

Connecting malnourished hospital patients with community services & nutrition support

Building bridges and care processes for the recently discharged malnourished patient

H Keller, C Laur, L Gramlich, M Stickles-White, R Nasser, D Butterworth, M Tom, B Hotson, J Bell **Contact** (Heather Keller, hkeller@uwaterloo.ca)



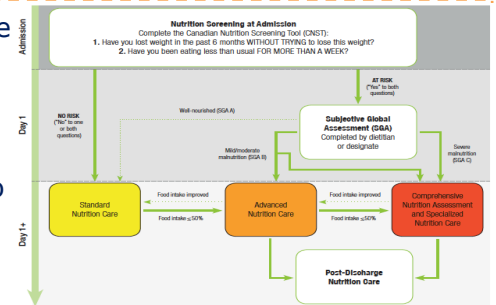
Background: 20-45% of hospital patients are malnourished^{1,2}; most are discharged in the same state or worse³ with 25% losing weight 30-days post-discharge⁴. Community dietetic consults are rare (~10%)⁵, while readmission is common (~20%)⁶. The Integrated Nutrition Pathway for Acute Care⁷ (INPAC; right) recommends discharge planning to meet the on-going needs of malnourished patients. **Rationale:** Feasible models to guide hospitals and communities with providing appropriate nutrition care for discharged malnourished patients are needed. **Objective:** To develop an innovative collaboration model, algorithm & tools to support nutrition treatment & services for discharged malnourished patients.

Planned activities & deliverables: **Setting:** 4 hospitals & their catchment area in 4 provinces (Ontario, Saskatchewan, Manitoba, & Alberta) **Steps:** Each hospital will be tasked with: 1) collaborating with community service providers (via stakeholder meetings), including patients (via focus groups), to develop an algorithm for post hospital discharge care to prevent readmission and weight loss, 2) develop and test tools to support weight gain & appropriate service referrals for malnourished patients post discharge. These algorithms and local tools will be amalgamated into generic versions that can be tailored and spread, including internationally, to promote strategic advances to nutrition care. Key informant interviews with hospital and community decision makers & stakeholders (n=~20-30) will be conducted to develop a model for intersectoral collaboration to address the needs of malnourished hospital patients. A toolkit will be created and shared on the Canadian Malnutrition Task Force (CMTF) website (nutritioncareinCanada.ca).

- **Deliverables:** Model & strategies for advancing intersectoral collaboration on malnutrition; generic algorithm, to be tailored to local context; educational materials & tools to be used at discharge.
- **12-months:** 1) Ethics review, data agreements; 2) patient focus groups; 3) hospital & community stakeholder meetings to develop local algorithm; 4) develop tools to support patients post discharge
- **24 months:** 1) Key informant interviews, 2) transcription, analysis 3) develop model of collaboration 4) develop generic algorithm, tools, example resources; 5) disseminate (CMTF, Canadian Nutrition Society, Canadian Patient Safety Institute, UK NNEdPro Global Centre for Nutrition and Health etc.)

Resources & enablers:

- **Personnel, financial needs:** local champions; researcher for conduct of focus groups & interviews
- **Spending:** Site funding (€10,400); researcher time (€9000); researcher travel to sites (€5000); transcription(€3500); NVivo analysis program (€100); conference travel (€2000)
- **Factors for success:** Hospitals and champions have worked with the international investigators on the More-2-Eat project (m2e.nutritioncareinCanada.ca/) and have succeeded at improving care in hospital.



Results/outcomes & expected impact

Implementation: The team has demonstrated success in INPAC implementation², excepting discharge planning for malnourished patients. Targeted efforts to build intersectoral collaboration to advance nutrition care in the community are needed. **Contribution to nutritional care:** Currently, best practices for preventing, detecting and treating malnourished patients in the community, especially as they transition from hospital, are rare⁸. CMTF is hosting a national Knowledge Exchange to understand the current state in Canada. Sectoral divides exist and a collaboration model, generic algorithm, educational material and tools will provide a strong foundation to advancing nutrition care in the community. **Innovation:** There is a gap between hospital and community/primary care for malnourished patients^{4,58}, yet no generic algorithm and tools to support continuation of quality care post discharge, that can be tailored to local context, are available. **Policy impact:** CMTF advocates for improved nutrition care, consulting key decision makers (e.g. Accreditation Canada). This project fills a current knowledge gap necessary to advance nutrition care standards & policy specific to transitions of care. **Transferability:** A generic algorithm, which can be tailored to the local context, educational materials, tools and a model for collaboration will be based on 4 hospitals in provinces with very different community and primary care resources, leading to transferability within Canada. Deliverables, especially the model and strategies for collaboration, will be useful for other countries interested in improving hospital transitions for malnourished patients.

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References: 1. Allard JP, et al. Malnutrition at Hospital Admission—Contributors and Effect on Length of Stay. *JPEN*. 2016;40:487-497. 2. Keller et al. Multi-site implementation of nutrition screening and diagnosis in medical care units: success of the project More-2-Eat. *Clin Nutr*. 2018;1-9. doi.org/10.1016/j.clnu.2018.02.009 3. Allard 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. *Clin Nutr*; 2016 (1):144-152. 4. Keller et al. Prevalence and predictors of weight change post discharge from hospital: a study of the Canadian Malnutrition Task Force. *Eur J Clin Nutr*. 2017 Jun;71(6):766-772 5. Keller et al. Patient-reported dietetic care post hospital for free-living patients: a Canadian Malnutrition Task Force (CMTF) study. *J Hum Nutr Diet*; 2017 doi.org/10.1111/jhn.12484. 6. Allard et al. Lower handgrip strength at discharge from acute care hospitals is associated with 30-day readmission: a prospective cohort study. *Clin Nutr*; 2016; 46 (6):1535-1542. 7. Keller et al. Update on the Integrated Nutrition Pathway for Acute Care (INPAC): post implementation tailoring and toolkit to support practice improvement. *Nutr*. 2018. 17:2. 8. State of the Nation. http://www.malnutritiontaskforce.org.uk/wp-content/uploads/2017/10/AW-5625-Age-UK-MTF_Report.pdf

