

# Determining Prevalence of Malnutrition in North York Family Health Team Geriatric Population at High Risk

Heather Bogetta, RD Jasmine Montreuil MA, RD, CDE Shima Davati, RD Marilyn Mori, RD  
North York Family Health Team

## Background

Geriatric malnutrition amongst community-dwelling citizens 65 and older is an estimated 34% prevalence(1).

Of seniors admitted to Canadian hospitals 45% are malnourished, stay is 2-7 days longer in hospital and cost to the health system is 60% more than well-nourished seniors(2).

As an interdisciplinary quality improvement effort utilizing North York Family Health Team (NYFHT) Registered Nurses (RNs) and Registered Dietitians (RDs) in a collaborative approach, NYFHT RD's have targeted the 75+ population for malnutrition risk screening, assessment and therapeutic nutritional interventions.

## Context

NYFHT serves 92,533 active patients of which 71,859 are Rostered. The FHT is comprised of 84 Family Physicians, 39 Allied Health Professionals (AHPs), 20 physical sites, 2 EMR systems and 6 individual servers.

## Participants

There are 8,147 seniors 75+ rostered within the NYFHT and it is projected that 2,769 (34%) will have a positive Canadian Nutrition Screening Tool (CNST), as per the 2008/2009 Canadian Community Health Survey data on community dwelling seniors.

Initially, this program was rolled out by the RNs in 4 offices beginning in June 2017. In September 2017, the remaining FHT RNs implemented the identification process of the target population in collaboration with their RN's Falls Risk Screening QI initiative which focuses on geriatric patients 75+ with osteoporosis.

## Aim

To improve nutritional status of the "at risk" NYFHT patients 75+ by 5% by September 2018.

## Measures

### Patient Outcome Measures

- Improved SCREEN II interviewer score and/or
- Improved support through connections to FHT AHPs, Community Resources or CCAC, and/or
- Increased weight

### Process Measures

- % of patients screened
- % of patients identified "at risk"
- % of patients referred to RD
- % of patients treated by RD

## Change Ideas

### Identification Process

Two question CNST is administered at routine office visits by RN for any patient 75+ and during RN Falls Screening Assessment.

### Referral Process

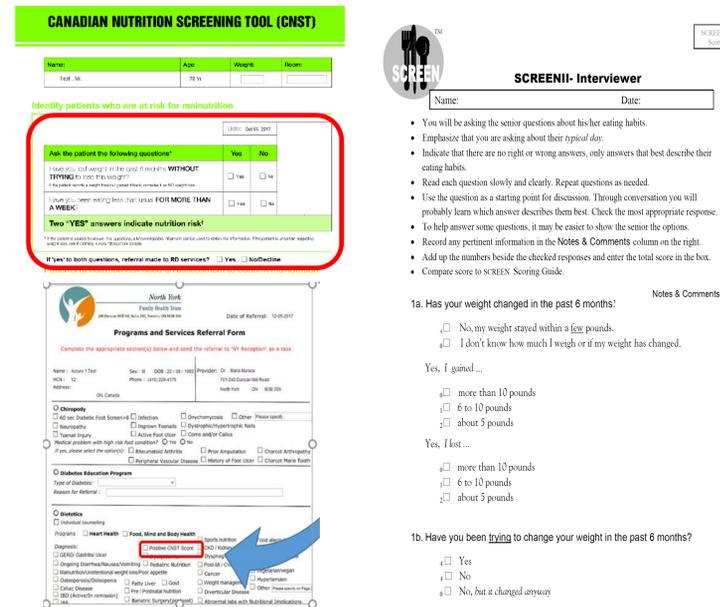
If positive CNST score, RN's refer patients to the FHT RD for further assessment.

### Nutritional Assessment/Intervention

Patients undergo a comprehensive nutrition assessment including the Seniors in the Community: Risk Evaluation for Eating and Nutrition Interviewer (SCREENII) tool and are provided Medical Nutrition Therapy.

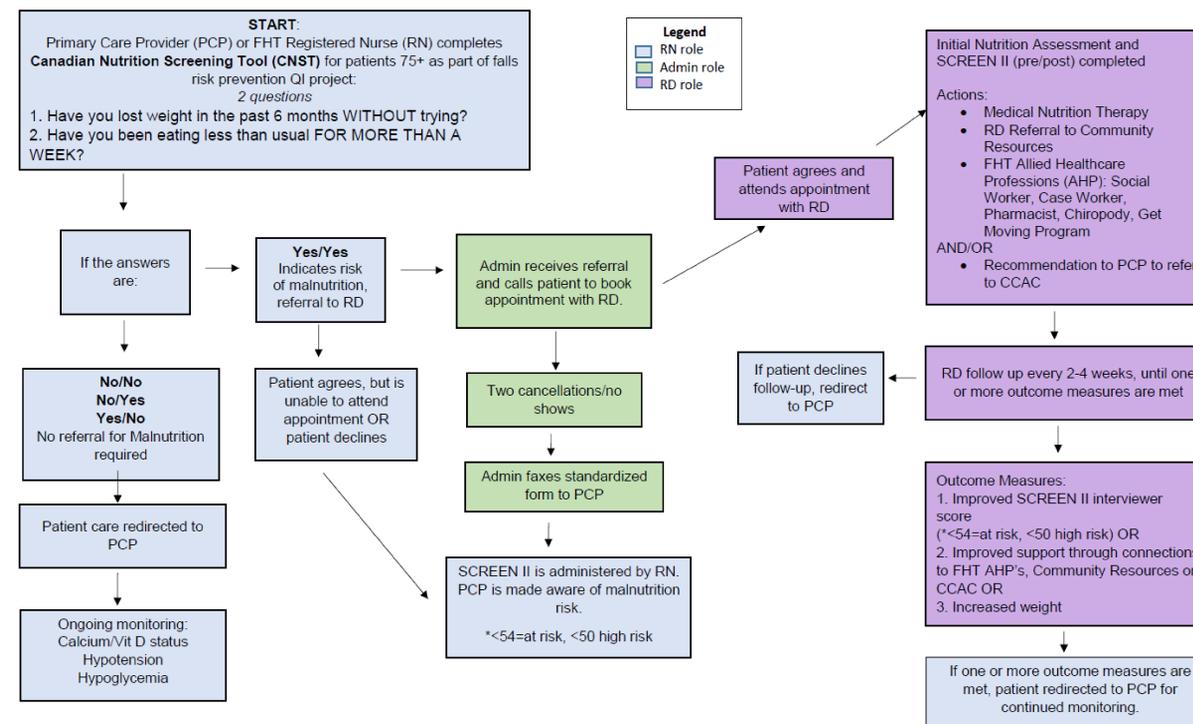
### Follow Up

Ongoing RD monitoring and referrals to other FHT and community-based services as needed.



The image shows two forms: the Canadian Nutrition Screening Tool (CNST) and the SCREEN II-Interviewer form. The CNST form has two questions: '1. Have you lost weight in the past 6 months WITHOUT trying?' and '2. Have you been eating less than usual FOR MORE THAN A WEEK?'. The SCREEN II-Interviewer form is a detailed assessment tool with various sections for patient information, medical history, and assessment results.

## Current Process



## Results

- 6.6% of patients screened
- 5.9% of patients identified "at risk"
- 90% of patients referred to RD
- 100% of patients treated by RD

These results are representative of 4 of 20 offices performing the CNST for the initial 3 months of the initiative June-Sept 2017.

Based on the data, we can see that the system for referral and treatment is working well. It is surprising that of those screened, only 5.9% were identified as "at risk", as this does not match the national data on which we based our projections of 34% of geriatric community dwelling adults being "at risk".

## Challenges

NYFHT's large patient population and multiple sites that vary in proximity to the centralized RD services presents challenges such as:

- Need for more effective communication strategies between RD and RN office staff regarding the initiative's successes and challenges.
- Patient's perceived challenges of attending a visit with the RD out of their family physician's office.

## Next Steps

Although this segment of our FHT's rostered patients only makes up 9% of our entire population, the FHT RD's believe that this is an unidentified, underserved population. The FHT RDs plan on continuing this initiative indefinitely.

Broaden RD knowledge of and increase referrals to community resources (ie. Meals on Wheels) to promote sustained health improvement through their aging process.

RDs will present the ongoing results of the initiative at team meetings after FHT wide roll out.

## References

- (1) Ramage-Morin, P. L., & Garriguet, D. (2013). Nutritional risk among older Canadians. *Health reports*, 24(3), 3.
- (2) Dietitians of Canada. (2016). Dietitians in primary health care: Better health, better care, better value. Retrieved from <https://www.dietitians.ca/Downloads/Public/Dietitians-Promote-Health-Primary-Health-Care-pdf.aspx>