Taking a Bite Out of Malnutrition

Virginia Miyar  
*Doctors Hospital, VirginiM@baptisthealth.net*

Maria Montoya  
*Doctors Hospital, MariaM9@baptisthealth.net*

Roberto Roman Laporte  
*Doctors Hospital, robertrl@baptisthealth.net*

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**Background**

What is Known:
- Globally 30-50% of inpatients are malnourished.
- Malnutrition is commonly overlooked and underestimated.
- 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.

**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

**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

**Aim**

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

**References**