

# Post Acute Care Malnutrition

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# Four Kinds of Readmissions

- ▶ Related and unplanned
  - Patient readmitted resulting from complications related to the original diagnosis
- ▶ Related and planned
  - Patient readmission is scheduled for follow up care
- ▶ Unrelated and planned
  - Patient readmission is not related to the previous hospitalization
- ▶ Unrelated and unplanned
  - Patient readmission is not related and not planned

# Hospital Readmissions

- ▶ CHF
- ▶ COPD
- ▶ Pressure Ulcers
- ▶ Pneumonia
- ▶ Complications of Major Diseases
- ▶ Complications of the co-morbidities of Major Diseases

# Malnutrition

- ▶ Defined as: not getting adequate nutrition.
- ▶ It is estimated that 30%–50% of patients in the hospital suffer from some degree of malnutrition from a study in 2003

# Contributing Factors to the development of Malnutrition

- ▶ Unwilling/unable to eat
- ▶ Lack of access to food
- ▶ Decreased intake
- ▶ Inflammation
- ▶ Aging
- ▶ Inactivity
- ▶ Depression
- ▶ Polypharmacy

# Types of Malnutrition in Adults

- ▶ Starvation -related Malnutrition
- ▶ Chronic Disease related Malnutrition
- ▶ Acute Disease /injury related Malnutrition

# Cost of Malnutrition

- ▶ British Association for Parenteral and Enteral Nutrition estimated ~\$10.9 billion US dollars spent on disease related malnutrition
- ▶ It costs an average of \$45,000 more to care for a malnourished patient.

# Complication of Malnutrition

- ▶ Decreased immune response
- ▶ Increased secondary infections
- ▶ Increased muscle wasting
- ▶ Decreased metabolism
- ▶ Increased recovery time
- ▶ Compromised respiratory functions



# Factors associated with Readmissions

- ▶ Inadequate relay of medical information to patients and care givers
- ▶ Poor patient compliance
- ▶ Inadequate follow-up, post discharge
- ▶ Insufficient support of the care givers
- ▶ Deterioration of the patients medical condition

# Four DC plans for the patient

- ▶ Home alone
  - May have a family member to assist
- ▶ Transfer to another facility
  - LTAC
  - Rehab
  - SNF
  - LTC
- ▶ Home with Home Health Services
- ▶ Hospice/Palliative Care

# Tool for a Home DC

- ▶ [Nestlé Nutrition Institute – MNA® Elderly](#)
- ▶ [http://www.bapen.org.uk/pdfs/must/must\\_full.pdf](http://www.bapen.org.uk/pdfs/must/must_full.pdf)

# How to reduce post-acute malnutrition

- ▶ Make sure the patient maintains or improves current nutrition status.
- ▶ DME can provide access to the formulas the patients need.
- ▶ Use Registered Dietitians that are familiar with the special nutritional needs of the elderly.
- ▶ Follow up with a RD monthly to assess and see if there has been any improvement for at least 90 days.

# Final Words...

- ▶ Need evidence based research/ case studies
- ▶ Work with a DME supply company to close the gap.
- ▶ Any Questions
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