



Welcome to Today's Expert Webinar for the 2020
MQii Learning Collaborative:

“Improving Patient Outcomes & Decreasing Hospital Costs Through Nutrition: The Project Experience”

Wednesday, January 29, 2020

We will get started promptly at
3:00 PM ET
(2:00 PM CT; 1:00 PM MT; 12:00 PM 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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Sharing January MQii ...

MQii
MALNUTRITION QUALITY
IMPROVEMENT INITIATIVE

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Q&A
All (0)

Select a question and then type your answer here. There's a 256-character limit.

Send Send Privately...



Today's Agenda

| Agenda Item | Presenter |
|---|--|
| Welcome and Introduction | Christina Badaracco, MPH, RD <i>Research Scientist at Avalere Health</i> |
| Malnutrition Project and Program Introduction | Amanda Goldman, MS, RD, LD, FAND <i>Healthcare Industry Sales Strategist at Gordon Food Service</i> |
| Malnutrition Program Process and Research Results | Sharon Siegel, RD, LD <i>System Clinical Nutrition Manager for Sodexo</i> |
| Questions – 15 mins | |



MALNUTRITION QUALITY
IMPROVEMENT INITIATIVE



Amanda Goldman, MS, RD, LD, FAND
Healthcare Industry Sales Strategist
Gordon Food Service
(Former System Director
CHI Food & Nutrition Services)

- Describe significance of a comprehensive malnutrition program and its impact on clinical outcomes
- Review recommendations for building an interdisciplinary project team
- Explain importance of accurate documentation

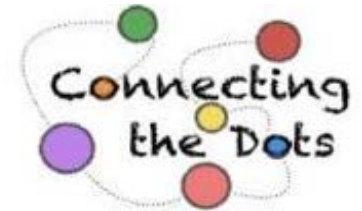
Catholic Health Initiatives (CHI)

Who We Are:

- National non-profit, faith-based Catholic healthcare system
- CHI facilities located in 18 states through 100+ hospitals, critical-access facilities and clinics
- More than 90,000 employees
- One of the nation's largest healthcare systems
- Continually striving to *Build Healthier Communities*



Integration: Key to Success



Malnutrition

Definition: The unhealthy condition that results from not eating enough food or not eating enough healthy food; poor nutrition

In the acute care setting:

- Malnutrition impacts approximately 30–50% of hospitalized patients
- Recent research suggests the proportion is even higher than 50%
- Typically only 3% of those patients have a documented medical diagnosis of malnutrition
- In 2015, less than 2% of CHI Saint Joseph Health (multi-hospital system) patients had a documented medical diagnosis of malnutrition

Sources: 1. Coats KG et al. *J Am Diet Assoc.*1993;93:27-33. 2. Giner M et al. *Nutrition.*1996;12:23-29. 3. Thomas DR et al. *Am J Clin Nutr.*2002; 75:308-313. 4. Somanchi M et al. *JPEN.* 2011;35:209-216. 5. Guigoz Y. *J Nutr Health Aging.* 2006;10:466-487. 6. Jensen GL, et al. *JPEN J Parenter Enteral Nutr.* 2010;34:156-159.

Stakeholders

Who will help share the vision and champion the process?

If nursing is to support the malnutrition identification process, include a nurse champion along with a clinical nutrition lead

Consider including the following:

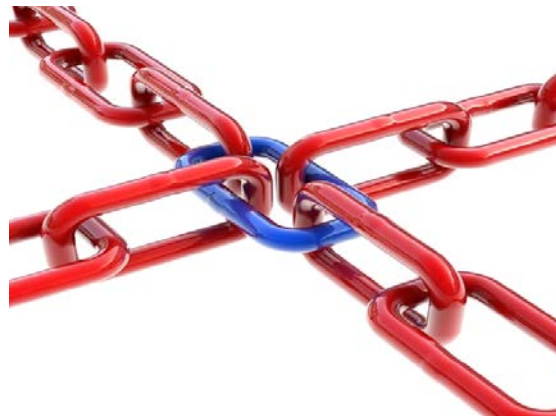
- Registered Dietitian
- Physician
- Nurse
- Discharge Planning
- CDI & Coding Teams
- Quality Management
- Wound Therapy
- PT/OT/SLP
- Administrative Support
- IT
- Medical Home
- Other



Comprehensive Malnutrition Platform

Across Disciplines

- Inclusive Approach
 - Identify malnourished patients using evidence-based standards; Assist physicians with determining type and severity of malnutrition
 - Comprehensively document protocols for multidisciplinary team
 - Provide training for dietitians and other team members
- Complements and “links” to the use of the standardized Malnutrition Screening Tool



Comprehensive Malnutrition Platform

Additional Benefits

- Clinical dietitians increase their skill sets to provide improved patient care
- Assists with enhancing reimbursement back to individual facilities
- Tracks & reports outcomes and impact on readmissions to leadership
- Decreased risk during a Recovery Audit Contractors (RAC) Audit



Platform Features

Through Planning & Implementation

Clinical Dietitian Training

- Nutrition Focused Physical Exam (NFPE) Workshop
 - Classroom Training & Skills Training
 - Program Policy & Procedure
 - Outcomes & Tracking
 - Program Compliance Audits

Training also offered to:

- Physicians
- Nursing
- Clinical Documentation Specialists and Coders
- Leadership



Malnutrition: CDI & Coding

Collaboration

Why is it important?

- Provides an accurate picture of the patient's condition
- Supports the interdisciplinary care provided to patients
- Ensures appropriate reimbursement for patient care as that number may change due to specific conditions or issues that arise
 - Comorbidity – Pre-existing condition that impacts treatment and increases length of stay
 - Complication – Arises during acute-care stay and increases length of stay
- Confirms correct DRG (diagnostic-related group) assignment
 - Secondary diagnoses can also impact reimbursement
 - Comorbidity and complication (CC)
 - Major comorbidity and complication (MCC)

Malnutrition Program Effectiveness

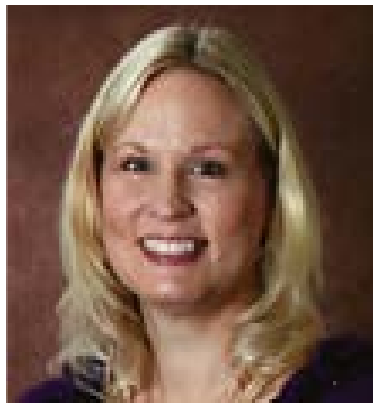
Performance Improvement & Outcomes



- How will you maintain the integrity of your program?
- Ensure proper monitoring system is in place
- Recognize areas of opportunity
 - Is the clinical team documenting characteristics appropriately and consistently?
 - Does your audit tool provide what you need?
 - Are physicians acknowledging your documentation?
 - How are you impacting readmissions and other clinical outcomes?
- Recognize further need for training to increase competence and confidence



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Sharon Siegel, RD, LD
System Clinical Nutrition Manager
Sodexo

- Review malnutrition quality improvement program process
- Review roles of interdisciplinary team members
- Share results of evaluation and dissemination efforts

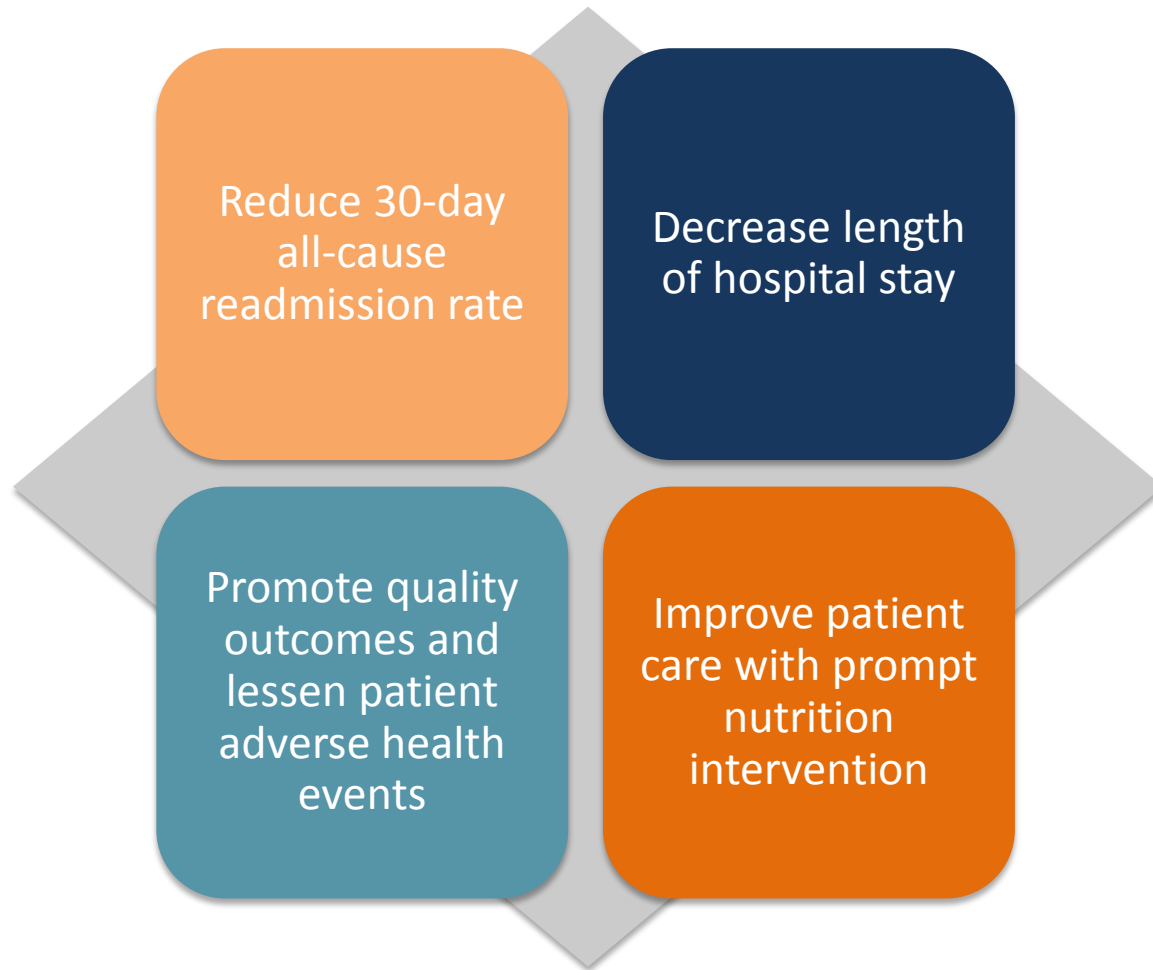
Our Malnutrition Journey

Timeline and History

- **2012:** Consensus Statement: AND/ASPEN: Characteristics Recommended for the Identification and Documentation of Adult Malnutrition (Undernutrition)
- **2013:** Malnutrition Screening Tool added to the Electronic Medical Record (EMR)
- **2013–2014:** Oral nutrition supplement policy implemented as an action step after the falls audit
- **2014:** ICD-10 multi-facility Task Force initiated to review malnutrition coding as it relates to and affects outcomes
- **2015:** Dietitians trained in nutrition focused physical assessment (NFPE)
- **2016:** Malnutrition coding initiated
- **2018:** Research study involving impact of nutrition-focused quality improvement initiatives among hospitalized malnourished patients completed
 - Results presented in:
 - Poster sessions at 3 national conferences
 - Articles in 2 professional journals with video

Malnutrition Initiative

Desired Outcomes



Protocol and Interventions

Nursing and Nutrition

- **Registered Nurse**

- Screens patient for malnutrition within 24 hours of admission
- If MST identifies patient at risk of malnutrition, generates consult for dietitian and initiates oral nutrition supplement based on algorithm

- **Registered Dietitian**

- Completes nutrition assessment on patient, including physical findings, which helps determine presence, type, and severity of malnutrition
- Initiates changes in supplement and other nutrition interventions based on assessment findings
- Communicates findings with detailed malnutrition characteristics to physician/practitioner and clinical documentation specialist
- Documents discharge instructions and recommendations in the EMR, and educates patient and caregivers on importance of nutrition post-discharge

Protocol and Interventions

Coding and Medical Professionals

- **Clinical Documentation Specialist**
 - Reviews nutrition-related documentation in the EMR
 - Follows up with providers via query to ensure conversion of the malnutrition determination to a medical diagnosis
- **Physician or Licensed Independent Practitioner**
 - Categorizes and documents type and severity of malnutrition as consistent with the Registered Dietitian's nutrition diagnosis or supported by additional medical findings
 - Orders or approves nutrition recommendations and interventions if required by facility

Compliance Monitoring

Auditing

- EMR report assists with auditing compliance of malnutrition coding and oral nutrition supplement interventions by tracking:
 - Patients with an MST Score of 2 or greater admitted during the date range entered
 - MST score and date & time documented
 - Oral supplement order (including type of supplement selected) with date & time ordered
 - Type of diet order with date & time ordered
 - Any malnutrition diagnosis that is an active diagnosis entered by the physician, per codified values (may be admitting, discharge, or working diagnosis)

The Research Experience

Steps to Success

1. Institutional Review Board review and approval

- IRB: an administrative board established to protect the rights, welfare, and privacy of human research subjects under the auspices of the institution it represents by conducting a risk-benefits analysis on proposed research
 - Research regulations and review training required for each research investigator and co-investigator
 - Application includes items such as research proposal, data collection tool, leadership approval, and HIPAA Waiver Request

2. Confidentiality agreements in place if outside organization collaboration

3. Data collection with assistance of clinical informaticist

4. Statistician review of results to determine significance

5. Write-up of results for publication

Malnutrition Research Outcomes

Methods and Results

- Research Objective
 - Nutrition-focused quality improvement initiatives implemented to determine if early malnutrition risk identification and initiation of nutrition therapy impacted length of stay, readmission rate, and diagnosis of malnutrition
- Study Design
 - Retrospective review of EMR of >20,000 adult patients at 3 hospitals was analyzed pre- and post-QI, using a difference-in-difference methodology, to determine impact of the QI initiatives
- Principal Findings

| | Pre-QIP | Post-QIP | Conclusion |
|--------------------------------|---------------------|------------------|--|
| LOS, mean, d | | | |
| Control | 3.78 (SE=12.97) | 3.50 (SE=3.86) | Decreased by 0.28 d (7.4%) ^b |
| Malnourished | 9.67 (SE=19.94) | 8.51 (SE=11.21) | Decreased by 1.16 d (12.0%) ^b |
| | | | Decrease was 0.88 d greater for malnourished patients ^b |
| Readmission probability | | | |
| Control | 11.63% (SE=0.32) | 11.60% (SE=0.32) | Percent decrease of 0.03% ^c |
| Malnourished | 14.77% (SE=0.35) | 14.59% (SE=0.35) | Percent decrease of 0.18% ^c |
| | | | Decrease was 0.15% more for malnourished patients ^c |

Patients' rate of diagnosis with malnutrition increased from 3.14% to 6.84%

Research Result Dissemination

Presentations and Publications

- Abstracts and Poster Sessions

- ISPOR – International Society for Pharmacoeconomics and Outcomes Research - May 2018
- Academy Health - June 2018
- Food and Nutrition Conference & Expo - October 2018

- Manuscripts and Publications

- *Journal of Nursing Care Quality* - July 2019

[Siegel S, Fan L, Goldman A, Higgins J, Goates S, Partridge J. Impact of a Nutrition-Focused Quality Improvement Intervention on Hospital Stay. *J Nurs Care Qual.* 2019 Jul/Sep;34\(3\)](#)

- *Journal of the Academy of Nutrition and Dietetics* - September 2019

[Goldman A, Siegel S, Partridge J. Improving Patient Outcomes and Decreasing Hospital Costs through Nutrition \(abstract\). *J Acad Nutr Diet.* 2019 Sep; Special Supplement on the Malnutrition Quality Improvement Initiative](#)

Thank You!

Thank you for joining our session today.

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Questions?



15 mins