



Welcome to Today's Expert Webinar for the 2019
MQii Learning Collaborative:
**"Acute Care to Next Site of Care Hand Offs:
Continuation of the Nutrition Plan, Documentation,
Intervention and Implementation"**

Tuesday, June 25, 2019

We will get started promptly at
2:00PM ET

(1:00PM CT; 12:00PM MT; 11:00AM 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.



MALNUTRITION QUALITY
IMPROVEMENT INITIATIVE

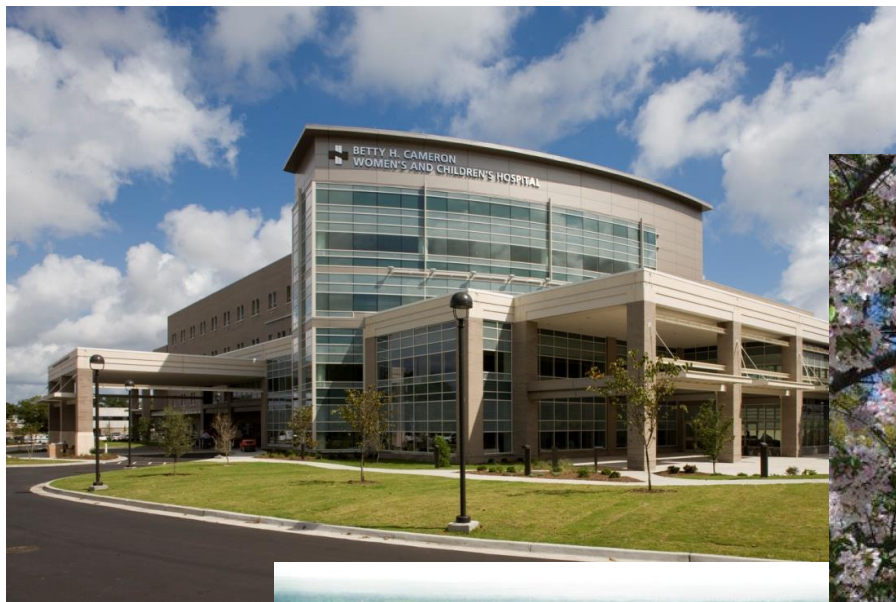


Angela Lago MS RD LDN CNSC
Clinical Nutrition Manager
New Hanover Regional Medical Center

- NHRMC's Malnutrition Journey
- Implementing a Transitions of Care (ToC) program
- Impacts, Outcomes and Future

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New Hanover Regional Medical Center



Our Malnutrition Journey



Our Malnutrition Journey: Impact

- ✓ Increased malnutrition capture rate from 3.2% to 7.5% in 6 months.
- ✓ Increased reimbursement significantly with increase in capture rate.
- ✓ Correlated a decrease in mortality index with increase in malnutrition capture rate.
- ✓ Gained visibility within organization.



Our Malnutrition Journey: Impact



Malnutrition Identification & Documentation of the Hospitalized Patient

Angela Lago MS RD LDN CNSC; Manager, Clinical Nutrition angela.lago@nhmc.org
Linda Rhodes RN BSN CCDS; Manager, Clinical Documentation Improvement linda.rhodes@nhmc.org

One TEAM,
DRIVEN TO MAKE
A DIFFERENCE

Introduction and Project Selection

- Increased focus on high-quality affordable care necessitated the need to address the ongoing issue of malnutrition in hospitalized patients.
- 30% of hospitalized patients are malnourished and 17% are likely to readmit within 30 days.
- Malnourished patients are twice as likely to develop pressure ulcers and have three times the risk for surgical site infections. Almost half of all patients who fall are malnourished.¹
- The estimated annual income burden of disease-associated malnutrition is 156.7 billion.¹
- With NHRMC's mission statement of "Leading Our Community to Outstanding Health", having more defined criteria for diagnosing and documenting malnutrition allows the interdisciplinary care team to identify concrete, objective characteristics when assessing patients for malnutrition. By doing this in a more uniform and concise fashion, our goal is the prevention of compromise to the short and long-term nutritional status of our patients.

Goals

To develop and implement a collaborative malnutrition initiative for the inpatient population. To improve capture of malnutrition diagnoses of inpatient discharges by 3% within 6 months.

Objectives

- Develop a multidisciplinary team to problem solve malnutrition issues utilizing the LEAN methodology.
- Adopt facility wide standard evidence based criteria for definition of malnutrition. Adopting the evidence-based malnutrition guidelines supported by The Academy of Nutrition and Dietetics (AND) and the American Society for Parental and Enteral Nutrition (ASPEN) to standardize the criteria for adult malnutrition was an important step in standardization and consistency.
- Educate clinical and coding staff on definitions of malnutrition and documentation requirements.
- Educate dietitian staff on the Nutrition Focused Physical Exam.

Quality Award

Improvement Process



- Multidisciplinary team approach to identify improvement process with malnutrition.
 - Clinical Nutrition Manager
 - 3 Registered Dietitians
 - Director Food & Nutrition Services
 - Clinical Documentation Improvement (CDI) Manager
 - Clinical Documentation Improvement Specialist
 - NHRMC Hospitalist Physician
 - Coding Manager and Coordinator
- Clinical Nutrition Team
 - Value Stream manager
 - Developed the Nutrition Focused Physical Exam (NFPE) flow sheets & Nutrition Navigator in the EMR (EPIC)
 - Received webinar education and skills lab checkoff on diagnosing malnutrition utilizing NFPE
 - Provided education to CDI and Coding teams

	Malnutrition Screen (NRS-2002)	Malnutrition Screen (NRS-2002)	Malnutrition Screen (NRS-2002)	Malnutrition Screen (NRS-2002)
1. Screened	0-1	2-3	4-5	6-7
2. Screened	0-1	2-3	4-5	6-7
3. Screened	0-1	2-3	4-5	6-7
4. Screened	0-1	2-3	4-5	6-7
5. Screened	0-1	2-3	4-5	6-7
6. Screened	0-1	2-3	4-5	6-7
7. Screened	0-1	2-3	4-5	6-7
8. Screened	0-1	2-3	4-5	6-7
9. Screened	0-1	2-3	4-5	6-7
10. Screened	0-1	2-3	4-5	6-7

Nutrition Focused Physical Exam

- Clinical Documentation Improvement & Coding Team.
 - Provided education to registered nurses, additional CDI and coding staff, hospital providers
 - Developed and shared malnutrition talking points for nursing unit daily huddles
 - Updated CDI and Coding Queries with ASPEN malnutrition clinical indicators
 - Developed and displayed Malnutrition education poster for providers

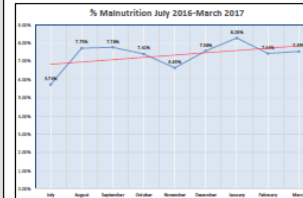
Nursing & Provider Education



- Physician Champions:
 - Shared malnutrition initiative with provider teams
 - Received ASPEN criteria Pocket Guide- distributed to all providers

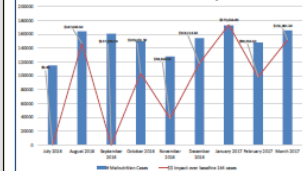
Results/Outcomes

% Acute Adult Inpatient Discharges



(Figure 1)

Malnutrition w/Financial Impact

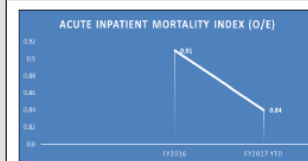


(Figure 2)

Comparison of Clinical Nutrition Service Workload January 2016-17 ¹			
Nutrition Consults	January 2016	January 2017	Change
MD Consult	482	532	+50
RN Query	442	659	+217
System Generated	426	544	+218
TOTAL	1350	1835	+485

(Figure 3)

Mortality Index Observed/Expected Acute Inpatient



(Figure 4)

Summary

This initiative has demonstrated that through development of standardized definitions of malnutrition, focused education and assessment of clinical staff, and a consistent approach to nutrition screening, there has been a significant increase in the number of nutrition consults and patients identified and treated with the diagnosis of malnutrition. In addition, increased reimbursement has been captured, along with lowering of mortality index. This process has become Standard Work at New Hanover Regional Medical Center. Future expansion includes exploring a malnutrition initiative in the pediatric population and exploring post discharge opportunities to provide continued nourishment of identified patients. Finally, we plan to evaluate how the malnutrition program impacts readmission rates.

TEAM

- Angela Lago MS, RD, LDN, CNSC / Manager, Clinical Nutrition
- Linda Rhodes RN, BSN, CCDS / Manager, Clinical Documentation Improvement
- Melanie Adams / Director Food and Nutrition Services
- Tony Blue, MD / Medical Staff Advisor
- Natalie George, RHIA, CCS, CDIP / Manager Coding
- MeAnn Parker, CCS, CPC / Coordinator Coding
- Karen Holmes, RN, CCDS
- Connie Brenstuhl MS, RD, CSR
- Charlene Chan RD, LDN
- Kristin Denstedt RD, LDN, CNSC

NOTES

- The Joint Commission Journal on Quality and Patient Safety, October 2015, Volume 41 Number 10, page 469-470
- Data is specific to inpatient adult dietitians and does not include nutrition support services (TPN), Rounding & other responsibilities carried out by the RD.

Our Malnutrition Journey: The MQii

- Promote early identification and treatment of malnourished patients
- Communicate the nutrition plan and interventions to the medical team, utilizing EMR as able
- Outline a discharge plan that meets the specific needs of each patient

The nutrition screen is the link to every other process you will put in place...



Our Malnutrition Journey: The MQii

Malnutrition eCQM Performance Data

Learning Collaborative 2.0 - July Cohort

New Hanover Regional Medical Center

September 11, 2017

Performance Period: August 1 - September 1, 2017								
Quality Measure	Measure Population		Denominator		Numerator			Performance Score
Completion of a Nutrition Assessment for Patients (Age 65+ Years) Identified as At-Risk for Malnutrition within 24 hours of a Malnutrition Screening	Measure Population (All Patients 65+)	Measure Population - # Found At-Risk	Denominator Exclusions		Numerator Elements		Numerator	
			Length of Stay <24 hrs		# Assessment Complete	# Completed w/in 24hrs		
	1693	335	3		332	201	98	29.52%

Completion of a Nutrition Assessment for Patients (Age 65+ Years) Identified As At-Risk within 48 hours of a Malnutrition Screening	Denominator (Patients At-Risk, 65+)	Patients with Nutrition Assessment Completed	# Completed within 48 hrs
76.12%	332	201	153

Looking at the differences between this indicator and eCQM #2, there are about 55 patients which fell within the 24-48 hour range.

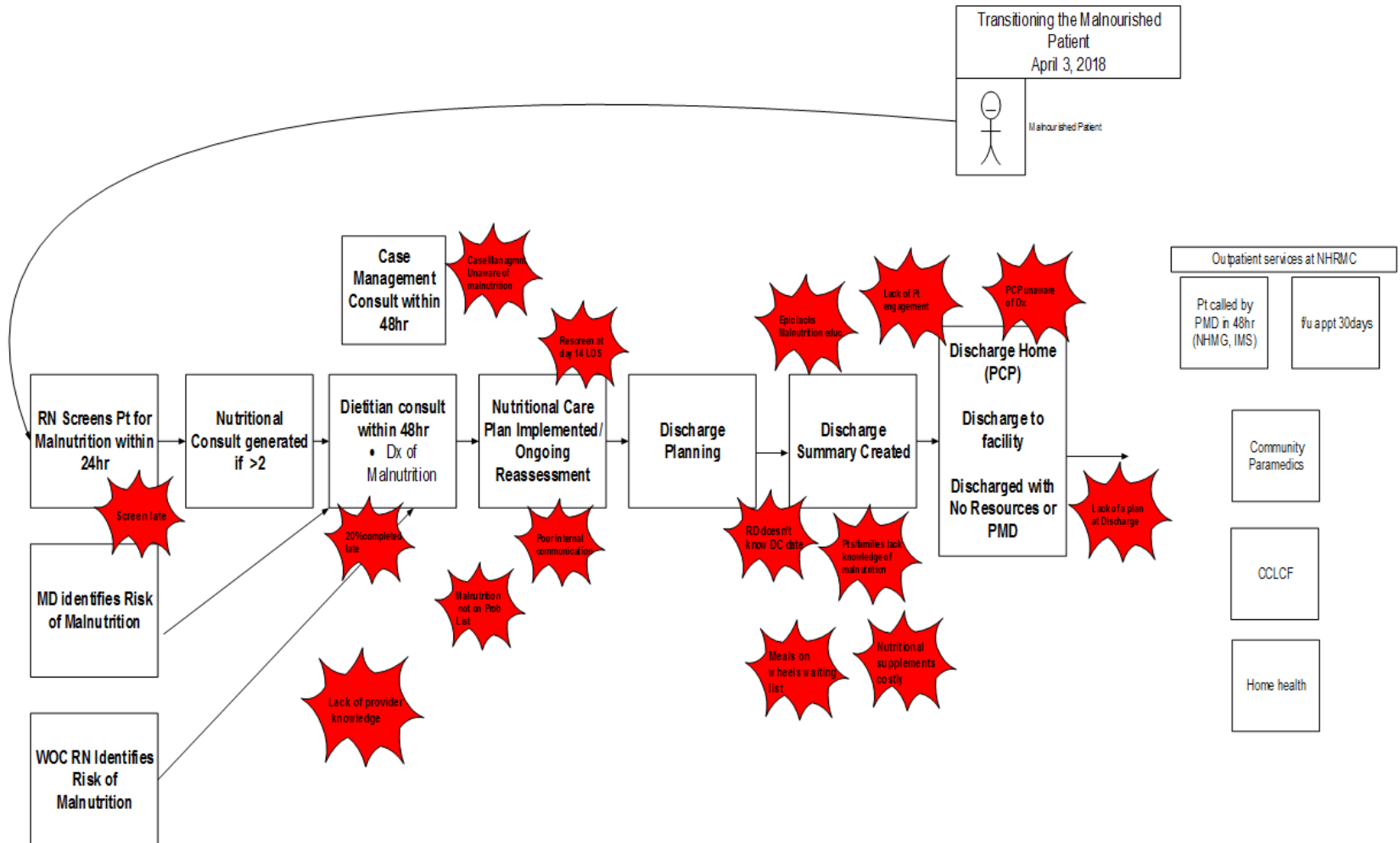
Best Practice Guidelines

Vs.

Our policy



Malnutrition Transitions of Care: First Steps



Malnutrition Transitions of Care: First Steps

New Hanover Regional Medical Center Community Paramedic Program

The NHRMC Community Paramedic Program is an innovative way to care for patients outside the hospital. Paramedics with NHRMC EMS work with patients in their homes to help them find ways to better manage their conditions, avoiding recurring trips to the hospital.

The goal of the program is not to duplicate services already available to the patient, but to answer questions, assess the patients' needs and help them navigate the resources available in the community. In some cases, Community Paramedics can provide treatments or specialized diagnostic testing in a patient's home.

NHRMC Community Paramedics have completed 300 hours of specialized training in addition to their paramedic education. This expanded level of training allows the Community Paramedic to collaborate more effectively with all members of the patient's healthcare team in order to support the needs of each patient.

Caring for Patients

Outside the Hospital



HEALTH CARE



2015 GRANTMAKING IN HEALTH CARE
62 NEW GRANTS

\$53.3 million

A total of \$53.3 million was distributed, some of which was from commitments approved in previous years.

Enhancing the lives of individuals and the vitality of communities by promoting prevention, improving the quality and safety of services and increasing access to care.


THE DUKE ENDOWMENT

- ✓ 260 patients screened
- ✓ 20% identified as Food Insecure
- ✓ 4% Malnourished & Food Insecure


Malnutrition Transitions of Care: Food Insecurity

A place to turn online for help in a time of need with instant online access to hundreds of local free or reduced social services.

Search for what you need: food, housing, transportation, education, even medical care.
And connect with local people who can help you.

It's that easy.

OurCommunityLink.com



Want Supported by

Zip or keyword or program name

Select Language


FOOD HOUSING GOODS TRANSIT HEALTH MONEY CARE EDUCATION WORK LEGAL



Wilmington, NC (28402) / food / **food pantry (13)**

Sort by: Best Match Closest

Personal Filters Program Filters Income Eligibility



Serves your local area

Food Pantry by Cape Fear Christian Church

Send Save

5.67 miles away 811 North College Road, Wilmington, NC, 28405 [Get Directions](#) **Open Now:** 10:00 AM - 02:00 PM EDT

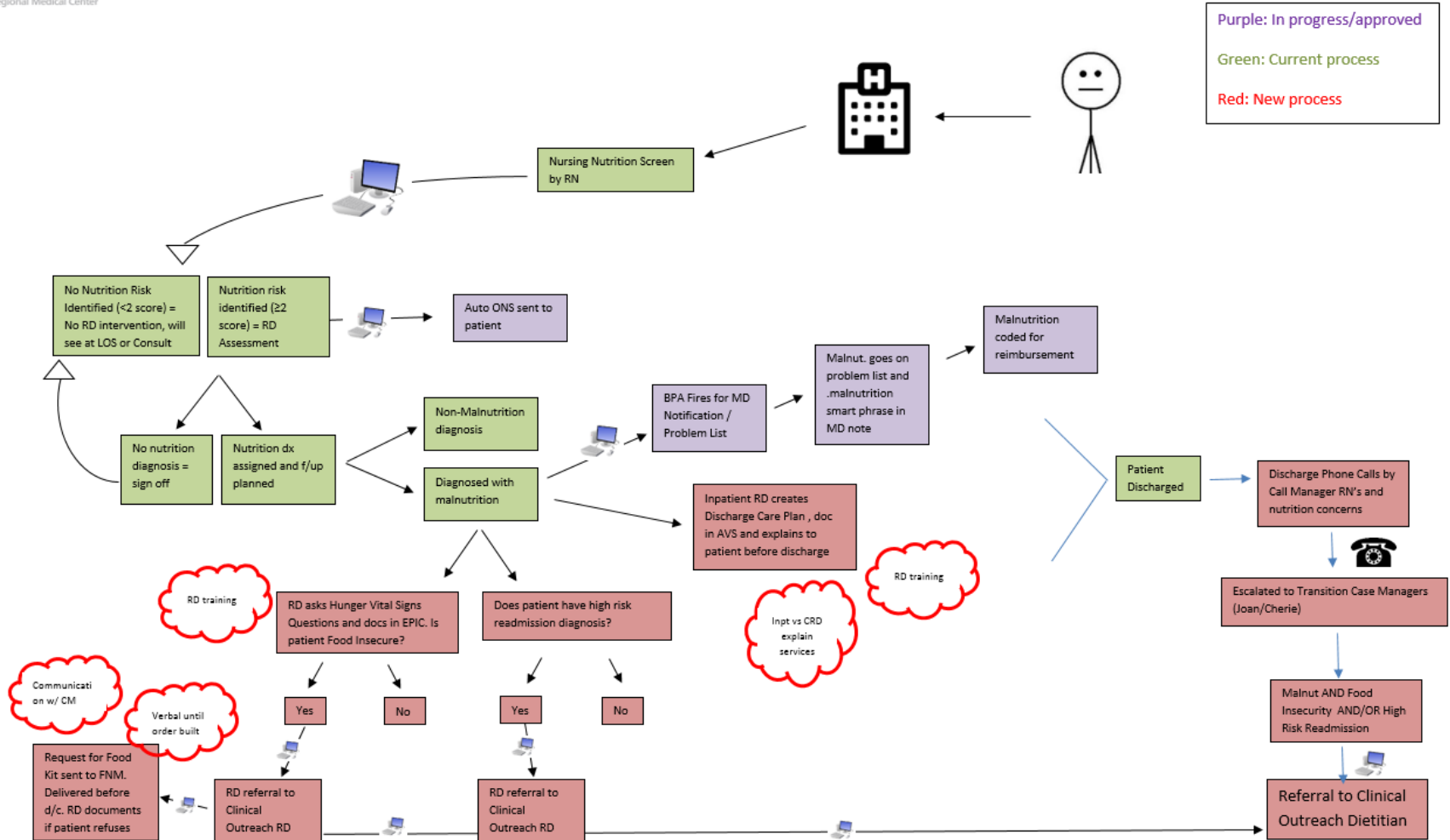
Main Services: food pantry
Serving: anyone in need, all ages

Next Steps Description Hours & Location My Notes Suggest Change

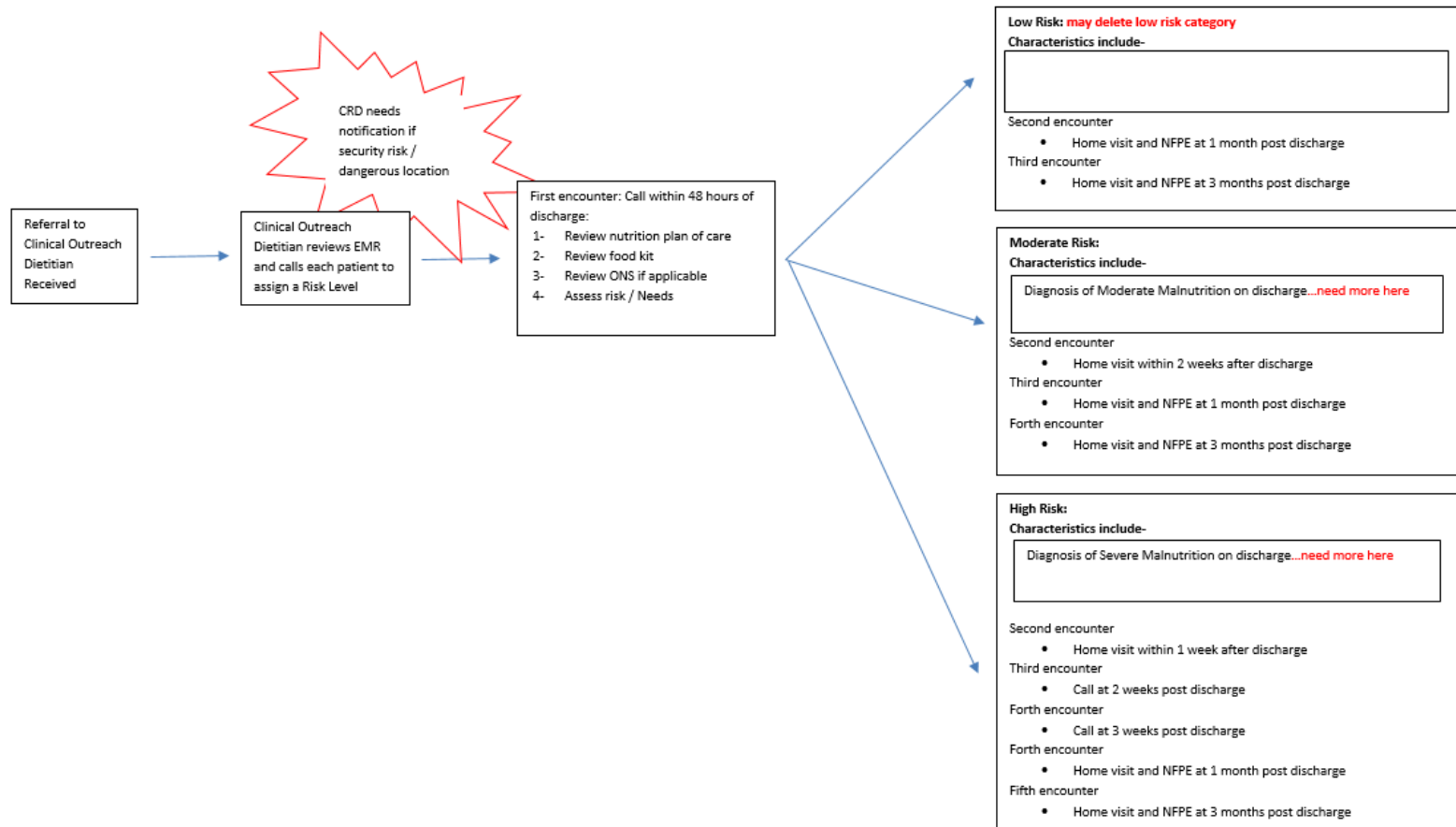
Contact or go to the nearest location to get services.

[See Next Steps](#)

Malnutrition Transitions of Care: Workflow



Malnutrition Transitions of Care: Workflow



Malnutrition Transitions of Care: Workflow

Origination Date: January 7, 2019
Revision Date: N/A

Standard Work: Malnutrition Transitions of Care



Purpose: Bridge the gap between hospital and home of the malnourished patient Process Owner Angela Lago		Performed By: <i>Clinical Outreach Registered Dietitian</i>	Activity Starts: February 1, 2019 Activity Ends: Ongoing Time Needed: N/A
Step	MAJOR STEPS (WHAT) (WHEN) (High level steps)	KEY POINTS (HOW) (WHO) (Detailed Steps)	REASONS FOR KEY POINTS (WHY)
1	Patient is diagnosed with malnutrition during hospitalization.	Registered Dietitians (RD) working in the acute care setting assess patients that are at risk for malnutrition. If the patient meets the criteria, according to the ASPEN guidelines, a diagnosis of malnutrition is given to the patient.	It is important to promptly implement clinical strategies to address malnutrition and to coordinate care for malnourished and at-risk patients.
2	Patient is screened for Food Insecurity	RD's screen each patient diagnosed with malnutrition for Food Insecurity (FI) using the Hunger Vital Signs validated screening tool	Patients that are malnourished and FI will not have the resources to nourish their bodies back to a healthy state once they return home.
3	Referral is made to Clinical Outreach Registered Dietitian (CORD).	RD's order a CORD referral for each patient that is diagnosed with malnutrition during their hospital stay.	Early identification and systematic nutrition care coupled with interdisciplinary team-based care are critical in remediating malnutrition in the hospital, community, and post-acute care settings.
4	If FI, order for Food Box at discharge and Social Work consult is placed.	RD's order a Food Box for patients being discharged to home setting. A Social Work (SW) is placed at the same time as the Food Box order.	Food boxes are prepared and stored in Food & Nutrition until sent home with patient. Each box provides approx. 2000kcal/day for 2 weeks, if consumed by only 1 person. The SW is integral in alerting the RD of the approximate date / time of discharge.
5	Patient is discharged and Food Box is delivered	RD's work with SW to determine exact time of discharge. RD ensures Food Box is delivered to patients room near time of discharge.	It is important to deliver the food box close to discharge, as several items in the box are perishable. The food box is labeled with a "refrigerate by" time. If necessary, perishable items can be removed, in the event that the

<\\Nhrmc1\vol1\COMMON\Lean\Standard Work\Standard Work Template.docx>

Malnutrition Transitions of Care: EMR

Clinical Outreach Dietitian Consult

☐ Food Kit
 ☒ Outpatient referral to Clinical Outreach Dietitian
 Internal Referral, Routine, NH CLINICAL NUTRITION, Nutrition, Hospital Follow-Up

Next Required

Accept



Epic WEBLINKS Schedule In Basket Telephone Call Refill Patient Station Remind Me Appts DAR - Dept Appts View Sched Workqueue List Encounter Referrals Mark Patients For Merge Chart Registration ANGELA L. Search

Referral Workqueues Description: Clinical Dietitian

CLINICAL OUTREACH DIETITIAN
7265, NHRMC SERVICE AREA [10]

Referral Workqueue - CLINICAL OUTREACH DIETITIAN [7265] Last refreshed: 6/20/2019 2:42:24 PM

CLINICAL OUT... Refresh Defer Note Edit Sched St Upd Preauth Assign Chart Pt Station In Basket Msg Appt Desk Show Mine

Pt Status	Ref Name	Date of Birth	Ord Priority	Rfl Priority	Created	Start Date	Expires	Referral Status	Scheduling Status	Ref By Provider	Ref By Dept	Coverage Na...	RFL Reason	Appointm...
Alive		04/23/1979	Routine	Routine	06/12/...	06/12/2019	06/11/...	New Request	Pending Authorization	HANLON, CHARIN L.	NH PULMONARY ONCOLOGY	LME/NHPG...	Hospital Follow-Up	
Alive		09/10/1958	Routine	Routine	06/13/...	06/13/2019	06/12/...	New Request	Pending Authorization	MCLEOD, WILLIAM	NH NEPHROLOGY	MEDICARE/...	Hospital Follow-Up	
Alive		01/08/1969	Routine	Routine	06/13/...	06/13/2019	06/12/...	New Request	Pending Authorization	PACALDO, LORA	BHH UNIT B	MEDICARE/...	Hospital Follow-Up	
Alive		01/27/1947	Routine	Routine	06/13/...	06/13/2019	06/12/...	New Request	Pending Authorization	LIGUORI, JOHN C	RH NORTH	MEDICARE/...	Hospital Follow-Up	
Alive		03/11/1942	Routine	Routine	06/13/...	06/13/2019	06/12/...	New Request	Pending Authorization	ROSS, DANIEL AS	NH PULMONARY ONCOLOGY	MEDICARE/...	Hospital Follow-Up	

Malnutrition Transitions of Care: Home Visit

Nutrition

Default Flowsheet Data (all recorded)

Community Dietician

Row Name	06/19/19 1615
Clinical Outreach Dietician	
Who referred the patient to Clinical Outreach RD?	RD
What degree of malnutrition does the patient have?	severe
What is the context of the patients malnutrition?	chronic
Did the patient screen as Food Insecure in a recent hospital admission?	No
Does the patient have a high risk readmission diagnosis?	Yes
If yes, which diagnosis?	COPD;CHF
Does the patient have a primary care provider?	Yes
Is the patient drinking an Oral Nutritional Supplement?	Yes
If yes, how much is the patient consuming?	100%
How often?	3 per day
Does the patient receive government assistance/utilize community resources?	Yes
If yes, what type?	SSI disability
Does the patient need Nutrition Intervention?	Yes
If yes, what type?	Food Assistance;Nutrition education;Oral Nutrition Supplements
Who was present during RD visit?	patient;family

Nutrition

Default Flowsheet Data (all recorded)

Follow-up Clinical Outreach RD

Row Name	05/28/19 1329
Follow-up Clinical Outreach RD	
Which follow-up visit is this?	90 day
Is the patient still malnourished?	No
Has the patient implemented recommended nutrition interventions?	Yes
If yes, what type?	Nutrition education
Has the patient utilized recommended community resources?	No
Does the patient have any signs of a nutrition-related improvement since the last visit?	Yes
If yes: In what are improved?	

Does the patient nutrition-related visit?



Malnutrition Transitions of Care: Outcomes

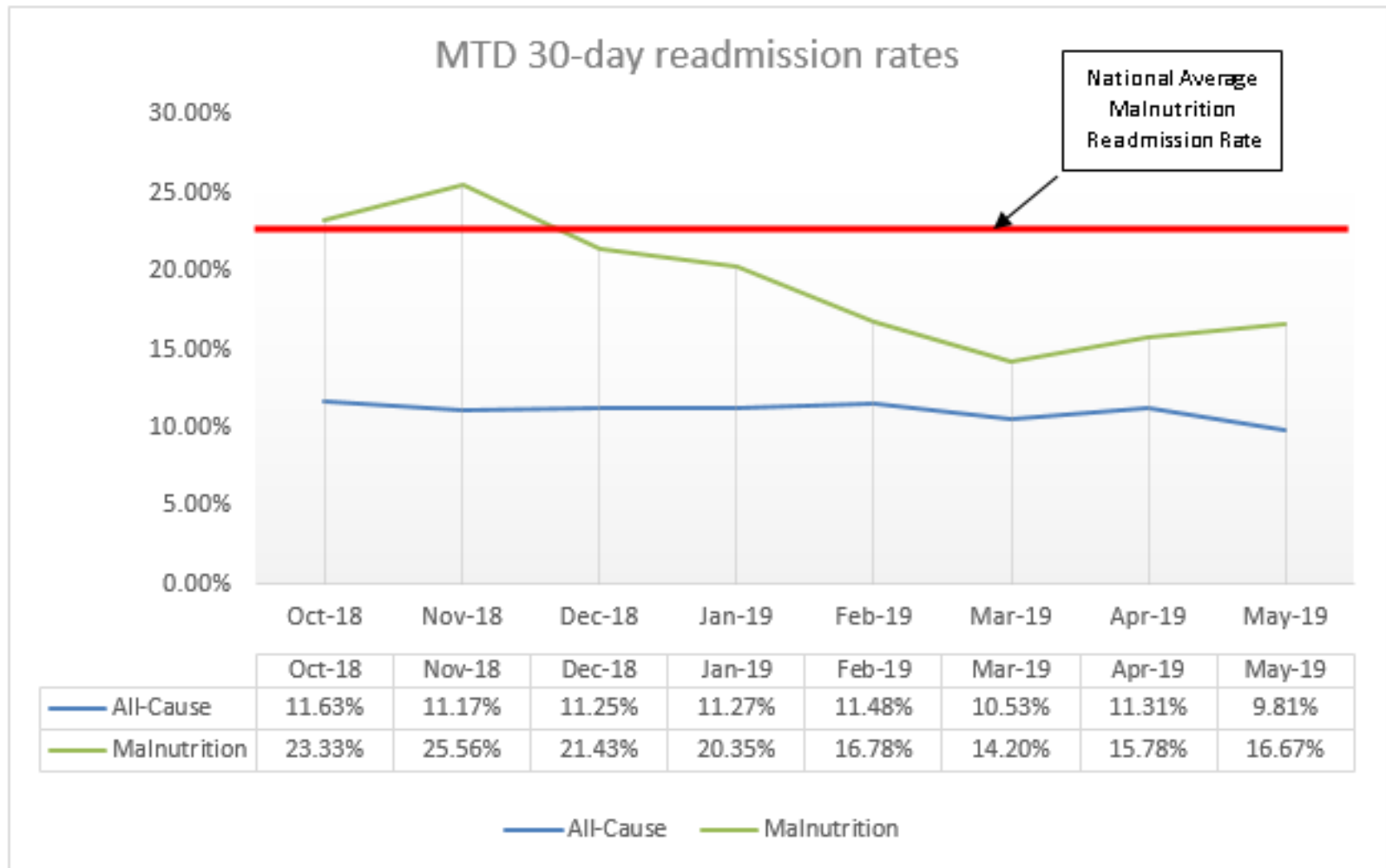
“I feel like the whole hospital is behind me!”

“It’s so nice to know people are working to help me”

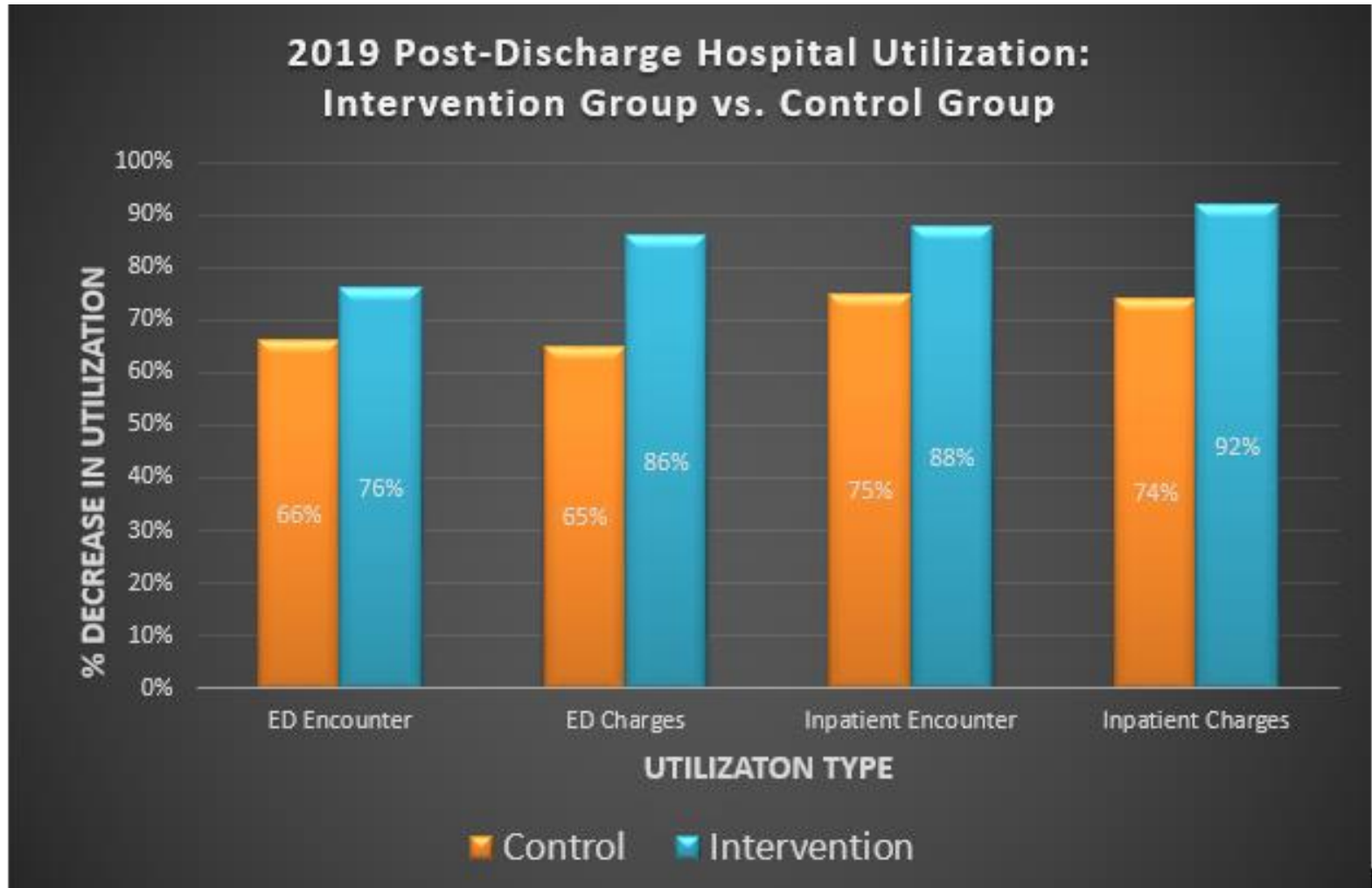
“I’m glad someone is paying attention to my family”



Malnutrition Transitions of Care: Outcomes



Malnutrition Transitions of Care: Outcomes



21

ZCC Food Box Initiative



- ☐ ZCC Dietitians and Social Workers identifying Food Insecure patients undergoing cancer treatment
- ☐ Over 60 boxes have been distributed to date
- ☐ 50% of Oncology patient receiving food box are also malnourished



Malnutrition Transitions of Care: Next Steps

- ❖ Continue reinforcing all key steps in the identification of malnourished patients (nursing screen, MD documentation, RD continuous training)
- ❖ Expand Clinical Outreach RD staff to incorporate other disease states and/or patient populations
- ❖ Spreading the word...continue educating staff / providers and sharing with other organizations across the country.



Thank you for your time!
Questions?

