The NOURISH Point Prevalence Study Site Specific Dietetics Practices Questionnaire V2 2.5.19

This questionnaire is to be completed by the Principal Investigator of each participating NOURISH Point Prevalence Study site. The questions relate to dietetics practices for the nutritional management of patients undergoing surgery for upper gastrointestinal (UGI) cancer, at your site only.

We hope to use the results of this questionnaire to see if increased pre-operative dietetics service provision for this patient group leads to decreased malnutrition rates, and to see if we can make improvements in the nutritional care of these patients in future.

By completing the questionnaire, this tells us that you are happy to complete it on behalf of your site. The information collected will not be presented in any way that will reveal your site in any publications or presentations arising from the study. However, we will need to know the name of your site so that we can link your responses with your site-specific patient data.

If you no longer want to complete the questionnaire, simply close the web browser. Your decision to withdraw at any point will not affect your ongoing participation in The NOURISH Point Prevalence Study.

The questionnaire should take no longer than 10-15 minutes of your time.

We thank you for your participation!

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1) What is the name of your site?

(Note this will not be identified in the results. It will be used to link your participant data with your site specific survey data only and then become de-identified completely.)

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PRE-OPERATIVE NUTRITION

2) At your site, do any dietitians regularly attend the Upper Gastrointestinal (UGI) oncology Multi-Disciplinary Meetings (MDM)?

- YES
- NO
- SOMETIMES
- OTHER
- UNSURE

3) If other, please specify
4) Does your dietetics department have in place any nutrition services during PRE-OPERATIVE chemotherapy for UGI cancer? (select one only)

- We routinely see all UGI cancer patients undergoing pre-operative chemotherapy
- We have processes in place to identify and see patients who are at high nutritional risk during pre-operative chemotherapy (e.g. high-risk treatment, high risk tumour location, screening for malnutrition)
- We see patients during pre-operative chemotherapy, but only when they are referred by nursing or medical staff
- We do not see patients during pre-operative chemotherapy
- Not applicable- our centre does not have a chemotherapy unit
- Other
- UNSURE

5) If other, please specify

6) Does your dietetics department have in place any nutrition services during PRE-OPERATIVE radiotherapy for UGI cancer? (select one only)

- We routinely see all UGI cancer patients undergoing pre-operative radiotherapy
- We have processes in place to identify and see patients who are at high nutritional risk during pre-operative radiotherapy (e.g. high-risk treatment, high risk tumour location, screening for malnutrition)
- We see patients during pre-operative radiotherapy, but only when they are referred by nursing or medical staff
- We do not see patients during pre-operative radiotherapy
- Not applicable- our centre does not have a radiotherapy unit
- Other
- UNSURE

7) If other, please specify

8) Aside from any chemo/radiotherapy nutrition services, does your dietetic department have in place any PRE-OPERATIVE outpatient nutrition services for patients undergoing surgery for UGI cancer? (select one only)

- We have an outpatient service and we routinely see all UGI cancer patients pre-operatively
- We have an outpatient service with processes in place to identify and see patients who are at high nutritional risk pre-operatively (e.g high risk treatment, high risk tumour location, high risk surgery, screening for malnutrition)
- We see patients in the outpatient setting pre-operatively, but only when they are referred by nursing or medical staff
- We do not have any outpatient services to see patients pre-operatively
- Other
- UNSURE

9) If other, please specify
10) If YES, what is the location of your PRE-OPERATIVE nutrition service? (select one only)
   - UGI specific dietitian only outpatient clinic
   - UGI specific dietitian outpatient clinic, within the surgical or oncology clinic
   - Dietitian general outpatient clinic
   - Dietitian attends preadmission clinic
   - Other
   - UNSURE
   - Not Applicable - no service

11) If other, please specify ____________________________

12) If YES, how do patients MAINLY get referred into your PRE-OPERATIVE nutrition service? (select one only)
   - Surgeons or oncologists refer patients
   - Dietitian screens patients
   - Nursing staff refer patients
   - No set referral process
   - Other
   - UNSURE
   - Not Applicable - no service

13) If other, please specify ____________________________

14) If YES, how many hours per week would you estimate this outpatient service operates for PRE-OPERATIVE UGI cancer patients? (select one only)
   - < 1 hour per week
   - 1-2 hours per week
   - 3-4 hours per week
   - 4-6 hours per week
   - > 6 hours per week
   - Not Applicable - no service
   (note please estimate time for PRE-OPERATIVE only (there is another question below regarding time for post operative services))

POST-OPERATIVE NUTRITION
This refers to nutritional services post discharge from the surgical admission

15) Does your dietetics department have in place any nutrition services during POST-OPERATIVE chemotherapy for UGI cancer? (select one only)
   - We routinely see all UGI cancer patients undergoing post-operative chemotherapy
   - We have processes in place to identify and see patients who are at high nutritional risk during post-operative chemotherapy (e.g. high risk treatment, high risk tumour location, screening for malnutrition)
   - We see patients during post-operative chemotherapy, but only when they are referred by nursing or medical staff
   - We do not see patients during post-operative chemotherapy
   - Not applicable - our centre does not have a chemotherapy unit
   - Other
   - UNSURE

16) If other, please specify ____________________________
### 17) Does your dietetics department have in place any nutrition services during POST-OPERATIVE radiotherapy for UGI cancer? (select one only)

- We routinely see all UGI cancer patients undergoing post-operative radiotherapy
- We have processes in place to identify and see patients who are at high nutritional risk during post-operative radiotherapy (e.g. high risk treatment, high risk tumour location, screening for malnutrition)
- We see patients during post-operative radiotherapy, but only when they are referred by nursing or medical staff
- We do not see patients during post-operative radiotherapy
- Not applicable - our centre does not have a radiotherapy unit
- Other
- UNSURE

### 18) If other, please specify

________________________

### 19) Aside from any chemo/radiotherapy nutrition services, does your dietetic department have in place any POST-OPERATIVE outpatient nutrition services for patients undergoing surgery for UGI cancer? (select one only)

- We have an outpatient service and we routinely see all UGI cancer patients post-operatively
- We have an outpatient service with processes in place to identify and see patients who are at high nutritional risk post-operatively (e.g. high risk treatment, high risk tumour location, high risk surgery, screening for malnutrition)
- We see patients in the outpatient setting post-operatively, but only when they are referred by nursing or medical staff
- We do not have any outpatient services to see patients post-operatively
- Other
- UNSURE

### 20) If other, please specify

________________________

### 21) If YES, what is the location of your POST-OPERATIVE UGI specific dietitian only outpatient clinic nutrition service? (select one only)

- UGI specific dietitian only outpatient clinic
- UGI specific dietitian outpatient clinic, within the surgical or oncology clinic
- Dietitian general outpatient clinic
- Dietitian attends preadmission clinic
- Other
- UNSURE
- Not Applicable - no service

### 22) If other, please specify

________________________

### 23) If YES, how do patients MAINLY get referred into your POST-OPERATIVE nutrition service? (select one only)

- Patients who have had surgery are referred by the dietitian who saw them during their inpatient admission
- Surgeons or oncologists refer patients
- Nursing staff refer patients
- No set referral process
- Other
- UNSURE
- Not Applicable - no service
24) If other, please specify

25) if YES, how many hours per week would you estimate this outpatient service operates for POST-OPERATIVE UGI cancer patients? (select one only)

<table>
<thead>
<tr>
<th>Choice</th>
<th>Options</th>
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<tbody>
<tr>
<td>&lt; 1 hour per week</td>
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<tr>
<td>1-2 hours per week</td>
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<tr>
<td>3-4 hours per week</td>
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<tr>
<td>4-6 hours per week</td>
<td></td>
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<tr>
<td>&gt; 6 hours per week</td>
<td></td>
</tr>
<tr>
<td>Not Applicable- no service</td>
<td>(note please estimate time for POST-OPERATIVE only)</td>
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</tbody>
</table>

26) Do you USUALLY refer UGI cancer patients to any other outpatient dietetics services POST-OPERATIVELY? (can select multiple)

<table>
<thead>
<tr>
<th>Choice</th>
<th>Options</th>
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<tbody>
<tr>
<td>PRIVATE DIETITIANS</td>
<td></td>
</tr>
<tr>
<td>COMMUNITY HEALTH SERVICE DIETITIANS</td>
<td></td>
</tr>
<tr>
<td>OTHER SERVICE</td>
<td></td>
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<tr>
<td>NEVER REFER TO OTHER SERVICES</td>
<td></td>
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<tr>
<td>RARELY REFER TO OTHER SERVICES</td>
<td></td>
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<tr>
<td>UNSURE</td>
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</tbody>
</table>

27) If other, please specify

28) Does your dietetics department see UGI cancer patients during their inpatient surgical admission? (select one only)

<table>
<thead>
<tr>
<th>Choice</th>
<th>Options</th>
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<tbody>
<tr>
<td>We see routinely see all patients post-operatively during their inpatient admission</td>
<td></td>
</tr>
<tr>
<td>We have a service with processes in place to identify and see patients who are at high nutritional risk during their inpatient surgical admission (e.g. high-risk treatment, high risk tumour location, high risk surgery, screening for malnutrition)</td>
<td></td>
</tr>
<tr>
<td>We see patients during their inpatient surgical admission, but only when they are referred by nursing or medical staff</td>
<td></td>
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<tr>
<td>We do not have any inpatient services to see patients during their inpatient surgical admission</td>
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<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>UNSURE</td>
<td></td>
</tr>
</tbody>
</table>

29) If other, please specify

30) Does your organisation or department have in place any ERAS protocols for UGI surgical oncology patients?

<table>
<thead>
<tr>
<th>Choice</th>
<th>Options</th>
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</thead>
<tbody>
<tr>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>UNSURE</td>
<td>UNSURE</td>
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</table>

31) if yes, do UGI oncology patients receive any of the following PRE-SURGERY as part of any ERAS protocols? (can select multiple)

<table>
<thead>
<tr>
<th>Choice</th>
<th>Options</th>
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<tbody>
<tr>
<td>IMMUNONUTRITION</td>
<td>IMMUNONUTRITION</td>
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<td>CHO LOADING DRINKS</td>
<td>CHO LOADING DRINKS</td>
</tr>
<tr>
<td>PRE-OPERATIVE NUTRITION ADVICE</td>
<td>PRE-OPERATIVE NUTRITION ADVICE</td>
</tr>
<tr>
<td>UNSURE IF THEY RECEIVE ANY OF THE ABOVE</td>
<td>UNSURE IF THEY RECEIVE ANY OF THE ABOVE</td>
</tr>
<tr>
<td>Not Applicable- no ERAS</td>
<td>Not Applicable- no ERAS</td>
</tr>
</tbody>
</table>

32) Does your dietetics department have in place any form of care pathway or protocols for the nutritional management of UGI surgical oncology patients? (select one only)

<table>
<thead>
<tr>
<th>Choice</th>
<th>Options</th>
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</thead>
<tbody>
<tr>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>UNSURE</td>
<td>UNSURE</td>
</tr>
</tbody>
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### 33) If yes, what timepoint in the patient's care does your pathway/protocol start?

- At time of initial cancer diagnosis and treatment planning
- When the patient commences neoadjuvant chemo/radiotherapy
- When the patient attends preadmission clinic before their surgery
- At the start of the patient's surgical admission
- After the patient is discharged from their surgical admission
- Other
- UNSURE
- Not Applicable - no pathway

### 34) If other, please specify

- __________________________

### 35) If yes, what timepoint in the patient's care does your pathway/protocol finish? (select one only)

- At the end of neoadjuvant chemo/radiotherapy
- At the start of the patient's surgical admission
- At the end of the patient's surgical admission
- Within 1 month After surgery
- 1-3 months after surgery
- 3-6 months after surgery
- 6-12 months after surgery
- > 12 months after surgery
- Other
- UNSURE
- Not Applicable - no pathway

### 36) If other, please specify

- __________________________

### 37) What areas of nutritional management does your pathway/protocol outline? (can select multiple)

- Type of nutrition assessment to be performed
- Type of nutrition intervention to be provided
- Timing of review appointments
- Escalation of nutritional intervention (e.g. initiation of enteral nutrition if patients are losing weight)
- When to advocate for feeding tube insertions
- Commencing nutrition support after surgery (E.g. enteral or parenteral nutrition) admission
- UNSURE
- OTHER
- Not Applicable - no service

### 38) If other, please specify

- __________________________

### 39) What year was your pathway developed?

- __________________________

### 40) How often does your pathway get reviewed?

- NEVER
- UNSURE
- EVERY 12 MONTHS
- EVERY 2 YEARS
- > EVERY 2 YEARS
- When Required, no set time-frame
- Not Applicable - no pathway

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41) Would you be willing to share a copy of your pathway/protocol with THE NOURISH Study Investigators?

- YES
- NO
- UNSURE - would need to check with my manager

42) ANY OTHER COMMENTS

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