Malnutrition in Seniors Symposium and Workshop

Diabetes, Obesity and Nutrition Strategic Clinical Network™

Date: February 3-4, 2020

Executive Summary

Malnutrition is a serious condition that can cause or exacerbate frailty, increase hospital length of stay by 2-3 days and increase by 2-fold the risk of unplanned readmission to hospital within 30 days. Malnourished patients have increased risk of infection, delayed wound healing and mortality. Up to two-thirds of seniors admitted to hospital are moderately or severely malnourished. In Alberta, this would equate to approximately 72,000 hospital admissions per year and cost up to $180,000,000 (based on extended length of stay).

The Malnutrition in Seniors Symposium and Workshop was held to begin the process of addressing costly gaps in care. The focus was on hospital-to-home transitions and community supports, building on Alberta Health Services (AHS) initiatives to screen inpatients for malnutrition, provide optimized in-hospital mealtimes, code malnutrition in the Connect Care electronic medical record as well as national projects by the Canadian Malnutrition Task Force (CMTF) to develop pathways for transitions and primary health care. The Primary Health Care Integration Network (PHCIN) priority to optimize hospital-to-home transitions was also recognized as a significant opportunity.

The Malnutrition in Seniors Symposium, held February 3, 2020, was attended by approximately 45 individuals representing AHS, the Diabetes, Obesity and Nutrition Strategic Clinical Network (DON SCN), Seniors Health Strategic Clinical Network, the PHCIN, the CMTF, Alberta Health, primary care and long-term care physicians, Alberta Blue Cross, community organizations, allied health professionals, researchers, graduate students and interns and patient representatives.

Speakers provided an overview of the problem of malnutrition in seniors in Alberta, pathways being developed to support hospital to home transitions of malnourished seniors as well as screening for malnutrition in primary care settings, and the PHCIN Hospital-to-Home-to-Hospital initiative. In addition, attendees learned of current initiatives to combat malnutrition and related conditions (e.g., frailty, social isolation) from patient representatives, community organizations, researchers and several health care sectors.

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Records of discussions were summarized, and key points included:

- Malnutrition affects about 45% of all hospitalized adults and perhaps as many as two-thirds of seniors. This predicts increased length of stay (2-3 days), increased rates of complications and increased mortality. Multiple morbidities including frailty, dementia and other chronic conditions need to be considered.
- Patients may not know they are malnourished, or be ashamed of being malnourished. A malnutrition diagnosis may also be lacking in transition planning, contributing to unplanned readmissions, loss of independence and other negative outcomes. Patients would gladly improve their nutrition status but are unsure of how they could do it and would value partnerships with their health care team. How we start the conversation with patients about malnutrition and social isolation, etc. is important.
- Novel partnerships between the healthcare system and non-governmental, community-based organizations have the potential to help close gaps in care for malnourished seniors in Alberta.
- The PHCIN priority of Hospital-to-Home transitions is an opportunity to leverage resources and support. Initiatives undertaken AHS (e.g. Enhancing Care in the Community) primary health care (e.g. Edmonton Oliver Primary Care Network) and various community organizations are addressing some aspects of care related to malnutrition and could be leveraged to provide additional supports for the screening and care of malnourished seniors. However, rural Alberta has limited access to and variety of community supports.
- The provincial initiative to reduce surgical wait-times was identified as an opportunity to screen for malnutrition as part of the Enhanced Recovery After Surgery (ERAS) program in order to reduce: demand for critical care, surgery recovery times, and length of stay.
- A list of problem statements related to malnutrition in seniors was developed by the participants, along with potential solutions and barriers, and is appended as Table 1.

A crude estimate of the acute care cost increased length of stay for malnourished seniors is $180,000,000. Providing better transition plans, follow-up in primary care settings, involvement of community organizations and empowering patients could substantially improve quality of life, enable seniors to remain in their communities and relieve acute care beds to reduce wait-times for surgeries or long-term care.

To achieve these goals three inter-related actions are proposed:

- Investigate how malnutrition screening can be incorporated into pre-surgical assessments earlier (e.g. in the community) so that it can be effectively treated prior to surgery (i.e. as part of prehabilitation) thereby contributing to Enhanced Recovery After Surgery.
- Work with stakeholders to develop a hospital-to-home transition pathway and a pathway for screening for malnutrition in seniors in community settings.

- Work with stakeholders to develop and leverage initiatives to support seniors living with malnutrition in the community. A special emphasis may need to be applied to rural settings.

The third action was supported by activities undertaken in the Workshop on February 4, 2020. Led by the AHS Design Lab, approximately 32 participants worked in small groups to develop prototype solutions to problems defined from a patient perspective (Table 1, Appendix).

Table 1. *Problem statements, adapted from problem statements generated at the symposium, and prototype solutions developed during the workshop.*

Problem Definition	**Prototype Solution**
There is a lack of communication and management of malnutrition between different supports in the community and in AHS; People don't connect nutrition with function	**FUNction app** – a personalized nutrition, fitness, wellness and sleep plan with information and prompts provided on an app. Supported by a clinician/coach.
People do not connect nutrition and function and Primary care team members may be unaware of community support	**AWARENESS CAMPAIGN** designed with caregivers and patient
Older adults may be isolated and not have supports to enable them to eat enough or identify that they are malnourished.	**Meal Makers**: meals made at community centers, community shopping and cooking, learning **TABLE TALK**! Make connection over meal/snack times through facetime **Collective Kitchen for Seniors**
Social determinants of health can have serious impact on senior's nutrition	**STOCK THE BOX!** Excessive food from grocery stores or community households donate to the community league that anyone can access