EMR “ization” of standardized malnutrition screening and assessment in primary care across Ontario

Ontario Primary Health Care Action Group

Presenters:
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Presenter Disclosure

- **Relationships with commercial interests:**
  - **Grants/Research Support:** None
  - **Speakers Bureau/Honoraria:** None
  - **Consulting Fees:** None
  - **Other:** None

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Disclosure of Commercial Support

- **This program has NOT received any financial support**
- **This program has NOT received any in-kind support**

- **<u>Potential for conflict(s) of interest</u>:**
  - None

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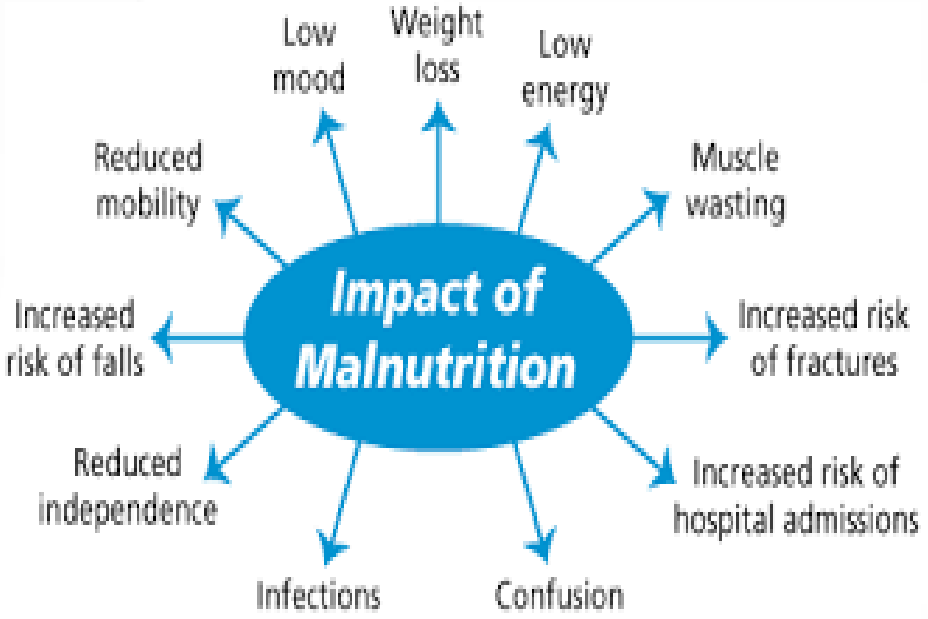
Malnutrition in older adults is happening in our community



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Why malnutrition screening and assessment?

- Malnutrition is often overlooked
- 34% Canadians over 65 years are at nutritional risk
- 47% of adults are malnourished on hospital admission
- Ontario PHCAG has made malnutrition screening for seniors in primary care settings a priority initiative

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Ontario Primary Health Care Action Group
(DC-Ontario PHCAG)

- Bringing together RDs across primary care (FHT's, CHC's, NPLC's, PH, LTC, academia) to foster communication, mentorship and collaboration

- Measure outcomes of nutrition services across primary care

- Share innovative programming and best practices in primary care

- Provide exemplary interprofessional collaborative care

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Malnutrition in Seniors: An Urgent Condition

Individual

- Falls risk
- Quality of Life

Health Care System

- $2 Billion of $25 B
- 8% of hospital budgets
- >45% of health care $ CIHI

"Each malnourished patient costs our health care system about $2000 more per hospital stay"
Canadian Malnutrition Task Force

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Despite the evidence…

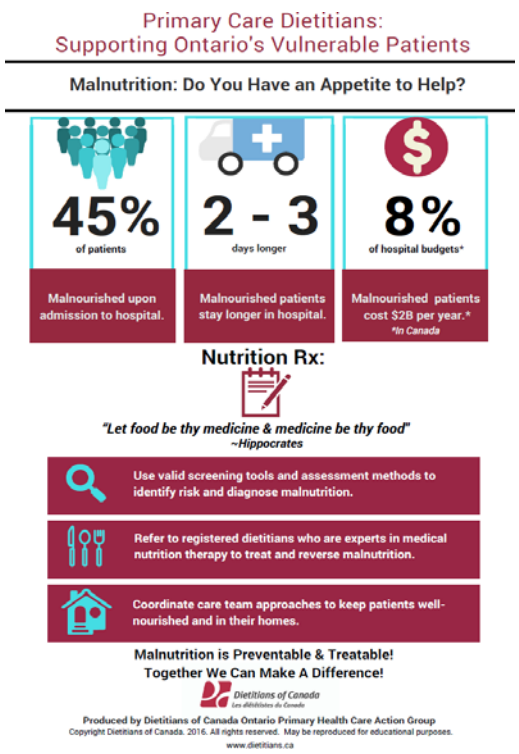
A gap analysis among primary care Registered Dietitians have identified very low referrals in family practice for malnutrition nutrition counseling (code 263)

- 1 out of 3 seniors at nutritional risk (Statistics Canada)
- 1 out of 2 are going into hospital are malnourished (Canadian Malnutrition Task Force)
- Strong evidence showing benefits of nutrition support and team base care to improve outcomes

Malnutrition Campaign

PHCAG Malnutrition Toolkit

- ✓ Evidence/advocacy tools
- ✓ Screening tools
- ✓ Protocols
- ✓ Customized EMR outcome forms
- ✓ Schedule A examples



Training Sessions > 250 RDs + IHPs

Training sessions

- PHCAG annual RD Research Days
- AFHTO RD ½ days
- Malnutrition Webinar

Tools, training, mentorship

Including SGA training

DC-PHCAG Malnutrition Webinars

- Detecting and Correcting Malnutrition in Family Practice: a Collaborative Approach

https://www.youtube.com/watch?v=6O6vyyFgYtY&feature=youtube

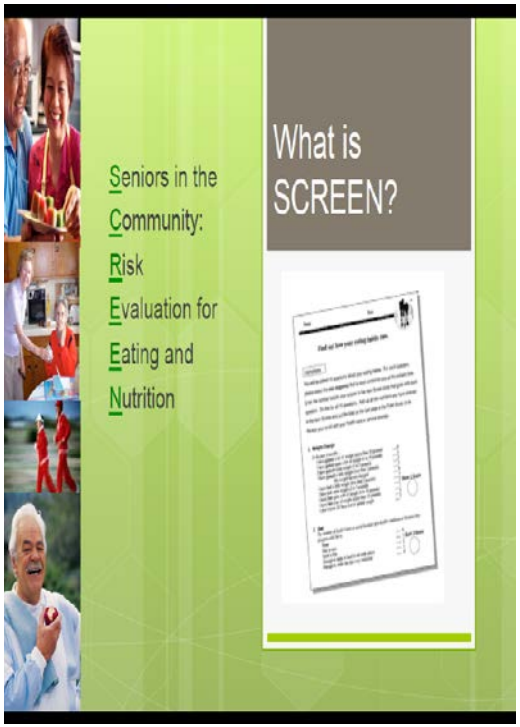
- Malnutrition screening encounter assistant forms

https://www.youtube.com/watch?v=19Ff2KiDtqY&feature=youtube

Spread > 83 FHTs Screening

- ✓ Dissemination in FHT/CHC/NPLC across Ontario
- ✓ Teams working together to identify signs of nutritional risk early to keep seniors well nourished and out of hospital
- ✓ Using validated screening tools/EMR
- ✓ IP Clinical Care Pathways
- ✓ Measuring outcomes

Which Screening Tool To Use?



CANADIAN NUTRITION SCREENING TOOL (CNST)

Name:	Age:	Weight:	Room:

Identify patients who are at risk for malnutrition

	Date: Admission		Date: Rescreening	
Ask the patient the following questions*	Yes	No	Yes	No
Have you lost weight in the past 6 months **WITHOUT TRYING** to lose this weight? If the patient reports a weight loss but gained it back, consider it as NO weight loss.				
Have you been eating less than usual **FOR MORE THAN A WEEK**?				
Two "YES" answers indicate nutrition risk†				

* If the patient is unable to answer the questions, a knowledgeable informant can be used to obtain the information. If the patient is uncertain regarding weight loss, ask if clothing is now fitting more loosely.

Patients at nutrition risk need an assessment to confirm malnutrition

Nutrition screening using a valid tool can generate a significant volume of requests for nutrition evaluation. Subjective Global Assessment (SGA) is a simple and efficient first-line assessment of nutritional status that can be used following a positive screening and to help prioritize cases.

If a patient is malnourished (SGA B or C), an in-depth nutrition assessment, along with treatment, is required by a registered dietitian.

The Canadian Nutrition Screening Tool was rigorously validated and tested for reliability in Canadian hospitals. Non-expert raters completed the tool and it was compared to the SGA conducted by a dietitian or trained nutrition researcher.

Mini Nutritional Assessment

MNA®

Nestlé Nutrition Institute

Last name: First name:

Sex: Age: Weight, kg: Height, cm: Date:

Complete the screen by filling in the boxes with the appropriate numbers. Total the numbers for the final screening score.

Screening

A Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?
0 = severe decrease in food intake
1 = moderate decrease in food intake
2 = no decrease in food intake ☐

B Weight loss during the last 3 months
0 = weight loss greater than 3 kg (6.6 lbs)
1 = does not know
2 = weight loss between 1 and 3 kg (2.2 and 6.6 lbs)
3 = no weight loss ☐

C Mobility
0 = bed or chair bound
1 = able to get out of bed / chair but does not go out
2 = goes out ☐

D Has suffered psychological stress or acute disease in the past 3 months?
0 = yes 2 = no ☐

E Neuropsychological problems
0 = severe dementia or depression
1 = mild dementia
2 = no psychological problems ☐

F1 Body Mass Index (BMI) (weight in kg) / (height in m)²
0 = BMI less than 19
1 = BMI 19 to less than 21
2 = BMI 21 to less than 23
3 = BMI 23 or greater ☐

IF BMI IS NOT AVAILABLE, REPLACE QUESTION F1 WITH QUESTION F2.
DO NOT ANSWER QUESTION F2 IF QUESTION F1 IS ALREADY COMPLETED.

F2 Calf circumference (CC) in cm
0 = CC less than 31
3 = CC 31 or greater ☐

Screening score ☐☐
(max. 14 points)

12-14 points: Normal nutritional status
8-11 points: At risk of malnutrition
0-7 points: Malnourished

Ref. Vellas B, Villars H, Abellan G, et al. *Overview of the MNA® - Its History and Challenges.* J Nutr Health Aging 2006;10:456-465.
Rubenstein LZ, Harker JO, Salva A, Guigoz Y, Vellas B. *Screening for Undernutrition in Geriatric Practice: Developing the Short-Form Mini Nutritional Assessment (MNA-SF).* J. Geront 2001;56A: M366-377.
Guigoz Y. *The Mini-Nutritional Assessment (MNA®) Review of the Literature - What does it tell us?* J Nutr Health Aging 2006; 10:466-487.
Kaiser MJ, Bauer JM, Ramsch C, et al. *Validation of the Mini Nutritional Assessment Short-Form (MNA®-SF): A practical tool for identification of nutritional status.* J Nutr Health Aging 2009; 13:782-788.
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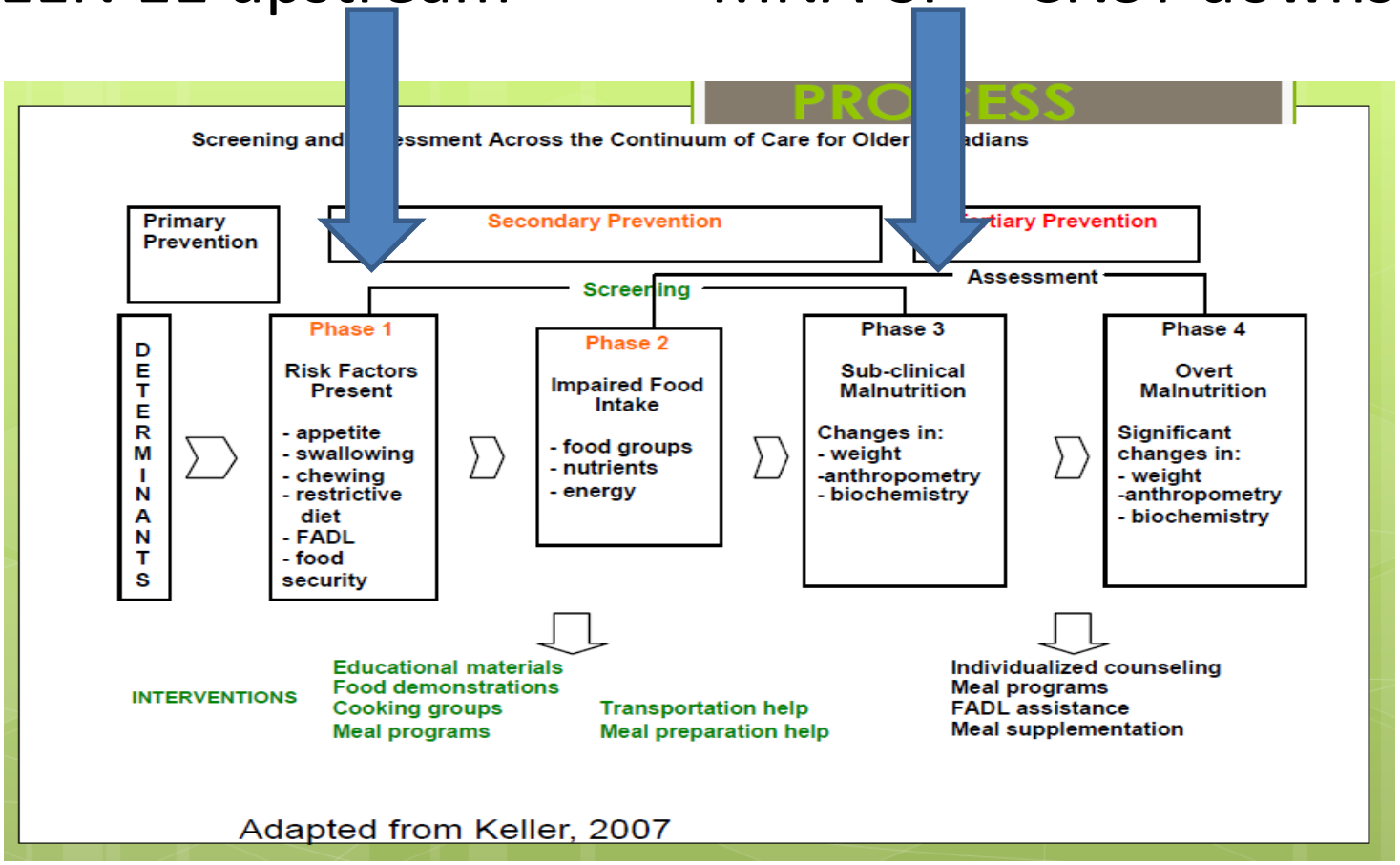
For more information: www.mna-elderly.com

When to Screen?

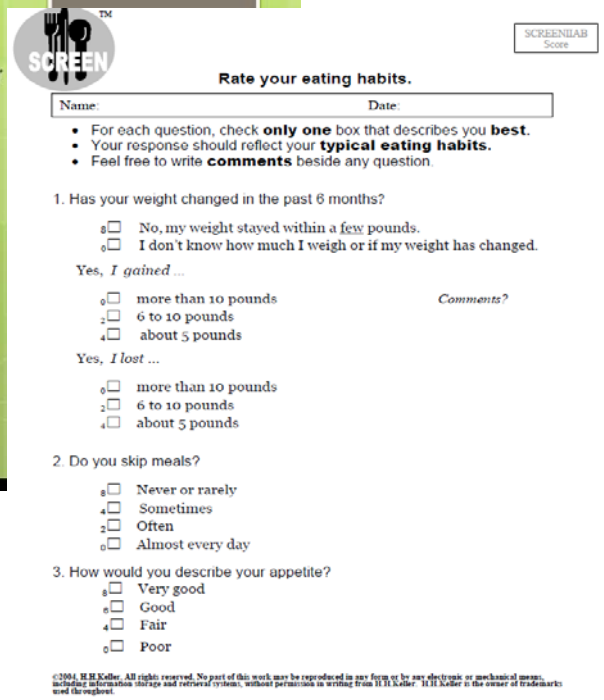
Depends on your goals, population, evidence…early detection or treatment?

SCREEN 11 upstream

MNA-SF + CNST downstream



SCREEN II



SCREEN™

SCREENIIAB Score

Rate your eating habits.

Name: Date:

- For each question, check **only one** box that describes you **best**.
- Your response should reflect your **typical eating habits**.
- Feel free to write **comments** beside any question.

1. Has your weight changed in the past 6 months?

8☐ No, my weight stayed within a few pounds.
0☐ I don't know how much I weigh or if my weight has changed.

Yes, *I gained* ...

0☐ more than 10 pounds *Comments?*
2☐ 6 to 10 pounds
4☐ about 5 pounds

Yes, *I lost* ...

0☐ more than 10 pounds
2☐ 6 to 10 pounds
4☐ about 5 pounds

2. Do you skip meals?

8☐ Never or rarely
4☐ Sometimes
2☐ Often
0☐ Almost every day

3. How would you describe your appetite?

8☐ Very good
6☐ Good
4☐ Fair
0☐ Poor

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8 item tool including questions about:

–Appetite
–Frequency of eating
–Motivation to cook
–Ability to shop and prepare food
–Weight changes
–Isolation and loneliness
–Chewing and swallowing
–Digestion
–Food restrictions due to health conditions

Suggested Nutrition Screening Protocol for Seniors using SCREEN II AB

SCREEN II AB completed in waiting room by patient/caregiver and handed into reception for RD to score OR completed during individual RD visit or during group education or other clinic eg. DM, INR, memory

Score >38- LOW NUTRITIONAL RISK
no further assessment needed, provide resources – Healthy Eating for Older Adults , give links to eatrightontario and cookspiration tools

Score <38, HIGH NUTRITIONAL RISK
recommend referral to RD, patient called and booked for RD visit within 1 -2 weeks for further nutrition assessment including SGA

Visit #1 RD office/home visit – Normal practice (wt, BMI, nutn assessment)+ assess SGA , Medi diet score

SGA=A well nourished
Provide nutrition resources /links to tools, no further RD support needed, message/update team

SGA B or C, nutrition care plan developed, goals set, f/u appt booked with 1-2 weeks (in office or home)

Review with memory clinic team/Assess need for support from other members MD, NP, OT/PT, RPH, mental health, SN

Visit #2 F/U with RD to review care plan, update, check wt

Visit #3 RD 30 days later to reassess, nutn goals, SGA, Medi diet score, wt, BMI

30-60 days later
Check falls, hospitalizations, transitions to LTC with team

PHCAG Malnutrition Demonstration Project

4-site demonstration project screening vulnerable seniors (recently discharged + seniors with cognitive issues/memory clinics)

- City of Lakes FHT (Sudbury)
- Upper Grand FHT (Wellington County)
- NOTL FHT (Niagara)
- Hamilton FHT (Hamilton)

EMR Tools to Capture Outcomes

PHCAG EMR Leads Amy Waugh + Denis Tsang

Why it needs to be embedded in the EMR?

- Enable interprofessional team approach
- Standardize and guide clinical workflow to identify high risk patient populations and provide seamless access to nutrition interventions
- Collect outcome data - ongoing monitoring , evaluation of service quality and effectiveness
- Use data to support decision making in upcoming provincial quality improvement projects

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What has been done?

- EMR (PSS) standardized template
  - Screening
  - Assessment
  - Charting

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When to screen and assess?

Screening:

- Within 7 days after discharging from hospital
- Upon enrolment into a memory clinic program
- Senior population at risk for malnutrition (>75 yrs)

Assessment:

- Positive screen - suggestions for next steps
  - SGA/Nutritional assessment
  - Intervention
  - F/U every 3-4 weeks, repeat SGA
  - Assess falls/hospital re-admission etc.

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Who conducts screening and assessment?

Screening: → Needs to be Inter-Disciplinary

- GP
- NP
- RN
- RPh
- RPN
- RSW

Assessment: →RD

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How to Screen and Assess?

Encounter assistants (PSS) were created to include:

- 3 validated instruments for screening
  (CNST, MNA-SF, SCREEN II-AB)
- Positive screenings are referred to RD for further assessment (SGA)

Assessment Components:

- Level of malnutrition
- Nutrition diagnosis
- Mediterranean diet score
- Hand-grip strength
- Biochemical tests
- Internal/external referrals

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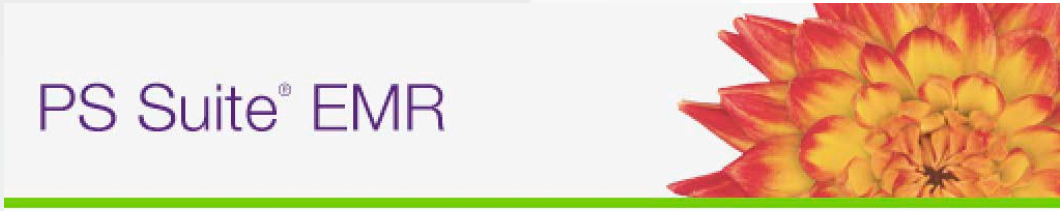
Screenshots

- EMR standardized screening template
- EMR standardized assessment template
- EMR standardized charting template



TELUS | HEALTH

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Clinical Interaction Demographics

Clinician: Denis Tsang

Patient's Age: 67

Patient's Gender: M

Reason for Screening

- [x] Recent Hospitalization

Date of Discharge: May 5, 2017

- [ ] Memory Clinic
- [ ] Identified by EMR Query

Specify:

- [ ] Other

Specify:

- [ ] Referral from MD/IHP

Screening Tools

- [x] CNST (Post-Discharge)
- [ ] MNA-SF (Memory Clinic)
- [ ] SCREEN II

CNST

- [x] Initial Screening
- [ ] Re-Screening

Initial Screening

Date of Initial Screening: May 8, 2017

- [ ] Have you lost weight in the past 6 months WITHOUT TRYING to lose this weight?

*If the patient reports a weight loss but gained it back, consider it as NO weight loss.

- [ ] Have you been eating less than usual FOR MORE THAN A WEEK?

Score of Initial CNST: 0.0

Score = 2 (At Nutrition Risk - Refer to RD)

Score = 1 (Not At Nutrition Risk - Re-Screen in 1 month)

Score = 0 (Not At Nutrition Risk - No action required)

View CNST Questionnaire

- [ ] Refer to RD
- [ ] Re-Screening Required (in 1 month)

Clinical Note

Personal Message

- [ ] Send Yourself a Message as a Reminder

- [ ] Refusal for RD Referral

May 8, 2017 Malnutrition Screening (v.7 - Dec 2016) DHT

Clinical Interaction Demographics

Clinician: Denis Tsang

Patient's Age: 67

Patient's Gender: M

Reason for Screening

- [ ] Recent Hospitalizati...

Date of Discharge: mmm d, yyyy

- [x] Memory Clinic
- [ ] Identified by EMR Query

Specify:

- [ ] Other

Specify:

- [ ] Referral from MD/IHP

Screening Tools

- [ ] CNST (Post-Discharge)
- [x] MNA-SF (Memory Clinic)
- [ ] SCREEN II

MNA-SF

Insert MNA - SF Form

Score:

Score < 12 (At Risk of Malnutrition - Refer to RD)

- [ ] Refer to RD

Clinical Note

Personal Message

- [ ] Send Yourself a Message as a Reminder

- [ ] Refusal for RD Referral

May 8, 2017 Malnutrition Screening (v.7 - Dec 2016) DHT

Clinical Interaction Demographics

Clinician: Denis Tsang

Patient's Age: 67

Patient's Gender: M

Reason for Screening

- [ ] Recent Hospitalization

Date of Discharge: mmm d, yyyy

- [ ] Memory Clinic
- [ ] Identified by EMR Query

Specify:

- [ ] Other

Specify:

- [ ] Referral from MD/IHP

Screening Tools

- [ ] CNST (Post-Discharge)
- [ ] MNA-SF (Memory Clinic)
- [x] SCREEN II

SCREEN II

Insert SCREEN II - AB Questionnaire

Score:

Score < 38 (At Nutrition Risk - Refer to RD)

- [ ] Refer to RD

Mini Nutritional Assessment

MNA®

Nestlé Nutrition Institute

Last name: Test | First name: Bye

Sex: M | Age: 53 | Weight, kg: 56.7 | Height, cm: never d | Date: Oct 24, 2017

Complete the screen by filling in the boxes with the appropriate numbers. Total the numbers for the final screening score.

Screening

A Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?
- 0 = severe decrease in food intake
- 1 = moderate decrease in food intake
- 2 = no decrease in food intake

B Weight loss during the last 3 months
- 0 = weight loss greater than 3 kg (6.6 lbs)
- 1 = does not know
- 2 = weight loss between 1 and 3 kg (2.2 and 6.6 lbs)
- 3 = no weight loss

C Mobility
- 0 = bed or chair bound
- 1 = able to get out of bed / chair but does not go out
- 2 = goes out

D Has suffered psychological stress or acute disease in the past 3 months?
- 0 = yes
- 2 = no

E Neuropsychological problems
- 0 = severe dementia or depression
- 1 = mild dementia
- 2 = no psychological problems

F1 Body Mass Index (BMI) (weight in kg) / (height in m)² never

- 0 = BMI less than 19
- 1 = BMI 19 to less than 21
- 2 = BMI 21 to less than 23
- 3 = BMI 23 or greater

* IF BMI IS NOT AVAILABLE, REPLACE QUESTION F1 WITH QUESTION F2.
DO NOT ANSWER QUESTION F2 IF QUESTION F1 IS ALREADY COMPLETED.

F2 Calf circumference (CC) in cm
- 0 = CC less than 31
- 3 = CC 31 or greater

Screening score (max. 14 points)

12-14 points:	Normal nutritional status
8-11 points:	At risk of malnutrition
0-7 points:	Malnourished

Ref. Vellas B, Villars H, Abellan G, et al. *Overview of the MNA® - Its History and Challenges.* J Nutr Health Aging 2006;10:456-465.
Rubenstein LZ, Harker JO, Salva A, Guigoz Y, Vellas B. *Screening for Undernutrition in Geriatric Practice: Developing the Short-Form Mini Nutritional Assessment (MNA-SF).* J. Geront 2001;56A: M366-377.

SCREEN™

SCREENIIAB Score

Rate your eating habits.

Name: Bye Test | Date: Oct 24, 2017

- For each question, check **only one** box that describes you **best.**
- Your response should reflect your **typical eating habits.**
- Feel free to write **comments** beside any question.

1. Has your weight changed in the past 6 months?

8 ☐ No, my weight stayed within a few pounds.
0 ☐ I don't know how much I weigh or if my weight has changed.

Yes, *I gained ...*

0 ☐ more than 10 pounds
2 ☐ 6 to 10 pounds
4 ☐ about 5 pounds

Comments?

Yes, *I lost ...*

0 ☐ more than 10 pounds
2 ☐ 6 to 10 pounds
4 ☐ about 5 pounds

2. Do you skip meals?

8 ☐ Never or rarely
4 ☐ Sometimes
2 ☐ Often
0 ☐ Almost every day

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May 8, 2017 Malnutrition Screening (v.7 - Dec 2016) DHT

Clinical Interaction Demographics

Clinician: Denis Tsang
Patient's Age: 67
Patient's Gender: M

Reason for Screening

- [ ] Recent Hospitalizati...
Date of Discharge: mmm d, yyyy
- [x] Memory Clinic
- [ ] Identified by EMR Query
Specify:
- [ ] Other
Specify:
- [ ] Referral from MD/IHP

Screening Tools

- [ ] CNST (Post-Discharge)
- [x] MNA-SF (Memory Clinic)
- [ ] SCREEN II

MNA-SF

Insert MNA - SF Form

Score:

Score < 12 (At Risk of Malnutritio

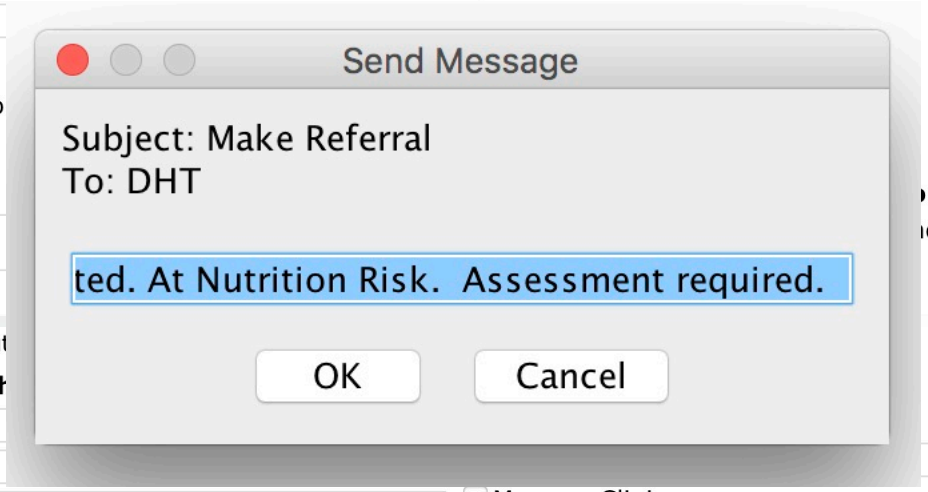
- [ ] Refer to RD

Clinical Note

- [ ] Refusal for RD Referral

onal Message

d Yourself a Message as a Reminder



May 8, 2017 Malnut

Clinical Interaction Demograph

Clinician: Denis Tsang
Patient's Age: 67
Patient's Gender: M

- [ ] Memory Clinic
- [ ] Identified by EMR Query
Specify:
- [ ] Other
Specify:
- [ ] Referral from MD/IHP

Screening Tools

- [ ] CNST (Post-Discharge)
- [ ] MNA-SF (Memory Clinic)
- [x] SCREEN II

SCREEN II

Insert SCREEN II - AB Questionnaire

Score:

Score < 38 (At Nutrition Risk - Refer to RD)

- [ ] Refer to RD

Clinical Interaction Demographics

Appointment Date: May 8, 2017

Registered Dietitian: Denis Tsang

☐ Assessment (Complete SGA Form)

Visit #:

Insert SGA Form

Patient's Age: 44

Patient's Gender: M

Wait Time (to be completed for initial assessment ONLY)

# of Calendar Days between Referral Date and 1st RD Appointment Date

☐ Same Day
☐ Next Day
☐ 2-7 Days
☐ 8-14 Days
☐ 15-21 Days
☐ >21 Days

Hand Grip Strength (in kilogram)

At Initial Assessment (Pre)

Left:

Right:

☐ N/A

At Follow-Up Assessment (Post)

Left:

Right:

☐ N/A

Gender: M

Mediterranean Diet Assessment

At Initial Assessment (Pre)

Score:

At Follow-Up Assessment (Post)

Score:

Insert Mediterranean Diet Score Questionnaire

Weight Status/Change

Baseline Weight:

Date of Baseline Weight: mmm d, yyyy

Today's Weight: wt:

View Trend of Weight Change

% of Weight Change (1 week):

% of Weight Change (1 month):

% of Weight Change (6 month):

Latest BMI: 26.8

Latest Ht: 174

Labs

		Labs Date
Albumin:	49	Apr 17, 2016
Hemoglobin:	140	Apr 17, 2016
Hematocrit:	151	Apr 17, 2016
Ferritin:	35	Apr 17, 2016
B12:	269	Apr 17, 2016

Supplement(s):

Adverse Events

- [ ] ER Visit

Date of ER Visit: mmm d, yyyy

- [ ] Hospitalization

Date of Admission: mmm d, yyyy

Date of Discharge: mmm d, yyyy

- [ ] It is a re-admission within 30 days?

- [ ] Falls Incident (supported by objective data)

Date: mmm d, yyyy

- [ ] Falls Incident (self-reported)

Date: mmm d, yyyy

Diagnosis

SGA Rating (Pre)

- [ ] A (Well-Nourished; Normal)
- [ ] B (Mildly/Moderately Malnourished; Some Progressive Nutritio...
- [ ] C (Severely Malnourished; Evidence of Wasting and Progressive Symptoms)

Diagnosis

SGA Rating (Post)

- [ ] A (Well-Nourished; Normal)
- [ ] B (Mildly/Moderately Malnourished; Some Progressive Nutritional Loss)
- [ ] C (Severely Malnourished; Evidence of Wasting and Progressive Symptoms)

Assessment Summary

Nutrition Diagnosis

- [ ] Inadequate Protein Intake
- [ ] Inadequate Energy Intake
- [ ] Inadequate Fiber Intake
- [ ] Inadequate Vitamin Intake

Specify:

- [ ] Inadequate Mineral Intake

Specify:

- [ ] Poor Nutrition Quality of Life
- [ ] Others

Specify:

Care Plan

Internal Referral

- [ ] GP
- [ ] Medical Specialist
- [ ] NP
- [ ] RN
- [ ] RPN
- [ ] RPh
- [ ] RSW
- [ ] PT
- [ ] OT
- [ ] SLP
- [ ] System Navigator

External Referral

- [ ] CCAC/LHIN
- [ ] Health Link
- [ ] Hospital-Based Program
- [ ] Community-Based Program

Personal Message

- [ ] Send Yourself a Message as a Reminder

Diagnosis

SGA Rating (Pre)

- [ ] A (Well-Nourished; Normal)
- [ ] B (Mildly/Moderately Malnourished; Some Progressive Nutritional Loss)
- [x] C (Severely Malnourished; Evidence of Wasting and Progressive Symptoms)

PROB

C (Severely Malnourished; Evidence of Wasting and Progressive Symptoms)

4

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Diagnosis (Starts with "M") – Description(s) – Code

Results

Standardized EMR templates with validated screening and assessment instruments embedded have

- Enhanced the integrity of clinical data
- Simplified the process of data collection in daily charting
- Facilitated the process of data analysis in outcome measurement

Training events held at

- PHCAG RD Research Day
- AFHTO conference and webinars
- AFHTO IHP Community of Practice

Recommended process and outcome indicators have been shared with Quality Improvement and Decision Support Specialist (QIDSS) network to

- Facilitate adoption
- Spread in provincial QI projects

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Results

	CNST	SCREEN II - AB	MNA-SF
Screening	11	76	29
Positive Screen	5 (45.5%)	58 (76.3%)	5 (17.2%)
SGA	**23 (33.8%)**		
Rating	A	B	C
	7 (30.4%)	15 (65.2%)	1 (4.3%)

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Take Home Message

This customized EMR tool helps to:

- Identify vulnerable populations in family practice
- Standardize interdisciplinary malnutrition screening and assessment
- Capture outcome data in daily documentation

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