

September 28, 2020

Doris Lefkowitz
Reports Clearance Officer,
Agency for Healthcare Research and Quality
540 Gaither Road
Rockville, MD 20850

120 South Riverside Plaza
Suite 2000
Chicago, Illinois 60606-6995
800.877.1600

1120 Connecticut Avenue NW
Suite 460
Washington, D.C. 20036

Reference: AHRQ Safety Program for Improving Surgical Care and Recovery

Dear Ms. Lefkowitz:

The Academy of Nutrition and Dietetics (the “Academy”) appreciates the opportunity to submit these comments to the Agency for Healthcare Research and Quality relative to its July 28, 2020 request for comment on the information collection: *AHRQ Safety Program for Improving Surgical Care and Recovery*. Representing more than 107,000 registered dietitian nutritionists (RDNs),¹ nutrition and dietetics technicians, registered, and advanced degree nutritionists, the Academy is the largest association of food and nutrition professionals in the world and is committed to a vision of the world where all people thrive through the transformative power of food and nutrition. Every day our members provide medical nutrition therapy for patients in clinical settings, including pre- and post-surgery.

The Academy supports this information collection to further define the limits and criteria for optimal outcomes for patients undergoing surgery. We offer the below comments and suggestions to enhance the utility of the information collection and especially to improve awareness of the importance of nutrition care at all stages of the surgical process.

I. The ERAS Protocol

The enhanced recovery after surgery (ERAS) protocol is an evidence based, multidisciplinary approach to improving surgical outcomes.² The effectiveness of ERAS has been reviewed in several surgical specialties and has shown to be beneficial in colorectal, gastric, and liver surgeries.³ Some of the benefits of implementing an ERAS protocol include decreased length of stay and reduced postoperative complications.⁴ The protocol requires a multidisciplinary, collaborative approach, with the main components of the protocol being preoperative counselling, optimization of nutrition, standardized analgesic and anesthetic regimens and early

¹ The Academy approved the optional use of the credential “registered dietitian nutritionist (RDN)” by “registered dietitians (RDs)” to more accurately convey who they are and what they do as the nation’s food and nutrition experts. The RD and RDN credentials have identical meanings and legal trademark definitions.

² Melnyk M, Casey RG, Black P, Koupparis AJ. Enhanced recovery after surgery (ERAS) protocols: Time to change practice?. *Can Urol Assoc J*. 2011;5(5):342-348.

³ Pędziwiatr M, Mavrikis J, Witowski J, et al. Current status of enhanced recovery after surgery (ERAS) protocol in gastrointestinal surgery. *Med Oncol*. 2018;35(6):95.

⁴ Elias KM, Stone AB, McGinagle K, et al. The Reporting on ERAS Compliance, Outcomes, and Elements Research (RECOVER) Checklist: A Joint Statement by the ERAS® and ERAS® USA Societies. *World J Surg*. 2019;43(1):1-8.

mobilization.⁵ With one of the key elements of the protocol being perioperative nutrition, dietitians can play a pivotal role in successfully implementing ERAS. According to Nartowicz et al, “the comprehensive perioperative care protocol for improving the treatment results requires the need for cooperation of specialists and all medical staff related to perioperative care - not only a surgeon or anesthetist, but also a physiotherapist or dietitian.”⁶ Recognized internationally, ERAS has more recently began gaining popularity in the United States.

II. Surgical Outcome is Dependent on Nutrition Care

When optimal, nutritional status facilitates surgical recovery and shortens recovery duration. Malnutrition at the pre-surgical stage is directly associated with poor outcomes, comorbidities, 30- and 60-day mortality, readmissions and further complications.^{7,8,9,10,11} Multidisciplinary post-surgical care should include qualified nutrition professionals, and is critically important to improve outcomes and prevent numerous post-operative complications.^{12,13} Unintentional weight loss in particular is directly related to complications post-surgery.¹⁴ Nutrition status can be affected by food security, which is also associated with hospital readmissions.¹⁵

Academy members described how malnutrition and post-surgical care impacted patients and altered clinical outcomes.

⁵ Melnyk M, Casey RG, Black P, Koupparis AJ. Enhanced recovery after surgery (ERAS) protocols: Time to change practice?. *Can Urol Assoc J.* 2011;5(5):342-348.

⁶ Nartowicz M, et al. Perioperative nutrition according to the ERAS protocol. *Journal of Education, Health and Sport,* 2018 Dec; 8(12): 785-792.

⁷ Tsantes AG, Papadopoulos DV, Lytras T, et al. Association of malnutrition with surgical site infection following spinal surgery: systematic review and meta-analysis. *J Hosp Infect.* 2020 Jan;104(1):111-119..

⁸ Mignini EV, Scarpellini E, Rinninella E, et al. Impact of patients nutritional status on major surgery outcome. *Eur Rev Med Pharmacol Sci.* 2018;22(11):3524-3533.

⁹ Sagawa M, Yoshimatsu K, Yokomizo H, et al. Pulmonary Dysfunction Function and Poor Nutritional Status are Risk Factors for Remote Infections Following Surgery for Colorectal Cancer. *J Nippon Med Sch.* 2018;85(4):208-214.

¹⁰ Whittle J, Wischmeyer PE, Grocott MPW, Miller TE. Surgical Prehabilitation: Nutrition and Exercise. *Anesthesiol Clin.* 2018;36(4):567-580.

¹¹ Ho JW, Wu AH, Lee MW, et al. Malnutrition risk predicts surgical outcomes in patients undergoing gastrointestinal operations: Results of a prospective study. *Clin Nutr.* 2015;34(4):679-84.

¹² Lopez-Delgado JC, Muñoz-Del Rio G, Flordelis-Lasierra JL, Putzu A. Nutrition in Adult Cardiac Surgery: Preoperative Evaluation, Management in the Postoperative Period, and Clinical Implications for Outcomes. *J Cardiothorac Vasc Anesth.* 2019 Nov;33(11):3143-3162.

¹³ Narenda K, et al. Impact of nutritional status/risk and post-operative nutritional management on clinical outcomes in patients undergoing gastrointestinal surgery. *J Human Nutr Diet.* 2020;33(4):587-597.

¹⁴ Skeie E et al. Weight loss and BMI criteria in GLIM's definition of malnutrition is associated with postoperative complications following abdominal resection: Results from a National Quality Registry. *Clinical Nutrition.* 2020; 39(5):1593-1599.

¹⁵ Swinburne M, Garfield K, Wasserman AR. Reducing Hospital Readmissions: Addressing the Impact of Food Security and Nutrition. *J Law Med Ethics.* 2017 Mar;45(1_suppl):86-89.

- "I have warned surgeons not to do elective surgeries on severely malnourished patients because they are more likely to have a poor outcome - I have then stood by and watched these poor patients have surgery anyway (despite my warning) and I have watched them die. This is not an exaggeration - this actually happens! By reminding nurses, physicians, and the whole care team about the importance of nutrition and impact malnutrition can have on outcomes, I believe we will save lives."
- "I have observed patients who entered the hospital malnourished and those who became more malnourished while in the hospital. Currently in one of my facilities are two patients whose surgeon does not recognize the importance of nutrition for healing and recovery. Even though dietitians have requested nutrition progression, one patient has been NPO and on clear liquid diet for 14 days and the other for 17 days. This long after surgery, these patients should have been discharged home or to a rehab facility. Because they are now malnourished, they are weak and unable to progress with physical therapy as they should. They have also developed complications that could have been avoided had they received adequate nutrition."
- "Many patients may enter the hospital with an acute illness and end up nutritionally compromised or malnourished due to that acute illness or emergent surgery. Patients who cannot maintain their oral intake for a short period of time may not seem like a big deal, however, when this reduction in food intake is coupled with increased nutritional needs from their diagnosis, wound healing and treatment, malnutrition from an acute illness happens very quickly. A loss of lean body mass occurs quickly. The downhill slide takes its huge toll on length of stay, development of other comorbidities, pressure ulcers and readmissions, and ultimately poor quality of life and increased costs to everyone."

III. Specific Suggestions for Survey Questions

Based on the above issues and concerns, the Academy respectfully recommends the following additions.

Because dietitians are recognized as a multidisciplinary team member in the implementation of ERAS, and ERAS is linked to improved patient safety and outcomes:

1. In Attachment B (Safety Culture Survey), Section H, the Academy recommends adding an option in which facility staff can identify themselves as a "Registered Dietitian Nutritionist (RDN)."

Because multidisciplinary collaboration is pertinent to a implementing a successful ERAS protocol and improving surgical outcomes:

1. In Attachment B, Section B, the Academy recommends adding a question regarding collaboration on the perioperative plan of care, including medical nutrition therapy. Suggested wording: "Is a perioperative plan of care including medical nutrition therapy implemented for each patient undergoing surgery?"
2. In attachment B, Section B, the Academy recommends adding a question regarding NPO protocols. Suggested wording: "Has your facility established and implemented a protocol for

placing patients undergoing surgery on NPO and criteria for subsequent advancement to oral diets?”

For increased clarity and utility of the questions in Attachment B, Section A:

1. Questions 1 and 9 in this section are nearly identical, so the Academy recommends rewording or deleting one of these questions.
2. The Academy recommends Question 4 be reworded to say: “When we see someone doing something unsafe for patients, even if that person has more authority, we speak up.”

To help capture nutrition’s role as part of the perioperative plan of care in regards to patient experience and outcomes:

1. In Attachment D (Patient Experience Survey), Section 1, the Academy recommends adding a question regarding pre-surgical nutrition recommendations. Suggested wording: “Before your surgery, did your surgeon’s office or member of the hospital staff review nutrition recommendations?”
2. In Attachment D, Section 3, the Academy recommends adding a question regarding the communication around post-surgical nutrition recommendations. Suggested wording: “Before you left the hospital, did a member of the hospital staff review nutrition recommendations?”
3. In Attachment D, Section 3, the Academy recommends adding a question regarding unintentional weight loss. Suggested wording: “Did you lose weight during your stay in the hospital without intending to? Please estimate how much weight you lost in this way. 1-5 lbs, 6-10 lbs, 11-15 lbs, more than 15 lbs.”
4. In Attachment D, Section 3, Question 18 uses the non-specific term “help.” The Academy recommends that additional questions be added to address whether the patient needed assistance with food access, food security, food preparation, or access to essential kitchen equipment and potable running water after surgery. Suggested wording: “After leaving the hospital, did you need assistance with food shopping, having enough to eat and food preparation? After leaving the hospital, did you need assistance with being to access a stove, refrigerator, and clean running water?”

The Academy appreciates your consideration of our comment for the *AHRQ Safety Program for Improving Surgical Care and Recovery* information collection. Please contact either Jeanne Blankenship at 312-899-1730 or by email at jblankenship@eatright.org or Mark Rifkin at 202-775-8277 ext. 6011 or by email at mrifkin@eatright.org with any questions or requests for additional information.

Sincerely,



Jeanne Blankenship, MS, RDN
Vice President
Policy Initiatives and Advocacy
Academy of Nutrition and Dietetics



Mark E. Rifkin, MS, RDN
Manager
Consumer Protection and Regulation
Academy of Nutrition and Dietetics