

Activity Sponsor: US Wound Registry (QCDR #6853338)

CPIA Project #9

Care That Counts: Identifying Nutritional Deficits among Patients with Wounds in My Practice and Making Appropriate Nutritional Recommendations

CATEGORY – IA_AHE_3 Achieving Health Equity

Demonstrate performance of activities for employing patient-reported outcome (PRO) tools and corresponding collection of PRO data such as the use of PQH-2 or PHQ-9, PROMIS instruments, patient reported Wound-Quality of Life (QoL), patient reported Wound Outcome, and patient reported Nutritional Screening.

DESCRIPTION

Because adequate nutrition and hydration are critical to healing wounds of all etiologies, routine screening of patients with wounds is advisable. Data suggest that many patients or their caregivers can perform self-nutritional screening accurately.

The goal of this CPIA is to identify those patients with wounds who are at moderate to high risk for nutritional deficits and make recommendations to improve their nutrition. National and international organizations recommend that routine screening for vulnerable groups should be built into nutrition policies and quality programs. Although ample data exist to validate the role of nutrition in preventing or healing wounds, the importance of nutrition in the care of patients with chronic wounds is poorly recognized by healthcare providers in the USA, leading to a “gap in practice” for the recognition of nutritional deficits as well as appropriate clinical interventions to correct them. The goal of this IA is to improve the identification of patients with nutritional deficits among individuals with chronic wounds and ulcers who are known to have a high risk of nutritional problems, and provide them with a plan to improve nutrition. This IA uses the Nestlé Mini Nutritional Assessment (MNA) which has been used in the community and validated in older people. The Nestlé Self-MNA which can be performed by the patient or caregiver.

Using the Self-MNA® by Nestlé, if a patient at risk of malnutrition has an MNA score of 8-11 and documented weight loss, the clinician should subsequently create a follow up plan (e.g. diet enhancement and oral supplementation of 400 kcal/d²), close weight monitoring, and a more in depth

nutrition assessment. Malnourished patients with scores of 0-7 would be offered treatment with nutritional intervention (ONS 400-600 kcal/d² and diet enhancement), close weight monitoring and a more in depth nutrition assessment.

WHAT TOOLS YOU NEED TO PERFORM THIS CPIA

Transmit all of your patients’ Continuity of Care Documents (CCDs) to the USWR QCDR at least each quarter.

Offer the paper copy of the MNA to all your patients to fill out, or have your staff perform the MNA on the patients you see. Enter the identifiers and numeric score of the MNA in the USWR Web form, and indicate which nutritional recommendation you selected.

WEIGHT

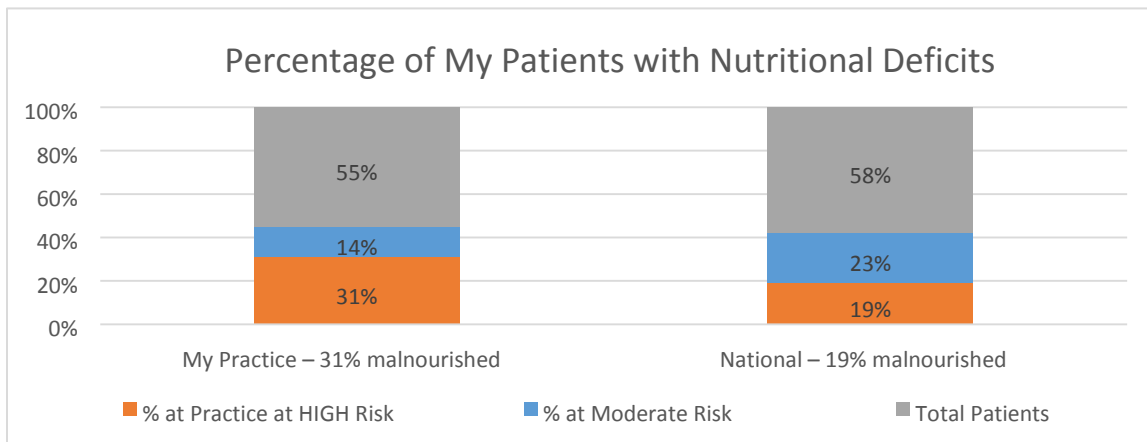
High (20 points)

WHAT THE REGISTRY PROVIDES

- 1) A report on the number of patients in whom the MNA was performed, stratified by nutritional risk.
- 2) A list of all patients (with names) meeting the criteria for risk of malnutrition or having malnutrition, so that they can undergo close follow up.
- 3) A graph at the end of the year depicting your patients with malnutrition and their diagnoses in relation to the aggregate.

WHAT THE REGISTRY PROVIDES

Example:



YOUR ACTIVITY

- 1) Review the list of all the nutritionally at risk patients in your practice.
- 2) Provide appropriate instructions for nutritional supplementation
- 3) Note the percentage of patients in your practice who are at high risk for malnutrition compared to the rest of the nation. Do you have an unusually high risk percentage?

REFERENCES

1. http://s19.a2zinc.net/clients/Academy/FNCE2016/Custom/Handout/Speaker6694_Session472_2.pdf