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.\(^1\)

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

Canadian Prevalence of Hospital Malnutrition at Admission\(^1\) - Subjective Global Assessment [SGA] (n=1015)

- 55% Well Nourished
- 34% Moderate Malnutrition
- 11% Severe Malnutrition

Prevalence of Malnutrition Risk in Long Term Care at Admission

- 56% Normal
- 25% At Risk
- 19% Malnourished

Prevalence of Malnutrition Risk in Supportive Living at Admission

- 49% Normal
- 44% At Risk
- 7% Malnourished

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.
**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**

- **Prevent**
  - Enhanced Meal Experience
  - Food Quality, Choice and Access
  - Service/Meal Assistance

- **Awareness**
  - Health Care Team Education
  - Patient/Family Engagement Metrics

- **Detect**
  - Screening & Assessment
  - Monitor Food Intake/Weight

- **Treat**
  - High Protein/Calorie Foods
  - Nutrition Support
  - Medical Management

**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 Intake**

- When missed, not given food 69%
- Did not get help when needed 42%
- Poor position for eating 27%
- Interrupted by staff 42%
- Do not want the food ordered 58%
- Opening packages/unwrapping food 30%
- Reaching meals 20%
- Avoiding food for tests 35%
- Disturbed at mealtime 39%

**For more information contact us at:**
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**References**