



THE HUNGRY PATIENTS

Introduction:

During clinical placement many patients complained about the hospital food. I noticed lots of these patients had family members bring them food during visiting hours, however not every patient was this fortunate. Do patients suffer from malnutrition? This led to my question “Does malnutrition have an impact on the length of inpatient stay and hospital costs in acute care of adults over 65 years of age in New Zealand and Australia?”

Implications:

Malnutrition is a highly preventable condition. Screening would lead to identification of high-risk patients and prevention can occur (Agarwal, et al., 2012). There is increasing awareness of malnutrition among healthcare professionals, although the extent is still widely underestimated. Introducing nutritional screening would not only identify the ‘at risk’ individuals but would also give health professionals greater insight into the prevalence of malnutrition in their respected fields. The next step will be to form nutritional care plans for patients who are found to be at risk of malnutrition after screening (Dunne, 2008).

Literature Review:

- Malnutrition increases acute patient visits (Dunne, 2008).
- Malnourished patients spend roughly 1.7 times longer in care than others (Lim, Ong, Chan, Loke, Ferguson & Daniels, 2011).
- Hospital costs thus increase (Lim, et al., 2011).
- The prevalence of malnutrition in New Zealand and Australia is 30% (Agarwal, Ferguson, Banks, Batterham, Bauer, Capra & Isenring, 2012).

Conclusion:

Malnutrition causes an increase in a patient’s length of stay. Malnutrition also increases hospital costs. There are solutions that can be utilised to minimise the problem of malnutrition. These are to begin routine nutrition screening and when high-risk patients are detected a plan can be drawn to minimise the chances of malnutrition occurring.

Discussion:

In order to minimise the problem of malnutrition we need to begin by increasing the awareness of the problem among healthcare professionals. If we are able to reduce the prevalence of malnutrition we will reduce the financial burden on our healthcare system and demands-for resources due to healthcare complications.

References

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- Agarwal, E., Ferguson, M., Banks, M., Batterham, M., Bauer, J., Capra, S., & Isenring, E. (2012). Malnutrition and poor food intake are associated with prolonged hospital stay, frequent readmissions, and greater in-hospital mortality: Results from the Nutrition Care Day Survey 2010. *Clinical Nutrition*. 32: 737-745. <http://dx.doi.org/10.1016/j.clnu.2012.11.021>

PECOT category	Information relating to question	Explanation
Population	Adults over 65 years of age in NZ and Australia	Because the age that adults in New Zealand and Australia are able to retire; therefore most research looks at adults over 65 as a single category.
Exposure (intervention)	Older adults who experienced malnutrition in hospital	We will be looking for articles that used a survey design to look at the prevalence of malnutrition in acute care of older adults.
Comparison / Control	Older adults who did not experience malnutrition in hospital	We are interested in what happens compared to what should happen if malnutrition is not experienced.
Outcome	Length of extended stay in hospital	Since we want to know if malnutrition is a problem in acute care of older adults we will look to see if there is an effect observed on the length of time in hospital.
Time	Length of time in acute hospital care	We only want to look at malnutrition in acute care so we only want to look at the time they are in hospital for.

The literature review discovered that malnutrition has a high prevalence of 30% in New Zealand and Australia (Agarwal, Ferguson, Banks, Batterham, Bauer, Capra & Isenring, 2011). Malnutrition results in greater hospital costs due to the increased length of stay (Dunne, 2008). There are solutions that can be put into practice so we can begin to minimise the problem of malnutrition in acute care hospitals in New Zealand and Australia. These are to begin routine nutrition screening and then when the high-risk patients are detected a plan can be put in place to minimise the chances of malnutrition happening (Agarwal, Ferguson, Banks, Batterham, Bauer, Capra & Isenring, 2012). As a result of these findings I believe that there needs to be a greater awareness among healthcare professionals about the extent of malnutrition in hospitals. Riege (2007), found that posters are one of the methods used to overcome the barriers of knowledge transfer. Posters need to be visually appealing to attract the readers attention (Rowe & Ilic, 2009) so I needed to make sure that the poster was appealing from afar and the images used added to the content. This would increase the chance that the readers' attention would be grabbed and that the message behind the poster would reach them.

Reference:

Agarwal, E., Ferguson, M., Banks, M., Batterham, M., Bauer, J., Capra, S., & Isenring, E. (2011). Nutritional status and dietary intake of acute care patients: Results from the Nutrition Care Day Survey 2010. *Clinical Nutrition*. 31(1): 41-47.

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