

Impacting Outcomes: Nutrition in Geriatrics

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PROBLEM

Aging older adults are at high risk for under and mal-nutrition 40-60% of hospitalized patient are malnourished or at risk for malnutrition Progression is subtle and goes undetected Despite high prevalence of malnutrition, recognition and documentation of malnutrition is extremely poor.



PURPOSE

The purposes of this project were to (1) evaluate nurses' adherence to use of an evidence-based instrument to assess for malnutrition in geriatric patients undergoing total joint revision; and (2) determine whether the instrument was an appropriate tool to utilize in assessing the patients served by the institute.



METHODS

Utilizing the Academic Center of Evidence-Based Practice (ACE) Star Model, this project evaluated nurses' adherence to the practice of (1) screening patients for malnutrition during pre-admission testing (PAT) using the Mini Nutritional Assessment Short Form (MNA®-SF), and (2) consulting a dietician for nutritionally compromised patients identified using the instrument. The Kotter 8-Step model was used to drive this practice change. The goal of 80% adherence by nurses was established for each phase of the evidence based practice change. Adherence rates were determined by comparing the number of eligible patients to the number screened by nursing using the MNA®-SF. Nursing intervention adherence was evaluated by comparing the number of patients scoring less than 12 to the number of patients who had immediate dietician consult triggered by the nursing staff.

Item	Score	Notes
1. Appetite	1	
2. Weight loss	1	
3. Mobility	1	
4. Anorexia	1	
5. Acute disease	1	
6. Psychological state	1	
7. Social support	1	
8. Living situation	1	
9. Difficulties with food	1	
10. Difficulties with swallowing	1	
11. Difficulties with chewing	1	
12. Difficulties with vision	1	
13. Difficulties with hearing	1	
14. Difficulties with understanding	1	
15. Difficulties with walking	1	
16. Difficulties with dressing	1	
17. Difficulties with continence	1	
18. Difficulties with medication	1	
19. Difficulties with transportation	1	
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198. Difficulties with dressing	1	
199. Difficulties with continence	1	
200. Difficulties with medication	1	

RESULTS

During the pilot, 194 patients were eligible for screening. Of these, 88% (169) were screened; 5% (9) were found to have scores less than 12; nurses consulted the dietician for 77% (7). The number of patients with malnutrition identified with the instrument was lower than anticipated. In review of the completed tools, it was found 4% (6) contained errors which may have impacted identification of malnutrition. Only 11% of patients screened received dietician consultation based on low BMI, while 88% identified as malnourished were triggered because of psychologic or neurologic changes. Psychologic and neurologic changes are not components of the current nutrition screen completed by nursing. Of those screened, 69% of the patients had a BMI greater than 25 and of those 18% greater than 35. No barriers to practice were found.



CONCLUSIONS

In creating a plan for enterprise roll out it was recognized that the MNA®-SF focuses on low BMI, while most cases of malnutrition identified during the pilot were based on other criteria. At present, BMI is not a component of the nutrition screen completed by nursing, and our project indicates that it should be. While malnourished, a high percentage of the patients were not captured by the MNA-SF®, thus it may not be an appropriate instrument to use in a population that is predominantly overweight or obese. With any proposed practice change, it is important to recognize the financial impact. BMI less than 19 or greater than 35 is tied to increased Medicare reimbursement. Moving forward, inclusion of BMI, psychologic and neurologic triggers as components of the current nutrition screen may lead to improved patient outcomes and as well as improved revenue.

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