Nutrition TO IMPROVE OUTCOMES

What YOU Told Us

At the 2014 AMSN Convention in Orlando, FL, we hosted a Town Hall on the integration of nutritional care to optimize patient outcomes. It was immediately apparent that medical-surgical nurses understand the value of nutrition in healing wounds, reducing infections, preventing falls, limiting pressure ulcers, and contributing to an expedited recovery. It was also evident that many of us are encountering the same common barriers to comprehensive nutrition care. However, most impressively, it was clear that many medical-surgical nurses are working diligently to implement new strategies to tackle malnutrition in the hospitalized patient.

Using an audience response system, we communicated with approximately 200 attendees about the current status of nutritional initiatives in their practice settings. Several nurses approached the microphone to share their successful initiatives in greater detail. The dialogue among medical-surgical nurses about the complexities and successes of nutritional care was phenomenal.

Through the audience response system, we confirmed that the majority (91.8%) of nurses (N=157) have robust processes in place to readily screen all patients for nutritional concerns upon admission, but only 25.6% (N=35) have clear methods of identifying and referring at-risk patients who develop nutritional issues during their hospital stay (see Figure 1).

We also heard that although 89.2% (N=148) have processes in place to easily obtain nutrition referrals for all patients who are identified as at-risk during the screening process, only 14.4% (N=29) could identify a clearly documented nutrition plan (see Figure 2).

We were impressed to learn that more than half (56.5%, N=74) of those who responded work to consistently incorporate nutrition into their patients’ plan of care. In fact, approximately 61% (N=119) are striving to regularly include nutrition as a key element in the patient’s clinical status in discharge-planning rounds or team huddles. We were also excited to hear that 63.4% (N=121) of those who participated have a method of embedding nutrition in the discharge process.

As we look at The Alliance Nutrition Care Model (Tappenden et al., 2013), we recognize that we have opportunities to collaborate with you to foster innovations that remove barriers...
rriers to optimal nutrition care (see Figure 3). In fact, many of the new care strategies that you shared at the Town Hall are well suited to help elevate the nutritional status of our patients. Methods such as implementing snack carts that roam through the unit on a regular basis with healthy food options and nutritional supplements may facilitate a reduction in nutritional decline during the hospitalization. Also including registered dieticians in daily rounds might promote a clearer understanding of the nutrition care plan. Furthermore, focusing nursing efforts on discharge nutrition teaching, minimizing NPO times, and building patient partnerships at mealtimes will create meaningful changes in nutritional care, thus improving patient outcomes.

Although you also told us that consistent rounding with the registered dieticians and continually assessing for malnutrition throughout the hospitalization are complex initiatives, we trust in your commitment to quality care and know that you will capitalize on every opportunity and will share your successes with one another. We appreciate the fruitful dialogue that occurred at the Town Hall and look forward to working with you to improve the nutritional care of all of our patients.

Reference

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