Reducing the cancer malnutrition burden: highlights of state-wide collaborations in Victoria

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BACKGROUND

Cancer malnutrition

- Nutrition plays a key role within multimodal cancer care \( (\text{Arends et al 2017}) \)
- Cancer malnutrition highly prevalent – 15% overall prevalence, 29% inpatient setting \( (\text{Steer et al, 2018 unpublished}) \)
VCMC PROGRAM OF WORK

Victorian Cancer Malnutrition Collaborative (VCMC)

- Peter MacCallum Cancer Centre (lead)
- Cancer Strategy Division, Victorian Department of Health & Human Services (DHHS) (funders)
- Victorian Health Services
- Cancer Council Victoria
- Victorian Integrated Cancer Services
- COSA Nutrition Group
- Primary Health Networks
- Any other interested parties
VCMC PROGRAM OF WORK

Aims

• The VCMC projects aim to increase understanding, raise knowledge and promote strategies for collaborative action in order to address cancer malnutrition.
• Ultimately reduce the burden of cancer malnutrition on patients

Funders

• Cancer Strategy and Development, Victorian DHHS
• Western & Central Integrated Cancer Services
• In-kind from Health Services

CoP

• Community of practice (CoP) established
• Forum to share, interact, connect, learn and direct next steps
VCMC PHASES OF WORK

**Phase I 2011-12**
- Cancer malnutrition PPS 2012
- Organisational - nutrition governance practices
- MD clinician survey - cancer malnutrition knowledge & awareness
- Victorian Admitted Episode Dataset (VAED) analysis
- Cancer malnutrition consumer resource

**Phase II 2013-14**
- Repeat PPS 2014
- 17 local health service initiatives targeting local areas of need
- Malnutrition in Cancer eLearning package
- Malnutrition governance toolkit

**Phase III 2016-17**
- Sustainable methodology for PPS and repeat PPS 2016
- Rollout, implementation and evaluation of:
  - eLearning package
  - governance toolkit
- Improve malnutrition identification in CALD populations
- Evaluate food service models

**MVCS* 2017-18**
- Cancer malnutrition: feeding everyone from hospital to home
- Analysis of 2016 PPS
- Cultural adaption of the MST project
- Repeat PPS 2018
- Update of the Malnutrition in Cancer eLearning program

**VCMC 2018-19**
- Optimising the cancer nutrition path project

*MVCS – Malnutrition in Victorian cancer services*
HIGHLIGHTS OF VCMC PROGRAM OF WORK

Point prevalence studies (PPS)

Aim
- To determine the prevalence of malnutrition within the cancer population in acute Victorian health services, report on clinical characteristics and to identify areas requiring improvement

Importance & impact
- PPS methodology established to be sustainable and run without dedicated funding
- Large cross-sectional study on all cancer patients: leading to local and state-wide targeted improvement

Application to you
- PPS methodology is re-producible
- Collaborations on such work can lead to improved patient, population and organisational outcomes

Lead: Belinda Steer
To develop a Malnutrition in Cancer eLearning program for multidisciplinary clinicians

- Freely available on eviQEd website with CPD points
- Demonstrated effective platform to improve and sustain clinician knowledge and practice relating to malnutrition
- Free, easy, effective and modular education tool for you to use (overall program updated later in 2019 + new short primary care module)

HIGHLIGHTS OF VCMC PROGRAM OF WORK

Lead: Lauren Atkins

To be a practical and evidence-based toolkit to guide system-wide practice improvements, embed hospital quality and safety accreditation standards for nutrition care, and help to close the gap in treatment variation.

Measurable advancements in the clinical governance of cancer malnutrition care in Victorian health services since development.

Freely available for you to use to guide improvements.

An update is needed to align with changes in NSQHS V2 & other relevant standards.

**Lead:** Rebecca McIntosh & Natalie Simmance
To explore knowledge, nutrition practice and governance in the primary care and community sector in regards to cancer malnutrition
- Promote the value of cancer malnutrition as a key quality and safety issue in Victoria

Transition of care between acute to community/primary care is poor
- Cancer malnutrition indicator now included in Vic cancer plan monitoring and evaluation framework

Improvements in nutrition care transitions between sectors is required (focused on handover, maln. screening and pathways of nutrition care)

Lead: Jane Stewart & Jenelle Loeliger
MAJOR OUTCOMES & LEARNINGS

1. Reduction in state-wide cancer malnutrition prevalence
   - Overall cancer malnutrition prevalence rate decreased in Victoria by 16% in 8yrs
   - Greater availability of state-wide and local health service data for targeted work
   - Excellent collaborative opportunity for health services and dietitians
2. Greater awareness of cancer malnutrition

- Sharing and supporting implementation of best practice nutrition approaches
- PPS data, published reports and articles available
- Health services equipped with relevant tools

3. Highly valued and effective resources

- Malnutrition in Cancer eLearning program
- Malnutrition Governance Toolkit
- Malnutrition – an ambiguous danger YouTube clip
- Suite of project reports and VCMC fact sheets: www.petermac.org/VCMC
4. Local health service improvements

- Embedding new models and pathways of nutrition care & targeted improvements
- Awareness and focus on cancer malnutrition
- FTE for oncology dietitians
- Improved nutrition governance systems including performance monitoring

5. Reduced unwanted variation

- PPS data - comparison of health service to state level data, allowing targeted work
- Variation in nutrition practice and nutrition governance across Victoria
- State-wide, system-wide initiatives
AIM: To culturally adapt/translate the MST & a consumer nutrition fact sheet into Vic. top 10 non-English languages
HOW: Evidence-based cultural adaptation and clinical utility testing
OUTCOME: Free, online version of the MST with calculator, audio functions & updated & translated consumer fact sheet (English + 10 languages)

AIM: To develop a cancer nutrition care pathway
HOW: Mixed methods project utilising experience based co-design
OUTCOME: Free, online resource for patients, carers & health prof. relevant across the entire patient continuum of care

CURRENT PROJECTS – due for completion end 2019

Optimising the cancer nutrition path

Lead: Jenelle Loeliger & Sarah Dewar
Funded by: CSD, DHHS

Cultural adaptation of MST

Lead: Jane Stewart & Emma McKie
Funded by: WCMICS
KEY FACTORS TO SUCCESS

- Lots of hard work and commitment!
- Strong and ongoing relationships
- State-wide collaboration, sharing, connecting (patients, carers, health professionals & across sectors) and system-wide approach
- Delivery of projects (on time, within budget and with good outcomes)

- Robust data from cancer malnutrition PPS
- Clinicians (dietitians & MDT) are essential
- Effective leadership
- Funding proposals should be well aligned with state priorities
MORE INFORMATION AND HOW TO GET INVOLVED

- Look at the reports (on above websites) and use the resources available
- Join the VCMC community - sign-up for the VCMC e-Newsletter and attend our CoP meetings!
ACKNOWLEDGEMENTS & KEY LINKS

ACKNOWLEDGEMENTS

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- Peter Mac Nutrition team – lead agency
- VCMC community
- Project leads, project chairs & co-chairs, project steering committee members

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