Taking a Bite Out of Malnutrition

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**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.

**Objective**

The goal of the Performance Improvement (PI) Project was to decrease the 30-day readmission rate of the ≥ 65 year old malnourished, underweight patients.

**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

**Inter-professional Interventions**

- **Nursing:** Adult Patient History, MST, Weight, and Height
- **Dietitian:** Malnutrition Assessment Questionnaire, Low BMI Report
- **Pharmacist:** Medications Affecting Appetite
- **Social Worker:** Education, Provision of High Calorie, High Protein Diet and Oral Nutritional Supplements (ONS)
- **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:
  - 61.5% Reduction of the 30-day inpatient readmission rates
  - Improved nutritional status and well-being for underweight malnourished elderly patients
  - OBSERVATION: Non-participating patients had an increased 30-day readmission rate of 31.8% from pre to post-intervention

- Implications for practice:
  - Policy and procedure updates
  - Education for care providers
  - Finalize Roll Out
  - Continue to monitor and improve as appropriate

**References**


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