

Addressing Malnutrition within the VA Hospitals and Beyond: Lessons and Opportunities for Non-VA Organizations

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The views contained here are those of the authors and not necessarily those of the Department or Secretary of Veterans Affairs.

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Objectives

1. Share best practices from the VA's efforts to improve the quality of nutrition care for Veterans
2. Highlight the ways in which the VA is supporting Veterans' nutrition needs throughout the healthcare continuum
3. Outline lessons learned and tips for non-VA hospitals seeking to implement similar quality improvement activities



Veterans Health Administration (VHA)

- America's largest integrated health care system
- 1243 healthcare facilities
 - 172 Medical Centers
 - 1062 outpatient sites of care
- 9 Million enrolled Veterans each year
- VHA Nutrition and Food Services (NFS)
 - 8000 Federal Nutrition Staff
 - 1800 Registered Dietitian Nutritionists (RDN)
 - 200 Dietetic Technicians
 - >520 Dietetic Interns/year
 - 39 Million inpatient meals/year

www.va.gov/health

www.nutrition.va.gov



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VHA Nutrition and Food Services (NFS)



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Nutrition Field Advisory Committee (NFAC)

Six Subcommittees govern major domains of Nutrition practice:

1. Education and Professional Oversight Subcommittee
2. Food Service and Business Subcommittee
- 3. Clinical Nutrition Subcommittee**
4. Marketing and Nutrition Informatics Subcommittee
5. Subsistence Prime Vendor Subcommittee
6. Quality and Performance Improvement/Research Subcommittee

More information about NFAC: <https://www.td.org/magazines/the-public-manager/leadership-and-communication-in-the-field-from-policy-to-practice>



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VHA NFS Strategic Goals

- 5 to 8 Annual goals set by NFAC Subcommittees
- To stay abreast of relevant issues and initiatives
- Used to promote, support and track progress across the VHA
- Clinical and Food Service foci
- Measured monthly & re-evaluated on the fiscal year (FY) October – September
- Malnutrition has been a focus of NFS Strategic Goals since 2014









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What is the impact of Malnutrition?

- Malnutrition is a major contributor to:
 -  Function and quality of life
 -  Readmission and LOS
 -  Wound healing
 -  Surgical recovery time
 -  Complications
 -  Morbidity and mortality

White, JPEN 2012



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History of Nutrition Care Process (NCP) in VHA

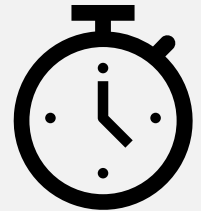
- 1993-2002 M.A. Kight, PhD, RD theorizes a Nutrition Care Process (NCP) and derives nutritional diagnostic terms for Dietitians
- 2002-2005: VHA's Nationwide Piloted Programs using NCP
- 2006 Academy of Nutrition & Dietetics adopts NCP/used by RDN's
 - Nutrition Focused Physical Exams - step 1 (Assessment) of the NCP
- 2011 NFS/NFAC mandates NCP
 - Formation of Advanced Practice Nutrition Consultants to train and educate on NCP and NFPE skills
- 2012- The Academy Published the consensus statement on malnutrition.
- 2013 VHA Handbook 1109.08 Nutrition Care Process

https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=2990



Continuous VHA NCP & NFPE Training

- 
- 2018 3-Day Hands-on Training at the Dayton VAMC, Kurtz/Brewer
 - 2016 Applying Dynamic Critical Thinking Skills to Nutrition-Focused Physical Exam (NFPE) Brewer/Perdue/Kurtz Jan 2016 Applying Dynamic Critical Thinking Skills to the Nutrition Care Process (NCP), Utech/Perdue
 - 2016 Exploring Nutrient-Based Lesions in the NFPE: A Focus on Micronutrients, Miranda/Larrison/Perdue/Kurtz
 - 2015 NFPE and Nutrition Assessment 3-day Seminar, Memphis VAMC
 - 2014 3-Day Hands-on NFPE training at the Memphis VAMC, Brewer
 - 2014 Vitamin C Deficiency SimLearn Module 2013 Brewer/Perdue “Adding NFPE to your Nutrition Toolkit” Academy of Nutrition and Dietetics Webinar.



Fiscal Year (FY) 2014

- **Increase the percentage of dietitians who have completed the VA training module on Nutrition Focused Physical Exam by 35%.**
 - **What was tracked:**
 - NFPE trainings completed
- **Increase the identification of inpatients who meet the Academy of Nutrition & Dietetics/American Society of Parenteral and Enteral Nutrition (ASPEN) adult malnutrition criteria from baseline by 20%.**
 - **What was tracked:**
 - The percentage of inpatients identified as meeting The Academy/ASPEN adult malnutrition criteria over baseline



Consensus Statement of the Academy of Nutrition and Dietetics/American Society for Parenteral and Enteral Nutrition: Characteristics Recommended for the Identification and Documentation of Adult Malnutrition (Undernutrition)

Jane V. White, PhD, RD, FADA; Peggi Guenter, PhD, RN; Gordon Jensen, MD, PhD, FASPEN; Ainsley Malone, MS, RD, CNSC; Marsha Schofield, MS, RD; the Academy Malnutrition Work Group; the A.S.P.E.N. Malnutrition Task Force; and the A.S.P.E.N. Board of Directors

ABSTRACT

The Academy of Nutrition and Dietetics (Academy) and the American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.) recommend that a standardized set of diagnostic characteristics be used to identify and document adult malnutrition in routine clinical practice. An etiologically based diagnostic nomenclature that incorporates a current understanding of the role of the inflammatory response on malnutrition's incidence, progression, and resolution is proposed. Universal use of a single set of diagnostic characteristics will facilitate malnutrition's recognition, contribute to more valid estimates of its prevalence and incidence, guide interventions, and influence expected outcomes. This standardized approach will also help to more accurately predict the human and financial burdens and costs associated with malnutrition's prevention and treatment, and further ensure the provision of high quality, cost effective nutritional care. *J Acad Nutr Diet.* 2012;112:730-738.

MALNUTRITION IS MOST simply defined as any nutritional imbalance (1). People suffer from overnutrition when they consume too many calories. Although the focus of this consensus statement is adult undernutrition, we cannot fail to recognize the enormous impact that obesity has on both personal and national health and rising health care costs (2). From overweight to obese adults who

Those adults who lack adequate calories, protein, or other nutrients needed for tissue maintenance and repair experience undernutrition. In acute, chronic, and transitional care settings, recognition and treatment of adult undernutrition is a primary concern (3,7-10). For the purposes of this discussion, therefore, the term adult "malnutrition" shall be synonymous with adult "undernutrition."

Adult undernutrition typically occurs along a continuum of inadequate intake

to those with non-severe (mild to moderate) malnutrition that if left unrecognized and unaddressed is likely to progress to a severely malnourished state (3-11). Although various laboratory tests and physical signs or symptoms have been suggested as potential markers for inflammation, and some are briefly mentioned in passing in this document, the Academy of Nutrition and Dietetics (Academy) and the American Society for Parenteral and Enteral



Actions taken in FY 2014

- Referred all Clinical Managers to the consensus article by White et al.
- Condensed the Malnutrition criteria into one page
- Developed templates to document Malnutrition
- March 2014: Implemented workload capture code to improve tracking
 - “NU215”: Malnutrition
 - This was vital in our ability to continue tracking our national progress
- March 2014: Presented National Training to NFS Clinical Managers
- June 2014: Facilities shared their best practices on national call
- Quarterly newsletter and monthly email updates to the field



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ASPEN/AND Malnutrition Diagnosis Guide* (≥ 2 indicators should be present)

Inflammation	Marked Response		Mild to Moderate		Not Present	
Clinical Characteristics	Acute Disease/Injury		Chronic Disease Related		Starvation Related	
	Non-Severe (Moderate) Malnutrition	Severe Malnutrition	Non-Severe (Moderate) Malnutrition	Severe Malnutrition	Non-Severe (Moderate) Malnutrition	Severe Malnutrition
	<i>Work with the patient's physician to create the billable diagnosis of malnutrition. Conservatively, ICD-9 263.9 -Unspecified Protein-Calorie Malnutrition, would be appropriate for any of the above. More specific malnutrition diagnoses may be considered with improved proficiency.</i>					
(1) Energy Intake	<75% for >7 days	<50% for ≥ 5 days	<75% for ≥ 1 month	<75% for ≥ 1 month	<75% for ≥ 3 months	<50% for ≥ 1 month
<i>Malnutrition is the result of inadequate food and nutrient intake or assimilation; thus, recent intake compared to estimated requirements is a primary criterion defining malnutrition. The clinician may obtain or review the food and nutrition history, estimate optimum energy needs, compare them with estimates of energy consumed and report inadequate intake as a % of estimated energy requirements over time.</i>						
(2) Interpretation of Weight Loss	1-2% in 1 wk; 5% in 1 mo; 7.5% in 3 mos	>2% in 1 wk; >5% in mo; >7.5% in 3 mos	5% in 1 month; 7.5% in 3 mos; 10% in 6 mos; 20% in 1 year	>5% in 1 mo; >7.5% in 3 mos; >10% in 6 mos; >20% in 1 year	5% in 1 month; 7.5% in 3 mos; 10% in 6 mos; 20% in 1 year	>5% in 1 month; >7.5% in 3 mos; >10% in 6 mos; >20% in 1 year
<i>The clinician may evaluate the weight in light of other clinical findings including the presence of under- or over- hydration. The clinician may assess weight change over time reported as a % of weight lost from baseline.</i>						
(3) Body Fat loss	Mild	Moderate	Mild	Severe	Mild	Severe
<i>Loss of subcutaneous fat (eg, orbital, triceps, fat, overlying the ribs).</i>						
(4) Muscle Mass loss	Mild	Moderate	Mild	Severe	Mild	Severe
<i>Muscle loss (eg, wasting of the temples; clavicles; shoulders, interosseous muscles; scapula; thigh and calf).</i>						
(5) Fluid Accumulation	Mild	Moderate to Severe	Mild	Severe	Mild	Severe
<i>The clinician may evaluate generalized or localized fluid accumulation evident on exam (extremities; vulvar/scrotal edema or ascites) Weight loss is often masked by generalized fluid retention (edema) and weight gain may be observed.</i>						
(6) Reduced Grip Strength	N/A	Measurably Reduced	N/A	Measurably Reduced	N/A	Measurably Reduced
<i>Consult normative standards supplied by the manufacturer of the measurement device.</i>						

* Consensus Statement of the Academy of Nutrition and Dietetics/American Society for Parenteral and Enteral Nutrition: Characteristics Recommended for the Identification of Adult Malnutrition (Undernutrition). JADA. May 2012; 112(5):730-738.



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Template: Malnutrition

Malnutrition Assessment

Marked Inflammation Noted

Mild to Moderate Inflammation Present

Inflammation Not Present

Based on the above findings, malnutrition is classified as:

Non-Severe (Moderate) Acute Disease/Injury Related Malnutrition

Severe Acute Disease/Injury Related Malnutrition

Non-Severe (Moderate) Chronic Disease Related Malnutrition

Severe Chronic Disease Related Malnutrition

Non-Severe (Moderate) Social/Environmental Related Malnutrition

Severe Social/Environmental Related Malnutrition

All None * Indicates a Required Field Preview OK

Template: Malnutrition

Malnutrition Assessment

Marked Inflammation Noted

Mild to Moderate Inflammation Present

Energy Intake:

Unable to Assess Energy Intake

Adequate Energy Intake

Moderate Inadequate Energy Intake: < 75% for >= 1 month

Severe Inadequate Energy Intake: < 75% for >= 1 month

Weight Loss:

Unable to Assess Weight Loss

Moderate Weight Loss: 5% loss in 1 month

Moderate Weight Loss: 7.5% loss in 3 months

Moderate Weight Loss: 10% loss in 6 months

Moderate Weight Loss: 20% loss in 1 year

Severe Weight Loss: > 5% in 1 month

Severe Weight Loss: > 7.5% in 3 months

Severe Weight Loss: > 10% in 6 months

Severe Weight Loss: > 20% in 1 year

Body Fat loss:

Not Able to Assess Body Fat Loss

No Body Fat Loss Noted

Mild Body Fat Loss Noted

Severe Body Fat Loss Noted

Muscle Mass Loss:

Not Able to Assess Muscle Mass

No Muscle Mass Loss Noted

Mild Muscle Loss Noted

Severe Muscle Loss Noted

Fluid Accumulation:

Not Able to Assess for Fluid Accumulation

No Fluid Accumulation Noted

Mild Fluid Accumulation Noted

Severe Fluid Accumulation Noted

Grip Strength:

Grip Strength Not Assessed

Normal Grip Strength

Measurably Reduced Grip Strength

All None * Indicates a Required Field Preview OK Cancel

NUTRITION NOTE
Adm: 03/12/14 SICU

Mar 17, 2014@

Malnutrition Assessment
Marked Inflammation Noted
Severe Inadequate Energy Intake: < 50% for >= 5 days
Severe Weight Loss: > 7.5% in 3 months
Moderate Muscle Loss Noted
Based on the above findings, malnutrition is classified as:
Severe Acute Disease/Injury Related Malnutrition



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Strategic Goal Outcomes FY14

- NFPE Trainings Completed
 - 475 RDN at baseline (158% increase)
 - 1230 RDN (78%) of all VA RDNs completed this training
- Number of Veterans identified as meeting the ASPEN Malnutrition Criteria
 - increased 30 fold from baseline



FY 2015

- Increase the total number and number of identified unique Veterans who meet the Academy of Nutrition & Dietetics/American Society of Parenteral and Enteral Nutrition (ASPEN) adult malnutrition criteria from baseline by 100%
 - **What was tracked:**
 - National data of RDN who identified Malnutrition
 - Internal Nutrition Code was established
 - # of times Nutrition Code (NU215) was used
 - # of individual patients coded with NU215



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Actions taken in Fiscal Year 2015

- Shared Best Practices utilized by Facilities
 - Quality Improvement Projects
 - Involvement of Health Informatics and Physicians
 - Staff in-services
 - Simulation training exercises
 - Template creations and tutorials for template use
 - Malnutrition rounds and training
 - Evaluations
- Relationship with our Corporate Data Warehouse experts to pull national data (<https://www.data.va.gov/dataset/corporate-data-warehouse-cdw>)
- Quarterly newsletter and monthly email updates to the field
- Malnutrition Fact Sheet for the VHA Intranet (internal agency website)



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FACT SHEET



Malnutrition

October 2014

Malnutrition continues to be a prevalent condition with 1 in 3 adult patients admitted to hospitals being malnourished. The risk of malnutrition in Veterans increases with aging and illness, whether acute or chronic. Malnutrition decreases quality of life but also leads to longer hospital stays, frequent re-admissions and increased healthcare costs.

Improved outcomes result from raising awareness of malnutrition and coordinating effective healthcare nutrition plans. The American Society of Enteral and Parenteral Nutrition (A.S.P.E.N.) and the Academy of Nutrition and Dietetics (A.N.D.) collaborated to develop standardized criteria to diagnose malnutrition using an etiology basis and inflammatory state.

The [Malnutrition Criteria](#) take into account rate of weight loss, adequacy of intake, visual loss of muscle and fat along with hand grip strength and presence of edema. Two of the criteria must be present to designate malnutrition. The inflammatory state determines which etiology of malnutrition is present (acute, chronic or starvation related).

In order to better recognize and effectively treat malnutrition, all members of the clinical team need to be involved. As a result, the Alliance to Advance Patient Nutrition (Alliance) has brought together the Academy of Medical-Surgical Nurses (AMSND), the Academy of Nutrition and Dietetics (AND), the American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.), the Society for Hospital Medicine (SHM), and Abbott Nutrition to support key stakeholders in improving hospital nutrition practices related to malnutrition. The Alliance created six nutrition care recommendations for hospitals:

- **Principle 1:** Create institutional culture where all stakeholders value nutrition
- **Principle 2:** Redefine clinicians' roles to include nutrition
- **Principle 3:** Recognize and diagnose ALL patients at risk of malnutrition
- **Principle 4:** Rapidly implement interventions and continued monitoring
- **Principle 5:** Communicate nutrition care plans
- **Principle 6:** Develop a discharge nutrition care and education plan

If you want to know more about how you can contribute to creating a culture that recognizes and decreases the incidence or severity of hospital malnutrition refer to the alliance website at:

<http://malnutrition.com/>.



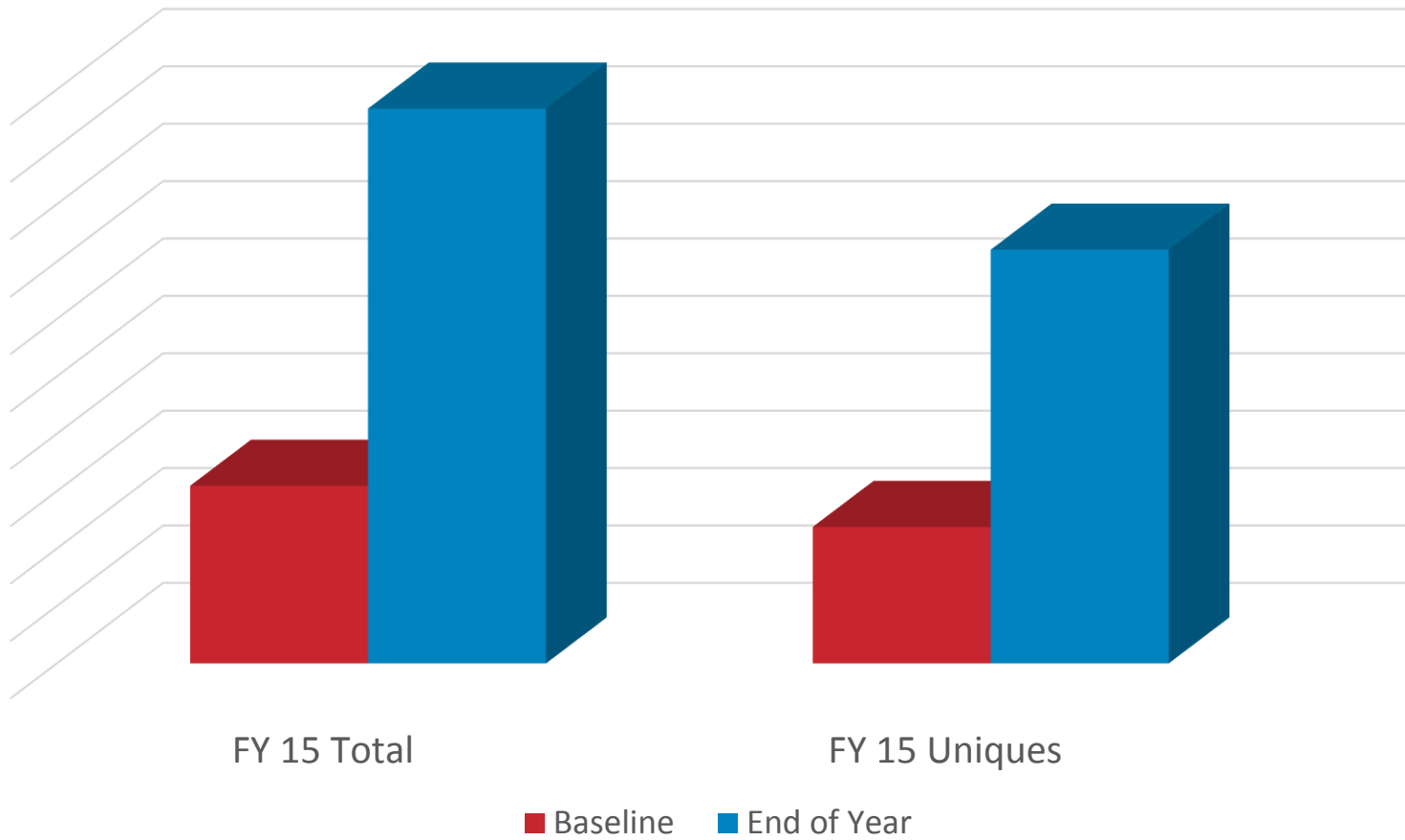
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RESULTS OF STRATEGIC GOALS



FY 2016

- **GOAL: Improve the interdisciplinary identification and treatment of Veteran's Malnutrition by providing education to health care providers, as evidenced by a 30% increase in number of trainings provided in FY2016.**
- **What was tracked:**
 - Each training provided to any individual or group of providers
 - Medical providers including MD, NP, PA's
 - Nursing
 - Rehab therapy teams
 - All team members



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Actions taken in FY 2016

- Training Resources created at the National Level – discussion of reimbursement included
- National call provided to the Clinical Managers sharing tips for training, case studies and provided resources
- Quarterly newsletter and monthly email updates to the field
- Best-practices shared by Facilities
 - In-services to nursing, medicine, speech pathology and other services
 - Training during medical rounds
 - Methods for getting providers and nursing involved



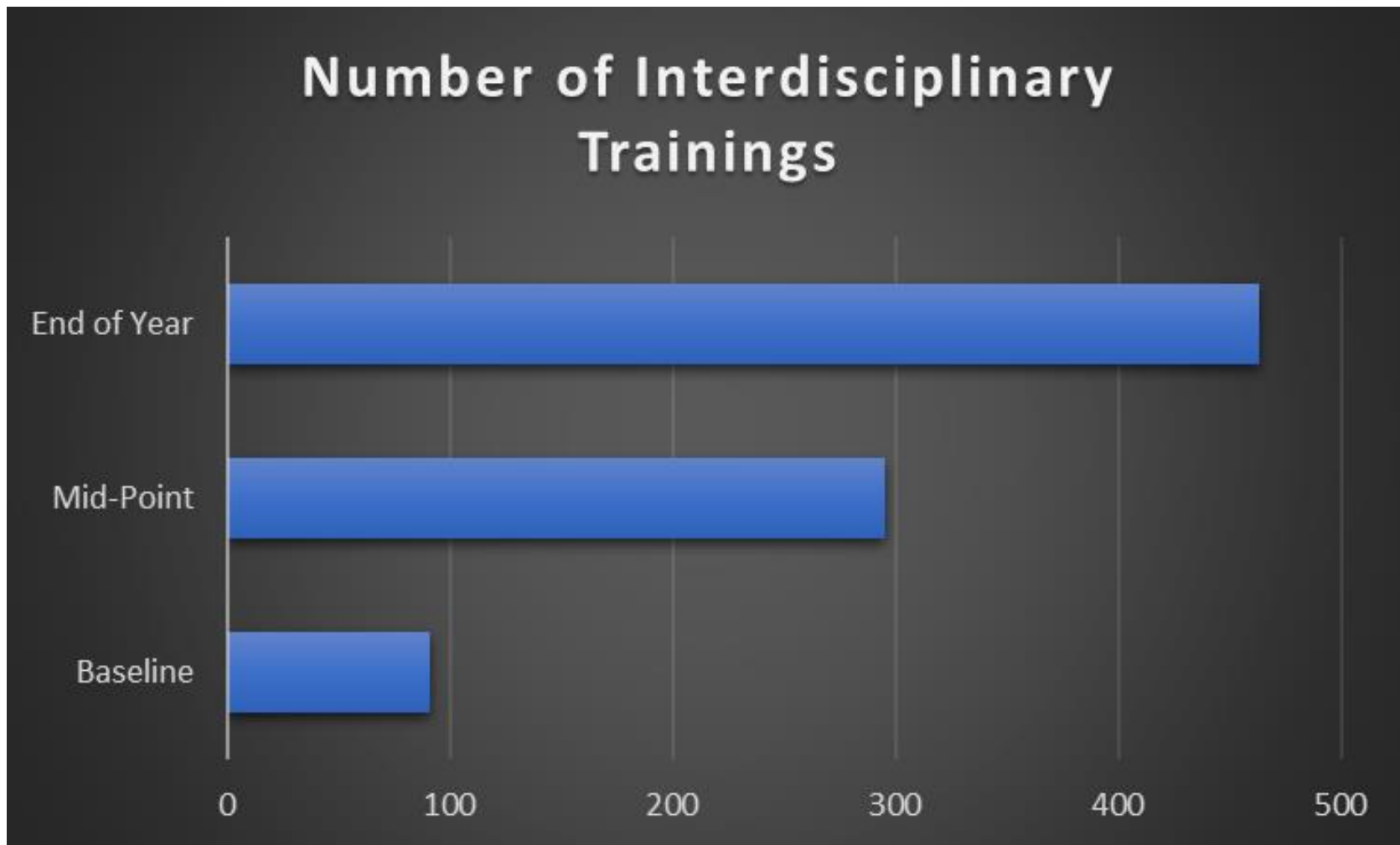
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Results FY 2016



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FY 2017 – Measure Success and Sustainability

- **GOAL: To increase the number of ICD-10 Malnutrition codes that are used in inpatient and outpatient by 7% from 2016 to 2017 through collaboration with providers and diagnosticians to enhance the identification and diagnosing of Malnutrition**
 - Intent: Did increasing identification of Malnutrition using The Academy/ASPEN criteria and training of other healthcare providers actually make it to the ICD 10 diagnosis of malnutrition?
- **What was tracked:**
 - National ICD-10 Malnutrition codes
 - Monthly update of ICD-10 codes by facility



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Actions taken in FY 2017

- Tools created to track national and facility ICD-10 usage
- Trained field about the ICD-9/ICD-10 transition
- Training to Clinical Nutrition Managers on coding and care of the malnourished across the Interdisciplinary Team
- Sample documentation to remind providers to add to their notes
- Quarterly newsletter and monthly email update



Tracked ICD-10 codes

ICD10	ICD9	ICD10Description	ICD9Description
E43.	262	UNSPECIFIED SEVERE PROTEIN-CALORIE MALNUTRITION	OTHER SEVERE PROTEIN-CALORIE MALNUTRITION
E44.0	263	MODERATE PROTEIN-CALORIE MALNUTRITION	MALNUTRITION OF MODERATE DEGREE
E44.1	263.1	MILD PROTEIN-CALORIE MALNUTRITION	MALNUTRITION OF MILD DEGREE
E46.	263.8	UNSPECIFIED PROTEIN-CALORIE MALNUTRITION	OTHER PROTEIN-CALORIE MALNUTRITION
E64.0	263.9	SEQUELAE OF PROTEIN-CALORIE MALNUTRITION	UNSPECIFIED PROTEIN-CALORIE MALNUTRITION



Sample RDN Note

LOCAL TITLE: NUTR: NUTRITION NOTE
STANDARD TITLE: NUTRITION DIETETICS NOTE
DATE OF NOTE: MAR 27, 2017@09:35 ENTRY DATE: MAR 27, 2017@11:34:29
AUTHOR: EXP COSIGNER:
URGENCY: STATUS: COMPLETED
SUBJECT: Malnutrition Screen

This patient was screened for malnutrition and the following was found:

Malnutrition Screening (ASPEN GUIDELINES):
.....

Patient has been identified with:

- [X] Severe (acute) protein-calorie malnutrition as evidenced by:
 - Severe Inadequate Energy Intake: 50% or less of energy needs for greater than or equal to 5 days
 - Severe Weight Loss: greater than 5% in 1 month
 - Moderate Muscle Loss Noted

Please document the above in the Medical Record if in agreement, as appropriate.

/es/ ,MS,RD,CDN

Clinical Dietitian

Signed: 03/27/2017 11:37

Receipt Acknowledged By:

03/27/2017 14:27 /es/ MD FACP

ATTENDING PHYSICIAN, MEDICINE

for :



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Sample MD Documentation Method #1

Attending writes an addendum to their medicine note with information from RDN

Visit: 03/26/17 Addendum to MED: INPT HOUSESTAFF PROGRESS NOTE, NY-IP MEDICINE, MD FACP (Mar 27,17@14:27)

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: MAR 27, 2017@14:27:36 ENTRY DATE: MAR 27, 2017@14:27:37
AUTHOR: EXP COSIGNER:
URGENCY: STATUS: COMPLETED

[X] Severe (acute) protein-calorie malnutrition as evidenced by:
Severe Inadequate Energy Intake: 50% or less of energy needs for
greater than or equal to 5 days
Severe Weight Loss: greater than 5% in 1 month
Moderate Muscle Loss Noted

/s/ , MD FACP
ATTENDING PHYSICIAN, MEDICINE
Signed: 03/27/2017 14:27

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Sample Documentation Method #2

MD documents as part of nutrition note

#Severe protein calorie malnutrition: likely 2/2 poor po intake in setting of progressive disease
- f/u nutrition recs



#Hypoglycemia: on serum glucose. Improved with applesauce + sugar. May be 2/2 poor PO intake, less c/f cortisol insuff.
- f/u TID FS
- consider AM cortisol if continued episodes of hypoglycemia

#BPH:
- s/p Foley, f/u TOV - bladder scan q6h, straiigh cath if PVR > 150 cc
- finasteride
- Foley catheter management
- Fluid replacement prn, s/p 3L NS

#FEN/PPx
- pureed diet with nectar thick liquids
- Therapeutic lovenox for chronic PEs found on admission

FULL CODE - patient and wife states to be contemplating DNR
Contact: Wife

#Discharge Planning
-Pending evaluation by SLP and nutrition

/es/ , MD
Resident Physician, Internal Medicine
Signed: 03/13/2017 17:56

/es/ ,MD
ATTENDING PHYSICIAN, MEDICINE
Cosigned: 03/14/2017 11:51



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Sample Process for Getting Coding Started

1. Organize! Opportunity for RDNs and Nutrition Departments to lead patient care.
2. Meet with your coding department
 - Discuss where they need to see the documentation from a coding perspective and any unique issues at your hospital.
3. Meet with key medical personnel, Chief Medical Officer, Service and Section Chiefs
4. Train providers on complications of malnutrition, criteria & identification of malnutrition
5. Based on your coding & documentation requirements/systems, develop a system of alerting providers to identification of malnutrition at your facility.
6. Implementation
7. Plan → Do → Study → Act
8. Measure, track & share ICD 10 data with providers & leadership.
9. Keep all parties engaged and informed. Don't forget new staff.



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Sample Interdisciplinary Care (Inpatient)

- **Provider** – avoid prolonged NPO, initiate enteral nutrition or parenteral nutrition early, zinc supplement if zinc deficiency, provide other multivitamin/mineral supplement, encourage intake, edit Meds to enhance appetite, consult RDN early.
- **Nursing** – assist with meals, provide coaxing, communicate with RDN Likes and Dislikes, discuss medication changes with Provider to enhance appetite, skin care awareness.
- **Pharmacy** – discuss medications with Provider to enhance appetite/intake, recommend vitamin/mineral supplement including short term dose of zinc, recommend enteral nutrition or parenteral nutrition, coordinate discharge supply of oral nutrition supplements.
- **Social Work** – discharge plan to connect patient to meal or financial services in their community, ensure no elder neglect is occurring.



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Sample Interdisciplinary Care (Inpatient), cont.

- **Speech Pathology** – liberalize texture if able, encourage intake, communicate with RDN about food likes/tolerances they may notice.
- **Physical Therapy** – avoid PT during meal time, snack time after PT, work on endurance, increase strength for feeding, encouraging intake and healthy intake, take oral nutrition supplements along for walks with patients to sip on during breaks, alter goals for recovery, assess grip strength.
- **Occupational Therapy** – Educate on physical function decline with Malnutrition as well as mental health and wellness. Focus on improving ability to feed/eat, ensure adaptive utensils are provided early, communicate with RDN about food likes/tolerance they may notice, assess grip strength.



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Sample Interdisciplinary Care (Outpatient)

- **Provider** – recommend RDN assess patient for oral nutrition supplements, or encourage renewals of approved supplement, alter Meds based on appetite impact, provide anti-Nausea prn.
- **Nursing** – refer to RDN, take accurate weights and note differences, discuss medications with provider, encourage oral nutrition supplement refills as needed.
- **Pharmacy** – discuss medications with Provider to enhance appetite/intake, recommend vitamin/mineral supplements including short term dose of zinc, inexpensive ways to boost calories, encourage oral nutrition supplement refill timeliness.
- **Social Work** – Connect patient to meal or financial services in their community, ensure no elder abuse is occurring.



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Sample Interdisciplinary Care (Outpatient), cont.

- **Speech Pathology** – more frequent visits to promote texture advancement, liberalize textures, encourage intake, education on thickening foods and providing thickener.
- **Physical Therapy** – encouraging food intake for energy and replenishing, set schedule to follow, may not push as hard, look for signs of atrophied muscles to focus on strengthening.
- **Occupational Therapy** – provide adaptive utensils more readily, encourage intake.
- **Any member of the team** - Coordinating with outside/home care providers.



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Registered Dietitian Nutritionist (RDN) Care

- Shorter NPO time
- Volume Based Enteral Nutrition Orders
- Food preferences/menu individualization
- Oral Nutrition Supplements
- Liberalize diet restrictions (texture, nutrients)
- Small/frequent meals
- Continuum of Care – outpatient follow up
- Oral nutrition supplements upon discharge



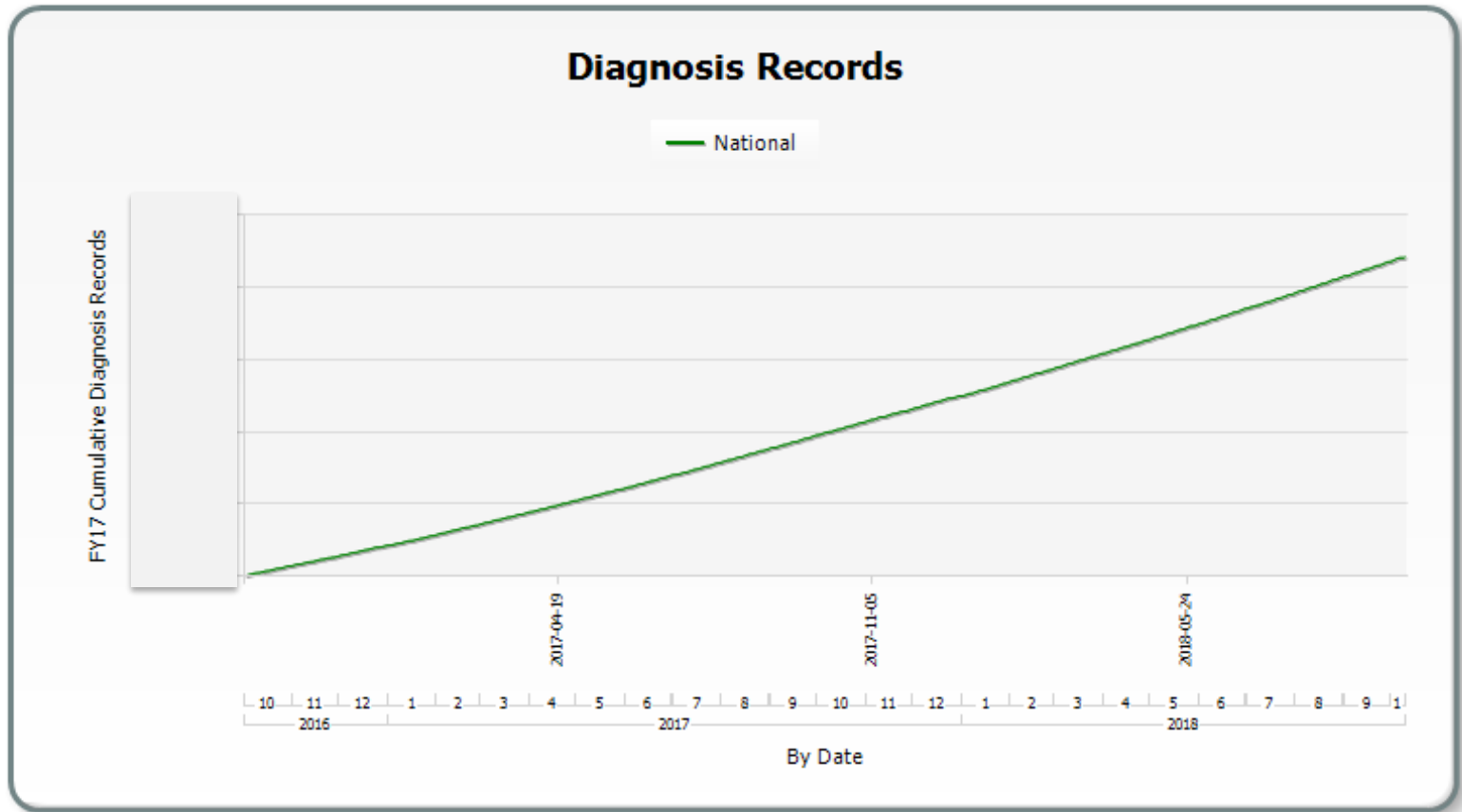
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National Malnutrition ICD-10 Trend



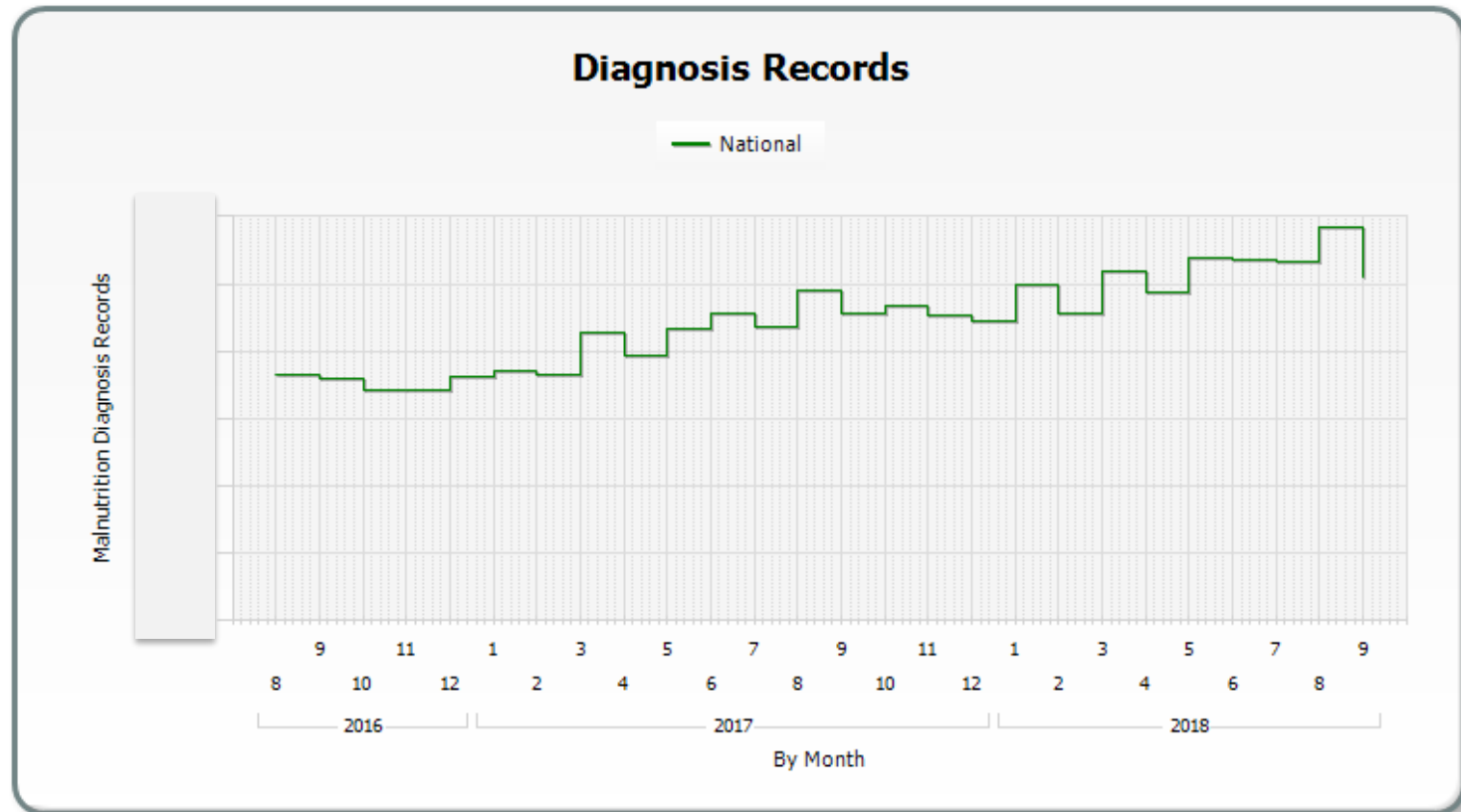
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Monthly National Malnutrition ICD-10



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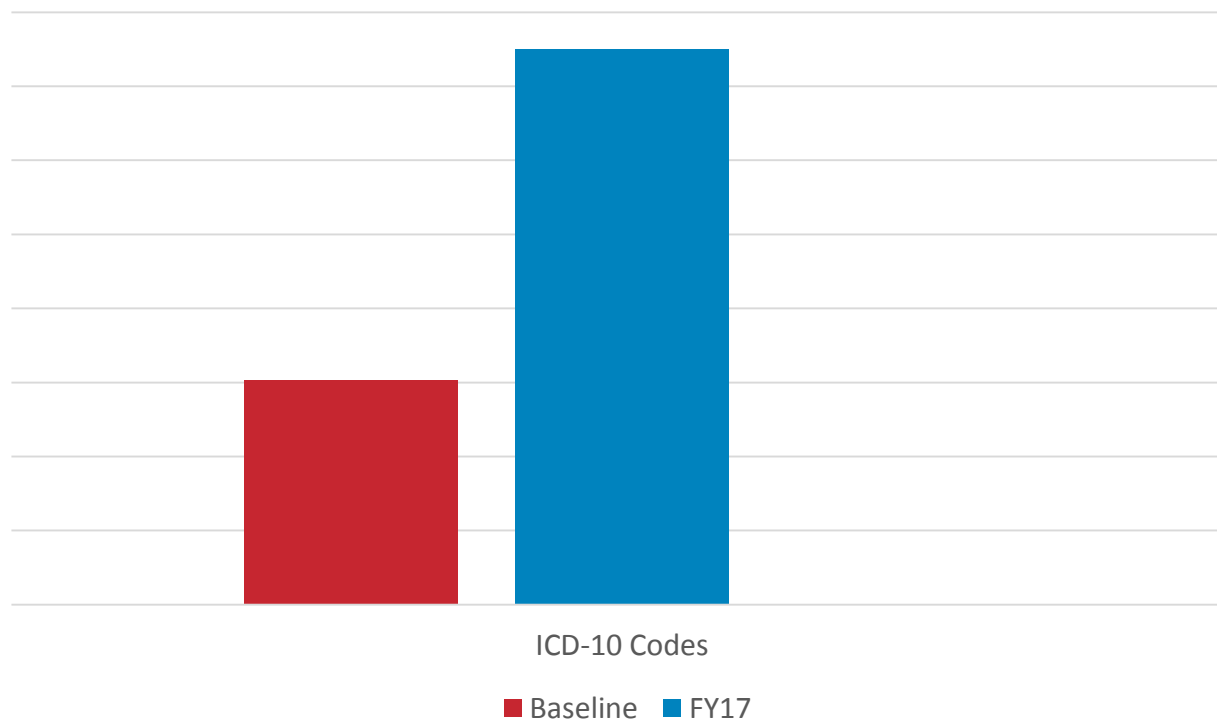


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Results

- 2.5 times increase = 147% increase from baseline

ICD-10 Malnutrition Identification in FY17



Recognitions & Projects Inspired by this Goal

- 2017 Abbott Nutrition Alliance Award
 - for Malnutrition Recognition across the VA
- Publication

Hiller LD, Shaw RF, Fabri PJ. Difference in Composite End Point of Readmission and Death Between and Non-malnourished Veterans Assessed Using Academy of Nutrition and Dietetics/American Society for Parenteral and Enteral Nutrition Clinical Characteristics. *JPEN J Parenter Enteral Nutr.* Online: Sept. 8, 2016.

 - Publication Link: <https://onlinelibrary.wiley.com/doi/full/10.1177/0148607116668523>
 - Podcast (12 minutes) Link: http://hwcdn.libsyn.com/p/6/3/c/63cc9fa07a4b83ec/JPEN_November_2017.mp3?c_id=17009158&cs_id=17009158&expiration=1542810979&hwt=cf83a0dcb325dc1710969626a469699b
- National Poster Presentation

Roos JE, Hartmann EM, Wallick AM. Implementing the AND/ASPEN Malnutrition Guidelines in the Veteran Population. *JAND J Acad Nutr Dietetics.* 2015;115(9):A67.

 - Abstract Link: <https://plu.mx/plum/a/?doi=10.1016%2Fj.jand.2015.06.241>



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Lessons Learned and Challenges

- VHA can make significant impact in patient care & provider behavior
- VHA sites can create materials to assist each other
- We share best practices – local champions
- We can track national training completion
- Sites can track ICD-10 and NU215 individually and see impact
- Establishing NFPE as a common practice by RDNs in VHA is arduous and continues
- NFPE is more than just establishing the presence of malnutrition
- Limitations/Future Focus
 - Longitudinal tracking of Malnourished
 - Measuring individual patient improvements



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Tips

- Understand the coding and diagnosis guidelines for Malnutrition.
- Coordination of care to outpatient section
 - Community collaboration
- RDN's need to lead the way and make all disciplines aware
 - Malnutrition impact on each specialty
 - Empower staff to work to the highest scope of their discipline
 - Use standardized templates when appropriate
- Work with data or informatics colleagues
- Nutrition research projects

Thank you to our nation's
Veterans. It is an honor to
serve them.

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