

## Involving Everyone in Nutrition Care

Everyone has a role to play in improving nutrition care. Here are a few examples of how ALL staff can be involved.

### Leadership

- Select/help recruit champions and a small implementation team
- Redefine roles for champion or other key change agents (e.g. staff member to collect audit of practice)
- Provide/second any necessary resources (e.g. quality improvement expert, IT)
- Clearly support changes, trust the implementation team
- Where required, support the implementation team by addressing resistance to change and overcome resistance by being involved in meetings with opinion leaders
- When a change is successfully implemented, standardize the process through onboarding of new staff, changing policy and procedures
- Highlight successes of the INPAC implementation team and units that have met targets for improved nutrition care
- Recognize that spread of INPAC throughout the hospital and beyond (i.e. regionally) will require each unit/hospital to tailor each INPAC activity as needed and undergo a change management process

### Physician

- Support the implementation of INPAC and specifically screening an assessment with subjective global assessment (SGA) to diagnose malnutrition
- If a physician order is needed for dietitian referral, provide a referral to a dietitian for patients identified to be at nutrition risk from the screening process
- Understand the malnutrition diagnosis provided by the dietitian (including scores based on the SGA) and plan care accordingly
- Order liberalized diets
- Say No to NPO
- Order Medpass (oral nutritional supplement)
- Avoid visiting during meals to decrease interruptions
- Encourage the patient to eat to promote their recovery
- Consider supplemental enteral or parental nutrition when intake is expected to be low for more than a few days

*This resource is based on the Winnipeg Regional Health Authority, Find – Feed – Follow model. It is also a result of the collaboration of the hospital sites, researchers and stakeholders participating in the More-2-Eat study.*

- Consider socioeconomic issues that may have lead to malnutrition at discharge and refer to appropriate community services
- Diagnose and document malnutrition, when applicable
- Include malnutrition and treatment plan in the discharge note to facilitate the transition of care

## Nurse

- Screen patients for nutrition risk
- Monitor food intake and take appropriate action for low intake
- Encourage food intake
- Decrease barriers to food intake, such as position patients to eat, opening packages, clearing bedside tables, etc.
- Provide eating assistance when appropriate
- Decrease mealtime interruptions for not-urgent/non-meal related visits
- Encourage patient family and friends to visit during mealtimes
- Support family/friends to bring food from home if patient is not eating well
- Assist with obtaining admission weight and monitoring weekly weights

## Dietitian

- Include SGA result as part of the nutrition assessment
- Identify and document malnutrition
- Determine the nutritional care plan
- Order Medpass (oral nutritional supplement)
- Order liberalized diets
- Be visible on the unit, including at mealtimes
- Conduct/recommend required assessments to further define specialized nutrition care plan (e.g. swallowing, self-feeding ability, biochemistry etc.)
- Advocate for improved nutrition care
- When implementing change processes, provide support by auditing care processes and feeding results back to the team
- Champion implementation of the Integrated Nutrition Pathway for Acute Care (INPAC); educate and raise awareness of nutrition
- Work with other disciplines to establish a discharge plan and arrange relevant community support

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## **Health Care Aide/Assistant**

- Monitor food intake and take appropriate action for low intake
- Encourage food intake
- Decrease barriers to food intake, such as position patients to eat, opening packages, clearing bedside tables, etc.
- Empty commodes before meals; provide assistance to the patient to the washroom before meals, and to wash their hands
- Provide eating assistance when appropriate
- Encourage patient family and friends to visit during mealtimes
- Support family/friends to bring food from home if patient is not eating well
- Assist with obtaining admission weight and monitoring weekly weights
- Communicate patient food preferences to the food service department

## **Pharmacist**

- Support and facilitate medpass (oral nutritional supplement) program
- Screen patients for drug-nutrient interactions
- Optimize medications when intake is poor (to reduce nausea, vomiting, diarrhea, constipation, pain etc.)
- Collaborate with nutrition support team

## **Occupational Therapist**

- Identify patients who may have physical and/or cognitive impairments that will limit their ability to open food packages, feed self or to prepare food; inform relevant staff if problems are identified and develop a care plan
- Position patient appropriately for mealtimes and assist with opening food packages if present before a meal starts
- Educate/practice with patient and or staff/caregivers regarding the proper position for eating, use of adapted utensils, how to open food packages, walker safety in the kitchen etc.
- Work with other disciplines, including dietitians, to establish a discharge plan to address acquiring groceries, meal preparation, adapted equipment, positioning, environmental set up and support persons as needed

## **Physiotherapist**

- Identify patients with poor muscle mass likely to be related to malnutrition

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- Consult dietitian if mobility is a concern that may be related to malnutrition
- Encourage patients to get out of bed to eat meals
- Position patient to eat and assist with opening food packages if present before a meal starts
- Support the team by walking the patient to get an admission or weekly body weight
- Work with other disciplines, including dietitians, to establish a discharge plan and arrange relevant community support

### **Social Worker**

- Identify patients at nutrition risk (food security; grocery shopping done by others; supports required for cooking, etc.)
- Work with other disciplines, including dietitians, to establish discharge plan and arrange relevant community support

### **Speech Language Pathologist**

- Assess swallowing function and suggest diet consistency appropriate for swallowing function
- Recommend least restrictive diet consistency that will maintain swallowing safety and adequate oral intake
- Work with other disciplines, including dietitians, to establish a discharge plan and arrange relevant community support

### **Food Service**

- Procure/develop nutrient dense food options
- Procure nutritionally adequate and appealing food
- Consider the cultural preferences of patients when developing menus
- Ensure food is available throughout the day
- Enable food to be kept on the unit outside of foodservice hours of operation
- Ensure food is delivered on time to preserve food temperature and so family and friends can arrive at the correct time to support patient's intake
- Obtain food preferences when applicable
- Monitor food intake when applicable
- Ensure presentation of food is appetizing

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## **Diagnostic Imaging/Laboratory Services/Other diagnostic activities**

- Avoid conducting diagnostic procedures during mealtimes

## **Environmental Services**

- Avoid cleaning rooms and floors on the unit when meals are being served
- Encourage patient and family to keep the bedside table clear for meal trays
- Encourage patient and family to keep unconsumed food in the unit fridge

## **Patient**

- Tell nurses and doctors if you have lost weight unintentionally and are eating less than normal
- Tell a nurse if you are on a special diet
- Ask for help with setting up your meal tray and opening your food packages
- Aim to eat as much as possible from your meal tray
- If you do not like the food, ask your health providers for other options
- Ask health care providers who come at mealtime for assessments/tests/treatments to come back later so you can finish eating
- If you are not feeling well and have a poor appetite, discuss this with your health care providers

## **Family and Friends**

- Talk to the nurse or doctor if your family member/friend has lost weight and has been eating less than normal
- Assist your family member/friend with setting up their meal tray and opening food packages when you are available
- Encourage the patient to eat as much as possible from their meal tray (especially the high calorie and protein foods)
- Bring in their favourite foods at meal time if the patient is not eating well

## **Volunteer**

- Decrease barriers to patient food intake by opening their packages
- Encourage the patient to eat as much of their meals as possible (especially the high calorie and protein foods)
- Provide a friendly chat during meal times

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