

Malnutrition Prevalence Study Utilizing nutritionDay in the U.S.

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Learning Outcome

Participants will determine methods to benchmark malnutrition prevalence in acute care hospitals and identify target areas requiring interventions to improve malnutrition rates.

Introduction

- The number of malnourished hospitalized patients exceeds the number of patients affected by healthcare acquired infections and medication errors combined on an annual basis.
- Malnutrition contributes to poor healing, higher rates of morbidity and mortality and higher costs to healthcare.
- nutritionDay provides an online database for individual hospitals to compare against similar facilities and track internal progress at minimizing healthcare malnutrition annually.

Methods

Data collected:

- Demographics
- ICU & hospital stay
- Surgical status
- Discharge outcome
- Readmission within 30 days
- Method and amount of nutritional intake
- Weight changes
- Patient's perception of their health
- Ability to ambulate

Data collected on every adult patient admitted to two acute care medical-surgical units.

Sample size = 43 patients

The data for each patient was entered into the online nutritionDay database and benchmarking reports were generated.

Data collected November 8, 2012

UVA Results

(National comparison values in parenthesis)

- Average length of stay (14 days)
 - 5C: **8 days**
 - 3W: **11 days**
- Discharged to home
 - 63%** (69%)
- Readmission within 30 days
 - 18%** (8.5%)
- Weight loss within 3 months prior to admission
 - 46%** (45%)
- Poor appetite prior to admission
 - 52%** (33%)
- NPO on the day of data collection
 - 26%** (7%)
- Patients (who were allowed to eat) consumed <50% of meals due to nausea or poor appetite during admission
 - 40%** (44%)
- Patients who ate their entire meal tray
 - 46%** (44%)

Discussion/Conclusion

Dietitians and other healthcare providers can partner to reduce risk factors for the development of malnutrition during hospitalization.

Interventions planned based on results:

- Reducing length of time patients are NPO prior to surgery or procedure
- Decreasing time for diet order advancement after surgery or procedure
- Referral to outpatient nutrition clinics, especially within first 30 days of discharge
- Improve nutrition screening referral process
- Nurse Nutrition Champion for each nursing floor



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