

# Rural Community Hospital Takes Big Strides in Raising Malnutrition Awareness



Suzanne Fleming, MS, RDN, LD, had a number of very specific and ambitious goals in mind when she became an Ambassador for ASPEN Malnutrition Awareness Week™ (MAW) 2021.

Suzanne is the only registered dietitian for inpatients and outpatients at the 49-bed McPherson Hospital in rural

Kansas. “I wanted our providers, nurses, and pharmacists to have access to evidence-based guidelines and support for malnutrition screening, diagnosis, and interventions.”

“I also wanted the commitment and follow-through from administration to implement some ‘next steps’ in malnutrition awareness,” she added. “I hoped to use the campaign as a launching point for a Malnutrition Quality Improvement Initiative (MQii) at our hospital, and this was a nice way of formalizing it.”

## Homework and Groundwork

First, Suzanne combed the ASPEN website for support materials and read the success stories of past MAW Ambassadors. Next, she set about getting permission and support from seven hospital administrators and department heads, ranging from nursing and pharmacy to medical/surgery and quality improvement. Through the presentations she gave, Suzanne gained not only their approval but also their active participation in MAW events.

## Raising Staff Awareness—and More

Suzanne then implemented a comprehensive, multipronged awareness campaign targeting specific audiences.

“I created different presentations for the nursing staff, tailored to their role in identifying and preventing

malnutrition. Each presentation emphasized the importance of a multidisciplinary team and how each role contributes to making nutrition an integral part of patient care.”

For clinic nurses, Suzanne focused on early identification of malnutrition to help prevent hospitalizations and why it is necessary in the primary care setting.

The presentations for acute care nurses centered on the significance of identifying malnutrition on admission so that interventions could be implemented then.

Not satisfied with just providing the nursing staff with information, Suzanne received approval for the Malnutrition Screening Tool to be integrated into McPherson’s electronic medical records for the clinic and acute care nurses to utilize.

From there, Hannah Huber, Senior Informatics Analyst at McPherson, took over and built the tool into the hospital and clinic medical records, making nutritional screening part of acute and clinical nursing procedures.

For clinic providers, a personal introduction was given on the Malnutrition Screening Tool that their nurses would be using. Resources were also provided on what to do when patients screened at high nutritional risk.

Suzanne emailed providers about ASPEN’s webinars and continuing education during MAW and encouraged them to attend. She also created a bulletin board on malnutrition facts targeted toward nurses and hospitalists on the Med/Surg floor.

## Immediate Results

Within the first week after her MAW presentation to primary care providers, Suzanne saw a significant increase in outpatient referrals for malnutrition and unintentional weight loss.

“Our hospitalists’ orders for dietitian consults for ‘malnutrition’ and ‘unintentional weight loss’—which are commonly overlooked—have increased following this campaign,” reported Suzanne.

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*- Suzanne Fleming,  
MS, RDN, LD  
McPherson Hospital*

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McPherson's Med/Surg and ICU nurses now use the Malnutrition Screening Tool at admission. Nursing staff prioritize dietitian orders by ensuring accurate and regular documentation of patient weights to monitor trends.

Her efforts forged a strong partnership with the hospital's general surgeons in caring for GI patients. "I have their support, and we present a unified team by prioritizing nutrition, resulting in better surgical outcomes," said Suzanne.

Suzanne observed that the hospital staff responded well to stories and specific examples of how nutrition can positively impact patient care as well as how malnutrition contributes to poor outcomes.

"At the end of the day, physicians, nurses, and pharmacists genuinely care about their patients. Rather than giving a provider a directive that they perceive as added workload, the MAW campaign provided a framework for why malnutrition is so important. For the Med/Surg and ICU nurses especially, this framework highlighted how addressing malnutrition risk factors saves time for the provider by positive contributions to better outcomes," Suzanne said. "Clinician understanding of the 'why' shifted their perspective from one of resistance and increased workload to one of increased understanding and alignment of goals toward patient outcomes."

### Reaching Clinic Patients—Food for Thought and to Enjoy

To educate McPherson's outpatients, Suzanne again used a multipronged approach.

Outpatients entering McPherson's clinic were greeted by a display table with handouts on malnutrition, free samples of protein shakes, and healthy snacks.

"Our local enteral formula manufacturer sales rep provided samples of protein shakes and stacks of patient education handouts. I used these and other handouts on malnutrition awareness from ASPEN and the Canadian Malnutrition Task Force. I put healthy snacks—like trail mix with mixed nuts (without peanuts) and banana chips—together in



Pictured left to right: Ken Hoover, Director of Pharmacy; Suzanne Fleming, Registered Dietitian; Charity Clark, Chief Clinical Officer; Sarah Baker, RN, Director of Nursing for Med Surg/ICU; Hannah Hitt, Clinic Quality Analyst. Not pictured: Rachae Pearcy, Director of Physician Clinics and Tabitha Weikle, Clinic Nursing Director

our hospital kitchen. I restocked the snacks and protein shakes every day that week, and it received a lot of positive feedback from both patients and clinic staff," reported Suzanne.

Suzanne took her information campaign a step further. She received permission to hang MAW posters describing the signs and symptoms of malnutrition in every exam room in the clinic.

She knew that both patients and clinic staff couldn't miss seeing the posters, thereby doubling the reach of each message.

### Message Received and Action Taken

"I had at least one clinic patient where I know action was taken as a direct result of the information provided. A caregiver who brought his elderly mother in for an appointment read the posters and information at the display table and told the provider that his mother met all the signs of malnutrition. She was then appropriately referred to a dietitian for targeted intervention," said Suzanne.

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## Reaching Out to All Hospital Employees

Suzanne sent daily emails to all hospital employees with brief “Did You Know?” facts about malnutrition. On the last day of MAW, she included a link to patient success stories from the ASPEN website about nutrition support, with the intention of “normalizing” home tube feeding and PN.

Working with McPherson’s marketing director, she also posted those daily facts on the hospital’s Facebook page and wrote an article about malnutrition awareness for the hospital’s newsletter.

“I received positive feedback from the emails. Even our PRN surgeons found value. One asked me if I would do monthly email blurbs about malnutrition.”

## Continuing the Momentum

Bolstered by her success, Suzanne sees MAW as an ongoing campaign.

“I plan to expand on MAW and emphasize key points throughout the year. For example, in March—which is National Nutrition Month—our hospital is going to do a food drive for our local food bank. MAW highlighted the importance of nutrition as a human right, and I plan to incorporate that with statistics on food insecurity and how it contributes to malnutrition,” explained Suzanne.

She is also continuing her efforts with IT, nursing, and the hospital administration to integrate the Malnutrition Screening Tool into the standard clinic workflow, so nurses see it as a benefit rather than a burden.

## Fighting Obstacles

“Even with as much buy-in as I have, there are still challenges,” said Suzanne. “There are quality physicians who provide excellent care but do not always understand the value of frequently assessing patient weights.”

“MAW helped me bring evidence-based guidelines and recommendations to our providers to give credence to what I advocate for.”

In addition to occasional internal challenges, Suzanne is frustrated by current Medicare rules that don’t cover outpatient dietitian counseling for malnutrition or diagnoses that can result in malnutrition, such as anorexia.

“I find myself in the uncomfortable position of promoting the importance of nutrition intervention to populations such as the elderly, who are at increased risk. Yet, when physicians refer them to me, the patients are not always willing or able to come in since Medicare does not cover services and many are on a fixed income,” Suzanne explained.

She recognizes that expanding Medicare rules will take the active support of the entire healthcare industry—and she’s ready to do her part. ([See what ASPEN is doing.](#))

## Just the Beginning

Suzanne has even more plans for MAW 2022.

For one, she wants to continue her focus on increasing public awareness of malnutrition. “Because there didn’t seem to be much engagement with posts on our Facebook page or website,” Suzanne said, “I’d like to ask our local radio station to possibly host an on-air discussion on the topic of malnutrition with one of our physicians.”

There’s little doubt that you’ll be hearing more from McPherson, Kansas.

### Professional Medical Organizations and Medical Advocacy/Special Interest Groups:

Become an ambassador and join ASPEN in educating colleagues, patients, and other professionals on the consequences of malnutrition.

Ambassadors get complimentary access to the Malnutrition Awareness Week educational webinars and resources and a promotional toolkit to get the word out.

Visit [nutritioncare.org/MAWPartners](https://nutritioncare.org/MAWPartners) to learn more and become an Ambassador.

Visit [nutritioncare.org/Malnutrition](https://nutritioncare.org/Malnutrition) for resources to help clinicians detect, diagnose, prevent, and treat disease-related malnutrition.