

WORKING TOGETHER TO IMPROVE MALNUTRITION
CARE: OPPORTUNITIES FOR SHARED DECISION-
MAKING ACROSS CARE SETTINGS

Jeanne Blankenship, Moderator

Ainsley Malone

Paul Downey

Vance Sharp

OPPORTUNITIES FOR SHARED DECISION MAKING: CLINICAL PERSPECTIVE

Ainsley Malone, MS, RD, LD, CNSC, FAND, FASPEN

Nutrition Support Dietitian

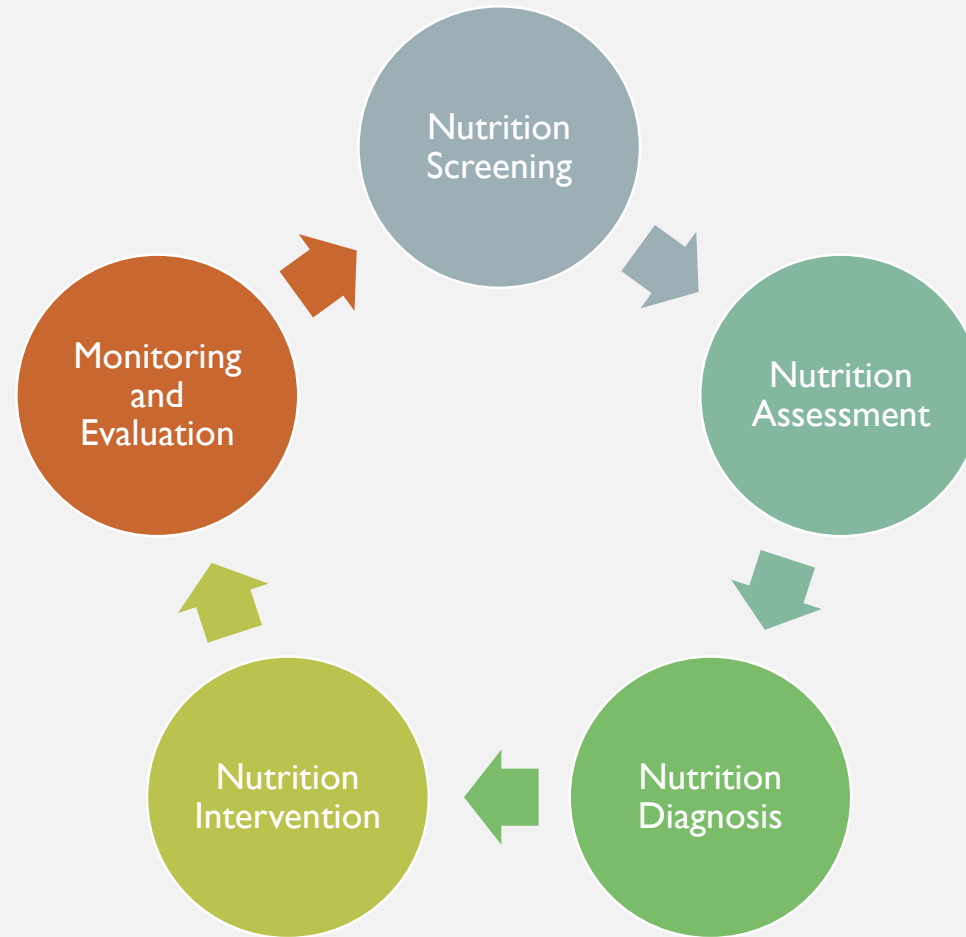
Mt. Carmel West Hospital

Columbus, Ohio

DISCLOSURE

- I have nothing to disclose

NUTRITION CARE PROCESS IN ACUTE CARE



NUTRITION SCREENING

A process to identify an individual who may be malnourished or at risk for malnutrition to determine if a detailed nutrition assessment is indicated.

- Part of the admission health assessment process.
- Includes questions involving weight loss and appetite.
- Positive results → Dietitian consult



NUTRITION ASSESSMENT

Clinical and
Medical History

Food and
Nutrition
History

Weigh/Height
Measurements

Biochemical
and Medical
Tests

Physical
Assessment

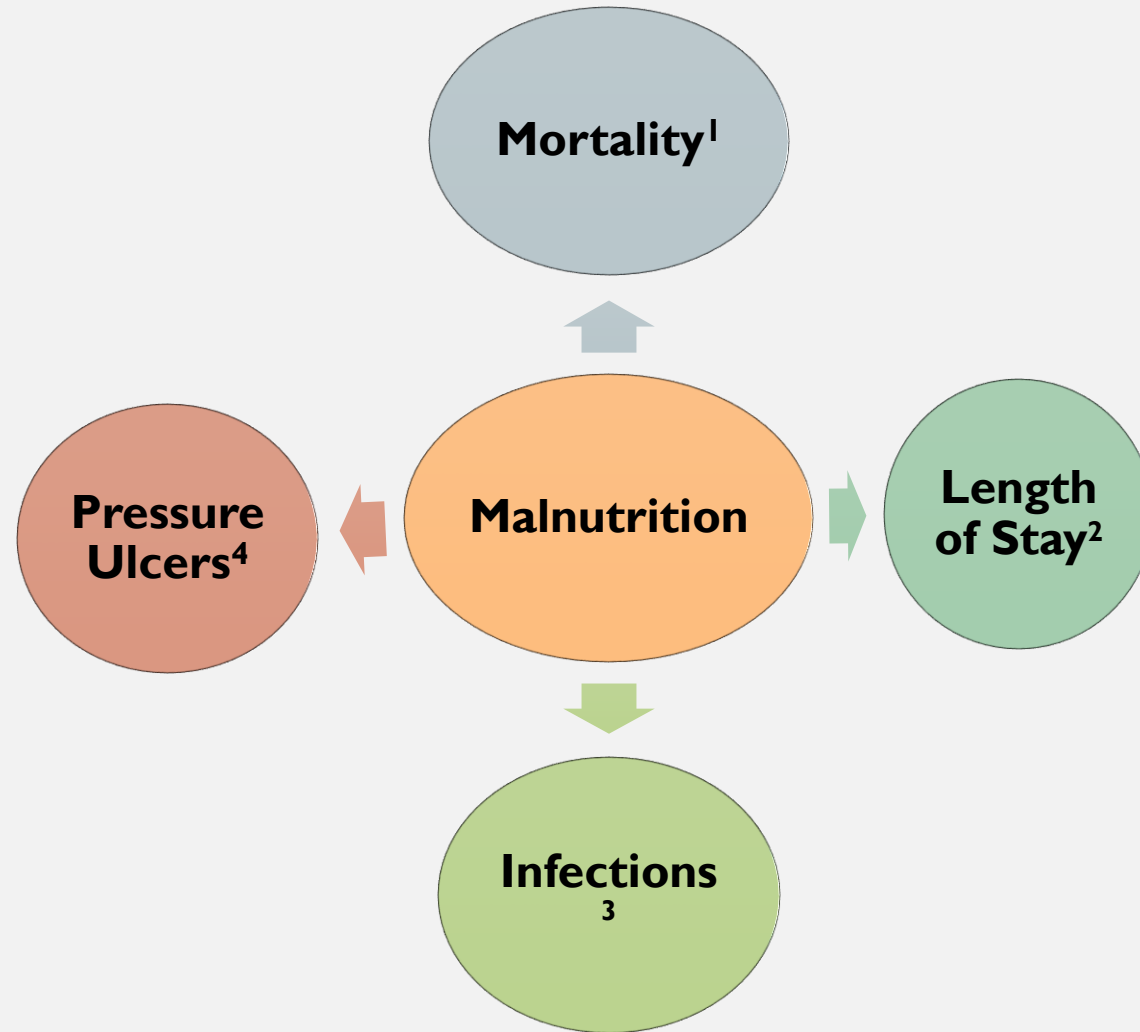
NUTRITION DIAGNOSIS

- Based on evaluation of nutrition assessment data
- Normally nourished
- Malnourished
 - Moderate or severe
- Will be documented in the medical record
- Assessment results will be shared with the health care team

Why is malnutrition significant?

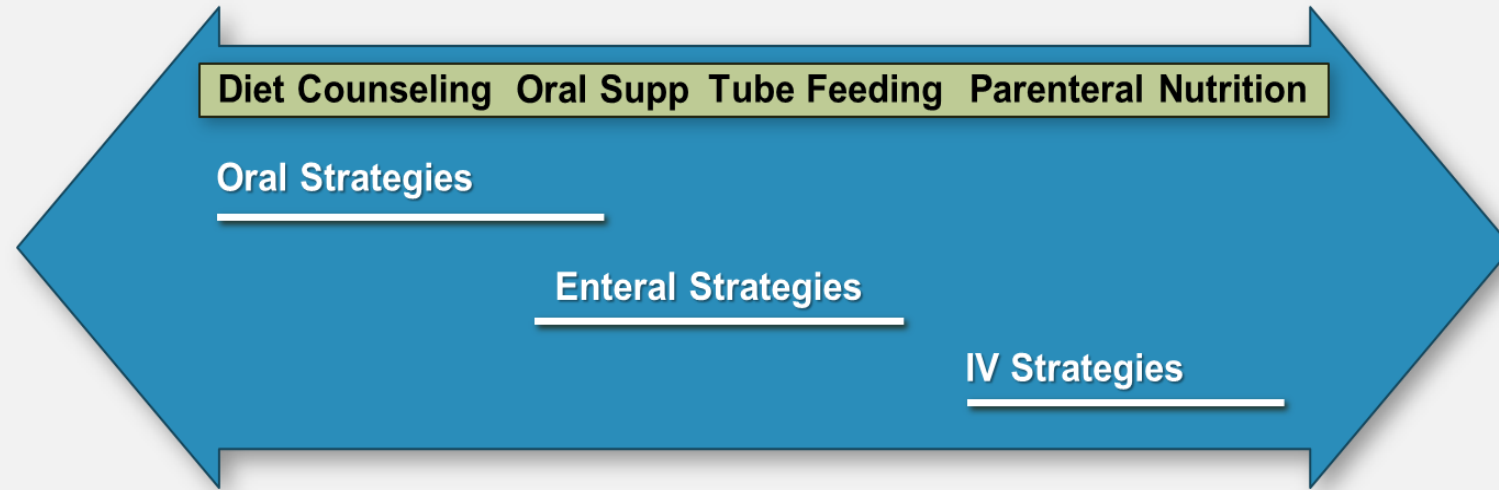
Why is it important to share the nutrition assessment results with the patient?

MALNUTRITION IMPACTS OUTCOMES



¹Heller. *JPEN* 2017;41:1316; ²Weiss A. *HCUP Databrief #210*;2016; ³Schneider S. *Br J Nutr* 2004;92:105; ⁴Fry D. *Arch Surg* 2010;145:148.

NUTRITION INTERVENTIONS



- Intervention options will be based on clinical and nutrition status.
- Role of health care team educating the patient is critical.
 - Nutrition status
 - Most appropriate treatment options

MONITORING/EVALUATION REINFORCES INTERVENTION

- Monitoring of nutrition intervention includes:
 - Consumption of meal intake
 - Are oral supplements being consumed
 - Volume of enteral or parenteral intake
- Evaluation by health care team is shared with the patient
 - Reinforces importance of intervention
 - Allows patient to share concerns, challenges, and alternatives
- Adjustments in nutrition intervention can be made, if needed

EDUCATION TO ENGAGE AND EMPOWER

- SW (72 yrs) admitted with 4 month history of diarrhea/weight loss
- Significant fatigue
- Longstanding Crohn's disease with 4 known bowel resections
- Assessed “I’ve been out walking for first time in years...I am taking a day trip next month for a niece’s dance competition ”....”PN saved my life”.
- Intervention
 - Discussion
 - Benefits and burdens of each treatment option
 - Oral intake or enteral feedings of 2-3 times current nutrient intake
 - Parenteral nutrition (PN) with plan to offer over 12 hour cycle
- SW decided to start PN and continue at home

STRATEGIES TO ENGAGE AND EMPOWER

- Education, education, education
- Explain the nutrition process and highlight why the information is important
 - Nutrition assessment by the RD
- Describe the nutrition intervention and its importance in improving patient outcome.
 - Essential for the entire health care team
- Address malnutrition care beyond the hospital setting

EDUCATION STRATEGIES

Many seniors not eating well enough

By Encarnacion Pyle, The Columbus Dispatch

Posted Jan 11, 2016 at 12:01 AM

Updated Jan 11, 2016 at 10:00 AM



The United States has done a good job of making the obesity epidemic a public-health priority. But it has largely ignored an equally important threat: senior malnutrition, according to many advocates.



ASK ABOUT YOUR NUTRITION

Are you or your loved one experiencing any of these?



UNPLANNED WEIGHT LOSS



LOSS OF APPETITE



NOT ABLE TO EAT OR ONLY ABLE TO EAT SMALL AMOUNTS



FEELING WEAK OR TIRED



SWELLING OR FLUID ACCUMULATION

If you or your loved one have any of these problems, ask about your nutrition! Nutrition is important to your recovery and has been shown to promote positive outcomes. Ask if you can be evaluated by a registered dietitian or nutrition support clinician.

nutritioncare.org/maw

© 2017 American Society for Parenteral and Enteral Nutrition. All rights reserved.

SHARED DECISION MAKING IN NUTRITION CARE

- Understand the nutrition process
- Communicate key information to patients
- Educate impact of malnutrition on outcomes
- Reinforce importance of nutrition care and intervention
- Assist patient in decision making



SERVING SENIORS

Data Collection & Improving Malnutrition Care

Benefits of Data

- Identify needs, trends, and change over time
- Determine program barriers and opportunities
- Describe what kinds of participants benefit the most and least from program activities
- Provide evidence of programs' impact and effectiveness in reaching goals

Types of Data – Scope & Need

- Number of Hungry Seniors
- Nutritional Risk Assessment
- Presenting Issues
- Economic Status



Types of Data – Operations



- Meals Served
- Clients Served
- Retention Rates
- Acquisition Numbers
- Efficiencies

Types of Data – Client Experience

- Menu
- Ambiance
- Activities
- Customer Service



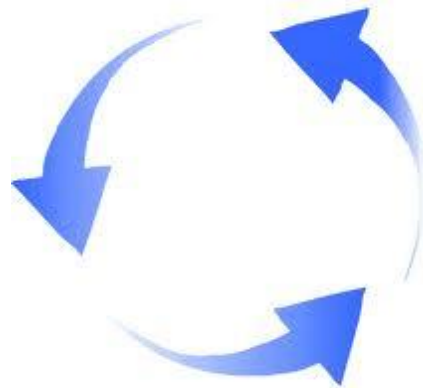
Types of Data – Barriers/Unmet Needs



- Transportation
- Lack of Awareness
- Competition
- Experience
- Menu

The “What -Why - How” Effect

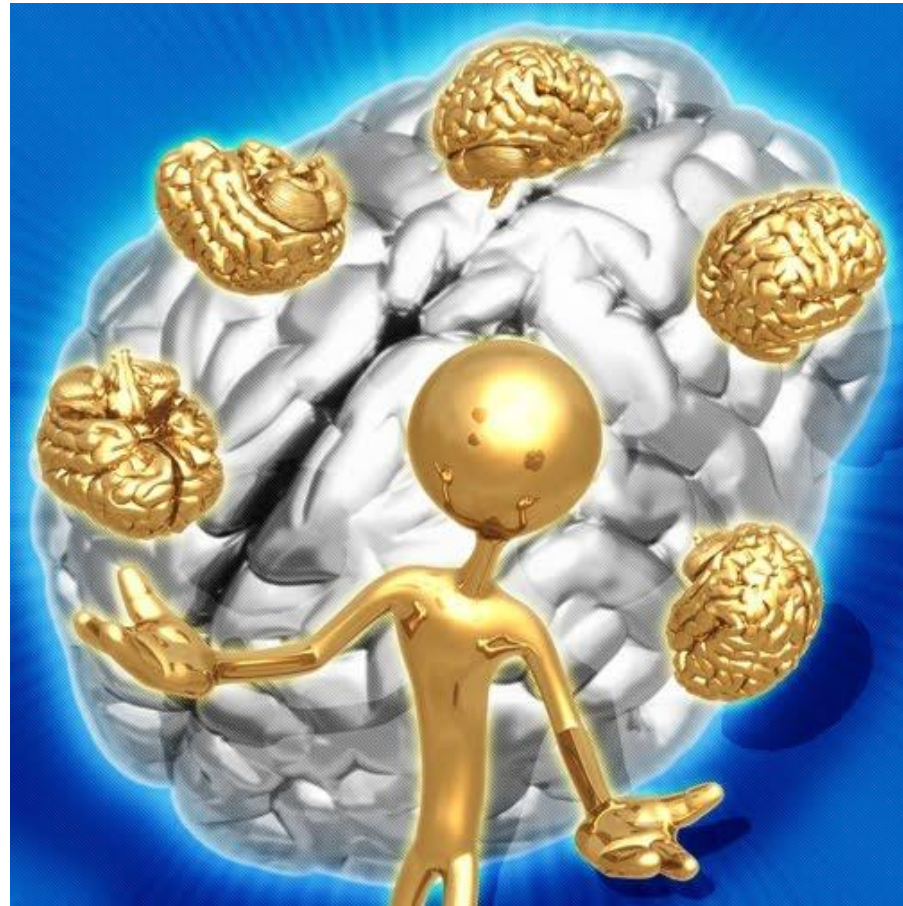
- If you know **WHAT** the data is
- Then you can identify **WHY** it is that way
- To ultimately determine **HOW** best to move forward



ACTION: Addressing the Data

- **Food Quality & Taste**
 - significant menu changes
- **Ambiance & Experience**
 - customer service training
 - changes in dinnerware & décor
- **Awareness**
 - enhanced Outreach/Marketing Efforts
- **Transportation**
 - identification of providers
 - exploration of funding for transportation
- **Activities**
 - initial focus on one site with 17 presentations in Q1
 - continued programmatic expansion at other designated sites

What can be measured can be managed!



By the Numbers

Clients Served – YTY Comparison for Q1&Q2

Site	FY17 Q1-Q2	FY18 Q1-Q2	% Change
Mira Mesa	76	85	11.84%
City Heights	255	270	5.88%
Potiker	428	350	-18.22%
GMWSWC	1903	2121	11.46%
All Central	2275	2526	11.03%

By the Impact

Nutritional Risk & Food Insecurity (Pre and Post Assessments)

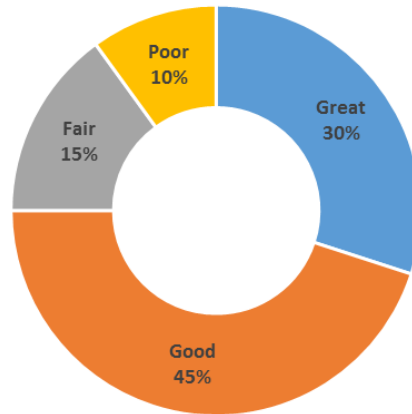
Nutritional Risk	Mean
Intake	7.11
Follow-up	3.48

Food Insecurity	%
Intake	69%
Follow-up	45%

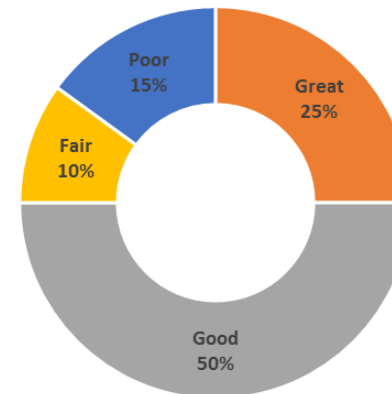
By the Experience

Clients Satisfaction & Meal Quality




















Client Satisfaction - All Sites (Q1 & Q2)



Taste & Quality of Meal



Scorecard - All Data Points

Category	Key Performance Indicator	Actual	Target	Performance
Growth	Clients Served	2,526	2,503	
	Meals Served	118,445	120,338	
Market Research	Client Surveys	520	300	
	Non-client Surveys	43	50	
Market Strategy & Actions	Action Plans	9	9	
	Collateral Pieces	12	9	
	Senior Team Leaders	14	18	
	Outreach Efforts	125	108	
Service Expansion	Nutrition Education Presentations	36	30	
	Seniors Attending Nutrition Education	610	500	
	Classes/Activities	14	10	
	Collaborative Partners	8	10	
Customer Experience	Satisfaction Scores	75%	85%	
	Welcome Packets by Site	7	9	
	Customer Service Training by Team %	95%	90%	
Business Process	Site Visits	12	9	
	Staff Roles Interviewed	95%	100%	
	Operations Manual	Completed	Completed	
	# Best Practices Implementation	2	4	



Thank You

Questions?

This information is confidential. Copyright 2014 Serving Seniors.

Serving Seniors is a registered trademark of Serving Seniors, Inc. All rights reserved.

SERVING
SENIORS

**PATIENT PERSPECTIVE:
VANCE SHARP**