

# Adult Malnutrition Across the Continuum of Care

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### Disclosures



 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**



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- 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. ☺

### We're Still Talking About Malnutrition?



□ 9 years ago...

Practice Guideline > JPEN J Parenter Enteral Nutr. 2012 May;36(3):275-83. doi: 10.1177/0148607112440285.

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)

Jane V White <sup>1</sup>, Peggi Guenter, Gordon Jensen, Ainsley Malone, Marsha Schofield, Academy Malnutrition Work Group; A.S.P.E.N. Malnutrition Task Force; A.S.P.E.N. Board of Directors

### **Malnutrition Framework**



Malnutrition risk is quickly identified

Malnutrition is coded as a dx

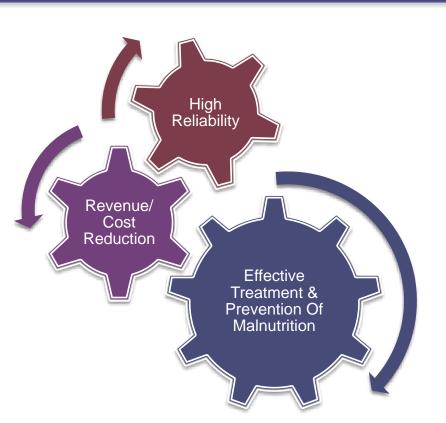
Comprehensive nutrition care plan implemented within 48 hours of malnutrition ID

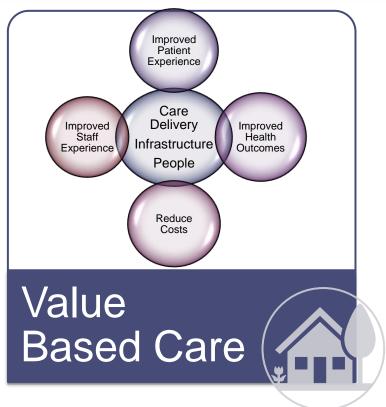
Each interdisciplinary care team clinician executes nutrition care plan.



### **Strategic Alignment**







### 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+ dietmodifiable chronic diseases



### 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

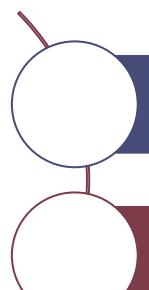
### Meta-Analysis MNA® Assessment

- 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)

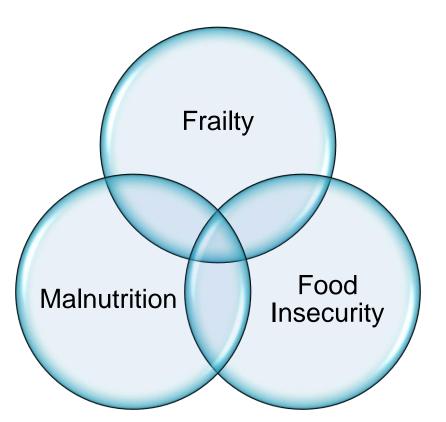
#### Criteria:

- 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**







# **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

### **Solutions to Malnutrition Dx**



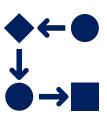
- Can you perform these functions virtually?
- Phone and Phone + Video effective at delivering malnutritionrelated interventions to older adults in the community:
  - Improved protein intake by 0.13g/kg (p=0.03)
  - Improved QOL (p-0.01)





### **Malnutrition Care Best Practices**

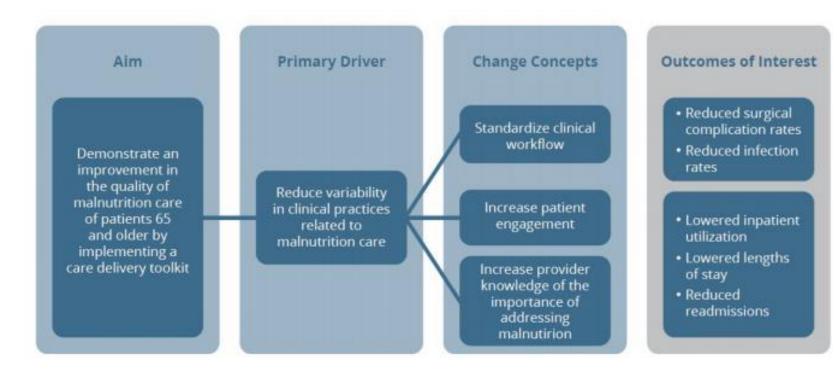






### **MQii™** Framework







### **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]







### When is Intervention Appropriate?



### Intervene To...





### A Moment on Health-Related Quality of Life



- 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

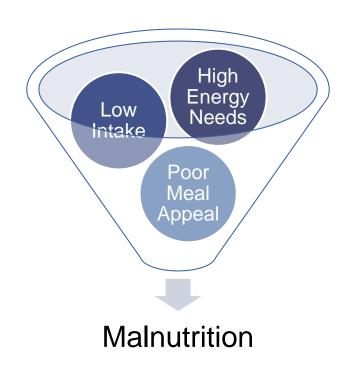
- Acute or chronic disease
- Loss of taste and smell
- Poor oral heath
- Chewing/swallowing difficulties
- Pharmacological side effects
- Cognitive limitations
- Isolation, loneliness, depression

#### Increased energy needs

Acute illness

#### External factors

- Meal quality
- Meal ambience



### 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

### Intervention Influence on Outcomes



- NutritionSupplementation +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/Pro tein-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/

- 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: <a href="https://www.eatrightpro.org/practice/practice-resources/clinical-malnutrition">https://www.eatrightpro.org/practice/practice-resources/clinical-malnutrition</a>

- Malnutrition Quality Measures
- EAL, Nutrition Care Manual,
- Defeat Malnutrition Today

Link: <a href="https://www.defeatmalnutrition.today/resources/">https://www.defeatmalnutrition.today/resources/</a>

- Infographics, Toolkits, Webinars, Clinical Publications
- Policy Actions & Updates

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- 3) Enter the webinar code obtained
- 4) Certificate will be visible for download on your NLC dashboard



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