Adult Malnutrition Across the Continuum of Care

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Primary Investigator: Exploring the Impact of Oral Nutrition Supplement Use and Duration of Therapy on Wound Healing” (Funding Source: Abbott)

The opinions reflected in this presentation are those of the speaker and independent of Nutricia North America
Learning Objectives:

Discuss prevalence and risk factors for malnutrition in older adults and the interrelationship of frailty and food insecurity.

Identify barriers, including challenges unique to the COVID-19 pandemic, and solutions to properly identify malnutrition in adults across the continuum of care settings.

Explore components of best practice in adult malnutrition management tailored to all care levels across the care continuum.

Recognize red flags where supplemental nutrition or other interventions should be considered in the dietary management of protein-energy malnutrition.
Before We Get Started

My goal is to reframe the malnutrition conversation from a healthcare strategy perspective.

Let’s make this interactive so I can tailor the webinar to your learning needs.

Participate in the polling questions; interact in the chat box when I ask questions.

We will have Q&A at the end. Enter your questions into the Q&A box. 😊
9 years ago...


Consensus statement: Academy of Nutrition and Dietetics and American Society for Parenteral and Enteral Nutrition: characteristics recommended for the identification and documentation of adult malnutrition (undernutrition)

Malnutrition Framework

- Malnutrition risk is quickly identified
- Malnutrition is coded as a dx
- Comprehensive nutrition care plan implemented within 48 hours of malnutrition ID
- Each interdisciplinary care team clinician executes nutrition care plan.

Strategic Alignment

Effective Treatment & Prevention Of Malnutrition

High Reliability

Revenue/Cost Reduction

Improved Patient Experience

Improved Staff Experience

Improved Health Outcomes

Care Delivery

Infrastructure

People

Reduce Costs

Value Based Care

Figure Adapted From: Modica, C. The Value Transformation Framework: An Approach to Value-Based Care in Federally Qualified Health Centers. 2020
Why Focus on Older Adults?

Healthcare Strategy Perspective

- Healthcare jobs
  - 2019-2029 Projected 15%
    - RN 7%
    - RD 8%
    - PA, NP, PT/OT/RT 18-45%

- Key Drivers:
  - Largest Baby Boomer generation turned 65 in 2011
  - By 2030 older adults will represent 21% of U.S. Pop
    - (5% increase over 2018)
  - Shift to preventive care
    - 5 of 8 top causes of death for 65+ diet-modifiable chronic diseases

Federal Interagency Forum on Aging-Related Statistics. Older Americans 2020: Key indicators of well-being. 2020
Why Focus on Older Adults?

Patient Perspective

- Poor nutrition prevents healthy aging
  - 1 in 3 65+ adults living in community at risk of malnutrition
- 3 out of 4 adults 50+ want to “Age in Place”

Loss of Body Protein
- Poor Intake
- High Needs

Morbidity
- Impaired immune status
- Loss of muscle mass

Impaired Physical Status
- Falls & Fractures
- Delayed disease recovery

Poor Quality of Life

Malnutrition Prevalence 55-65+

Variation in Prevalence

- Definition of Malnutrition
- Screening Tool Used
- Care Setting Studied

Meta-Analysis MNA® Assessment

- Community 3%, Outpatients 6%, Home-Care Services 9%
- Nursing Homes 17.5%, LTC 29%, Rehab 29%
- Hospital 22%
What’s Frailty?

Frailty increases susceptibility to minor problems having major impacts on

- Health
- Quality of Life
- Independence

Estimated 59% of older adults are frail.

How is Frailty Diagnosed (and by Who)?

Fried Frailty Index (FFI)

- Frailty (≥3 criteria)
- Pre-Frailty (1-2 criteria)
- No Frailty (0 criteria)

Criteria:

- Unintentional weight loss
- Self-Reported exhaustion
- Low physical activity
- Slow walking time
- Weak hand-grip strength

Relationship of Frailty & Food Insecurity

- Risk Factors
  - Annual Income <$50k
  - ≥ 4 Chronic Conditions
  - ≥3 limitations in ADLs
  - +Depression or Anxiety

COVID-19 & Malnutrition Dx
Barriers to Malnutrition Dx

- ICU
- Non-ICU Acute
- Rehab
- LTAC
- SNF
- LTC
- Ambulatory/Community
Unique COVID Challenges: Malnutrition Dx

- NFPE
- Nursing Care Prioritization/Bundling
- Workflow from Non-COVID to COVID Rooms
  - “Cold to Hot”
- No historians
  - Establishing baselines
    - Weight
    - PO intake
Can you perform these functions virtually?

Phone and Phone + Video effective at delivering malnutrition-related interventions to older adults in the community:

- Improved protein intake by 0.13g/kg (p=0.03)
- Improved QOL (p=0.01)

Malnutrition Care Best Practices
MQii™ Framework

Aim
Demonstrate an improvement in the quality of malnutrition care of patients 65 and older by implementing a care delivery toolkit

Primary Driver
Reduce variability in clinical practices related to malnutrition care

Change Concepts
- Standardize clinical workflow
- Increase patient engagement
- Increase provider knowledge of the importance of addressing malnutrition

Outcomes of Interest
- Reduced surgical complication rates
- Reduced infection rates
- Lowered inpatient utilization
- Lowered lengths of stay
- Reduced readmissions

Figure: Used with permission from Avalere Health. [https://malnutritionquality.org/mqii-toolkit/](https://malnutritionquality.org/mqii-toolkit/) 2021
**MQii™ Framework**

Patient
- Hospital Admission

Usually RN
- Malnutrition Screening [<24h After Admission]

Usually RD
- Nutrition Assessment [24-48h after Screening]

RN + MD + RD
- Malnutrition Dx [Immediately after Assessment]

Care Team
- Monitor nutrition status & efficacy of intervention

Care Team
- Intervention Implemented [<24h after Dx]

Care Team
- Malnutrition Plan of Care [Immediately after Dx]

Figure Adapted From MQii Toolkit: Driver Diagram Illustrating MQii™ Theory of Change. [https://malnutritionquality.org/mqii-toolkit/](https://malnutritionquality.org/mqii-toolkit/), 2021

Used with permission from Avalere Health.
When is Intervention Appropriate?
Intervene To...

Nutrition Intervention

- Prevent Malnutrition
- Treat Malnutrition
- Restore Independence & QOL
- Ultimate goal of intervention should facilitate improved HR-QOL
  - Restore food intake whenever possible
  - Support/coping in place when not possible

Etiologies

- Decreased food intake
  - Acute or chronic disease
  - Loss of taste and smell
  - Poor oral health
  - Chewing/swallowing difficulties
  - Pharmacological side effects
  - Cognitive limitations
  - Isolation, loneliness, depression

- Increased energy needs
  - Acute illness

- External factors
  - Meal quality
  - Meal ambience

Malnutrition

Red Flags (aka Risk Factors)

- Functional Dependence
- Frailty
- Presence of Disease
- Dementia
- Any Decrease in Food Intake in Older Adult (55-65+)

O’Shea, E, et al. Malnutrition in Hospitalised Older Adults: A Multicenter Observational Study of Prevalence, Associations, and Outcomes. 2017

Leij-Halfwerk, et al. Prevalence of protein-energy malnutrition risk in European older adults in community, residential and hospital settings, according to 22 malnutrition screening tools validated for use in adults ≥65 years A systematic review and meta-analysis. 2019
Take Action: Prevent & Treat Malnutrition

- **Always:**
  - Keep diets liberal
  - Collaborate with RN, PT/OT, SLP, Geriatrician/SW/Neuropsych
  - Encourage exercise & activity (as feasible)

- Increased energy and protein needs
  - Liquid supplementation

- Social support: address loneliness & isolation
  - Post-Acute/Residence:
    - Congregate Dining
    - Feeding Assistance

- Pharmaceutical: address underlying level of alertness, depression, consider appetite stimulant

- Unable to consume PO due to acute disease burden or longer-term dysfunction
  - EN or PN

ASPEN. Protein Supplements for Patients in LTC: When and Why It is Appropriate. 2020.
Nutrition Supplementation + Exercise

- Significant gain in muscle mass in healthy, overweight, and sarcopenic older persons.

ONS before/after hip fracture surgery

- Significantly reduced unfavorable outcomes
  - Complications
  - Death

Clinical Practice Resources

- Academy & MQii: Implement Malnutrition Care Best Practices and Adopt eCQMs
  - malnutritionquality.org/mqii-toolkit/

- ASPEN Clinical Resources, Caring for Patients with Coronavirus
  - www.nutritioncare.org/Guidelines_and_Clinical_Resources/Resources_for_Clinicians_Caring_for_Patients_with_Coronavirus/

- ASPEN Practice Tool: Protein Supplementation in LTC: When & Why it is Appropriate
  - www.nutritioncare.org/uploadedFiles/Documents/Malnutrition/MAW_2020/Protein-Supplement-For-Long-Term-Care-Patients.pdf
Clinical Practice Resources

- **ASPEN Malnutrition Solution Center**
  Link: [www.nutritioncare.org/Guidelines_and_Clinical_Resources/Malnutrition_Solution_Center/](http://www.nutritioncare.org/Guidelines_and_Clinical_Resources/Malnutrition_Solution_Center/)
  - Practice Tool, Pathways, Infographics, Tip Sheets
  - Provider Slide Decks, Webinar archives, On Demand Videos
  - Screening Tools & Resources, JPEN Tutorials

- **Academy Clinical Malnutrition, Practice Resources**
  Link: [https://www.eatrightpro.org/practice/practice-resources/clinical-malnutrition](https://www.eatrightpro.org/practice/practice-resources/clinical-malnutrition)
  - Malnutrition Quality Measures
  - EAL, Nutrition Care Manual,

- **Defeat Malnutrition Today**
  Link: [https://www.defeatmalnutrition.today/resources/](https://www.defeatmalnutrition.today/resources/)
  - Infographics, Toolkits, Webinars, Clinical Publications
  - Policy Actions & Updates
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