

**USWR22: Patient Reported Measure: Patient Reported Nutritional Assessment in Patients with Wounds and Ulcers**

This measure was developed via a consensus process in collaboration with the Alliance of Wound Care Stakeholders Member Organizations, which include 16 wound care related clinical associations.

**DESCRIPTION:**

**The percentage of patients aged 18 years and older with a diagnosis of a wound or ulcer of any type who self-report nutritional screening with a validated tool (such as the Self-MNA by Nestlé) within the 12-month reporting period.**

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. No specific products will be recommended as part of the measure. A follow up plan is documented during the encounter from the patient reported nutritional assessment.

**NATIONAL QUALITY STRATEGY DOMAIN:** Effective Clinical Care

**MEASURE TYPE:** Process

**MEANINGFUL MEASURE AREA:** Functional Outcomes

**HIGH PRIORITY:** No

**INVERSE MEASURE:** No

**TRADITIONAL MEASURE:** Yes

**PROPORTIONAL MEASURE:** Yes

**RISK ADJUSTED:** No

**# of PERFORMANCE RATES:** 1

**NUMERATOR:**

Patients with any type of wound or ulcer who self-report nutritional assessment and food insecurity AND whom an appropriate nutritional intervention was ordered based on the results with a validated tool (such as the Self-MNA® by Nestlé) within the 12 month reporting period. A follow up plan is documented during the encounter from the patient reported nutritional assessment.

**DENOMINATOR:**

All patients 18 years or older who have a diagnosis of wound(s) and/or ulcer(s) are offered a self-MNA assessment. Reporting can be paper or electronic and patients can be provided with the self-MNA during an in person visit or via an EHR portal or any other electronic device.

**DENOMINATOR EXCLUSIONS / EXCEPTIONS**

**EXCLUSIONS:** Language Barriers

**EXCEPTIONS:** NONE

## **RATIONALE:**

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 measure is to increase provider awareness of nutritional status among patients with wounds and ulcers and to correct nutritional deficits if they exist via a simple screening tool.

Validated tools provide a reliable way for healthcare professionals to identify patients who are malnourished or at risk of malnutrition and should be used to identify these patients. A variety of screening tools have been validated including the ‘Malnutrition Universal Screening Tool’ (‘MUST’) in the community, the Nutrition Risk Screening (NRS-2002) for use in hospitals, the Nestlé Mini Nutritional Assessment (MNA) which has been used in the community and validated in older people, and the Nestlé Self-MNA which can be performed by the patient or caregiver.

There is extensive, good quality clinical evidence that oral nutritional supplements (ONS) are an effective solution to malnutrition in patients who, while able to consume food, do not eat enough to meet nutritional requirements. ONS have proven nutritional, functional, clinical and economic benefits in both the hospital and community setting. Meta-analyses show that ONS lead to weight gain, reductions in mortality, reductions in complication rates and reductions in the proportion of patients admitted or readmitted to hospital. There is “A level” evidence (from randomized trials) that ONS, particularly with high protein content, can reduce the risk of developing pressure ulcers (NPUAP panel, [www.npuap.org](http://www.npuap.org)). However, adequate nutrition and hydration are critical to healing wounds of all etiologies.

### **For patients reporting food insecurity:**

- Call 2-1-1 or go to [www.211.org](http://www.211.org)
  - 2-1-1 connects people with free and confidential information and referral services including access to resources such as food pantries and meal sites, bill payment assistance, housing search assistance, support groups, and community clinics.
- Local Food Bank:
  - Visit <http://www.feedingamerica.org/find-your-local-foodbank/> to find the food bank and other resources in your community.
- Consider opportunities for direct food distribution programs at clinics and hospitals (e.g., on-site food pantries for patients to access at the end of their visit) or through “prescriptions” to a food pantry, mobile market or farmer’s market.

## **CLINICAL RECOMMENDATION STATEMENTS:**

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.

## **REFERENCES**

Oral Nutritional Supplements to Tackle Malnutrition: A summary of the evidence base, Third version 2012, Ed: Medical Nutrition International Industry (MNI). Rue de l’Association 50, 1000 Brussels, Belgium <http://www.medicalnutritionindustry.com/>

Feeding America: Addressing food insecurity in Clinical Settings:

[http://s19.a2zinc.net/clients/Academy/FNCE2016/Custom/Handout/Speaker6694\\_Session472\\_2.pdf](http://s19.a2zinc.net/clients/Academy/FNCE2016/Custom/Handout/Speaker6694_Session472_2.pdf)