



Welcome to today's Brown Bag Webinar



*Your moderator will be
with you shortly.*

Pieces of the Nutritional Puzzle: Relating Pressure Ulcers and Nutrition



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Clinical Nutrition Coordinator

CHRISTUS St. Frances Cabrini Hospital



Overview

- Introduction to Malnutrition
- Causes & Classification
- CMS permissible codes
- Prevalence & Effects of Malnutrition
- Risk Factors
- Caring for the malnourished
- Pressure Ulcers and Nutrition

Diseases Commonly Associated with Malnutrition in Elderly

- Cancer
- Heart failure
- Diabetes (diet restriction)
- COPD
- Depression
- Dementias
- Adult failure to thrive

Red Flags and Aides to Diagnosis

- Unplanned Weight loss (5-10% of weight over 1-6 months)
- 50% or more of meals left on plate
- Body Mass Index (less than 21 in institutionalized elderly)
- Dementia and chronic illnesses noted above
- Medical complications (pressure ulcer, infection)
- Polypharmacy
- Dysphagia
- Sentinel lab results

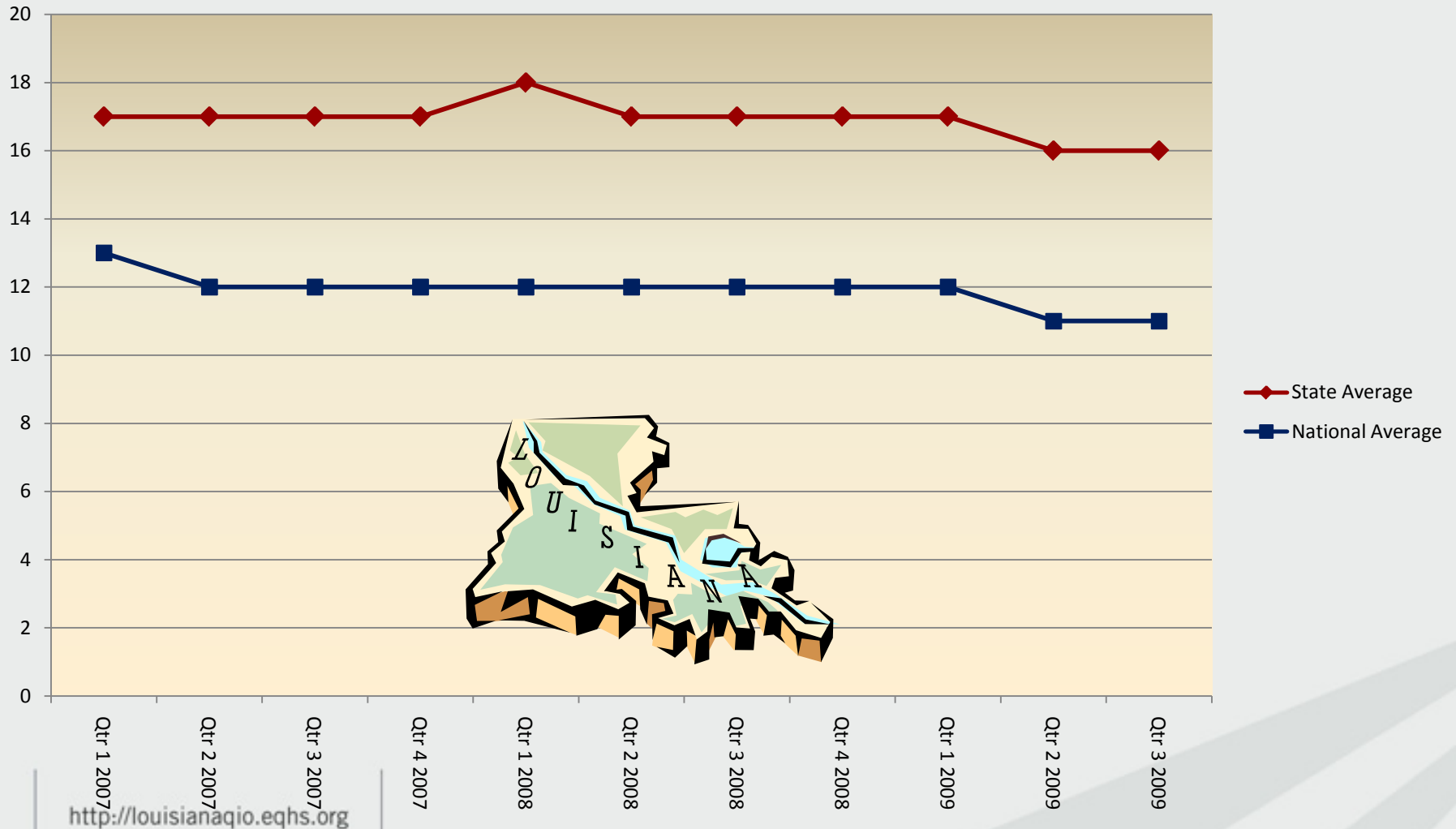
ICD-9 Codes Accepted by CMS

- 260 Kwashiorkor (usually in kids)
- 261 Marasmus (also usually in kids)
- 262 Other severe protein-calorie malnutrition
- 263.0 Malnutrition, moderate
- 263.1 Malnutrition, mild
- 263.2 Arrested development post protein-calorie malnutrition (kids)
- 263.8 Other protein-calorie malnutrition
- 263.9 Unspecified protein-calorie malnutrition

Diagnosis to Avoid

- 783.7 Adult failure to thrive
- Anorexia
- **Unless**, patient is in hospice program

The State Rate as Compared to the National Rate



Facility Quality Indicator Report

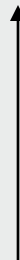
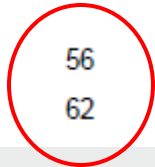
Facility Quality Measure/Indicator Report

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Facility Name XXXXXXXXXXXXXXXX
 City/State DALLAS, TX
 Provider Number XXXXXX
 Login/Facility ID XXXXXXXXXXXX
 Data was calculated on 07/16/2007

Run Date 07/20/07 08:48:08
 Report Period 01/01/07 - 06/30/07
 Comparison Group 11/01/06 - 04/30/07
 Report Version Number 1.07

Measure ID	Domain/Measure Description	Facility		Comparison Group				
		Num	Denom	Observed Percent	Adjusted Percent	State Average	National Average	State Percentile
<u>Chronic Care Measures</u>								
<u>Skin Care</u>								
12.1	High-risk residents with pressure ulcers	6	56	10.7%	-	13.1%	14.3%	41
12.2	Low-risk residents with pressure ulcers	0	62	0.0%	-	2.0%	2.9%	0



Tackling Malnutrition

MDS Coding Cue Sheets

Coding Cue Sheet for High Risk Pressure Ulcer (Malnutrition)

PATIENT FACTORS

- Medications
- Chronic illness
- End stage diseases
- Eating habits (weight loss)
- Pressure ulcer size & location

PATIENT DIAGNOSES

- Protein deficiency
- Anemia
- Hypoalbuminemia
- Depression
- Dementia, tremors (reason for decline in meal consumption)

ICD-9 Codes that Drive MDS High Risk for PU Development Status:

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- 261 Nutritional marasmus (children) (Malnutrition codes are used for all age groups; Coding Clinic, 4th qtr 1992, p. 25)
- 262 Other severe, protein-calorie malnutrition
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- Dystrophy due to malnutrition
- Malnutrition (calorie) NOS

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This material was produced by eQ-Health Solutions (formerly Louisiana Health Care Review), the Medicare Quality Improvement Organization for Louisiana, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. LARS#M23110-2190



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Malnutrition Solutions

REMINDER

Resident Name _____

Date _____

Does this resident need
a malnutrition diagnosis? Yes/No

Code _____

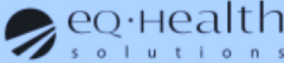
Albumin _____

Pre-albumin _____

Weight loss? Yes/No

**ICD-9 Codes that cause the resident
to be coded on the MDS into at
High Risk for PU Development:**

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Dystrophy due to malnutrition
Malnutrition (calorie) NOS


The Medicare QIO for Louisiana
(formerly Louisiana Health Care Review)
<http://louisianaQIO.eQhs.org>

This material was produced by TMI, the Medicare Quality Improvement Organization for Texas and has been adapted for use by eHealth Solutions, the Medicare Quality Improvement Organization for Louisiana, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.
1999QW2110-2189

Save Our Skin Toolkit Contents

- Change Package Strategies
- Tools and Resources
 - Facility Assessment Checklist
 - System Investigative Audit
 - Pressure Ulcer Definition and Stages
 - Comprehensive Admission Skin Assessment
 - SBAR Communication Tool
 - Braden Scale for Predicting Risk
 - PUSH Tool
 - Turning Mobility Tools



Nutrition Issues

- Coordinating use of pre-albumin lab for nutritional tracking is helpful.
- Tracking weights: Considering a resident's cross setting could include a hospital, and LTAC to nursing home, look at original weight to truly get picture of weight loss.
- Nursing homes have liberalized diet vs. restrictive to encourage intake.

Nutritional Wound Healing Guidelines

This sample nutritional guideline is to help enhance the healing of pressure ulcers by the use of nutritional intervention whenever possible. These are guidelines only and individual patient and resident needs must be taken into consideration before implementation. These guidelines are to be used until evaluated by a certified dietician. These guidelines should only be initiated with approval from the attending physician and/or medical director for the resident/patient.

Procedure:

- The nursing department reports all pressure ulcers and their stage to food and nutrition services.
- The available dietician is contacted and reviews each case to make an individualized nutrition care plan.
- Food and nutrition services may implement the following nutritional suggestions, based upon initial screening and with attending physician and/or medical director approval:
 1. Consider providing Vitamin A and C supplements – also, may want to consider a multivitamin.
Consider chewable or liquid if patient/resident is at risk for low stomach acid production that will inhibit pill breakdown.
 2. Consider Zinc supplements for up to 14 days. Long-term excessive use of zinc supplementation can induce a copper deficiency, so some researchers suggest that zinc should be taken for 10-14 days and then the wound should be reassessed.^{1,2,3}
 3. Consider not using Zinc if on tube feeding or if patient/resident are good meat eaters
 4. Chemistry studies to include Albumin minimally with Pre-Albumin preferred as an indicator of recent nutritional risk.
 5. Consider protein supplements based on chemistry lab results. Take into account the renal status.
 6. Arginine and glutamine are helpful in healing pressure ulcers; consider these supplements based on registered dietitians recommendations and especially if patient/resident have a stage 3 or 4 pressure ulcer.

Other nutritional considerations:

Think about other options to enhance nutritional status, such as:

- Increase eggs, milk, meat and cheese for additional protein.
- Encourage good intake of foods and liquids, provide assistance as needed. With consult of attending physician and/or medical director and if there is no renal disease or diabetic system compromise, fluid is 30-35 ml. fluid per kg.
- Add protein powder to foods if possible, or caloric concentrated liquid supplement, but remember to take into account renal status.
- Continue nutritional interventions until wound has been healed for two weeks.
- If patient/resident is diabetic, contact MD for special dietary considerations.
- Consider if on chronic antibiotic use, give yogurt or lactobacillus supplements.

Resources:

1. Sandstead HH, Henriksen LK, Greger JL, et al. Zinc nutriture in the elderly in relation to taste acuity, immune response, and wound healing. *Am J Clin Nutr.* 1982;36:1046-1059.
2. Kohn S, Kohn D, Schiller D. Effect of zinc supplementation on epidermal Langerhans' cells of elderly patients with decubital ulcers. *J Dermatol.* 2000;27:258-263.
3. Cario E, Jung S, Harder D'Heureuse J, et al. Effects of exogenous zinc supplementation on intestinal epithelial repair in vitro. *Eur J Clin Invest.* 2000;30:419-428.

Tips From Louisiana Homes

- CNA pocket body audit book
- Consider everyone high risk
- Wound/Treatment nurse assess on Monday to catch what happened over the weekend
- Pink Pillow Cases
- Transfer Information Sheets between settings
- PUP Team: Pressure Ulcer Prevention Team
 - Point of accountability



Prevalence of Malnutrition

- Prevalence in nursing home residents is 23 – 85%
- The point prevalence on admit to nursing homes was estimated at 54% in one study and 60% of residents showed a net weight loss following admission
- Blaum, et al. report that approximately 10% of NH residents lost 5% of their weight within one month of admission, or 10% within six months.

Prevalence of Malnutrition

- Abbasi, et al. report that nursing homes with aggressive evaluation and treatment policies had lower prevalence and fewer complications compared to homes without such policies.
- Notice anything about these statistics???

Effects of Malnutrition

- Delayed Wound Healing
- Development of Pressure Ulcers
- Cognitive Impairment
- Postural Hypotension
- Infections
- Anemia
- Sepsis
- Pneumonia
- Depletion of Cellular Immunity
- Delayed Healing and Recovery from Acute Illness
- Functional Decline

Adequate Nutrition =

- Improved Resident Outcomes
- Minimizes Costs
- Improves Quality of Life!!!!

Risk Factors

- Decrease in oral intake – eats less than ½ of meals
- Needs assistance with eating or drinking
- Illnesses– CHF, chronic lung diseases, kidney diseases, cancer, diabetes
- N/V/D
- Food/Drug Interactions
- Adverse drug effects
- Depression and loneliness
- Swallowing difficulties, choking
- Mouth sores or ill fitting dentures
- Tremors
- Dementia or agitation
- Malabsorption

Causes of Malnutrition

- Inadequate Attention from Staff
- Lack of Individualized Care
- Undereducated Staff
- Improper Use of Liquid Supplements
- Unappetizing Diets
- Cultural Diet Preferences
- Unpleasant Dining Experience
- Tube Feedings Not Administered Properly
- Polypharmacy

Physical Signs of Malnutrition

- Losing weight? Clothes fitting loosely?
- Dry, cracked lips or pale mouth?
- Difficulty speaking due to dry mouth?
- Complain of thirst often?
- Dark yellow urine?
- Skin dry and warm to the touch?
- Dry, bright red tongue?
- False teeth no longer fit?
- Mouth tenderness, sores or tooth loss?
- Thinning hair all of a sudden?
- Slow healing wounds?
- Skin breaking down?

Laboratory Signs of Malnutrition

- Albumin
- Prealbumin
- Cholesterol
- Total Lymphocyte Count

Winning the Malnutrition War

- Early detection and intervention when resident admitted
 - Develop screening tool with RD and CDM to detect possible malnutrition.
 - Notify physician and RD ASAP!!
 - Convey concerns to residents family members and engage them in correcting the malnutrition and identifying cause.
 - Documentation, documentation, documentation.
 - Develop education tools for family.
 - Request labs from physician and convey the RD's recommendations to the physician within 24 hours and follow up.
 - Effectively communicate with hospital.

Winning the War

- Education of staff
 - Train CNA's on proper way to assess residents meal intake, importance of good intake, proper positioning at meal times.
 - Review current policies and update with RD and CDM's help.
 - Train staff on all new and updated policies.
 - Hold staff accountable.
 - Interdisciplinary meetings and collaboration between therapists, nurses, CNA's, dietary.

Winning the War

- Supplementation and medication
 - Incorporate appropriate nutritional supplements into residents diets.
 - Incorporate med pass program if not already established.
 - Educate staff on properly documenting intake of supplements.
 - Use RD's supplementation recommendations.
 - Discuss use of appetite stimulants with the physician and give him or her feedback on the effectiveness.
 - Collaborate with RD in developing supplementation plan to use before he/she is able to assess the resident.

Winning the War

- Correct factors that lead to malnutrition
 - Is resident able to consume po diet? Does resident need feeding tube?
 - What social or psychological problems could be leading to malnutrition?
 - What physical limitations are leading to malnutrition?
 - What are my resident's food preferences?
 - Do I need to change the resident's diet to make meals more enjoyable?
 - Collaborate with interdisciplinary team to “brain storm” and come up with solutions to the problem or problems.

Winning the War

- Assist RD
 - Compile list of patients that need to be seen
 - Have pertinent information for RD
 - Current weights with emphasis on residents with significant weight loss
 - List of residents with tube feedings
 - List of residents with wounds or recently healed pressure ulcers
 - List of residents with recent diagnosis of dehydration
 - List of new residents and those with new issues that may increase the risk of malnutrition

Winning the War

- Monitoring of residents with malnutrition
 - Put on supplement or med pass program
 - Weekly weights
 - Regular labs per physician or RD recommendations
 - Reassessment of nutritional needs by RD
 - Accurate documentation of meal and supplement intake
 - Interdisciplinary communication

Pressure Ulcers and Malnutrition

- Malnourished residents are at greater risk for developing pressure ulcers
- Pressure ulcers are difficult to heal in malnourished residents
- Pressure ulcers can facilitate protein losses leading to further decline in nutritional status

Nutrition Therapy for Pressure Ulcers

- Notify RD
- Increase calorie and protein intake
- Re-evaluate calorie, protein, and fluid needs
- Offer high calorie/high protein foods
- Re-evaluate tube feeding formula for increased needs and specific nutrients needed for healing
- Vitamin supplementation
- Offer supplements that can assist with healing
- Monitor albumin, prealbumin, and CRP levels
- Improve glycemic control
- Continue nutrition therapy for two weeks after healed

A Successful Program

- Problem recognition and assessment of current pressure ulcer program
- Compare Management and treatment to current guidelines and treatment
- Monitoring
- Implement care process changes that work
- Nursing and leadership on board with new program
- Recognize successes and empower your staff



Nursing Home Team Members

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Questions

