

# ASCO's Quality Training Program

**Project Title: Increasing the rate of documented nutrition plan for new cancer patients seen at the Simmons Comprehensive Cancer Center outpatient GI oncology clinic**

**Presenter's Name:**

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Muhammad Shaalan Beg MD, Timothy Brown MD**

**Institution:**

**Simmons Comprehensive Cancer Center,  
UT Southwestern Medical Center, Dallas, TX**

Date: 06/29/2018

# Problem Statement

- Among new patients assessed in the GI oncology clinic at SCCC in 09/2017 there was documented nutrition assessment and plan in only 41% of patients within the first 3 months of establishing their care at the cancer center. This low rate of nutritional assessments and plan can lead to worsening malnutrition, poor patient satisfaction, declining performance status, increased toxicities to treatment, and higher admissions to hospital.

# Institutional Overview

## UT Southwestern

## Simmons Comprehensive Cancer Center

- A multidisciplinary program responsible for the cancer care and cancer research conducted at UT Southwestern Medical Center.
- Disease-oriented team approach
- GI Oncology clinic includes surgery, radiation oncology and medical oncology clinics
- Provides clinical dietitian resources as part of comprehensive cancer care model.

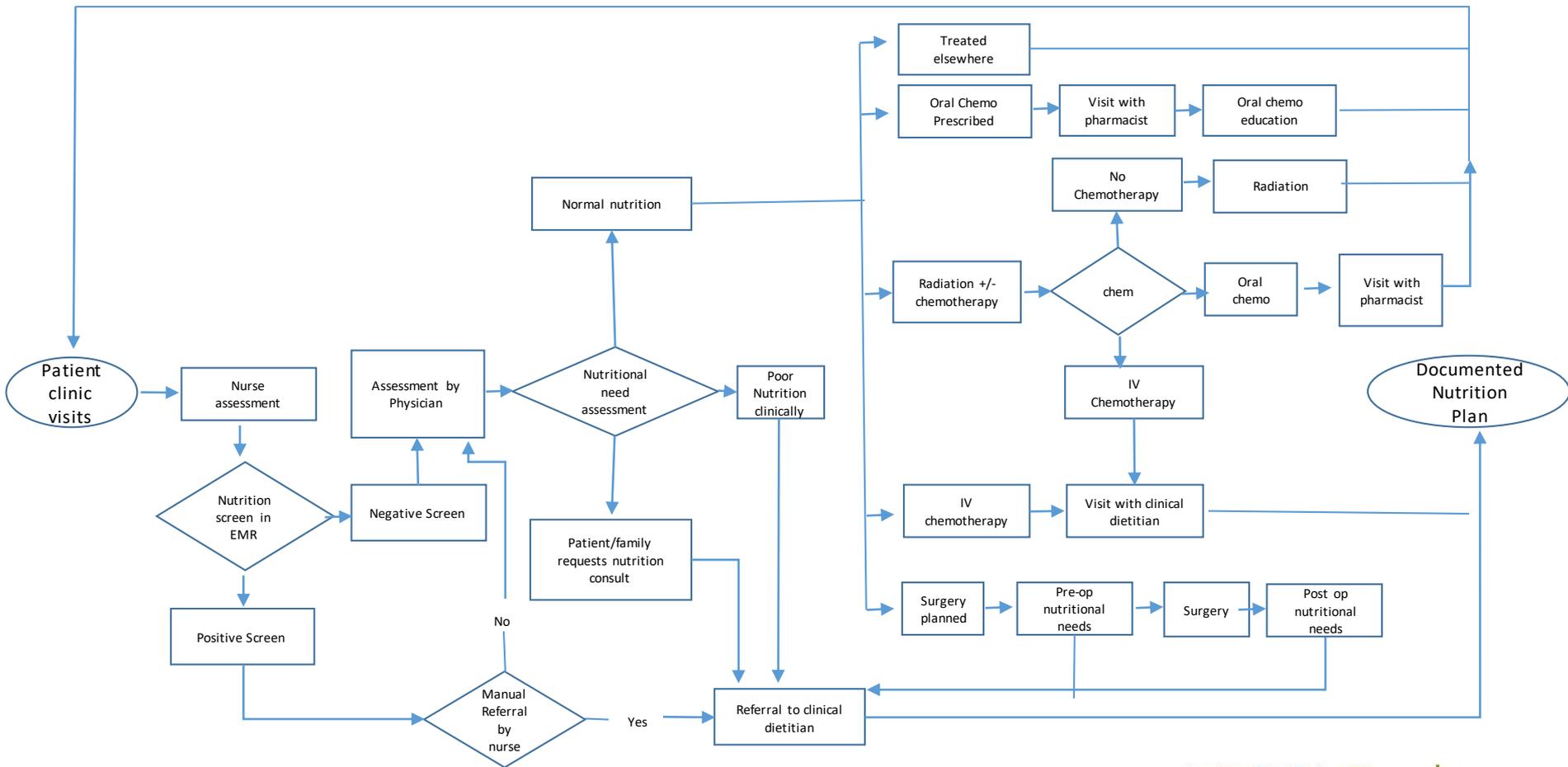
# Team Members

Role	Name	Function
Project Sponsor	Thomas Froehlich MD Stephanie Clayton	Project sponsorship
Team Leader <sup>+</sup>	Syed Kazmi MD	Setting up meetings, space, story board, communication
Core Team Member*	Shelli Hardy RD	Clinical Dietitian input, helping gather data
Core Team Member*	Timothy Brown MD	Medical resident, literature search and manuscript
Patient/ Family Member	Joe Neely	Input from patient perspective
Facilitator	Muhammad Shaalan Beg MD	Team member who facilitates the team meetings to optimize group processes.

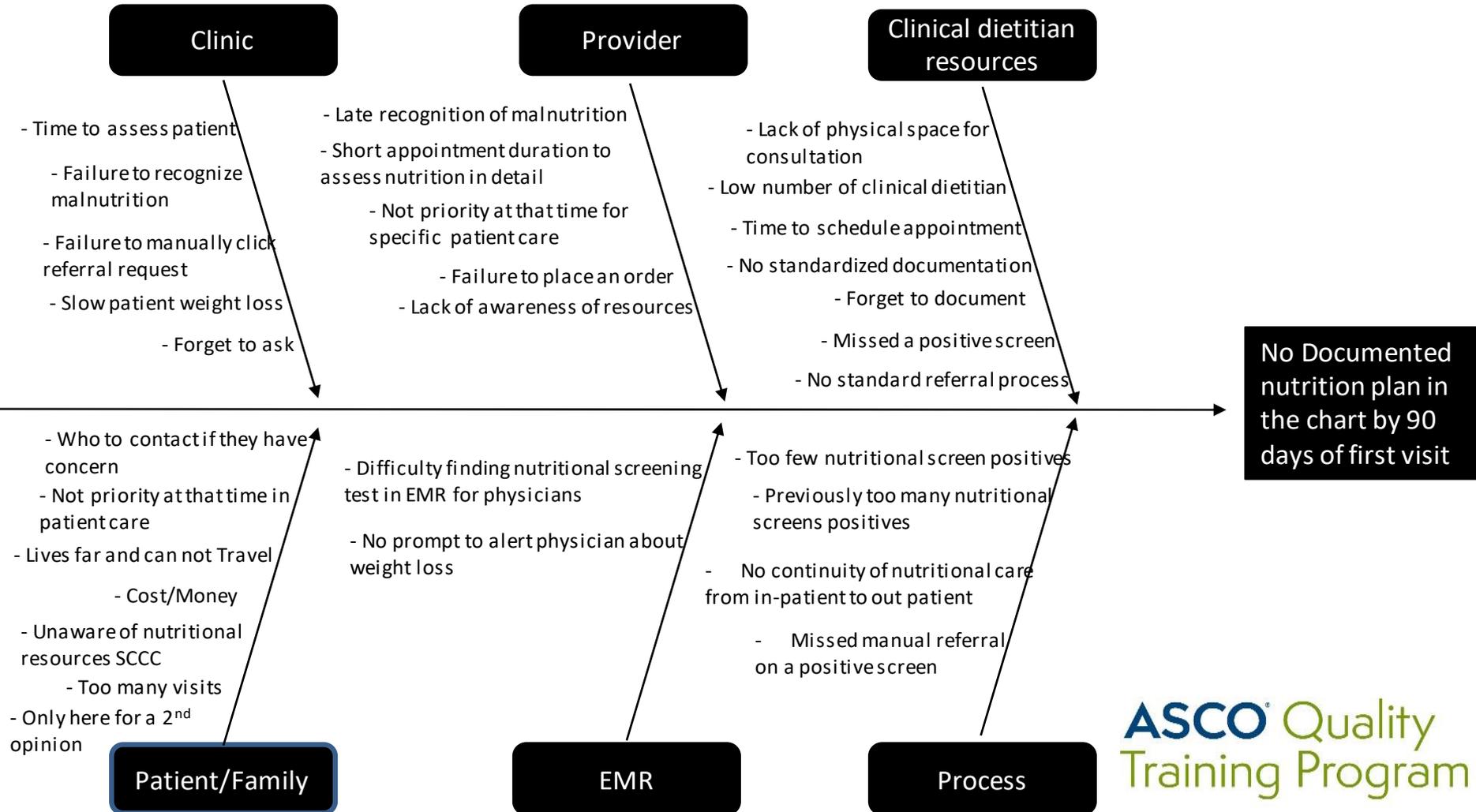
# Team Members

Role	Name	Function
Other Team Member	Naga Cheedella MD	Process map development and Flowchart development
Other Team Member	Nizar Bhulani MD	Process map development
Other Team Member	Christine Hong PharmD	Pharmacy input
Other Team Member	Heather Wolff MD	Medical resident, literature search and manuscript
Other Team Member^	Leticia Khosama CNP	Data collection, process map
Patient/ Family Member	Joe Neely	Input from patient perspective
QTP Improvement Coach	Arif Kamal MD	ASCO QTP coach

# Process Map



# Cause & Effect Diagram



# Diagnostic Data

- Interviews with patient advocate and family to get patient perspective
- Collection of baseline data through chart review in EMR
- Every other week 30-min brainstorming sessions of the team members

# Aim Statement

The aim of this quality improvement team is to increase the rate of documented nutrition assessment and plan among new patients seen in GI cancer clinic to 65% from 41%, within the first 90 days of their first visit at the cancer centers

# Measures

- Measure:
  - Number of new patient
  - Number of patients with documented nutritional plan
- Patient population
  - New patient to GI malignancies coming to oncology clinic
- Calculation methodology
  - Percentages
- Data source:
  - EMR
- Data collection frequency:
  - Baseline and then once every 2 weeks
- Data quality (any limitations):
  - Extracting data about positive screens from the EMR

# Baseline Data

- Total charts reviewed of new patients = 34
- Month: September 2017- October 2017
- Total number of documented nutritional plan:  
 $14/41 = 41.1\%$
- Positive nutritional screens as per nutritional  
plan:  $6/34 = 17.6\%$

# Baseline Data

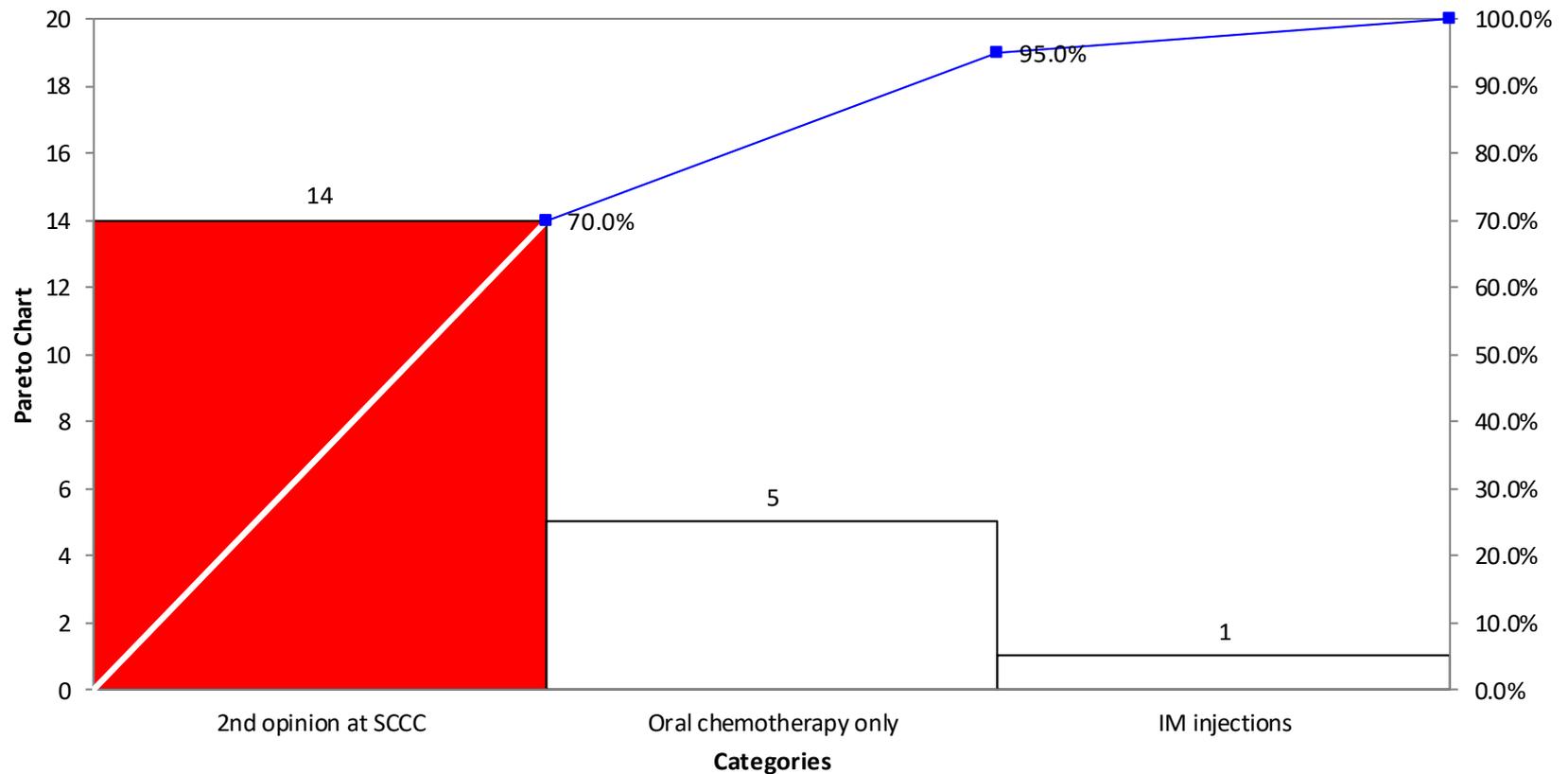
Category	N	
Total charts reviewed	34	
Age	Median: 65	Range 41-88
Gender		
Male	19	55.8%
Female	15	44.2%
Type of cancer		
Esophageal	2	5.9%
Stomach	5	14.7%
Small bowel	4	11.8%
Cholangiocarcinoma	2	5.9%
Pancreatic	3	8.8%
Colorectal cancer	14	41.2%
Hepatocellular cancer	1	2.9%
Anal	1	2.9%
Neuroendocrine tumors	2	5.9%

# Baseline Data

Total documented nutritional plan	14/34 = 41.1%	41.1%
Symptoms documented in physician note	10/34 = 29.4%	29.4%
Positive nutritional screen (derived from dietitian note)	6/14 = 42.8%	42.8%
Obesity at baseline	9/34 = 26.4%	26.4%

# Baseline Data

## Pareto Chart



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

<b>Impact</b>	<b>High</b>	<ol style="list-style-type: none"> <li>1. Generating new patient reports seen in GI and make it available to the clinical dietitians</li> <li>2. Self referral to dietitian through phone or online web portal</li> </ol>	<ol style="list-style-type: none"> <li>1. Online Nutritional Assessment questionnaire sent to patient through my-chart</li> <li>2. Phone interview with documentation of nutrition plan</li> </ol>
	<b>Low</b>	<ol style="list-style-type: none"> <li>1. Awareness of providers about nutritional resources</li> <li>2. Education of nurses and chemotherapy staff</li> <li>3. Prepare a nutrition brochure</li> <li>4. Prepare a nutrition flyer and place it in the patient introduction sheet</li> </ol>	<ol style="list-style-type: none"> <li>1. Best practice alert in EMR when weight loss &gt;10%</li> <li>2. Physical space for the dietitians</li> </ol>
		<b>Easy</b>	<b>Difficult</b>
<b>Ease of Implementation</b>			

# PDSA Plan (Test of Change)

Date of PDSA Cycle	Description of Intervention	Results	Action Steps
04/22/2018 till 05/04/2018	Providing information to patients, physicians and nursing staff about nutritional resources at the cancer center and how to access them.	Rate of documented nutrition plan of 28% (collected 2 week data from 05/14/18 till 05/29/18)	<ul style="list-style-type: none"> <li>- Continuation of intervention</li> <li>- Reminder for nurses, physicians.</li> </ul>
06/01/2018	Generating new patient reports and provide it to Clinical Dietitians	Rate of documented nutrition plan of 42.8% (collected on same population)	<ul style="list-style-type: none"> <li>- Continuation of intervention</li> <li>- Reducing time for assessment</li> </ul>
06/07/2018	Ongoing discussion with Information resources about adding an alert in patient my-chart for self referral	N/A	<ul style="list-style-type: none"> <li>- Need to establish such a tab in my-chart</li> <li>- Time for this intervention</li> </ul>

# Materials Developed (optional)



## NUTRITION DURING TREATMENT

Nutrition is important during every phase of cancer treatment. As part of your interdisciplinary team, you have access to a Registered Dietitian who is a certified specialist in oncology with a focus specific to cancers of the GI system.

This is a free service provided to you as a part of your comprehensive care at UTSouthwestern Harold C. Simmons Comprehensive Cancer Center.

Contact: Shelli Hardy, MCN, RD, CSO, LD  
office phone 214 645-2965  
shelli.hardy@UTSouthwestern.edu

**UTSouthwestern**  
Harold C. Simmons  
Comprehensive Cancer Center



# Change Data

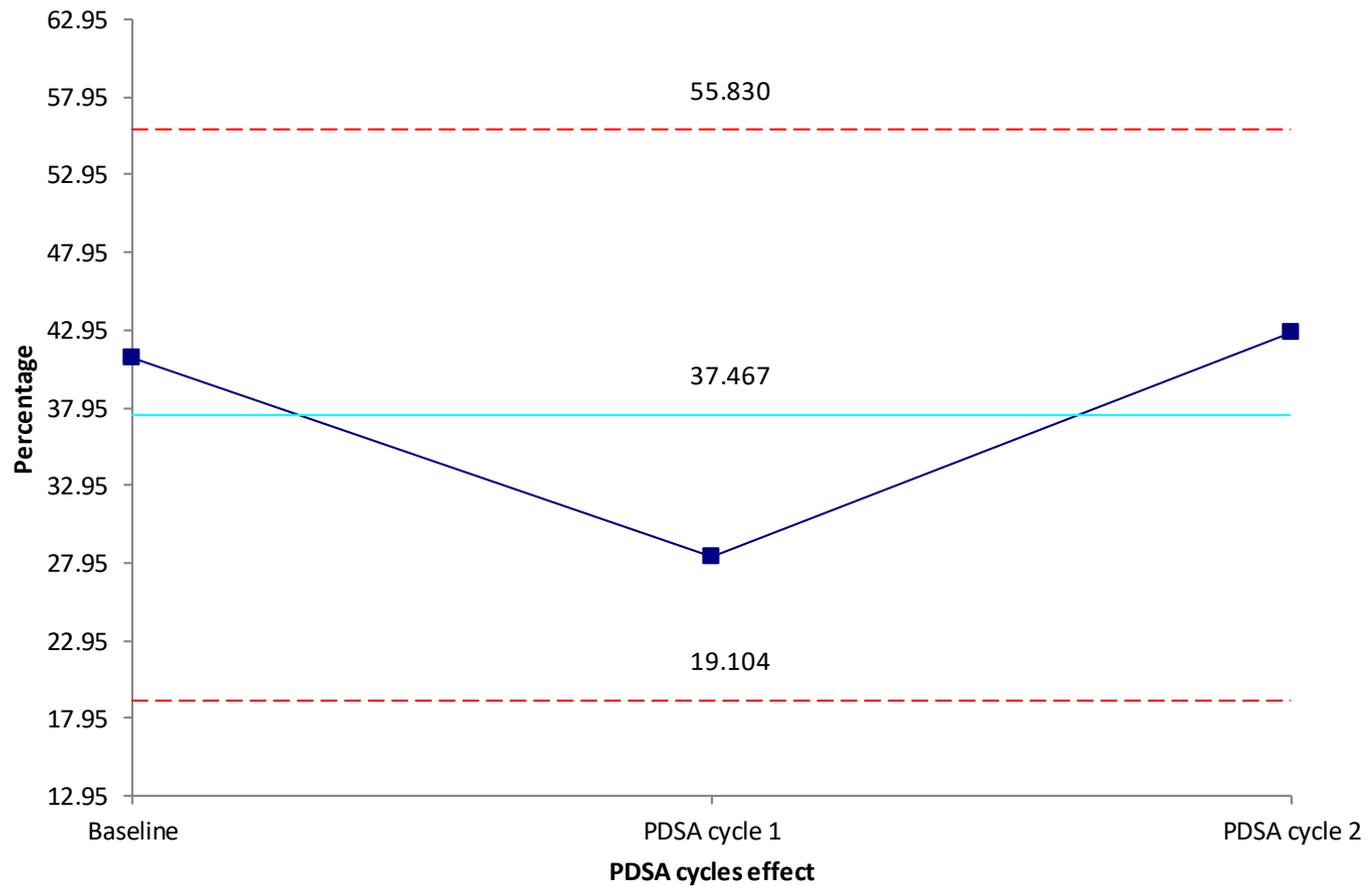
Category	N	
Total charts reviewed	14	
Age	Median: 62	Range 48-77
Gender		
Male	9	55.8%
Female	6	44.2%
Type of cancer		
Esophageal	2	14.2%
Hepatobiliary	1	7.1%
Pancreatic	1	7.1%
Colorectal cancer	9	64.2%
Anal	1	7.1%

# Change Data

Total documented nutritional plan	06/14	42.8%
Symptoms documented in physician note	06/14	42.8%
Positive nutritional screen (derived from dietitian note)	0	0

# Change Data

## c Chart



# Conclusions

- Nutritional assessment is important aspect of cancer care from patient perspective but often overlooked.
- Documented nutrition plans in outpatient oncology clinic involve several processes
- The rate of documented nutritional plan has not changed during the intervention period. From baseline of 41.2% it is currently at 42.8% within 30 days (goal is 90 days)

# Next Steps/Plan for Sustainability

- Co-ordination with EMR team to incorporate the self-referral option for patient in EMR
- Best practice alert for physician when weight loss >10% for referral to nutrition services

Name, credentials, job title  
Name, credentials, job title

Entity

## Project Title

**AIM:** Should be SMART (specific, measurable, attainable, relevant and time bound)

**INTERVENTION:** Should be described in such a way that someone not familiar with the project has a clear understanding of what you did...changes you tested.

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**TEAM:** Be sure to include both the department and names. If too many names to list, list just the departments represented

- Department 1: names
- Department 2: names
- Department 3: names

**PROJECT SPONSORS:**

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**RESULTS:** Should be related to your AIM statement. Be sure to title the graph, identify the SPC chart used, label the x & y axis, include a legend

Graph title

Insert graph

**CONCLUSIONS:** Should summarize the data in the results section, state whether or not the AIM was met. Conclusions are different than lessons learned.

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**NEXT STEPS:** Describe additional plans for tests of change, how the intervention will be incorporated into standard workflow, etc

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