A MULTIDISCIPLINARY AND COST-EFFECTIVE APPROACH TO IMPROVING NUTRITIONAL STATUS OF PATIENTS AT-RISK FOR PRESSURE ULCERS ON TWO IN-PATIENT ADULT MEDICAL UNITS FOR IMPROVED QUALITY OF CARE AND CLINICAL OUTCOMES

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PROBLEM

- No current interventions exist that seek to incorporate nursing in providing enhanced nutritional care for the acutely ill, hospitalized patient on adult medical units.
- In addition, there are no standardized procedures for re-evaluating the changes in nutritional risk over the course of admission. The Braden Scale does not currently trigger nutritional interventions.

BACKGROUND AND SIGNIFICANCE

- Malnutrition is attributed to adverse outcomes, including pressure ulcer progression and development among hospitalized patients (Jenson, 2013).
- Hospitalized patients are at an increased risk for development and/or progression of malnutrition during their admission.
  - Malnutrition within acute care is under diagnosed and under treated.
  - 15-60% of the acute care population is malnourished (Jenson, 2013).
- A recent study by the MGH Department of Nutrition found 11.7% of patients at MGH, over a 3 month period, were coded/diagnosed with malnutrition suggesting malnutrition may be under identified.
- Nurses play a vital role in identifying and caring for patients with suboptimal nutrition

OBJECTIVES

This Quality Improvement project seeks to:
- Identify patients with suboptimal nutrition utilizing the sub-scale nutrition scores of the Braden Scale.
- Implement nursing interventions aimed at improving nutrition
  - RN initiation of oral nutritional supplementation (ONS)
- “If there’s a 2 there’s something to do”.

IMPLEMENTATION

- Development of audit tool for pre and post intervention chart audits.
- Introduction to the “Which Supplement to Sip” algorithm to guide nurses in choosing the appropriate supplements for their patients.
- Presentation to nursing staff, focusing on costs and risks associated with suboptimal nutrition, use of ONS, and findings of baseline audit on current RN practices.
- New approach to the Braden Scale:
  - If a 2 or less is identified as the score for the Nutrition sub-scale score, RNs will initiate ONS either as a snack or to replace water during medication administration
  - If 2 or less for > 3 days a formal nutrition consult will be placed

IMPlications for Nursing Practice

Empowering nurses to play a role in the nutritional status of patients will allow for:
- Early identification of nutritionally at risk patients via the Braden nutrition sub-scale score
- Continued collaboration with Dieticians via consultation
- Increased documentation of ONS to enhance the sharing of information between providers

FUTURE RESEARCH

- Does improving the nutritional status of patients decrease risk of pressure ulcer development during hospitalization?
- How does enhanced nutritional status affect length of stay?
- Does enhanced nutritional status play a role in reducing re-admissions?