



Welcome to Today's
Expert Webinar for the 2018 MQii Learning
Collaborative:
**“Engaging the Patient in Nutrition Care
Planning in the Hospital and Beyond”**

We will get started promptly at
12:00PM ET
(11:00AM CT; 10:00AM MT; 9:00AM PT)

All phone lines have been muted

The Malnutrition Quality Improvement Initiative (MQii) is a project of the Academy of Nutrition and Dietetics, Avalere Health, and other stakeholders who provided guidance and expertise through a collaborative partnership. Support provided by Abbott.

Before We Get Started...

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Participants Chat Recorder Notes

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MQii
MALNUTRITION QUALITY
IMPROVEMENT INITIATIVE

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Participants

Speak

Laura Fincher (Host, me)

EF Eleanor Fitall

Recorder

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Today's Agenda

Agenda Item	Presenter
Welcome and introduction to the “Engaging the Patient in Nutrition Care Planning in the Hospital and Beyond” webinar	Kelsey Jones
Patient and family engagement in nutrition care planning within the hospital	Karim Godamunne, MD, MBA, SFHM
The value of contributions from patients and families to care plans, within the hospital and beyond	C. Grace Whiting, JD
Questions – 15 mins	

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MALNUTRITION QUALITY
IMPROVEMENT INITIATIVE

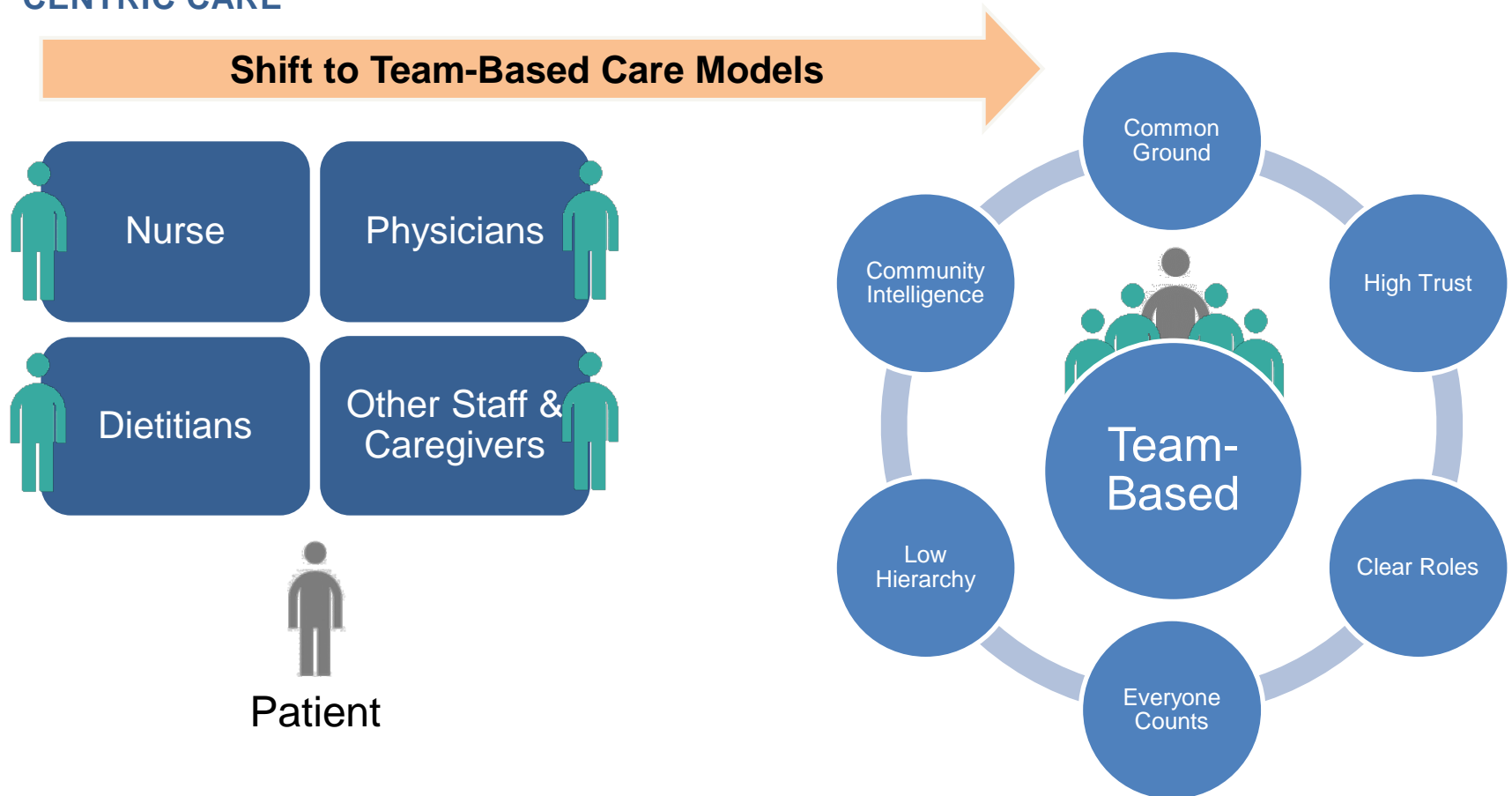


Karim Godamunne, MD, MBA, SFHM
Chief Medical Officer
North Fulton Hospital

- Changing the healthcare system
- Patient engagement: Why it matters
- Workflow mapping with patient input
- How to better support patient care
- Physician engagement

Team-Based Care is Critical for Patient-Centered Care in Addressing Malnutrition

THERE IS A TRANSFORMATIVE SHIFT FROM PHYSICIAN-CENTRIC CARE TO PATIENT-CENTRIC CARE



- Engage patients and families to address best practices in malnutrition care, outside of the hospital
- Approach care delivery through a team approach
- Involve post-acute care partners in the community

Patient and Family Engagement is a Valuable Component of Malnutrition Care

- Improves quality, safety and outcomes of malnutrition care
- Ensures that patients receive care that fits with their preferences and values
- Fewer diagnostic tests
- Decreased use of health care services
- Decreased health care costs
- Increases patient buy-in to prescribed treatment
- Improves patient experience and satisfaction
- Increases health professional satisfaction and retention

How do we Ensure that we put Patients at the Center of their Own Care?

THERE ARE VARIOUS PATIENT ENGAGEMENT STRATEGIES THAT PROVIDERS CAN CONSIDER IN THE DELIVERY OF MALNUTRITION CARE



Direct care

- Bedside rounds, unrestricted visiting hours, shared decision making



Organizational design and governance

- Patient and family advisory councils



Policy making

- Public deliberation

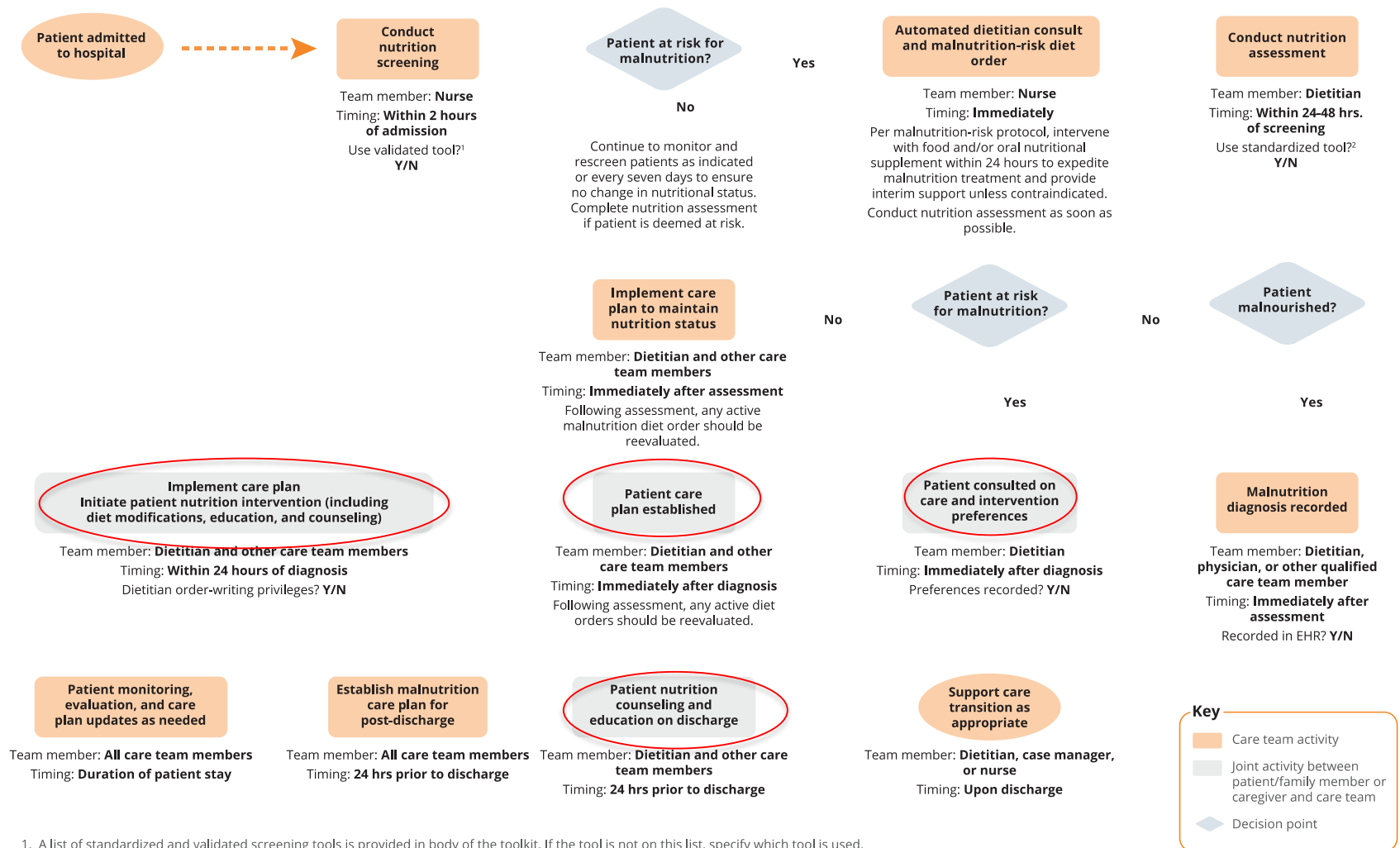
Best Practices: How to Implement a Patient-Centered Care Team Coordination Approach in Malnutrition Care

- Identify interested leaders in patient-centered care from different areas of the hospital (i.e. physicians, nurses, discharge planners, etc.)
- Establish a clear understanding of each role on the team in treating malnourished patients, so that patients feel in charge of their own care
 - Create training and education materials that correspond to each role; one size does not fit all
- Listen to concerns from team members
 - Work with team members to develop plans to address those concerns
- Utilize existing vehicles of communication to reduce communication burden if at all possible
 - Develop a communication plan that leverages highly used communication vehicles currently in place

Engagement Begins with....

- Education & Communication
 - Educating Board Of Trustees (BOT), community, and workforce on national changes and impact at a local level
- Transparency
 - Share good, bad, and ugly
 - Patient testimonials
 - Daily Safety Huddles
- Involvement
 - Patient Family Advisory Council
 - Leadership are active board members on many community programs and committees

Consider Opportunities for Engaging the Patient across the Clinical Workflow

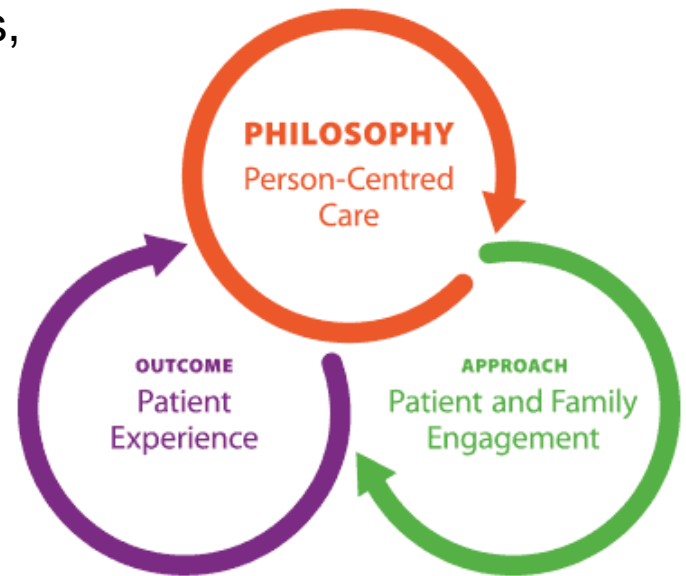


1. A list of standardized and validated screening tools is provided in body of the toolkit. If the tool is not on this list, specify which tool is used.
2. A list of standardized and validated assessment tools is provided in body of the toolkit. If the tool is not on this list, specify which tool is used.

Focusing in on the Patient Family Advisory Councils (PFACs): A Vehicle for Optimal Malnutrition Care

STRATEGIC PLANNING TO CREATING PFACS

- Use PFACs as a way to educate patients and families on the impact of malnutrition to patients, the burden to the community, and how malnutrition can be addressed
- Find best practices from those who have successfully involved patients and families in quality improvement
- Use sources such as Press Ganey and IHI in order to form a framework
- Evaluate Hot Comments reports, Quarterly Analysis Press Ganey Standard Questions report, and HCAHPS report to determine the focus areas for improvement



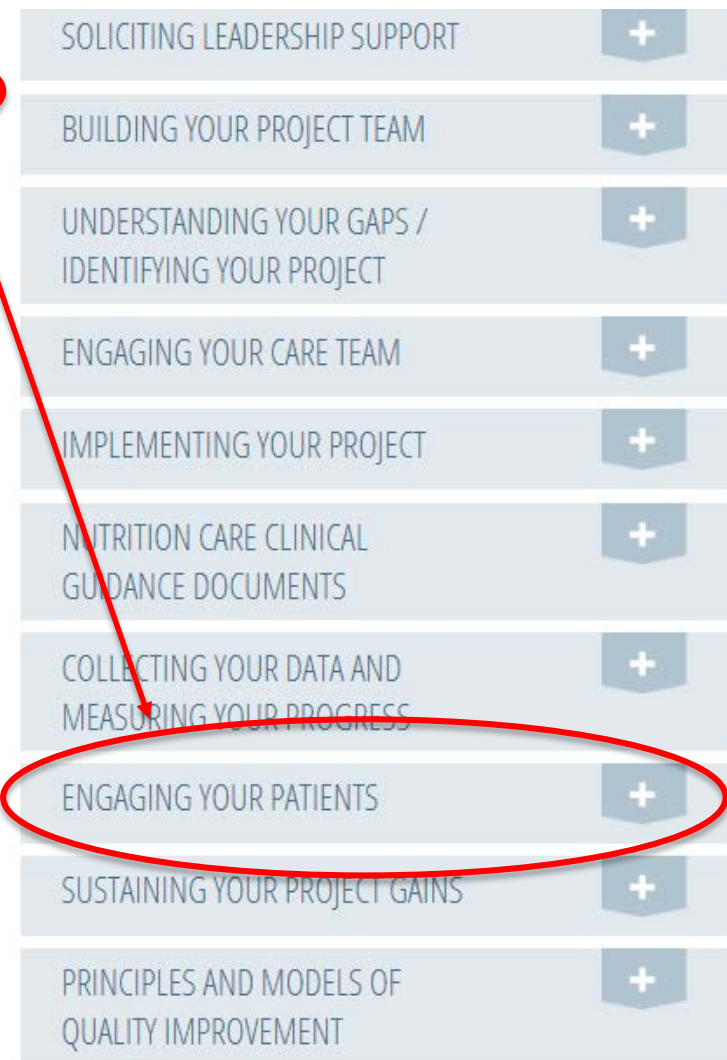
Patient Engagement Tools and Resources Available on the MQii Website

Patient Engagement Recommendations:

- Patients and caregivers should be made aware of the specific roles they play in implementing the malnutrition care plan
- Patient engagement and shared decision-making should be supported through tools such as decision aids
- Providers should ensure that not only do all adult patients have an advance care directive related to food preferences, but that malnutrition considerations are included in the decision-making process
- Providers should include patient preference and feedback



Access the MQii website at
www.MQii.Today



The Role of Data Analytics in Optimal Malnutrition Patient-Centered Care

- Consider tools to help assess and quantify malnutrition
 - Data needs to be transparent across the spectrum **to both providers and to patients**
 - Who is being screened?
 - Who is being assessed?
 - How can/should results of the screening and assessment be communicated to the patient and caregiver?
 - How will the continuum of care be addressed both in the hospital as patients arrive and post-discharge?
- How can the tools end up in the hands of end users?
 - What opportunities are there for shared decision-making?

Best Practices: Keep Physicians Engaged in Patient-Centered Malnutrition Care

- Discover Common Purpose and Share this Knowledge with Patients
 - Improve outcomes, reduce waste, etc.
- Reframe Values & Beliefs
 - Physicians and patients as partners
 - Individual quality AND system quality
- Engagement
 - Build trust, involve from the beginning, and make this visible to patients
- Use Improvement Methods to Enhance Quality of Care
 - Physicians use Plan-Do-Study-Act (PDSA) every day
- Have a Plan
 - Don't give up!



C. Grace Whiting, J.D.
President and CEO
National Alliance for Caregiving

- Family caregivers are the backbone of our long-term care system and play a critical role in the healthy aging of our society.
- Nutrition is an underserved area – but offers opportunities to improve the caregiving relationship, which can improve health outcomes.
- Family caregivers may themselves be facing malnutrition or even malnourishment.

About the Alliance

Established in 1996, the National Alliance for Caregiving is a 501(c)(3) non-profit organization dedicated to advancing family caregiving through research, innovation, and advocacy.

- Nearly 60 organizational members, including non-profits, corporations, and federal agencies
- Advocacy network of 80+ state/local caregiving coalitions and advocates
- Secretariat for the International Alliance of Carer Organizations (IACO)

www.caregiving.org



Advocates sharing findings from *Rare Disease Caregiving in America* on Capitol Hill (2018) with Members of the Rare Disease and Assisting Caregivers Today's Congressional Caucus

“Caregiver” Defined

From the [RAISE Family Caregivers Act](#) of 2018 (P.L. No: 115-119):

“The term ‘*family caregiver*’ means an adult* family member or other individual who has a significant relationship with, and who provides a broad range of assistance to, an individual with a chronic or other health condition, disability, or functional limitation.”

Caregiving is a Public Health Issue



Roughly the
same number of
people as the
population of
Argentina!

There are **43.5 million**
family caregivers across
the lifespan in the U.S.
providing an estimated
economic value of **\$470**
billion in care annually

Caregiving is becoming increasingly diverse as America ages

National Alliance for Caregiving & AARP, *Caregiving in the U.S.* (2015), www.caregiving.org/caregiving2015

DEMOGRAPHICS:

- ❖ 60% Women
- ❖ 40% Men

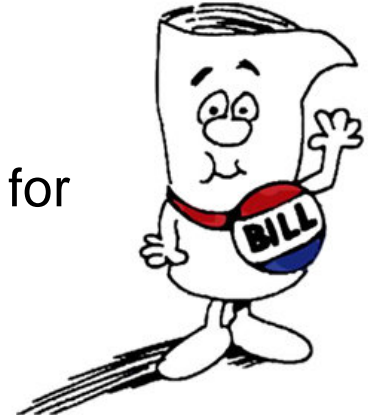
- ❖ 13% African American/Black
- ❖ 6% Asian American Pacific Islander
- ❖ 17% Hispanic/Latino
- ❖ 62% White

- ❖ 24% Millennials (18 -34)
- ❖ 23% Gen Y (35 – 49)
- ❖ 46% Over 50
- ❖ 7% Over 75

- ❖ 9% LGBT
- ❖ 28% Rural
- ❖ 10% Military Vets
- ❖ 32% Living without a partner/spouse
- ❖ 47% Household income under \$50,000

The Federal Government Increasingly Recognizes Caregivers as Critical to Our Healthcare System

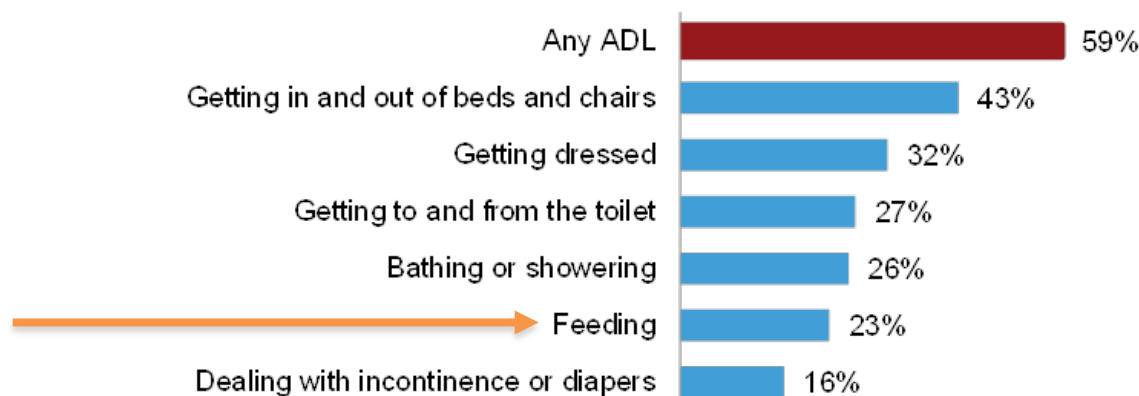
- RAISE Family Caregivers Act of 2017 (P.L.115-119)
 - Creates a federal advisory council to discuss caregiving issues across the lifespan; aims to develop a “Caregiving Strategy” with the Secretary of HHS for Congress, the public, and states
- Federal Budget Increases (FY2018 and FY2019) for:
 - Lifespan Respite Care Program
 - National Family Caregiver Support Program
 - Alzheimer’s and dementia care and support
- Care, Advise, Record, and Enable (“C.A.R.E. Act”) for hospital discharge passed in 39 states.



Caregiving Tasks Include Helping with Activities of Daily Living

Q22. Which of these do/did you help your [relation] with?

Base: Caregivers of Recipient
Age 18+ (n=1,248)



Hours Caregiving per Week	
0-20 (n=826)	21+ (n=416)
51%	75%*
36%	59%*
22%	51%*
21%	40%*
17%	45%*
18%	36%*
9%	31%*

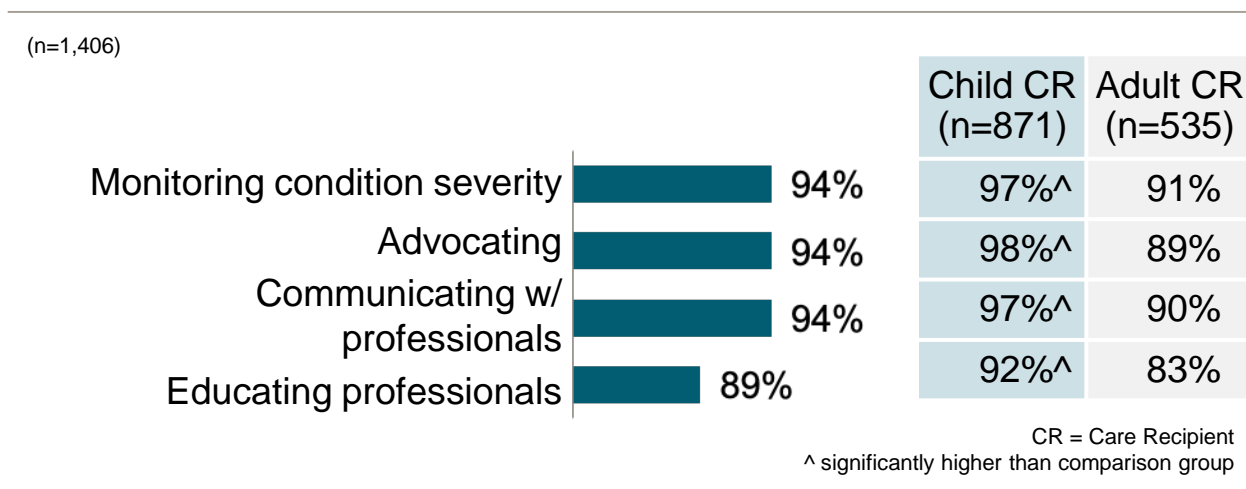
Caregivers as the “Voice of Care”

**Indicates statistically significant difference when compared to all caregivers.*

Caregiving Activity	All Caregivers (n=1,248)	Cancer Caregivers (n=111)	Dementia Caregivers (n=372)
Communicating with healthcare professionals (doctors, nurses, social workers) about his/her care	66%	82%*	80%*
Monitoring severity of recipient's condition to adjust care accordingly	63%	76%*	79%*
Advocating for him/her with health care providers, community services, government agencies	50%	62%*	65%*

Patient Advocacy is Especially Important for Complex Diseases, such as Rare Disease

Figure 27: Caregiving Support Activities in Rare Disease Caregiving



When Supported, Caregivers Can Improve Individual and Population Health

- Caregivers can reduce avoidable hospital readmissions in discharges to the home.
 - By 25% at 90 days and by 24% at 180 days
- Sometimes, caregivers can help an older adult or person with a disability to live in the community longer, delaying costly institutionalization.

Family Caregivers Often Assist with Medical/Nursing Tasks – Without Preparation

- More than 8 in 10 higher-hour **caregivers are performing medical/nursing tasks** without any prior preparation.
- The more complex the care, the more likely the caregiver performs medical/nursing tasks **without any preparation.**
 - 62% of “high-burden” caregivers (under greater strain from the disease/condition) are in this situation

Caregivers Need Training on Nutrition as Care Providers

- “Caregivers of older adults on home enteral nutrition need training for multiple nutrition-related and caregiving tasks.”
 - Caregivers provided **6 to 168 hours of care weekly**
 - Multidisciplinary interventions with dietitian expertise can help
- Unsupported caregivers can sometimes endanger the person who needs care and trigger re-hospitalization– either due to increased strain or a lack of training
- Dementia is another challenging area – where neglect of food and lack of access may be a factor due to a caregiver’s lack of knowledge about the disease and care needs

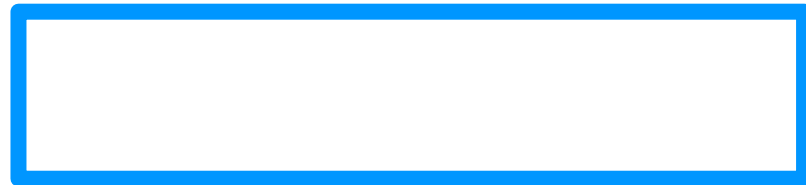
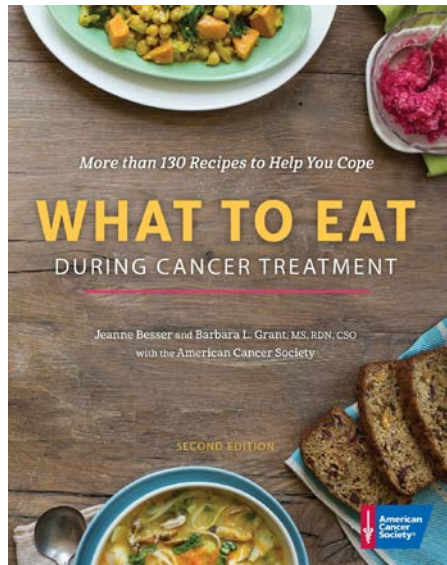
Common Nutrition Challenges for Families

- **Complexity:** preparing special meals to meet dietary restrictions and culturally competent meals ("Peking Duck" vs "Hamburgers")
- **Cognitive Impairment:** Managing forgetfulness around meals and difficulty in the eating process
- **Refusal to Eat:** Sometimes due to a mental or behavioral health issue (depression), social isolation, or medication side effects
- **Self-Care:** Managing the caregiver's own health and nutrition needs while providing care



Patient Advocacy Groups Can Improve the Caregiving Relationship + Nutrition

For example, the American Cancer Society has created a cookbook for cancer survivors and their family – which offers both a way to improve the nutritional health of the family and an activity to bring them closer together.



Current Federal Policies Need Expansion and Support to Improve Overall

- Supplemental Nutritional Assistance Program (SNAP)
 - 11.9% of SNAP benefits go to householders that include a person with a disability, 10% go to households with senior citizens
 - Yet only 85% of eligible participants overall receive benefits
- Older Americans Act Nutrition Programs
 - Provides grants to states to support the needs of seniors over age 60 – but there are long waiting lists and limited resource
- Oral health is not covered under Medicare
 - See the “Seniors Have Eyes, Ears, and Teeth” Act (H.R. 508), <https://www.congress.gov/bill/115th-congress/house-bill/508>

Questions?



15 mins