



MALNUTRITION EDUCATION & TRAINING PROGRAM

Improve Patient Care, Documentation,
and Reimbursement

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MALNUTRITION EDUCATION & TRAINING PROGRAM

(Improve Patient Care, Documentation, and Reimbursement)



DID YOU KNOW?

Accurate identification, intervention and documentation of malnutrition will allow hospitals to be reimbursed for the resources required to care for the specific needs of malnourished patients.

PROGRAM OUTCOMES

The Malnutrition Education & Training Program:

1. Positively impacts the hospitals comparative data scores
2. Improve quality of patient care
3. Improve dietitian knowledge and clinical skill
4. Provide tools and coaching for dietitians in the overall nutrition care process
5. Coach and provide hands on training on the nutrition focused physical assessment (NFPA)
6. Increase insurance reimbursement
7. Accurately reflect malnutrition with the relationship of severity of illness, case mix index, readmission and length of stay

PRELIMINARY REVIEW

*A single hospital will receive a complimentary review of the current malnutrition rate and focus.

This review identifies areas of opportunity to enhance patient care and reimbursement potential.

PROGRAM COST - FEE BASED ★

If you are interested in a learning more about our fee based payment structures, please contact us for more information.

DID YOU KNOW?

An estimated 25-50% of patients admitted to the hospital have some degree of malnutrition. Malnutrition is associated with a higher rate of complications, increased hospital stay and increased cost of health care.

PubMed; J. Nutr. Health Aging 2012; 16(6): 562-8.
<http://www.ncbi.nlm.nih.gov/pubmed/22659998>

Clinical and economic outcomes of nutrition interventions across the continuum of care. Annals of the New York Academy of Sciences, 14 August 2014



Overview & Example Outline*

PRE-VISIT

- ★ Overview of program and outcomes
- ★ Checklist completion
- ★ Preliminary Review

PHASE I (EVALUATE / EDUCATE)

- ★ Clinical Nutrition Team, Clinical Documentation Specialists, Information Technology and Decision Support education and team meetings
- ★ Evaluate overall nutrition care process
- ★ Conduct on-site chart review and baseline report
- ★ Begin coaching and training for dietitians on NFPA

PHASE II (EDUCATE/INITIATE)

- ★ Meet with Champion Team
- ★ Review and recommend policy change as needed
- ★ Continue to provide coaching to clinical nutrition team with team meetings and one on one coaching
- ★ Begin tracking data and implement quality improvement systems

PHASE III (INITIATE/REVIEW)

- ★ Meet with Champion Team
- ★ Continue one on one coaching as needed
- ★ Report & review program success
- ★ Data outcome reporting

PHASE IV (OUTPATIENT FOCUS & EVALUATION OF PROGRAM)

- ★ Meet with Champion Team
- ★ Provide education & coaching as needed
- ★ Data outcome reporting
- ★ Report & review updates, changes, and areas of success

*The number of phases & agenda goals will vary with each facility.



Malnutrition Education and Training Program Outcomes

The success of improving the care of your patients with malnutrition is in your hands. The first step in success is to work with experts in education, training, and coaching. DM&A is the leading expert in providing the tools and skills to care for malnutrition. Work with us to provide the best care for your patients with malnutrition and the best training for your team!

The **Malnutrition Education and Training Program** is a dietitian lead initiative providing onsite and offsite coaching for the entire interdisciplinary team. We have successfully worked with over **40 hospitals** across the country.

Proven Outcomes:

1. Positively impact the hospitals comparative data scores
2. Improve quality of patient care
3. Improve dietitian knowledge and clinical skill
4. Increase insurance reimbursement
5. Accurately reflect malnutrition with the relationship of severity of illness, case mix index, readmission and length of stay

As you may or may not be aware, malnutrition remains to be an important focus and initiative in hospitals across the country and around the world.

Not only are we seeing malnutrition diagnosed in our inpatient population but also in our clinics and emergency departments. At the same time many hospitals are missing out on providing the best assessment, intervention, and documentation and capturing proper reimbursement for those diagnosed with malnutrition.

Malnutrition impacts anywhere from 25% - 50% of patients admitted to hospitals each year in emerging and developed nations. Malnutrition awareness and patient care is an area of focus at a national and international scale as well as a focus for insurance auditors and the Department of Health and Human Services Office of Inspector General.

Contact us and get started today!

Clinical and economic outcomes of nutrition interventions across the continuum of care. Annals of the New York Academy of Sciences, 14 August 2014. Hospitals failing on nutrition care for malnutrition patients.
<http://www.stonehearthealthnewsletters.com/hospitals-failing-nutrition-care-malnutrition-patients/medical-errors/>

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10 YEAR RETURN ON INVESTMENT SCENARIOS

Malnutrition Education and Training Program

Average 6 month discharges: 7,000

ESTIMATED ROI FROM MDP		1	2	3	4	5	6	7	8	9	10
A.	Estimated Average Annual Reimbursement	450,000	450,000	450,000	450,000	450,000	450,000	450,000	450,000	450,000	450,000
B.	Program Investment	(67,500)	(16,000)	0	0	0	0	0	0	0	0
C.	ANNUAL ROI (reimbursement or expense)	382,500	434,000	450,000	450,000	450,000	450,000	450,000	450,000	450,000	450,000
D.	YTD ROI (reimbursement or expense)	382,500	816,500	1,266,500	1,716,500	2,166,500	2,616,500	3,066,500	3,516,500	3,966,500	4,416,500

Average 6 month discharges: 9,000

ESTIMATED ROI FROM MDP		1	2	3	4	5	6	7	8	9	10
A.	Estimated Average Annual Reimbursement	700,000	700,000	700,000	700,000	700,000	700,000	700,000	700,000	700,000	700,000
B.	Program Investment	(105,000)	(18,000)	0	0	0	0	0	0	0	0
C.	ANNUAL ROI (reimbursement or expense)	595,000	682,000	700,000	700,000	700,000	700,000	700,000	700,000	700,000	700,000
D.	YTD ROI (reimbursement or expense)	595,000	1,277,000	1,977,000	2,677,000	3,377,000	4,077,000	4,777,000	5,477,000	6,177,000	6,877,000

Average 6 month discharges: 18,000

ESTIMATED ROI FROM MDP		1	2	3	4	5	6	7	8	9	10
A.	Estimated Average Annual Reimbursement	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000
B.	Program Investment	(450,000)	(20,000)	0	0	0	0	0	0	0	0
C.	ANNUAL ROI (reimbursement or expense)	2,550,000	2,980,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000
D.	YTD ROI (reimbursement or expense)	2,550,000	5,530,000	8,530,000	11,530,000	14,530,000	17,530,000	20,530,000	23,530,000	26,530,000	29,530,000

Please note the data below are estimations and examples for a specific average inpatient discharges in an acute hospital with the implementation of **DM&A Malnutrition Education & Training Program**. Cost and results will vary and are individually calculated and reviewed.



Malnutrition Education & Training Program Talking Points

The Malnutrition Education and Training Program is a proactive dietitian lead program that works closely with documentation and coding, physicians, and the entire interdisciplinary team.

Proven Success:

- Improved patient care and dietitian and physician assessment skills for malnutrition
- Increase Diagnosis Related Group (DRG) insurance reimbursement related to malnutrition, morbid obesity, and underweight diagnosis codes
- Supports Clinical Documentation Improvement Specialists (CDIS) teams in their efforts by improving the integrity of the patient medical record
- More accurately identify severity of illness (SOI) and risk of mortality (ROM)
- Increase and more accurately reflect the overall hospital case mix index
- Improved communication and partnership within the interdisciplinary team

DM&A coaches are the experts in successfully implementing malnutrition documentation programs.

Malnutrition is prevalent in the hospital setting. It is noted on average, 33% of patients admitted to the hospital have some degree of malnutrition.

We (dietitians/ physicians / documentation specialists) are currently seeing these patients - if we improve the way we identify, assess, intervene and document the severity of malnutrition we will see an improvement in patient care and an increase in legitimate reimbursement.

We cannot afford to pass up any legitimate reimbursement opportunity. Improvement in our processes within the interdisciplinary team and improvement in documentation and coding is proven to increase reimbursement and more accurately reflect the SOI.

Accurately identifying, assessing, and managing malnutrition early on has been noted to reduce hospital readmissions.

The time is now, malnutrition documentation and patient care is a focus for physicians, coders, dietitians, CMS auditors and the Office of Inspector General.

This program is an enhancement to your current documentation improvement process.

Many hospitals have documentation programs that focus on overall documentation, this program compliments these programs by solely focusing on malnutrition, morbid obesity and underweight documentation.

DM&A

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The DM&A team includes a pre-RAC (Recovery Contract Auditors) / Health Information Management and Coding Specialists.

Talking with Physicians (and Providers)

We have had great experience working with physicians and providers and we have not failed. The key is preparation, great communication and coaching.

In our experience, physicians and providers are on board and available to discuss and understand their important role. The goal is to keep the meetings to the point and to let physicians know exactly what you want them to know and what you need from them.

Here are some comments we receive prior to initiating the Malnutrition Education & Training Program and how we discuss and find solutions.

“Our physicians don’t sign the query forms they already receive.”

- We hear this many times from coding and documentation teams across the country. Our process does not involve a query form, it involves a process of communication that we individualize with each hospital. We are successful in working this process with physician teams and getting their feedback as to find success in improving the medical diagnosis of malnutrition.

“Our physicians don’t have time for one more project.”

- The amount of time and education for physicians is minimal. We begin by meeting with you and your physician champions to review the goals of working with the physician for improved interdisciplinary team work and patient care.

During each step in the process we see and work with physicians who are on board, support the work of the dietitian and look to us as, the nutrition expert! They empower us to be just that and take the lead in this program.

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Malnutrition Education and Training Program Customer References | 2017

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Customer Success Stories

Aurora Health Care – 15 hospital system with census ranging from 16 - 600

Our system knew that implementation of a malnutrition documentation program was the right thing to do, but implementation for 15 hospitals at one time seemed impossible. DM&A coaches provided the tools and expertise to help us make this a reality. They provided education to dietitians, physicians and other healthcare staff, assisted with talking points and visuals for critical conversations and participated in conversations for EMR process and build.

As the Manager of Clinical Nutrition for the system, I am seeing an enormous benefit. Our primary coach, Michelle (Hoppman) Mathura, helped me work through any obstacles that we encountered. Training in physical assessment skills and documentation of malnutrition has impacted the quality of work completed by our clinical staff. Notes are clear and concise, PES statements are meaningful. We have seen a positive impact on our relationship with physicians, therapists and nurses. Leadership is very interested in our program and most importantly we are demonstrating the value of the registered dietitian to the organization. Thanks to Michelle and her team at DM&A for their help to make this program a success for us!

Lynne Kurz, MS, RD, CD
Manager, Clinical Nutrition
System Food and Nutrition Services
Aurora Health Care

Sarasota Memorial Health Care System – Average census: 400-450

Demonstrating the value and contribution of the clinical dietitian to the healthcare organization is a motivating objective as leader of the clinical dietitian team. Partnering with DM&A to implement a malnutrition documentation program is one way Sarasota Memorial Health Care System has been able to effectively elevate the expertise of the clinical dietitian and show impact on cost savings, revenue growth, and most importantly clinical outcomes. Working alongside Michelle and her team has been such a rewarding experience in empowering the clinical team to enhance their skill sets. Most significantly in the area of physical assessment and identification of malnutrition using the national guidelines; as well as looking broadly at topic of malnutrition from entry to the healthcare organization to discharge. Providing tools, resources, guidance, and sense of purpose has also helped bring greater job satisfaction. In addition, implementation of this program has paved the way and opened doors to collaborate with other interdisciplinary teams such as CDI, nursing, physicians, administration, and the community to provide awareness and quality care for the patients with malnutrition.

Many thanks and accolades to Michelle Hoppman and her team for making the malnutrition documentation program at SMH a roaring success with their expertise, passion, and professionalism! Please feel free to contact me with any specific questions and more information about how this program has been successful and has continues to grow and evolve years after implementation.

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