

CLINICAL SUMMARY

Early recognition of malnutrition in the older adult: a quality improvement project using a standardized nutritional tool

This study population was Community-dwelling older adults (> 60 years) at a primary care clinic in Mobile, Alabama, USA.

Malnutrition is a significant problem for older adults that can have serious. Malnutrition in older adults is associated with a decline in functional status, and an increase in morbidity and mortality, hospitalizations, length of stay, and health complications. Therefore, malnutrition can lead to increased health care costs and poor quality of life. However, current literature shows that malnutrition in older adults is often poorly recognized by health care professionals. The early identification of malnutrition and malnutrition risk in older adults and the implementation of appropriate nutrition interventions can help prevent the poor outcomes associated with malnutrition. Therefore, routine nutrition screening is recommended for all older adults to identify those who are malnourished and those who are at risk for developing malnutrition.

OBJECTIVE

To conduct a quality improvement project to identify the nutritional status of older adults in a primary care setting by using a standardized nutritional tool and to improve clinical outcomes by implementing appropriate interventions.

METHODS

First, a retrospective chart review of 50 randomly selected medical records was conducted to evaluate documentation of height, weight, body mass index (BMI), weight changes, and any intervention and/or referral data. This review was done to assess and document baseline data prior the intervention period. Second, for the intervention, clinic staff was trained on use of the Mini-Nutritional Assessment (MNA) tool. The staff began using the MNA and after 2 months a chart review

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of 25 different randomly selected medical records was conducted, and the records were reviewed for documentation of height, weight, BMI, MNA tool completion, MNA score, and documentation of interventions and/or referrals.

RESULTS

The retrospective chart review showed that 100% of the records documented height and weight, but only 42% documented the BMI and 0% documented interventions and/or referrals. After the implementation of the MNA tool, the chart review showed that 40% of patients had a normal nutritional status, 56% were at risk for malnutrition, and 4% were malnourished. However, 100% of charts did not show documentation for nutrition education, intervention and referrals related to nutrition.

NUTRITION CONCLUSION

The findings of the quality improvement project suggest that risk for malnutrition is prevalent among this sample of older adults in a primary care setting, and suggests that many older adult patients are at risk (56%) or have malnutrition (4%) that is unrecognized. Further, this project demonstrated that documentation of nutritional intervention needs to be evaluated and recorded to better identify and intervene for those older adults to improve outcomes.