



WRHA Strategic Directions: Enhance Patient Experience Quality Issue: Optimize Nutrition Intake

Nutrition Supplement Med Pass Program in Acute Care

WHAT IS BEING MEASURED?

Evaluate the Med Pass program (Medication Pass Nutrition Supplement Program) in adult acute care inpatient areas and determine next steps.

Data collection tool developed and data reviewed (Y/N)

Report of recommendations completed (Y/N)

Action steps established (Y/N)

WHY IS THIS IMPORTANT?

Malnutrition is a common problem in patients in acute care with prevalence ranging between 28% and 70% (Canadian Malnutrition Task Force Study). Nutritional status is known to worsen during hospital stay. Studies have repeatedly shown that malnutrition has serious implications for recovery from disease, trauma and surgery and is generally associated with increased morbidity and mortality, length of hospital stay and higher treatment costs.

Recently reported studies indicate that further improvements in the nutritional status of malnourished elderly hospitalized patients and residents in LTC, can be achieved through the use of Med Pass versus the traditional supplement regimes.

Med Pass (Medication Pass Nutrition Supplement Program) = nursing provides 60 mL of 2.0 kcal/mL oral liquid supplement with or without medication up to four times/day, providing 480 calories and 20 grams of protein. Consumption or refusal of the supplement is recorded in the medication administration record (MAR).

Traditional supplement regimes at meal times or between meals with product volumes of 237-250 mL have historically resulted in poor compliance, as patients find them filling and difficult to finish.

WHAT IS THE TARGET?

Baseline Data:

To complete the following:

- Data collection tool

- Compile data from Grace Hospital, VGH and HSC
- Complete evidence summary with recommendations
- Complete cost analysis
- Approve recommendations
- Establish action steps for implementation

HOW ARE WE DOING?

Med pass has been trialed at Grace Hospital, VGH and HSC. Evidence summary is complete and has been approved at the Acute Care Dietetic Practice Council level.

Interpretation:

WRHA Acute Care Results:

202 charts were audited. Hospital wide at Grace Hospital (n=176) and HSC (GD5) (n=26) from 2010-2012.

Weight Change:

68 (34%) of the 202 patients had weights available prior to implementation of Med Pass and on discharge/completion of Med Pass.

Of these patients, 6 (8.8%) experienced no weight change, 34 (50%) gained weight, and 28 (41.2%) lost weight. Therefore, 40 (58.8%) of patients with follow up weights maintained or gained weight. The average weight gain for those who gained weight was 3.4 kg.

Consumption of Med Pass:

Data available from Grace Hospital from November 2011 to May 2012.

63 patients were on Med Pass Resource® 2.0 60 mL QID. Of these 63 patients, 97% consumed 78% or more of all of their doses. During this time period the total doses administered was 7379 and doses not consumed was 263 (3.6%), for a Cost Wastage of \$93.37.

Wastage of Med Pass:

Results from Grace Hospital

2011 – Average % wastage was 10% for the 12 month period.

2012 – Average % wastage was 6.6 % for an 8 month period. Compared with approximately 50% wastage of traditional supplements as per the literature.

Cost of Med Pass:

60 mL Resource® 2.0 QID = \$1.42 per day (1 L container)
\$1.40 per day (237 mL

container) per patient

WHAT ACTIONS ARE WE TAKING?

Send to WRHA Pharmacy for input and then forward to Nutrition Advisory Subcommittee for approval.

Recommendations include:

1. Use of Med Pass is indicated for patients with at least one of the following:
 - patients assessed as malnourished
 - patients at risk for malnutrition with poor intake of less than 50%
 - oral intake of less than 50% of estimated energy needs
 - to facilitate transition off nutrition support
 - patients with increased energy and protein needs, i.e., secondary to wounds