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**NEW DATA SHOW U.S. HOSPITAL READMISSIONS ARE
54 PERCENT HIGHER FOR MALNOURISHED PATIENTS**

- *Average cost is nearly \$17,000 per patient for readmission following hospitalization involving malnutrition*
- *Conditions associated with malnutrition include serious bloodstream infection, pneumonia and congestive heart failure*

SILVER SPRING, MD, and DEERFIELD, Ill., Jan. 9, 2017 – The Healthcare Cost and Utilization Project (HCUP) recently published data showing malnutrition in U.S. hospitalized patients is associated with a more than 50 percent higher rate of readmission within 30 days, compared to patient stays not identified with malnutrition. The new statistical brief, [“All-Cause Readmissions Following Hospital Stays for Patients With Malnutrition,”](#) was co-authored by the Agency for Healthcare Research and Quality (AHRQ), the American Society for Parenteral and Enteral Nutrition (ASPEN) and Baxter International Inc. (NYSE: BAX). The resulting cost per readmission is nearly \$17,000 per patient, depending on the type of malnutrition.

“It’s concerning readmission rates are so frequently associated with malnutrition. While the study looked at U.S. statistics, this is a global healthcare issue,” said Mary Hise Brown, PhD, RDN, CNSC, senior medical director, Baxter, and co-author of the brief. “From both a patient outcomes and healthcare cost perspective, these data point to the critically important need to properly diagnose and treat at-risk patients with nutritional needs during their hospital stay.”

The readmission data came from the HCUP Nationwide Readmissions Database and was studied in response to a Congressional request for research on malnutrition. It is the second malnutrition study co-authored by [AHRQ](#), [ASPEN](#) and [Baxter](#) in 2016. In September, the collaborators issued a publication, [“Characteristics of Hospital Stays Involving Malnutrition,”](#)

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which concluded malnutrition is associated with up to five times higher risk of in-hospital deaths, may result in two times longer hospital stays, and creates an estimated \$42 billion burden to the healthcare system.¹

Key findings from the readmissions data for malnourished patients include:

- 23 percent of patients with malnutrition were readmitted to the hospital within thirty days after discharge, compared to only a 15 percent re-admittance rate of patients without a malnutrition diagnosis.
- Nearly one in three stays for patients with postsurgical non-absorption were followed by a readmission within 30 days.
- The highest readmission rates were among adults aged 18–64 years, those stays paid by Medicaid, and for patients residing in metropolitan areas.
- The readmission rate was similar across income levels for patients with malnutrition at the time of their original admission (index stay) to the hospital. For patients without malnutrition during their original stay, readmission rates were highest among those from low-income areas.
- The average cost per readmission was \$16,900 for patients with protein-calorie malnutrition and \$17,900 for patients with postsurgical non-absorption—26 and 34 percent higher, respectively, than the readmission cost for patients without malnutrition (\$13,400).
- Conditions associated with malnutrition include serious bloodstream infection, pneumonia and congestive heart failure.

“It is essential for the healthcare team to recognize the signs of malnutrition while patients are in the hospital in order to expedite healing, offer on-site nutrition interventions and education, and provide a plan for ongoing nutritional support,” said Peggi Guenter, PhD, RN, FAAN, ASPEN senior director of clinical practice, quality and advocacy, and co-author of the brief. “This model of care should reduce the rate of readmissions, lower overall healthcare costs and, most importantly, improve outcomes.”

Both ASPEN and Baxter are committed to raising awareness about the consequences of disease-related malnutrition and the importance of early diagnosis and treatment. ASPEN offers

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a comprehensive [Malnutrition Solutions Center](#) online for healthcare providers, patients, and caregivers to learn about how to recognize and manage disease-related malnutrition.

Healthcare providers also can learn more at [Baxter's Nutrition Academy](#) online, which provides practical guidance on how and when to implement parenteral nutrition, to help make it accessible to more patients with nutritional deficits.

The full [Statistical Brief](#) is now available on the AHRQ website.

About ASPEN

The American Society for Parenteral and Enteral Nutrition (ASPEN) is dedicated to improving patient care by advancing the science and practice of nutrition support therapy and metabolism. Founded in 1976, ASPEN is an interdisciplinary organization whose members are involved in the provision of clinical nutrition therapies, including parenteral and enteral nutrition. With more than 6,500 members from around the world, ASPEN is a community of dietitians, nurses, nurse practitioners, pharmacists, physicians, scientists, students, and other health professionals from every facet of nutrition support clinical practice, research, and education. For more information about ASPEN, please visit www.nutritioncare.org.

About Baxter

Baxter provides a broad portfolio of essential renal and hospital products, including home, acute and in-center dialysis; sterile IV solutions; infusion systems and devices; parenteral nutrition; biosurgery products and anesthetics; and pharmacy automation, software and services. The company's global footprint and the critical nature of its products and services play a key role in expanding access to healthcare in emerging and developed countries. Baxter's employees worldwide are building upon the company's rich heritage of medical breakthroughs to advance the next generation of healthcare innovations that enable patient care.

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¹ Weiss AJ, et al. Characteristics of Hospital Stays Involving Malnutrition, 2013. HCUP Statistical Brief #210.