



MALNUTRITION QUALITY  
IMPROVEMENT INITIATIVE

# Welcome to Today's Expert Webinar: “The Burden and Impact of Malnutrition in the Hospital”

We will get started promptly at  
11:00AM ET  
(10:00AM CT; 9:00AM MT; 8:00AM PT)

*All phone lines have been muted*

# Today's Agenda

Agenda Item	Presenter
Welcome and outlook on 2018 expert webinar series	Kelsey Jones
Best-practices for malnutrition care and recommendations for implementing QI in malnutrition	Dr. Kelly Tappenden, Ph.D., R.D., FASPEN
Mid-Webinar Questions – 5 mins	
How to engage patients, care givers, and care teams in malnutrition care	Dr. Evelyn Granieri, MD
Questions – 15 mins	



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- Overview of where we are at with malnutrition in the health care setting
- Overview Malnutrition Care Workflow Best practices
- How to leverage your multidisciplinary team to implement QI in the field of malnutrition care

**Kelly A. Tappenden, Ph.D., R.D., FASPEN**

***Human Nutrition Endowed Professor,***

***University Distinguished Teacher-Scholar***

***University of Illinois at Urbana-Champaign, Editor-in-Chief, JPEN***

# Disclosures

## **BOARD MEMBER/ADVISORY PANEL/SPEAKER**

- ASPEN Rhoads Research Foundation
- FeedM.E./Alliance to Advance Patient Nutrition
- Dannon Nutrition Institute
- Shire Pharmaceuticals
- Abbott Nutrition
- Nutricia Advanced Medical Nutrition

# What Research Tells Us About Malnutrition

**WE NEED TO BE FOCUSED ON MOVING BEYOND RECOGNITION TO UNCOVERING SOLUTIONS**

**Malnourished patients do less well.**

## Pressure Ulcers

Malnourished patients at **2X risk** to develop pressure ulcer in hospital<sup>1</sup>

## Infections

Malnourished patients at **3X risk** of surgical site infection<sup>2</sup>

## Falls

**45%** of patients who fall in the hospital are malnourished<sup>3</sup>

## Readmissions

Patients with weight loss are at **↑ risk** for readmissions<sup>4</sup>

**Hospital care teams can collaborate to directly impact patient care quality with nutrition intervention**

# What Research Tells Us About Malnutrition



# Research Findings That Moved Me Forward

*Alliance to Advance Patient Nutrition*



## **Critical Role of Nutrition in Improving Quality of Care: An Interdisciplinary Call to Action to Address Adult Hospital Malnutrition**

**Kelly A. Tappenden, PhD, RD, FASPEN<sup>1</sup>; Beth Quatrara, DNP, RN, CMSRN, ACNS-BC<sup>2</sup>; Melissa L. Parkhurst, MD<sup>3</sup>; Ainsley M. Malone, MS, RD, CNSC<sup>4</sup>; Gary Fanjiang, MD<sup>5</sup>; and Thomas R. Ziegler, MD<sup>6</sup>**

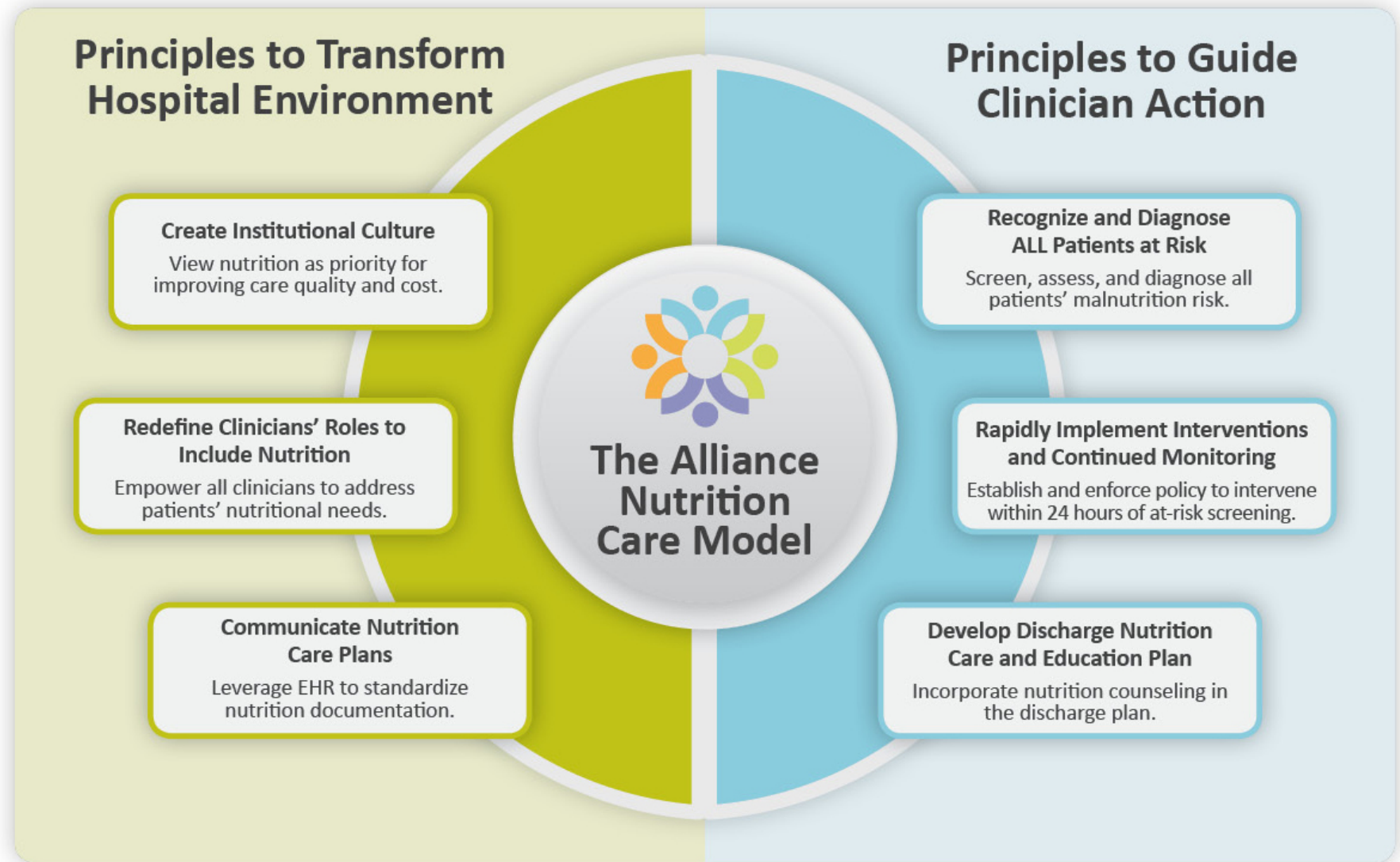
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Volume 37 Number 4  
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### **Abstract**

The current era of healthcare delivery, with its focus on providing high-quality, affordable care, presents many challenges to hospital-based health professionals. The prevention and treatment of hospital malnutrition offer a tremendous opportunity to optimize the overall quality of patient care, improve clinical outcomes, and reduce costs. Unfortunately, malnutrition continues to go unrecognized and untreated in many hospitalized patients. This article represents a call to action from the interdisciplinary Alliance to Advance Patient Nutrition to highlight the critical role of nutrition intervention in clinical care and to suggest practical ways to promptly diagnose and treat malnourished patients and those at risk for malnutrition. We underscore the importance of an interdisciplinary approach to addressing malnutrition both in the hospital and in the acute posthospital phase. It is well recognized that malnutrition is associated with adverse clinical outcomes. Although data vary across studies, available evidence shows that early nutrition intervention can reduce complication rates, length of hospital stay, readmission rates, mortality, and cost of care. The key is to systematically identify patients who are malnourished or at risk and to promptly intervene. We present a novel care model to drive improvement, emphasizing the following 6 principles: (1) create an institutional culture where all stakeholders value nutrition, (2) redefine clinicians' roles to include nutrition care, (3) recognize and diagnose *all* malnourished patients and those at risk, (4) rapidly implement comprehensive nutrition interventions and continued monitoring, (5) communicate nutrition care plans, and (6) develop a comprehensive discharge nutrition care and education plan. (*JPEN J Parenter Enteral Nutr.* 2013;37:482-497)

# Alliance Nutrition Care Model



Link to this can be found in the MQii Toolkit on page 74 under "Care Team Malnutrition Care Resources" or by clicking [here](#)



# Creating an Institutional Culture Where All Stakeholders Value Nutrition

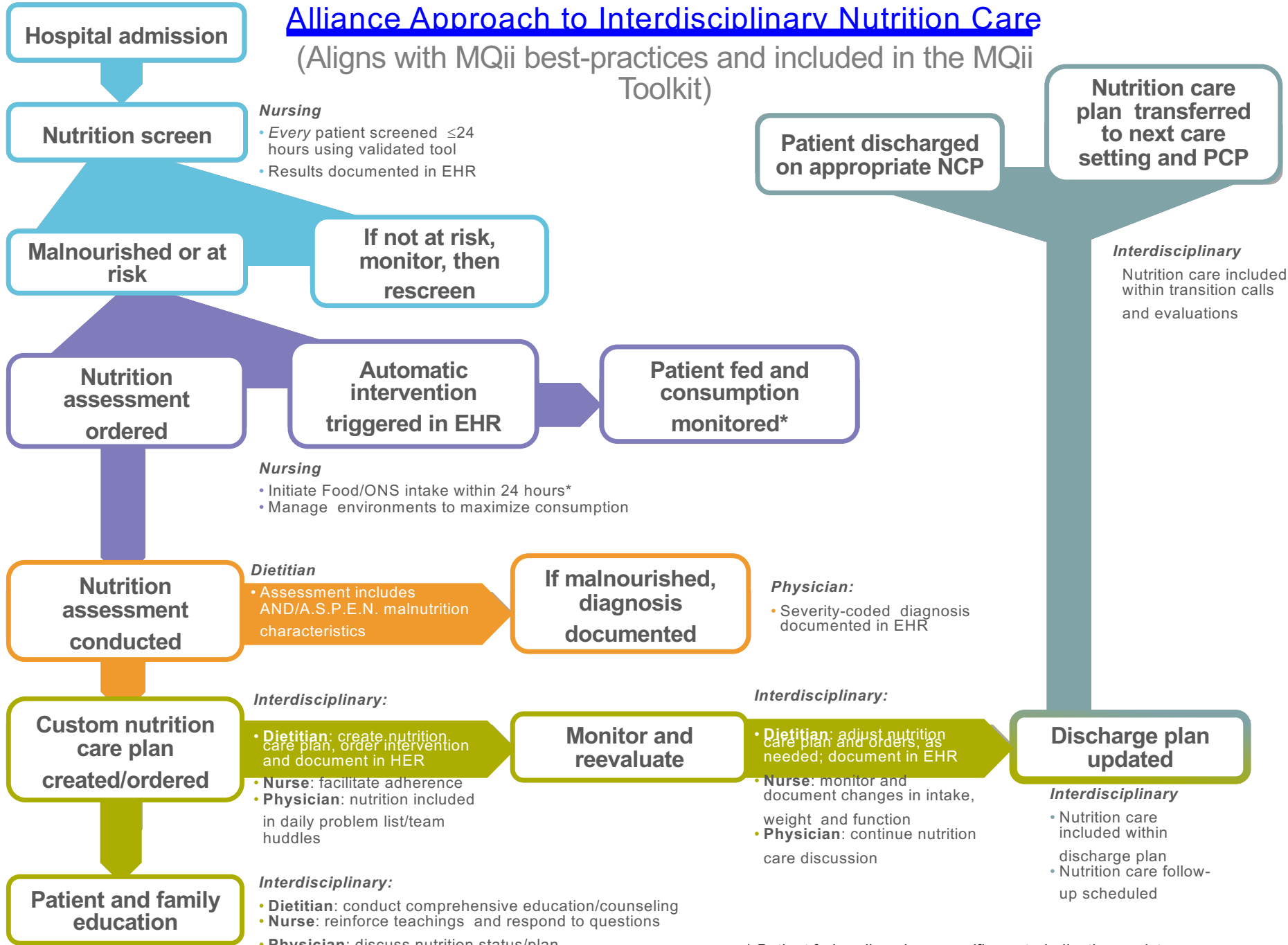
- Motivated champions are needed at all levels of clinical care and administration
- All members of the patient care team must be educated to recognize malnutrition and the value of nutrition intervention
- Malnutrition must be included as part of diagnosis
- Nutrition intervention must be a core component of the patient's care plan
- Professional associations for all team members must address this problem and develop discipline-specific resources

# Redefining Clinicians' Roles to Include Nutrition

- Interdisciplinary teams must discuss potential barriers and solutions
- Engage nurses to understand nutrition risk factors and actions that impact nutrition
  - Creating focused mealtimes
  - Managing mealtime environment
  - Monitor body weight and intake
- Dietitians should be granted ordering privileges
  - Diets, oral nutrition supplements, vitamins, and calorie counts
- Physicians must add nutrition on their daily problem list and include dietitians in team huddles

# Alliance Approach to Interdisciplinary Nutrition Care

(Aligns with MQii best-practices and included in the MQii Toolkit)



\* Patient fed orally unless specific contraindications exist

# Communicating Nutrition Care Plans

- EHR systems should be leveraged to standardize nutrition documentation in central area of medical record
- EHR-automated triggers relevant to nutrition should be implemented
- When possible, clinicians should ensure coding of mild, moderate or severe malnutrition as complicating condition to primary diagnosis
- Nutrition care plan must be included in discharge summary to ensure continuity-of-care

# Recent Findings



The NEW ENGLAND JOURNAL of MEDICINE

Perspective  
MAY 25, 2017

## Emerging from EHR Purgatory — Moving from Process to Outcomes

Allan H. Goroll, M.D.

The widespread adoption of electronic health records (EHRs) during the past decade has been hailed as a major advance in medical practice. Recently, however, a growing number of clinicians have spoken out about the counterproductive effects of these systems on patient care.<sup>1,2</sup> The national push toward greater implementation of EHRs was inspired by accumulating evi-

ed documentation of process and volume. The more detailed the documentation of process, the greater the opportunity for reimbursement.

An electronic arms race has broken out as payers demand increasingly detailed documentation to justify payment and EHR vendors respond with ever more elaborate documentation tools — with payers and provider organizations

increasing, but at a cost of accommodating fewer visits and declining morale. Some observers have worried about an adverse effect on patient safety when doctors are distracted by the computer.<sup>1</sup> Primary care physicians find themselves especially overburdened because of the documentation demands for patients with multiple complex problems; staying late or taking work home

Goroll AH, N Engl J Med 2017; 376:2004-2006.

# Has Your QI Project Positioned Dietitians to Lead an Interdisciplinary Team to Impact Nutrition Care?



Utilize an interdisciplinary team to identify patients at risk



Enhance existing care practices to improve team coordination



Enable prescriptive nutritional therapy to ensure continuity of care

# Let's Stamp Out Hospital Malnutrition



Redefine clinicians roles to include nutrition care.



Support malnutrition diagnosis and intervention with standardized processes and resources.



Position dietitian as leader of interdisciplinary nutrition team.

# *Mid-Webinar Q&A*



5 mins





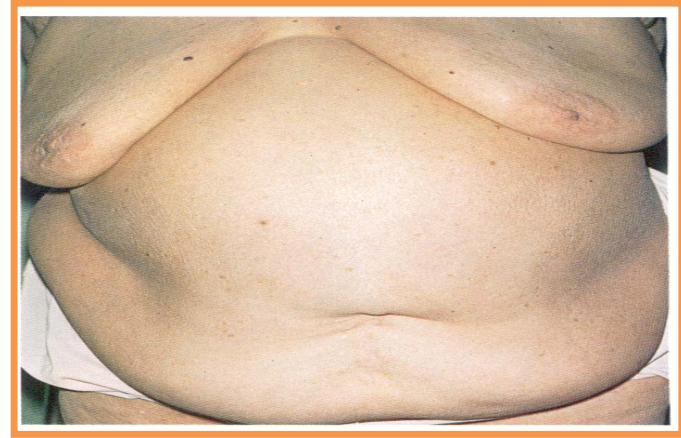
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**Evelyn C. Granieri, MD**  
*Chief, Division of Geriatric Medicine  
and Aging, Columbia-NYP*

- Overview of key factors to consider when identifying malnourished patients and developing care plans for them
- How to engage patients and their caregivers in their malnutrition care
- How to identify the best care team and make malnutrition considerations relevant and meaningful in discussions with them

# Who is Malnourished?



# How Do We Determine Who is Malnourished?

Standard ways to determine who is malnourish include:

1. Anthropometrics

2. Diet history

3. Laboratory parameters

4. Physical exam

# Why Do People Become Malnourished?

1. Intrinsic factors

2. Extrinsic factors

3. Iatrogenic factors

# Who is Responsible for and to the Patient's Nutritional Care?

Hospital Administration

Physicians

NPs and PAs

Nurses

Nursing Assistants

Social Workers

Dietitians

Nutrition Staff

Physical Therapists

Occupational Therapists

Speech Pathologists

Wound care

Pharmacists

Home Health Agencies

Community Agencies

Primary and Specialty MD

Family and Caregivers

# Intrinsic Factors (1 of 3)

1. Dementia
2. Delirium
3. Depression



# Intrinsic Factors (2 of 3)

1. Muscles
2. Extremities



## Intrinsic Factors (3 of 3)





# Extrinsic Factors



# Iatrogenic Factors: Hospital Considerations (1 of 2)



**NPO-** Nothing by Mouth



# Iatrogenic Factors: Hospital Considerations (2 of 2)



# What Do We Do at Columbia-New York Presbyterian?

- At Columbia-NYP, the dietitians are an integral part of the interdisciplinary team
  - They are relentless in their pursuit of the MDs to write the orders and to write the specific malnutrition diagnosis in the chart
  - They have built up rapport and credibility
- There is easy access to the nurses, SLP, OT, PT, PA, NP and medicine clinicians

**At NYP, there has been a 495% increase in dietitians' diagnosis and treatment of malnutrition**



## Real Life Example: Ms. P (1 of 2)

- She is an 84year old woman admitted after repeated falls
- Screen revealed malnutrition
- Evaluation revealed she lived alone, no help
- She had lost weight and was weak



## Real Life Example: Ms. P (2 of 2)

- The plan of care suggested by RD involved social work and community resources
- With intervention, home delivered meals, home PT and OT, and home RD resulted in Ms. P is gaining weight and strength and she has had no further falls

# What is the Takeaway?

1

Malnutrition and risk can be identified but not always reversed

2

For some patients, especially those at end of life, the screen will help determine how best to improve QOL

3

Assessment may help determine what foods the person will most enjoy and benefit from

4

Dietitians are the experts, but interdisciplinary partnership is important for effective diagnosis and management

# Questions?



15 mins