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PROMOTING SCREENING, IDENTIFICATION & MANAGEMENT OF MALNUTRITION IN OLDER ADULTS ADMITTED TO ACUTE CARE

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WHY IS MALNUTRITION A PROBLEM?

- Malnutrition is prevalent among hospitalized patients in Canada
  - 34% moderately malnourished upon admission
  - 11 % severely malnourished upon admission
- 20% of admitted patients will experience a deterioration in their nutritional status as a result of their admission
- Lack consistent screening, monitoring & referral process
- Increased LOS, readmission & cost
  - Medical patients = LOS ↑ x 23%
  - Surgical patients = LOS ↑ x 32%
  - Increased costs x 34%
- Patient & family experience

CONSIDERATIONS FOR ACUTE CARE

- Who is at risk?
  - Advanced age
  - Frailty
  - Acute or chronic illness
  - Surgery/ Trauma
  - Polypharmacy
  - Aggressive medical treatment regimes

- ✓ Poor appetite
- ✓ Fatigue
- ✓ Pain
- ✓ Breathing difficulties
- ✓ Chewing/swallowing difficulties
- ✓ Depression

BARRIERS TO FOOD INTAKE

- *Hospitals!*
- Missed meals
- Dissatisfaction with hospital food
- Requires assist to eat
- Disruption @ meal times
- Access
- Hospital procedures

IMPLICATIONS OF MALNUTRITION

- Delayed wound healing
- Increased risk of infection
- Increased risk of complications: acute renal failure, pneumonia, & respiratory failure
- Delirium
- Falls
- Increased morbidity & mortality

BACKGROUND

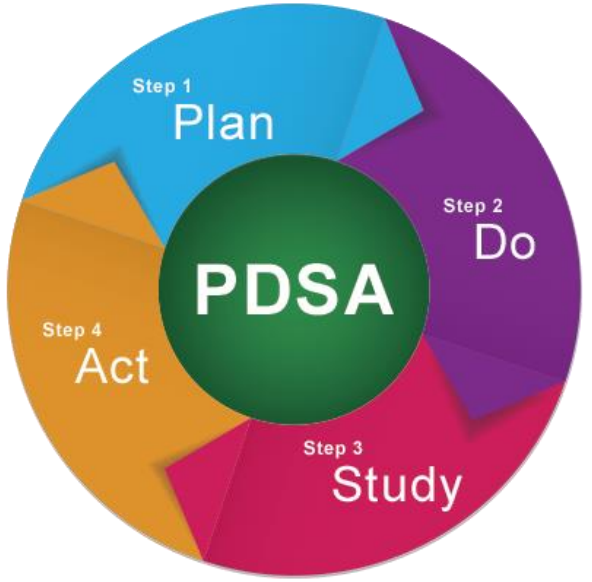
- TOH Senior Friendly Hospital Committee
- Provincial SFH ACTION program (Jan 2016)
  - Supported by Health Quality Ontario
  - 3 day workshop
  - Coach
  - Monthly reporting
  - Ongoing education
  - Provincial showcase March 2017

INNOVATION

- Aim Statement:
  - All patients ≥ age 65 will have their nutritional risk screened on the initial nursing history form & a plan of care to address or maintain their needs initiated during their admission process to the A5 general internal medicine unit.
- Outcome measures:
  - % with nutrition screening completed on patient admission history form
  - % weighed on admission
  - % identified at risk & dietitian consult completed
  - % requiring assist to eat & on the assist to feed list
  - % with Breakfast/Lunch/Dinner intake documented on flow sheet
  - % staff that have completed the nutrition education modules

IMPLEMENTATION

- Environmental assessment
- Key stakeholder focus groups
  - Perceptions
  - Barriers to promoting nutrition?
- Review of existing processes & policies
- Development of a multi-modal education strategy
- Development of chart audit tool



CANADIAN NUTRITION SCREENING TOOL

Identify patients who are at risk for malnutrition

	Date:		Date:	
	Admission		**Rescreening**	
Ask the patient the following questions*	**Yes**	**No**	**Yes**	**No**
Have you lost weight in the past 6 months **WITHOUT TRYING** to lose this weight? If the patient reports a weight loss but gained it back, consider it as NO weight loss.				
Have you been eating less than usual **FOR MORE THAN A WEEK**?				
Two "YES" answers indicate nutrition risk†				

* If the patient is unable to answer the questions, a knowledgeable informant can be used to obtain the information. If the patient is uncertain regarding weight loss, ask if clothing is now fitting more loosely.

Nutrition

Special diet–Diète spéciale (specify–préciser) : _____

If diabetic, how often do you check your blood sugar level - Si diabétique, fréquence des tests de glycémie? _____

Have you lost weight in the past 6 months without trying to lose this weight–
Au cours des 6 derniers mois, avez-vous perdu du poids sans avoir essayé de perdre ce poids? Y–O _____ N _____

Have you been eating less than usual for more than a week – Depuis plus d'une semaine, mangez-vous moins que d'habitude? Y–O _____ N _____

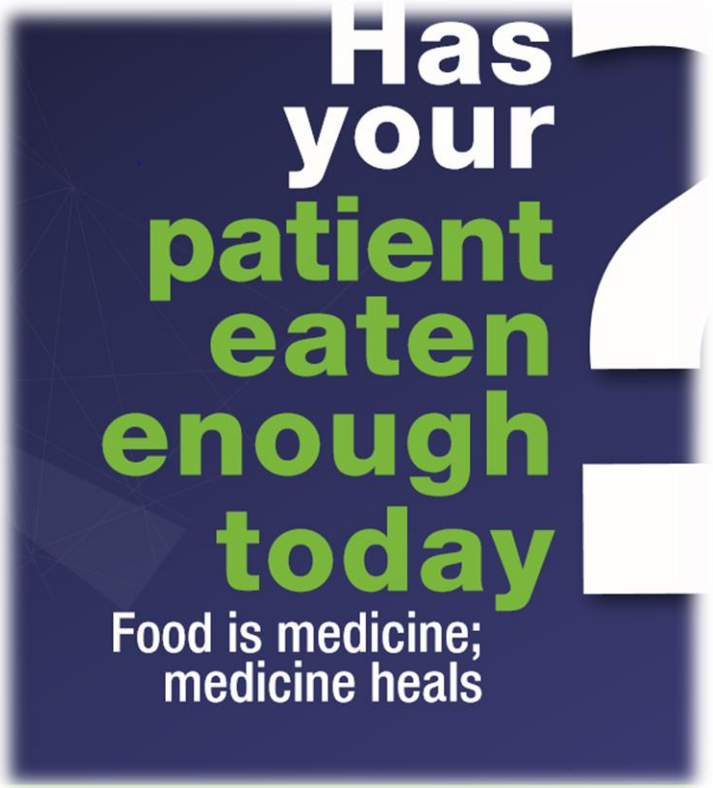
Do you require specialized equipment to eat - Besoin d'équipement spécialisé pour manger? Y–O _____ N _____

Problems swallowing–Difficulté à avaler : Y–O _____ N _____

Init.

STRATEGY

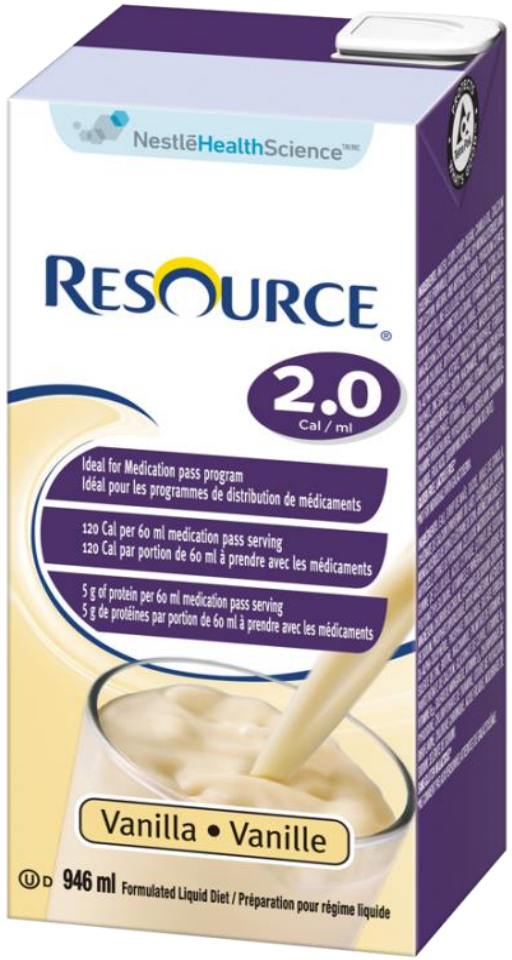
- Educate educate educate
- Monitoring/reinforcement of existing policies & procedures
- Review & development of new unit processes
- Developed new resources
- Implemented Med Pass Program
- Family engagement at mealtime
- Optimized use of volunteers



MED PASS

60 mL of Resource 2.0 taken

4 times/ day

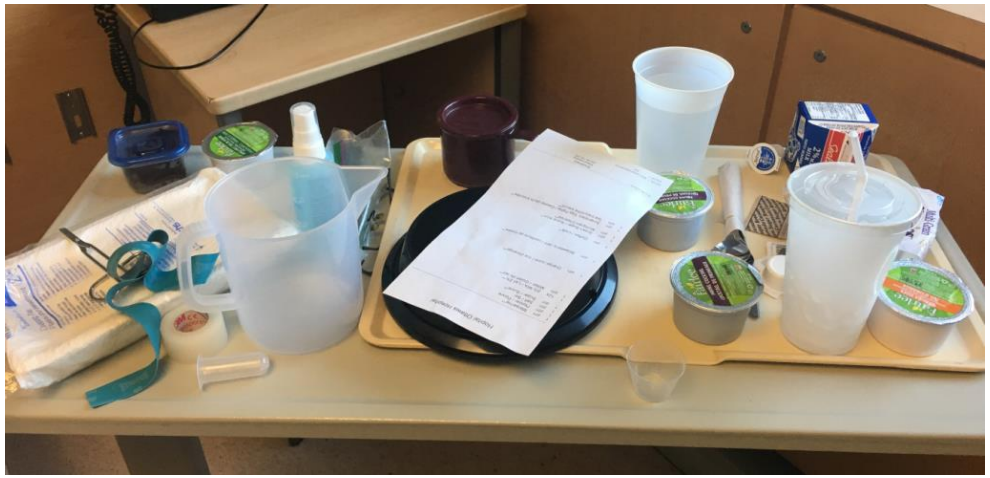


ESTABLISH STANDARD OF CARE

- Provide Standard Nutrition Care to all patients
  - Sit patient in chair or position upright in bed
  - Ensure vision & dentition needs are addressed
  - Encourage family & friends to bring preferred foods from home
  - Monitor how much food is consumed
  - Avoid mealtime interruptions
- Complete the Patient Admission History
- If the patient answers YES to the two screening questions - consult the Registered Dietitian
- Weigh patients on admission
- If patient is eating ≤ 50% of their meals – consult the Registered Dietitian

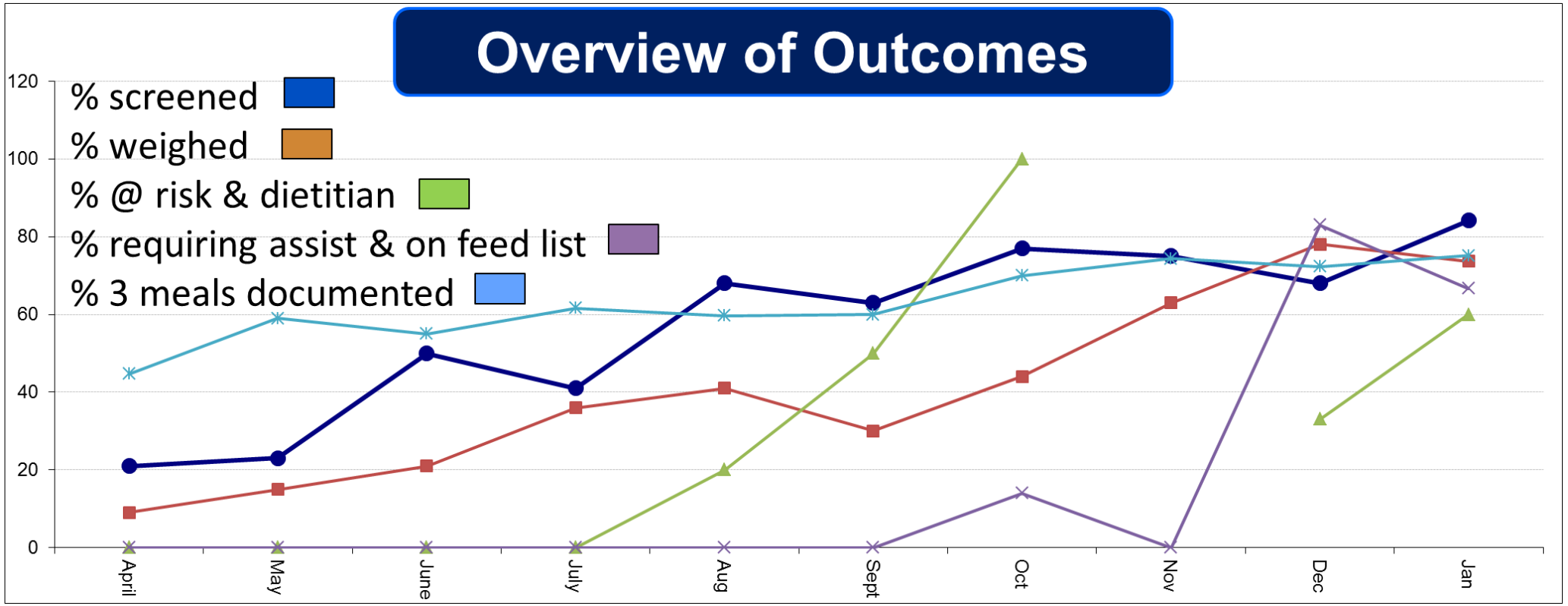
EMPOWER THE TEAM

- Important to empower patients through knowledge & understanding of how their care can be improved by treating food like medicine
- Team approach, involve: orderlies, clerks, SLP, OT, RD, volunteers, family/ friends
- Make mealtimes a pleasant experience
  - ✓ Clear tables of medical equipment
  - ✓ Positioning
  - ✓ Minimize interruptions



- Patients may become frustrated by an inability to eat independently & are reluctant to ask for help from busy staff

OUTCOMES


Overview of Outcomes
% screened
% weighed
% @ risk & dietitian
% requiring assist & on feed list
% 3 meals documented
120
100
80
60
40
20
0
April
May
June
July
Aug
Sept
Oct
Nov
Dec
Jan

KEY CHALLENGES

- Time & competing priorities
- Access
- Disruption @ mealtime
- Resources to provide assist with meals
- Corporate level challenges beyond scope of practice
- Sustainability?

KEY LEARNINGS

- Align with corporate initiatives
- Short, frequent PDSA cycles for timely decision making
- Engage existing team members for improved buy-in from staff
- Multi-modal education approach enhanced learning & compliance
- Timely audits & follow-up is crucial
- Teamwork is the key to success

Thank You!

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