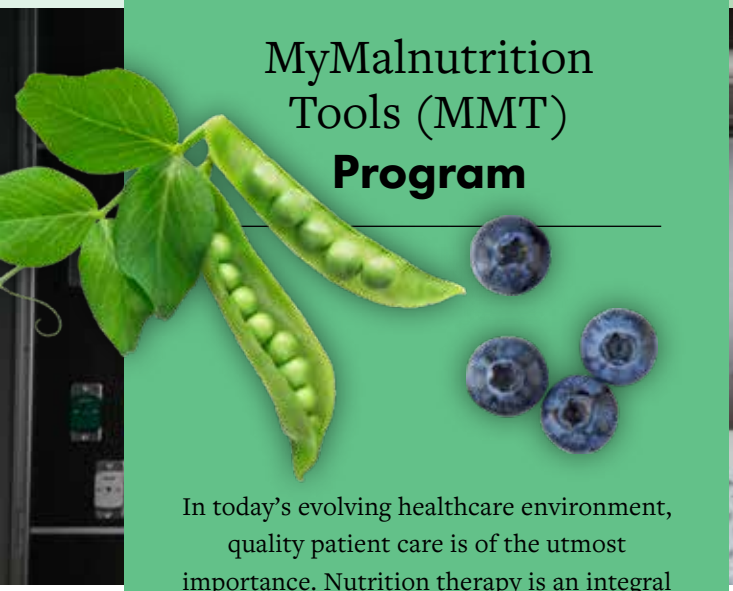
MyMalnutrition Tools (MMT) **Program**



In today's evolving healthcare environment, quality patient care is of the utmost importance. Nutrition therapy is an integral part of this process since it's estimated that about 30- 50% of hospitalized patients are malnourished upon admission. Nutrition deficits can impact muscle loss and, in turn, increase risk of falls, infection, pressure injury, and negatively impact wound healing, length of stay (LOS), hospital readmissions, and reimbursement rates.

Many hospitals are missing out on the benefits of reduced length of stay and readmissions along with the additional potential revenue from identifying and treating malnourished patients. To help them solve this issue, Morrison Healthcare (MHC) has developed a new software tool called MyMalnutrition Tools (MMT).

MMT is used to track each patient identified by the dietitian as malnourished from the time the dietitian sees them until they are discharged. It takes the data and determines the difference in reimbursement due to the malnutrition code. The data also help us identify missed opportunities, such as when the dietitian identified malnutrition, but the patient wasn't coded with malnutrition at discharge. This is an example where the MHC Malnutrition program helps the hospital receive the reimbursement for the care provided.

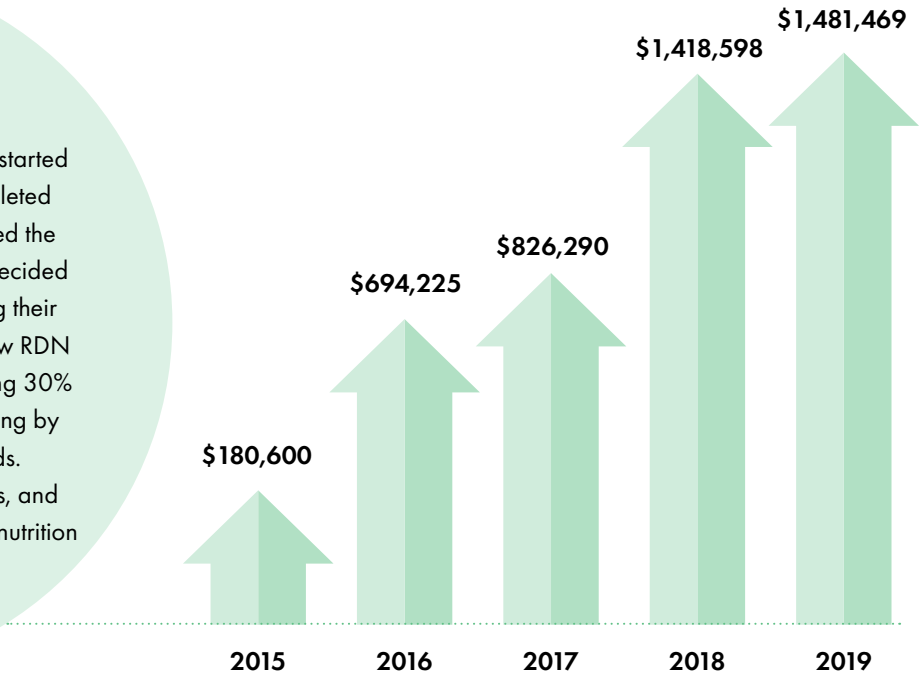
Critical Success Factors

- **Malnutrition Coordinator:** having a dedicated person to drive the program really impacts the timeliness of implementation and the results.
- **RDN Staffing:** RDNs are the primary discipline to identify patients with malnutrition. Low staffing will impact the number of patients seen and the number of Nutrition Focused Physical Exams (NFPE) completed.
- **NFPE completion:** MHC has completed two studies that show the level of malnutrition identified increases 60% of the time when a NFPE is completed.
- **Screening process:** using a validated tool that is completed accurately and consistently is an important foundation.
- **Providers and Nursing:** the providers and nursing are both essential players in the malnutrition program. Collaboration and support across departments is critical.
- **Coding & Clinical Documentation Specialist:** These two departments are essential pieces of the puzzle.
- **Ability to get reports needed:** the ability to obtain a report with all patients discharged with a malnutrition code is necessary to input into MMT.
- **Documentation:** ensuring the providers and dietitians are documenting accurately and consistently increases the likelihood of the patient being coded and impacting reimbursement.
- **Policy:** A crucial element is to have a standard process and malnutrition criteria that will be used throughout the system.

Success **Stories**

1

544 bed acute care facility in Tennessee started the malnutrition initiative in 2015. Completed NFPE training with all RDNs and followed the Malnutrition Toolkit. In 2018 this facility decided they were missing a lot of patients during their screening process and implemented a new RDN led screening process. RDNs started seeing 30% more patients. They increased RDN staffing by two full time employees to meet needs.
The values reflect only Medicare patients, and only severe malnutrition where severe malnutrition was the only MCC.



2 **Three-hospital system in Virginia, 3-month case study focused on patient outcomes**

Patients identified with malnutrition

50 September

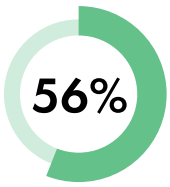
80 January

Average length of stay

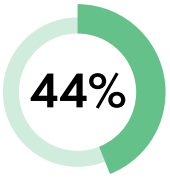
8.57 September

6.46 January

Readmissions within 30 days



September



January

3 **Three-hospital system in West Virginia**

Oct 2018

Started on the malnutrition journey. Implemented a QAPI to determine baseline.

1.5%

coded with malnutrition at discharge.

Dec 2018 - May 2019

All RDNs trained on completing NFPE.

2%

coded with malnutrition at discharge.

July 2019

RDN education on malnutrition.

2.5%

coded with malnutrition at discharge.

Aug - Oct 2019

Educated providers.

4.5%

coded with malnutrition at discharge.

Jan 2020

Continued training, educating and implementing program.

6%

coded with malnutrition at discharge.

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4 Medium sized hospital in Ohio

- **MMT: Subscription started Feb 2020.** Started collecting and entering data in MMT over the next few months.
- **March 2021:** Enough data collected to evaluate process. Reviewed reports and noted they had a lot of patients coded with malnutrition that the RDNs didn't see.
- **March QAPI started:** Interdisciplinary discussion led to a Quality Assessment Performance Improvement project. The first step was to improve usage and accuracy of malnutrition screening tool. Also, the Geriatric Steering Committee determined nutrition should be the main focus of the team after looking at the MMT reports.

Improvement results after 6 months