

MALNUTRITION

Can a new malnutrition model of care (MOC) significantly contribute to reduced length of stay, increased independence and improved resident & staff satisfaction within aged care? Liz Purcell, AdvAPD¹, Lead Dietitian, OSCAR Hospitality,

INTRODUCTION

Malnutrition is an ever increasing problem, all too often going unrecognized and untreated. Australia's rapidly ageing population is most 'at risk' of malnutrition. It is a complex clinical condition resulting in, functional decline, increased dependence, increased institutional lengths of stay and subsequent health care costs. Yet, a fundamental lack of awareness of the factors contributing to Malnutrition and its devastating implications, exists in our aged care facilities. Its complex nature, requires a multifaceted person-centered approach. Australian and UK policies support its identification through screening. This coupled with innovative tools and activities to optimize nutrition therapy can achieve significant benefits, particularly if partnered with motivated, interested and innovative hospitality, clinical and care staff.

The major cause of malnutrition in developed countries is disease... or is it simply lack of awareness?

AIM

To develop a Dietitian Lead Malnutrition Model of Care (MOC) which will result in significant health related & economic benefits, through training, and identification and collaboration with motivated, interested and innovative staff.

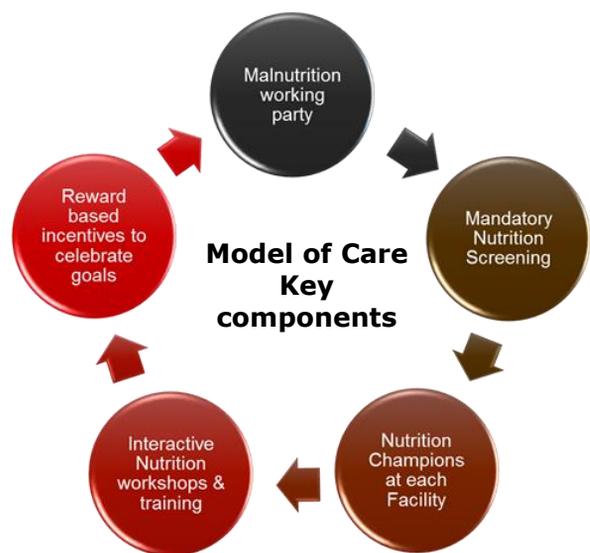
OBJECTIVE

Create a desire for sustainable culture change "EMpower"



METHODS

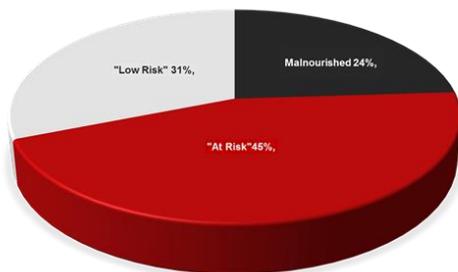
Multifaceted approach, lead by the Dietitian



INTERIM 6 MONTH RESULTS

Retrospective & prospective audit comparison over 6 months, for % wounds, falls, hospital admissions & length of stay (LOS)

- ✓ Incidence of Pressure injuries/wounds - prospective data invalid!
 - ✓ Incidence of falls - down 16%
 - ✓ Incidence of hospital admissions - down 18%
 - ✓ Length of stays - down 0.5 days
- Staff satisfaction survey - 91% response rate - 90% satisfied/very satisfied with the process



Baseline MNA results, N = 77

CONCLUSIONS

The interim results illustrate expected and extremely encouraging downward trends in all aspects. A successful pilot project would demonstrate effective strategic planning and intervention for client assessment and treatment, while also providing significant cost-savings, through a reduction in functional decline, increased independence and shorter hospital LOS. The initial 6 months further concluded that client and staff satisfaction improved through better education, expanded roles and innovative models of care which significantly increased awareness of malnutrition within our older residential population.

PREDICTED OUTCOMES

