

OASIS Alert

Outcomes: Ignore Nutritional Needs And Outcomes Will Suffer

Key: Paying for a nutrition consult can be cost effective.

By not assessing your patients' nutrition, you may be shooting yourself in the foot.

Many home care patients have diagnoses that include a nutritional component. Nutrition is also a standard part of treatment for numerous chronic conditions that affect the elderly - such as diabetes and heart disease, said registered dietician Dr. **Jody Vogelzang** presenting for **OASIS Answers Inc.** at a June 9 teleconference sponsored by the QIO **Texas Medical Foundation.**

"Forty percent of the frail homebound suffer from protein and energy [calorie] malnutrition," Vogelzang noted. Despite these facts, nutritional needs are not directly assessed with the OASIS instrument, she told listeners.

Problem: Home health agencies have a perfect opportunity to observe and affect a patient's nutritional status, experts agree. But "older adults with nutrition needs might be overlooked because Medicare beneficiaries must be screened using the Outcome and Assessment Information Set," warns the **American Dietetic Association** position paper "Nutrition Across the Spectrum of Aging," published in April.

A study of the nutrition screening and assessment indicators on the OASIS and agency instruments found that patients "determined to be at nutrition risk were not consistently referred to a dietetics professional," the ADA states.

Watch for: Nutritional support, including adequate calories, protein, vitamins and minerals is vital for wound healing, says wound care specialist **Dorothy Doughty** from **Emory University** in Atlanta. Glucose control in diabetics also affects wound healing.

Neglecting nutritional status will make consistently achieving good outcomes difficult, Vogelzang emphasized. Besides delaying healing of pressure ulcers or surgical wounds, poor nutrition contributes to repeated urinary tract infections and increases the incidence of re-hospitalizations, she said.

Remember, "a malnourished adult is expensive to care for," Vogelzang stressed. Yet a major study showed "only 20 percent of people 65 years and older had good diets," she noted. In fact, the proven value of nutrition consultations in lowering the cost of health care has resulted in Medicare agreeing to cover the cost of this service for certain diseases, she added.

What to do: Instruct clinicians on the link between nutrition and outcomes. Teach them how to gain nutrition information indirectly from a number of OASIS M0 items. Screen at-risk patients for nutrition problems and refer to dietitians for further evaluation and intervention.

Note: To read the position paper, go to the ADA Web site at www.eatright.org.