

HOD Fact Sheet

House of Delegates

Fall 2015

The House of Delegates will meet on October 2-3, 2015 in Nashville, TN. The dialogue session on October 2 will be on Malnutrition. The following Fact Sheet provides a quick overview of this complex topic. Delegates and members are encouraged to review the full HOD Backgrounder on this topic to have a deeper understanding of this issue. The complete HOD Backgrounder can be found at:

www.eatrightpro.org/resources/leadership/house-of-delegates/about-hod-meetings

(Eat Right Pro> Leadership> House of Delegates> About HOD Meetings> Fall 2015 Meeting Materials).

Introduction

Malnutrition (undernutrition) is common across many nutrition and dietetic practice settings, including but not limited to acute care, long-term care, outpatient/ambulatory clinics, public/community health settings, and schools, and it affects children, adults, and the elderly. Malnutrition affects individuals with both chronic and acute illness; starvation (i.e., anorexia nervosa); and/or food insecurity (i.e., elderly, socially isolated, low income). The prevalence of malnutrition across all healthcare settings is staggering. In the hospital, malnutrition prevalence is estimated to range from 13-88%, encompassing pediatrics and adults. The prevalence in the long-term care setting and outpatient/homecare setting is similar, 21-51% and 13-30%, respectively. Registered Dietitian Nutritionists (RDNs) and Nutrition and Dietetic Technicians, Registered (NDTRs) encounter malnourished individuals through a variety of community settings, including health departments, clinics, schools and school based health centers, nutrition education programs, food and nutrition assistance programs, food banks, grocery stores and other food retail or foodservice venues. According to the United States Department of Agriculture (USDA), 49.1 million people, including 15.9 million children under the age of 18, were food insecure in 2013 in the United States. Food insecurity places these children and adults at risk for malnutrition. A number of factors can explain the wide range of malnutrition prevalence including patient or client population, disease severity, access to nutritious food, and how malnutrition is defined in these practice settings. A common theme across all of these settings is the lack of diagnosis for malnutrition and thus, the lack of treatment.

Early identification, assessment, and nutrition intervention of the malnourished individual or individual at risk for malnutrition is important in improving outcomes. As the nutrition expert, the RDN can and should be involved with the complete spectrum of addressing and managing malnutrition.

Mega Issue Question: How do we empower RDNs to be experts and leaders in management of malnutrition (identification, diagnosis and intervention)?

Meeting Objectives:

Participants will be able to:

1. Recognize the magnitude, contributing factors and consequences of malnutrition in the United States.
2. Expand awareness of the impact/ outcomes of managing malnutrition (identification, diagnosis, intervention) across all dietetic practice settings.
3. Affirm and promote the role of and the opportunities for RDNs and Nutrition and Dietetic Technicians, Registered (NDTRs) in management of malnutrition.

Beginning in 2008, my department established a dialogue with our Health Information Management (HIM) Department to increase awareness about the impact of malnutrition on hospital reimbursement. The hospitals' coders told us that physicians under-recognized the prevalence of malnutrition and they saw an opportunity for us (RDNs) to educate the interdisciplinary team about the value of incorporating Body Mass Index and the medical diagnosis of malnutrition in the medical records of patients when it is present and part of their overall treatment plan. We emphasized that early nutrition intervention can reduce costs associated with malnutrition, while appropriate documentation and billing can impact revenue from government and private payers. Last fiscal year, a query for the diagnosis of malnutrition was conducted, and it was found that 263 cases were identified, which resulted in a \$3,000 change in reimbursement per patient. We were told we had made an impact of \$789,000 for the hospital.

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Academy’s Capacity and Strategic Position to Address Malnutrition

The Academy of Nutrition and Dietetics has a vested interest in addressing malnutrition and teaching members how to identify, document and treat malnutrition. Various resources have been developed, and partnerships have been formed to further the Academy’s vision of optimizing health through food and nutrition. Resources, partnerships and research currently available include:

Resources	Partnerships	Research
Academy Website: Malnutrition Codes and Characteristics/ Sentinel Markers	Alliance to Advance Patient Nutrition	Malnutrition Clinical Characteristics Validation Study
Academy of Nutrition and Dietetics Health Informatics Infrastructure (ANDHII)	Malnutrition Quality Improvement Initiative	
Nutrition Care Process Terminology	Future of Food Initiative	
Nutrition Care Manual	Nutrition Focused Physical Exam Training Workshop	
Standards of Practice (SOP) and Standards of Professional Performance (SOPP)		
Dietetic Practice Groups		
Kids Eat Right- Hunger in Our Community: What We Can Do Toolkit		
Food and Nutrition Security Action Plan		

What HOD Needs from You

Talk with your delegate(s) about this issue in advance of the Fall 2015 HOD Meeting (October 2-3, 2015).

Question for you to consider: **What is your experience with malnutrition in your practice area? Provide your feedback to your delegate by September 17, 2015.**

The HOD Backgrounder is available at

<http://www.eatrightpro.org/resources/leadership/house-of-delegates/about-hod-meetings>

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