



## Alliance Charts Progress in Addressing Hospital Malnutrition

Marking the one-year anniversary of the Alliance to Advance Patient Nutrition, a first-year progress report – [Alleviating Hospital-Based Malnutrition: A Baseline Progress Report](#) – issued August 13, 2014 finds growing recognition of hospital-based malnutrition in the U.S. and a greater focus on instituting effective nutrition practices in hospitals.

Calling the problem a “serious threat to the improved delivery of healthcare,” the report projects a significant rise in malnutrition in the years ahead, underscoring the need to ensure nutritional therapy is a critical component of quality care in the nation’s hospitals. Accordingly, the report finds that a growing number of hospitals are responding by implementing nutrition interventions.

[Read more](#) about the Alliance Baseline Progress Report.

## EXPERT SPOTLIGHT



**Donna Hunter, Clinical Nurse Specialist and Mary Ellen Dennison, Assistant Director for Nutrition and Food Services, WellStar Kennestone Regional Medical Center,** are in our Expert Spotlight this month.



[Read their thoughts](#) on battling malnutrition in Marietta, GA.

## NEW ALLIANCE DEVELOPMENTS



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



## NUTRITION IN THE NEWS

A new article in [the August 2014 issue of the journal Critical Care Nurse](#) shows that frequent lapses in nutrition delivery can put critically ill patients at greater risk for malnutrition and associated complications.

[\\$2 hospital meals could cause malnutrition, dietitians warn, CBC News](#)

Dietitians in Quebec, Canada are concerned about government cuts reducing the amount allotted for nutritious meals in hospitals, which could affect the recovery of patients.

## FEATURE STORY



## Alliance Charts Progress in Addressing Hospital Malnutrition

At a time when one in three Americans is malnourished upon admission to the hospital, a new report – [Alleviating Hospital-Based Malnutrition: A Baseline Progress Report](#) – finds growing recognition of this pervasive public health problem and a greater focus on instituting effective nutrition practices in hospitals.

Issued August 13, 2014 in recognition of the one-year anniversary of the Alliance to Advance Patient Nutrition, the report provides an assessment of the state of hospital-based malnutrition in the U.S., finding malnutrition affects patients of all ages and is prevalent among the medically underserved and older adults, especially those with chronic diseases such as cancer and cardiovascular disease. Moreover, because the number of Americans aged 65 and over is estimated to top 90 million by 2060, the report projects a significant increase in malnutrition in the coming years, underscoring the need to ensure nutrition therapy is a critical component of quality care in the nation’s hospitals.

Calling hospital malnutrition a “serious threat to the improved delivery of healthcare” the report cites a growing body of evidence that associates the effective treatment of malnutrition in the hospital with a 25 percent reduction in the incidence of pressure ulcers<sup>i</sup>, 14 percent fewer overall complications,<sup>ii</sup> an average reduced length of hospital stay of approximately 2 days,<sup>iii,iv</sup> and, perhaps most important given healthcare reform, a 28 percent drop in avoidable hospital readmissions.<sup>v</sup>

“There is a growing body of evidence supporting the positive impact nutrition has on improving patient outcomes,” said Melissa Parkhurst, MD, FHM, and medical director of the Nutrition Support Service at the University of Kansas Hospital, and the Alliance representative for the Society of Hospital Medicine. “We are seeing that early intervention can make a significant difference. As physicians, we need to work with the entire clinician care team to ensure that nutrition is an integral part of our patients’ treatment plans.”

Because untreated malnutrition can delay recovery and increase medical complications, the Alliance to Advance Patient Nutrition was formed in May 2013. To drive awareness and systems change, the Alliance issued a pioneering consensus paper on June 4, 2013 and then published specific recommendations for hospital administrators and clinicians to institute effective nutrition practices along with the resources and tools to put these recommendations into practice.

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## FEATURE STORY



## Alliance Charts Progress in Addressing Hospital Malnutrition *continued*

A year later, qualitative results indicate the Alliance's recommendations are being implemented by interprofessional care teams across the country. As documented in the progress report, a number of hospitals are working to incorporate Alliance protocols into their processes. Success stories highlighted include:

- Mercy Health, a large health system of 21 hospitals based in Cincinnati, OH, which implemented an interprofessional approach to identify and treat malnourished patients and provide standardized written instructions for nutrition care at discharge.
- TouchPoint Support Services at St. John Providence Health System in Metro Detroit, MI, which is now screening 100 percent of its patients on admission and providing ongoing assessment for every patient diagnosed as malnourished.
- Pardee UNC Healthcare in Hendersonville, NC, which implemented a comprehensive nursing protocol to screen and treat malnourished patients, which has reduced the incidence of pressure ulcers, avoidable readmissions, infections, and falls.

Read [Alleviating Hospital-Based Malnutrition: A Baseline Progress Report](#) to learn more about the progress made by the Alliance to reduce malnutrition in the hospital.

i Stratton RJ, Ek AC, Engfer M, et al. Enteral nutritional support in prevention and treatment of pressure ulcers: a systematic review and metaanalysis. *Ageing Res Rev.* 2005;4:422-450.

ii Milne AC, Potter J, Vivanti A, Avenell A. Protein and energy supplementation in elderly people at risk from malnutrition. *Cochrane Database Syst Rev.* 2009(2):CD003288.

iii Brugler L, DiPrinzio MJ, Bernstein L: The five-year evolution of a malnutrition treatment program in a community hospital. *J Qual Improve* 1999;25(4):191-206.

iv Smith PE, Smith AE. High-quality nutritional interventions reduce costs. *Healthc Financ Manage.* 1997;51:66-69.

v Gariballa S, Forster S, Walters S, Powers H. A randomized, double-blind, placebo-controlled trial of nutritional supplementation during acute illness. *Am J Med.* 2006;119(8):693-699.

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**Donna Hunter, MS, RN, ANP-BC, ACNS-BC, Clinical Nurse Specialist, Acute Care Services and Mary Ellen Dennison, MA, RD, LD, Assistant Director for Nutrition and Food Services** at the WellStar Kennestone Regional Medical Center in Marietta, GA are in the Expert Spotlight for their role in facilitating an interprofessional effort to institute effective nutrition practices at the center.

Hunter and Dennison led a Shared Governance Nutrition Task Force to help identify barriers and develop solutions to incorporate nutrition guidelines into the center's processes from admission through discharge.

“To prioritize nutrition in our institution, a multidisciplinary approach was used to improve screening of ‘at risk’ patients, initiate oral nutrition supplementation in a timely manner and subsequently reduce avoidable readmissions, incidence of pressure ulcers, infections and falls,” said Dennison.

With collaborative support from nursing and nutrition leadership and WellStar Kennestone’s Vice Presidents of Medical Affairs and Finance, the Task Force was able to achieve the following:

1. Improve nutrition assessment upon admission and daily throughout stay;
2. Institute system-wide order sets for nutritional supplements, making it easier for healthcare professionals to order needed nutrition; and
3. Connect oral nutritional supplement orders to the discharge information, ensuring that necessary nutrition therapy is continued after discharge.

“Our goal is to focus on total patient wellness and through our collaborative efforts we have incorporated evidence-based nutritional practices into our care facilitating positive outcomes for our patients,” said Hunter.

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## NEW ALLIANCE DEVELOPMENTS



The Academy of Nutrition and Dietetics (Academy) recently released two tools for nutrition professionals to utilize with the Nutrition Care Process, a systematic approach to deliver individualized high quality nutrition care to patients. The first new aid is the 2014 version of the [eNCPT](#), a web-based resource for implementing the Academy's Nutrition Care

Process Terminology (NCPT), formerly known as IDNT. The eNCPT is an online subscription format that offers nutrition professionals updated terminology, language tabs for international translations, and EHR builders with all content fully accessible on a smartphone or tablet. The other tool, [the Academy of Nutrition and Dietetics Health Informatics Infrastructure \(ANDHII\)](#), is a web application platform that provides tools for enhancing NCPT use, tracking outcomes and conducting research projects.

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## NUTRITION IN THE NEWS

A new article [in the August 2014 issue of the journal \*Critical Care Nurse\*](#) shows that frequent lapses in nutrition delivery can put critically ill patients at greater risk for malnutrition and associated complications.

Authored by Melissa L. Stewart, RN, DNP, MSN, CCNS, CCRN, a staff nurse in the medical intensive care unit at the University of Kentucky Chandler Medical Center, the paper finds that enteral nutrition – also known as tube feeding – is often interrupted because of procedures, positioning, technical issues with feeding accesses and gastrointestinal intolerance issues, which may lead to underfeeding. Accordingly, the article encourages the development and use of nutrition support protocols to offer guidance to bedside nurses when addressing issues commonly encountered with enteral feedings, such as head-of-bed positioning and use of prokinetic agents.

The article also encourages nurses to work with other members of the multidisciplinary team to develop and implement interventions to prevent and treat malnutrition, including efforts to limit the amount of time nutrition delivery is interrupted due to procedures.

### [\\$2 hospital meals could cause malnutrition, dietitians warn](#), *CBC News*

An average meal at a Quebec hospital or CHSLD (government-run seniors' residence) now costs less than \$2 according to some estimates, and further cuts may be likely.

The province's professional order of dietitians has been asking the health minister to intervene for some time. Dietitians are calling for the government to revise the way it measures health care performance.

Members of the order of dietitians said that institutions have begun cutting more expensive items like yogurt and cheese to compensate for the cuts.

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