



Research Confirms Value of Oral Nutritional Supplements in Improving Hospital Outcomes

As hospitals look for new strategies to lower readmission rates, a poster session at Hospital Medicine 2014, the Society of Hospital Medicine's annual meeting, provided a wake-up call for healthcare professionals and the hospital community: malnutrition in hospitalized patients contributes to poorer outcomes.

The poster, previewed in an op-ed and recently [published on US News & World Report's website](#), summarized data from a retrospective analysis of more than 44 million adult patient hospital episodes in 460 hospitals between 2000 and 2010.

[Read more about the demonstrated findings.](#)

EXPERT SPOTLIGHT



Beth Quatrara, DNP, RN, CMS-RN, ACNS-BC, of the Academy of Medical-Surgical Nurses (AMSN) is in our Expert Spotlight this month. [Read her thoughts](#) regarding nursing's involvement in battling malnutrition.

NEW ALLIANCE DEVELOPMENTS



[Learn more](#) about several ways in which the Alliance and its partner organizations are focusing on malnutrition in patients.

NUTRITION IN THE NEWS

Prescribing Food Like Medicine Would Save Medicare Millions, WGBH

The Director of Harvard's Center for Health Law & Policy Innovation and the CEO of Community Servings, a Boston nonprofit, shares why it is important to recognize the connection between nutrition and disease treatment and management. [Read more](#)

Nutrition and ICU: Early Marker for Survival, *MedPage Today*

New research shows that patients in the ICU who are malnourished at the time of admission are at a higher risk of readmission and mortality within 30 days after discharge. [Read more](#)

FEATURE STORY



Research Confirms Value of Oral Nutritional Supplements in Improving Hospital Outcomes

Summary Findings Presented at Hospital Medicine 2014 in Las Vegas, March 24 – 27; Featured in US News & World Report

Because nearly one in five Medicare patients is readmitted within 30 days of hospital discharge at an estimated annual cost of \$26 billion, new rules under the Patient Protection and Affordable Care Act (ACA) apply a “stick” approach to reduce this cost burden. Specifically, Medicare has introduced penalties for hospitals that have high 30-day readmission rates, particularly among patients treated for acute myocardial infarction (AMI), congestive heart failure (CHF) and pneumonia – the three conditions responsible for the most hospital admissions and readmissions:¹

While it is well-established that these serious conditions are associated with substantially longer lengths of stay in the hospital, what is less appreciated is the extent to which malnutrition in hospitalized patients contributes to poorer outcomes. Accordingly, a team of researchers from the University of Southern California, Stanford University, The Harris School at The University of Chicago and Precision Health Economics conducted a research study designed to document the value of treating malnourished patients with oral nutrition supplements (ONS), which deliver macronutrients and micronutrients, as a strategy for reducing hospital readmissions.

The findings, discussed in an online op-ed (“[Is Nutrition the First Step in Addressing Hospital Readmissions?](#)”) published in the March 18, 2014 issue of US News & World Report, and presented during a poster session at Hospital Medicine 2014, the [Society for Hospital Medicine’s annual meeting](#) held March 24-27 in Las Vegas, represent an important wake-up call for healthcare providers and the hospital community. Supported with a research grant from Abbott Nutrition, the study used a national database of 44 million adult patient hospital episodes in 460 hospitals between 2000 and 2010 to determine differences in length of stay, episode cost and 30-day readmission rates when Medicare patients aged 65 and older were prescribed ONS versus those not receiving ONS. The results are noteworthy: ONS decreased the probability of 30-day readmission by 12% for AMI and 10.1 percent for CHF; decreased the average hospital length of stay by 16% decrease; and achieved a cost saving per episode of \$3, 079.

“Hospitals are going to be looking for ways to improve quality of care for Medicare patients in order to lower readmission rates and prevent fines,” said study co-author, Tomas Philipson, Ph.D., who is the Daniel Levin Chair of Public Policy at the University of Chicago. “This analysis suggests that use of oral nutritional supplements is a simple and cost-effective solution that hospitals can implement immediately.”

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FEATURE STORY



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Echoing this assessment, Dr. Robert H. Miller, Head of Global Research and Development, Scientific and Medical Affairs for Abbott Nutrition, wrote in the online US News & World Report op-ed: “As our healthcare system continues to face a growing Medicare population and rising costs, something as simple as empowering hospitals and all healthcare practitioners to screen and identify the nutritional status of their patients and educate them on the importance of nutrition, can go a long way in reducing costly health care problems.”

Learn more about this study or review additional data.

[Learn more about this study or review additional data.](#)

¹ [Health Affairs.org](#), “Will The Readmission Rate Penalties Drive Hospital Behavior Changes?” Feb. 14, 2013

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EXPERT SPOTLIGHT



Beth Quatrara, DNP, RN, CMSRN, ACNS-BC, Clinical Nurse Specialist-Advanced Practice Nurse 3, Director of PNSO Nursing Research Program, University of Virginia Health System: “Nursing involvement in battling malnutrition is paramount to helping patients recover faster and more fully.”

To gauge how involved nurses currently are in assessing the nutritional status of their patients, a survey was sent to [Academy of Medical-Surgical Nurses](#). (AMSN). Reported in November 2012, the results were very positive. One key finding is that the majority of medical-surgical nurses (60.8%) reported assessing patients’ nutritional status every shift, which is much more frequently than the Joint Commission requirement to screen all patients on admission. AMSN plans to conduct another membership survey regarding malnutrition in the near-term.

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NEW ALLIANCE DEVELOPMENTS



Recently, the Society of Hospital Medicine added a new resource room on treating malnutrition in the hospital to its longstanding [Center for Hospital Innovation and Improvement](#). Open to the public, each *Center* resource room provides links to web resources and clinical tools to improve inpatient care, including order sets, guidelines, templates, and worksheets.

In the case of malnutrition, the resource room summarizes information on the scope of the problem and the value of nutrition intervention and provides a link to the Alliance website. [Access the Society of Hospital Medicine's resource room on malnutrition.](#)

The [Academy of Nutrition and Dietetics Evidence Analysis Library \(EAL\)](#), a tool for Academy members and other professionals, is now accessed in more than 200 countries and houses more than 5,000 nutrition-focused research article references, evidence-based practice toolkits, educator modules, presentations and mobile apps. The Nutrition Screening and the Critical Illness Evidence-Based Nutrition Practice Guidelines found on the EAL provides evidence-based research that can be beneficial when addressing malnutrition, among several other resources. Looking for guidance on assessing or treating malnutrition? [Search the EAL.](#)

Also of note, the Alliance was featured in an article in Hospitals & Health Networks March edition. The article discussed the importance of nutrition for hospitalized patients and the effects of malnutrition on hospital outcomes. [Read a brief synopsis here.](#)

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NUTRITION IN THE NEWS

[Prescribing Food Like Medicine Would Save Medicare Millions](#), WGBH

In the continuing debate about how to control soaring healthcare costs, poor nutrition and lack of access to healthy food are routinely ignored.

This is the case despite the fact that in a country as wealthy as the United States, one in three patients nationwide enters the hospital malnourished, adding a host of additional health challenges to patients' prognoses and millions in additional health care costs.

[Nutrition and ICU: Early Marker for Survival](#), *MedPage Today*

Survivors of intensive care unit (ICU) critical illnesses who show signs of malnutrition at admission – especially protein-calorie specific malnutrition – are at significantly higher risk of re-admission within 30 days after hospital discharge and of 30-day and 90-day mortality, researchers reported.

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