



Leveraging a Palliative Care Quality Improvement Tool to Assess Appetite-related Patient and Caregiver Needs

Diane Portman MD¹, Kristine A. Donovan, PhD, MBA¹, Sarah Thirlwell, MS, RN, CHPN, AOCNS¹,
 Alyssa Fenech, BA¹, Arif Kamal, MD, MBA, MHS²
¹Moffitt Cancer Center, Tampa, FL,
²Duke Cancer Institute, Durham, NC



H. LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE,
 AN NCI COMPREHENSIVE CANCER CENTER – Tampa, FL
 1-888-MOFFITT (1-888-663-3488) | MOFFITT.org

Background

- Moffitt Cancer Center is a member of the Global Palliative Care Quality Alliance (GPCQA), a Palliative Care (PC) quality improvement collaboration that:
 - Developed a PC electronic data capture and quality monitoring system (QDACT)
 - Facilitates collaborative projects and provides member education
- We have utilized QDACT to assess patient needs, report and inform the care we provide
- GPCQA lectures regarding cancer anorexia-cachexia syndrome (CACS) and caregiver burdens highlighted challenges applicable to our practice

Objectives

- Use QDACT to assess patient report of appetite loss during initial oncology outpatient PC consultation
- Gauge secondary nutritional impact symptoms
- Evaluate caregiver roles and burden pertaining to nourishment
- Help support request for resources to address CACS

Methods

- Examined QDACT data for 89 new PC outpatients of one provider 11/15-7/16
 - Determined prevalence of moderate to severe scores (4 or greater) for appetite and possible nutritional impact symptoms
 - Calculated a weighted average severity score by symptom for the group of patients reporting moderate to severe scores for that symptom
 - Identified caregiver roles and patient-perceived caregiver burden
- Patient charts were reviewed for documentation of discussion of associated challenges

QDACT Results

Symptom Prevalence & Severity

Symptom	Prevalence of moderate to severe scores (%)	Weighted average score for moderate to severe symptom reporters
Appetite	49	6.9
Fatigue	73	6.7
Nausea	30	6.6
Dyspnea	36	7
Constipation	47	6.7
Anxiety	45	6.4
Depression	47	6.3

QDACT Results

Caregiver Roles and Burden

Patients with a primary caregiver (CG)	94%
CGs responsible for meal preparation	68%
CGs responsible for feeding	11%
Patients concerned for CG burden	90%
Perceived challenges of patients and CGs	Weight loss Care coordination Communication

Conclusions

- Appetite loss has profound effects on PC outpatients and caregivers
- Nutritional impact symptoms and caregiver burden may confound efforts to mitigate appetite compromise & weight loss
- Opportunity exists to improve coordination of care and provider-patient/CG communication related to CACS

Implications

GPCQA-delivered education and QDACT-PC use highlight the negative effects of appetite loss and opportunities for improved multidisciplinary care and communication.