

# Study: Hospital Nutrition Program Shortens Patient Stays And Reduces Readmissions

- Four Advocate Health Care hospitals followed more than 1,200 adults at-risk of malnutrition during their stay[1]

- Study confirms the need for hospitals to use a validated nutrition screening tool at admission, initiate early treatment for patients at-risk of malnutrition and provide nutrition education at discharge

DOWNERS GROVE, Ill. and ABBOTT PARK, Ill., Dec. 6, 2016 /PRNewswire/ -- While proper nutrition is vital to staying healthy, its importance becomes more critical for patients recovering in the hospital. A [new study](#) by Advocate Health Care and Abbott (NYSE: ABT) found that optimizing nutrition care in the hospital could help reduce 30-day readmission rates by 27 percent and the average hospital stay by almost two days for malnourished patients.

Across the U.S., 1 in 3 people enter the hospital malnourished, which can often go unrecognized and undertreated.<sup>2-3</sup> To help improve care for malnourished patients, Advocate implemented two versions of a nutrition care program – basic and enhanced – at four of its Chicagoland hospitals. Both programs required care teams to conduct patient malnutrition risk screenings using a validated tool on the hospitals' electronic medical records system, and provide nutrition treatment and support for malnourished or at-risk patients. The enhanced program included more immediate treatment upon hospital admission and follow-up calls to confirm their continued nutrition treatment after leaving the hospital.

Researchers at the four hospitals followed more than 1,200 adults at-risk of malnutrition during their stay to assess the impact of the nutrition programs on the patients' chances of hospital readmissions, as well as their lengths of hospital stays. When compared to the hospitals' previous readmission rates and lengths of stay for malnourished patients, researchers found that using either of the nutrition care programs had an impact, on average, of:

- Reducing the risk of patient readmissions from 22.1 percent to 16.1 percent (27 percent reduction).
- Shortening the risk of a patient's length of stay from 7.2 days to 5.4 days (25 percent reduction).

"Incorporating a simple nutrition care program at hospitals can dramatically accelerate patients' recovery times, and if adopted by providers nationwide, could have tremendous benefits for the health care system at-large," said Krishnan Sriram, MD, tele-intensivist at Advocate Health Care and lead author of the study. "Advocate has been a pioneer in implementing data-driven, value-based care at our hospitals, but it's important for all care providers to consider the effect of even modest interventions, which can significantly improve outcomes while reducing the overall cost of care."

## The Value of Nutrition in Hospitals

As hospitals look for ways to improve patient care and reduce readmissions, this study builds on existing research that confirms nutrition can be a simple, cost-effective tool. While nutrition screenings are considered standard-of-care in the hospital, not all use a validated screening tool or implement treatment immediately if someone is considered at-risk. Additionally, when people leave the hospital, many times they do not receive education or follow-up to ensure they are following a nutrition plan to aid their recovery.

"This one-of-a-kind study is leading the way as a model for other hospitals around the world to use nutrition for improving patient care, whether they are in a rural town or urban city," said Suela Sulo, PhD, a health outcomes researcher at Abbott and co-author of the study. "By prioritizing nutrition in the hospital, health care providers can help ensure they are giving their patients the best chances of recovering, and getting them back to living a healthy life."

## About the Study:

*A Comprehensive Nutrition-focused Quality Improvement Program Reduces 30-day Readmissions and Length of Stay in Hospitalized Patients*, published online December 6 in the *Journal of Parenteral and Enteral Nutrition*, was a multi-site, two-group, pre-post study to evaluate two nutrition Quality Improvement Programs (QIP):

- Two hospitals implemented a basic program (QIPb), which included screening patients for malnutrition using a validated tool and providing treatment (oral nutrition supplements) and nutrition support within 24-48 hours of admission.
- Two hospitals implemented an enhanced program (QIPe), which provided oral nutrition supplements and nutrition support within 24 hours through the hospitals' electronic medical records, and added post-discharge support including instructions, coupons and follow-up phone calls to confirm patients continued taking their oral nutrition supplement.

The study's primary outcome was 30-day unplanned readmissions, with a secondary outcome of hospital length of stay. A total of 1,269 participants aged 18+ at risk of malnutrition were enrolled between October 13, 2014 and April 2, 2015.

The study was funded by Abbott, which had no role in data collection or analysis.

## About Advocate Health Care:

Advocate Health Care is the largest health system in Illinois and one of the largest health care providers in the Midwest. A national leader in population health management, Advocate is one of the largest Accountable Care Organizations in the country. Advocate operates more than 450 sites of care and 12 hospitals, including two of the nation's 100 Top Hospitals, the state's largest integrated children's network, five Level I trauma centers (the state's highest designation in trauma care), three Level II

trauma centers, one of the area's largest home health and hospice companies and one of the region's largest medical groups. Advocate Health Care trains more primary care physicians and residents at its four teaching hospitals than any other health system in the state. As a not-for-profit, mission-based health system affiliated with the Evangelical Lutheran Church in America and the United Church of Christ, Advocate contributed \$686 million in charitable care and services to communities across Chicagoland and Central Illinois in 2015.

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#### **References**

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2. Coats KG et al. *J Am Diet Assoc*. 1993; 93:27–33.
3. Thomas DR et al. *Am J Clin Nutr*. 2002; 75: 308-313.

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