



Our Partnership

The Alliance to Advance Patient Nutrition is an interdisciplinary partnership between the nation's leading health organizations, dedicated to improving patient outcomes. Our alliance represents over 100,000 dietitians, nurses, physicians, and other clinicians from all 50 states, on a mission to transform patient outcomes through nutrition.

A Challenging Healthcare Landscape

Recent healthcare reform measures place an urgent need to improve outcomes for the 1 in 3 patients who enters the hospital malnourished.¹⁻³

What is Malnutrition?

Malnutrition begins with inadequate intake of protein and/or energy over prolonged periods of time, which results in loss of fat stores and/or muscle stores. Malnutrition occurs in the presence or absence of inflammation and can be related to:⁴

- Starvation
- Chronic illness
- Acute disease or illness

Malnutrition causes adverse effects on body function and clinical outcome⁵ and can occur at any BMI.



6 clinical characteristics of malnutrition^{6,7}

- 1 Insufficient food intake compared with nutrition requirements
- 2 Weight loss over time
- 3 Loss of muscle mass
- 4 Loss of fat mass
- 5 Fluid accumulation
- 6 Measurably diminished grip strength

Diagnose a patient with malnutrition if they have any **two of the six** characteristics above.



1 in 3
patients
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Malnutrition in the Hospital:

The effects of malnutrition are visible across the spectrum of patient care.

- Malnourished patients are **2 times more likely** to develop a pressure ulcer in the hospital.⁸
- Malnourished patients are hospitalized an average of **2 days longer** than those screened and treated early.^{9,10}
- **45%** of patients who fall in the hospital are malnourished.¹¹
- Patients with malnutrition/weight loss have **3 times the risk** for surgical site infection.¹²

Benefits of Nutrition Intervention:

Studies have shown that nutrition intervention leads to significant improvements in patient outcomes.

25% reduction in pressure ulcer incidence¹³

28% decrease in avoidable readmissions¹⁴

14% fewer overall complications¹⁵

Average length of stay is **reduced by approximately 2 days**^{9,10}



To learn more facts and find out how you can make a positive impact on your patients' outcomes, visit www.malnutrition.com.

1.Coats KG et al.. *J Am Diet Assoc* 1993; 93: 27-33. 2.Giner M et al. *Nutrition* 1996; 12: 23-29. 3.Thomas DR et al. *Am J Clin Nutr* 2002; 75: 308-313. 4. Jensen et al. *JPEN* 2010;34:156-159. 5.Elia M, ed. Maidenhead, UK: British Association for Parenteral and Enteral Nutrition (BAPEN);2000. 6.White et al., *JAND* 2012;112:730-738. 7.White et al., *JPEN* 2012;36:275-283. 8.Banks M, et al. *Nutrition* 2010;26:896-901. 9.Brugler L et al. *J Qual Improv* 1999;25:191-206 10. Smith PE, et al. *Healthcare Financial Management* 1997;51:66-69. 11.Bauer JD, et al. *J Hum Nutr Diet*. 2007; 20 :558-564 12.Fry DE, et al. *Arch Surg*. 2010;145:148-151. 13.Stratton RJ, et al. *Ageing Res Rev*. 2005;4:422-450. 14.Gariballa S, et al. *Am J Med* 2006; 119(8):693-699 15.Milne AC, et al. *Cochrane Database Syst Rev*. 2009 Apr 16(2):CD003288. DOI:10.1002/14651858.