

*A Précis of the publication: Malnutrition at hospital admission—contributors and effect on length of stay: A prospective cohort study from the Canadian Malnutrition Task Force*

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CMTF undertook a comprehensive Nutrition Care in Canadian Hospitals (NCCH) study between 2010 and 2013 that looked at the prevalence of malnutrition in Canadian hospitals, as well as patient and hospital outcomes. Eighteen hospitals from eight provinces enrolled 1022 patients and this thorough data collection identified significant gaps in practice with respect to prevention, detection and treatment of malnutrition.

**Key findings:**

- Based on the gold standard subjective global assessment (SGA) 45% of adults were identified to be malnourished upon admission to hospital
- Malnutrition at admission was independently associated with length of stay. Patients that were well nourished on admission but had poor food intake during admission had longer lengths of stay than well nourished, stable patients. Specifically those who deteriorated during hospital, stayed on average 6 days longer. Similarly, those malnourished who improved had a shorter length of stay by one day, than their counterparts who did not improve.
- Additional independent nutritional predictors of length of stay included receiving enteral or parenteral nutrition support during their stay and consuming less than < 50% of the food that was provided during the first week; both of these factors predicted a longer hospital stay.
- Referrals in-hospital to the specialized resource of the dietitian were ad hoc and 75% of malnourished patients were missed with current referral procedures.

**Clinical relevance:**

The results from this study underscore the importance of early screening to identify patients at nutrition risk and to provide prompt and thorough nutrition care, which includes assessment, intervention and follow-up, from the entire health care team and the family. Food intake should be monitored and appropriate interventions employed, as low intake alone predicts length of stay. Screening by admitting hospital staff is a key activity to start the process of ensuring malnourished patients are identified, diagnosed and treated. For valid resources (screening tool, assessment tool) go to <http://nutritioncareincanada.ca/resources/> To ensure appropriate referrals are made to the specialized resource, Registered Dietitians, look for a logical and feasible nutrition care pathway soon to be published and posted on the same web site.