



MALNUTRITION QUALITY
IMPROVEMENT INITIATIVE

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)

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...

The screenshot displays the Cisco WebEx Meeting Center interface. At the top, the title bar reads "Cisco WebEx Meeting Center" and includes a menu with "File", "Edit", "Share", "View", "Audio", "Participant", and "Meeting Help". Below the title bar, there are tabs for "Quick Start", "Meeting Info", and a meeting ID "20170322 - M...". A "New Whiteboard" button is also visible. On the right side of the interface, there are icons for "Participants", "Chat", "Recorder", and "Notes". A red box highlights the "Chat" icon, and a red arrow points to it from the bottom right. The main content area features a large orange banner with the "MQii" logo and the text "MALNUTRITION QUALITY IMPROVEMENT INITIATIVE". Below the banner, the text reads: "Welcome to Today's Expert Webinar for the 2020 MQii Learning Collaborative: 'Opportunities to Address Malnutrition in Post-Acute Care Settings'". The date "December 10, 2020" and start time "We will start promptly at 3:00 PM ET (2:00 PM CT; 1:00 PM MT; 12:00 PM PT)" are listed, along with a note: "All phone lines have been muted". At the bottom, there is a "Recorder" section with a "Select button to record on server" and a "Connected" status indicator.

Today's Agenda

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



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Rya Clark, RDN, LD, CNSC, CLSSGB
Clinical Nutrition Manager
TIRR Memorial Hermann
Memorial Hermann University Place
Memorial Hermann Rehabilitation Hospital - Katy

- 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



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Where Do Patients Go After Acute Care?

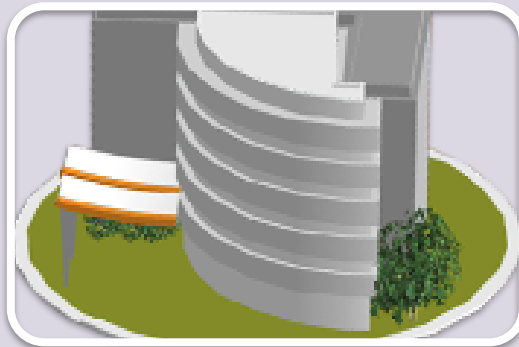
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Post-Acute Settings



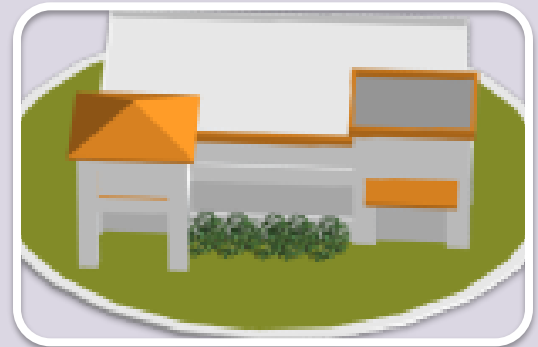
Inpatient Rehabilitation Facility (IRF)

- 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

Specialty Rehab: TIRR Memorial Hermann



TIRR (The Institute of Rehabilitation & Research) provides comprehensive medical rehabilitation & research.

**Brain Injury, Stroke
Spinal Cord Injury
Neuromuscular Disorders**

**Multiple Trauma and
Amputation
Post-COVID-19**

134 Beds · 3 Full-Time RDNs

SNF & LTC



University Place

Inpatient Skilled Nursing Facility and Long-Term Care Center

56 Beds · 1 RD 2 days/week

IRF



Katy Rehab

Inpatient Rehab Facility in the TIRR Rehab Network

34 Beds · 1 RD 3 days/week



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The Healthcare Landscape

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Impact Act of 2014

**BETTER CARE – ACCESSIBLE, SAFE,
PATIENT-CENTERED**

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

**HEALTHY PEOPLE, HEALTHY
COMMUNITIES**

AFFORDABLE CARE

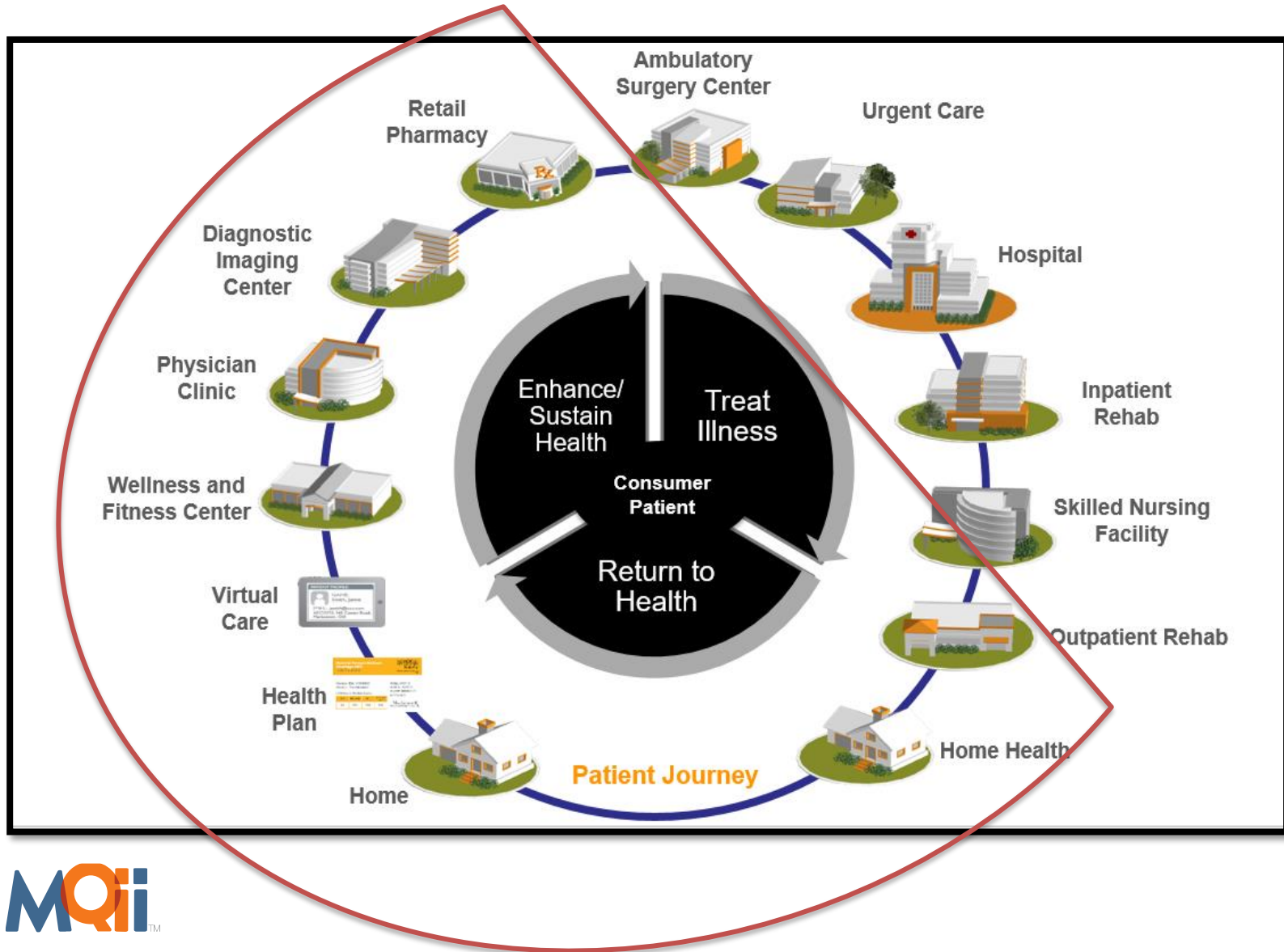
BETTER CARE

Shift from Traditional to Person-Centric Care

Traditional Care	Person-directed Care
<p>Residents are told when to wake up, go to bed, eat, and bathe, based on institutional schedules and set routines.</p>	<p>Residents wake up, go to bed, eat, and bathe when they choose to. Staff alter their work routines to honor residents' preferences.</p>
<p>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.</p>	<p>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.</p>
<p>Management makes most of the decisions, often without consulting the residents, families, or direct-care staff.</p>	<p>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.</p>

HEALTHY PEOPLE, HEALTHY COMMUNITIES

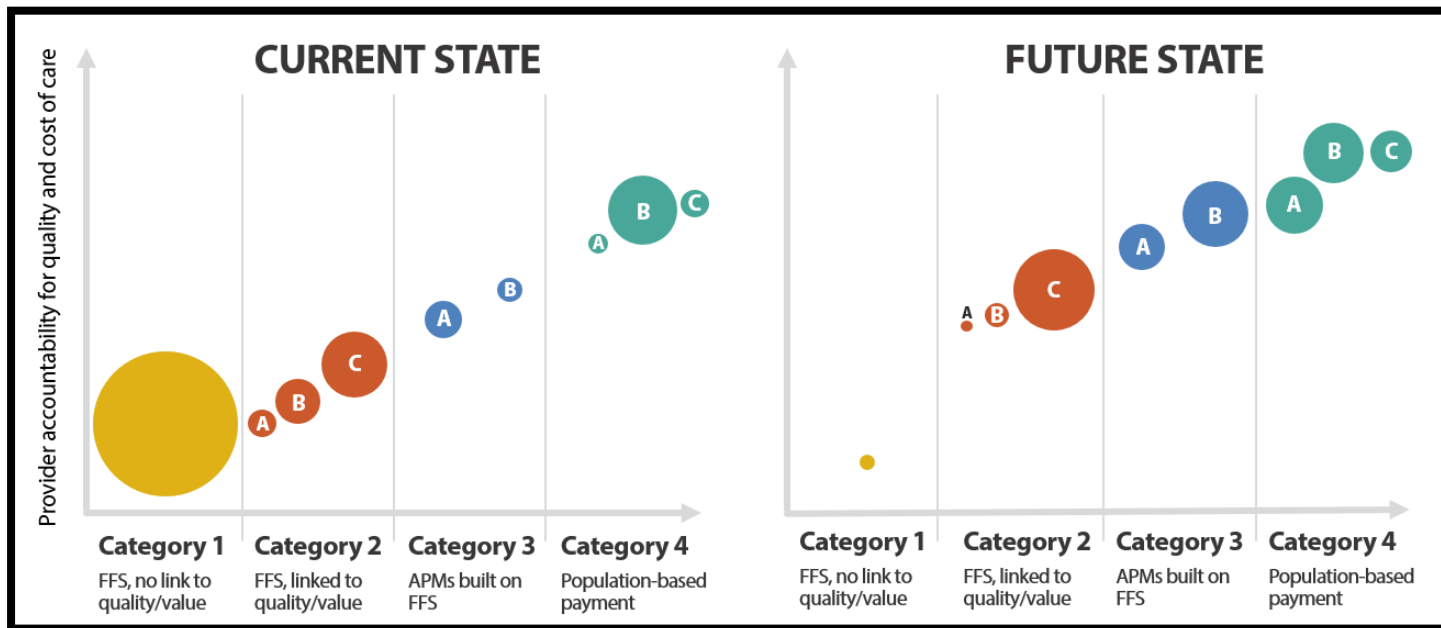
Shift From Treating Illness to Sustaining Health



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





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Role of the Post-Acute RDN

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Standards of Practice & Performance

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

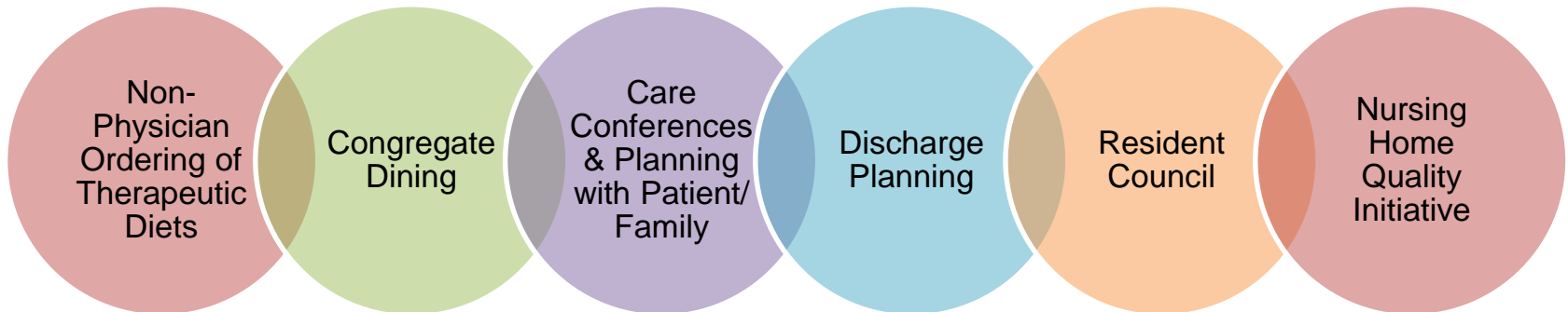
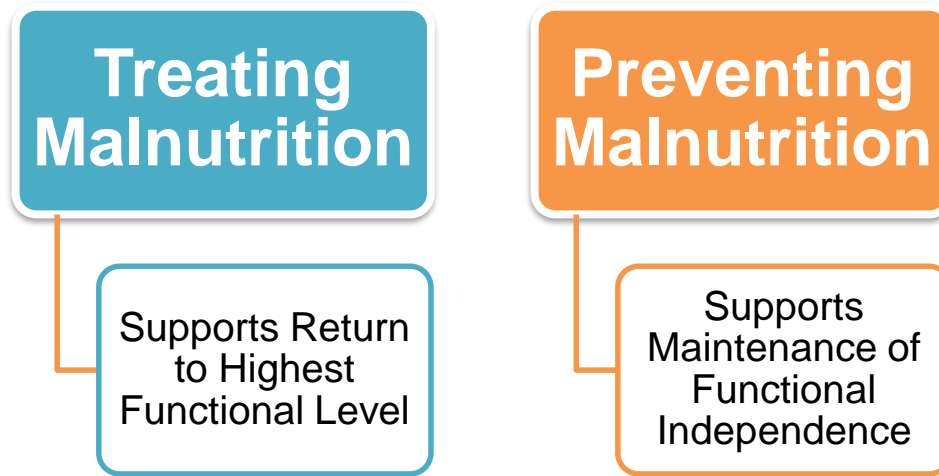
Improved quality of life for the patient/resident

Reduced healing time of pressure ulcers

Reduced hospital readmissions

Cost savings

Role of RDN in Malnutrition Care





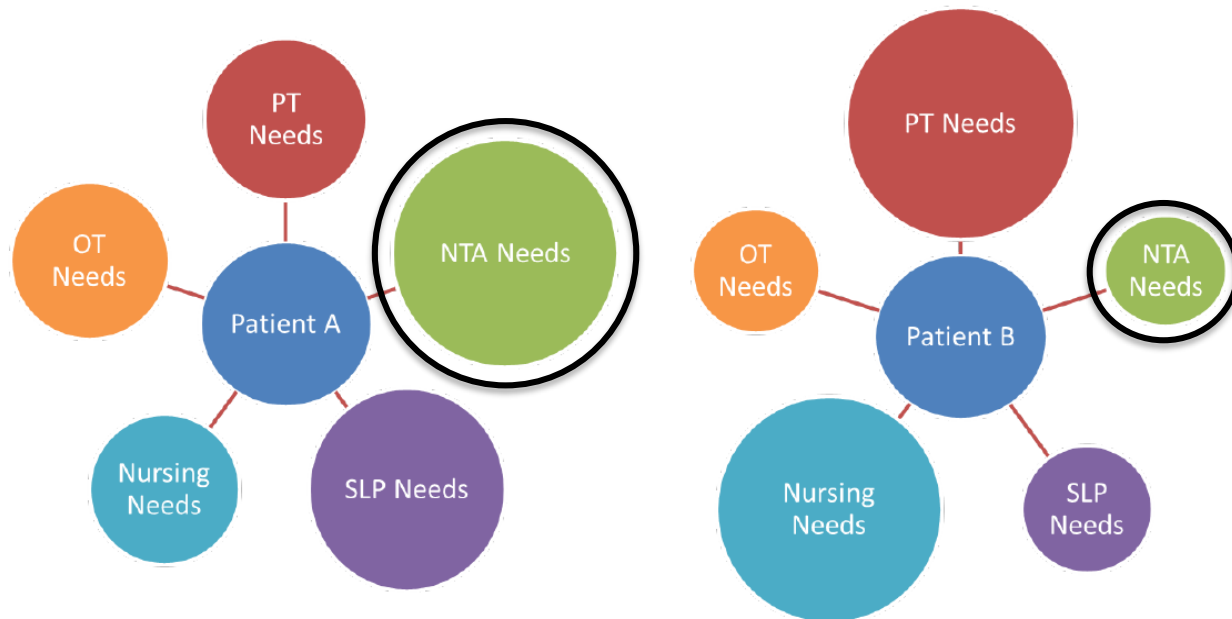
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Barriers to Diagnosing Malnutrition in LTC & SNF

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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

Condition/Extensive Service	Source	Points
Parental IV Feeding: Level High	MDS Item K0510A2	7
Parenteral IV Feeding: Level Low	MDS Item K0510A2, K0710A2, K0710B2	3
Special Treatments/Programs: Ventilator or Respirator	MDS Item O0100F2	4
Wound Infection Code	MDS Item I2500	2
Diabetes Mellitus Code	MDS Item I2900	2
Morbid Obesity	MDS Item I8000	1
Highest Stage of Unhealed Pressure Ulcer – Stage 4	MDS Item M0300D1	1
Nutritional Approaches While a Resident: Feeding Tube	MDS Item K0510B2	1
Malnutrition Code	MDS Item I5600	1

MALNUTRITION DIAGNOSIS

The Conundrum

CMS Quality Measure
N029.01 Triggered if (+)
Unintentional Weight Loss

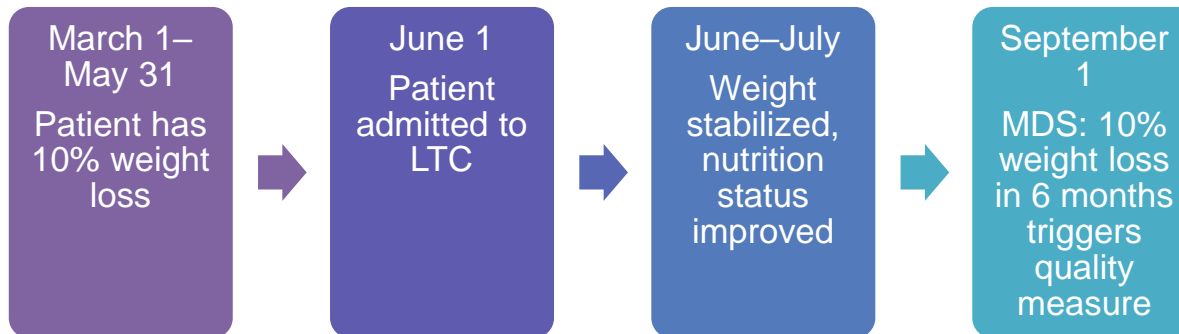
- This measure is reported on CASPER Reports & Nursing Home Compare

CMS Unintentional Weight
Loss Definition Aligns with
Accepted Criteria of
Malnutrition Diagnosis

- $\geq 5\%$ in last 1 month
- $\geq 10\%$ 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





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Quality Improvement: Data-Driven Solutions

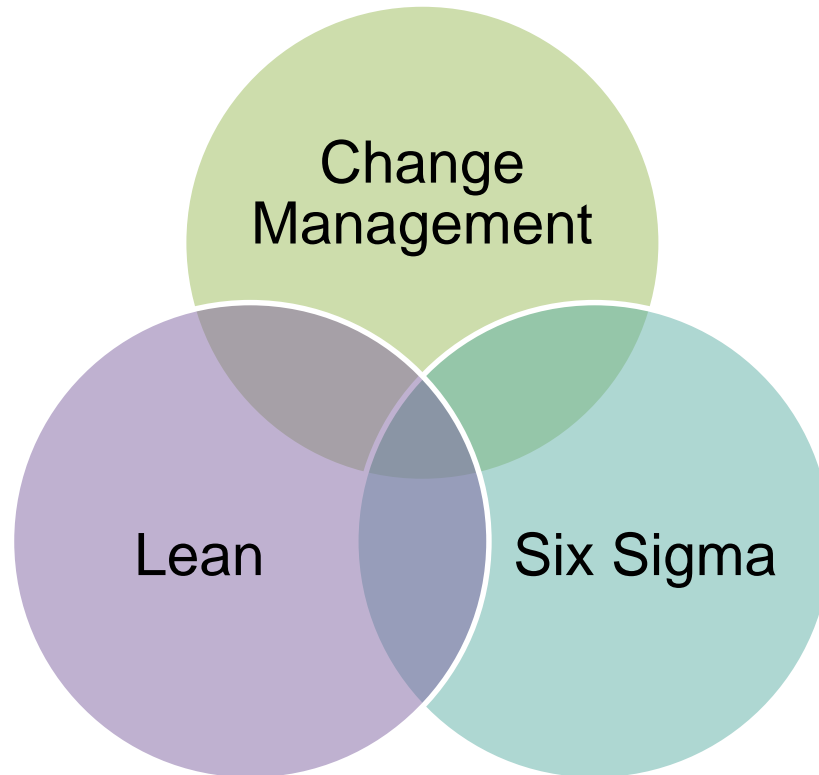
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Poll Question

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

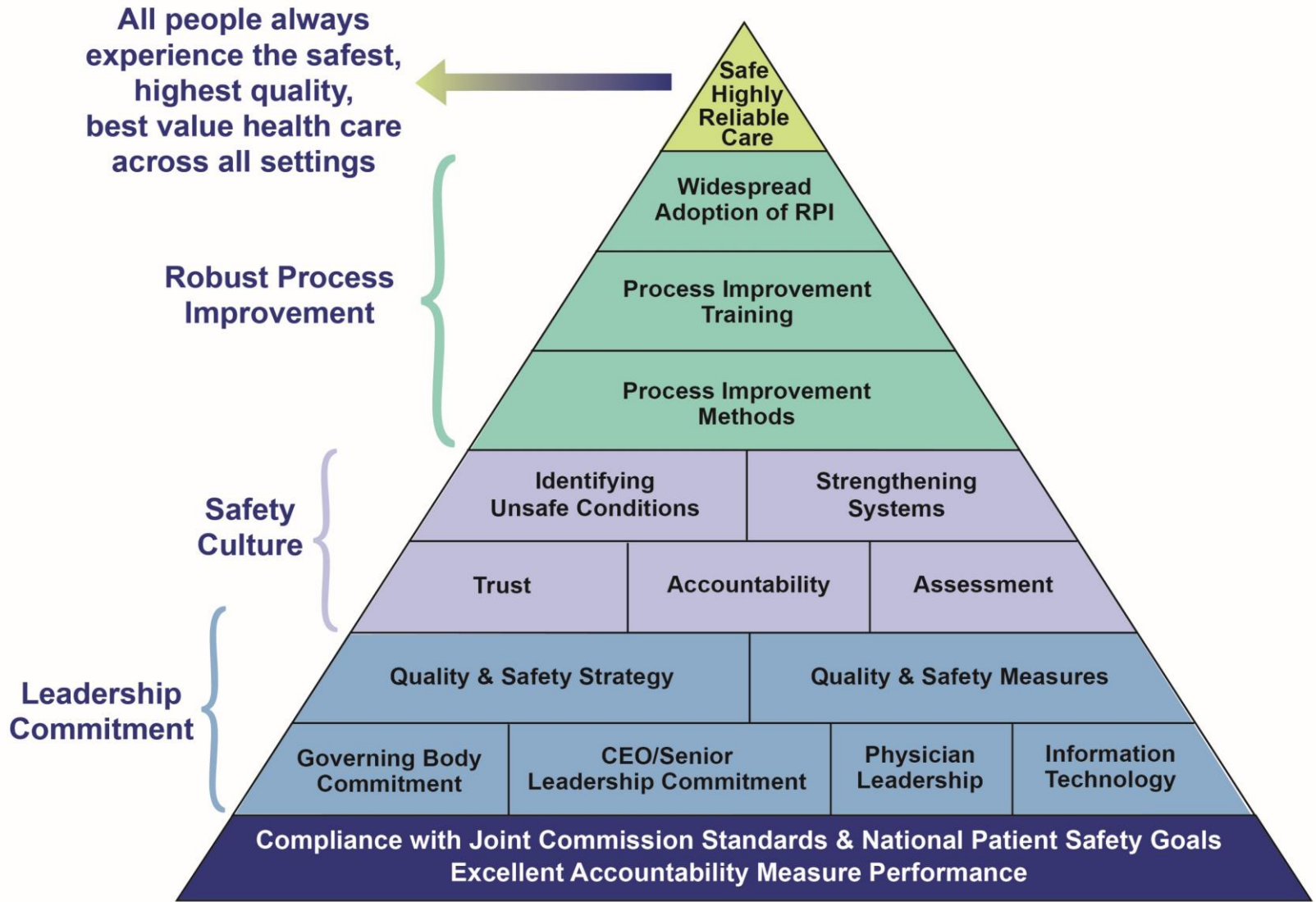
- a) Yes
- b) No

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



February 2020 Memorial Hermann RPI Expo

MEMORIAL HERMANN

Patient Lunch Time Optimization

Rya Clark, RD, LD, CNSC – Clinical Nutrition Manager
 Deanna Bennett, RN, BSN, CRRN, CBIS – Clinical Nurse Manager, Traumatic Brain Injury and Stroke
 Danan Hewitt, BS – Director of Food and Nutrition Services

BACKGROUND

600-120 patients at THRR were scheduled to receive lunch from 12-3pm.

- Operational capability of the kitchen is production of 20 trays every 15 minutes.
- Only 80 trays can be delivered in 3 hour.

An Initial Evaluation of the Problem Yielded:

- FANS Press Ganey Scores (FY19)
 - Temperature of Food at 55.7% (Threshold 50%)
 - Quality of Food at 60% (Threshold 50%)
- Patient Satisfaction
 - 0% received lunch within 15 minutes of scheduled time
 - 75% received lunch 15-45 minutes earlier than scheduled
 - 25% received lunch 45 minutes earlier than scheduled when patients were often out of the room for therapy
- Patient Care Coordination Challenges in a Narrow 1 Hour Window
 - Nurses monitoring and insulin administration
 - 21 feeding assistance for up to 50% of patients on unit
 - Providing ongoing, wound care, and medication administration

THE CHALLENGE

High Level Need: Patient Hunger (Low Level)

Specific Needs:

- Prescribed Diet
- Therapy Schedule
- Room Temp
- General Wellbeing

Critical to Quality Elements:

- Menu Selection
- Therapy Time
- Availability of Staff
- Room Temperature
- Availability of Staff

Metrics:

- Temperature of Food
- Quality of Food
- Therapy Time
- Room Temperature
- Availability of Staff

PROJECT GOALS

- >90% of Patients Receive Meals Within 15 Minutes of Scheduled Meal Time
- Press Ganey FANS Scores Improved to Target or Distinguished
- >50% Increase Hours Dedicated to Lunch Block

THE APPROACH & PROCESS

On July 9, 2019, lunch was divided into 3 staggered blocks spanning 2 hours.

Lunch Time	Percent of Total Target Patients
11:30-1:00pm	30-40% <ul style="list-style-type: none"> Patients that need extra time to eat. Patients with dysphagia on a diet that need 1:1 feeding receive Speech Therapy from 11:30-12:00 when possible. Tube-fed Patients
12:00-1:00pm	25-35%
12:30-1:30pm	25-45% <ul style="list-style-type: none"> Remaining patients, as therapy schedule permits

LESSONS LEARNED

- Rethinking how to schedule adequate therapy time in a new structure was a complex process with numerous stakeholders.
- Our team turned the corner toward implementation by brainstorming every solution regardless of feasibility.
- Once we narrowed down what was feasible right now using the Solutions & Criteria Matrix, the path forward became apparent and we arrived there as a team.

RESULTS

- Patient lunch meals delivered within 15 minutes of scheduled meal time:
 - Baseline: 0%
 - Post-Implementation:
 - 63% in the first month
 - 81% in the second month.
- FANS Press Ganey Score on Quality of Food:
 - Baseline: 64.2% FY19 (Threshold)
 - Post-Implementation: 89.5% FY20Q1 (Distinguished)
- Time to provide nursing care:
 - Baseline: 1 Hour
 - Post-Implementation: 2 Hours
- Nurses subjectively reported improved satisfaction with the new process.

Meal Delivery Within 15 Minutes of Scheduled Time

Press Ganey Post-Implementation Month 1

Press Ganey Post-Implementation Month 2

Elapsed Time of Meal Tray Delivery Compared to Scheduled Time

Month 1

Month 2

QUALITY IMPROVEMENT

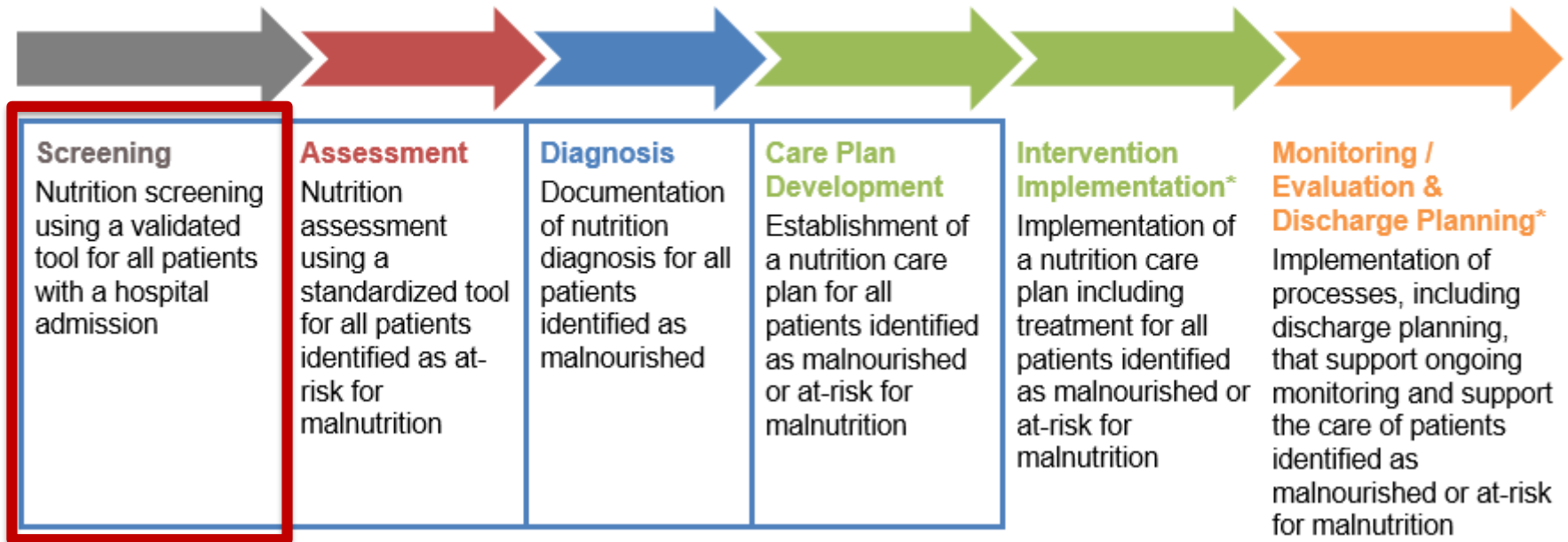
Screening

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.

MQii TOOLKIT AND eCQMs SPAN THE MALNUTRITION CARE WORKFLOW



QUALITY IMPROVEMENT

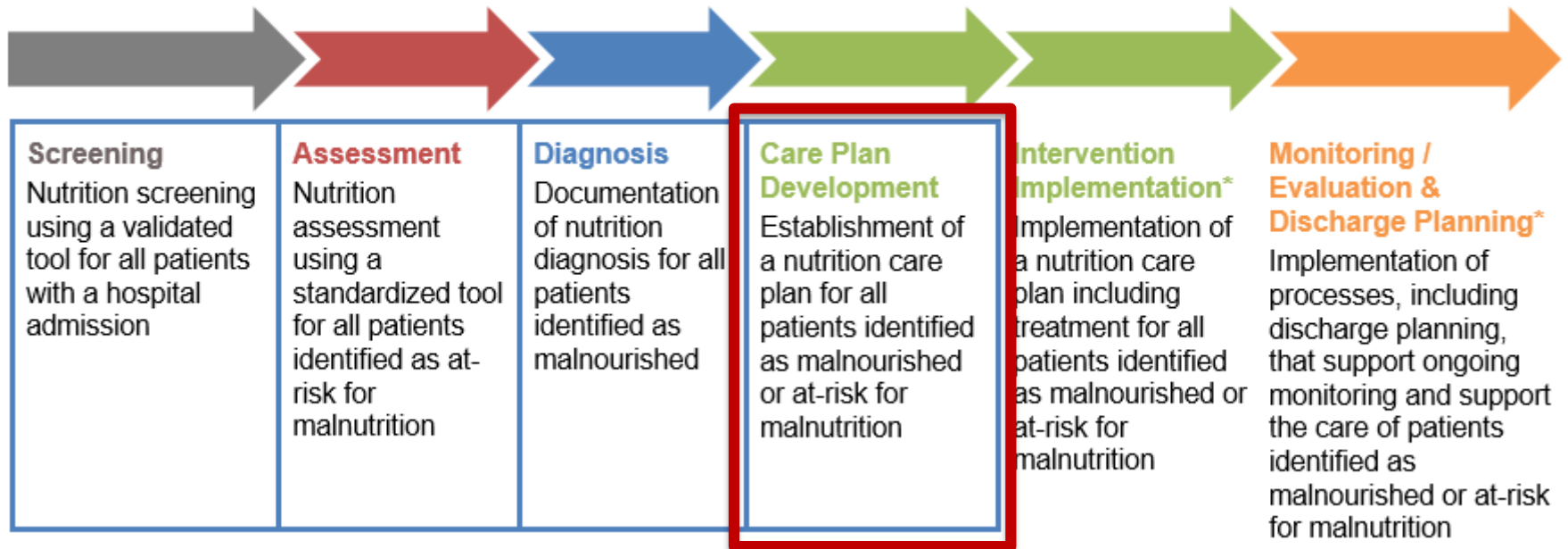
Care Plan Development

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

MQii TOOLKIT AND eCQMs SPAN THE MALNUTRITION CARE WORKFLOW



In Conclusion



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.



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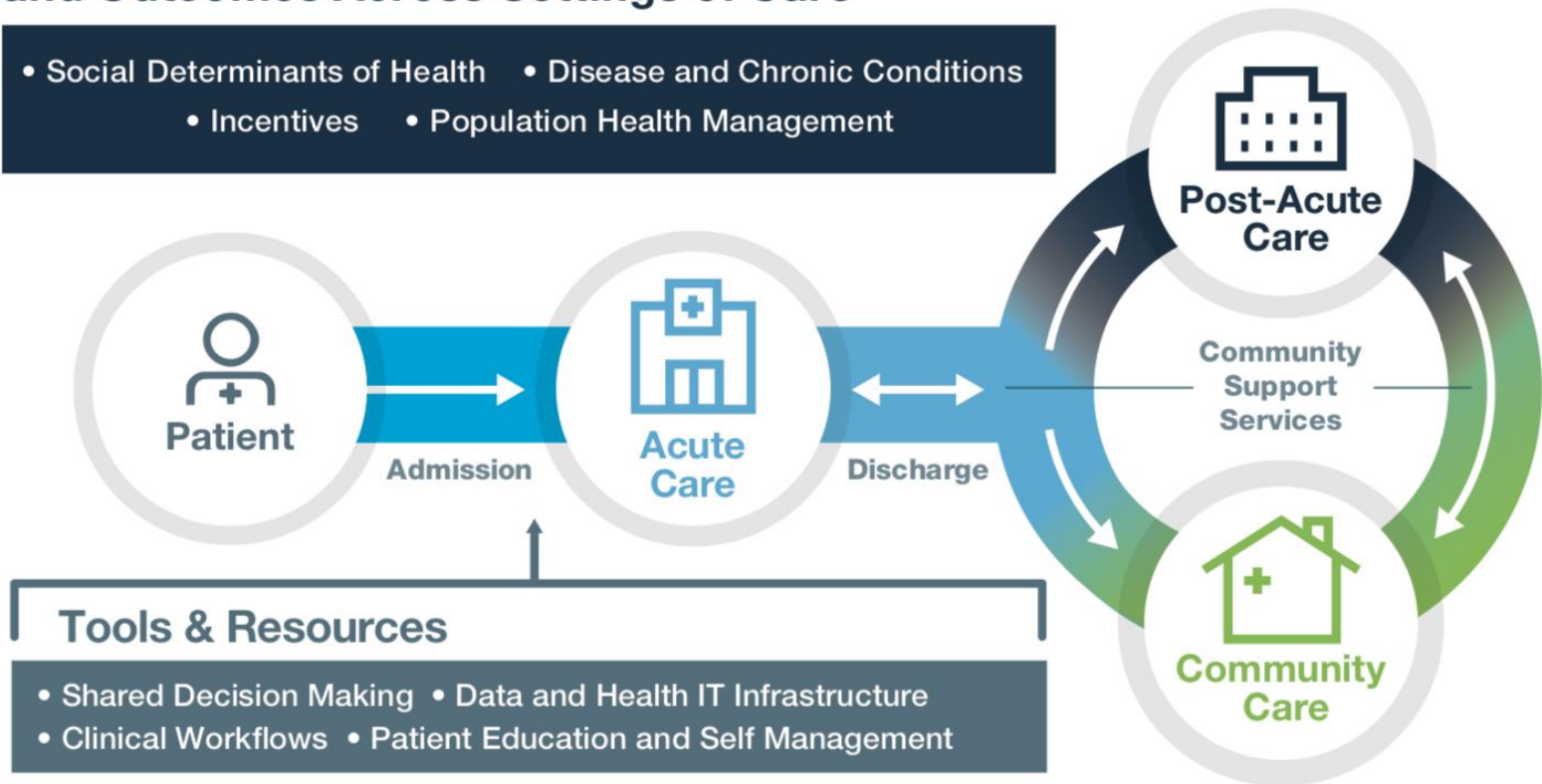
Jen Bruning, MS, RD, LDN
*Director of Nutrition and Brand Innovation
Incite Strategic Partners*

- 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



KEY TAKEAWAY: Nutrition Status Is Missing

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

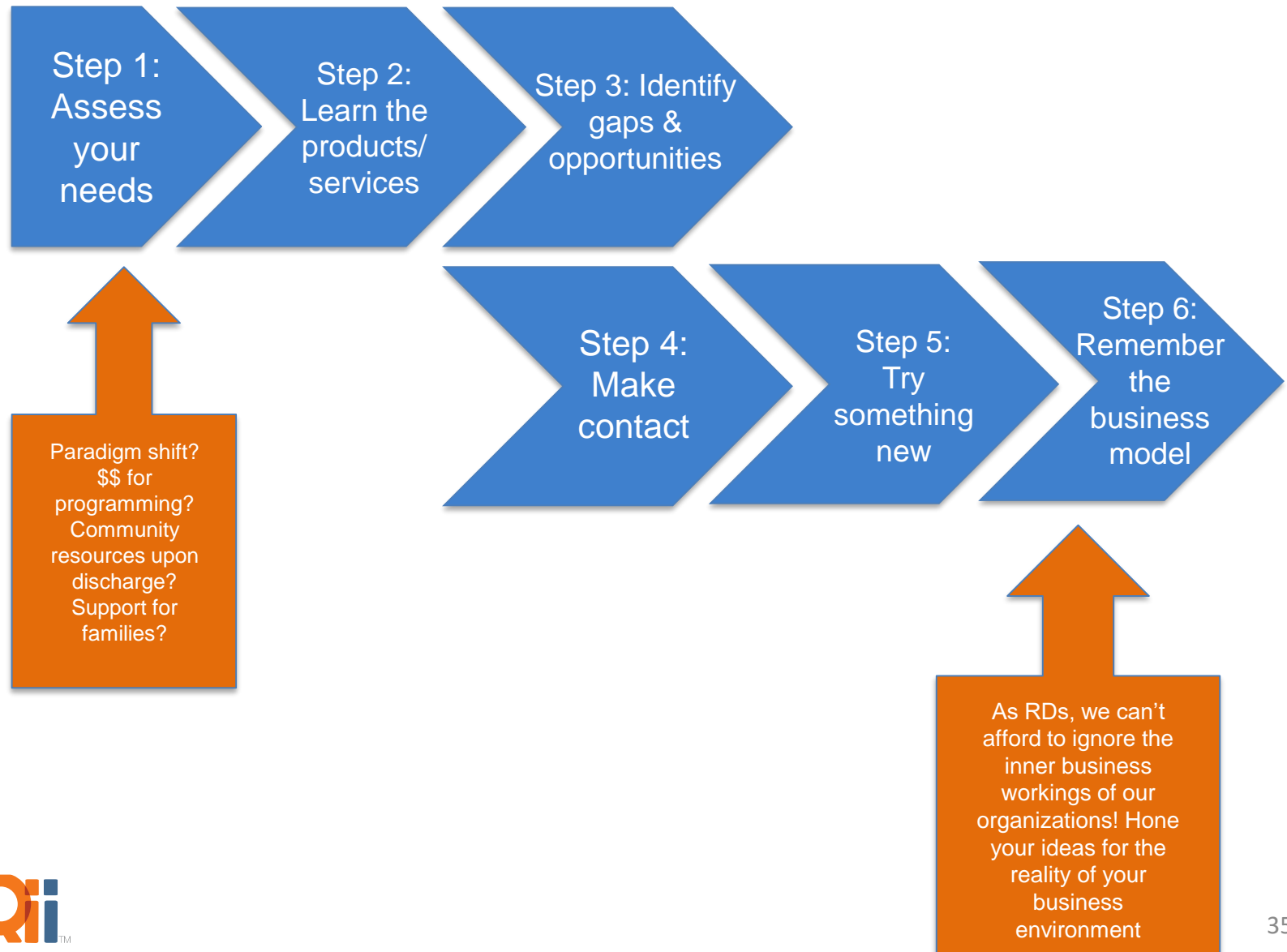
Chef/RDs

RD Relationships Beyond Clinical (Outside Orgs.)

"Tertiary" Relationships

- Consultancy (Ex: Avalere)
- Relief Organizations (Ex: Feeding America)
- Food Banks/ Meal Delivery Orgs.
- Local Restaurants & Grocery Stores
- Insurance Companies
- Kickstarter/ GoFundMe's
- Benefits/ Galas/ Celebrities
- Data Analysis (industry patterns & trends)
- PR
- GPO (Ex: Incite Strategic Partners)

Opportunities Beyond Clinical- Taking Action



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

Malnutrition Prevalence Across Care Settings



Acute Care¹
20–50%



Post-Acute Care²
14–51%



Community Care^{3,4}
6–30%

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

Polling Question

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


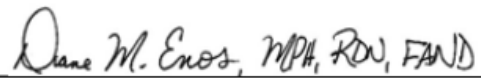
- a) Yes
- b) No

Questions?




15 mins

CPEU Credit

CPE Accredited Provider Commission on Dietetic Registration <small>the credentialing agency for the Academy of Nutrition and Dietetics</small> 	Continuing Professional Education Certificate of Attendance - Attendee Copy-			
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	Registration Number:	[Redacted]		
	Activity Title:	Opportunities to Address Malnutrition in Post-Acute Care Settings		
	Activity Number:	159845		
	Date Completed:	12/10/2020	Number of CPEUs Awarded:	1.0
	*Performance Indicator(s):	[Redacted]	CPE Level:	2
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	Registration Number:	[Redacted]		
	Activity Title:	Opportunities to Address Malnutrition in Post-Acute Care Settings		
	Activity Number:	159845		
	Date Completed:	12/10/2020	Number of CPEUs Awarded:	1.0
	*Performance Indicator(s):	[Redacted]	CPE Level:	2
	Provider Signature	Diane M. Enos, MPH, RD, FAND		
		Provider Code:	AM003	

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