Nutrition Care After Hospital Discharge in Singapore: Evidence-based Best Practice Recommendations

Reference: Ng DHL, et al. Nutrients 2023;15(21):4492. Available from: <u>https://www.mdpi.com/2072-6643/15/21/4492</u>



The nutritional status of hospitalised patients is often at risk or compromised and predisposed to further deterioration after discharge. This leads to poor clinical outcomes, high healthcare costs and poor QoL. Urgent action is needed to improve nutritional care of patients after discharge in Singapore. The following evidence-based best-practice recommendations serve as the first step to improve the nutrition care process at discharge and after discharge in Singapore.

Evidence-based Best-Practice Recommendations



All patients should undergo nutrition screening within 24 hours of admission.

All patients should undergo nutrition screening at discharge.

Nutrition screening should be performed on all patients prior to discharge to avoid the negative outcomes associated with unaddressed malnutrition (i.e., increased likelihood of readmission and mortality after discharge).



Use a validated screening tool that includes a disease activity/burden component.

This includes the Malnutrition Universal Screening Tool (MUST), the Mini Nutritional Assessment (MNA) and the Nutrition Risk Screening 2002 (NRS-2002). The use of the same screening tool by all public health institutions is encouraged to facilitate better communication across healthcare institutions.



Nutrition re-screening should be performed on a weekly basis during hospitalisation to identify individuals who may be experiencing nutritional decline.



If a patient is at risk of malnutrition, any HCP, regardless of profession, should be able to make a direct referral to a dietitian for further assessment and intervention. Nutrition screening results should be included in the electronic health records and the electronic healthcare systems should be programmed to automatically initiate dietetic referral when a patient screens positive.

An individualised nutrition care plan should be formulated for patients who have been assessed to be malnourished or at risk of malnutrition during hospitalisation or at discharge.

The individualised nutrition care plan provided should include the following information:



Target weight

A BMI of at least 18.5 kg/m² in Asians <70 years and 20 kg/m² in Asians >70 years.



Target energy and protein intake

Energy intake: at least 30 kcal/kg of actual body weight/day for older patients, those with an acute or chronic disease who are malnourished or at risk of malnutrition. **Protein intake:** of at least 1.2 g/kg of actual body weight/day for inpatients; 1.2 – 1.5 g/kg of body weight/day for older adults with acute or chronic disease; up to 2.0 g/kg of body weight/day for those with severe illness, injury or severe malnutrition.



Strategies to achieve target weight

Food fortification; small frequent meals; additional snacks and/or finger food; Oral Nutrition Supplement (ONS): at least 400 kcal/day including 30 g or more protein/day for older adults.



Duration of nutrition intervention Should be continued for at least 1 month before re-assessment for effectiveness.

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Dietetics follow-up appointment

To regularly monitor the outcome of interventions, re-assess nutritional status and re-adjust interventions as needed.

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Updates on nutrition care progress for primary care physician.

Dietitians, physicians, nurses, physiotherapists, speech therapists and medical social workers should collaborate in the planning and delivery of the after-discharge nutrition care plan.

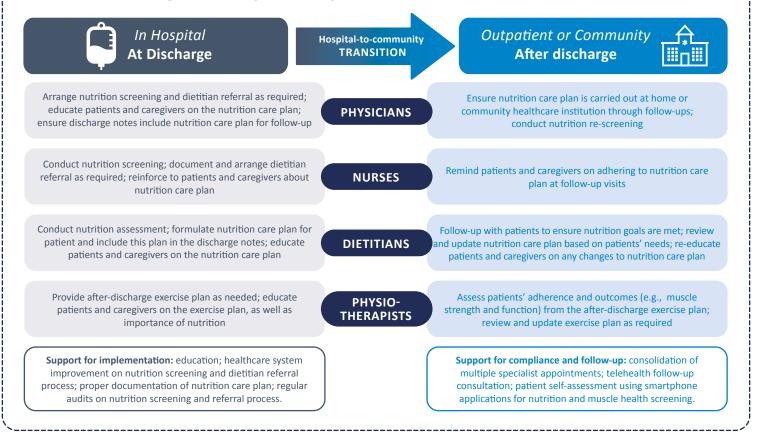
A collaborative and coordinated effort from relevant HCPs is required to ensure successful planning and delivery of the after-discharge nutrition care plan (refer to Figure below). Collaborations amongst public health institutions, community healthcare partners and community support groups are needed to support the continuum of care for patients.

Hospital-to-community transition should incorporate dialogue and liaison between all key stakeholders (dietitians, physicians, nurses, physiotherapists and medical social workers) between both setups. Having a coordinator for nutrition care can improve collaboration and communication across healthcare settings.

Patients and their caregivers should be provided with adequate education related to after-discharge nutrition care.

Educating patients and caregivers on the importance of nutrition and exercise facilitates their active participation in improving their nutritional health and understanding and adhering to the after-discharge nutrition care plan.

Collaboration between all HCPs across both settings is necessary to ensure Planning, Delivery and Implementation of Nutrition Care Plan



Abbreviation: BMI, body mass index; HCP, healthcare professional; ONS, oral nutrition supplements; QoL, quality of life.