

# Dietary Discharge Directive: Assessing Needs Related to Older Adult Malnutrition

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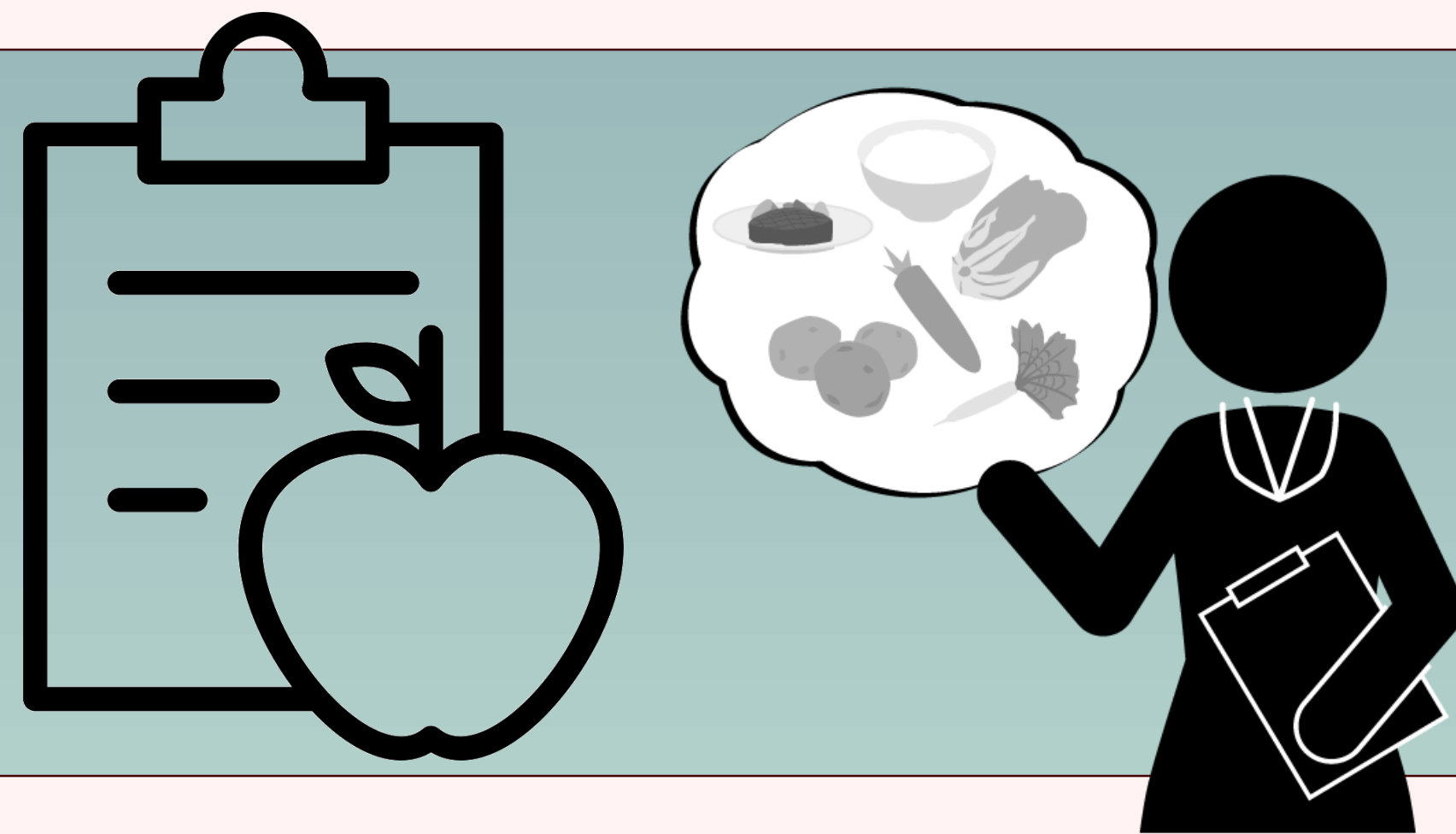
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## Introduction

- ▶ Older adults with malnutrition have a 50% higher risk for increased length of stay, readmission, and increased mortality post discharge.<sup>1</sup> Fortunately, 22 malnutrition screening tools are validated for older adults.<sup>2</sup>
- ▶ Recognition of malnutrition at admission and at discharge is essential in order to intervene and prevent negative consequences.<sup>3</sup>
- ▶ The main discharge interventions to reduce malnutrition rates include oral nutrition supplements (ONS), meal delivery programs, education, or dietitian referral.<sup>4</sup>

## Purpose:

To evaluate prevalence of malnutrition in older adults through interviews with social workers and insurance representatives, and to determine what nutrition interventions are perceived as most effective and feasible to implement at discharge.



## Materials and Methods

### Participants

- ▶ 12 MN hospital lead social workers
- ▶ 6 MN insurance company representatives

### Procedures

- ▶ Contacted hospital social workers and insurance company representatives to request participation
- ▶ Participants completed informed consent
- ▶ Scheduled and conducted interviews via Zoom

### Measure

- ▶ Interview questions developed by researcher
- ▶ Included open-ended questions to gather malnutrition statistics, information about insurance programs, and qualitative data on perceived benefits/drawbacks
- ▶ Likert-scale (1 not at all, to 5 very) utilized to assess perceived effectiveness and feasibility of ONS, meals at discharge, dietitian referral, Meals on Wheels (MOW), and nutrition education

### Analysis

- ▶ Transcribed interviews into Excel
- ▶ Analyzed quantitative data using Statistical Package for the Social Sciences 26 (SPSS®):
  - ▶ Descriptive statistics
  - ▶ Mixed-model analysis of variance
- ▶ Analyzed qualitative data for themes pertaining to perceived benefits and drawbacks

## Results

### Final Sample

- ▶ 8 out of 12 hospitals= response rate 67%
- ▶ 3 out of 6 insurance companies= response rate 50%
- ▶ Overall response rate= 61%

### Perceived Effective and Feasibility

**Table 1.** Participant Effectiveness of Interventions to Address Malnutrition at Discharge

Variable	Hospital (n=8)		Insurance (n=3)	
	M	SD	M	SD
ONS	4.4	.5	4.0	1.0
Discharge Meals	4.1	1.0	4.7	.6
Dietitian Referral	3.8	1.0	4.0	1.7
MOW	3.9	.8	4.0	1.0
Nutrition Education	3.9	1.1	2.7	.6

Note. M=mean, SD= standard deviation, ONS= oral nutrition supplement, MOW= Meals on Wheels, shading= highest rating

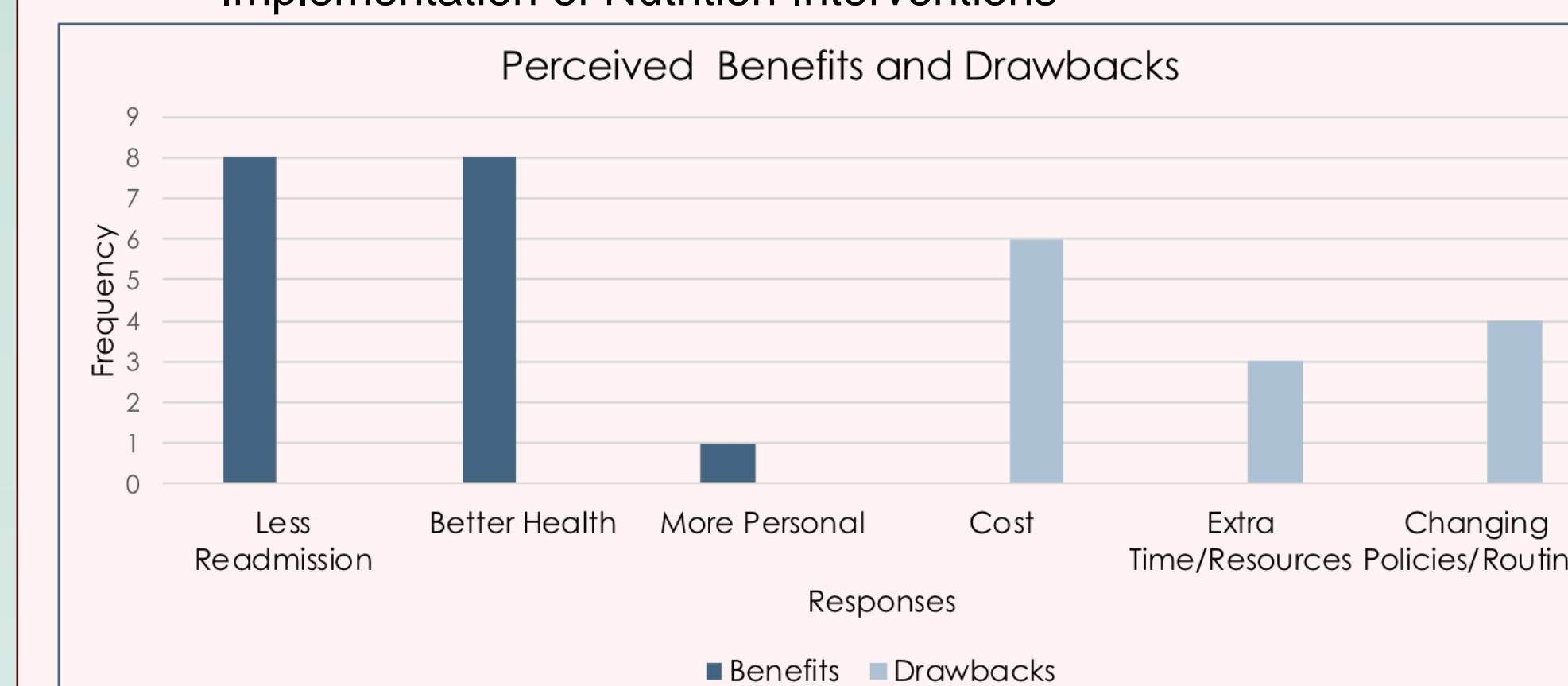
**Table 2.** Participant Feasibility of Interventions to Address Malnutrition at Discharge

Variable	Hospital (n=8)		Insurance (n=3)	
	M	SD	M	SD
ONS	3.9	1.2	2.7	.6
Discharge Meals	4.1	1.1	3.0	1.7
Dietitian Referral	4.4	.9	5.0	.0
MOW	4.5	.5	4.0	1.7
Nutrition Education	4.9	.4	4.0	1.0

Note. M= mean, SD= standard deviation, ONS= oral nutrition supplement, MOW= Meals on Wheels, shading= highest rating

### Perceived Benefits and Drawbacks

**Figure 1.** Participant Perceived Benefits and Drawbacks of Implementation of Nutrition Interventions



Note: Themes were generated based on number of times noted in interview

## Results

### Screening and Discharge Protocols

**Table 3.** What malnutrition screening protocols do you use?

Social Worker Participants	Malnutrition Screening Protocols
H1	Malnutrition screening/treatment by ADA*
H2	MST*
H3	Not sure
H4	Nutritional screen from nurse, changing to MST
H6	Nurse screen for food insecurity with admission navigator
H7	Every adult screened, dietary consulted in weight loss noted
H8	Doctor will assess, referral to dietitian
H9	ASPEN* and MST

Note. ADA= American Dietetic Association, MST= Malnutrition Screening Tool, ASPEN= American Society for Parenteral and Enteral Nutrition

**Table 4.** What malnutrition discharge protocols do you follow for older adults?

Social Worker Participants	Malnutrition Discharge Protocols
H1	Consults, interventions, education/follow up, referral to RD
H2	Talk to patient on nutrients to focus on, handout with foods, recommend ONS, meals at discharge grant currently, MOW
H3	Dietitian makes recommendations/ referrals
H4	MOW, meals at discharge grant currently
H6	Connect with Hunger Solutions, Open Arms
H7	Ongoing education, follow up with primary care provider, home care nurse to monitor/educate on nutrition
H8	Meals at discharge grant, MOW referral, MOMS meals, food insecurity boxes in clinic to give out
H9	Connect with MOW, freezer meals, elderly nutrition program through the tribe

**Table 5.** What malnutrition insurance programs do you offer? How many individuals use this service?

Insurance Participants	Malnutrition Insurance Programs	Individuals Utilizing?
I2	Not sure, call BCBS, qualify for waiver program for MOW	
I4	Low income seniors- Minnesota Senior Health Options and Minnesota Senior Care Plus	400 receiving home delivered meals
I6	Disease management program with health plans	

**Table 6.** Do you have suggestions for an intervention post discharge?

Social Worker Suggestions	Insurance Representative Suggestions
no	Telephonic assistance- pick time
Calling patient 2 weeks post discharge, food shelves	no
Family involved, sliding fee scale	Food shelves in community, family/friends involved, not one size fits all, survey patient at primary care
Homemaking skills, grocery shopper	
Community paramedic referral to evaluate food supply, food shelf	
Choice of meals, someone deliver food to fridge/freezer	
no	
Senior center	

## Discussion

- ▶ Results Indicated a need to track malnutrition and readmission data in hospitals in order to evaluate intervention effectiveness
- ▶ Dietitian referrals and nutrition education were perceived as the most feasible interventions, but nutrition education has been shown in literature to have significant barriers.<sup>3</sup>
- ▶ ONS and meals at discharge, both of which have been extensively studied,<sup>5</sup> were rated as the most effective interventions
- ▶ Social workers and insurance company representatives provided similar ratings for malnutrition interventions at discharge, indicating a potential collaboration
- ▶ Since cost is a key barrier, funding is required for implementation of malnutrition interventions at discharge
- ▶ Malnutrition interventions at discharge are not "one-size-fits-all"; need exists to individualize interventions based on the patient

## Conclusion

A need exists for a resource that aids in:

- ▶ Selection of a proper malnutrition tool
- ▶ Identification of appropriate malnutrition intervention at discharge
- ▶ Formation of procedures used to collect data and track rates of malnutrition at hospital readmission

## References

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## For Further Information

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