Quality Training Program

Project Title: Malnutrition in patients with pancreatic cancer. Impact of an oncology nursing consultation in their evolution and the level of patient´s satisfaction

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Institution: Hospital Universitario Ramon y Cajal, Madrid – Spain.

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Institutional Overview

Medical oncology service:

- 21 oncologists divided in 3 sections
- 15 residents (3 per year)

Oncology unit:

- 30 beds

Oncology outpatient facilities:

- 6 beds + 30 sites with perfusion bombs.

Phase I unit:

- 1 bed + 8 sites

Team Members

- Sponsor: Dr. Alfredo Carrato

- Doctor: Mercedes Rodríguez

- Nurse: Mª Teresa Sanchez

Problem Statement

Pancreatic cancer is an aggressive disease, which occurs with high rates of malnutrition throughout its evolution.

Preliminary analysis: population of 25 patients (88%)

- Albumin < 3mg/dL (52%)

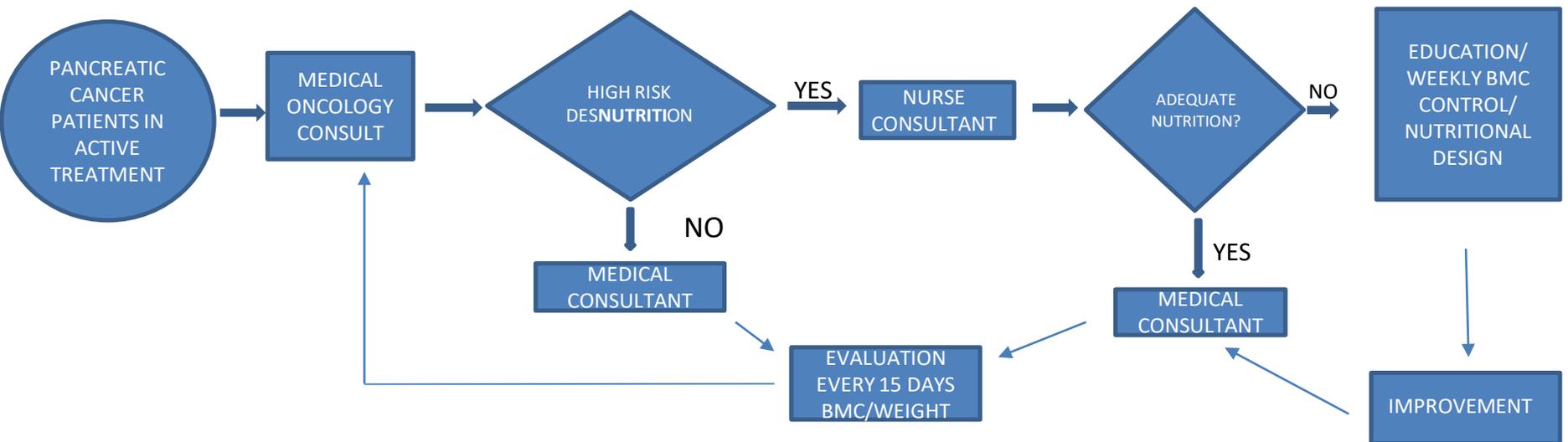- BMI < 16m2 (36%)

- Weight loss > 10% in previous 6 months (76%)

Diagnostic Data

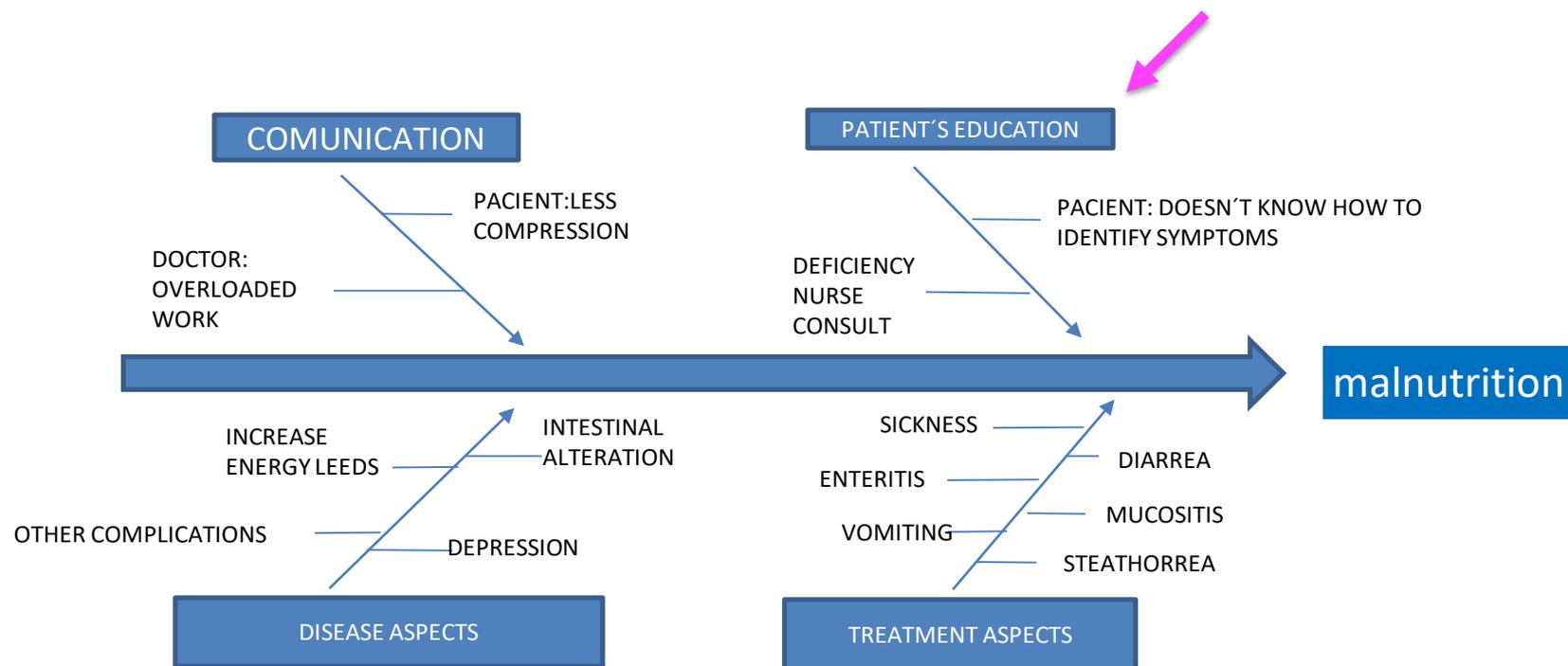| Diagnostic Data	Patients (%) – Nov.2018
Total	25 (100%)
Nutritional Deficiency	22 (88%)
Dissatisfaction	16 (64%)
Innapropiate intervention	19(76%)

Aim Statement

To achieve a better quality of life and nutritional knowledge of the patients through a nurse consultancy.

Process Map

PANCREATIC CANCER PATIENTS IN ACTIVE TREATMENT → **MEDICAL ONCOLOGY CONSULT** → **HIGH RISK DESNUTRITION**

- YES → **NURSE CONSULTANT** → **ADEQUATE NUTRITION?**
  - NO → **EDUCATION/ WEEKLY BMC CONTROL/ NUTRITIONAL DESIGN** → **IMPROVEMENT** → **MEDICAL CONSULTANT**
  - YES → **MEDICAL CONSULTANT**
- NO → **MEDICAL CONSULTANT** → **EVALUATION EVERY 15 DAYS BMC/WEIGHT**

Cause & Effect Diagram

COMUNICATION

PATIENT´S EDUCATION

PACIENT:LESS COMPRESSION

PACIENT: DOESN´T KNOW HOW TO IDENTIFY SYMPTOMS

DOCTOR: OVERLOADED WORK

DEFICIENCY NURSE CONSULT

malnutrition

INCREASE ENERGY LEEDS

INTESTINAL ALTERATION

SICKNESS

DIARREA

OTHER COMPLICATIONS

DEPRESSION

ENTERITIS

MUCOSITIS

VOMITING

STEATHORREA

DISEASE ASPECTS

TREATMENT ASPECTS

Measures

- Measure: Anthropometric, analytical and relating to their oncology disease data collection, nutritional habits, ways of action under the occurrence of events/toxicities and perception of quality of life/satisfaction.

- Patient population: Patients diagnosed with pancreatic cancer, receiving active treatment with chemotherapy, either in the adjuvant or metastatic setting.

- Data source: Medical records, satisfaction and nutritional questionnaires.

- Data collection frequency: weekly

- Data quality (any limitations): Income and complications during the process that will interfere with the results. Lost of patients.

Prioritized List of Changes (Priority/Pay –Off Matrix)

	Easy	Difficult
High (Impact)	• Patient education by oncologist • Patient education by nurse	• Dietetic recommendations • Satisfaction questionnaire
Low (Impact)	• Patient nutrition control questionnaire • Patient nutrition control questionnaire follow-up	

Ease of Implementation

PDSA Plan (Test of Change)

Date of PDSA Cycle	Description of Intervention	Results	Action Steps
15/01/2019	Prepare patient data	Overview before patient´s questionnaire	
15/02/2019	Create questionnaire and patients interviews	Increase quality of data	
15/03/2019	Modify questionnaire	Adding patient satisfaction	

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Diagnostic and Results Data

Diagnostic Data	Patients (%) – Nov.2018	Patients (%)- Mar. 2019
Total	25 (100%)	23(88%)
Nutritional Deficiency	22 (88%)	17(74%)
Dissatisfaction	16 (64%)	10(43%)
Innapropiate intervention	19(76%)	12 (52%)

Materials Developed (optional)

- Patient´s nutritional questionnaire
- Patient´s satisfaction questionnaire

Conclusions

- The preliminary results indicate the need to continue further quality improvement projects in healthcare.

- There is a change in Patient´s satisfaction related with the program.

- The nutrition knowledge increases with the implement of a nurse consultant.

- Not enough time to analyse the nutritional impact.

Next Steps/Plan for Sustainability

- Continue with a regular nursing consultant.

- Adding a nutricionist consultant in order to help us to improve the patient´s care

- Continue collecting patient´s data and analyzing the evolution, to support the project´s aim