2017 Clinical Nutrition Management DPG Symposium

Session: Developing a Hunger for Malnutrition: Engaging Hospital Administration

Speakers: Cindy Hamilton, MS, RD, LD, FAND, Arthur Thomson, MA
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Description: This presentation is the experience of Cleveland Clinic’s development of an effective and sustainable program for capturing malnutrition. Key to the success of the program was the engagement of multiple stakeholders and hospital administration. Clinical and non-clinical approaches to making the program a recognized health system initiative will be discussed.

Objectives: After this presentation, the attendees will be able to:
1. Discuss effective methods to approach and engage hospital administration support for malnutrition initiatives.
2. Identify outcome measures, tools and resources for implementing quality measures focused around malnutrition.
3. Describe collaborative partnerships needed with hospital clinical and business staff to build and sustain malnutrition initiatives.

Aligning The Clinical Nutrition Department: Speaker: Cindy Hamilton, MS, RD, LD, FAND

I. Healthcare Reform and the Role of Nutrition
II. Malnutrition Literature
   - Hospital malnutrition prevalence
   - Outcomes: LOS, Readmissions, Costs
III. Cleveland Clinic Experience
   - Center for Human Nutrition-Cleveland Clinic Health System
   - Academy/ASPEN Malnutrition Characteristics- Alignment of dietitians
   - Training dietitians: Malnutrition-diagnosis and tools for training nutrition-focused physical exam
IV. Formation of Health System Malnutrition DRG Assurance Committee
   - Who is at the table and why?
   - Determining project goals
V. Project Phases
   - Discovery, Planning, Execution, Transition and Monitor
VI. Nurse Admission Screening
   - Number/% of hospitalized patients screened
   - Identification of those at risk and capture rate
   - Operationalizing a validated screen tool
VII. Clinical Documentation Improvement Specialists
   - Query process/provider capture
VIII. Problem List- Dietitians Add Malnutrition
IX. Developing a Business Plan for FTEs

Alignment with Hospital/Institute Strategic Priorities: Speaker: Art Thomson, MA

I. Cleveland Clinic Health System
   a. Group medical practice
   b. Main campus and 9 community hospitals
   c. Ambulatory surgery centers, Family Health Centers
   d. Satellites in Toronto, Las Vegas, Florida and Abu Dhabi
e. #2 ranked hospital per USN&WR
f. Clinical Institutes

II. Digestive Disease & Surgery Institute (DDSI)
a. Colorectal Surgery
b. Gastroenterology/Hepatology
c. General Surgery
d. Center for Human Nutrition

III. DDSI Personnel
a. Physicians/NP/PA
b. RNs/RDs
c. Administrative support personnel

IV. DDSI Clinical Activity
a. 25 locations
b. E&Ms, admissions, surgeries, procedures

V. DDSI budget
a. Professional not technical

VI. CHN budget

VII. Profit and loss

VIII. Income statement
a. Revenue/Net revenue
b. Direct expenses/Indirect Expenses
c. Contribution margin/Net income

IX. Rule of thumb – additional expenses should be covered by incremental revenue

X. Challenge of malnutrition
a. Studies showing under-diagnosis of malnutrition
b. CHN dietitians working at top of license
c. CHN dietitians at capacity
d. Estimated need for 3 additional dietitians
e. Adding $$$ to bottom line
f. Adding $ revenue to DDSI

XI. Malnutrition Team

XII. Business Plan

XIII. CMO

XIV. Clinical transformation
a. Outcomes, Length of Stay
b. secondary diagnosis (MCC/ CC) which may increase the DRG and reimbursement with comprehensive provider documentation

XV. Results