Ensuring Adequate Nutritional Intake While Reducing Oral Nutritional Supplement Wastage


Background:
- Nutritional supplements (ONS) are ordered by the medical team for patients who are malnourished with the intent to improve their nutritional status. ONS can also be requested by the patient. However, there is a proportion of patients who do not consume the supplements for various reasons, such as lack of appetite. Consequently, ONS accumulation and wastage follow. The problem is exacerbated by limited follow-ups and overprescribing.
- The Nutrition and Food Services’ drafted a priority Provincial Strategic Improvement Plan to reduce ONS wastage. Evidence of waste is supported by the Patient Food Services Financial Report demonstrating OAH spent $0.78 per inpatient day more on enteral supplementary RMs than RAN in 2017.

A quality council/mta council meeting was held between the UAH GIM units (SD2, SD3, SD4, SE1, SE2) in November 2017 after front-line staff raised concern regarding ONS accumulation. In the same month, a change had been implemented through CBORO to prevent the system from automatically re-prescribing patients’ dietary orders from prior to admissions. As well, staff on the UAH GIM units became aware of the accumulation and increased their vigilance when prescribing or follow-ups with patients. These interventions have reduced ONS accumulation seen presently. Ex. Unit SD3: “6 months ago, 1/8 beds had 4 unopened ONS bottles/bag. Now 1/18 beds have excess ONS remaining in room.”

Problem - April 4, 2018:
- ONS accumulation and subsequent wastage continues to be seen on GIM units. The waste increases cost with little impact of patients’ nutrition status. A baseline audit in the five GIM units on March 16th 2018 indicated there were 8 Ensure bottles found unopened at bedside. Ensure bottles range from $0.56-$0.83 per bottle, therefore the waste can reach $135-$195 monthly in GIM alone. Nutritional supplements stored in non-patient room areas on the unit were not accounted for during initial baseline audit. However, a random audit was conducted on two separate dates and a total of 8 bottles were found in the five units in staff areas such as the fridge.

Aim Statement:
- By Dec. 31st 2018:
  1) Decrease 75% of unopened ONS bottles on each GIM unit and decrease 25% of ONS spent on each GIM unit.
  2) Max 1 unopened bottle will be present in each patient room in GIM units.
  3) 100% of identified malnourished patients who are prescribed ONS with a dietitian consult will be followed up by dietitian on the unit SD3.

Team Members: Physician, Dietitian, Unit Managers, Nurses, Food Services Manager, Patients, Quality Improvement Consultants.

Collaboration and Communication Strategies:
- Project team included two pharmacy managers, internal medicine unit quality managers, dietitian, physician, and food service managers.
- A one-page summary to heighten intervention awareness was developed and posted on the inpatient general internal medicine unit quality boards.
- An ordering job aid was created to assist with mindful prescriptions supplementing by the patient’s care team.
- In 2018, Project from the unit champion arose sharing the project aim and planned intervention which assisted with change awareness and acceptance.
- Patient education handout was created to improve understanding of nutritional supplements

Governance:
- Project team included two pharmacy managers, internal medicine unit quality managers, and quality improvement consultants.
- A quality council/mta council meeting was held between the UAH GIM units (SD2, SD3, SD4, SE1, SE2) in November 2017 after front-line staff raised concern regarding ONS accumulation. In the same month, a change had been implemented through CBORO to prevent the system from automatically re-prescribing patients’ dietary orders from prior to admissions.
- As well, staff on the UAH GIM units became aware of the accumulation and increased their vigilance when prescribing or follow-ups with patients. These interventions have reduced ONS accumulation seen presently. Ex. Unit SD3: “6 months ago, 1/8 beds had 4 unopened ONS bottles/bag. Now 1/18 beds have excess ONS remaining in room.”

Problem - April 4, 2018:
- ONS accumulation and subsequent wastage continues to be seen on GIM units. The waste increases cost with little impact of patients’ nutrition status. A baseline audit in the five GIM units on March 16th 2018 indicated there were 8 Ensure bottles found unopened at bedside. Ensure bottles range from $0.56-$0.83 per bottle, therefore the waste can reach $135-$195 monthly in GIM alone. Nutritional supplements stored in non-patient room areas on the unit were not accounted for during initial baseline audit. However, a random audit was conducted on two separate dates and a total of 8 bottles were found in the five units in staff areas such as the fridge.

Aim Statement:
- By Dec. 31st 2018:
  1) Decrease 75% of unopened ONS bottles on each GIM unit and decrease 25% of ONS spent on each GIM unit.
  2) Max 1 unopened bottle will be present in each patient room in GIM units.
  3) 100% of identified malnourished patients who are prescribed ONS with a dietitian consult will be followed up by dietitian on the unit SD3.

Team Members: Physician, Dietitian, Unit Managers, Nurses, Food Services Manager, Patients, Quality Improvement Consultants.

Collaboration and Communication Strategies:
- Project team included two pharmacy managers, internal medicine unit quality managers, dietitian, physician, and food service managers.
- A one-page summary to heighten intervention awareness was developed and posted on the inpatient general internal medicine unit quality boards.
- An ordering job aid was created to assist with mindful prescriptions supplementing by the patient’s care team.
- In 2018, Project from the unit champion arose sharing the project aim and planned intervention which assisted with change awareness and acceptance.
- Patient education handout was created to improve understanding of nutritional supplements