Lehigh Valley Health Network

LVHN Scholarly Works

Evaluating the Effectiveness of Providing Social and Medical Resources to Recently Discharged Patients Experiencing Malnutrition

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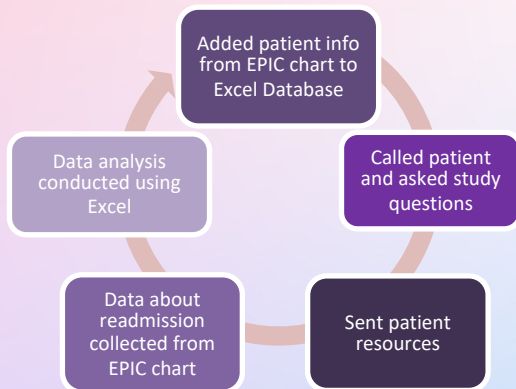Lehigh Valley Health Network, Allentown, Pennsylvania

INTRODUCTION

- Protein-calorie malnutrition can be caused by comorbid conditions or noncompliance with diet[2]
- Patients experiencing protein-calorie malnutrition can have longer lengths of stays and 30-day readmissions resulting in increasing hospitalization costs[1]
- In 2018 the United States spent $58 billion dollars to treat only 8.9% of patients experiencing a type of malnutrition[1]

OBJECTIVES

Evaluate patient experience and decrease readmission rates through offering social and medical resources to recently discharged patients experiencing malnutrition
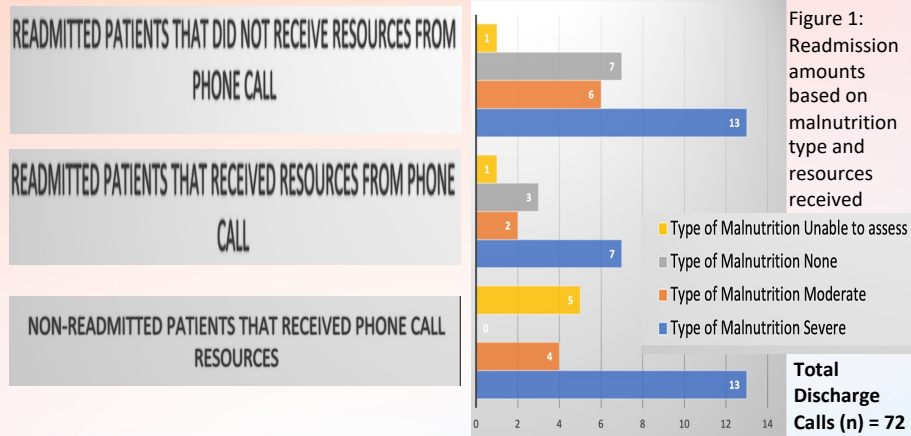
METHODS

- Added patient info from EPIC chart to Excel Database
- Called patient and asked study questions
- Sent patient resources
- Data about readmission collected from EPIC chart
- Data analysis conducted using Excel

RESULTS

READMITTED PATIENTS THAT DID NOT RECEIVE RESOURCES FROM PHONE CALL

READMITTED PATIENTS THAT RECEIVED RESOURCES FROM PHONE CALL

NON-READMITTED PATIENTS THAT RECEIVED PHONE CALL RESOURCES

Type of Malnutrition Unable to assess
Type of Malnutrition None
Type of Malnutrition Moderate
Type of Malnutrition Severe

Figure 1: Readmission amounts based on malnutrition type and resources received

Total Discharge Calls (n) = 72

Figure 2: Readmission based on type of resources received

Readmitted   Not readmitted

Feeding Insecurity   LVHN Pharmacy   Low cost drugs   All resources

Diagnosis Diabetes — 21%
Diagnosis Hypertension — 29%
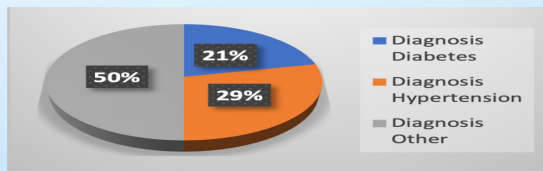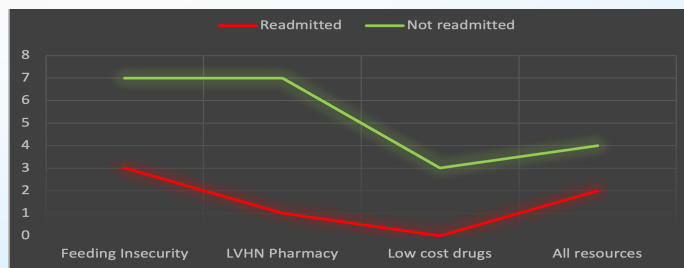Diagnosis Other — 50%

Figure 3: Readmission based on diagnosis

CONCLUSIONS

62% of patients who were not readmitted were provided resources during the phone call; whereas 37% of patients who were admitted were not provided resources (Figure 1)

Readmission was lower in patients who received resources from phone call as compared to patients who did not receive resources from phone call (Figure 1)

50% of readmitted patients experienced a comorbid hypertension or diabetes (Figure 3)

66% of patients who were provided food insecurity and Coram Medical Supply resources during the phone call were not readmitted within 30-days (Figure 2)

FUTURE DIRECTIONS

- Consider ways to to distinguish when malnutrition is a causative comorbidity vs a consequence of disease or treatment
- Expand geographic locations of food insecurity resources to maintain and further decrease readmission rates
- Expand on EPIC communication tab to improve patient and provider communication

REFERENCES
1. Lim, S. L., Ong, K. C., Chan, Y. H., Loke, W. C., Ferguson, M., & Daniels, L. (2012). Malnutrition and its impact on cost of hospitalization, length of stay, readmission and 3-year mortality. *Clinical nutrition (Edinburgh, Scotland)*, 31(3), 345–350. https://doi.org/10.1016/j.clnu.2011.11.001
2. Yang, P. H., Lin, M. C., Liu, Y. Y., Lee, C. L., & Chang, N. J. (2019). Effect of Nutritional Intervention Programs on Nutritional Status and Readmission Rate in Malnourished Older Adults with Pneumonia: A Randomized Control Trial. *International journal of environmental research and public health*, 16(23), 4758. https://doi.org/10.3390/ijerph16234758

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