



## **Registered Dietitian Role and Clinical Nutrition Prioritization Matrix for Princess Margaret Cancer Centre Oncology Patients**

Three-quarters of cancer patients experience malnutrition at some point during their cancer care. Early nutrition intervention delivered by registered dietitians (RD) reduces risk of malnutrition, shortens length of hospital stay, lowers readmissions, improves recovery and cuts health care costs. The RD works with patients and families to personalize nutrition therapies that lead to a sustainable lifestyle.

**At Princess Margaret Cancer Centre**, Clinical Nutrition services are available for all patients receiving treatment, regardless of inpatient or outpatient status. Patients, family members and interprofessional team members are able to request clinical nutrition services.

The primary goals of nutrition counseling and intervention in oncology are to reduce malnutrition risk, reverse existing malnutrition when possible, and ensure safe nutritional intake.

The objectives of nutritional counseling and intervention during cancer treatment are to optimize energy and protein intake, ensure adequate fluid intake, manage nutrition impact symptoms, provide up-to-date, evidenced-based nutrition information and debunk misinformation. This will assist patients in maintaining weight, preserving lean body mass, limiting nutrient deficiencies and maintaining hydration, with the aim of reducing treatment delays, maintaining functional status and improving quality of life. The RD also assesses complementary, alternative and integrative nutrition therapies that patients are taking or considering and provides education on contraindications and potential for harm.

**Once a patient is referred to the RD**, the RD uses the Clinical Nutrition Prioritization Matrix (CNPM) to prioritize patients for screening and assessment. The matrix helps to ensure that *patients receive the right care, at the right time*, and serves to better manage the allocation of time and resources, support safe provision of patient care and clinical cross-coverage, and facilitate transfer of accountability. The matrix classifies three levels of nutrition risk: Priority 1: High Nutrition Risk, Priority 2: Moderate Nutrition Risk, and Priority 3: Low Nutrition Risk. Six dimensions are described for each priority level which includes: Patient Profile and Disease Acuity, Role of Nutrition, Subjective Global Assessment (SGA), Malnutrition Screening, Weight Status and Recommended Timeframes. Not all dimensions are required in prioritization. For instance, prioritization may occur without performing SGA or malnutrition screening, and may rely heavily on patient profile and disease acuity. Dietitians gather information to determine priority level from a variety of sources, both formally and informally, which may include, for

instance, case rounds, interaction with the healthcare team, malnutrition screening, and chart reviews.

The matrix is a decision-making tool to be used in conjunction with professional judgment. Past experience with patients and the importance of recognizing individual risks and vulnerabilities are important considerations when applying the matrix. Moreover, communication with the healthcare team, as occurs during clinical case rounds, is vital to identifying when patient would be ready for RD intervention.

For priority 1 and 2 patients, this would include an individual nutrition assessment. Referrals can be sent via fax, email, page or telephone. The primary goals of individual nutrition counseling and intervention in oncology are to reduce malnutrition risk, reverse existing malnutrition when possible, and ensure safe nutritional intake.

For priority 3 patients, Clinical Nutrition services may be provided by the RD in a group setting. Classes are listed in the monthly Patient Education calendar. Patients can self-refer to these group classes and register by calling the number on the calendar.

For additional details please go to page 38 of the UHN Standard of Care: Clinical Nutrition Prioritization Matrix. (Link provided).

<http://documents.uhn.ca/sites/UHN/CAP/sites/cn/practice/Standards-of-Care.pdf>

**The ELICSR Kitchen program** (link provided) is designed to support people touched by cancer (patients, families and caregivers) by providing nutrition cancer survivorship information needed to manage cancer-related side effects through a series of dynamic cooking classes. All classes are led by both a Registered Dietitian and Wellness Chef.

[https://www.ellicsr.ca/en/clinics\\_programs/ellicsr\\_kitchen](https://www.ellicsr.ca/en/clinics_programs/ellicsr_kitchen)

Patients and caregivers may access nutrition and cancer survivorship information and interactive, live cooking demonstrations via the Princess Margaret Cancer Centre Rehabilitation and Survivorship Program (ELICSR) located at Toronto General Hospital, or the Nourish program at Wellspring.

#### **References:**

Trujillo, E. B., Dixon, S. W., Claghorn, K., Levin, R. M., Mills, J. B., & Spees, C. K. (2018). Closing the Gap in Nutrition Care at Outpatient Cancer Centers: Ongoing Initiatives of the Oncology Nutrition Dietetic Practice Group. *Journal of the Academy of Nutrition and Dietetics*, 118(4), 749-760.

Dietitians of Canada, Oncology Network Dietitians. (2018) DC RD Advocacy Tool: Dietitians in Cancer Care. Accessed on September 12, 2019.

<https://www.dietitians.ca/Downloads/Public/Dietitians-in-Cancer-Care-bilingual-rev.aspx>

University Health Network Registered Dietitians. (2019) UHN Clinical Nutrition Prioritization Matrix. Accessed on September 10, 2019:

<http://documents.uhn.ca/sites/UHN/CAP/sites/cn/practice/Standards-of-Care.pdf>