Welcome to Today’s Expert Webinar for the 2020 MQii Learning Collaborative: “Opportunities to Address Malnutrition in Post-Acute Care Settings”

December 10, 2020
We will start promptly at 3:00 PM ET
(2:00 PM CT; 1:00 PM MT; 12:00 PM PT)

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Welcome to Today’s Expert Webinar for the 2020 MQii Learning Collaborative:
“Opportunities to Address Malnutrition in Post-Acute Care Settings”

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Today’s Agenda

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome and introduction to the webinar</td>
<td>Christina Badaracco, MPH, RD, LDN Research Scientist at Avalere Health</td>
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<tr>
<td>Malnutrition in post-acute care (PAC) settings; barriers and possible opportunities for quality improvement</td>
<td>Rya Clark, RD, LD, CNSC, CLSSGB Clinical Nutrition Manager at TIRR Memorial Hermann</td>
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<td>Explanation of the roles of dietitians in PAC; opportunities to work with partners to address malnutrition</td>
<td>Jen Bruning, MS, RD, LDN Director of Nutrition and Brand Innovation at Incite Strategic Partners</td>
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Questions – 15 min
Learning Objectives

Following this event, participants will be able to:

• Describe the ways in which malnutrition can manifest in various settings of post-acute care

• Explain the various roles of registered dietitians in different settings of post-acute care, including for treatment and prevention of malnutrition

• Suggest possible solutions to the barriers to treating patients with malnutrition or those at risk in post-acute care settings
Roles for registered dietitians in post-acute care, including for treatment and prevention of malnutrition

Quality measure implications of identifying malnutrition in post-acute care

Using robust process improvement to integrate nutrition care into interdisciplinary workflow
Where Do Patients Go After Acute Care?
Post-Acute Settings

Inpatient Rehabilitation Facility (IRF)
- Acute Rehab
- Inpatient
- Focus:
  - Medical & Intensive Therapy
- Regulatory Body: CMS/The Joint Commission

Skilled Nursing Facility (SNF)
- Sub-Acute Rehab
- Inpatient
- Focus:
  - Nursing Care
- Regulatory Body: CMS/State

Long-Term Care Facility (LTC)
- Post-Acute
- Residential
- Focus:
  - Activities of Daily Living
- Regulatory Body: CMS/State
Poll Question

In which practice setting do you work?

a) Rehab
b) SNF/LTC
c) LTACH
d) Acute
e) Other
TIRR (The Institute of Rehabilitation & Research) provides comprehensive medical rehabilitation & research.

**Specialty Rehab: TIRR Memorial Hermann**

134 Beds · 3 Full-Time RDNs

- Brain Injury, Stroke
- Spinal Cord Injury
- Neuromuscular Disorders
- Multiple Trauma and Amputation
- Post-COVID-19
University Place
Inpatient Skilled Nursing Facility and Long-Term Care Center
56 Beds ∙ 1 RD 2 days/week

Katy Rehab
Inpatient Rehab Facility in the TIRR Rehab Network
34 Beds ∙ 1 RD 3 days/week
The Healthcare Landscape
Impact Act of 2014

BETTER CARE – ACCESSIBLE, SAFE, PATIENT-CENTERED

HEALTHY PEOPLE, HEALTHY COMMUNITIES

AFFORDABLE CARE

90% Of Older Adults Prefer To Remain In Their Home As They Age

## BETTER CARE
Shift from Traditional to Person-Centric Care

<table>
<thead>
<tr>
<th>Traditional Care</th>
<th>Person-directed Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents are told when to wake up, go to bed, eat, and bathe, based on institutional schedules and set routines.</td>
<td>Residents wake up, go to bed, eat, and bathe when they choose to. Staff alter their work routines to honor residents’ preferences.</td>
</tr>
<tr>
<td>Residents frequently have different care staff. The staff do not know the residents well, so they are not familiar with their preferences. Studies find that residents often feel unknown, insecure, or scared.</td>
<td>The same staff take care of the same resident; they know each other and good relationships develop. This motivates staff to provide better quality care. Studies show that residents feel more secure, content, and happy.</td>
</tr>
<tr>
<td>Management makes most of the decisions, often without consulting the residents, families, or direct-care staff.</td>
<td>Management seeks input from residents, families, and staff before making decisions that affect their daily lives. Management also trains and supports staff to enable residents to make decisions.</td>
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[https://www.pioneernetwork.net/elders-families/care-changing/](https://www.pioneernetwork.net/elders-families/care-changing/)
HEALTHY PEOPLE, HEALTHY COMMUNITIES
Shift From Treating Illness to Sustaining Health
AFFORDABLE CARE
Shift From Fee-for-Service to Quality/Value-Based Care

- Incremental shift from fee-for-service is accelerating
- Majority of healthcare costs are driven by factors outside the clinical environment:
  - Food Insecurity
  - Housing Instability & Quality
  - Transportation Access & Utility
Role of the Post-Acute RDN

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.
Standards of Practice & Performance

Evidenced-Based Research • Nutrition Specific Interventions • Education • Coordination Of Care • Monitoring • Evaluation

- Improved quality of life for the patient/resident
- Reduced healing time of pressure ulcers
- Reduced hospital readmissions
- Cost savings

Academy 2018 Standards of Practice & Professional Performance for RDNs in Post-Acute and Long-Term Care Nutrition
Authored by Dietetics in Health Care Communities DPG http://www.dhccdpg.org/
Role of RDN in Malnutrition Care

**Treating Malnutrition**
- Supports Return to Highest Functional Level

**Preventing Malnutrition**
- Supports Maintenance of Functional Independence

- Non-Physician Ordering of Therapeutic Diets
- Congregate Dining
- Care Conferences & Planning with Patient/Family
- Discharge Planning
- Resident Council
- Nursing Home Quality Initiative
Barriers to Diagnosing Malnutrition in LTC & SNF
Patient Driven Payment Model

- By addressing each individual patient’s unique needs independently, PDPM improves payment accuracy and encourages a more patient-driven care model:
## PDPM – Non-Therapy Conditions

<table>
<thead>
<tr>
<th>Condition/Extensive Service</th>
<th>Source</th>
<th>Points</th>
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</thead>
<tbody>
<tr>
<td>Parental IV Feeding: Level High</td>
<td>MDS Item K0510A2</td>
<td>7</td>
</tr>
<tr>
<td>Parenteral IV Feeding: Level Low</td>
<td>MDS Item K0510A2, K0710A2, K0710B2</td>
<td>3</td>
</tr>
<tr>
<td>Special Treatments/Programs: Ventilator or Respirator</td>
<td>MDS Item O0100F2</td>
<td>4</td>
</tr>
<tr>
<td>Wound Infection Code</td>
<td>MDS Item I2500</td>
<td>2</td>
</tr>
<tr>
<td>Diabetes Mellitus Code</td>
<td>MDS Item I2900</td>
<td>2</td>
</tr>
<tr>
<td>Morbid Obesity</td>
<td>MDS Item I8000</td>
<td>1</td>
</tr>
<tr>
<td>Highest Stage of Unhealed Pressure Ulcer – Stage 4</td>
<td>MDS Item M0300D1</td>
<td>1</td>
</tr>
<tr>
<td>Nutritional Approaches While a Resident: Feeding Tube</td>
<td>MDS Item K0510B2</td>
<td>1</td>
</tr>
<tr>
<td>Malnutrition Code</td>
<td>MDS Item I5600</td>
<td>1</td>
</tr>
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[https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/MLN_CaI_L_PDPM_Presentation_508.pdf](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/MLN_CaI_L_PDPM_Presentation_508.pdf)
MALNUTRITION DIAGNOSIS
The Conundrum

CMS Quality Measure N029.01 Triggered if (+) Unintentional Weight Loss
- This measure is reported on CASPER Reports & Nursing Home Compare

CMS Unintentional Weight Loss Definition Aligns withAccepted Criteria of Malnutrition Diagnosis
- ≥5% in last 1 month
- ≥10% in last 6 months

The Measure Penalizes Facilities for Diagnosing Pre-Existing Malnutrition
- Weight loss is counted in measure starting at 3 months after admission

March 1–May 31
Patient has 10% weight loss

June 1
Patient admitted to LTC

June–July
Weight stabilized, nutrition status improved

September 1
MDS: 10% weight loss in 6 months triggers quality measure

Accurate Weights Are Imperative!

CMS: Centers for Medicare and Medicaid Services; CASPER: Certification and Survey Provider Enhanced Reports; LTC: Long-Term Care; MDS: Minimum Data Set
Quality Improvement: Data-Driven Solutions

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.
Poll Question

Have you led or participated in a quality improvement program at your facility?

a) Yes
b) No
What is Robust Process Improvement?

RPI® is a blended set of strategies, tools, methods, and training programs—including Lean, Six Sigma, and Change Management—that is used to improve business processes and clinical outcomes.
Building Blocks to Achieving High Reliability

All people always experience the safest, highest quality, best value health care across all settings

Robust Process Improvement

Safety Culture

Leadership Commitment

Safe Highly Reliable Care

Widespread Adoption of RPI

Process Improvement Training

Process Improvement Methods

Identifying Unsafe Conditions

Strengthening Systems

Trust

Accountability

Assessment

Quality & Safety Strategy

Quality & Safety Measures

Governing Body Commitment

CEO/Senior Leadership Commitment

Physician Leadership

Information Technology

Compliance with Joint Commission Standards & National Patient Safety Goals
Excellent Accountability Measure Performance
QUALITY IMPROVEMENT
Screening

Base Care Plan
- Must be developed and implemented within 48 hours of a resident's admission
- No exceptions to this requirement made for holidays, weekends, night admissions, etc.
- Nutrition Services: Must include diet orders at a minimum

Solution: We built the Malnutrition Screening Tool (MST) into the admission assessment in our EMR to inform nutrition risk in the base care plan.

QUALITY IMPROVEMENT
Care Plan Development

Comprehensive Care Planning
• Required at admission and annually
• Quarterly monitoring and evaluation

Solution: We overhauled the EMR Care Plan Sentences to align with Nutrition Dx

The role of the RDN in post-acute care is expanding.

Robust Process Improvement skills are an asset for all leaders and clinicians to drive safe healthcare with lean processes to improve value and reduce cost.

The healthcare landscape shift toward value and quality-driven care opens the door for innovative partnerships and solutions.
• Relationships within and beyond the clinical setting
• Opportunities to address malnutrition through non-clinical partners
• Recommendations for action
• Inspiration for a post-acute care-specific MQii assessment tool
Opportunities in Care Transitions

Determinants of Patient Experience and Outcomes Across Settings of Care

- Social Determinants of Health
- Disease and Chronic Conditions
- Incentives
- Population Health Management

Tools & Resources
- Shared Decision Making
- Data and Health IT Infrastructure
- Clinical Workflows
- Patient Education and Self Management

KEY TAKEAWAY: Nutrition Status Is Missing

Source: www.defeatmalnutrition.today
RD Relationships Beyond Clinical (In-House)

### Within Your Org.
- Clinical
- Food Services Director/General Manager
- Regional/corporate leadership
- Sales team

### Brand-Oriented/Secondary Partners
- Specific foods/food products
- Supplements
- Dysphagia products
- R&D, sales, spokesperson
- Chef/RDs
## RD Relationships Beyond Clinical (Outside Orgs.)

<table>
<thead>
<tr>
<th>&quot;Tertiary&quot; Relationships</th>
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<tbody>
<tr>
<td>Consultancy (Ex: Avalere)</td>
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<tr>
<td>Relief Organizations (Ex: Feeding America)</td>
</tr>
<tr>
<td>Food Banks/ Meal Delivery Orgs.</td>
</tr>
<tr>
<td>Local Restaurants &amp; Grocery Stores</td>
</tr>
<tr>
<td>Insurance Companies</td>
</tr>
<tr>
<td>Kickstarter/ GoFundMe’s</td>
</tr>
<tr>
<td>Benefits/ Galas/ Celebrities</td>
</tr>
<tr>
<td>Data Analysis (industry patterns &amp; trends)</td>
</tr>
<tr>
<td>PR</td>
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<tr>
<td>GPO (Ex: Incite Strategic Partners)</td>
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PR: public relations; GPO: group-purchasing organization
Opportunities Beyond Clinical - Taking Action

Step 1: Assess your needs

Step 2: Learn the products/services

Step 3: Identify gaps & opportunities

Step 4: Make contact

Step 5: Try something new

Step 6: Remember the business model

Paradigm shift? $$ for programming? Community resources upon discharge? Support for families?

As RDs, we can’t afford to ignore the inner business workings of our organizations! Hone your ideas for the reality of your business environment.
Recommendations for Action

• Make connections!
• Learn more about your organization’s mission and values—is there a place for a malnutrition initiative?
• Ask for samples/new products in development—finding the best product for your patients/residents can increase intake and potentially save money in the long run. Win-win!
• Join the board of a local distribution organization (Meals on Wheels, food banks, etc.)
• Look into brand partnerships—do they have a program to help combat malnutrition?
• Consider a malnutrition screening at D/C
• Review Resources

Source: www.defeatmalnutrition.today
MQii in PAC?

In evaluating new resources & CMS rules, a gap emerged, and a potential opportunity arose:

- PAC communities have unique needs regarding the assessment and intervention regarding malnutrition
  - MQii tool to identify malnutrition
  - Retooled for PAC environment?
- Utilizing appropriate tools may lead to improved patient outcomes
  - Faster therapy gains
  - Fewer complications
  - Shorter overall stay
    - And/or placement in more independent wing
  - Better long-term prognosis & lower risk of re-hospitalization
- Malnutrition screening at discharge

PAC: post-acute care
Polling Question

Do you feel there is a need for a Malnutrition Assessment & Intervention Toolkit targeted for the post-acute care environment?

a) Yes
b) No
Questions?

15 mins
CPEU Credit
CPEU Credit (continued)