OHIO MALNUTRITION SCREENING TOOL

Featuring :: Ainsley Malone, MS, RDN, LD, CNSC & Jay Mirtallo, MS, RPh, BCNSP, FASHP, FASPEN

TRANSCRIPT

Maura: Hello, and welcome to the Abbott Nutrition Health Institute podcast. I’m your host, Maura Bowen. For those of you who’ve been following our five-episode series on Malnutrition Awareness Week, thanks so much for listening, and welcome back. You’ve landed squarely at the beginning of Episode 4, and we’re about to get started.

Maura: If you’re just tuning in, let me quickly bring you up to speed: Since 2012, the American Society for Parenteral & Enteral Nutrition (ASPEN) has championed a week-long national, multi-organizational campaign designed to encourage healthcare professionals to identify and treat malnutrition earlier, and to encourage patients to discuss nutrition status with their healthcare teams.

Maura: It’s an important campaign, and to show our support, we’re talking about malnutrition every day on the podcast this week. So far, we’ve discussed the Malnutrition Quality Improvement Initiative—or, you may know it as MQii. We’ve also showcased grassroots action related to malnutrition in two states—namely in Massachusetts and Florida.

Maura: Today, though, I’m pleased to introduce Ainsley Malone (MS, RDN, LD, CNSC) & Jay Mirtallo (MS, RPh, BCNSP, FASHP, FASPEN), who are here to talk about some of the malnutrition programs working their way across ANHI’s home state of Ohio. Gotta love it when good work happens in your own back yard. Ainsley, Jay, welcome to the podcast today.

Ainsley: Thank you, Maura. And I’m really excited to be a part of this episode.

Jay: Yes, thanks, it’s great to be here.

Maura: First, since we’re talking about Ohio, I’d like to honor my own Midwestern roots by allowing you the chance to properly introduce yourselves. Can you each tell us a little bit about your backgrounds?

Ainsley: I’m Ainsley Malone, I’m a masters-prepared registered dietitian nutritionist. I’m a certified nutrition support clinician and have been working in the Columbus area for over 35 years. I work at Mt. Carmel Grove City here in Columbus, and I’m also a Clinical Practice Specialist with ASPEN. I also...am a fellow of the Academy of Nutrition & Dietetics, and also a fellow of ASPEN.

Maura: Great. Jay, how about you?

Jay: Hi, this is Jay Mirtallo. I’m a masters and also a pharmacist. I’m board-certified in nutrition support pharmacy. I’m also a fellow in American Society for Health-Systems Pharmacists as well as a fellow for the American Society for Parenteral and Enteral Nutrition. I’m Professor Emeritus at The Ohio State University, College of Pharmacy, and a Clinical Practice Specialist with ASPEN. I’ve practiced and taught nutrition to pharmacists over the past 40 years. I have specialty in public policy as well as safety of parenteral nutrition.

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Maura: Perfect, thank you both for that. So: Here we are in the middle of Malnutrition Awareness Week. We three had the chance to talk offline last week before this recording. And during that conversation, I was really struck by the energy behind your drive to reduce malnutrition across the state of Ohio. You made me think of something the practitioners around me talk about all the time, which is that one moment in their careers that compelled them to see therapeutic nutrition as something worth fighting for. What was that moment for you—or really, what were those moments—for you both? Does anything specific come to mind?

Ainsley: Well, I believe that I've kind of developed this passion for malnutrition through my many years of practicing, and how I've seen multiple instances of patients who have really become malnourished during their hospital course, just because the processes weren't necessarily in place to address their nutrition status. And I was able to really see how that significantly impacted their lives. You know, it's interesting, we've known about malnutrition since the 70s—and I know Jay can allude to and attest to this—since that landmark publication, “The Skeleton in the Hospital Closet” [1974, by Dr Charles E Butterworth, Jr], we've known it and recognized it for over 40 years, it still remains a major issue in our healthcare systems today. So, I really have become very passionate, and have become a very strong advocate to improve how we address malnutrition in all care settings. And my hope is that, in the next 40 years, we won't be, you know, experiencing the same prevalence issues and all the negative outcomes we've seen with malnourished individuals.

Jay: I completely agree with that, Ainsley. And I think that's kind of the shining moment for my career, in looking at—as a specialist in pharmacy, my main interest is parenteral nutrition. It's fascinating me how we could put nutrients into a fluid and infuse it intravenously in a person and nourish them. But while monitoring that therapy, it became apparent to me over time that, in the healthcare system and the healthcare practitioners really didn't have a good understanding of nutrition and how important it was to an individual’s disease and disease process. And as a result, I started thinking more and more about malnutrition as being one of the main focuses that seemed to be missing here. We could give the specialized therapies, but if we’re not paying attention to nutrition at the diagnosis of the disease, and during their disease process and management, as well as during the acute phases of their illnesses, then we’re missing the boat and probably not being as effective with the nutrition therapies we have, if people already have very serious nutrition issues to deal with once we get consulted. So it made me think more about malnutrition, and becoming passionate about malnutrition, as a whole issue going back to being sure that our systems are in place to identify people at risk, our clinicians are trained and competent to provide the nutrition care, or be able to refer them to individuals who can provide that nutrition care, and help incorporate that into our system as a thread that’s always there, just in the same way we would take a blood pressure or a pulse or a temperature. “How’s your nutrition status? How’s your diet going, along with managing your disease?”

Maura: You’re both part of the Ohio Malnutrition Work Group—which I think is an offshoot of the Ohio Malnutrition Prevention Commission, is that right? Ainsley, can you tell us more about the work group—how it evolved from the Commission, and how you became involved?

Ainsley: Well certainly, Maura. The Ohio Malnutrition Prevention Commission of which both Jay and I were fortunate to be participants of—that work completed in the spring of 2018. The Commission generated a report with about 19 recommendations. The Commission didn’t have any work...Once that report was finished and submitted, that was the end of the Commission’s work. There were a number of folks who felt it would be very important to create a work group to try to identify which of the recommendations could be addressed in a quick manner. And so, that’s really how the Ohio Malnutrition Work Group formed.

Ainsley: We chose to focus on the recommendation that requests that we integrate malnutrition care goals, such as malnutrition screening, assessment, education and intervention in local population health planning, such as chronic disease plans that are supported by data included in community health needs assessments.

Ainsley: So, we felt that, in the work you’ll be hearing about shortly, really is an offshoot to that specific recommendation.
**Maura:** How about you, Jay? What has been your involvement in the Commission, and now this Malnutrition Work Group?

**Jay:** I was originally asked to be on the Commission a couple of times, and thinking, “Since Ainsley’s on it, why do you need me? She’s the malnutrition expert; I’m a parenteral nutrition guy.” But, the main emphasis was my experience in public policy, as well as advocacy and doing observational research and projects related to implementing systems. So, I was asked to be on the Commission specifically to look at the research component of: If recommendations are being made, what kind of measures will we be able to look at to see that those recommendations or systems or actions we take are worthwhile.

**Maura:** You both have talked a little bit about the Commission’s key recommendations. Can you go into detail on what those are?

**Ainsley:** Sure, Maura, the Commission provided recommendations covering malnutrition education and awareness; data and evaluation; and prevention models on team-based care.

Two recommendations that were included that could be considered to have a community focus—I’m not going to read the full, entire recommendation—but one of them is to encourage healthcare community-based organizations and government agencies to support the expansion of evidence-based wellness programs for improving health outcomes related to malnutrition.

**Ainsley:** The second one that has application to the community, is to encourage a nutritional assessment and recommended intervention to be triggered for all patients who are identified as having nutrition risk via a validated screening tool.

**Jay:** The actual recommendations that are of particular interest to me relate back to my original responsibility of looking at research or measures. And one of those is to encourage the healthcare system to develop relevant quality measures for malnutrition. But also, then, look into programs that have effective malnutrition prevention, identification, diagnosis and treatment, as well as care transitions for older adults. We also have the charge from the recommendations for universities and academicians to start writing and generating best practices with relationship to nutrition, nutrition screening, screening recognition and making resources available to patients.

**Maura:** Ainsley, how did the work group determine the need to follow up on the recommendations from the Commission and address malnutrition in the state of Ohio?

**Ainsley:** We felt it would be necessary to create a smaller working group to really focus on some of the key recommendations, and this really should be done at the “local” level to begin to address some of the recommendations, the thought being that if we can have success here in Columbus with the work we’ll be doing, this could be shared with the other key areas of the state including Cleveland and Cincinnati and some of the other larger cities as well.

**Maura:** Jay, can you tell us a little bit about what has the group done so far to address malnutrition?

**Jay:** One of the key facts is that the group has been kept engaged by having periodic meetings discussing the results of the Commission and what actions we could take forward, and more specifically how it would look with regards to our community here in Central Ohio, again looking at this as the point where we could potentially make some inroads with what we want to accomplish, and then share that then with other people around the state as well as around the nation. So, I think that’s really what we’ve been trying to do. The nice thing is that the meetings have continued, the people have remained engaged—it feels like in every meeting, we’re moving closer to being able to implement some of the things that were recommended in the Commission’s report.
Maura: Jay, you mentioned last week in our offline conversation that the work group created the Ohio malnutrition screening tool to fill a specific gap? Can you speak to that gap a little bit? Then, can you explain how the tool was developed and how it works?

Jay: It’s interesting. It seemed like in our discussions, the same issue kept coming to the surface, and that was the absence of good communication of the nutrition needs of patients as they moved through the healthcare system. The interesting thing is that, in the hospital, screening happens, and if the screening is positive, a nutrition assessment is done by a dietitian and a nutrition care plan is established. But it was just astounding to me to find that this great work is hardly ever transmitted to the community once the patient is discharged, whether they go home or go to an extended care facility. Talking to our community people providing nutrition resources, really saying that work had to be repeated in order for that to follow. We felt that was a gap that needed to be corrected. So that’s one of the things we really looked at.

Jay: Looking at one of the things we might really be able to impact was, what about a screen that can assess individuals at risk for malnutrition or at risk for food insecurity. We spent the next year working on developing a tool that had a screen for both, which is kind of unique, because all the studies before either looked at nutrition screens or nutrition risk in one pot, and in the other pot they looked at food insecurity. But very really if ever did they put both together. We finally came up with a means of identifying a tool we thought worked for us, but also thinking too about who would use this tool, and if they identified someone that’s positive, meaning they’ve got malnutrition risk in some form, what would they do with it, realizing that might not be a dietitian, or a social worker that has resources or been trained to [take action].

Jay: We also worked along with providing information on that screen—what to do if there’s a positive result—referring back to a dietitian or referring to the community food services that are available. That was one of the things we wanted to make sure of, so we could hopefully close that loop on not only identifying risk but hopefully providing some resources for the patient to follow up on.

Maura: This is a fairly new tool, right?

Ainsley: As Jay has described, this tool is in the process of being piloted, or will be piloted with Charitable Pharmacies—and that is through the leadership of Jay. The tool will, in addition to performing the screen itself, it will provide information on community resources, both from the food insecurity standpoint, as well as from a nutrition standpoint. So, the goal really is to implement screenings and then determine how the organizations can develop processes to link those at risk to local services and providers. As Jay mentioned, currently, that doesn’t happen. Patients leave the hospital, and unless there’s a specific nutrition plan of care outlined by the transferring physician or the discharging physician or provider, there really is no next step in terms of nutrition care for those individuals.

Ainsley: One other thing: The work group has support from the Ohio Academy of Family Physicians who we will be partnering with in early 2020 to implement this nutrition and food insecurity screening tool, with some of their members. We’re really hopeful this will lead to a larger implementation overall within the city of Columbus and beyond.

Maura: Ainsley, you started to answer part of this question a minute ago. It’s funny, because it’s the same question I asked our Massachusetts experts earlier this week: And it is that, while there’s certainly value in screening for, identifying and providing introductory education about malnutrition—I mean, that has to be the first step—what should happen after that? What are some ideas to help patients, families and caregivers feel empowered and motivated enough—and knowledgeable enough—to ensure they receive ongoing support that can improve their dietary intake and their nutrition?

Jay: The patients, families and caregivers really need to recognize that anyone who has a disease or has become
elderly is at risk of malnutrition. Quality nutrition care is important to the management of disease and a person’s ability to respond successfully to medical treatments. In the healthcare system, the patient, which means the family and caregivers are the best advocates for nutrition care. Bring your questions, concerns to your health care provider, assure a nutrition care plan is established and communicated to all healthcare providers involved with your care. Stay on top of – your nutrition health. It’s a life-long journey with many paths to choose – find the one that works for you and stay with it.

**Ainsley:** I would nearly echo Jay’s comments about patients and families being their own nutrition advocates. You know, the more vocal they are, the more they understand about their nutrition and what they’ve been experiencing from a nutrition perspective, the more vocal they can be with their providers and care teams. I think a good example of this—and Jay, I know you can agree with this—is that other countries, such as the UK, have had a long-standing effort nationally to address malnutrition, and they’ve really educated the lay folk—the patients, consumers and their families—and so you see articles in the lay press about malnutrition—which we don’t see a whole lot here in the US. So I think that, as we educate our patients and our consumers about how important addressing their nutrition status is, those individuals can be more vocal with their providers and ask, “why is my nutrition not being addressed?” I think that really helps to raise the bar for everyone providing nutrition care.

**Maura:** What do you each have planned for Malnutrition Awareness Week?

**Ainsley:** I’m going to be working with my health care system to promote all of the impressive continuing education events being held during the week.

**Jay:** I’m going to stay on track with my original objective in this whole process, and still work with Charitable Pharmacy, seeing how we can implement the screening tool in their system of evaluation of individuals coming in for care in the organization, and seeing if we can help achieve their objective, which is helping their patients connect with the community services. It’s very exciting for me to know we both have the same interest and desire to do that. So, it’s been a good fit for us to think about this group to do this as a trial. And hopefully we’ll have some information to take with us in 2020, to the Ohio Academy of Family Physicians, to give them ideas of how they can implement this system as well as measure how effective it is for them.

**Maura:** Before we wrap up, I wanted to ask if you have any parting words or bits of advice to share with our listeners before we sign off for today?

**Ainsley:** I just have one quick thing: Continue to spread the word about malnutrition to your colleagues and to the clients and patients with whom you work.

**Jay:** And I hope you will really recognize how important nutrition is to your health and quality of life.

**Maura:** Thanks so much, Ainsley and Jay, for your time today. We appreciate it so much. And we hope you’ll come back and talk to us again next year for an update.