

# CORE ELEMENTS OF NUTRITION MODELS OF CARE FOR PEOPLE WITH CANCER: A SCOPING REVIEW

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## Introduction

- A model of care is a multi-faceted concept that broadly describes the delivery of health care within the health system<sup>1</sup>
- Pragmatic guidance for the implementation of evidence-based cancer nutrition models of care into clinical practice is lacking
- This scoping review aimed to explore the core elements and principles of nutrition models of care for people with cancer.

## Methods

- Systematic search of three databases conducted: MEDLINE Complete, CINAHL and Embase (between 1-Jan 2003 and 8-Nov 2023; English only)
- To identify papers including adults (any cancer diagnosis) reporting on the implementation or evaluation of a model of nutrition care, whereby nutrition care was the core purpose.

## Results

4599 papers (identified) → 29 papers, 26 studies (inclusion criteria met)

- Studies primarily conducted in Australia (73.1%), within a hospital setting (96.2%), metropolitan setting (92.3%)
- Various cancer treatment and diagnoses [majority with head and neck (n=8), mixed diagnoses (n=7) and upper gastrointestinal cancers (n=5)]

### What type of care?

1:1 (100%)  
Group (3.8%)

### Who delivered care?

Dietitian (96.2%)  
Allied Health Assistant (3.8%)

### Where was care delivered?

Outpatients (96.2%)  
Inpatients (42.3%)

### How was outpatient care delivered?

Face-to-face (96.0%)  
Phone (56.0%)  
Video-telehealth (12.0%)

## Results continued...

- All (100.0%) papers aimed to test or implement evidence-based nutrition care via a care pathway, protocol or clinic
- N=16 (61.5%) described as unimodal (i.e., dietitian/nutrition intervention only) and the remainder multimodal
- Ten core elements identified that supported and underpinned nutrition care within each of the models of care (Fig. 1).

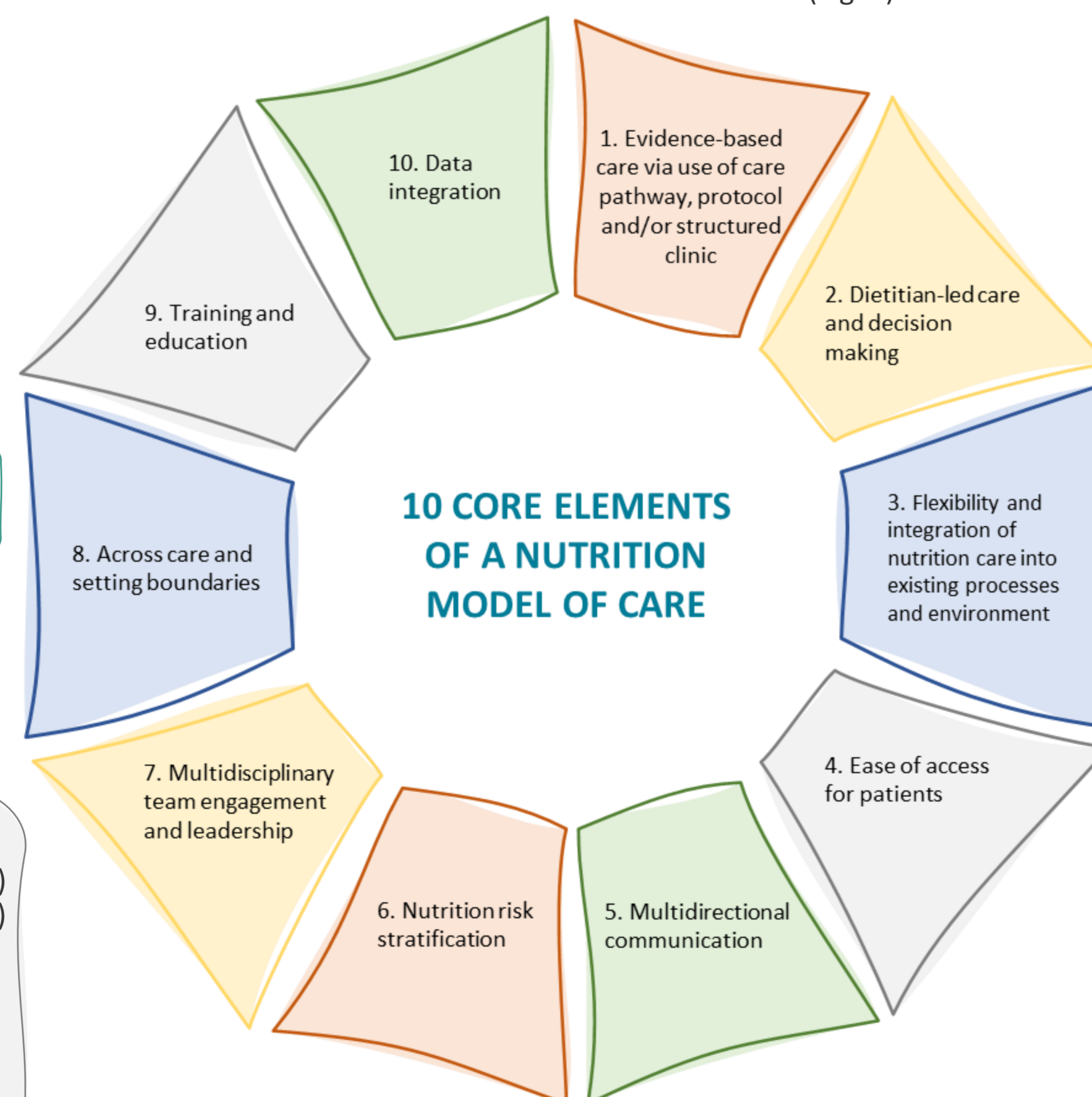


Figure 1. Ten core elements that underpin nutrition care

## Outcomes improved by a nutrition model of care:

### Patient level:

- Use of enteral and parenteral nutrition
- Diet adequacy/use of oral nutrition support
- Body weight

### Service level:

- Access to care
- Length of stay
- Hospital (re)admissions
- Quality of life
- Treatment completion

### Implementation:

- Adherence to evidence-based practice
- Feasibility
- Patient and clinician satisfaction/acceptability
- Costs

## Results continued...

- Most studies included:
  - nutrition screening method including automatic referral to the dietitian or use of a screening tool (84.6%)
  - nutrition assessment process (92.3%), but only 50.0% used a valid and reliable assessment tool
- All four components of the nutrition care process reported in 76.9% of studies<sup>2</sup>
- No studies reported that patients/carers had co-designed the model of care with health professionals
- Only four studies reported the use of an implementation framework or model

## Conclusion

- Cancer nutrition models of care are primarily limited to metropolitan, hospital settings and high nutrition risk cancers
- In most models a valid nutrition assessment tool was not used, patient/carers were not involved in the development and implementation was not guided by a framework
- The core elements identified in this review will inform an evidence-based framework for a future model of nutrition care for people with cancer that has potential to improve the implementation of high-quality nutrition care.

## References

- <sup>1</sup>Davidson, P., et al., Beyond the rhetoric: what do we mean by a 'model of care'? Australian Journal of Advanced Nursing, 2006. 23(3): p. 47-55.
- <sup>2</sup>Lacey, K. and E. Pritchett, Nutrition Care Process and Model: ADA adopts road map to quality care and outcomes management. Journal of the American Dietetic Association, 2003. 103(8): p. 1061.

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