

Malnutrition and Transitions of Care Between Health Care Settings



Transitions of care are when a patient moves across health care settings. Examples include transitions from hospital to home, hospital to a rehabilitation facility, long-term care to the hospital, or acute care facility to another acute care facility. This practice tool identifies older adults with malnutrition and gaps in nutrition care that can happen during transitions across health care settings. Strategies and interventions are presented that health care professionals can implement to support patients with malnutrition during and after that transition.

Malnutrition Across the Care Continuum

- The U.S. population is aging, and those individuals have many malnutrition risk factors including physiological, chronic conditions, medications, psychosocial, economical, environmental, and decreased dietary intake.¹
- Poor nutrition status leads to weight loss, decreased muscle mass, strength, power, and walking speed, along with impaired balance which leads to a decline in functional status and negative clinical outcomes.²
- Older adults reside in a variety of care settings and move across the health care continuum depending on their health status.
- Of the 27.8 million 2018 hospital discharges analyzed, 8.9% (2.5 million) had a clinical diagnosis of malnutrition. The mean age of those with malnutrition was 64.8 years of age and older adults accounted for 59.5% of all malnutrition diagnoses.³
- In terms of nutrition risk in community-dwelling older adults, 2017 data showed 31.9% of those 65 years and older were either at risk or diagnosed with malnutrition.⁴
- Adults with malnutrition are associated with poor health outcomes—they have 1.9 times longer hospital stays and more frequent hospital readmissions.³

Challenges and Gaps Across the Care Continuum

- Older adults are at risk for malnutrition during transitions from hospital to home.
- There are gaps in the understanding of the presence of malnutrition across transitions and the best interventions to promote positive health outcomes and quality of life. Some of those gaps include:
 - » Malnutrition not documented at hospital discharge
 - » Malnutrition not reported in current CMS OASIS (Outcomes and Assessment Information Set)
 - » Few prevalence studies in the U.S. at care transitions
- Hospital physicians reported that many patients who would benefit from a nutrition plan are probably not discharged with a plan.⁵
- Community nurses are not provided information on why a patient was discharged with a nutrition plan, neither the goal, when or how to follow-up, and when to change the nutrition therapy.⁵
- Care transition barriers include:^{5,6}
 - » Education: lack of individual knowledge and training
 - » Organization: lack of communication from hospital on reason for nutrition therapy, goals and follow-up; lack of common guidelines and instructions
 - » Economic: short hospital stay; therapy not started by discharge

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Transitions of Care Nutrition Intervention for Malnourished Patients⁷⁻¹³

- Having transition of care programs and interventions in place can help to reduce hospital readmissions, improve health care outcomes, and reduce health care costs.
- Steps to improve nutrition interventions include:
 - » Nutrition interventions led by RDs
 - » Identifying gaps in communication among staff and addressing them
 - » Taking all opportunities to further educate health professionals about malnutrition
 - » Discussing hospital staff perspectives on malnutrition processes
 - » Finding solutions to bridge the gaps in care from hospital to home
 - » Standardizing analysis for readmission reasons and rates
 - » Establishing a malnutrition quality improvement project at your facility
- A number of studies have shown that when dietitians, nurses, or other clinicians provided personalized nutrition care plans, oral nutrition supplements, meal delivery programs, and nutrition education during hospital discharge planning, and then followed or visited at home with nutrition information, most patients had nutrition improvements or significantly decreased readmissions.
- Community-based interventions include nutrition education, parenteral or enteral nutrition when appropriate, therapeutic diet, oral nutritional supplements, home delivered meals, congregant meals, social services, homemaker support (feeding, shopping, cooking, transportation services), and Supplemental Nutrition Assistance Program (SNAP).

Select Tools for Nutrition Screening and Assessment Across the Health Care Continuum

Pre-Admission Patient-Reported Screening Tool (PG-SGA®)¹⁴

- Can identify patient at malnutrition risk; useful with challenging patient populations, such as those with fluid overload.
- Can be used for research including patients with various disease types, interventions, and outcomes.
- PG-SGA is validated in a wide variety of settings and clinical conditions such as hospitalized and ambulatory patients.

MNA® (Mini Nutritional Assessment) Nutrition Screening Tool¹⁵

- MNA was specifically developed for screening in the elderly with several questions about functional status.
- Most widespread screening tool for adults 65 years and older and has been translated into over 40 languages.
- The MNA®-SF (short form) now known as the MNA®, is a practical screening tool, used by clinicians, with only 6 questions and takes 5 minutes or less to complete.

Note: This tool is based in part on the presentations by Rose Ann DiMaria-Ghalili, PhD, RN, FASPEN, FAAN, FGSA, Professor of Nursing, Senior Associate Dean for Research, College of Nursing and Health Professions, Drexel University, Philadelphia, PA; Nina Rocca, DCN, RDN, LDN, FAND, CPT, Prestige RD, LLC, Clinical Dietitian at BayCare Hospitals, Clearwater, FL; and Joy Heimgartner, MS, RDN, CSO, LD, Registered Dietitian Nutritionist (APII), Certified Specialist in Oncology, Blood and Bone Marrow Transplant, Assistant Professor of Nutrition, Mayo Clinic College of Medicine and Science, Rochester, MN given during ASPEN Malnutrition Awareness Week 2023. To access the presentation, go to the ASPEN eLearning Center at nutritioncare.org/eLearning.

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