

Sips



to Stop Malnutrition

Medication Pass Oral Nutritional Supplement Program
(*Med Pass*)

Med Pass Toolkit

September 2019

September 9, 2019

This toolkit has been prepared by Nutrition Services, Alberta Health Services.

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Introduction

Thank you for taking the time to learn about *Sips to Stop Malnutrition*. In Alberta, nearly half of adults¹ and one third of children² admitted to hospital have malnutrition – a disease that delays recovery time, extends length of stay and increases health complications³. Malnourished patients may benefit from the use of Oral Nutritional Supplements (ONS)⁴, often known as nutrition supplement drinks or shakes. ONS are high in calories and protein to support recovery, wound healing and muscle preservation⁵.

Traditionally, ONS are offered in a bottle with each meal, but patients often find it difficult to finish the entire serving, leading to poor compliance and high wastage⁶. This practice is being replaced by *Sips to Stop Malnutrition*, a program that gives patients small sips of concentrated ONS between meals, usually during medication administration. Because ONS intake is spread throughout the day, it does not reduce patient appetite and food intake at mealtimes^{4,7,8}.

Sips to Stop Malnutrition is commonly known as the *Medication Pass Oral Nutritional Supplement Program*, and will be referred to as *Med Pass* in this toolkit. *Med Pass* supports the Alberta Health Services (AHS) Nutrition and Food Services (NFS) “food first” philosophy, which prioritizes patients meeting their nutritional needs first through food. Patients’ diets are customized to enhance nutrition and enjoyment, and every member of the healthcare team is encouraged to take action to provide a supportive eating environment⁹. *Med Pass* adds extra protein and calories to patients’ diets instead of taking the place of food and beverages.

This toolkit is meant for any healthcare provider who wants to lead positive change in patients’ nutrition at their care setting, such as leaders, patient care staff, nursing, physicians and dietitians (RDs). Select pages can be distributed to your team members as appropriate. The ONS types and dose volumes in this toolkit are specific to adult and elder care settings. Future work will include pediatric-focused content, as the concepts in *Med Pass* can be used across the lifespan. This toolkit follows an evidence-based, stepwise approach to change management that is used successfully by Strategic Clinical Networks and Enhanced Recovery After Surgery Alberta (ERASAlberta). The Appendix section (page 19) provides tools to support adoption of each phase.

Med Pass Program

Information for Health Professionals

What is *Med Pass*?

Med Pass is a program where small sips of Oral Nutritional Supplements (ONS) are given to patients throughout the day.

Where is *Med Pass* used?

Hospitals and continuing care facilities.

Who is involved in *Med Pass*?

Any member of the healthcare team can help *Med Pass* run smoothly. Sign up for a role on the **Med Pass Team Planning Sheet** (page 23). Usually, *Med Pass* is prescribed by a dietitian or physician and administered by nursing staff.

How does *Med Pass* work?

Med Pass is typically given 3-5 times each day, between meals or with medications. By spreading out small doses of ONS, patients receive extra protein and calories without affecting appetite at mealtimes.



Med Pass protocols vary between sites. Talk to your healthcare team for details.



Who should receive *Med Pass*?

Med Pass may be suitable for patients who:

- Are at risk of malnutrition
- Are recovering from illness, surgery, wounds
- Need to maintain or gain weight
- Need to improve muscle or fat mass
- Do not eat enough at meals (< 50%)
- Have fluid restrictions

Med Pass is **not** for those who:

- Are allergic to an ingredient in the ONS
- Need thickened fluids
- Are NPO (nothing by mouth)

If you think a patient should start or stop *Med Pass*, consult the dietitian.

Questions?

Contact your unit dietitian:

Name: _____

Ph: _____ Pager: _____

For more information, visit www.ahs.ca/malnutrition

Med Pass Program

Why Use *Med Pass*?

Malnutrition is common in hospital

Malnutrition is a disease where people do not get enough nutrition from the food they eat. This may result from a poor appetite, or an illness that requires more nutrients than their bodies are taking in. Malnourished patients take longer to recover from sickness and have a higher risk of infection.

1 in 2 adults¹ and 1 in 3 children² admitted to hospital are malnourished.



Malnourished adults¹⁰ and children¹¹ stay in hospital **3 days longer** than well-nourished patients.

People need more nutrition during times of illness to help them get better.



Med Pass is one way to address malnutrition

While food comes first, *Med Pass* can provide patients with a boost of nutrition throughout the day.

Med Pass by the Numbers



74-96%

patient compliance with taking *Med Pass* ^{4,7,12-14}



30%

increase in total calorie intake⁴ with consumption of small volumes of oral nutritional supplements, suggesting that **meal intake is not reduced** by *Med Pass*^{7,12,16-18}



100%

of staff reported that the process of **administering *Med Pass* was easy**¹³



73-90%

of patients on *Med Pass* **gained or maintained weight**^{12,14,15-18}



89-94%

less waste than traditional supplement programs^{6,18}

For more information, visit www.ahs.ca/malnutrition



Med Pass Products

Ensure® Protein Max is the default ONS used for *Med Pass* in adult and senior care because it has more protein in one dose compared to other ONS products. The lower the kcal/mL, the higher the *Med Pass* dose needs to be. For instance, a 2.0 kcal/mL ONS has a 60 mL dose, while a 1.5 kcal/mL ONS has a 90 mL dose. **Do not** use standard ONS (1 kcal/mL) for *Med Pass* as it does not provide enough protein and calories in each dose.

Table 1. ONS that can be used for *Med Pass*

Product*	kcal/mL	Dose volume (mL)**	Calories per dose (kcal)	Protein per dose (g)	Available flavours*
Ensure® Protein Max	1.5	90	135	7.7	Vanilla, chocolate
Ensure® Plus	1.5	90	135	5.4	Vanilla, chocolate, strawberry, butter pecan
Ensure® Compact	1.8	75	135	5.7	Vanilla, chocolate
TwoCal® HN	2.0	60	120	5.0	Vanilla
Resource® 2.0	2.0	60	120	4.8	Vanilla

*Products and flavours that are available for order from AHS formulary. Sites may not stock all available products or flavours. If a patient would like to bring in a different product or flavour, consult the dietitian.

**This volume is given 3-5 times per day.

Food allergies and special diets

Milk allergy: Confirm with the patient whether they have a true milk allergy, as many patients with lactose intolerance get reported as having a milk allergy. ONS usually contain very low levels of lactose so they are suitable for patients with lactose intolerance. If a milk allergy is confirmed, consult the unit dietitian for alternatives.

Soy allergy: consult the unit dietitian for alternatives.

Table 2. Compatibility of ONS with food allergies and special diets

Product	Allergens	Suitable for
Ensure [®] Protein Max	Contains soy and milk ingredients	Gluten free, lactose intolerance, Kosher
Ensure [®] Plus		Gluten free, lactose intolerance, Kosher, Halal
TwoCal [®] HN		Gluten free, lactose intolerance, Kosher
Ensure [®] Compact		Gluten free, lactose intolerance, Kosher, Halal
Resource [®] 2.0		Gluten free, lactose intolerance, Kosher, Halal

For more information, consult Abbott and Nestle Health Sciences websites.

Consult your unit dietitian for special diet considerations such as:

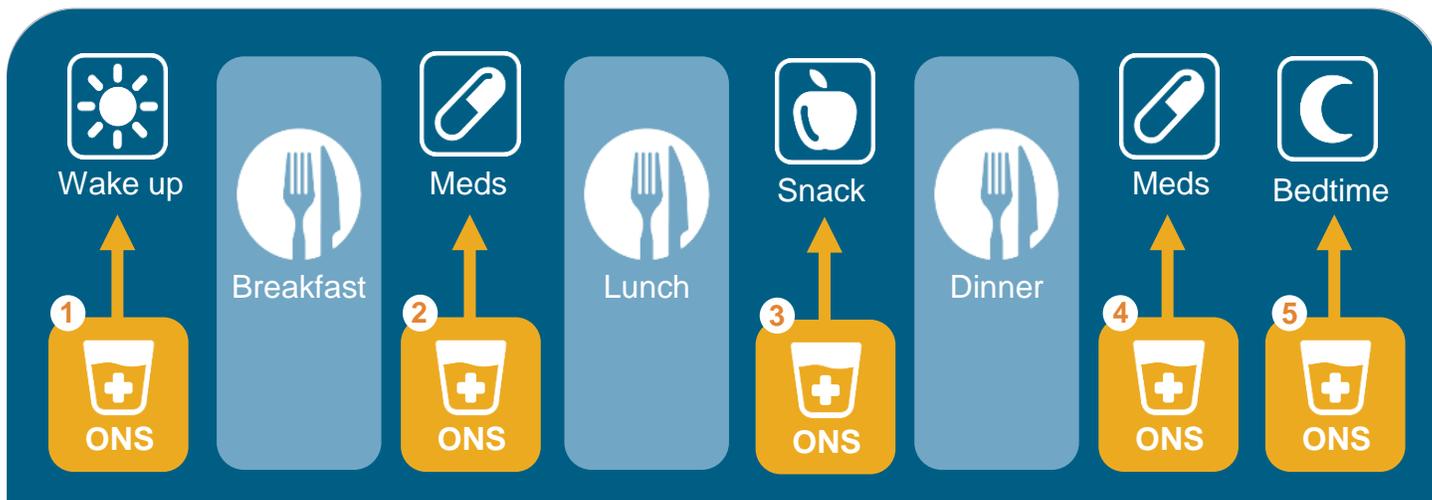
- **Diabetes:** it is best to use ONS for *Med Pass* (as listed in Table 1, page 7) instead of an ONS for diabetes, such as Glucerna[®], which in a similar volume does not provide enough protein and calories. When using *Med Pass*, monitor and manage blood glucose levels according to site protocols. If problems persist with blood glucose levels, consult your unit dietitian.
- **Galactosemia**
- **Specialized therapeutic diets (e.g. renal)**
- **Thickened fluids for swallowing difficulties**
- **High output ostomies**
- Other nutrition concerns

Drug-nutrient interactions

Med Pass is often administered with medications. Although there have not yet been reports of adverse drug-nutrient interactions in *Med Pass*, it is possible that certain drugs and nutrients may affect the other's absorption, metabolism and utilization¹⁹. To determine if a medication can be given with *Med Pass*, check the patient's Medication Administration Record (MAR) for any of the following notations:

- Take on empty stomach, before meals, empty stomach preferably, with water only
- Avoid taking with dairy, milk or enteral feeds
- Take away from calcium-, magnesium-, iron-, or protein-containing products

These notations may indicate a potential drug-nutrient interaction with *Med Pass*. As *Med Pass* and medications are both important aspects of a patient's treatment, clinical judgment may override MAR notations. For more information on drug-nutrient interactions, refer to the resource [Lexi-Comp](#), for AHS users: (Insite → Teams → Pharmacy Services → Drug Information → Lexi-Comp). Discuss with the pharmacist and/or physician to decide on an appropriate *Med Pass* regimen that will be of most benefit for the patient. For AHS staff, if a pharmacist is not available, questions can be directed to DrugInfoAHS@ahs.ca.



Med Pass Process

The ONS product, volume and frequency used in *Med Pass* will differ for each patient depending on nutritional needs and tolerance. *Med Pass* can be provided when patients first wake up, between meals, during medication rounds, or just before bedtime. Small volumes of ONS administered *between* meals does not reduce patient appetite and food intake at mealtime^{4,7,8}. If your site has transitioned to an electronic medical record (EMR), *Med Pass* may be given at standard medication times. Talk to your healthcare team, patients and their families to determine what works best for patients and staff.

Prescribing *Med Pass*

Depending on the workflow of your unit, the approach to prescribing *Med Pass* may vary. Regardless, it is recommended that all patients are screened upon admission for risk of malnutrition using a tool such as the **Canadian Nutrition Screening Tool (CNST)** (page 25). Those at malnutrition risk require a dietitian assessment. Typically, the dietitian or physician will prescribe *Med Pass* on the orders (prescription) sheet as follows:

- **ONS:** Ensure[®] Protein Max (see page 7, Table 1 for acceptable ONS options)
- **Dose:** 60-90 mL (see page 7, Table 1 for dose volume)
- **Frequency:** 3-5 times/day between meals or with medications

The prescription can be processed in different ways – see below for some ideas:

- Place the **Weekly Med Pass Tracking Sheet** (page 31) into the MAR binder. This sheet indicates the type, dose and frequency of ONS, with an area to track administration and intake for each patient who is on *Med Pass*.
- Add *Med Pass* to the treatment sheet.
- Enter *Med Pass* as a prescription onto an electronic order form.
- Add *Med Pass* to the patient's Nursing Administration Record (NAR).
- *Med Pass* may already be part of the MAR for sites using an EMR. For sites scheduled for transition to an EMR, discuss with Pharmacy Services and your site team on how best to process *Med Pass* prescriptions when this transition occurs.

Consult your site policy and talk to your multidisciplinary team and site/unit manager to determine the unit protocol for processing the *Med Pass* prescription.



Tracking *Med Pass*

To confirm that *Med Pass* was administered according to the prescription, a tracking tool is needed. Determining a suitable tracking method will depend on how the prescription was processed. *Med Pass* administration may be recorded directly on the **Weekly *Med Pass* Tracking Sheet** (page 31), treatment sheet, NAR or MAR. These tools may be also used to monitor *Med Pass* intake, which helps you know whether further intervention is needed for patients who are refusing to take *Med Pass* (next page, Table 4).



You can also monitor how much ONS is disposed of by using the **Discarded ONS Tracking Sheet** (page 32). This tool tracks the number of ONS bottles or tetra packs that were more than half full when discarded. Monitoring waste keeps you informed about how much ONS is used versus thrown away. This can help you determine if any process improvements are necessary, and it also gives you an idea of the costs generated.



When a patient refuses *Med Pass*

There are different strategies you can use to encourage patients to drink *Med Pass* (next page, Table 4). Remember to always ask the patient *why* they are refusing to take *Med Pass* so that you can understand how to help. The resource, **Med Pass Communication Tips** (page 30), provides sample statements on how to explain the benefits of *Med Pass* to patients.



Table 4. Tips to Help Patients Drink *Med Pass*

Concern	Suggested Solution
Patient does not like the taste	<ul style="list-style-type: none"> • Offer ONS at a different temperature (e.g. room temperature, refrigerated, warmed). • Add a small amount of instant coffee, or use ONS to flavour a hot beverage such as coffee. • Add a splash of water to reduce sweetness. • Offer an alternative flavour.
Patient does not have an appetite	<ul style="list-style-type: none"> • Ensure ONS amounts are small. • Encourage patients to: <ul style="list-style-type: none"> ○ Drink slowly. ○ Consume before beverages/ food of minimal nutritional value (e.g. tea, coffee, Jell-O®).
Patient has symptoms such as nausea, bloating, diarrhea	<ul style="list-style-type: none"> • Encourage patient to drink slowly and in small amounts. • Discuss with the patient and healthcare team about medications to relieve symptoms.
Patient is worried about sugar content of ONS	<ul style="list-style-type: none"> • ONS usually do not produce a sharp increase in blood glucose. • Consult the unit dietitian.

You may also try offering another ONS that has been approved for use in *Med Pass* (page 7, Table 1). Compare the nutritional content to ensure a similar amount of calories and protein will be administered. For example, if the ONS is changed from 2.0 kcal/mL to 1.5 kcal/mL, the dose volume would need to increase from 60 mL to 90 mL.

Discontinuing *Med Pass*

A dietitian consult is recommended when a patient refuses *Med Pass* for 2 days in a row. The dietitian can also help to determine if a patient:

- Will no longer benefit from *Med Pass*.
- Developed dysphagia and requires thickened fluids. If available, refer the patient to a Speech Language Pathologist.
- Started a medication that is not compatible with *Med Pass*.



It is recommended that the dietitian reassesses a patient's *Med Pass* prescription every 7 days. If a patient on *Med Pass* is to be discharged, consult the dietitian to determine if ONS needs to be continued outside of the hospital as part of the patient's care, so that teaching for home use and access to ONS can be arranged.



A Step-by-Step Guide to Adopting

Sips

to Stop Malnutrition



1. Prepare



Start by thinking about the different activities that need to come together for *Med Pass* (Table 5). You may also refer to the ***Med Pass Team Planning Sheet*** (page 23), a worksheet to help you and your team discuss logistics. It may also be used as a tool to facilitate meetings and engage staff (next section).

Table 5. Factors to consider when implementing *Med Pass*

Factor	Things to consider
Duties	<ul style="list-style-type: none"> Who is a nutrition champion that can lead the <i>Med Pass</i> Program on your unit? Who will screen patients for malnutrition risk? Who can prescribe <i>Med Pass</i>? Who will assess patients for drug-nutrient interactions? Who will pour and serve <i>Med Pass</i> to patients? Who will monitor <i>Med Pass</i> intake and record it on the tracking sheet? Who will weigh patients? Who will routinely monitor and discard expired product?
Communication	<ul style="list-style-type: none"> How will patients be flagged as a <i>Med Pass</i> candidate? How will patients, healthcare staff, the dietitian and Patient Food Services communicate about <i>Med Pass</i>?
Location	<ul style="list-style-type: none"> Where will ONS be stored on the unit? Is the storage area easy to access? Is there a refrigerator for ONS storage?
Materials	<ul style="list-style-type: none"> Who will order <i>Med Pass</i> cups?* How will each <i>Med Pass</i> dose be measured? How will ONS be marked with the date and time opened? Who will supply labels? Who will supply markers? Where will additional materials will be stored?
Coordination with Patient Food Services	<ul style="list-style-type: none"> Who will order ONS?† How often will ONS be ordered? When will it be delivered to the unit?

*See step #5 on page 29 for instructions on how to order cups.

†Connect with Patient Food Services at your site to determine who will order ONS.



2. Engage

A team approach

We all have a role to play in addressing malnutrition. Each individual staff member is important in patient care and helps to drive change. Win your team's support for *Med Pass* by applying principles outlined in the **Guide to Successful Change** (page 20).

Knowledge is power

Organize an in-service led by the unit dietitian where staff can learn more about malnutrition and how to address it. The **In-service Agenda** (page 22) can help you to lead an engaging meeting.

Bring staff on board

In addition to increasing staff knowledge, obtain staff input in the decision-making process. As day-to-day frontline champions, they have valuable insights on what is feasible and how *Med Pass* can be adapted to meet the needs of the unit. Involve staff in planning by discussing the **Med Pass Team Planning Sheet** (page 23) together.





3. Implement

Make adjustments

The *Med Pass* program cannot be cut and pasted from one setting to another. You will need to adapt it to the specific needs of your unit. Refer to ***Med Pass in Practice*** (page 24) for examples of *Med Pass* can be customized to different applications.

Spread the word

The ***Med Pass Poster*** (page 26) can be put up on the unit to inform staff, patient and visitors about *Med Pass*. A more compact version are the ***Patient Information Cards*** (page 27) which can be given to patients and families to help them understand the importance of *Med Pass* and tips to manage challenges. Staff can also refer to the ***Med Pass Communication Tips*** (page 30) for ways to explain *Med Pass* to patients and encourage ONS consumption.

4. Sustain



After you have successfully implemented *Med Pass*, the next step is to sustain this program on the unit. You may notice less adherence by staff over time, but this is normal – try not to lose focus. Below are tips to keep the momentum:

- **Embed changes into routine:**
 - Changes must be feasible over the long term to become a habit
 - Standardize the new processes
 - Engage new staff by ensuring orientation packages and training checklists align with *Med Pass*
- **Use data to re-engage staff:**
 - Conduct regular audits and provide feedback and encouragement to the team
 - Acknowledge efforts and celebrate successes
- **Provide reminders** and refresher sessions about malnutrition to reinforce the importance of *Med Pass* in patient care

Conducting audits

There are three types of quality measures²⁰ (next page, Table 6) we can evaluate to understand whether or not *Med Pass* is working well: process measures, outcome measures, and balancing measures. While process and balancing measures may be similar across different units, the best approach to assessing outcome measures will vary.

For instance, a hospital surgery unit may look at length of stay to observe the effect of *Med Pass* on recovery time, whereas a long-term care facility may examine changes in body weight and skin integrity over a few months. You can adapt existing tools or create your own tools to audit measures that are meaningful and relevant to your unit.

Table 6. Three types of quality measures and their definition, examples and tools

Measures	Definition	Examples	Tool Examples
Process measures	These reflect the specific steps in a process that healthcare providers do to improve patient health. Are the action steps in <i>Med Pass</i> being carried out?	<ul style="list-style-type: none"> • Nutrition screening • Prescribing <i>Med Pass</i> • Administering <i>Med Pass</i> • Monitoring <i>Med Pass</i> intake • Explaining <i>Med Pass</i> to patients, visitors 	<ul style="list-style-type: none"> • Weekly Med Pass Tracking Sheet (page 31): tracks administration and intake of <i>Med Pass</i> • Treatment sheet, NAR, MAR (page 10): tracks administration
Outcome measures	These reflect the impact of the intervention on the health status of the patient. Did <i>Med Pass</i> result in any improvements in clinical outcomes?	<ul style="list-style-type: none"> • Nutritional intake • Weight change • Length of stay • Skin integrity • Pressure ulcer stage • Hand grip strength 	<ul style="list-style-type: none"> • Weekly Med Pass Tracking Sheet (page 31): tracks weight • Units to develop other tools based on patient population
Balancing measures	These reflect other areas that may be unintentionally impacted by an improvement in one area. Does <i>Med Pass</i> have wider consequences?	<ul style="list-style-type: none"> • Patient appetite at meals • Patient satisfaction • Staff workload • Staff satisfaction • ONS waste 	<ul style="list-style-type: none"> • Med Pass Staff Survey (page 33) • Supplement Drink Survey (page 34) • Discarded ONS Tracking Sheet (page 32)

There is no set frequency to audit your unit. A suggested timeframe is one month after implementation, and then at least every six to twelve months so that you can identify and address any issues in a timely manner. To use the **Med Pass Weekly Tracking Sheet** (page 31) as an audit tool, it is recommended that you collect four weeks' worth of tracking sheets in order to capture *Med Pass* administration over a one month timeframe. Audit and survey data can be entered into the [data analysis spreadsheet](#). An [example](#) spreadsheet is available.

Thank you for helping to address malnutrition! If you are interested in becoming a mealtime champion, read all about it in the Time to Eat toolkit⁹ or have a look at the resources below.

Further Reading

Med Pass in AHS

For information about Med Pass implementation processes and experiences at various AHS sites, please talk to your unit dietitian or contact NutritionResources@ahs.ca

AHS Research Projects

Foothills Medical Centre, Calgary, Alberta: Dillabough, A., Mammel, J., & Yee, J. [Improving nutritional intake in post-operative hip fracture patients: A quality improvement project](#). Int J Orthop Trauma Nurs 2011;15(4):196-201.

Royal Alexandra Hospital, Edmonton, Alberta: Christensen A, Nelson E, Bell R, Nielsen J. *Med Pass* protocol results in less wastage of oral nutritional supplements than the traditional protocol. Nutrition 400/401 Project 2018.

Resources

Poster: [Food is medicine](#)

Fact Sheet: [Malnutrition in AHS](#)

Toolkit: [Time to Eat Toolkit](#)

Tip Sheet: [Tips to promote eating well in hospital](#)

Tip Sheet: [Tips to help children eat well in hospital](#)

Tip Sheet: [Tips to get patients ready for meals](#)

Tip Sheet: [Bringing food to family](#)

Poster: [Eating well in hospital](#)

Handout: [Nutrition Supplements](#)

To read about more research on *Med Pass*, see the References section (next page).

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Appendix: Tools and Resources

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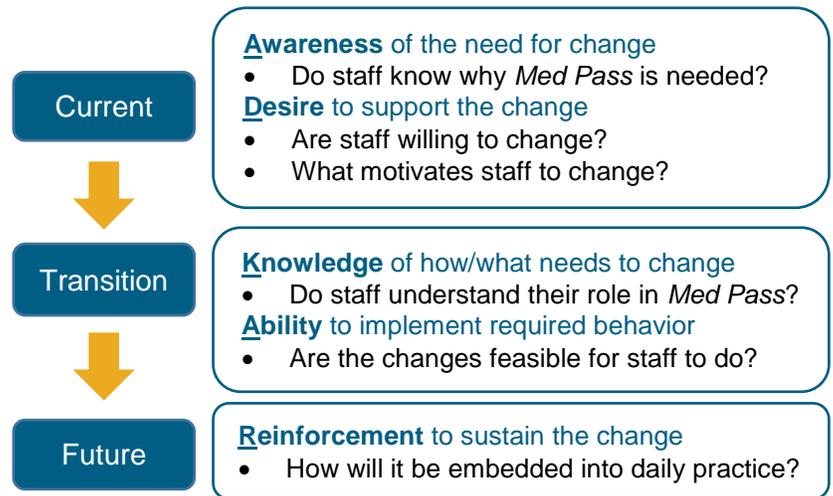
Audit and survey data can be entered into the [data analysis spreadsheet](#) and an [example spreadsheet](#) is also available.

Guide to Successful Change

Introducing *Med Pass* on your unit means a change in the way things are done. For *Med Pass* to be successful, the whole healthcare team must be on board with proposed changes. Below are strategies to support you in earning buy-in from your team. The Time to Eat Toolkit⁹ provides a detailed example of how these models can be applied.

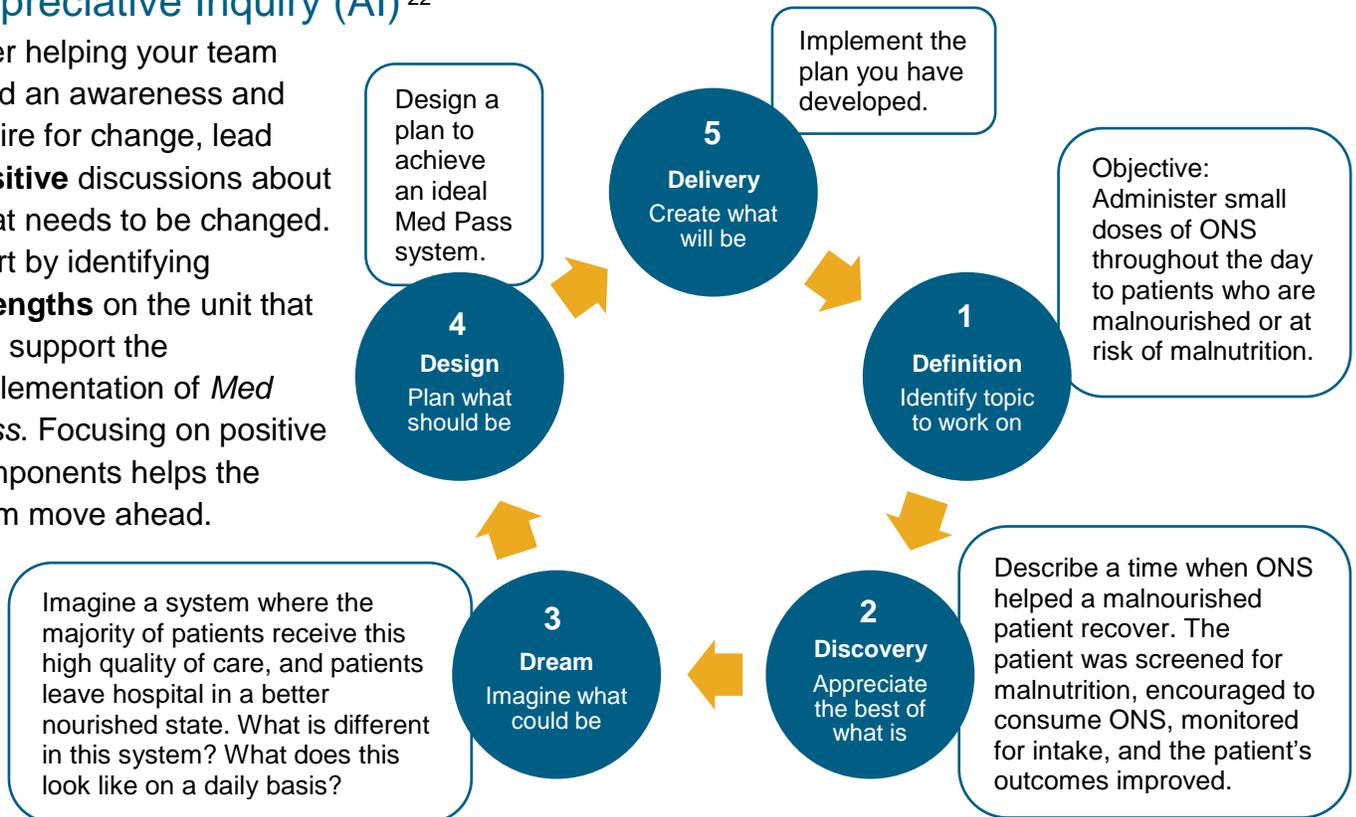
ADKAR²¹

People experience change in stages: staff must first become **aware** that malnutrition is a problem in their hospital in order to **desire** change. If there is resistance to *Med Pass*, identify the staff member's current stage in ADKAR to determine how to move them to the next stage. The **Med Pass Staff Survey** (page 33) can be used to assess staff awareness and desire for change.



Appreciative Inquiry (AI)²²

After helping your team build an awareness and desire for change, lead **positive** discussions about what needs to be changed. Start by identifying **strengths** on the unit that can support the implementation of *Med Pass*. Focusing on positive components helps the team move ahead.



Guide to Successful Change

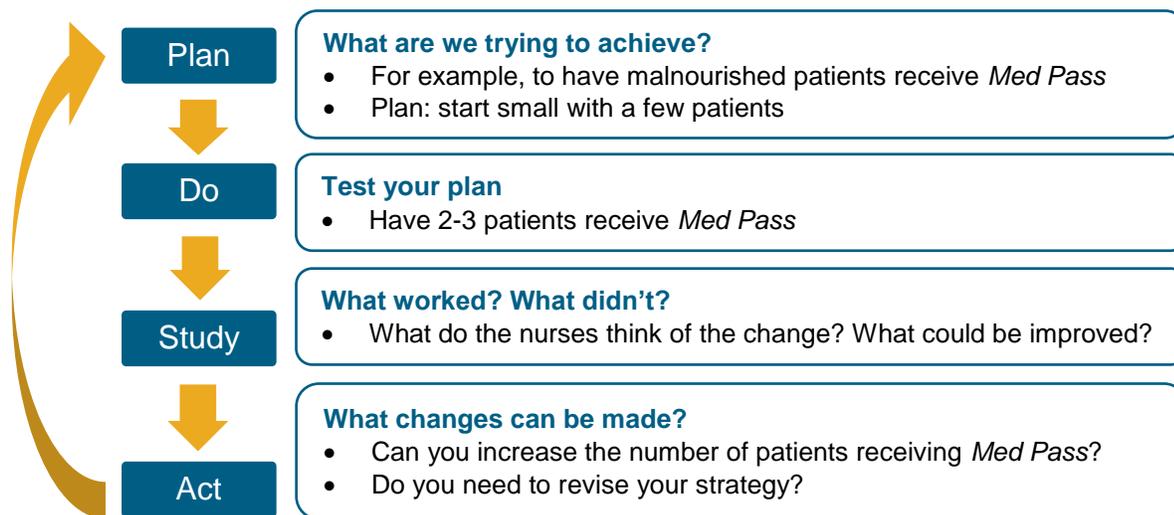
SMART Goals

After identifying what needs to change, discuss with your team to decide on **priorities** that need the most attention and set SMART goals to reach your targets.

Example of a SMART Goal: To increase monitoring of <i>Med Pass</i> intake.	
Specific	<ul style="list-style-type: none"> Each time <i>Med Pass</i> is administered, ONS intake will be monitored and recorded on the tracking sheet by a designated team member.
Measurable	<ul style="list-style-type: none"> Aim to achieve a 50% increase in the number of <i>Med Pass</i> doses recorded on the tracking sheet. Monthly audits will be conducted to assess the number of <i>Med Pass</i> doses prescribed compared to the doses monitored.
Attainable	<ul style="list-style-type: none"> A 50% increase is achievable, considering the minimal workload impact on staff.
Rewarding	<ul style="list-style-type: none"> Monitoring <i>Med Pass</i> taken keeps the healthcare team informed about patient compliance. Staff can develop strategies to provide support to patients who are refusing <i>Med Pass</i>.
Timely	<ul style="list-style-type: none"> Timeframe to reach goal: 2 months

Plan, Do, Study, Act²³

Once your team has established SMART goals, start by making changes on a **small scale** before introducing the process to all patients. Testing allows for trial and error, so that you can gather feedback from those involved and refine the process for implementing components of *Med Pass*. Several PDSA cycles will likely occur before wide-scale implementation is undertaken.



In-service Agenda

Chair _____

Date _____

Recorder _____

Time _____

Location _____

Agenda Item	Notes	Presenter
1. Welcome and Introductions		Chair
2. Build awareness and knowledge of a need for change	<ul style="list-style-type: none"> • Share resources about malnutrition in hospitals <ul style="list-style-type: none"> ○ Malnutrition in AHS (Further Reading, page 17) ○ Food is Medicine (Further Reading, page 17) • Explain what <i>Med Pass</i> is and why it is being implemented: <ul style="list-style-type: none"> ○ Med Pass Program: Information for Health Professionals (page 5) ○ Why Use Med Pass? (page 6) ○ How <i>Med Pass</i> supports clinician care • Explain how <i>Med Pass</i> works: <ul style="list-style-type: none"> ○ Nutrition screening (Canadian Nutrition Screening Tool, page 25) ○ Prescribing <i>Med Pass</i> (page 9) ○ How to Administer Med Pass, page 29 	Chair, RD
3. Engage staff with hands-on activities	<ul style="list-style-type: none"> • Taste-testing of different types and flavours of <i>Med Pass</i> ONS (page 7) • Demonstrate how to portion out a dose of <i>Med Pass</i> (page 29) 	RD
4. Gather staff input on how to implement <i>Med Pass</i>	<ul style="list-style-type: none"> • Solicit ideas from staff on how to implement <i>Med Pass</i> • Discuss logistics and the role of each healthcare profession in <i>Med Pass</i> <ul style="list-style-type: none"> ○ Med Pass Team Planning Sheet (page 23) 	All
5. Adjournment	Meeting was adjourned at _____	Chair

Med Pass Team Planning Sheet

Steps	Roles	Team member(s) in charge
1. Identify lead(s)	a) Organize meetings, provide updates to team, support team members in their roles	
2. Flag patients	a) Screen patients for malnutrition risk Canadian Nutrition Screening Tool (page 25)	
	b) Consult RD if malnutrition is suspected Note: regardless of malnutrition risk, consult RD for other nutrition issues as appropriate	Everyone
	c) Prescribe <i>Med Pass</i>	RD, MD
	d) Process <i>Med Pass</i> prescription (page 9) Method: _____	
3. Decide <i>Med Pass</i> Schedule	a) ONS product: _____	
	b) Dose (circle): 60 mL 75 mL 90 mL	
	c) Frequency (circle): TID QID 5x/day	
	d) Administration times: _____	
4. Order supplies	a) Order ONS; monitor inventory and re-order when stock is low Storage area: _____ Fridge for ONS: _____	
	b) Order <i>Med Pass</i> cups; monitor inventory and re-order when stock is low Storage area: _____	
	c) Order labels; monitor inventory and re-order when stock is low Storage area: _____	
5. Administer ONS	a) Pour and serve <i>Med Pass</i>	
	b) Record <i>Med Pass</i> administration Documentation method: _____	
6. Monitor	a) Monitor <i>Med Pass</i> intake and record on tracking sheet (consult RD if patient refuses for 2 days)	
	b) Monitor for drug-nutrient interactions	
	c) Monitor and discard expired product	
	d) Audit <i>Med Pass</i> and share results with team Audit frequency: _____	
	e) Weigh patients once a week	
7. Other		



Med Pass in Practice

Sites across the province have adapted Med Pass to fit with the needs of their setting. Below are examples of customized approaches to the same program.

Rockyview General Hospital

“Med Pass was a big success. We had no issues with compliance. In our first month, we had an average weight gain of 1.5 kg per patient. On our unit, the nurses were given the information on who is a good candidate for Med Pass (weight loss, poor intake, wounds, etc.) and then they decided if a patient needed it or not. They would put in a Med Pass consult for the dietitian who would enter it into the MAR (after screening for allergies and thickened fluids diet orders). The dietitian could also order it for patients that he/she felt were good candidates. After the first three months, I gave a little summary to the nurses about how many patients had received it and the weight gain data. The nurses liked the feedback and I think they liked having the responsibility of deciding on Med Pass. It got them invested in the program. We also put it up on the family communication board so families could ask about whether their loved one was part of the program.”

- Med Pass Champion, Transition Unit

University of Alberta Hospital

Roles are clearly defined for each team member.

Dietitian:

- Upon routine screening, determine if patient is at nutritional risk and would benefit from Med Pass.
- Write in physician orders to start Med Pass program of TwoCal HN® 60 mL 4-6 times/day with medications.

Unit Clerk:

- Record Med Pass prescription on the MAR.

Nursing:

- Refer to RD if patient meets any of the following criteria: unintentional weight loss, eating poorly due to decreased appetite, pressure ulcers or delayed wound healing.
- Dispense Med Pass to patients and confirm administration on the MAR.

Food Services:

- Maintain a par stock of ONS.



Enhanced Recovery After Surgery Alberta (ERASAlberta)

Med Pass plays a key role to enhance patients' recovery after surgery. As protein is important to support wound healing, Ensure Protein Max® is the default ONS in ERAS Clinical Pathways. ERASAlberta recommendations are to provide 300 kcal of Med Pass on post-operative day (POD) 0, which equates to 3 doses per day. On and after POD 1, it is recommended to provide 600 kcal of Med Pass daily until discharge, which equates to 5 doses per day.

For more information about Med Pass at these sites, refer to the *Med Pass in AHS* section of *Further Reading* (page 17).

Canadian Nutrition Screening Tool (CNST)

Below is the content of the Canadian Nutrition Screening Tool (CNST). The official AHS version of this form can be ordered using the form number 21101, or accessed in the electronic medical record or at <https://www.albertahealthservices.ca/frm-21101.pdf>.

Patient Label

Date: _____

Weight: _____

Patient Phone #: _____

Clinic / Unit: _____

Identify patients who are at risk for malnutrition
Ask the patient the following questions:

*Have you lost weight in the past 6 months without trying to lose this weight?
(If the patient reports a weight loss but gained it back, consider it as a NO weight loss)*

YES

NO

Have you been eating less than usual for more than a week?

YES

NO

Two "YES" answers indicate nutrition risk.

Patients at nutrition risk need an assessment to confirm malnutrition. Refer to a Registered Dietitian.

Sign initials once referral sent:

Comments (optional):

* If the patient is unable to answer the questions, a knowledgeable informant can be used to obtain the information. If the patient is uncertain regarding weight loss, ask if clothing is now fitting more loosely.

Med Pass



What is it?

The Medication Pass Nutritional Supplement Program, or *Med Pass*, is a program to improve patient nutrition through the use of supplement drinks. Small doses of a nutrient dense supplement are given at medication time or between meals. This is usually well tolerated and does not reduce appetite at mealtime.

Why is it used?

Med Pass provides patients with a boost of calories and protein to meet their nutrition needs. Good nutrition helps patients fight infections, recover from illness, and preserve strength and function.

Did you know...?



1 in 2 adults and 1 in 3 children admitted to hospital are malnourished



People need more nutrition during times of illness to help them get better



Med Pass provides added nutrition to help patients feel better faster

For more information, visit www.ahs.ca/malnutrition

Patient Information Cards (front)

What is Med Pass?

You will be given small amounts of a supplement drink throughout the day. This gives you extra nutrition to recover faster and spend less time in hospital!



Med Pass is given between meals, 3 to 5 times a day. This means it won't affect your appetite when it is time to eat.

Supplement drinks:

- Come in a variety of flavours
- Provide extra protein, calories, vitamins and minerals
- Are lactose and gluten free

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Patient Information Cards (back)

Tips for Enjoyment

Don't like the taste?	<ul style="list-style-type: none"> • Ask for a different flavour. • Ask for the product at a different temperature. • Add a splash of water. • Add a small amount of instant coffee.
Have poor appetite, nausea or diarrhea?	<ul style="list-style-type: none"> • Nutritional supplements are often easier to consume than a meal. • Drink slowly and take small sips. • Consume before taking tea, coffee or Jell-O[®], which have little nutrition. • Talk to your nurse.
Worried about sugar?	<ul style="list-style-type: none"> • Nutritional supplements usually do not cause a sharp increase in blood sugar.

Questions? Ask to speak to the unit dietitian.

Tips for Enjoyment

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Worried about sugar?	<ul style="list-style-type: none"> • Nutritional supplements usually do not cause a sharp increase in blood sugar.

Questions? Ask to speak to the unit dietitian.

How to Administer *Med Pass*

This tip sheet is step-by-step guide for nursing staff on how to deliver *Med Pass* to patients.

1. Collect a few bottles of _____ from the medication room fridge before going to your cart to deliver medications. Shake well before use.
2. Check the _____ to see which patients have been prescribed *Med Pass*. Following the measurement lines on the *Med Pass* cups (image on page), pour out _____ mL of *Med Pass*.
3. Record as administered or refused.
4. Empty bottles can be recycled. For bottles containing leftover product: secure lid, write date and time on top, and **store in fridge**. Discard any bottles that have been opened for more than **24 hours**. If left at room temperature, opened ONS must be discarded after **4 hours**.
5. Order more ONS and/or cups when supply is running low.
 - For those ordering currently from Calgary or Edmonton Zone warehouses, please continue ordering as you have been doing (Reference: Oracle Number: 326706)
 - For all other sites, the product is available via Sysco. Please co-ordinate with your Patient and Food Services manager for ordering using the following information:
 - Supplier item number: 5446988 (CUP PLASTIC ENSURE GLUCERN)
 - Pack size: 1 X 1820CT
 - Cost per case: \$0.01
6. Notify dietitian if any patient refuses *Med Pass* for more than 2 days in a row.



Notes:

- Unless another product is prescribed, Ensure[®] Protein Max is the default product for adult patients, available in vanilla and chocolate flavours.
- If patient prefers strawberry flavour, substitute with strawberry Ensure[®] Plus (90 mL).
- Diabetes: use prescribed product. Do not use Glucerna[®] for *Med Pass*.
- If patient needs additional fluid to swallow medications, provide water instead of extra ONS.

Med Pass Communication Tips

Below are some tips for how to explain *Med Pass* to patients and encourage them to take Oral Nutritional Supplements (ONS).

Nutritional supplements are like medications. They help you with your nutrition and assist you in recovering and healing faster!

If you are having difficulties drinking your supplement, please let me know. I can offer you some tips to help you with it!

The nutrition supplement is taken with medications. It is safe for people with lactose intolerance, and contains extra nutrients to help you get better quicker!

Weekly *Med Pass* Tracking Sheet

Week:	1. Each time <i>Med Pass</i> is given, mark the box with a ✓. 2. If patient drank <i>more than half</i> , mark a Y in the same box. If patient drank <i>less than half</i> , mark an N in the same box.								Weekly weight
<i>Med Pass</i> Prescription	Dose	Mon	Tue	Wed	Thu	Fri	Sat	Sun	kg or lb
Patient: _____	1								
ONS product: _____	2								
Dose volume: _____ mL	3								
Frequency: _____ times per day	4								
	5								
Patient: _____	1								
ONS product: _____	2								
Dose volume: _____ mL	3								
Frequency: _____ times per day	4								
	5								
Patient: _____	1								
ONS product: _____	2								
Dose volume: _____ mL	3								
Frequency: _____ times per day	4								
	5								
Patient: _____	1								
ONS product: _____	2								
Dose volume: _____ mL	3								
Frequency: _____ times per day	4								
	5								
Patient: _____	1								
ONS product: _____	2								
Dose volume: _____ mL	3								
Frequency: _____ times per day	4								
	5								
Patient: _____	1								
ONS product: _____	2								
Dose volume: _____ mL	3								
Frequency: _____ times per day	4								
	5								
Patient: _____	1								
ONS product: _____	2								
Dose volume: _____ mL	3								
Frequency: _____ times per day	4								
	5								

Med Pass Staff Survey

Thank you for taking the time to complete this survey. It should only take a few minutes.

Unit: _____

Discipline: _____

1. What do you see as your role in <i>Med Pass</i> ?			
2. In your opinion, how important is <i>Med Pass</i> , and why ?			
<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Moderately	<input type="checkbox"/> Very
3. In your opinion, how effective is <i>Med Pass</i> , and why ?			
<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Moderately	<input type="checkbox"/> Very
4. How much has <i>Med Pass</i> affected your work load? Please explain.			
<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Moderately	<input type="checkbox"/> Very
5. Which aspects of <i>Med Pass</i> are working well?			
6. Which aspects of <i>Med Pass</i> can be improved?			
7. Do you have any other ideas to improve the <i>Med Pass</i> program?			

Thank you for taking part in our survey.

Supplement Drink Survey



You have been given a supplement drink between meals to give you more protein and calories. Taking the supplement drink helps you have better nutrition. Please tell us what you think.

Room number: _____

1. How many times a day are you given a supplement drink? (Circle one)

0 1 2 3 4 5

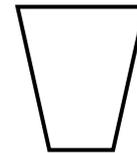
2. How much of the nutrition supplement do you usually drink? (Circle one)



None



Some



All

3. If you picked **None** or **Some**, what is the reason? (Circle one)

a) No appetite

b) Feel nauseous

c) Other: _____

4. What flavour do you like best? (Circle one)

a) Vanilla

b) Chocolate

c) Strawberry

d) Other: _____

5. Do you have anything to add?

Thank you for your time.