Role of the RDN “Case Manager” for Improved Discharge Planning on Home Enteral Nutrition

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Disclosure

No relevant financial or nonfinancial relationships to disclose.
High Performance Organizations

- Holistic view of employees as key stakeholders
- Progresses from culture of workforce control to workforce empowerment
- Manager’s role becomes that of initiator, counselor, and facilitator
- Vision communicated clearly
Clinical Nutrition Department is within Division of Clinical Support Services
Objectives: Audience will be able to

- Identify process flow procedure to evaluate required steps for DME coordination of HEN utilizing Detailed Written Order at point of service.
- Distinguish the roles of each member of the multidisciplinary team in justifying coverage of home enteral supplies.
- Increase awareness of re-engineering essential functions in order to gain efficiencies and improve safety of patient care.
Session Outline

Development of first in the nation Detailed Written Order (DWO) in EPIC eHR

✓ With the change in health care insurance regulations, and the need to have a signed DWO prior to delivery of supplies to patients, a new Home Enteral Nutrition (HEN) order process was required to prevent delay in discharge coordination.

✓ A DWO that meets all essential Medicare elements was approved by Medicare experts at our major DME providers and eliminates the need for paper orders from DME companies.

Innovative new position of RDN-”Case Manager”

✓ Responsible for coordinating the entire discharge planning process for HEN supply coordination for approximately 1,800 HEN orders per year.

✓ Includes communication with patients, family members, medical team, and DME staff regarding ongoing coordination of HEN care.
Institute of Medicine Six Aims for Improvement

- Safe
- Timely
- Equitable
- Effective
- Efficient
- Patient-centered

Executive Summary, p5-6, Crossing the Quality Chasm, IOM Committee on Quality of Health Care in America, National Academy of Sciences Press, 2001.
**Continuous Quality Improvement (CQI)**

**PLAN**
- Evaluate Current Process
- Set Goals for Improvement
- Develop Path or Protocol

**DO**
- Educate / Train
- Deliver Care According to New Guidelines

**CHECK**
- Analyze Variances
- Observe the Effects

**ACT**
- Adjust Path According to Results
- Resolve System Problems
- Continue to Evaluate
Enteral Nutrition at MD Anderson

- **Gastrointestinal**: gastrectomies, cytoreductive surgeries with placement of G-J tube, select Whipple Surgeries, GOO, prophylactic

- **Thoracic**: esophagectomies, difficulty swallowing due to tumor blockage, esophagitis, dysphagia

- **Head & Neck**: surgery, aspiration, dysphagia, altered buccal skills, trismus, esophagitis

- **Radiation side effects**: mucositis, odynophagia, dysphagia

- **Other Cancers**: Malnourished or at risk
Enteral Nutrition at MD Anderson

Interdisciplinary approach

- MD/PA/APN/NP
- RD
- SLP
- Case Management
- Nurse
- Patient / Caretaker
Pilot Evaluation

Quality Improvement Process due to many complaints from patients & staff

- Determine all of the steps in current process
- Collect data related to numbers of HEN orders
- Record breakdown points in process
- Rather than point finger, determine route of errors
- Meet with Case Management Supervisors to evaluate process improvements required
- Train Case Management Assistants (CMA) who processed orders, RDs and Providers on documentation needs, and DMEs on what to expect
Collaborative Visualization

• Start with a question
• Collect the notes
• Refine the notes
• Again
• Refine and refine
• Patterns emerge
• Group gets clarity
• Answers the question

https://www.ted.com/talks/tom_wujec_got_a_wicked_problem_first_tell_me_how_you_make_toast
Eliminated need for 25 of the 41 original process steps
Pilot Summary: Justification for Development of Electronic DWO and new RDN “Case Manager”

- Communication breakdown occurred due to multiple handlers of each order (up to 8 communication points).
- Average of 35 HEN orders processed/week.
- In 1 week data collection period 25 communication errors occurred between CMAs, RDs, Nurses, Case Managers, DME staff.
- Data reviewed with Director of CM and justification developed to replace 2 vacant CMA positions to create 1 RDN “Case Manager” position (transferred to CN dept).
- Electronic DWO was developed and piloted.
- DWO reviewed by all DME Medicare Specialists and improvements programmed into EPIC.
- Current DWO accepted by 12 national and local DMEs with no paper orders required.
Detailed Written Order “DWO”
• Anticipated date order will be filled and when patient will begin using tube feeding at home
• Provider **must sign** the order the same day or prior to start of care (SOC) date
• Evidence of feeding tube in place prior to SOC date
• Dates must match (SOC, LON, Expiration, Refills)
Daily Feeding Schedule and Rx for 30 day period are required.

For Syringe or Gravity feedings:
- 30 day supply should be in cans

For Pump feedings:
- order as 100-kcal units per 30 days
• Permanence is defined as $\geq 3$ months.

• Nasogastric Tubes in adults are **not** considered permanent and orders may only be completed for 1 month unless documentation indicates plan for permanent feeding tube placement.

• Documentation required in provider’s (MD or ANP/NP) progress note in eHR regarding need for tube and expected LON.
Sample Pump DWO

**Detailed Written Order**

**Enteral DME** (Order ID: 51423232)

**Diagnosis:** Esophageal cancer (C15.9), Gastroesophageal reflux disease (K21.9)

Comments: Allergies on file: Review of patient's allergies indicates no known allergies.

**Height:** 169.5 cm (5' 6.73"), (11/16/16 2046),  
**Weight:** 74.3 kg (163 lb 12.8 oz), (11/16/16 2046)  
**Start of Care Date:** 11/21/2016

**Enteral Formula:** Isosource 1.5 (1.5Kcal/ml, fiber B4152)  
**Allow equivalent formula?** Yes

**Method of Administration:** Pump

**Enteral Pump (B9002):** Joey  
**Bag Type:** Single Bag  
**Allow Equivalent Pump?** No

**Pump feeding number of hours:** 12  
**Pump mL/hour:** 125

**100 Kcal units / 30 day provided?** 675

**Teach on pump?** Yes

**Pump Feeding 30 Supply Kits/month (B4035):** Yes

**Days of week administered:** 7

**Tube Type:** J-Tube

**Mickey Extension Tubes?** No  
**Red Tip Adaptor?** No  
**Pole? (E0776):** Yes  
**Stopcock?** No

**Y-site Extension Set?** No

**G-tube/J-tube Low Profile 1 per 3 months (B4088):** No

Other / Special Instructions: Backpack please. Please call and confirm discharge date prior to bringing TF supplies

**Duration of Medical Need:** 3 months

**Indication for Enteral Tube Feeding:** Post Procedure Note 11/15/16, Dr. Scott's note and Dietitian (D. Amin) dated 11/16/16.

**Expiration Date:** 2/21/2017

**Number of Refills:** 2

**What date did you perform a face-to-face evaluation?** 11/16/2016

Signed Electronically by: ________,MD  NPI#____ Date:_______
Sample Gravity DWO

**Detailed Written Order**

**Enteral DME** (Order ID: 54475284)

**Diagnosis:**
- Mass of palatine tonsil (D10.4)
- Squamous cell carcinoma of oropharynx (C10.9)
- Esophageal cancer (C15.9)
- Dysphagia, pharyngoesophageal phase (R13.14)
- Neoplasm related pain (acute) (chronic) (G89.3)
- Hypertension (I10)
- History of subdural hematoma (Z86.79)
- History of tobacco use (Z87.891)

**Comments:**
- Allergies on file: Review of patient's allergies indicates no known allergies.
- **Height:** 185.4 cm (6' 1''), (12/07/16 1230)
- **Weight:** 111.1 kg (245 lb), (12/07/16 1230)
- **Start of Care Date:** 12/8/2016

**Enteral Formula:** Isosource 1.5 (1.5Kcal/ml, fiber B4152)

**Allow equivalent formula?** Yes

**Method of Administration:** Gravity

**Feeding Schedule:** (2/1.5 / 1.5 / 1.5)

**Required Number of Cans Per Day:** 6.5

**Number of Cans Needed for 30 Day Supply:** 195

**Gravity Kits:** 30 supply kits / month (B4036): Yes

**Days of week administered:** 7

**Tube Type:** G-Tube

**Pole?** (E0776): Yes

**Duration of Medical Need:** 3 months

**Indication for Enteral Tube Feeding:** See Procedure note Shafi 12/7/16; Progress note Ahmed 12/7/16; SLP Progress note White 12/8/16; Nutrition note Hershorn 12/8/16

**Expiration Date:** 3/8/2017

**Number of Refills:** 2

**What date did you perform a face-to-face evaluation?** 12/8/2016

**Signed Electronically by:** ________,MD  NPI#_____ Date:_______
### Criteria for Medicare Coverage of Enteral Formula and Supplies*

<table>
<thead>
<tr>
<th>Criteria</th>
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<tr>
<td>Presence of a permanent condition** of the structures that normally permit food to reach the small bowel OR disease of the small bowel that impairs digestion and absorption of nutrients</td>
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<tr>
<td>Adequate nutrition not possible by dietary adjustment and/or oral supplements</td>
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<tr>
<td>Formula must go through a tube into the stomach or small intestine</td>
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<tr>
<td>Medical documentation required to justify special formula, pump, and for &gt;2,000 kcal</td>
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*All medical documentation to certify medical necessity must be face-to-face clinical documentation.

**Permanent Condition is defined as >90 days (3 months). Length of need must be documented.
Patient requires “gastrostomy“ or "jejunostomy" feeding tube for nutrition support since {“he“ or "she“} is currently unable to meet nutrition/hydration needs through oral intake alone. Estimated length of need will be at least {“3 months","6 months","12 months“ or “Life Need“} to {“allow nutrition repletion throughout cancer treatments.“ or "help maintain weight and strength throughout cancer treatments."}

• Provider to expand reason as to why patient requires tube feeding
• Must be very specific to patient situation
Sample confirmation receipt from DME Partner

Subject: RE: Receipt acknowledgment for DWO M.P.

Thanks for the teamwork everyone, and the documentation on length of need and functional impairment was spot on!

Nadia Steinbrecher RD, CNSC | Medicare Qual Dietitian, DME Company

This is to serve as face-to-face medical documentation for the need of enteral tube feeding via PEG as primary source of nutrition.

1. This patient has an oropharyngeal cancer that has temporary altered their ability to swallow.

2. Due to recent reconstructive surgery the patient is NPO and will not be able to have oral intake for a minimum of 3 months. The patient may require further treatment that may alter the ability to swallow and maintain adequate weight. Without enteral nutrition via a tube feed the patient cannot meet proper nutritional needs.

Katherine V Bell, NP
Status: Signed 1/20/2017 9:17 AM
Sample Justification Documentation (2 Provider notes)

Patient Status:

60 y.o. female who is seen today accompanied by her daughter and husband in consultation for PEG placement. The patient has a diagnosis of squamous cell carcinoma of the left tonsil. The patient is currently undergoing chemoradiation (Radiation 10/27/16 - 12/13/16 + Cisplatin). The patient complains of decreased appetite, altered taste, mucositis, thick secretions, dysphagia, odynophagia, oral pain, nausea and vomiting. The patient endorses that she is consuming very small quantities of soft/liquid food. Mrs. Brown has unintentional weight loss of 3.6 kg in the last 3 weeks (88.6 kg on 10/24/2016 and 85 kg on 11/14/16).

Constitutional: Positive for appetite change (unable to eat because of pain, does have an appetite, no taste) and fatigue.

Gastrointestinal: Positive for constipation (uses milk and molasses enema, and stool softeners - was impacted but reports having been resolved), nausea and vomiting. Negative for abdominal pain, blood in stool and diarrhea.

Last BM 11/13/16; patient reports having a sore tongue, unable to eat anything, has a sensitive stomach, unable to take pain meds because she throws it up.

The patient has the following problems: Decreased p.o. intake, increased pain with eating; PEG pre-placement tomorrow by GI.

The patient is consuming only small amounts by mouth for swallowing practice. This is not sufficient to maintain adequate weight and strength. She is having oral intake consisting of liquid purees and reports taste is decreased. She does not have a feeding tube. The patient has required IV hydration in the last week.

We will continue radiation therapy. The treatment plan was reviewed with the patient. I personally interviewed and examined this patient. Treatment records, images, and dosimetry were reviewed.
66 year-old who presents with esophageal cancer with SCC of left tonsil, who on 12/2/2016 underwent TORS for resection of the left oropharynx/tonsil and a left neck dissection levels II-IV. He is dispositioned to begin proton radiation for the esophageal cancer next week. He received PEG yesterday. He is currently NPO pending re-evaluation.

Nectar thick liquids with delayed a-p transit, delayed pharyngeal swallow trigger, and x4 swallows. Clear vocal quality.

Puree with delayed a-p transit, delayed pharyngeal swallow trigger, and x4 swallows, then delayed cough and c/o globus at level of esophagus.

**Assessment/Plan**

**IMPRESSION:**
Suspect oropharyngeal and esophageal dysphagia. Etiology c/w history. PEG required for primary nutrition and hydration. Pt will benefit from therapeutic full liquid diet @ nectar-thick consistency. It will be imperative that he continue speech pathology intervention as he progresses thru further treatment in order to maximize long term swallow function and facilitate return to oral diet.

**RECOMMENDATION:**
1. PEG for 100% nutrition, hydration
2. Initiate full liquid diet @ nectar-thick consistency for therapy. 4oz, 4x per day.
3. Aspiration precautions
4. SLP to f/u tomorrow. Pt will also be seen in clinic next week as he begins proton XRT. Will train in dysphagia EXs.
Patient is accompanied by her husband. She reports nutritional concerns related to nausea, mouth sores, mucositis/esophagitis, weight loss. She reports poor intake since Monday due to nausea which has made it difficult to keep food down. She did not tolerate Zofran well and is currently taking Compazine every 6 hours. She states she will have a feeding tube placed tomorrow. Her husband had questions regarding the tube feeds.

**Current Diet & Diet Hx:**
Patient follows a soft diet. Minimal intake, ate a few crackers and a Boost Plus today.
Fluids: water sips
Consuming < 25% of usual intake in the past 4 days

**Clinical Indicators of Malnutrition:**
> 2 % weight loss x 1 week
< 75% estimated energy requirements x > 7 days
Mild depletion in orbital region.

**Plan of Care:**
1. Based on the Consensus Guidelines for Malnutrition, this patient meets the criteria for Moderate malnutrition in the context of Acute Illness/Injury.
2. Discussed with patient/husband tube feeding process and they will have detailed education from RD in Endoscopy after tube is placed.
3. When TF is placed recommend Nutren 1.5, goal will be 6 cans daily (1.5 cans x 4/d) to provide 2250 kcal, 102 g protein, and 1146 ml fluids. Flush tube with 60 ml pre/120 ml post feeds. She will require additional 700-1100 ml of fluids to meet hydration needs.
4. Advised to try small trials of oral intake as tolerated when the tube is placed to promote swallowing function.
5. She is orthostatic, advised to increase fluid intake as tolerated.
6. Patient and husband verbalized understanding
7. RD will continue to follow-up during weekly see clinic.

Direct Care Time with Patient, Family, Medical Team re: Plan of Care: 15 mins
The University of Texas MD Anderson Cancer Center
Department of Clinical Nutrition – Clinical Staff

Associate Director, Clinical Staff (1)
Ann-Marie Hedberg

Clinical Nutrition Triage Team
- Sr. Clinical Dietitian (1)
  *DME & D/C Planning*
- Dietetic Specialist (1)
- Clinical Dietitian (1)

Advanced Practice Clinical Nutrition Specialist (1)

Clinical Nutrition Manager (1)

Inpatient:
- Clin RD (6)
- Sr Clinical RD (4)
- Sr Clinical Pedi CNSC RD (1)
- CNSC RD (6)

Outpatient:
- Clinical RD (5)
- Sr Clinical RD (9)
- Pedi Clinical RD (1)
- Research RD (1)
- Regional Care Center Sr RD (6)
Job Description: Senior Clinical Dietitian - Enteral Discharge Planning

Responsible for providing nutrition care to patients during all stages of treatment coordinating patient care for Home Enteral Nutrition (HEN) with Durable Medical Equipment Companies (DME) according to insurance guidelines and patient / family care plans. Specific Responsibilities include:

• Provides education for patients/ families and medical team on HEN including tube feeding processes, DME processes, documentation, etc.

• Acts as an advocate for the patient. Discharge Planning process for HEN including documentation requirements for insurance coverage of HEN.

• Coordinates necessary medical documentation to support medical justification for home supplies. Communicates with patient as well as medical team to assure continuity of care.
Benefits of New Process

• Provider signed Detailed Written Order (including HCPCS codes) at D/C.
• Certification of Medical Necessity documented in face-to-face provider notes.
• Eliminates need for paper confirmation of “Verbal Orders” (WCoVO).
• RDs do not have privileges to write VO so revised process decreases risk to institution.
• Elimination of time spent tracking down unsigned paper orders with providers on the “back end”.
• Patient communicates directly with their DME regarding preferred delivery arrangement.
• Increases likelihood of discussion between patients and DME regarding responsibility for cost of formula and/or supplies with signed order upon initiation of service.
• Promotes appropriate documentation, upfront, by medical team to meet CMS requirement for face-to-face verification of medical need.
Thank you!

Questions?