

April 2016

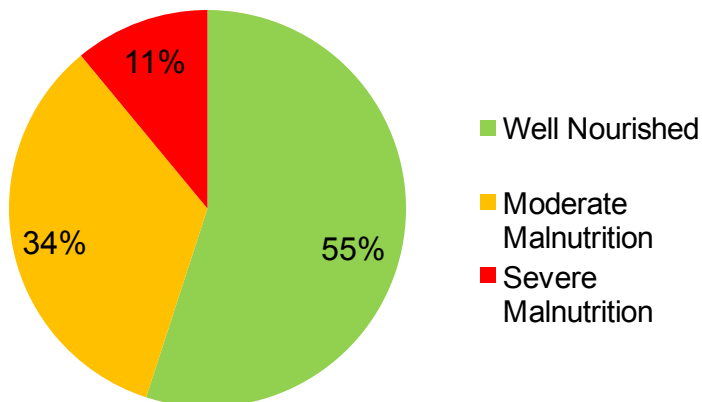
Fact Sheet

Malnutrition in AHS

Malnutrition Fast Facts

- Almost half of adult patients admitted to hospital are malnourished.¹
- At discharge, 29% remained malnourished and 20% had declined nutritional status.² However, only 1% of patients had a malnutrition diagnosis (ICD-10) at discharge from AHS hospitals.³
- Malnourished patients have on average 2 days longer length of stay.¹
- Almost 1 in 3 patients eat less than half of the meal given to them.¹

Canadian Prevalence of Hospital Malnutrition at Admission¹ - Subjective Global Assessment [SGA] (n=1015)



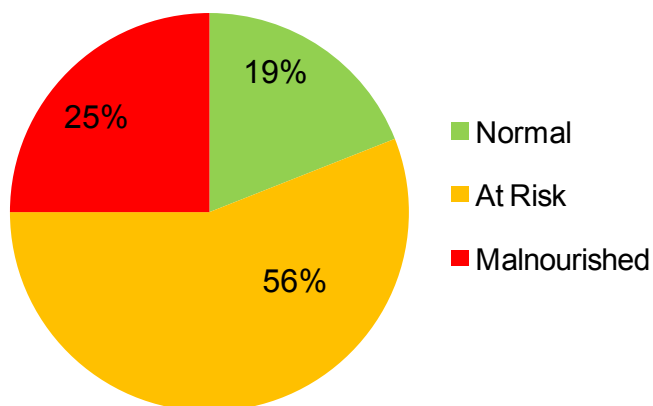
What is Malnutrition?

Inadequate intake of protein/energy over a period of time resulting in loss of fat and/or muscle stores.

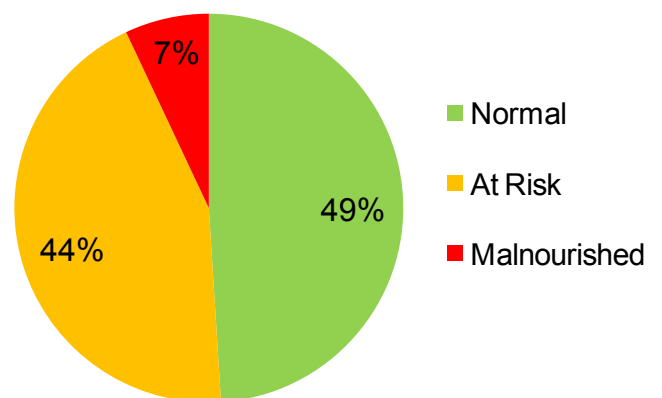
Malnutrition can lead to:

- Functional impairment
- Delayed recovery
- Increased risk of infection and other complications
- Slowed growth and development in children
- Increased risk of mortality

Prevalence of Malnutrition Risk in Long Term Care at Admission



Prevalence of Malnutrition Risk in Supportive Living at Admission

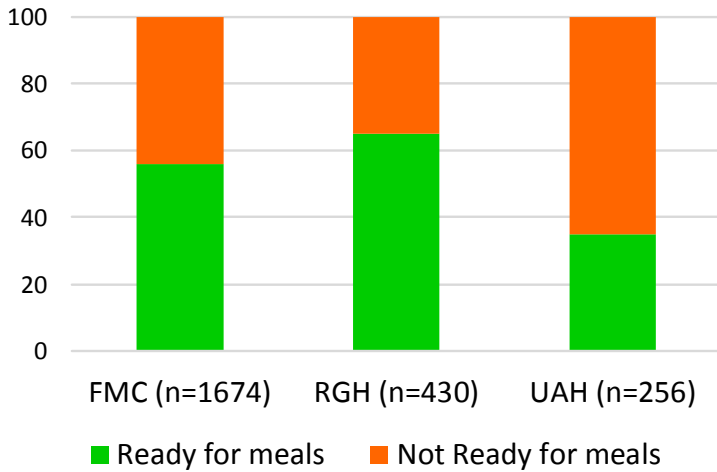


Data from Central Zone (n=3503); Mini Nutritional Assessment (MNA-long form) completed by dietitians as part of initial assessment (2006-2016)

Data from pilots for Supportive Living (DSL4/4D) in 2014/15. Calgary (n=92) and Edmonton (n=132); MNA-short form data collected in Calgary by dietitians and in Edmonton by nurses.

Optimizing Patient Food and Fluid Intake in Hospital

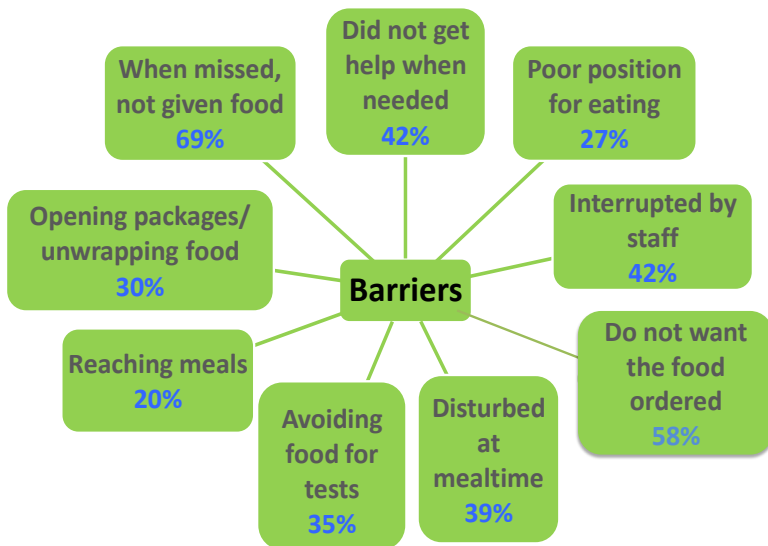
Patient Readiness for Meals



Average patient readiness for all meals (quality improvement data collected by meal observations in 2015/2016)

- "Not ready for meals" includes sleeping, not upright, messy table, patient not in room, delay in eating due to medical treatment
- Readiness for meals and barriers to optimal meal experience differed among patient care units.
- Most frequent reason was patient was not in an upright position.

Patient Reported Barriers to Food Intake⁴

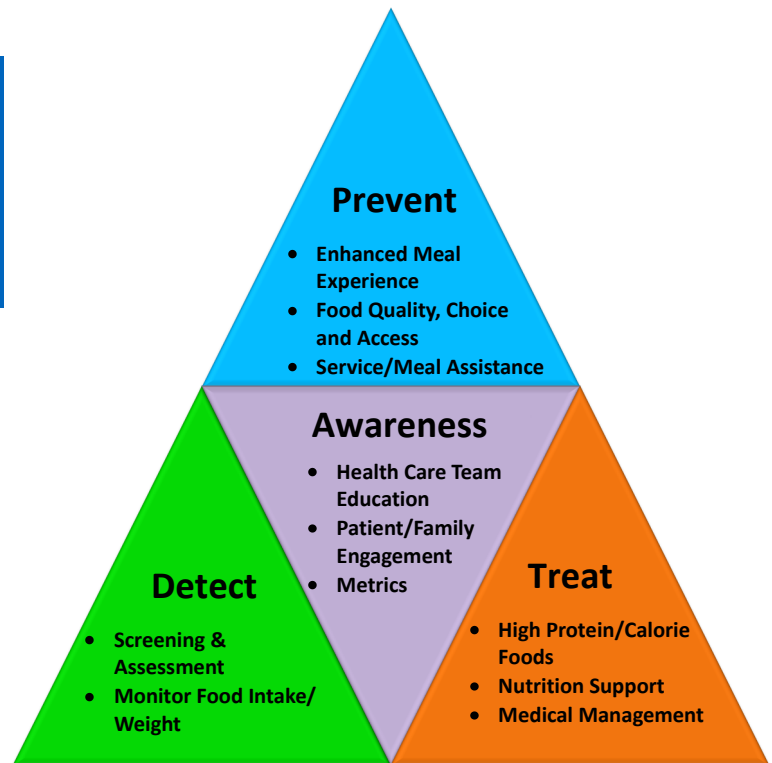


What is Enhancing the Patient Meal Experience?

Patient perception of their meal experience influences optimal food/fluid intake as a result of factors including:

- Meal environment, timing and set up
- Positive interactions and minimal interruptions at meals
- Food quality, choice and access
- Customer service/meal assistance

Framework for Addressing Malnutrition



The facts on prevalence of malnutrition demonstrate this is an important patient issue that must be addressed.

The Canadian Malnutrition Task Force (CMTF) recommends a framework which includes Detection, Prevention and Treatment of malnutrition to improve quality care and patient outcomes.

References

- 1 Allard JP, Keller H, Jeejeebhoy KN, Laporte M, Duerksen DR, Gramlich L, et al. Malnutrition at hospital admission-contributors and effect on length of stay: a prospective cohort study from the Canadian Malnutrition Task Force. *J Parenter Enteral Nutr* 2015 [cited 2016 April 6] Available from: [ePub – ahead of print]
- 2 Allard JP, Keller H, Jeejeebhoy KN, Laporte M, Duerksen DR, Gramlich L, et al. Decline in nutritional status is associated with prolonged length of stay in hospitalized patients admitted for 7 days or more: a prospective cohort study from the Canadian Malnutrition Task Force. *Clin Nutr* 2015 [cited 2016 April 6] Available from: [ePub – ahead of print]
- 3 Alberta Health Services. Discharge abstract database diagnosis. (ICD-10 codes at discharge to identify malnutrition E43, E44, E46, E65, R63.4, R636.6, R65) annually from 2010-2014. Retrieved May 2015 from Analytics (DIMR).
4. Keller H, Allard J, Vesnaver E, Laporte M, Gramlich L, Bernier P, et al. Barriers to food intake in acute care hospitals: a report of the Canadian Malnutrition Task Force. *J Hum Nutr Diet* 2015; 28(6):546-57.