Feeding Tube Referrals Among Head, Neck and Esophageal Cancer Patients at Multicare Regional Cancer Center (MRCC)

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Introduction & Background

- Malnutrition is an issue among head, neck, and esophageal cancer patients and may be minimized with prophylactic feeding tube (FT) placement
- Patients at MRCC with anticipated FT are expected to see a MRCC RDN prior to placement
- A visit with MRCC RDN is initiated by MD or RN Navigator referral
- MRCC RDNs coordinate care with home infusion RDNs
- We completed a study to analyze adherence to this non-standardized referral process

Methods

- Retrospective analysis of EMR (September 2015-February 2016)
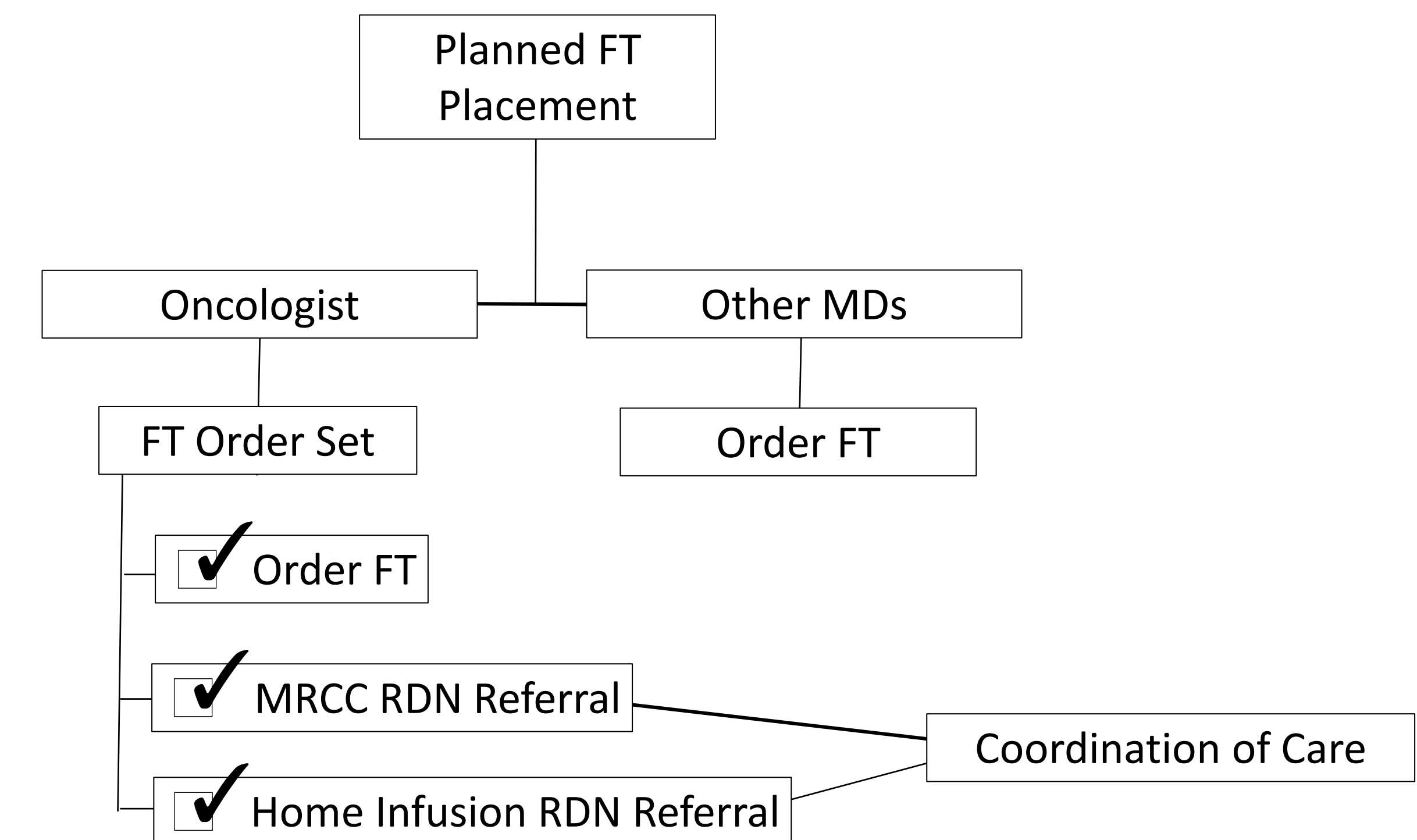- Head, neck, and esophageal cancer patients from Tacoma General and Auburn clinics

Results & Discussion

Total Patients	30
Total MD Referrals to MRCC RDN	9 (30%)
Total TF Placements	26
Contact w/ MRCC RDN prior to Placement	17 (65%)
Emergent Placement of FT	2 (8%)
Contact with Home Infusion RDN prior to or immediately following TF placement	16 (62%)
Complications	2 (8%)
Contact with MRCC RDN prior to placement	0 (0%)

- **Study indicates:**
  - MD referrals to MRCC RDNs are limited
  - Despite referral status, majority of FT patients see an RDN
  - A variety of clinicians send patients to RDNs
  - Potential complications may arise when no FT education is provided

Figure 2: Proposed Referral Procedure

Proposed Implementation

Implementation of a standardized referral process has the potential to reduce FT-related complications and improve patient satisfaction

- Within EMR, create an order set
  - Links Oncology-related FT orders to nutrition referrals
  - FT order automatically populates the option to place MRCC RDN and Home Infusion RDN referrals

- Currently providers must place individual (unconnected) referral orders
  - Requires more time
  - Requires MD to remember which providers should be consulted for which orders

- Order sets related to FT placement
  - Streamline when nutrition referrals occur
  - Relegate nutrition consultation-ordering to one provider (MD)
  - Reduce the risk of FT-related complications