MOVE IN THE RIGHT DIRECTION:
Malnutrition Diagnosis, Documentation & Physical Assessment!

OBJECTIVES

• Describe elements of validated nutrition screening for malnutrition and nutrition specific risk
• Discuss and begin implementing best practice in malnutrition diagnosis within the NCP including the Nutrition Focused Physical Assessment
• State the importance of continuous collection of data including severity of illness, reimbursement, re-admissions, and LOS related to the diagnosis of malnutrition

GOALS FOR TODAY

• Interactive Presentation – that means YOU are part of the presentation!
• Ask Questions??? The more questions the better! It’s time to really dig into this!
• Remember… Every hospital needs a plan in place to treat malnutrition both pre and post hospitalization and during the stay

PRESENTERS

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MALNUTRITION ACROSS THE COUNTRY

A majority of hospitalized patients are malnourished to some degree upon admission.

Our experience using the Malnutrition Characteristics from the Academy & ASPEN
- Average rate of malnutrition diagnosed: 15-20%

Research states:
- 50% of malnourished patients are not identified as such in the hospital (John Hopkins study, Alliance)
- 1 in 3 hospitalized patients is malnourished upon admission. (References from 1993, 1996, 2002 – Alliance)

PREVALENCE

1/3

Patients admitted to the hospital are malnourished

Why?
- Average patient age
- Number of co-morbidities on admission
- Emphasis and understanding regarding the role malnutrition plays in care optimization and cost containment

INPATIENT NUTRITION SCREENING

Screening tools are meant to be easy to use, quick, and to identify a person at nutrition risk that could benefit from a nutrition intervention by a Registered Dietitian.

- When is the best time to screen?
- Just what are we screening for?
- What is the best criteria to look at when screen?
- Validated tools
  - Malnutrition Screening Tool (MST) – acute care

INPATIENT NUTRITION SCREENING

- Intake
- Weight Loss
- Decreased Appetite
- Newly Diagnosed Diabetes
- Heart/renal/liver Disease
- Nutrition Support
- IBW, BMI
- Vomiting or Diarrhea for more than 3 days
- Feeding / Chewing Problems
MALNUTRITION SCREENING TOOL (MST)

- Have you recently lost weight without trying?
  - No = 0
  - Unsure = 2
- Have you been eating poorly because of a decreased appetite?
  - No = 0
  - Yes = 1
- Score of 2 or more = Risk
  - Perform Nutrition Consult within 24-72 hours


DIAGNOSING MALNUTRITION

WHICH TOOL TO USE...

- Malnutrition Characteristics (Academy and ASPEN)
- Subjective Global Assessment (SGA)
- World Health Organization (WHO) Criteria Malnutrition


DENIALS: INSURANCE COMPANIES AND MALNUTRITION

- Have you had any denials related to malnutrition diagnosis?
- Have you appealed those denials?
- Examples
  - Missing Physician Signature
  - Not enough clinical validation
  - Humana
  - Denial based on WHO criteria

NUTRITION FOCUSED PHYSICAL ASSESSMENT

Are you hands on or hands off?
AN OVERVIEW:
NUTRITION FOCUSED PHYSICAL ASSESSMENT (NFPA)

<table>
<thead>
<tr>
<th>Fat Loss</th>
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<tbody>
<tr>
<td>Orbital, Triceps, Rib Cage</td>
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<table>
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<tr>
<th>Muscle Wasting</th>
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<tr>
<td>Temporalis (Temples)</td>
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<tr>
<td>Pectoralis (Clavicles)</td>
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<tr>
<td>Deltoids (Shoulders)</td>
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<tr>
<td>Latissimus Dorsi, Trapezius (Scapula)</td>
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<tr>
<td>Quadriceps (Thigh)</td>
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<tr>
<td>Gastrocnemius (Calf)</td>
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<td>Interosseus (Hand)</td>
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PHYSICAL ASSESSMENT TALKING POINTS

“We want to offer you the best care available, and that includes looking for malnutrition by examining for muscle and fat loss. Nutrition is the building blocks on which all of our treatment works. Do you mind if I look at your face, shoulders, arms, hands, and legs? I am looking for evidence of weight loss and vitamin/mineral deficiencies.”

“When I look at your shoulders, I can see your clavicle bone clearly as well as your scapula bones on your back. Have you noticed that you are losing some muscle mass and weight? Do your shirts fit differently?”

“We all store some fat under our eyes, and we have muscle around our temples, eyes and cheek bones. Your facial muscle and fat under the eye looks and feels a bit diminished. Do you look different to yourself when you look in the mirror?”

“This area on the back of your arm, called the tricep, is an area that we all store mostly fat. Your tricep area has become mostly skin. Is this a change is how your arms used to appear?”

“Do you notice that you are losing muscle mass and weight? Have you noticed that you are losing muscle mass and weight? Do your shirts fit differently than before you became ill?”

“When I take a peek at your legs, I am checking for any water weight (edema) as well as how your quadriceps, knees, and calves appear. Were you walking independently at home? Do you feel weaker and less able to get around? Do your pants fit differently than before you became ill? Do you see how your quadriceps are the same diameter as your knee? Are your quadriceps smaller than they were when you were feeling well?”
**EDEMA ASSESSMENT**

- 0+ No pitting edema
- 1+ Mild pitting edema, 2 mm depression that disappears rapidly
- 2+ Moderate pitting edema, 4 mm depression that disappears in 10-15 seconds
- 3+ Moderately severe pitting edema, 6 mm depression that may last more than 1 minute
- 4+ Severe pitting edema, 8 mm depression that can last more than 2 minutes

**PHYSICAL ASSESSMENT TALKING POINTS**

- We have muscles between our fingers called the interosseous muscle. This muscle is largest between our thumb and forefinger. I am examining its size. Have you noticed a change in the strength or appearance of your hands?

- Please open your mouth. I am looking for signs of dehydration, iron or B vitamin deficiencies, or trouble with the ability to chew. Are you concerned about any of these problems?

**HAND GRIP STRENGTH**

- Using the dynamometer
- How and when?

- Does your facility own one?

- Working with your Physical Therapists

- Hands on learning…

**BUT THE NFPA WILL TAKE TOO MUCH TIME!**

PLAY VIDEO
MALNUTRITION DATA COLLECTION

• What are you currently collecting?
• How are you currently collecting your data?
• What are you doing with your data?
• How often should data be collected?

DATA COLLECTION: KEY AREAS OF FOCUS

• Reimbursement Changes
• Diagnosis of Malnutrition
  • Medical vs. Nutrition
• Length of Stay
• Readmissions

REIMBURSEMENT

• Malnutrition
  • Comorbidity (CC) or Major Comorbidity (MCC)

Diagnosis Related Group (DRG) is any of the payment categories that are used to classify patients and especially Medicare patients for the purpose of reimbursing hospitals for each case in a given category with a fixed fee regardless of the actual costs incurred and that are based especially on the principal diagnosis, surgical procedure used, age of patient, and expected length of stay in the hospital—called also diagnosis related group.

http://www.merriam-webster.com/medical/drg

DIAGNOSIS OF MALNUTRITION

• Nutrition Diagnosis of Malnutrition
  • What are we saying?

• Medical Diagnosis of Malnutrition
  • Based on ICD 9 Codes

Is there anything wrong with this list?

□ Abdominal Distension
□ Severe Protein Calorie Malnutrition
□ Protein Calorie Malnutrition, unspecified
□ Malnutrition of a Moderate Degree
□ Malnutrition of a Mild Degree
### ICD-9 AND ICD-10

<table>
<thead>
<tr>
<th>ICD-9</th>
<th>ICD-10</th>
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<tbody>
<tr>
<td>Kwashiorkor (261)</td>
<td>Kwashiorkor (E40)</td>
</tr>
<tr>
<td>*Marasmic Kwashiorkor (E42)</td>
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<tr>
<td>Nutritional Marasmus (261)</td>
<td>Nutritional Marasmus (E41)</td>
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<tr>
<td>*Marasmic Kwashiorkor (E42)</td>
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<td>Other, Severe Protein Calorie Malnutrition (262)</td>
<td>Other, Severe Protein Calorie Malnutrition (E43)</td>
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<td>Unspecified, Protein Calorie Malnutrition (263.9)</td>
<td>Unspecified, Protein Calorie Malnutrition (E44)</td>
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<tr>
<td>Other, Protein Calorie Malnutrition (263.8)</td>
<td>**Retarded development following protein calorie malnutrition (E45)***Sequelae of protein-calorie malnutrition (E640)</td>
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<td>Malnutrition of a Moderate Degree (263.0)</td>
<td>Moderate Protein Calorie Malnutrition (E440)</td>
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<tr>
<td>Malnutrition of a Mild Degree (263.1)</td>
<td>Mild Protein Calorie Malnutrition (E441)</td>
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http://www.cms.gov/ICD10 manual/fullcode.cms#PX0524

### LENGTH OF STAY (LOS)

- Tracking the actual LOS of those patients medically diagnosed with malnutrition – any type
- Comparing to the Geometric LOS for the related DRG
- Analyzing data and moving forward with change

### READMISSIONS

- Tracking Readmissions for those patients diagnosed with any type of malnutrition
- Following the Readmission data and tracking against the results of the LOS
- Making an action plan with discharge planning, Medical Home Nurses, and other outside care providers
  - Clinics, MNT, Home Health, etc...

### THERE IS NO TIME LIKE THE PRESENT

- If not already using a validated screening tool to, get on the path to implementing one!
- Establish hospital-wide criteria for malnutrition diagnosis!
  - Build it into your NCP and charting
- Speak the same language!
  - Educate your physicians and coding regarding researched-based criteria
- Start the Nutrition Focused Physical Assessment and...
  - Practice, practice, practice!
CLOSING THOUGHTS

- When you find malnutrition, treat it with a well-designed, patient-tailored intervention. Think outside the BOX.

- Remember treatment extends to discharge.
  - Begin examining resources and building partnerships with Case Management, community resources, and home healthcare.

- Find the key players and nutrition supporters and start to tracking data.
  - Before you begin looking at data, remember to make sure your screen is valid and that providers, coders and dietitians are all using the same malnutrition criteria.

THANK YOU FOR YOUR TIME AND PARTICIPATION!