



Canadian
Malnutrition
Task Force™

le Groupe de
travail canadien
sur la malnutrition^{MC}

A Précis of the publication: *Patient-reported dietetic care post hospital for free-living patients: a Canadian Malnutrition Task Force Study*

H. Keller, H. Payette, M. Laporte, P. Bernier, J. Allard, D. Duerksen, L. Gramlich and K. Jeejeebhoy. Published May 2017 in the Journal of Human Nutrition and Dietetics
<http://doi.org/10.1111/jhn.12484>

In other papers reporting the results from the Nutrition Care in Canadian Hospitals (NCCH) study we learned that most patients admitted to acute care hospitals do not improve their nutritional status during hospitalization and of those who stayed more than 7 days, 52% were malnourished at discharge. Seventy-five percent of patients who were admitted malnourished never received the care of a dietitian during their hospital admission. This study aimed to determine the patient characteristics that predict nutrition care during the first thirty days post hospital discharge.

Key Findings:

Telephone interviews were completed with 747 (81%) of the study participants, 30 days after discharge, using a standardized questionnaire to determine whether nutrition (dietetic) care occurred after discharge. Five hundred and forty-four patients discharged to community were included in the multivariate analyses (those discharged to nursing homes or rehabilitation centres were not included).

- Nutrition care was provided to 61/544 (11%) of study participants and was associated with severe malnutrition (SGA C), weight loss post discharge, comorbidity and a dietitian consultation upon admission to hospital.
- Nutrition care in the hospital was the most influential predictor of post-hospital care [Odd's ratio 3.41 (1.95 – 5.97)]

Clinical relevance:

Dietetic (nutrition) care post discharge occurs in very few patients, despite the prevalence of malnutrition upon admission to and discharge from hospital. This is a concern as malnutrition will continue to be an unrecognized problem in the community, which can cause unnecessary illness and possible admissions to hospital. Hospital and community dietitians need to advocate for methods of recognizing and treating malnutrition, as well as working together to create clear communication methods i.e. discharge plans that will facilitate healthy patient

outcomes.

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