

CLINICAL AUDIT

Oral Nutritional Supplements



Prescribing of oral nutritional supplements in elderly people

Background

The role of oral nutritional supplements in elderly people was discussed recently in BPJ 15. There remains a lack of consensus in the literature regarding the benefits of these products so the best option for improving nutrition in elderly people is to enhance normal eating and drinking. Advice from a dietician is recommended to achieve this without the need for supplementation. A review of nutritional status for many elderly people may need to include discussion with family members/whānau.

For the majority of elderly people, oral nutritional supplements are used to supplement oral intake rather than to replace it. In some cases they are used as a complete food and the indications for this may mean that their need is ongoing.

Oral nutritional supplements are often used in a rest home setting and the nursing staff will need to be consulted about the levels of use, adverse effects, palatability and wastage.

To obtain a more complete picture of nutritional state, particularly for elderly people in long term care, the use of a special assessment tool such as 'MUST' or 'MNA' for qualifying nutritional status, can be useful. (see Appendix 1)

This audit does not include assessment of the role of supplementation by tube feeding.

Issues

Problems associated with the use of oral nutritional supplements may include:

- Reduction in the intake of normal food – when the use is generally intended to supplement normal eating and drinking
- Low palatability – some supplements may not be suitable for some people who may not like the taste and texture
- Adverse effects – usage of these products can cause adverse effects such as nausea and diarrhoea
- Wastage – it is estimated that up to a third of all product dispensed is wasted

For this audit, 'suitability' of the oral nutritional supplement includes an assessment of these issues.

Considerations for ongoing use of a supplement may include:

- Is the patient using the supplement?
- Is there any wastage?
- Is the original clinical indication still valid?
- Is the patient gaining weight?
- Has a dietician been consulted to assist with the nutritional planning for this patient?
- Could the patient be encouraged to adopt a diet that meets their energy needs, through the use of supermarket products or prepared meals?
- Is there a plan in place to gradually replace use of the supplement with a regular diet?

Focus

This audit is designed to help you:

- check that other options for increasing nutrition have been considered
- check that continued use of the oral nutritional supplement is providing benefit to the patient
- ensure the patient, family/whanau, carer understands the role of the nutritional supplement

Plan

Indicators

For patients over the age of 65 years who are prescribed oral nutritional supplements:

1. Advice has been obtained from a dietician to assess other options for increasing nutrition
2. Nutritional status and weight are monitored
3. The suitability and use of the nutritional supplement has been discussed with the patient, family/whānau or carers

Criteria

The notes of patients over the age of 65 years who are prescribed oral nutritional supplements show:

1. A record of an assessment by a dietician in which other options for increasing nutrition were considered
2. A record of BMI in the last six months and a record of monthly weights
3. The patient notes show a record of discussions with patient, family/whānau or carers where the suitability and use of the nutritional supplement was considered.

Standards

1. An assessment by a dietician is recorded in 75% of patient notes
2. There is a record of a calculated BMI and monthly weighs in the previous 6 months in 75% of the patient notes
3. A discussion with patient, family/whānau or carers regarding the suitability and use of the products has occurred and is recorded in 75% of the patient notes

Data

Which patients are included?

This audit should include patients over the age of 65 years who are prescribed an oral nutritional supplement. This will include both community based patients and those in long term residential care.

Identifying Patients

You may be able to identify patients by:

- Searching your patient records for patients who are over the age of 65 years and have been prescribed an oral nutritional supplement in the last six months. It is likely you will need to search using a list of branded supplements because generally these products are prescribed by brand names (see Appendix 2), or
- Include patients as they attend for a prescription or a request is received for a repeat of an oral nutritional supplement (e.g. from rest home staff), or
- Include patients who have been discharged from hospital on an oral nutritional supplement

Where should the data be collected from?

The data should be collected from the patient's notes. Because supplements are often initiated during hospital admissions, information may also be obtained from discharge summaries or hospital letters.

Sample size and type

Numbers of eligible patients will vary according to your practice demographics. It is recognised that some GPs will have very few patients over the age of 65 years who are receiving oral nutritional supplements. Most GPs will need to include all patients over the age of 65 years who have been prescribed an oral nutritional supplement to gain sufficient numbers to make useful conclusions about the use of these supplements. If there are many patients in your practice that qualify for this audit, then take a random sample of approximately 30 eligible patients.

What data should be collected?

For each eligible patient record:

- Name and type of oral nutritional supplement being used
- BMI recorded in the last 6 months (Yes/No)
- Monthly weigh to detect weight change (Yes/No)
- Assessment by a dietician has been recorded in the notes (Yes/No)
- Suitability of the supplement has been recorded in notes (Yes/No)

Note that 'suitability' for the purposes of this audit includes palatability, adverse effects and wastage.

The answers to these questions can be recorded in the data sheets.

Data sheet – cycle 1

Audit: Prescribing of oral nutritional supplements in elderly people

			BMI recorded in last 6 months	Monthly weigh to detect weight change	Assessment by a dietician has been recorded in the notes	Suitability recorded in notes
	Patient Name	Name and type of oral nutritional supplement being used	Yes/No	Yes/No	Yes/No	Yes/No
1						
2						
3						
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24						
25						
26						
27						
28						
29						
30						
Total						
%						

Data sheet – cycle 2

Audit: Prescribing of oral nutritional supplements in elderly people

			BMI recorded in last 6 months	Monthly weigh to detect weight change	Assessment by a dietician has been recorded in the notes	Suitability recorded in notes
	Patient Name	Name and type of oral nutritional supplement being used	Yes/No	Yes/No	Yes/No	Yes/No
1						
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21						
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26						
27						
28						
29						
30						
Total						
%						

Identifying opportunities for CQI

Taking action

The first step in taking action is to identify the criteria where gaps exist between expected and actual performance and decide on priorities for change.

Once priority areas for change have been decided on, an action plan should be developed to implement any changes.

The plan should assign responsibility for various tasks to specific members of the practice team and should include a timeline.

It is important to include the whole practice team in the decision-making and planning process.

It may be useful to consider the following points when developing a plan for action (RNZCGP 2002).

1. Problem solving process

- What is the problem or underlying problem(s).
- Change it to an aim.
- What are the solutions or options?
- What are the barriers?
- How can you overcome them?

2. Overcoming barriers

- Identifying barriers can provide a basis for change.
- What is achievable – find out what the external pressures on the practice are and discuss ways of dealing with them in the practice setting.
- Identify the barriers.
- Develop a priority list.
- Choose one or two achievable goals.

3. Effective interventions.

- No single strategy or intervention is more effective than another, and sometimes a variety of methods are needed to bring about lasting change.
- Interventions should be directed at existing barriers or problems, knowledge, skills and attitudes, as well as performance and behaviour.

Review

Monitoring change and progress

It is important to review the action plan against the timeline at regular intervals with the practice team. It may be helpful to discuss the following questions:

- Is the process working?
- Are the goals for improvement being achieved?
- Are the goals still appropriate?
- Do you need to develop new tools to achieve the goals you have set?

Following the completion of the first cycle, it is recommended that practices complete the first part of the CQI activity summary sheet (Appendix 3).

Undertaking a second cycle

In addition to regular reviews of progress with the practice team, a second audit cycle should be completed in order to quantify progress on closing the gaps in performance. It is recommended that the second cycle be completed within 12 months of completing the first cycle. The second cycle should begin at the data collection stage.

Following the completion of the second cycle it is recommended practices complete the remainder of the clinical audit summary sheet.

Claiming MOPS credits

This audit has been endorsed by the RNZCGP as a CQI Activity for allocation of MOPS credits. General practitioners taking part in this audit can claim credits in accordance with the current MOPS programme. This status will remain in place until August 2011.

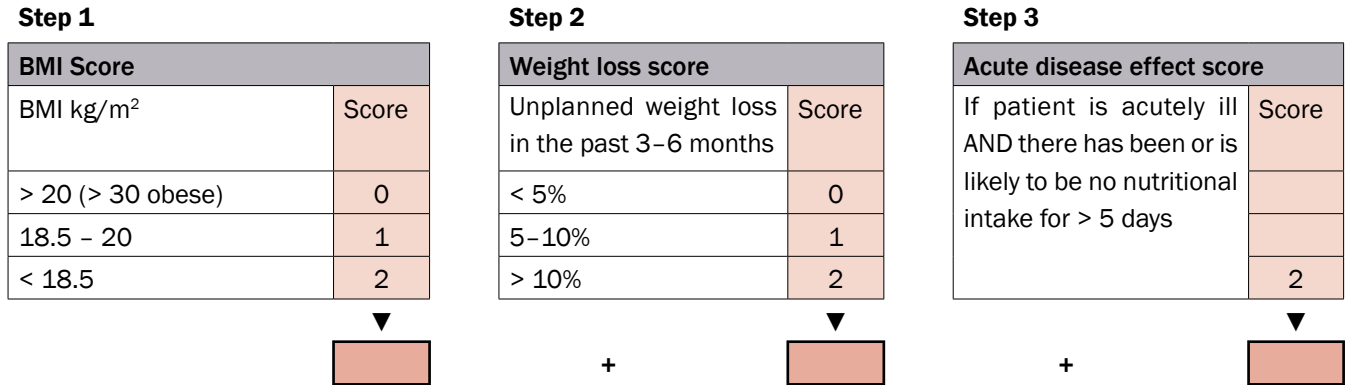
To claim MOPS points, you can indicate completion of the audit on the annual claim sheet, or alternatively you can go to the RNZCGP website, and claim your points at “MOPS online” at www.rnzcgp.org.nz

As the RNZCGP frequently audit claims you should retain the following documentation, in order to provide adequate evidence of participation in this audit:

1. A summary of the data collected.
2. A Continuous Quality Improvement Activity summary sheet (included as Appendix 3).
3. A certificate of participation, if this is an organisational activity. This is available from bpac if required.

Appendix 1: Assessment tools for malnutrition

1. MUST – Malnutrition Universal Screening Tool



Step 4

Overall risk of malnutrition: Add scores together to calculate overall risk of malnutrition

Score 0: Low risk

Score 1: Medium risk

Score 2: or more High risk

Step 5

Management guidelines

- Low risk – Routine clinical care with repeat screening at selected intervals e.g. weekly for hospital care, monthly for rest home care, annually for those in the community.
- Medium risk – Observe. Document intake for 3 days and take action if required, otherwise repeat screening at selected interval e.g. weekly for hospital care, monthly for rest home care, at least 2-3 monthly for those in the community.
- High risk – Treat (unless no benefit expected e.g. imminent death). Refer to dietician, improve and increase nutritional intake, monitor and review regularly e.g. weekly for hospital care, monthly for rest home care and those in the community.

Reference – www.bapen.org.uk

2. MNA – Mini Nutritional Assessment

The Mini Nutritional Assessment (MNA) was developed specifically for use in frail elderly people. Most measures used to assess nutritional state do not take into account existing disease states or other special requirements of elderly people.

The MNA form is available at www.mna-elderly.com. The full questionnaire consists of 18 questions and will take 15 to 20 mins to complete. The first six questions can be used as a screen for malnutrition.

For further reading refer to the original article:

Guigoz Y, Vellas B, Garry PJ. Assessing the nutritional status of the elderly: The Mini Nutritional Assessment as part of the geriatric evaluation. *Nutr Rev* 1996;54(1):S59-S65.

Appendix 2: Oral Nutritional Supplements used in elderly people listed in the NZ Pharmaceutical Schedule

September 2008

General Use

Fortisip
Fortisip Multi Fibre
Ensure
Ensure Plus
Sustagen Hospital Formula
Resource Plus
Isosource
Fibresource
Nutrison
Osmolite

Respiratory Product

Pulmocare

Diabetic Products

Diasip
Glucerna
Glucerna Select
Resource Diabetic

High Protein Product

Fortimeal

High Calorie Product

Two Cal HN

Renal Products (approval usually valid for three years)

Nepro
NovaSource Renal
Renilon
Suplena (only in undialysed end stage renal failure)

Appendix 3: RNZCGP Summary Sheet – CQI Activity

DOCTORS NAME

The activity was designed by (please tick appropriate box):

RNZCGP

Organisation e.g. IPA/PHO/BPAC (name of organisation)

bpac^{nz}

Individual (self)

TOPIC

Prescribing of oral nutritional supplements in elderly people

Describe why you chose this topic (relevance, needs assessment etc):

FIRST CYCLE (10 credits)

1. DATA

Information collected

Date of data collection:

Please attach:

- A summary of data collected **or**
- If this is an organisation activity, attach a certificate of participation.

2. CHECK

Describe any areas targeted for improvement as a result of the data collected.

3. ACTION

Describe how these improvements will be implemented.

4. MONITOR

Describe how well the change process is working. When will you undertake a second cycle?

SECOND CYCLE (10 credits)

1. DATA	Information collected
Date of data collection:	
Please attach:	
<ul style="list-style-type: none">▪ A summary of data collected or▪ If this is an organisation activity, attach a certificate of participation.	
2. CHECK	Describe any areas targeted for improvement as a result of the data collected.
3. ACTION	Describe how these improvements will be implemented.
4. MONITOR	Describe how well the change process is working.
COMMENTS	

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