
Addressing Malnutrition in the Older Adult: National Activities

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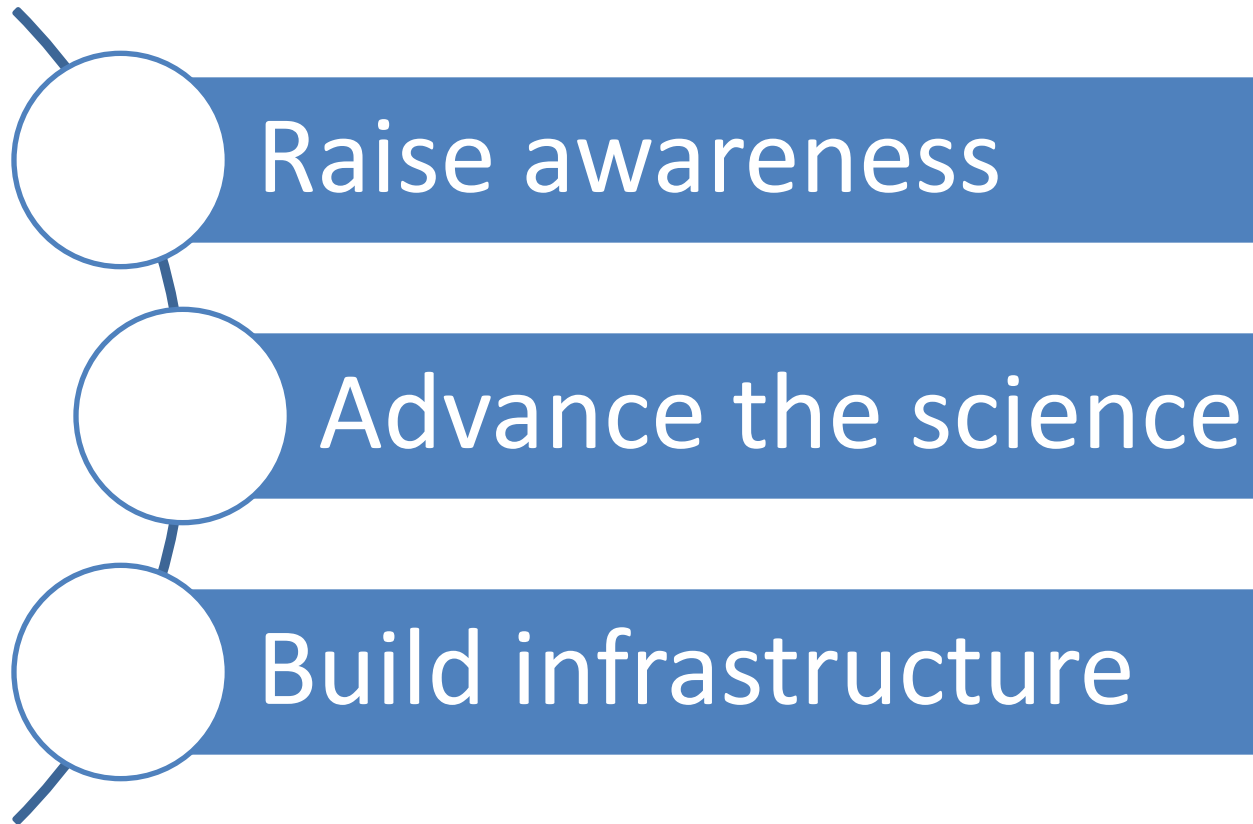
Learning Objectives

1. Describe ASPEN's goals regarding malnutrition
2. Define the issue of disease-related malnutrition and research on outcomes
3. Outline ASPEN's outreach and resources

American Society for Parenteral and Enteral Nutrition (ASPEN)

- Mission: Dedicated to improving patient care by advancing the science and practice of clinical nutrition and metabolism.
- Founded in 1976, ASPEN is an **interdisciplinary organization** whose members are involved in the provision of clinical nutrition therapies, including parenteral and enteral nutrition.
- With more than 6,500 members, ASPEN is a global **community** of dietitians, nurses, pharmacists, physicians, scientists, students, and other health professionals from every facet of nutrition support clinical practice, research, and education.

ASPEN's Goals Involving Malnutrition



Raising Awareness: Education

- **Malnutrition Awareness Week™** started in 2012
- Week of educational webinars and chat forums
- Supporter Program for increased outreach
 - 43 national and international organizations
 - Access to educational offerings
- National Council on Aging (NCOA) hosted a twitter chat for the last three years
- Malnutrition awareness video
<https://www.youtube.com/watch?v=iPNZKyXqN1U>
- ASPEN Website and Malnutrition Toolkit
www.nutritioncare.org/malnutrition

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.

Raising Awareness: Legislation

- Legislative efforts at the state level are raising awareness and pushing the issue into the public forum
- 7 states thus far: TX, FL, GA, LA, MA, OH, NM have resolutions
 - Recognizing Malnutrition Awareness Week™
 - malnutrition commissions to address the issue, particularly in older adults.
- At the Federal level, 2015 Malnutrition Awareness Week™, was recognized by 5 Congressman.
- ASPEN leaders are also testifying and submitting written documents supporting these state efforts.

Raising Awareness: Coalition Building

- ASPEN is a member of **defeatMalnutrition.today**
 - a coalition of nutrition and/or aging associations
 - goals are to achieve the recognition of malnutrition as a key indicator and vital sign of adult health
 - work to achieve a greater focus on malnutrition screening and intervention
- In conjunction with the Healthcare Nutrition Council, ASPEN participated in a Malnutrition Advocacy Day during Malnutrition Awareness Week™ in 2016.

Advancing the Science: Definitions

ASPEN in partnerships, is creating definitions, characteristics and marker tools for malnutrition in both **adult** and pediatric populations.

Malnutrition - an imbalance of energy, protein, and other nutrients that causes measurable adverse effects on tissue and body form and function, as well as on clinical outcomes

- [Adult malnutrition consensus characteristics and definition paper](#)

Advancing the Science: Prevalence and Impact

- 2010 AHRQ HCUP data analysis
 - Analyzed prevalence of malnutrition across all age groups
 - Overall only 3.1% prevalence; reflects lack of recognition/documentation

Table 2. Demographic Characteristics of Discharged Patients With and Without a Diagnosis of Malnutrition, United States, 2010.

Characteristic	Malnutrition Diagnosis		No Malnutrition Diagnosis		P Value
	Estimate	95% CI	Estimate	95% CI	
Total					NA
Weighted N	1,248,680		37,759,618		
Percentage	3.2		96.8		
Mean age	64.8	64.0-65.7	47.8	47.1-48.5	< .0001
Age (%)					
<1 yr	2.8	2.4-3.2	11.8	11.2-12.3	< .0001
1-17	1.5	1.0-2.0	4.6	3.9-5.3	
18-44	9.8	9.1-10.4	25.4	24.8-26.0	
45-64	27.7	26.9-28.4	24.9	24.3-25.5	
65-84	41.9	41.0-42.8	25.6	24.9-26.2	
85+	16.4	15.6-17.2	7.7	7.4-8.0	

Corkins M, et al. JPEN J Parenter Enteral Nutr 2013;38:186

Malnutrition Diagnoses in US Hospitalized Patients

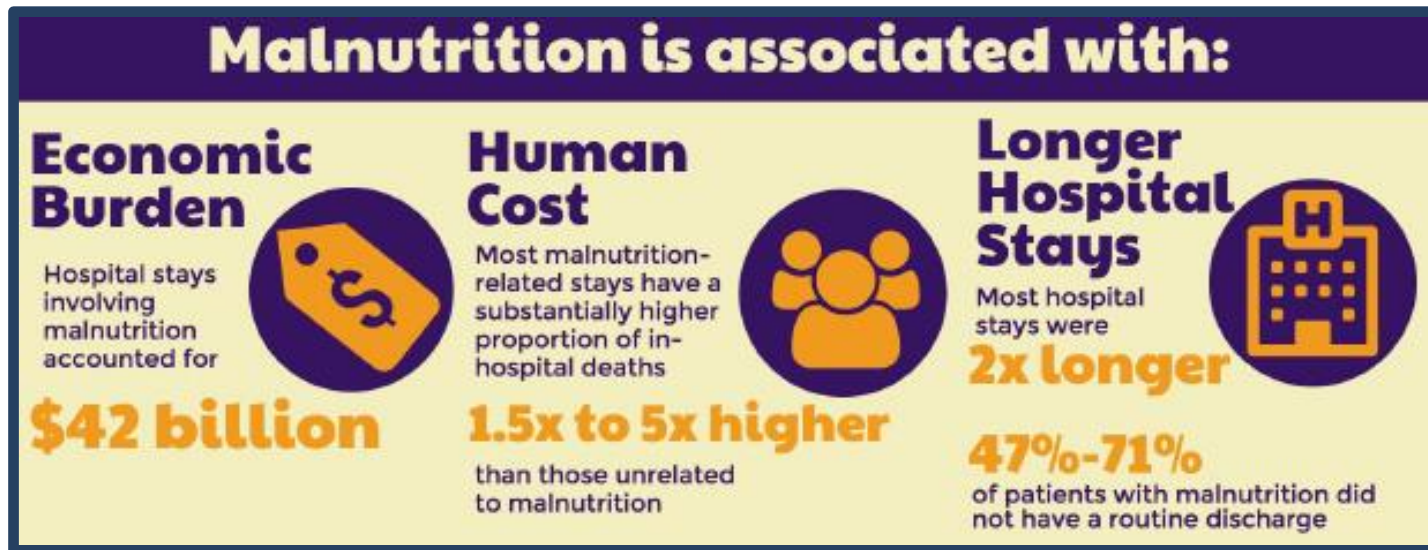
Patients with a coded malnutrition diagnosis were:

- Significantly older
- Had a significantly longer length of stay
- Higher hospital costs
- More often discharged to home care
- Five times more likely to die in the hospital

Corkins: [Malnutrition Diagnoses in Hospitalized Patients: United States, 2010](#). *JPEN J Parenter Enteral Nutr.*, November 2013.

Advancing the Science: Prevalence and Impact

- AHRQ HCUP Statistical Brief - 2016
- 1.95 million hospital stays involving malnutrition (using 2013 data)
- Approximate 7% incidence



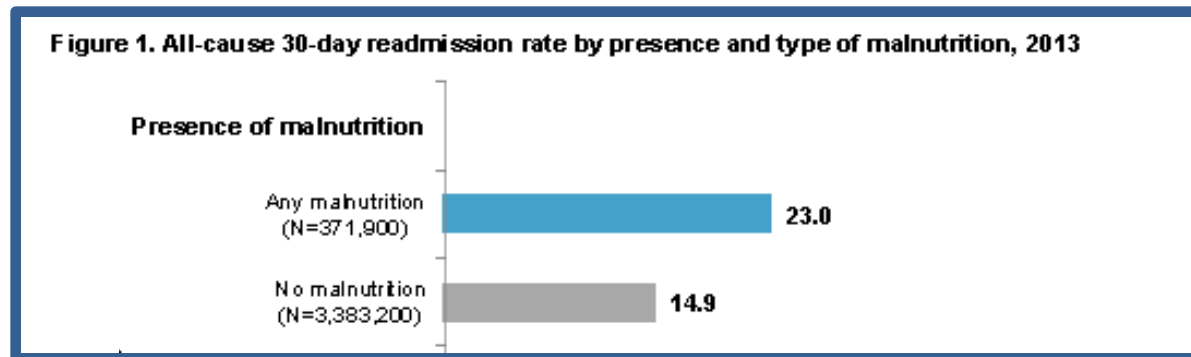
Advancing the Science: Prevalence and Impact

- AHRQ HCUP sub analysis in older adult
 - Malnutrition 1.5 times more common in those ≥ 65 years
 - Older adults much more likely to have chronic co-morbidities
 - Greater likelihood of death in older malnourished adult
 - Twice as likely to be discharged to an intermediate skilled facility

DiMaria-Ghalili RA, et al. Gerontologist, 2014;54 (Suppl 2):692.

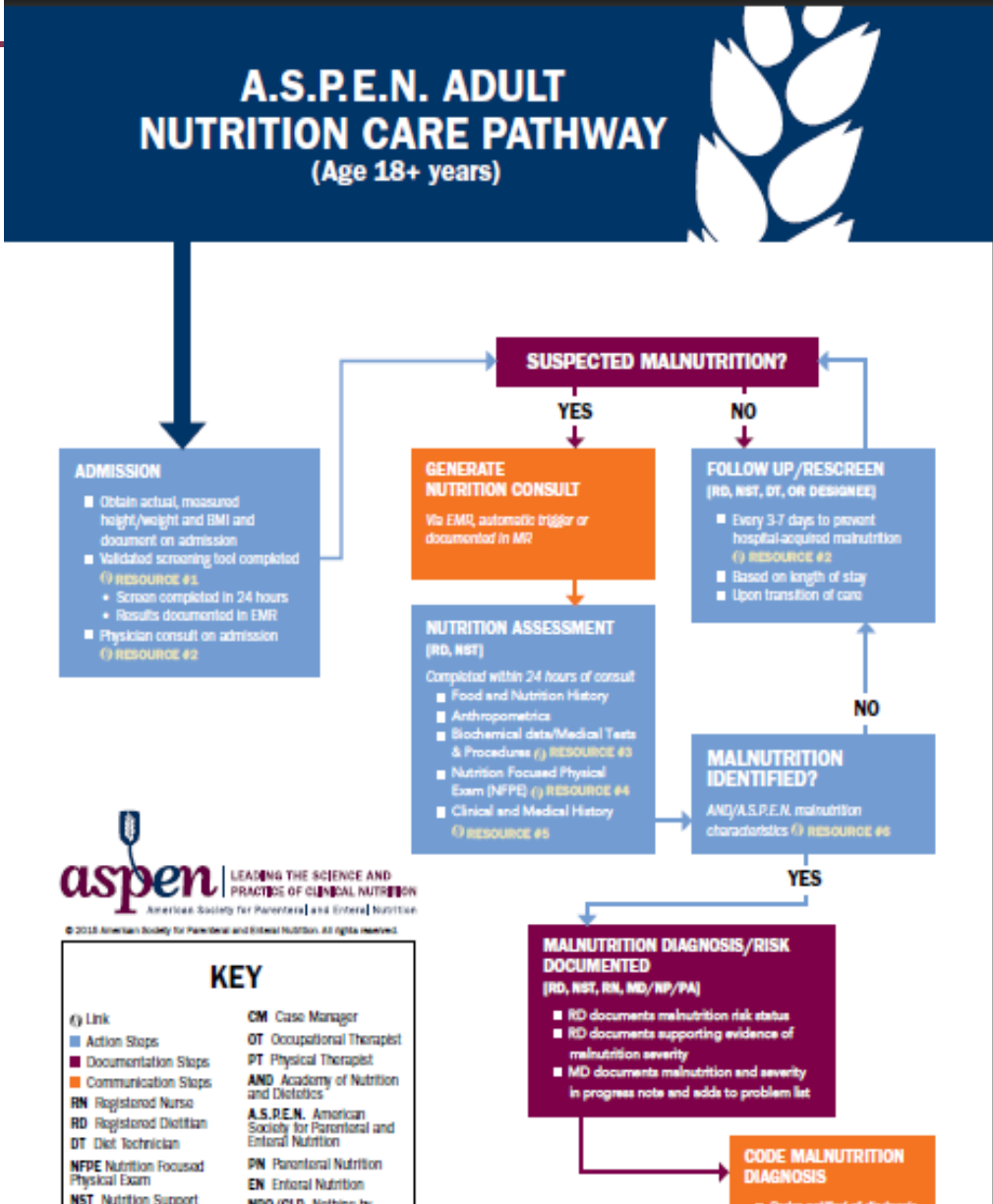
Advancing the Science: Prevalence and Impact

- AHRQ HCUP Statistical Brief on Readmissions - 2016
- Readmission rates compared
 - Malnutrition during hospital index stay



- Medicare recipients readmission rate was 23% versus 17% in the non Medicare population

Building Infrastructure: Clinical Processes



NUTRITION CARE PLAN AND INTERVENTION

(RD, NST, RN, MD/PA/NP, PharmD)

- Nutrition care plan created & documented; goals identified
- Initiate order/identify type of nutrition support required
 - Provide least restrictive, medically appropriate diet
 - Determine need for nutritional supplementation
 - Treatment of medical issues impacting nutrition intake and utilization
- Determine access needs for specialized nutrition support to maximize nutritional intake (Enteral feeding tubes, IV access for PN)
- Review medications regarding impact on nutritional intake
- Communicate nutrition care plan with team members on multidisciplinary patient care rounds
- Educate patient/caregiver regarding plan of care.

MONITORING & EVALUATION

(RD, NST, RN, MD/PA/NP, PharmD, PT, OT)

- Follow-up within 3 days
- Monitoring parameters (j) RESOURCE #8
 - Tolerance of nutrient intake
 - Oral intake including supplements, vitamins, minerals
 - Enteral/Parenteral intake
 - Anthropometric data (weight trends)
 - Biochemical data
 - Functional status (j) RESOURCE #9

DOCUMENT PARAMETERS THAT INDICATE IMPROVEMENT IN NUTRITION STATUS

(RD, NST, PT, OT)

- Adequate nutrient intake
- Stable or increased weight
- Stability of biochemical data
- Improved strength and function (j) RESOURCE #9

REVISE NUTRITION CARE PLAN

CONTINUE CURRENT NUTRITION CARE PLAN

- Reassess every 35 days
- Begin discharge planning

DISCHARGE PLAN

(RD, RN, MD/PA/NP, PharmD, CM)

- Education / Counseling with patient and caregivers
- Communication of PN, EN or Oral Nutrition Supplement prescription
- Case management for continuity of care
- Outpatient follow-up as appropriate



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KEY	
(j) Link	CM Case Manager
■ Action Steps	OT Occupational Therapist
■ Documentation Steps	PT Physical Therapist
■ Communication Steps	AND Academy of Nutrition and Dietetics
RN Registered Nurse	A.S.P.E.N. American Society for Parenteral and Enteral Nutrition
RD Registered Dietitian	PN Parenteral Nutrition
DT Diet Technician	EN Enteral Nutrition
NFPE Nutrition Focused Physical Exam	NPO/CLD Nothing by Mouth/Clear Liquid Diet
NST Nutrition Support Team	EMR/MR Electronic



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NFPE Nutrition Focused Physical Exam	NPO/CLD Nothing by Mouth/Clear Liquid Diet
NST Nutrition Support Team	EMR/MR Electronic
MD Medical Doctor	

Building Infrastructure: Accreditation

- Petitioned the Joint Commission in 2015 to make Optimal Nutrition Care a National Patient Safety Goal
- Nutrition was considered but not accepted
- The Joint Commission remains interested in addressing malnutrition through an alternative approach
 - Standards
 - Centers of Excellence

The Joint Commission Journal on Quality and Patient Safety

Forum

**Addressing Disease-Related Malnutrition in Hospitalized Patients:
A Call for a National Goal**

Peggy Guenter, PhD, RN, FAAN; Gordon Jensen, MD, PhD, FASPEN; Vihes Patel MD, FACS, CNSC; Sarah Miller, PharmD, BCNSP; Kris M. Mogensen, MS, RD, LDN, CNSC; Ainsley Malone, MS, RD, CNSC, FAND; Mark Corkins, MD, SPR, CNSC, FAAP; Cindy Hamilton, MS, RD; Rose Ann DiMaria-Ghalib, PhD, RN, CNSC, FASPEN

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LEADING THE SCIENCE AND
PRACTICE OF CLINICAL NUTRITION

American Society for Parenteral and Enteral Nutrition

Building Infrastructure: Accreditation

Outlined Three Priority Actions

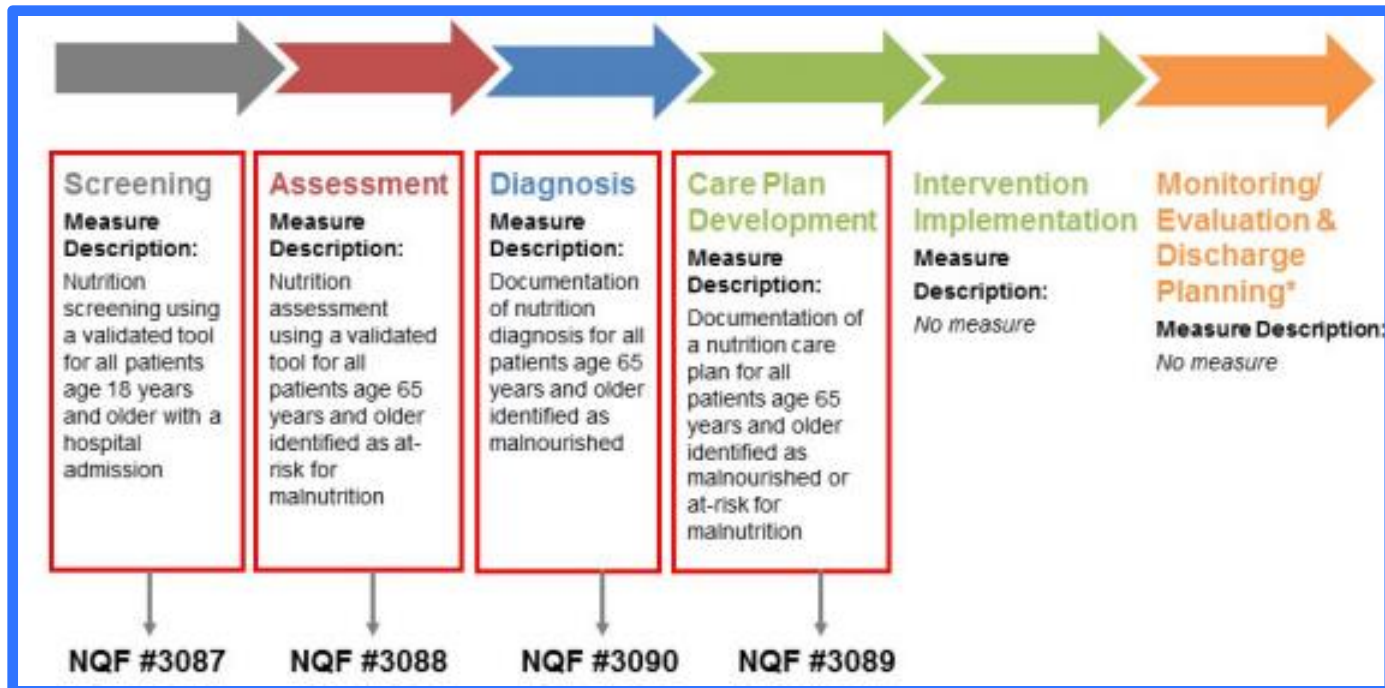
Develop systems to quickly diagnose all malnourished patients and those at risk.

Develop nutrition care plans in a timely fashion (within 24 – 48 hours).

Each clinician should participate in the execution of the nutrition care plan.

Building Infrastructure: Quality Measures

- Clinical quality measures proposed to Center for Medicare and Medicaid Services in 2017
 - Inclusion in the CMS hospital inpatient quality reporting system for 2018



Building Infrastructure: Quality Measures

- Not included in CMS's final ruling August '17

“While no new eCQMs were approved for implementation, we are pleased by the weight CMS gave to the many comments they received supporting the malnutrition quality measures. CMS documented that malnutrition screening and assessment are important for better patient outcomes and there is an opportunity for hospitals to improve nutrition screening and assessment practices.”

DefeatMalnutritionToday

Building Infrastructure: Malnutrition Resources

- A.S.P.E.N.'s *Step-by-Step Guide to Addressing Malnutrition* offers resources and tools to **identify, document, code, and treat** hospital malnutrition.
- The guide will help:
 - Implement an optimal nutrition care plan
 - Measure the quality of your team's efforts
 - Improve the value to your patient



MQii objectives

- ✓ **Improve effectiveness and timeliness of malnutrition care** through a toolkit for use by an interdisciplinary team
- ✓ **Advance adoption of malnutrition electronic clinical quality measures (eCQMs) “that matter”** – to help improve outcomes that are important to patients and clinicians
- ✓ **Support availability of tools that can be integrated into electronic health record (EHR) systems** to improve care quality while minimizing administrative burden



Future Malnutrition Activities

- Continue supporting the clinical quality measures and initiative.
- Malnutrition Awareness Week™
 - September 24-28, 2018
- Evaluate changes in prevalence via AHRQ and 2014/2015 HCUP data.
- Continue advocacy to promote addressing malnutrition within state legislation.

Thank You!!

