HRET HIIN HAPI PFE Sprint Session 5
March 13, 2019
12:30 P.M. – 1:30 P.M. CT
AGENDA

- Welcome and Announcements
- Pre-Assessment Data on Nutrition and Hydration
- Nutrition and Hydration: Facts and Best Practices
  - Engaging Patients and Family
- Tests of Change
- Common Themes
- Questions and Answers
WELCOME AND ANNOUNCEMENTS
Jessica T. Claudio, MBA
Program Manager, AHA Center for Innovation
Attendance Verification

- Name
- Hospital/State Hospital Association
- City, State
HRET Tools and Resources

- HRET HIIN website
- Change packages
- Toolkits
- Webinars
- Case studies
- Infographics
- Guideline
- Storyboard
- Reports
ANNOUNCEMENTS

 It is important that everyone please complete the Post-Assessment from an evaluation standpoint.

 More importantly, it’s preferred that the individual who completed the Pre-Assessment, please complete the Post-Assessment.

 Click here to complete!
HRET HIIN HAPI PFE Sprint Webinar Schedule

- March 27, 2019 (12:30PM – 1:30PM CT) – Wrap-up Summary Session
  - This will be open to ALL HRET HIIN Hospitals and State Partners
  - We encourage you to invite your peers
  - Be prepared to speak, share what you have discovered, share your successes and challenges
  - Please Note: It’s important you DIAL in to be able to speak during the presentation

Please let us know if HRET needs to add any team members to the communication list.
Review of Pre-Assessment (Nutrition and Hydration)

Jackie Conrad, RN, BS, MBA, RCC
Improvement Advisor, Cynosure

Tara Bristol Rouse, MA
Patient and Family Engagement Project Consultant,
AHA Center for Health Innovation
Q25: Are patients with poor intake or nutritional risk seen by a dietitian?

100% (17/17)
Q26: Are supplements and nutritionally fortified foods available for at-risk patients?

100% (17/17)
Q27: Is hydration incorporated into the plan of care?

- Yes: 82% (14/17)
- No: 18% (3/17)
- No sure: 0%
Q28: Are written materials available to teach and reinforce PIP with patients and families, including skin care and hygiene, repositioning, skin inspection and nutrition hydration?

- Yes: 53% (9/17)
- No: 47% (9/17)
Q29: Are patients educated and empowered to fully participate in their PIP, including skin care and hygiene, repositioning, and nutrition and hydration?

- Yes: 47% (8/17)
- No: 18% (3/17)
- Not sure: 35% (6/17)
N – Nutrition and Hydration

Jackie Conrad, RN, BS, MBA, RCC
Improvement Advisor, Cynosure

Tara Bristol Rouse, MA
Patient and Family Engagement Project Consultant,
AHA Center Health for Innovation
Focus on the Basics

Partnering with Patients

Skin Inspection
Keep Moving
Incontinence
Nutrition
Hydration

Healthy Skin
Source for Evidence

NPUAP Role of Nutrition for Pressure Ulcer Management
N – Nutrition and Hydration

- Assess
  - Screen or assess patients for nutritional risk
  - Refer those at risk to a RD
Screening and Assessment Tools

- Malnutrition Screening Tool (MST)
  - Recent weight loss
  - Recent poor intake
- Short Nutritional Assessment Questionnaire (SNAQ)
  - Unintentional weight loss
  - Decreased appetite
  - Use of ONS or tube feeding

Screening Tool Comparison
N – Nutrition and Hydration

- Assess
  - Assess individual’s ability to eat independently
  - Assess adequacy of total intake
The diet aide or nurse may note the points scored on the table below, or write down what the patient has eaten or drunk. The total score provides a daily overview.

<table>
<thead>
<tr>
<th></th>
<th>Breakfast</th>
<th>In-between meal (morning)</th>
<th>Cold meal</th>
<th>In-between meal (afternoon)</th>
<th>Hot meal</th>
<th>In-between meal (evening)</th>
<th>Total fluids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mon</td>
<td>offered</td>
<td>offered</td>
<td>offered</td>
<td>eaten</td>
<td>offered</td>
<td>eaten</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 sandwich, cheese</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td></td>
</tr>
<tr>
<td>Fluids</td>
<td>1 glass of juice</td>
<td>... ml</td>
<td>... ml</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td></td>
</tr>
<tr>
<td>Tue</td>
<td>Fluids</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Wed</td>
<td>Fluids</td>
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<td>Thu</td>
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<td>Sat</td>
<td>Fluids</td>
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</table>
N – Nutrition and Hydration - Energy

- Provide 30-35 kcalories/kg body weight for adults with a PU or at risk for malnutrition
- Liberalize the diet if restrictions are leading to poor intake under medical supervision or RD direction whenever possible
- Offer fortified foods or high calorie protein supplements between meals if dietary intake is not meeting nutritional requirements

R Signal: Enriched food and snacks can increase nutritional intake in older people in hospital

Published on 20 March 2018
N – Nutrition and Hydration - Protein

- Offer 1.25 – 1.5 g protein/kg body weight for adults at risk or with existing pressure injuries
- For patients with stage 3-4 pressure injuries offer high protein, arginine and micronutrient supplements
- Offer fortified foods or high calorie high protein supplements between meals if dietary intake is not meeting nutritional requirements
- Sample Menu. Can your patient eat this much?

<table>
<thead>
<tr>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Snack</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Eggs</td>
<td>2 oz meat</td>
<td>3 oz Milk</td>
<td>8 oz Shake</td>
</tr>
<tr>
<td>8 oz Milk</td>
<td>8 oz Milk</td>
<td>3 Oz Meat</td>
<td></td>
</tr>
</tbody>
</table>

Sample Menu:

**Breakfast:**
- 2 Eggs
- 8 oz Milk

**Lunch:**
- 2 oz meat
- 8 oz Milk

**Dinner:**
- 3 oz Milk
- 3 Oz Meat

**Snack:**
- 8 oz Shake
N – Nutrition and Hydration

- Arginine
  - Not essential for normal growth, is essential in times of metabolic stress and poor oral intake
  - Promotes collagen and nitric oxide formation

- Zinc and Vitamin C and E play an important role in wound healing

2017 literature review on Arginine Enhanced ONS
N – Nutrition and Hydration

Hydration

- Encourage adequate intake consistent with comorbid conditions and goals
- Monitor intake
- Provide additional fluids for individuals with dehydration, elevated temperature, vomiting, sweating, diarrhea or draining wounds
Promoting Intake

- Protected Mealtimes
- Assistance with meals
- Food service rounding during mealtimes
- Create a pleasant dining experience
- Provide energy, protein rich snacks or ONS
- Fortify foods with calorie and or protein boosters
  - Margarine or butter, mayo, peanut butter, sour cream, cream
  - Skim milk powder, milk, cheese sauce, eggs, cottage cheese, yogurt, peanut butter
Resources

- Screening Tools
  - Malnutrition Screening Tool (MST)
    - Recent weight loss, recent poor intake
  - Short Nutritional Assessment Questionnaire (SNAQ)
    - Unintentional weight loss, decreased appetite, use of ONS or tube feeding
  - Mini Nutritional Assessment Short Form (MNA-SF)
    - Recent intake, Recent weight loss, mobility, recent acute disease or psychological stress, neuro psych problems, BMI
  - Malnutrition Universal Screening Tool (MUST)
    - BMI, % weight loss, acute disease effect score
  - Nutrition Screening 2002 (NURS 2002)
    - % recent weight loss, % recent poor intake, BMI, severity of disease, elderly
  - Screening Tool Comparison

- Rate Plate Rate a Plate
Family Members are Our Most Underutilized Patient Safety Resource
Family Members Can Help

- **Promote Intake**
  - Provide guidance re: patient’s favorite foods & drinks
  - Assist with meals & snacks by being present
  - Encourage intake of the types of foods & drinks the patient needs
  - Create a pleasant dining experience

- **Monitor and Report Intake**
“...there were varying patient understandings of the role of nutrition for prevention of pressure ulcers.”
Nutrition for Preventing and Treating Pressure Ulcers

What are pressure ulcers?
Pressure ulcers happen when something is always pressing or rubbing against one area of your skin. This pressure can cause the skin to turn white, then blue or purple, then finally black. If you don’t get the pressure off, the skin can break open.

What are the risk factors?
You may develop a pressure ulcer if you have diabetes or blood flow problems, or if you are:
- Over 60 years of age
- Using a wheelchair or sitting in bed for long periods of time
- Not able to move some parts of your body without help
- Not able to control when you urinate or have a bowel movement
- Not eating a healthy diet
- Having recently lost weight
- Not drinking enough water

What are the most common places to develop a pressure ulcer?
- Buttocks or bottom
- Elbow
- Noggin
- Heels

Can diet and nutrition help prevent pressure ulcers?
Eating enough food and choosing a variety of foods from each food group at meal times will help stop pressure ulcers from happening. Follow these guidelines to reduce your risk:
- Eat a healthy diet
- See enough calories to maintain your weight

Patient Food and Nutrition Services
- 1 -
## Ensuring Multi Level Patient and Family Engagement (PFE)

<table>
<thead>
<tr>
<th>Metric 1</th>
<th>Metric 2</th>
<th>Metric 3</th>
<th>Metric 4</th>
<th>Metric 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Point of Care</strong> Implementation Partners: Point of Care Providers, Medical Directors, Nurse Managers</td>
<td><strong>Policy &amp; Protocol</strong> Implementation Partners: Quality and Safety Leaders, Medical Directors, Nurse Managers, Patient Experience Leaders</td>
<td><strong>Governance</strong> Implementation Partners: Board of Directors, C-Suite</td>
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</tr>
<tr>
<td>Prior to admission (or as close to admission as possible), ask patients and family caregivers about the patient’s favorite foods and beverages, as well as any mealtime routines; use this knowledge to help support intake.</td>
<td>Establish a mealtime or snack routine that engages family caregivers; ask them to track what is offered and what is eaten. During nursing shift change, invite the family caregiver to share their observations regarding meal/snack intake, using the tracking form as a reference.</td>
<td>Select a member of your HAPI improvement team to conduct mealtime observations; ask them to record the various mealtime routines and practices they observe from patients. Use the information collected for staff education regarding the importance of understanding patient preferences in order to support intake.</td>
<td>Engage a group of family caregivers to review and utilize key concepts from the Nutrition for Preventing and Treating Pressure Ulcers tool to create a patient and family caregiver educational resource.</td>
<td>Invite members of the Board to conduct rounds in your patient care area; help them understand the time and attentiveness that goes into supportive nutrition practices by having them observe care in action.</td>
</tr>
</tbody>
</table>
Who is capturing your data?
What questions or comments do you have?
Updates from YOU!

- What have you done since the last sprint session?
- Who are you engaging with in this work?
- What success have you encountered?
- What barriers have you encountered
Tests of Change

Winter 2019 HAPI PFE Sprint Participants

Hospitals and State Hospital Associations
ANNOUNCEMENTS

 REMINDER: Please complete the Post-Assessment
 It’s preferred that the individual who completed the Pre-Assessment, please complete the Post-Assessment.

 Click here to complete!
Prevention and Treatment of Pressure Ulcers: Quick Reference Guide
HAPI Patient and Family Engagement Resources

Preventing Pressure Ulcers
An information booklet for patients

How to Prevent Pressure Ulcers

What you can do:
- **Move, move!**
  - Keep moving as often as you can. Even small movements help.
  - Change your position frequently when in bed or sitting in a chair. Talk to your healthcare professional about position changes.
  - If you are unable to move yourself, the staff will help you to change your position regularly.

- **Look after your skin**
  - Advise staff if you have any tenderness or soreness over a bony area or if you notice any reddened, blistered or broken skin.
  - Keep your skin and bedding dry. Let staff know if your clothes or bedding are damp.
  - Special equipment such as all-mattresses and cushions may be used to reduce the pressure in particular places.
  - Avoid massaging your skin over bony parts of the body.
  - Use a mild skin cleanser.

- **Eat a healthy diet**
  - Take nutritional supplements as advised.

Pressure Injury Prevention

For more information, speak with your healthcare professional.

Patients, families and carers are encouraged to be involved in discussions and decisions about the prevention and management of pressure injuries.

Who is at risk: Any one! Any time! Any age!

Developed by the Patient Safety and Quality Improvement Service in conjunction with St Vincent and Cairns Areas, Toowoomba Health Service Trust, Supportive Services Trust and Queensland Health Service Memorial. © Australian Healthcare Innovation.
Resources for Building Front Line Champions

- Complimentary NPUAP webinar recordings:
  - FAQs about Pressure Injury Staging
  - Unavoidable Pressure Injuries, Terminal Ulcers and Skin Failure
  - OR Positioning and Pressure Injury Prevention
  - Why is this wound not healing?
  - Considerations for Bariatric Patients in Pressure Injuries & Wound Care
  - Nutrition & Pressure Injuries

- NDNQI Pressure Ulcer Training
- AHRQ Resources and RN Attitude and Knowledge Assessments
Questions?
THANK YOU!