Taking an interprofessional approach to improving nutrition for older people in hospital

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Malnutrition
Impacts on every system of the human body

Figure: Morris et al.
Malnutrition Care
Role for every health professional

Source: WRHA Nutrition and Food Services

Why do older inpatients eat poorly?

Prospective study of older medical inpatients 65+yrs (n=134)

- 8% had adequate energy intake
- 14% had adequate protein intake

Mudge et al. 2011 Clin Nutr

“That is quite self defeating, do you know what I mean? What do you do? You just put it down. ‘It’s too hard, I can’t do it.’ ”

“The nurses would help if you asked them.”

“You know, everybody is busy...”

“Everyone’s responsibility but nobody’s job”¹

- No shared responsibility for nutrition
- Poor shared understanding of processes; poor interdisciplinary communication
- Competing priorities

¹ Ross et al. 2011 Nutr Diet
Encouraging Assisting and Time to EAT (2009)

Can a ward-based MDT approach improve intake?
Encouraging Assisting and Time to EAT (2009)

1. Dedicated AIN feeding assistant
2. "Assisted Mealtimes"
3. AIN + Assisted Mealtimes
Encouraging Assisting and Time to EAT (2009)

Improved mealtime assistance
- pre: 61%, post: 84-100%

Patients more likely to achieve adequate intake
OR 3.4 (95%CI 1.3-8.7) \( p = 0.01 \)

→ Intake still poor
→ Sustainability?
→ Projectitis?

Patients with adequate energy intake to meet estimated requirements\(^1\)

<table>
<thead>
<tr>
<th></th>
<th>Pre-intervention (n=115)</th>
<th>AIN (n=58)</th>
<th>Assisted mealtimes (n=39)</th>
<th>AIN + assisted mealtimes (n=42)</th>
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<tbody>
<tr>
<td></td>
<td>8%</td>
<td>21%</td>
<td>20%</td>
<td>31%</td>
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1. Young et al. 2013 Clin Nutr
Eat Walk Engage (2010-2013)

Can we integrate nutrition into a broader program to improve care?
Delirium and functional decline occur in up to 50% of older inpatients \( ^1 - ^3 \)

Nutrition and hydration can help to prevent these \( ^4 , ^5 \)

– Also risk of poor intake as a result of these!
Having goals

Offering meaningful activities

Inviting spaces

Somewhere to walk to
Improving hospital foodservices (2010-2013)

How can we improve hospital foodservices to increase intake?
Improving hospital foodservices (2010-2013)

2010: Same Day Menu
Choose meals on the day

2012: Menu review
HPHE diet for most wards
2 week menu cycle

2013: Expanded mid-meal service
All patients offered HPHE snack and drinks between meals
Evaluation of EWE and foodservice changes (2013-14)

Can we integrate nutrition into a broader program to improve care?

How can we improve hospital foodservices to increase intake?
Evaluation of EWE and foodservice changes (2013-14)

High assistance levels maintained (93% vs 80-100%)

More pts receiving:
- HPHE diet (93% vs. 8%)
- mid-meals (50% vs. 18%)

Higher intake:
- +900 kJ/day ($p=0.057$)
- +9 g protein/day ($p<0.05$)
Sustaining the change (2015-17)

Can we sustain improvements in care and intake?
Sustaining the change (2015-17)

Percentage of patients receiving nutrition care

Take home messages

Malnutrition is key to comprehensive care

Everyone can play a role

From little things....

Things take time: patience and persistence

Change is complex – implementation science and interdisciplinary approach has helped
What’s next?

- Co-design mealtime environment
- Expansion of Eat Walk Engage
- Ongoing foodservice improvements
- Expansion of systematised nutrition care: SIMPLE
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