EXAMPLE CLINICAL INDICATORS

- Clinical indicators (or key performance indicators) should be used after you have tailored the pathway to your local context, as a way of monitoring compliance to the care pathway.
- The below clinical indicators are examples only and variations can be applied. For example, you may choose to focus on whether the action (such as screening) is completed at all, or measure the timeframe within which it is completed, such as 24, 48 or 72 hours.
- Once you have chosen the clinical indicators relevant to your local context you will need to define how to measure, when to measure, who measures, local compliance targets (i.e. >90%), how to document and how this is communicated with relevant stakeholders in your organisation. For further information regarding how to define each clinical indicator refer to Chapter 2 of the Malnutrition Governance Toolkit (Malnutrition governance toolkit – Victorian Cancer Malnutrition Collaborative)
- Timeframes may be dependent on local resources and should be appropriate to the setting and aligned with local policies.

SCREENING

Recommendation	Example clinical indicators
All people with cancer should be screened for malnutrition in all health settings at diagnosis and repeated as the clinical situation changes, using a screening tool that is valid and reliable in the setting in which it is intended.	Percentage of patients admitted to hospital who received malnutrition screening with a validated screening tool within 24 hours of admission*
	Percentage of patients attending chemotherapy day unit/radiotherapy who received malnutrition screening with a validated screening tool on their initial nursing appointment*
	Percentage of patients admitted to hospital who received repeat malnutrition screening with a validated screening tool within 7 days of admission*
	Percentage of patients identified as "at risk" through malnutrition screening who had a referral placed to the dietitian
All people with cancer should be screened for sarcopenia at diagnosis and repeated as the clinical situation changes, using the validated screening tool SARC-F or SARC-F in combination with calf circumference.	Percentage of patients admitted to hospital who received sarcopenia screening with a validated screening tool within 24 hours of admission*
	Percentage of patients attending chemotherapy day unit/radiotherapy who received sarcopenia screening with a validated screening tool on their initial nursing appointment
	Percentage of patients admitted to hospital who received repeat sarcopenia screening with a validated screening tool within 7 days of admission*
	Percentage of patients identified as "at risk" through sarcopenia screening who had a referral placed to the dietitian and physiotherapist/exercise physiologist

ASSESSMENT	All people with cancer identified as being 'at risk' of malnutrition following appropriate screening or with a cancer diagnosis or treatment plan known to lead to high risk of malnutrition should have comprehensive nutrition assessment using a tool validated in the oncology population.	Percentage of patients identified as being "at risk" of malnutrition based on malnutrition screening who also had a completed nutrition assessment with a tool validated in the oncology population
		Length of time between patients identified as being "at risk" of malnutrition based on malnutrition screening and completion of a nutrition assessment using a tool validated in the oncology population
		Percentage of patients identified as malnourished who have a malnutrition diagnosis documented in their medical history
	All people with cancer identified as being 'at risk' of sarcopenia following appropriate screening should have a comprehensive evaluation of muscle status using a combination of assessments for muscle mass, muscle strength and function.	Percentage of patients identified as being "at risk" of sarcopenia, based on sarcopenia screening who also had a comprehensive evaluation of muscle status using a combination of assessments for muscle mass, muscle strength and muscle function.
		Length of time between patients identified as being "at risk" of malnutrition based on malnutrition screening and completion of a comprehensive evaluation of muscle status using a combination of assessments for muscle mass, muscle strength and function.
		Percentage of patients identified as sarcopenic who have a sarcopenia diagnosis documented in their medical history
TREATMENT	All people with cancer-related malnutrition and sarcopenia should have access to the core components of treatment including medical nutrition therapy, targeted exercise prescription and physical activity advice, and physical and psychological symptom management.	Percentage of patients with a completed nutrition assessment and a documented malnutrition diagnosis who have a documented malnutrition care plan in place
		Percentage of patients with a documented malnutrition diagnosis who had medical nutrition therapy implemented
		Length of time between admission and implementation of medical nutrition therapy for patients diagnosed with malnutrition
		Percentage of patients with a completed evaluation of muscle mass, strength and function and a documented sarcopenia diagnosis who have a documented exercise prescription in place
		Percentage of patients with a documented sarcopenia diagnosis who had an exercise prescription implemented
		Length of time between admission and implementation of an exercise prescription for patients diagnosed with sarcopenia
DISCHARGE	Communicate with relevant health professionals to provide handover / transition of care	Percentage of patients with a malnutrition diagnosis as a result of a nutrition assessment with a with a tool validated in the oncology population who have a malnutrition care plan included as part of their discharge summary
		Percentage of patients with a sarcopenia diagnosis as a result of a comprehensive evaluation of muscle status using a combination of assessment for muscle mass, strength and functional who have a sarcopenia care plan included as part of their discharge summary