A Précis of the publication: Multidisciplinary, multi-modal nutritional care in acute hip fracture inpatients – Results of a pragmatic intervention.

Jack J. Bell, Judith D. Bauer, Sandra Capra, Ranjeev Chrys Pulle. Clinical Nutrition [DOI: 10.1016/j.clnu.2013.12.003 (epub)

This pragmatic study was conducted as part of routine clinical practice in a single unit in an Australian hospital. It was designed to investigate whether multi-disciplinary and multi-modal nutritional care (MMNC) affects energy and protein intake, nutritional status and nutrition related outcomes in acute hip fracture inpatients, compared with individualised nutritional care

Bell et al, identified in other research that screening tools are ineffective at identifying risk in these vulnerable patients due to dementia and delirium[1]; a comprehensive assessment consistent with subjective global assessment is needed to determine malnutrition[2]; and that there are several barriers to food intake for this patient population.[2]

The MMNC model included the following key components:

- Promoting nutrition as a medicine
- A coordinated multi-disciplinary approach to meeting patients' nutrition needs
- Enhanced foodservice systems
- Improving knowledge and awareness of patients and the clinical team on the importance of nutrition to recovery

The notion of promoting nutrition as a medicine was instrumental in facilitating engagement of elderly patients and the clinical team to prioritize post-fracture nutritional care.

This multi-disciplinary approach to nutrition care was associated with a significant reduction in barriers to intake. For example there were fewer restricted diets, fewer mealtime interruptions, and fewer patients who disliked the meal with multimodal care. Implementation of MMNC increased the energy (210%) and protein intakes (207%), with the primary source of this improved intake being not only a quality standard hospital diet, but also prescription of oral nutritional supplements and implementation of a selective mid-meal service (e.g. snacks). These strategies allowed provision of care to all patients, regardless of nutrition status. This systematic intervention was embedded into the routine clinical practice, was less reliant on one practitioner to initiate and review, and allowed prioritization of nutrition assistant and dietitian duties to other tasks. The reduced patient nutritional deterioration and improved discharge rates are considered attributable to the model of care.

To read the study in its entirety go to http://dx.doi.org/10.1016/j.clnu.2013.12.003

References:

1. Bell J, Bauer J, Capra S, Pulle R. Quick and easy is not without cost: implications of poorly performing nutrition screening tools in hip fracture. JAGS 2014; DOI: 10.1111/jgs.12648
2. Bell J, Bauer J, Capra S, Pulle R. Barriers to nutritional intake in patients with acute hip fracture: time to treat malnutrition as a disease and food as a medicine? Can J Physiol Pharmacol 2012; 91: 489-495.