Promoting Recovery through Oral Nutrition Supplements (PRONS) in a Geriatric Hip Fracture Population

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Background

Oral nutrition supplementation (ONS) can be used to increase caloric and protein intake in an inpatient orthopedic population to improve patient outcomes and reduce readmission.1,2 On average, the use of ONS correlates with an average 16% reduction in hospital length of stay in Medicare patients 65 years of age or older.1,3 Here we present the use of ONS within the LGH Geriatric Hip Fracture Program (GFP), one of only two hundred such programs across the United States.

Objective

Nursing sought to develop and implement a program of small, frequently administered servings of ONS. To do this we decided to integrate at least two ounces of ONS with medication passes instead of a low calorie alternative. This would allow greater caloric intake without interference of regular meals for our geriatric hip fracture population.

Practice Change

4 North Nursing and Nutritional staff collaborated to create a new policy for ONS administration to the geriatric hip fracture patients aligning with our objectives.

- Identification of target population
- Development of scripting for patient administration along with family education
- Establishment of par levels for patient pantry
- Protocols for serving amount, frequency, flavor exchange
- Development of sanitation guidelines
- In-service education via meetings and bulletin boards for nursing and dietary staff
- Taste testing
- Addition of PRONS education to patient discharges
- Program implementation on 5/19/2014

Analysis

During analysis the average length of stay was 4.4 days for each geriatric hip fracture patient.

Since nursing’s development of the PRONS program, each geriatric hip fracture patient receives 2,090-2,180 more calories and 63.6 grams of protein than the nearest common liquid.

Overall, 71% of patients accepted ONS and weekly pantry cost increased by $37.54, but this is attributed to increased usage.

Future Research and Interventions

Based on the PRONS findings in our high risk geriatric fracture population, nursing would like to expand this program to other patient populations most affected by inadequate inpatient nutrition, such as oncology, gastroenterology, and trauma.

Longitudinal site data for LG Health may also project the system-wide cost savings from a program of ONS and the potential for reproduction in similar hospital systems.

Conclusion

4 North’s PRONS program of ONS substitution for common liquid foods dramatically increases inpatient calorie and protein intake. This simple intervention does not interfere with nursing obligations and offers an opportunity to provide adequate nutritional support. It is shown to enhance recovery after surgery and reduce the cost of readmissions, tabulated at $17 billion according to 2013 CMS receipts.1

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References