MQii Learning Collaborative 2018

Expert Webinar 1: The Burden and Impact of Malnutrition in the Hospital

Question & Answer

Responses from Dr. Granieri:

- 1. **Q:** Is there a reason why your dietitians do no to a nutrition-focused physical exam, which is much more specific than a physician's exam?
 - **A:** Our registered dietitians are trained by a physician to do a nutrition physical exam and may elect to perform one.
- 2. **Q:** How did you implement the Silver Spoons program? Many of our facilities struggle with the "risk" of non-clinicians/employees providing direct patient care. Additionally, do the volunteers who feed your patients have to be trained or certified to feed patients, especially patients with dementia and/or those with chewing/swallowing deficits?
 - **A:** All of our volunteers are trained by other trained volunteers. First, nurses observe the volunteers feeding a patient and then sign off on a competency form. Then, the volunteers review a training presentation with our Chief Registered Dietitian, or another RD, that was created by nutrition and SLP. If the patient is a high aspiration risk, then volunteers are not permitted to feed them.
- 3. Q: What is the mini-cog? Is it a validated tool? What does the cognition screen look like?

A: The mini-cog is a validated tool. There are many scoring systems, but we use the dichotomous system of correct or incorrect. Then the MDs can test further if they want. An incorrect attempt can have many reasons for the failure and this is a screening test. But, the mini-cog tool has been validated to show that if it is incorrect, the person has difficulty with executive function (i.e., complex cognitive tasks), including not being able to take medications independently and correctly, as well not being able to drive correctly. Please see below for instructions on how to use the tool and examples of the mini-cog screen.

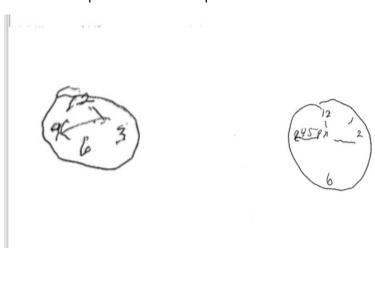
Mini-Cog Assessment Tool

Instructions

- 1. Have a piece of paper and a pen handy, along with a hard surface to put the paper on.
- 2. Let the patient know that you are going to ask them some questions that will help you better plan their care and let them know that you ask every patient these questions. This helps them relax and not be fearful that you are testing them.
- 3. Say to the patient: "I am going to tell you 3 words. I want you to repeat them after me. I want you to try to remember them because I will ask you to repeat them after me in a few minutes. The words are: 'apple', 'book', 'coat'.

- 4. Then ask the patient to repeat them back to you. Do not provide any hints. Encourage them by saying "good job," or something that does not make them feel nervous.
- 5. Next, give them the paper and pencil and say: "I want you to draw a clock. Put the numbers on the face of the clock. Put the hands of the clock at 2:45." You have to ask it this way in three separate sentences, and you cannot repeat the directions.
- 6. Once again, tell them to do as much as they can and encourage them. Even if their clock draw is incorrect, tell them, "good," or some other sign that you are not upset at what they have drawn.
- 7. Allow 3-5 minutes to pass. Then say to the patient: "Now, tell me the words I asked you to remember from before."
- 8. The patient is correct is if they get all 3words correctly *and* draw the clock correctly. If they cannot do either or both, you need to have some other way to get information or educate the patient, such as educating a family caregiver or other caregiver to make sure you have a valid medical history and that the patient can do what you want to teach.

Here are a few examples of the clocks patients have drawn:





Example of Mini-cog screen:

