Follow these **six principles** to effectively address malnutrition and improve patient outcomes in your hospital.

**Principles to Transform Hospital Environment**
- **Create Institutional Culture**
  View nutrition as priority for improving care quality and cost.
- **Redefine Clinicians’ Roles to Include Nutrition**
  Empower all clinicians to address patients’ nutritional needs.
- **Communicate Nutrition Care Plans**
  Leverage EHR to standardize nutrition documentation.

**Principles to Guide Clinician Action**
- **Recognize and Diagnose ALL Patients at Risk**
  Screen, assess, and diagnose all patients’ malnutrition risk.
- **Rapidly Implement Interventions and Continued Monitoring**
  Establish and enforce policy to intervene within 24 hours of at-risk screening.
- **Develop Discharge Nutrition Care and Education Plan**
  Incorporate nutrition counseling in the discharge plan.
Create Institutional Culture

View nutrition as a priority for improving care quality and cost.

Our Vision:
All stakeholders, including hospital clinicians and administrators, fully understand the pervasiveness of malnutrition and the effect nutrition can have on overall outcomes and cost of care.

Current Situation:
Clinicians and administrators often do not understand the extent of malnutrition and its potential cost/quality impact. Nurses and physicians have very little formal education on nutrition during training. Failing to prioritize nutrition within an institution may limit available nutrition intervention options and human resources required for optimal nutrition care.

Recommendations:
- Educate clinicians and hospital leaders about the clinical and financial implications of malnutrition, and how to address it.
- Mandate daily team meetings (rounds or huddles) include discussions on nutritional care plans.
- Educate all clinicians to be able to recognize and diagnose malnutrition, and implement evidence-based nutrition interventions.
- Consider nutritional status an essential part of the patient’s condition.
- Make nutrition interventions a core component of medical therapy.
- Create budgets that support adequate and appropriate nutrition intervention as necessitated by the dietitian, nursing, and physician staff.
- Encourage professional associations for clinicians and administrators to establish and communicate discipline-specific resources to address malnutrition.
Redefine Clinicians’ Roles to Include Nutrition

Empower all clinicians to address barriers and collaborate on nutritional decisions.

Our Vision:
Empower all health care professionals to influence nutrition decisions for the improvement of their patients’ outcomes.

Current Situation:
In many hospitals, the responsibility for nutrition recommendations almost always rests solely with the dietitian. Many institutions lack nurse and physician leaders who champion nutrition care. Interdisciplinary leadership is essential to ensure nutrition care is valued and carries a high priority.

Recommendations:

• Meet with peer clinicians in your hospital and discuss your hospital’s potential barriers and solutions in recognizing and treating malnourished or at-risk patients.

• Engage nurses in understanding malnutrition risk factors such as under-consumed meals.

• Develop and implement policies that allow nurses to provide nutrition care.

• Designate a nutrition care nurse in each clinical area to monitor and evaluate implementation of the nutrition care policies.

• Allow dietitians ordering privileges for diet plans, oral nutritional supplements, vitamins, and calorie counts to prevent delays in food and/or nutrient delivery.

• Engage hospitalists to add nutrition to their interdisciplinary approach to patient care and serve as nutrition champions among physicians.

• Include nutrition in daily problem list.
Our Vision:
Every patient’s nutrition care plan is comprehensively documented in the EHR, regularly updated, and effectively communicated to all healthcare providers and future care settings.

Current Situation:
Nutritional status and progress are often not adequately documented in the medical record. It can be difficult to tell when (or if) patients are consuming food and supplements. In addition, nutritional procedures and EHR-triggered care are often lacking in the hospital. Similarly, nutritional care plans and patient issues are poorly communicated to post-acute facilities and PCPs.

Recommendations:
- Develop nutrition care plans and formally document them in a central area on the medical record or in the EHR with the following components:
  - Nutritional screening results
  - Comprehensive nutrition assessment data, including those obtained from a nutrition-focused physical assessment
  - Nutrition diagnosis
  - Nutrient-medication interactions and diagnosis-related alteration in requirements
  - Nutrition interventions ordered and planned goals
  - Dietary intake pattern, including percentage of food eaten with each meal and consumption of ONS
  - Plan for monitoring and evaluation with time frames
- Ensure the creation and maintenance of standardized policies, procedures, and EHR-automated triggers relevant to nutrition including:
  - Order sets and protocols in hospital’s EHR such as algorithms for initiating ONS, EN, and PN orders.
- Include nutrition care plan documentation in the discharge summary.
- Verify post-acute facilities/clinicians fully understand all aspects of the nutrition care plan.
Our Vision:
*Every* hospital patient is effectively screened and documented as normal, malnourished, or at-risk, to guarantee effective assessment, intervention, and diagnosis.

Current Situation:
For some health care professionals, screening for malnutrition risk is a “visual” assessment, and boxes are checked or unchecked without reliable screening having occurred. Early identification of clinical criteria supporting a malnutrition diagnosis and effective processes for communicating information related to the nutrition care process are often absent.

Screening:
- Screen ALL patients within 24 hours using a validated tool, such as the Malnutrition Screening Tool.
- Continually re-screen all patients at frequent intervals throughout hospitalization.
- Document the screening results within the EHR to allow prompt communication between the nursing staff and other clinicians.

- Configure EHR to trigger a query for entry of a diet order or other appropriate intervention while the patient awaits further assessment and development of a nutrition care plan.

Assessment and Diagnosis:
- Perform nutrition assessments by dietitians on all patients considered at risk of malnutrition to determine the cause and significance of nutrition deficits. Diagnose malnutrition when at least 2 of the following are present:\(^1\,2\):
  - Insufficient energy intake
  - Weight loss
  - Loss of subcutaneous fat
  - Loss of muscle mass
  - Fluid accumulation
  - Diminished functional status
- Educate all clinicians so that they become familiar with the malnutrition characteristics.
- Initiate a nutrition care plan within 48 hours of admission for patients with or at risk of malnutrition.
- Obtain adequate information from the patient or caregiver regarding food and nutrient intake, body weight changes, and functional changes.
- Communicate malnutrition diagnosis and care plan to healthcare team.
Our Vision:
Patients identified as malnourished or at-risk receive immediate nutrition intervention, and all efforts are made to ensure consumption.

Current Situation:
Patients with a positive screen for malnutrition risk may not be assessed for several days by a dietitian due to limited dietitian staffing. An intervention plan can take up to 24 hours to implement from the time of referral. Dietitian recommendations regarding nutritional issues may go unheeded and there can be interruptions to meal times and consumption that often occur for patients.

Recommendations:
- Unless specific contraindications exist, intervene with nutrition within 24 hours for all patients identified as at-risk through screening.
  - Nurses should feed patients while they wait for a nutrition consult, unless contraindicated. Example interventions include:
    - Modifications to diet
    - Assistance with ordering and eating meals
  - Initiation of calorie counts
  - Addition of oral nutritional supplements
- Monitor consumption and adjust intervention as appropriate.
  - Stay alert to missed or poorly consumed meals and communicate to the dietitian.
  - Adhere closely to documented nutrition care plan.
  - Document success or failure in the daily medical record.
  - Discuss incomplete consumption of meal tray with the patient
  - Call nutrition huddles, when appropriate

Rapidly Implement Interventions and Continued Monitoring
Establish and enforce policy to intervene within 24 hours of at-risk screening.
Our Vision:
A comprehensive, systematic approach to managing nutrition from admission through discharge and beyond is developed to consistently improve quality of care.

Current Situation:
Patients and family members are rarely educated adequately on nutrition care by the hospital team, and patient adherence to nutritional orders during and following a hospital stay is often poor.

Recommendations:
• Include nutrition education as a component of all clinician’s conversations with families and caregivers.

• Explain and document patient’s nutrition status, nutrition recommendations and other interventions (e.g., ONS, vitamin and mineral supplements, and access to food) and post-discharge nutrition care plan throughout the inpatient stay.

• Ensure follow-up nutrition assessment and education, combined with specific follow-up appointment information, are provided to the patient and/or caregiver at the time of discharge.

• Develop clear, standardized written instructions for nutrition care at home, including the rationale for and details on diet instructions, along with any recommended ONS, vitamin and/or mineral supplements.

• Incorporate questions around nutrition status, such as dietary intake and weight change, into post-hospitalization phone calls and follow-up.
Effective nutritional care begins as a collaborative effort. By following these six key principles, you will be creating a unified vision dedicated to improving patient outcomes and bringing your hospital to a new standard of care. Visit malnutrition.com to learn how you can initiate change and access a wide range of information, insights, and tools.