The Victorian Cancer Malnutrition Collaborative: From 2012 to now

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Malnutrition:
An ambiguous danger
Cancer malnutrition

- Nutrition plays a key role within multimodal cancer care (Arends et al. 2017)
- Diagnostic criteria for malnutrition (using the GLIM criteria to the right) - patient has at least one phenotypic and one etiologic criterion (Jensen et al. 2018)
- Cancer malnutrition highly prevalent – 15% overall prevalence, 29% inpatient setting (Steer et al, 2018 unpublished)

GLIM criteria

- Phenotypic Criterion
  - Unintentional Weight Loss
  - Low Body Mass Index
  - Reduced Muscle Mass

- Etiologic Criterion
  - Reduced Nutritional Intake
  - Inflammation
VCMC PROGRAM OF WORK

Victorian Cancer Malnutrition Collaborative (VCMC)

- Peter MacCallum Cancer Centre (lead)
- Cancer Strategy Division, Victorian Department of Health & Human Services (DHHS)
- Victorian Health Services (representing >75% Victorian cancer treatments)
- Cancer Council Victoria
- Victorian Integrated Cancer Services
- Primary Health Networks
- Any other interested parties

CoP
- Community of practice (CoP) established
- Forum to share, interact, learn and direct next steps

Funders
- Cancer Strategy and Development, Victorian DHHS
- Western & Central Integrated Cancer Service
- In-kind from Health Services
AIMS OF VCMC PROGRAM OF WORK

• 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
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**
- Analysis of 2016 PPS
- Cancer malnutrition: feeding everyone from hospital to home
- 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

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 to address clinician education needs identified in phase I.

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

**Application to you**


**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
- Benchmarking piloted
- Freely available for you to use to guide improvements
- An update is needed to align with changes in NSQHS V2, other standards and broaden scope to primary/community care

Lead: Rebeca 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
- Knowledge and practice improvement needed for malnutrition screening and pathways of nutrition care

Lead: Jane Stewart & Jenelle Loeliger
5 MAJOR OUTCOMES & LEARNINGS

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

2012 (n=1677) 31%
2014 (n=1913) 26%
2016 (n=1340) 23%
2018 (n=1462) 15%
MAJOR OUTCOMES & LEARNINGS

2. Greater awareness of cancer malnutrition
   • Sharing and supporting implementation of best practice nutrition approaches
   • PPS data available
   • Reduced variation in nutrition practice and nutrition governance across Victoria
   • Health services equipped with relevant tools
MAJOR OUTCOMES & LEARNINGS

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
  - Available at www.petermac.org/VCMC

4. Local health service improvements
- Embedding new models and pathways of nutrition care
- ↑ Awareness and focus on cancer malnutrition
- ↑ FTE for oncology dietitians
- Targeted service improvements
- Improved nutrition governance systems including performance monitoring
5. Reduced unwanted variation

- PPS data - comparison of health service to state level data, allowing targeted work
- Focus on improving the transition of nutrition care for patients with cancer malnutrition between acute services, primary and community services
- State-wide, system-wide initiatives
**CURRENT PROJECTS**

**Optimising the cancer nutrition path**

**Aim**
- Develop a cancer nutrition care pathway to guide and improve the provision of consistent and evidence-based nutritional care of patients throughout the cancer care continuum
- Mixed methods project: quantitative (survey), qualitative (focus groups) and co-design workshops

**Importance**
- Patient and carer experiences on nutrition and cancer (survey, n=165 and 5x focus grps)
- Co-design workshops x2
- Identified critical components of nutrition and cancer care (patients, carers and health professionals views)

**Planned outputs**
- Cancer nutrition pathway that is relevant across the whole patient journey and nationally (patient/carer pathway & health professional pathway)

**Lead:** Jenelle Loeliger & Sarah Dewar
CURRENT PROJECTS

Cultural adaptation of MST

Aim
- To culturally adapt and translate the MST and a nutrition fact sheet into Victoria’s top 10 languages other than English
- To develop an online version of the MST with calculator and audio functions to better support the nutritional needs of CALD patients

Importance
- CALD patients are more likely to NOT be screened for malnutrition than those who speak English because of a lack of a translated tool
- Limited resources available for CALD patients

Planned outputs
- Online MST and culturally adapted and translated MST in 10 languages, freely available
- Preventing weight loss – why is it important when you have cancer? (consumer resource; update of CCV resource)
- Preventing cancer malnutrition – information for health professionals

Lead: Jane Stewart & Emma McKie
KEY FACTORS IN TO SUCCESS

- Lots of hard work and commitment!
- Strong and ongoing relationship between Peter Mac Nutrition Department & Cancer Strategy and Development, DHHS
- State-wide collaboration
- Delivery of projects (on time, within budget and with good outcomes)
- Robust data from cancer malnutrition PPS
- Utilising clinicians to identify the clinical / service gaps and help target quality improvement work
- Effective leadership
- Funding proposals should be well aligned with state priorities
CONCLUSION

Key learnings

• System approach to improvements
• Collaboration and sharing is key – consumers, health professionals, across sectors
• Malnutrition as a multidisciplinary issue across the continuum of care

More information and how to get involved

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

ACKNOWLEDGEMENTS

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• Victorian DHHS (funders)

• Peter Mac Nutrition team – lead agency

• VCMC group with representation from Victorian health services, Cancer Council Victoria, Victorian Integrated Cancer Services and other individuals/agencies

• Project leads, project chairs & co-chairs, and project steering committee members

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