Nutritional Assessment and Intervention Plan in Patients with Wounds and Ulcers

MEASURE ID: USWR22

MEASURE DESCRIPTION:
The percentage of patients in the denominator for whom an appropriate intervention plan is recommended by the practitioner based on the assessment results

DENOMINATOR:
All patients 18 years or older who have a visit for a wound(s) and/or ulcer(s) and in whom a validated nutritional assessment (such as the MNA by Nestlé) has been performed in the 12 month period. Reporting can be paper or electronic (e.g., patients can be provided for example, the Nestle self-MNA to complete or the assessment can be performed during the visit.

NUMERATOR:
Patients with any type of wound or ulcer for whom a nutritional assessment is performed AND for whom an appropriate nutritional intervention was ordered based on the results of a validated tool (such as the MNA® by Nestlé) within the 12-month reporting period.

DENOMINATOR EXCLUSIONS:
None

DENOMINATOR EXCEPTIONS:
Incomplete nutritional assessment (which will not provide sufficient data for an intervention plan).

NUMERATOR EXCLUSIONS:
Intervention not done for patient, system or medical reasons.

HIGH PRIORITY MEASURE:
No

MEASURE TYPE:
Process

NQS DOMAIN:
Effective Clinical Care

MIPS REPORTING OPTION:
Traditional MIPS

PUBLISHED CLINICAL CATEGORY:
Wound Care

CARE SETTING(S):
Ambulatory Care: Clinician Office/Clinic; Hospital Outpatient; Ambulatory; Ambulatory Care: Hospital; Home Care; Long Term Care; Nursing Home; Outpatient Services; Post-Acute Care; Rehabilitation Facility

PUBLISHED SPECIALTIES:

Podiatry, Wound Care, Acute Care, Dermatology, Emergency Medicine, Family Medicine, General Surgery, Geriatrics, Internal Medicine, Nutrition/Dietician, Palliative Care, Physical Medicine & Rehabilitation, Physical Therapy/Occupational Therapy, Post-Acute Care, Primary Care

INCLUDES TELEHEALTH:
No

MEASURE CALCULATION TYPE:
Proportional Measure

MEANINGFUL MEASURE AREA:
Care is Personalized and Aligned with Patient's Goals

MEANINGFUL MEASURE AREA RATIONALE:
Malnutrition is a major contributor to the problem of non-healing wounds and is often overlooked by healthcare professionals. This measure tracks the patient's report of nutritional status using a validated tool which then enables the clinician to create an action plan with specific recommendations for improved nutrition appropriate to the patient's risk.

MEASURE CALCULATION TYPE/INDICATOR:
Proportional Measure

NUMBER OF PERFORMANCE RATES REQUIRED FOR MEASURE:
1

INDICATE OVERALL PERFORMANCE RATE:
1st Performance Rate

RISK ADJUSTED STATUS:
No

CLINICIAN TESTED QCDR MEASURE:
Yes

TRADITION OR INVERSE MEASURE
Traditional

CLINICAL RECOMMENDATION STATEMENT:
Chronic wounds and ulcers are frequently associated with malnutrition, but malnutrition is commonly underdiagnosed. According to the American Academy of Nutrition and Dietetics (AND) nutritional assessment of vulnerable groups using a validated tool should be built into quality programs. 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). Adequate nutrition and hydration are critical to healing wounds of all etiologies. 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.

QCDR MEASURE 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). However, adequate nutrition and hydration are critical to healing wounds of all etiologies.

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. Patients may be provided with a variety of options for supplementation from which to choose that would provide the recommended number of calories or nutritional content. A follow up plan is documented during the encounter from the patient reported nutritional assessment. Patients with scores of 12- 14 likely have a normal nutritional status and inventions is not required although data suggest that all patients with wounds and ulcers can benefit from the provision of L-arginine to facilitate wound healing, even when they have a normal nutritional status.

STUDY CITATION:

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. 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/