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Taking a Bite Out of Malnutrition

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Taking a Bite Out of Malnutrition

An Inter-professional Journey to Decrease Readmission Rates Among the Malnourished Elderly Resource UPC

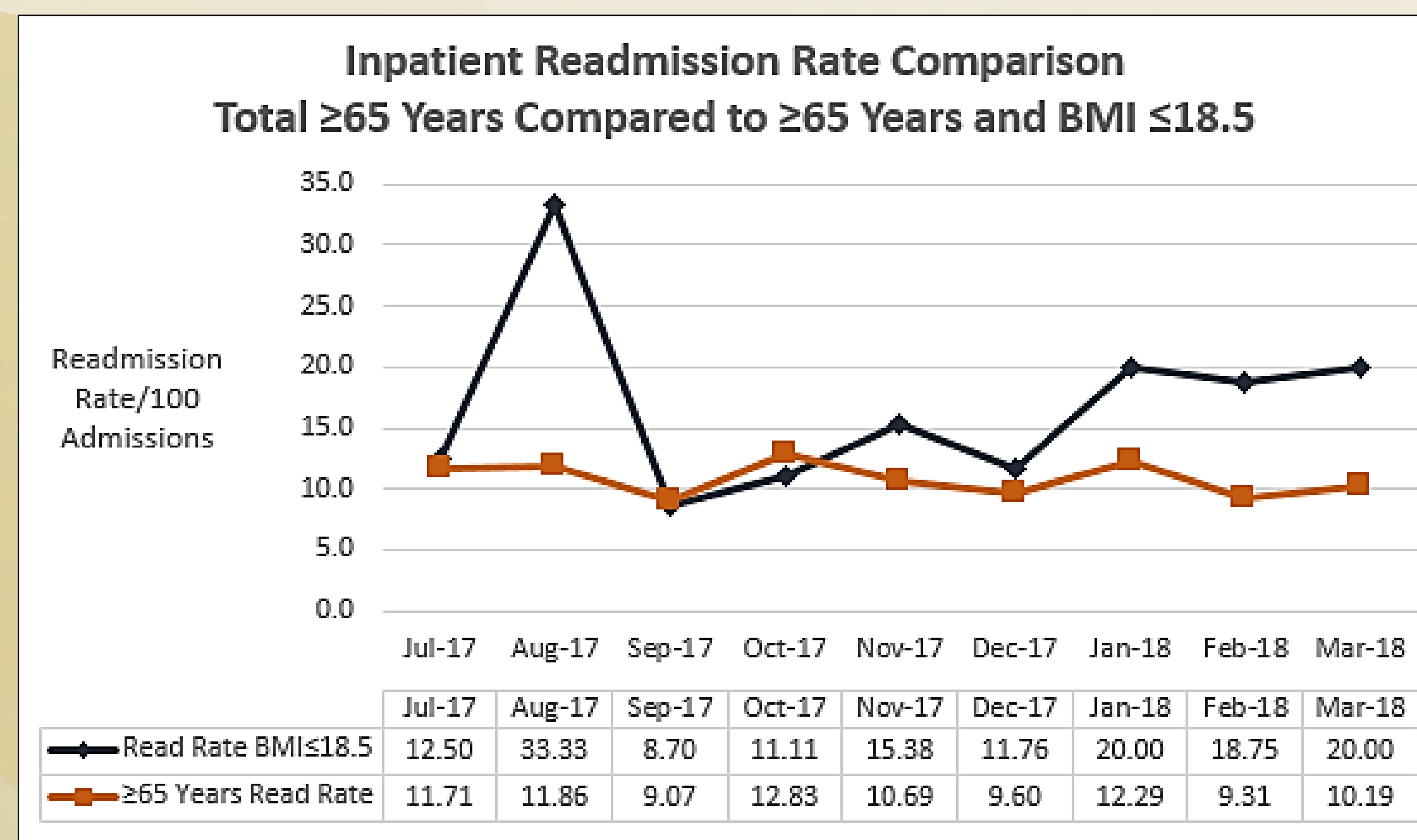
Background

What is Known:

- Globally 30-50% of inpatients are malnourished.
- Malnutrition is commonly overlooked and underreported.
- Malnutrition Consequences:
 - Slower recovery, increased risk of Hospital Acquired Pressure Injuries (HAPI), mortality, falls, post operative infections and readmissions.
- Rapid identification of malnutrition along with multiple Evidence-Based Practice (EBP) interventions will improve patients' nutritional status.

Doctors Hospital:

- May 2017, Dietitians noted an influx of malnutrition referrals with the use of new Malnutrition Screening Tool (MST).
- In 2018, 4357 patients were admitted, 70% of inpatients were 65 years of age or older.
- Readmission rate for malnourished underweight elderly patients was on the rise.



Aim

Decrease the 30-day readmission rate of the ≥ 65 year old patient who is malnourished underweight



Methods

Setting:

- 281 bed Acute Care Adult Hospital in an urban setting

Sample:

- Inclusion criteria: Inpatients ≥ 65 years of age, BMI ≤ 18.5, no dysphagia
- Exclusion criteria: Inpatients on nutrition support (i.e. enteral/parenteral), eating disorders, and patients who require liquid thickeners as recommended by the Speech Therapist
- **Project Launch: 9/17/2018**

Identify Patients at Risk

Nursing: Adult Patient History, MST, Weight, and Height
Dietitian: Malnutrition Assessment Questionnaire, Low BMI Report

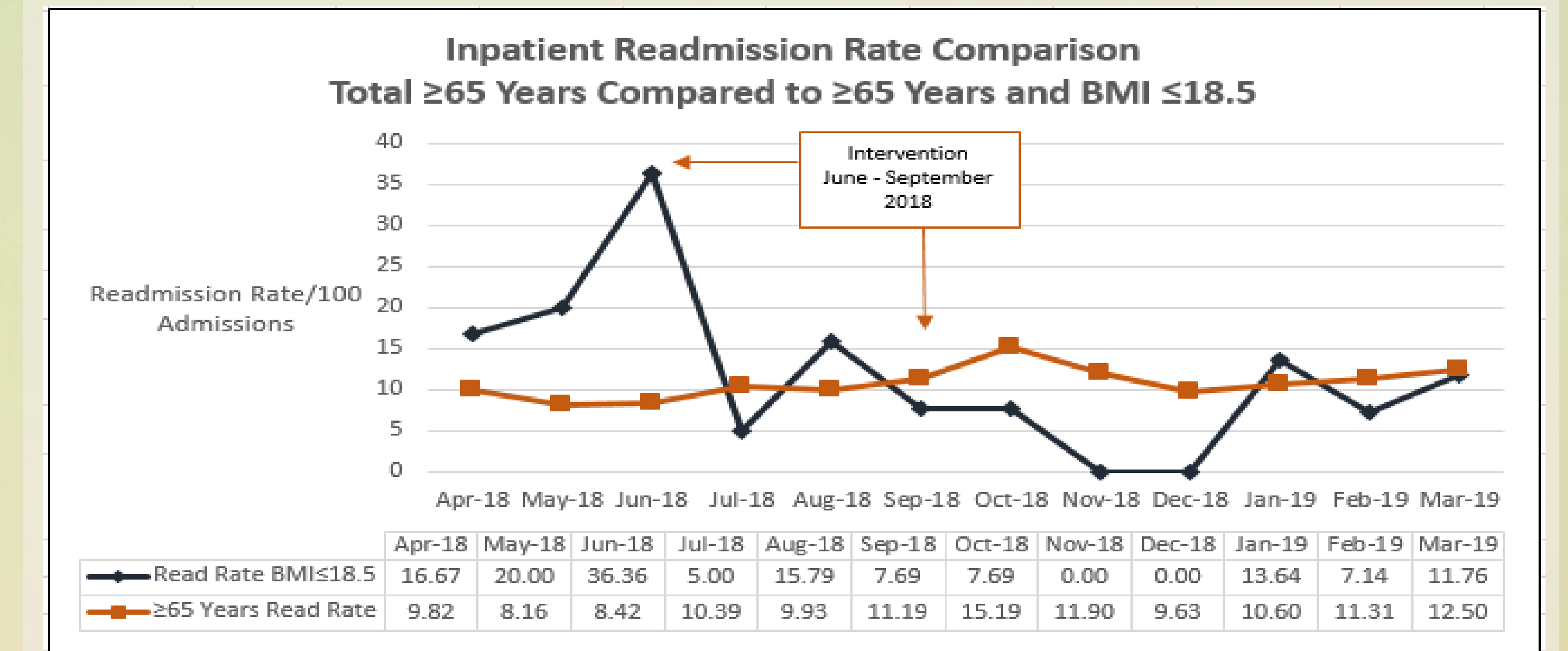
Care Provisions

Pharmacist: Medications Affecting Appetite
Social Worker: Evaluation
Dietitian: Education, Provision of High Calorie, High Protein Diet and Oral Nutritional Supplements (ONS)

Discharge Education

Dietitian: Diet and ONS Reinforcement, Coupons, Meal Resources, 5 Day Supply ONS and 1 Week Follow - Up Discharge Call

Outcomes



- **61.5% reduction in 30-day readmission rate**

Discussion

- Implementation of inter-professional collaborative effort with practical, evidence-based, low cost nutritional and educational interventions resulted in:
 - Reduction of the 30-day inpatient readmission rates
 - Improved nutritional status and well-being for underweight malnourished elderly patients
- Implications for practice:
 - Policy and procedure updates
 - Education for care providers
 - Finalize Roll Out
 - Continue to monitor and improve as appropriate

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