

Post Surgical Nutrition Protocol for Elective Total Hip Replacement and Total Knee Replacement Surgery Patients

AIM Statement

The Total Joint Collaborative Committee will reduce hospital readmissions of elective total hip and total knee replacement surgical patients at all MHS hospitals through the use of a post surgical nutrition protocol. We will have post-op diet and oral nutrition supplement initiation for 90% of all patients within 8 hours of surgery by July 31st.

We will provide oral nutrition supplements and diet education at discharge to 90% of patients by July 31st.

Change Management

- What was your experience with change management?
 - This project was an overall simple to roll out. When Nutrition Services became involved, the surgeons and Joint Collaborative Committee had already been primed by the Careline Director and SVP of Quality Management regarding the intent to add a nutrition component to their overall Joint Surgery Bundle
- Did the team need a great deal of change management?
 - Change management was primarily needed in regards to explain the “why” behind the use of the ONS and alignment between all disciplines in communicating the importance of consumption to the patient, as well as documentation of consumption by RN/CNA staff.
- How did you handle it?
 - We provided education for staff, attended staff huddles, and hung posters explaining the program. Provided contact information for additional questions and feedback.

PLAN

▶ Current State:

- ▶ Patients are NPO or on clear liquid diet post-operatively with variable diet advancement dependent upon subjective information by RN
- ▶ Patients are not provided ONS or any education regarding the need for adequate nutrition intake and consumption of high quality protein sources
- ▶ No discharge nutrition education or interventions are provided to patient

PLAN

- ▶ Expected Future state:
 - ▶ Patients will be started on full liquid or general diet post-operatively and ONS BID
 - ▶ Patients will receive oral nutrition supplements on their meal trays BID.
 - ▶ Encouragement by RN and nutrition staff to consume supplements and documentation of % consumed or refusal in EPIC.
 - ▶ Nutrition education will be provided with handout
 - ▶ ONS will be sent home with patient to consume BID for first 12 days of post-discharge

Baseline or Collected Data

- ▶ Baseline Data was not collected as zero patients were receiving a standard post-operative nutrition plan of care.

DO

Implementation Plan

- ▶ Coordination of project between disciplines was managed by the assigned project coordinator
- ▶ Communication with MD/Surgeons was facilitated by the Joint Collaborative Careline Director
- ▶ Initiative Driver and Final Rule - Senior VP of Quality Management
- ▶ Creation of Post-Op Order Sets
- ▶ ONS supplement Inventory
- ▶ Supplement Delivery to Patients -Education to NS staff
- ▶ Post-op Education and delivery of ONS for home use -Education of RD staff

DO

Post-Surgical Protocol

- ▶ MD Role:
 - ▶ Order Nutrition Consult for Nutrition education and ONS (pre-checked in order set)
 - ▶ Order Full Liquid or General diet ordered for post-op diet (pts not starting on clears)
- ▶ RN Role:
 - ▶ Advance diet as tolerated from full liquid to regular textured diet per MD order
 - ▶ Encourage consumption of meals and ONS
 - ▶ Document % of consumed meals and ONS in EPIC Daily Care flow sheet

DO

Post-Surgical Protocol

- ▶ Nutrition Services Role:
- ▶ Keep PAR levels stocked of ONS in kitchen
- ▶ RD to order in EPIC if missed by MD or pre-checked order doesn't come through
- ▶ RD or host to enter ONS order in Computrition- RD can delegate to host if host has time to complete
- ▶ ONS to come up on trays or delivered between meals by host
- ▶ RD and Host to encourage consumption of meals and ONS

DO

NUTRITION

▼ DIET

- DIET FULL LIQUID
Routine, START NOW starting Today at 1115 Until Specified
Base Diet Type? Full Liquid
Postprocedure, Sign & Hold
- DIET GENERAL / AGE APPROPRIATE
Routine, Postprocedure
- DIET - High Fiber
Routine, Postprocedure
- DIET CARB CONTROL - STANDARD
Postprocedure
- DIET CARB CONTROL - HIGH
Postprocedure
- DIET CARB CONTROL - LOW
Postprocedure

▼ DIET INSTRUCTIONS

- O ADVANCE DIET AS TOLERATED
Routine, CONTINUOUS starting Today at 1115 Until Specified, Postprocedure, Sign & Hold
- DIET PO SUPPLEMENT - Boost Compact
Routine, START NOW starting Tomorrow at 0400 Until Specified, Postprocedure, Sign & Hold
- CONSULT TO NUTRITION SVCS- postop oral supplements and education
Routine, ONCE First occurrence Today at 1115, Nutrition consult for postop oral supplements and education., Postprocedure, Sign & Hold

DO

▶ Discharge Protocol

- ▶ Attend Discharge Class for THR and TKR patients which is every Wednesday and Friday at 10 a.m. unless class is canceled. If canceled education completed and formula delivered in the patient's room.
- ▶ Provide Nutrition Education to patients regarding overall good nutrition, protein, vitamin C, vitamin A, zinc, etc. to promote wound-healing (refer to the nutrition education handout).
- ▶ Instruct patients to drink 2 Boost Compact daily for 12 days. Encourage them to drink with meds and/or between meals as a snack. Emphasize it is not optional; this is part of their post-op healing plan.
- ▶ Provide 1 case of Boost Compact ONS to each patient . This will be given to the patient at the discharge class
- ▶ Use .phrase (.nutjointreplacement) to document under the nutrition consult in EPIC

STUDY

- Pilot results
 - Communication regarding surgical patients is excellent at each site
 - Orders for all patients on weekly surgery list has been 100% -Nutrition Consult, Diet, and ONS
 - Education and supplement delivery is at 95%

STUDY

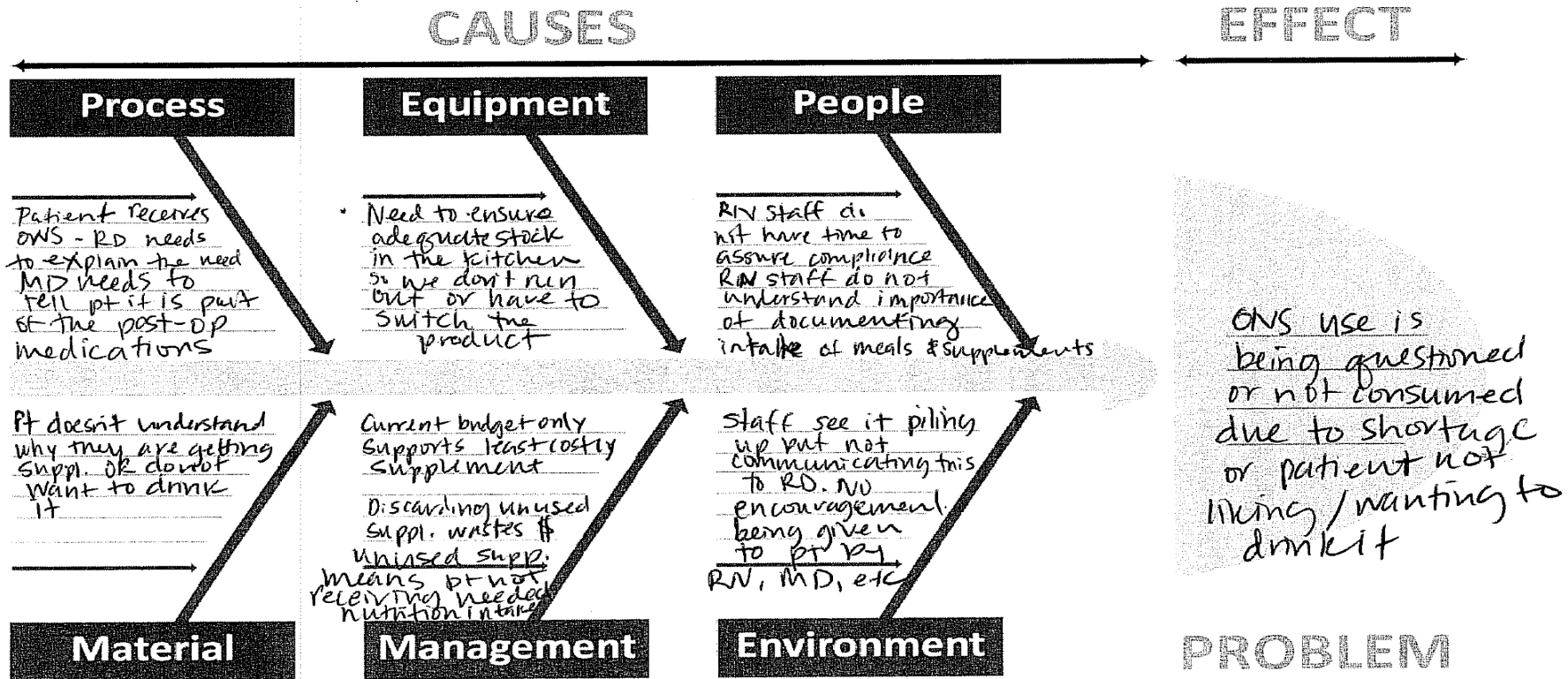


ACT

- Changes to the process
 - Discharge class - timing and supplement delivery
 - Time consuming for patients and staff
 - Not consistently held at all sites
 - Priming the patient prior to surgery regarding ONS use
 - Patients not aware they are to receive ONS on trays
 - Patients not aware they will be drinking ONS at home
 - Pre-op education for patients being put into place
 - Revamping education tools
 - Video being considered in place of 1.5 hour discharge class
 - Nutrition Education handout revised

Fishbone Chart

PLAN • Cause and Effect (Fishbone) Diagram



Nutrition for Healing and Recovery after Surgery



Consume enough calories and protein every day

This usually involves eating at least 3 meals per day, instead of just 1-2. They don't have to be large meals, but each meal should contain 1-2 protein-rich foods. Focusing on high quality protein foods will help aid in wound healing.

Examples of protein-rich foods include:

Eggs, dairy (milk, yogurt, greek yogurt, cheese), chicken, beef, pork, fish, nuts, nut butters (peanut, almond), soy products (tofu, edamame), and beans.

Consume enough fiber and fluids

Constipation from pain medications following surgery can be an issue for some people. It is important to include some high fiber foods in your diet to help with bowel movements. If you were not eating a lot of fiber prior to surgery, it is recommended that you slowly increase your fiber intake after surgery.

Examples of high-fiber foods include:

Fruits and vegetables, beans and legumes (black, refried, pinto, white, kidney, etc), and whole grains (whole wheat breads & crackers, oatmeal, bran).

Drinking plenty of fluids is also important to help with constipation (usually about 2 liters of fluids daily based on a 2000-calorie meal plan).

Vitamins and minerals

The body needs all vitamins and minerals to promote wound healing and healthy bones. Vitamin D, calcium, zinc, and vitamin C are especially beneficial after surgery.

- Vitamin D and Calcium can be found in dairy foods (choose low-fat options); plant sources for calcium include soy products (soy milk, tofu) and leafy, green vegetables.
- Zinc can be found mostly in animal foods but it is also present in whole-grain breads and cereals, dried beans, peas, and nuts
- Vitamin C can be found in citrus fruits, green and red peppers, collard greens, broccoli, spinach, strawberries, tomatoes, and potatoes.

Controlling blood sugar

Healing is impaired when blood sugars are consistently running high. Improving this control will improve your ability to heal in a timely manner. Avoid concentrated sources of carbohydrate like soda, fruit juice, syrups, jams, desserts, and candy; especially if you have a history of diabetes.

Oral nutrition supplements

As part of your recovery plan you will be receiving a case of Boost Compact nutrition supplements. These supplements will help you meet your nutrition needs during the first 12 days that you are home following surgery. The use of supplements following joint surgery has been found to greatly reduce the occurrence of post-operative complications and readmissions into the hospital.

Please drink 2 Boost Compact supplements daily for the next 12 days as part of your recovery and to aide in healing your surgical wound. The 4 oz supplements can be taken with your medications, between meals as snacks or with meals. The most important part is to make sure that you consume 2 daily for 12 days to maximize the benefits for healing that the supplements provide.

DASHBOARD

- ▶ No results yet available on # of patients who are actually taking the supplements at home
- ▶ No results yet available on any reduction in readmission rates.

Dashboard

AIM

The Total Joint Collaborative Committee will reduce hospital readmissions of elective total hip and total knee replacement surgical patients at all MHS hospitals through the use of a post surgical nutrition protocol. We will have post-op diet and oral nutrition supplement initiation for 90% of all patients within 8 hours of surgery by July 31st. We will provide oral nutrition supplements and diet education at discharge to 90% of patients by July 31st.

Plan

Patients will be started on full liquid or general diet post-operatively and ONS BID

Encouragement by RN and nutrition staff to consume supplements and documentation of % consumed or refusal in EPIC.

Nutrition education will be provided with handout ; ONS will be sent home with patient to consume BID for first 12 days of post-discharge

Do

Discharge Protocol

Attend Discharge Class for THR and TKR patients which is every Wednesday and Friday at 10 a.m. unless class is canceled. If canceled education completed and formula delivered in the patient's room.

Provide Nutrition Education to patients regarding overall good nutrition, protein, vitamin C, vitamin A, zinc, etc. to promote wound-healing (refer to the nutrition education handout).

Instruct patients to drink 2 Boost Compact daily for 12 days. Encourage them to drink with meds and/or between meals as a snack. Emphasize it is not optional; this is part of their post-op healing plan.

Provide 1 case of Boost Compact ONS to each patient . This will be given to the patient at the discharge class

Use .phrase (.nutjointreplacement) to document under the nutrition consult in EPIC

Study

In Progress - No results will need to track how many patients take ONS at home & any reductions in readmissions

Act

- Discharge class - timing and supplement delivery enhancements
- Priming the patient prior to surgery regarding ONS use -ongoing education for hospital staff
- Revamping education tools
 - Video being considered in place of 1.5 hour discharge class



LESSONS LEARNED

- ▶ Communicate, communicate, communicate! And then communicate some more!
- ▶ Multi-facility roll out can be challenging due to the differences of practice at each site. May be beneficial to start a program like this at one site, refine and then move on to the next site with lessons learned.
- ▶ Underestimated RN staff's interest in the program. Could have provided more training.
- ▶ Don't assume MD staff will communicate surgical program to their patients
- ▶ Connect the link between quality meals and ONS delivery to the patient by the kitchen staff. Help them see their role and contributions to the intake and nutrition status of the patient.
- ▶ Maintain flexibility

Sponsor Disclosure: This presentation has been sponsored by Nestlé Health Science.

The material herein is accurate as of the date it was presented, and is for educational purposes only and is not intended as a substitute for medical advice.

Reproduction or distribution of these materials is prohibited.

© 2017 Nestlé. All rights reserved.