

# A multi-disciplinary approach to improve identification, follow-up, and treatment of patients at risk for malnutrition in an internal medicine ward

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## Background and rationale

Malnourished patients have poor hospitalization outcomes. Low food intake during hospitalization causes worsening of nutritional status. Treatment of malnourished patients as well as prevention of nutritional deterioration includes: efficient screening for malnutrition, follow-up of dietary intake during hospitalization, and preparing and implementing a nutritional treatment program. Optimization of these treatments requires a multi- aspect and disciplinary intervention. Patients should be routinely screened upon admission using the Malnutrition Universal Screening Tool (MUST).

Phase I was mapping of the current situation. Results indicated that only 44% of patients underwent MUST screening with documentation of only 47% of meals with partial documentation for some meals, and artificial nutrition was provided to 17% of patients at risk for malnutrition. Problems of low screening rate, deficient follow-up and inadequate treatment are clearly demonstrated.

## Planned activities & deliverables

Phase II, the intervention phase, will include a multi-faceted intervention involving the medical staff, including nurses and doctors, patients and families.

Nurses will participate in workshops and undergo training on nutritional screening, follow-up and treatment. The workshops will reinforce feeding techniques and how to estimate the amount of food consumed. Pop-ups to remind the nurse of the need to perform nutritional screening will be integrated to the computerized medical file. A defined treatment protocol for patients identified at risk will be written and implemented. Doctors will be presented with the project and undergo nutritional training. All participants will take a pre-test before and a post-test upon completing the training.

Feedback will be given every six months for 24 months, regarding: screening, follow-up, nutritional diagnoses, and whether reference was made to nutrition upon discharge. Handouts will be given to patients and families emphasizing the importance of nutrition for recovery and rehabilitation.

Phase III will include a mapping of the patients status following the nutritional intervention. Parameters for improvement include: percentage of patients undergoing MUST screening upon admission, documentation of food intake during hospitalization, the feasibility of using a nutritional treatment protocol for patients at risk for malnutrition, reference to nutritional status on the patient problem list, and any recommendations for nutritional treatment or specific follow-up upon discharge.

## Resources & enablers

A project coordinator (8000 €), data collector (8000 €), statistician (1500 €), printing of educational material for staff, patients and families (10,000 €), institutional review board authorization (500 €), and presentation of the project in a professional congress including travel and expenses (2000 €).

**This is a multiphase, multidisciplinary project. Coordination and collaboration are of utmost importance for the project to succeed**

## Results/outcomes & expected impact

**This is a program to elevate screening performance, follow-up, and nutritional treatment by implementing a multi-faceted intervention. The intervention includes specific educational measures, feed-back and development of a nutritional treatment protocol for hospitalized patients at risk for malnutrition. The project aims to advance patient care by providing better nutritional care. Providing a specific nutritional protocol for patients at risk for malnutrition could influence nutritional policy. The educational curriculum, including the specific workshops, handouts to patients and families, and use of a nutritional treatment protocol could be widely used. If this program is proved to be effective it could be implemented in other medical wards, nation wide, and in other countries.**