Welcome!

During the webinar, the phone lines will be muted.

There will be a 15 minute Q&A session at the end of the webinar.

If you have a question for the presenter, please type your inquiry into the “Questions” box in your GoToWebinar control panel. If we do not get to all the questions, we will email you a response.
Today’s Presenter

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Global Prevalence of Malnutrition

• 25 - 50% of patients admitted to hospitals each year are malnourished in emerging and developed nations.

• An estimated 20 million children under the age of 5 worldwide are severely undernourished.

Global Prevalence of Malnutrition

• Undernutrition (malnutrition) in developed countries generally occurs with acute or chronic illness.

• Undernutrition (malnutrition) in the United States is most frequently seen in hospitalized acute and/or chronically ill children and those with special needs.

Malnutrition Global Consensus

• Malnutrition is common worldwide.

• Malnourished patients have poorer health related outcomes than non-malnourished counterparts.

• Nutrition intervention can make a difference.

Protein Calorie Malnutrition Coded Prevalence in the United States

AHRQ Agency for Healthcare Research and Quality

• 4.5% of all inpatient stays (2013)

DM&A

• 5.6% of all inpatient stays (2016)

Malnutrition in the Hospital

**DM&A Programs**

- Malnutrition is the only comorbidity in an estimated 10 – 15% of patients.

- The diagnosis of malnutrition continues to be identified in various ways among health care providers.
Malnutrition in the Hospital

Leads to...

• Increased complications during hospitalization
• Poor and decreased wound healing
• Increased length of stay and cost of hospitalization
• Increased risk for readmission
Polling Question #1

1. We are currently using the Academy & ASPEN characteristics for assessing and diagnosing malnutrition but **not tracking data** related to the diagnosis of malnutrition.

2. We are currently using the Academy & ASPEN characteristics for assessing and diagnosing malnutrition and **tracking data** related to malnutrition.

3. We have begun to focus on malnutrition but **not fully using the Academy & ASPEN characteristics** and **not tracking data**.
Future Consideration in the Hospital Inpatient Quality Reporting and Medicare and Medicaid Electronic Health Record Incentive Programs

ELECTRONIC CLINICAL QUALITY MEASURES - MALNUTRITION
What is a Clinical Quality Measure?

• Clinical quality measures, or CQMs, are tools that help measure and track the quality of health care services provided by eligible professionals, eligible hospitals and critical assess hospitals (CAHs) within our health care system.

• These measures use data associated with providers’ ability to deliver high-quality care or relate to long term goals for quality health care.

CQMs Measure

- Health outcomes
- Clinical processes
- Patient safety
- Efficient use of health care resources
- Care coordination
- Patient engagements
- Population & public health
- Adherence to clinical guidelines
Those participating in Medicare and Medicaid Electronic Health Record Incentive Programs:

- Eligible Providers
- Eligible Hospitals
- Critical Access Hospitals
- Inpatient psychiatric facilities

Medicare providers in:

- Acute Care Hospitals
- PPS-exempt cancer hospitals
- Long Term Care Hospitals
- Inpatient psychiatric facilities
Future Consideration in the Hospital IQR and Medicare and Medicaid EHR Incentive Programs

ELECTRONIC CLINICAL QUALITY MEASURES
1. Completion of a Malnutrition Screening within 24 hours of Admission
2. Completion of a Nutrition Assessment for Patients Identified as At-Risk for Malnutrition within 24 Hours of a Malnutrition Screening

Assess whether patients age 65 years and older, who are found to be malnourished on a completed nutrition assessment, have a nutrition care plan documented in their medical record.
Polling Question #2

“I provide a NFPA on all patients that require a nutrition assessment.”

a) 100% of the time
b) 75% of the time
c) 50% of the time
d) Less than 25% of the time
e) I do not provide a NFPA to my patients
3. Nutrition Care Plan for Patients Identified as Malnourished after a Completed Nutrition Assessment
4. Appropriate Documentation of a Malnutrition Diagnosis
Malnutrition Education and Training Program

• Onsite Nutrition Focused Physical Assessment Hands On Training

• Dietitian Driven Program

• Education, Training and Coaching: Dietitians, Providers & Physicians, Coding, CDI, Revenue Integrity, Decision Support, Food Service, Social Work, Case Management, Nursing and many more....
The Value & Purpose of a Malnutrition Program

• Provides training and tools to effectively implement evidenced based guidelines

• Elevates the role and function of the RDN in the healthcare setting

• Promotes collaboration and integration
  - CDI/Coding, Physicians, RN/PCT’s, Administration, Information Systems, and more

• Demonstrates the value of the RDN to the healthcare organization
Caring for Malnutrition

Demonstrate positive patient related outcomes!

- Length of Stay, readmissions, patient satisfaction, financial outcomes related to reimbursement

Challenge the dietitian to refine skills and practice.

- Promote job satisfaction, growth, and value as they demonstrate a positive impact to patient care and hospital initiatives
Identifying & Caring for Malnutrition

• **Dietitian lead initiative**
  - Closely working with physicians, providers, documentation specialists and coding

• Improving patient care & outcomes, documentation, intervention, and preventing admissions and readmissions

• Improvements in accurate documentation of severity of illness (SOI), risk of mortality (ROM), reimbursement, and length of stay
Academy of Nutrition and Dietetics
Resources

Press Release

Electronic Clinical Quality Measures (eCQMs)
- http://www.eatrightpro.org/~media/eatrightpro%20files/practice/quality%20management/quality%20improvement/malnutritionmeasuresspecificationmanual.ashx

Malnutrition Quality Improvement Initiative
- http://mqii.defeatmalnutrition.today/
12th Annual Healthcare Food Service Educational Conference

March 16 – 18, 2018

Paradise Point Resort & Spa
San Diego, California

Estimated 18 CEUs

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Managing Clinical Dietetics – Is Your Plate Too Full?
Strategies to be the best leader

FEBRUARY 20, 2018

Caring for and Coding Malnutrition
Thanks for attending!

Post webinar email will be sent out by end of week:

• Presentation Handout
• CEU certificate
• Link to webinar recording
• Link to next webinar
• Good to Best registration special link
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