

Patient Led Malnutrition Screening at Ipswich Hospital Oncology Day Unit

Dietetics and Food Services, Ipswich Hospital, West Moreton Health

Alice Rogers, Dr Abigail Marsh

Introduction

Malnutrition is common for people with, occurring in 30% to 40% of people with cancer, yet it is under-recognised and under-treated.¹ This is concerning, as it is known to negatively affect clinical outcomes and survival.¹ Identification of those at risk of malnutrition and referral to dietitians is crucial.¹

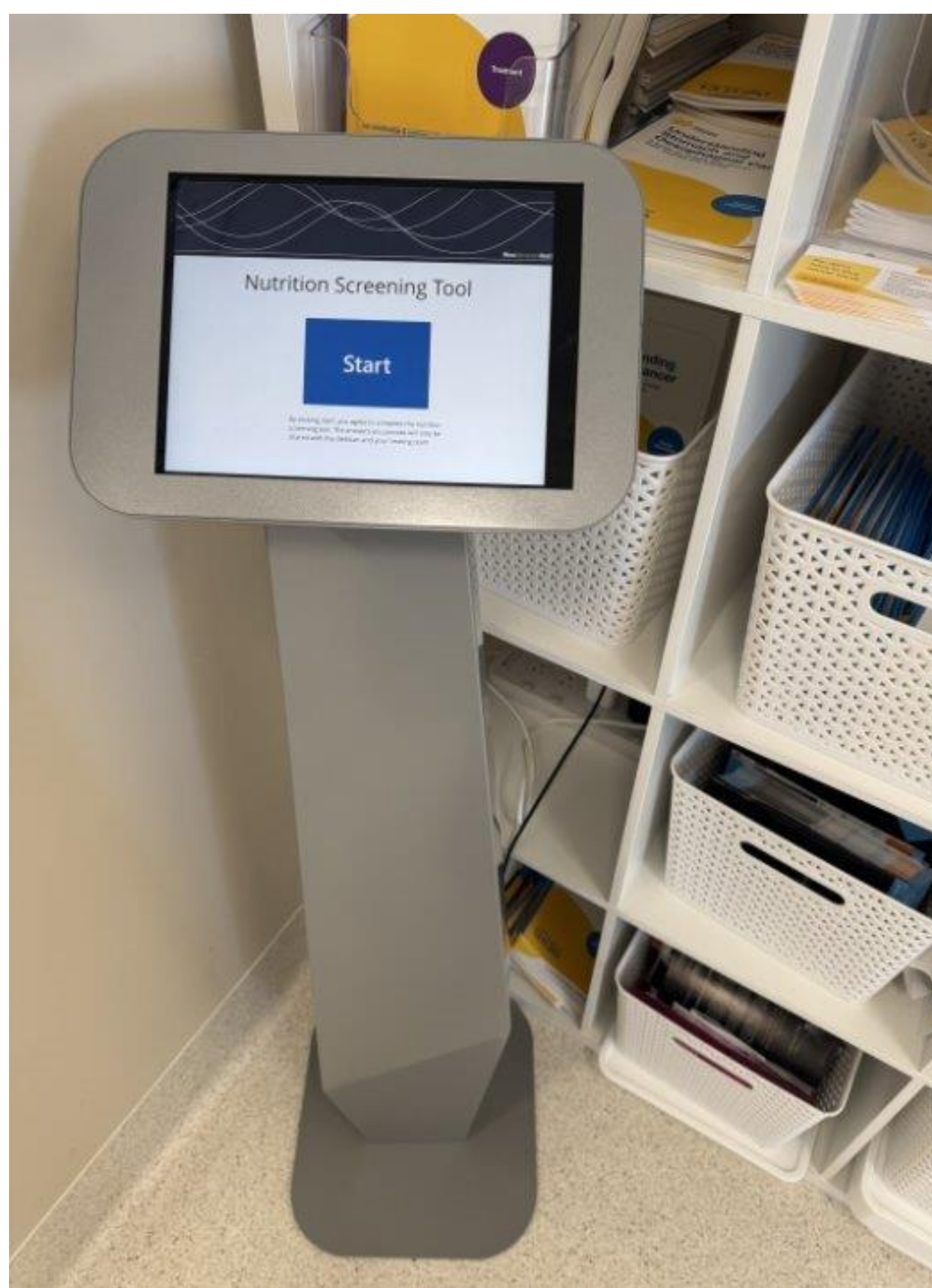
Routine malnutrition screening is recommended in clinical guidelines.¹ A practical strategy to reduce the burden on staff to complete nutrition screening and placing referrals is the use of patient-led malnutrition screening.²

Objective

The goal of this project was to implement a self-led malnutrition screening tool (MST) for Medical Oncology patients and to review patient uptake over a six-month period following implementation.

Method

An iPad with an electronic MST was introduced to the Oncology Day Unit. The application was built via Outlook Power Apps. The tool asked 2-3 simple malnutrition screening questions. Those at malnutrition risk were asked if they would like to see a dietitian. Patients could opt in or out (Y or N). Patient responses were uploaded to a Microsoft Teams list monitored by dietitians and triaged appropriately.



Have you been eating less food than usual because you have not been hungry?

Yes or No

Within the last 6 months, have you lost weight without trying?

Yes or No

Maintaining your weight and eating a balanced diet is crucial for people living with cancer. Would you be interested in seeing a dietitian for personalised nutrition advice?

Yes or No

Back

Submit

Outcome

Patient led screening was completed by 74 patients who presented to the oncology day unit for appointments or cancer treatment over a 6-month period. 32% (24/74) were identified as at risk of malnutrition with 67% (14/21) who had not yet seen a dietitian requesting an appointment. These were new referrals for patients who had not yet been referred to dietetics. This enabled patients to be connected with a dietitian directly-without requiring other multidisciplinary staff to initiate a referral.

Conclusion

There is strong potential for technology to support multidisciplinary team referrals in oncology. However, there may be barriers to use of an electronic tool for many patients e.g., older persons. Clinical assistants could play an important role to support patients to complete self-screening tools.³

References

1. Kiss N, Loeliger J, Findlay M, et al. Clinical Oncology Society of Australia: Position statement on cancer-related malnutrition and sarcopenia. *Nutr Diet.* 2020;77:416-425. <https://doi.org/10.1111/1747-0080.12631>

2. Di Bella A, Blake C, Young A, Pelecanos A, Brown T. Reliability of Patient-Led Screening with the Malnutrition Screening Tool: Agreement between Patient and Health Care Professional Scores in the Cancer Care Ambulatory Setting. *J Acad Nutr Diet.* 2018;118(6):1065-1071. doi:10.1016/j.jand.17.11.023

3. Roberts S, Marshall AP, Bromiley L, et al. Patient-Led, Technology-Assisted Malnutrition Risk Screening in Hospital: A Feasibility Study. *Nutrients.* 2024;16(8):1139. doi:10.3390/nu16081139