the priorities of the SD Cancer Plan 2015-2020. Sanford Cancer Center was awarded \$20,000 in funding. In addition to the funding for this project, the SDDOH provided technical assistance to support project implementation and evaluation.

Project Summary

Sanford Cancer Center implemented project efforts at their cancer treatment center located in Sioux Falls, SD. Sanford Cancer Center serves over 2,000 individuals newly diagnosed with cancer each year, over 67% of these patients reside in South Dakota. The project period was June 1, 2018-May 31, 2019.

Interventions

Nutritional Screening Tool: An evidence-based and validated malnutrition screening tool was established and integrated into the clinical workflow and electronic health record.

Best Practice Alert: A best practice alert for dietitian referral was developed and is automatically generated through the electronic health record for cancer patients that screen at high nutritional risk to ensure early identification and referral to nutrition services.

Nutrition Services: Nutrition counseling from a registered dietitian was provided to cancer patients and survivors at nutritional risk. Additionally, the dietitian was integrated into the cancer care team and began attending cancer committee on a quarterly basis and tumor boards weekly.

Outcomes

Sanford Cancer Center was asked to provide system-level data at baseline and on a quarterly basis throughout the project. The data presented in this section was compiled from grantee reports. Efforts were made by program staff to aid in provision of accurate data reporting; however, accuracy is not guaranteed. Outcome measures tracked to demonstrate impact included: patients screened for nutritional risk, patients at nutritional risk, patients at nutritional risk who met with the registered dietitian, length of time from initial consult with the oncology physician to nutrition counseling, patients offered nutrition counseling at survivorship visits, and the total number of registered dietitian visits completed (includes at risk patients, preventative visits, and all follow-up visits).

Over 3,300 new and active cancer patients were screened for nutritional risk throughout the one-year project period. Of those patients, 16% were identified at nutritional risk by the screening tool. At the time of initial visit, all patients were offered to meet with the dietitian for preventive nutrition care, even if they were not at nutritional risk. In total, nearly 700 cancer patients and survivors received nutritional services from the registered dietitian. 50% of patients were seen within one day of their referral, with an average length of time from initial consult to nutrition service provision of 3.4 days. Additionally, 100% of cancer survivors were offered nutrition counseling as part of their survivorship visit.

Conclusions and Next Steps

Project efforts included implementation of an evidence-based nutritional screening tool, best practice alert, and nutrition services within a cancer treatment center located in Sioux Falls, SD. The cancer treatment center increased system changes and provision of nutritional services for cancer patients and survivors through project implementation. Other health systems in SD interested in implementing similar interventions are encouraged to reach out to the SDDOH for assistance. Sanford Cancer Center will continue the established nutritional screening process and dietitian follow-up for cancer patients. Based on the success of this effort, plans exist to expand services to other high-risk patient populations.

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References

1. Siegel, R. L., Miller, K. D. and Jemal, A. (2019), Cancer statistics, 2019. CA A Cancer J Clin, 69: 7-34. doi:10.3322/caac.21551