The Academy of Medical-Surgical Nurses (AMSN) is proud to announce a partnership with the Academy of Nutrition and Dietetics (AND), the American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.), the Society of Hospital Medicine (SHM), and Abbott Nutrition to launch the Alliance to Advance Patient Nutrition, a consortium dedicated to improving patient outcomes through championing for nutrition screening, assessment, and early intervention in hospitals through interdisciplinary collaboration.

The following is a Q&A with Beth Quatrara, DNP, RN, ACNS-BC, CMSRN. Beth is the AMSN Clinical Representative on the Alliance Steering Committee. She discusses the key challenges associated with patient malnutrition and the role nurses can play to collectively advance effective nutrition treatment practices in their hospitals.

**Q:** Tell us about the Alliance to Advance Patient Nutrition. What is it and why was it formed?

**A:** The Alliance to Advance Patient Nutrition is a team of interdisciplinary organizations that have come together to help raise awareness about the positive impact nutrition has on patient outcomes and provide hospitals with tools and resources to advocate for effective nutrition practices.

Currently, one in three patients enter the hospital malnourished and, collectively, 'we'd like to see that number much lower. From a nursing perspective, many of us are focused on nurse sensitive indicators (e.g., falls, pressure ulcers, infections) and there is very clear evidence that nutrition can help to combat all of those issues. Now is a good time to bring malnutrition to the forefront and implement strategies to reduce it.

We’re hearing a lot about the benefits of collaborative teamwork in today's hospital environment. It's going to require a coordinated, collaborative effort with everyone focused on the same goal in order for this mission to be successful and improve patient outcomes.

**Q:** What impact does malnutrition have on hospitalized patients today?

**A:** Hospitalized patients who are malnourished don’t heal as quickly and don't recover as fast as we would like. They are 4 times more likely to develop a pressure ulcer and have 2.5 times the risk for surgical site infection (Fry, Pine, Jones, & Meimbam, 2010). We know that malnutrition delays recovery from illness and increases complications, hospital length of stay, and readmissions (Norman, Pichard, Lochs, & Pirlich, 2008). The patient who is not well nourished will not progress or heal nearly as well as a patient who is well nourished.

**Q:** How can nutrition improve patient outcomes?

**A:** Patients who are well nourished are more likely to heal quicker. In fact, nutrition intervention may reduce hospital length of stay by an average of two days (Somanchi, Tao, & Mullin, 2011). The benefits of nutrition are most often brought to light for me when I think about patients with wounds. I remember treating a burn patient and although his burns were pretty significant, he was able to feed himself. Unfortunately, his wounds were slow to progress. We implemented many wound care strategies but also decided to focus on nutrition. He was eating his trays very easily and he was able and willing to take more. He started drinking multiple oral nutrition supplements per day. I would take one to the room and he would immediately consume it and ask for another. After four or five days, we looked at his wounds and they were so much better. In my mind, and in his, the big difference was the actions we took to provide him with the nutrition that his body needed to heal.

**Q:** What can nurses do to make sure all malnourished patients are treated?

**A:** Nurses need to prioritize nutrition — and that starts with screening. Fully screening patients upon admission and communicating this information to the health care team is essential. It is important that nurses are mindful of how well patients are tolerating their nutritional plan, how it's affecting their recovery.

Nutrition needs to be discussed in discharge planning rounds and communicated in team huddles. Nutritional conversations need to become a shift-to-shift, day-to-day touch base on how patients are doing. Nutrition needs to be a key marker that’s discussed in these meetings. Nurses can help drive this.

**Q:** Where can nurses go for more information and resources?

**A:** Nurses can find more information at www.malnutrition.com – it's full of resources for nurses and other interdisciplinary team members who may want more information, including:

- Screening tools to better identify patients at risk for malnutrition
- Implementation toolkit to better facilitate clinician collaboration and employ nutritional treatment practices across hospital settings
- Examples of effectively implemented nutrition programs
- Information about educational events, including quick learning modules, CNE, and CME programs

**Q:** Do you have anything else you’d like to share about the role nurses can play to address malnutrition in the hospital setting?

**A:** It’s important to emphasize that nurses can help drive interventions, protocols, policies, and procedures that can help benefit patients. When a patient is diagnosed with malnutrition or at risk for malnutrition, nurses need to ask themselves, “What can I do here and now, immediately, to help target the patient and set him or her on a path to success?” That’s...
the role of a nurse – immediately identifying and helping to establish the treatment plan. This is a great leadership role for nurses. We need to step up and take on that challenge.

References
