



Reducing Hospital Admissions

with Food, Nutrition, and Dining

NUTRITION CONNECTION



FOOD, NUTRITION, AND DINING ARE INTEGRAL COMPONENTS IN CARE TRANSITIONS FOR PATIENTS.

In September 2015 an article published in *Nutrition & Foodservice Edge* presented the need for nursing facilities to assess opportunities to coordinate care transitions and reduce hospital readmissions. The article addressed nutrition's critical role in preventing readmissions and the importance of having specific protocols in place for nutrition, food, and dining.

The past several years there continues to be a focus on reducing the number of patients being readmitted to a hospital once they have been discharged. Many factors are involved, and both acute and post-acute providers are paying close attention to reducing their number of readmissions. Food, nutrition, and dining are integral

components in overall care transition, and significantly impact both quality and financial incentives.

A 2013 report from the Office of the Inspector General (OIG) found that in 2011 more than 825,000 Medicare beneficiaries were admitted from skilled nursing facilities (SNFs) to a hospital, with more than 30 percent of those patients admitted multiple times. This resulted in approximately 1.3 million admissions at a cost of over \$14 billion dollars.

The 2013 report not only addressed the costs of hospital readmissions, but the increased risk to residents experiencing harm and other negative care outcomes. Recommendations were made to the Centers for Medicare



Brenda Richardson, MA, RDN, LD, CD, FAND is a lecturer, author, and consultant. She works with Dietary Consultants Inc. in business relations and development, and is president/owner of Brenda Richardson Associates, Inc.

& Medicaid Services (CMS) to develop a Quality Measure for skilled nursing home hospitalization rates, and to include a review of this in the survey process to identify areas of concern.

As a result, new quality measures are now required for skilled nursing facilities based on the rate of hospital readmissions of Medicare beneficiaries discharged to a SNF, and a Value-Based Purchasing (VBP) program in which Medicare payments to SNFs will be adjusted based on their performance scores on the quality measures established.

Hospitals already receive a penalty for readmissions that occur within 30 days of discharge, and continue to actively look to improve care transitions and to work with nursing facilities to lower their hospitalization rates. Knowing that nearly one-fifth of Medicare patients discharged from a hospital develop an acute medical problem within 30 days after discharge, which necessitates another hospitalization, only reinforces successful management of the transition to and from skilled nursing facilities.

So are we making any progress on reducing hospital readmissions?

According to a blog dated September 21, 2016 by CMS, the Hospital Readmissions Reduction Program has been successful in driving down 30-day readmission rates in all but one state when comparing rates from 2010 to 2015.

Across states, Medicare beneficiaries avoided approximately 100,000 readmissions in 2015 alone, which means Medicare beneficiaries collectively avoided nearly 100,000 unnecessary return trips to the hospital. Cumulatively since 2010, the Health and Human Services (HHS) Assistant Secretary for Planning and Evaluation estimates that Medicare beneficiaries have avoided 565,000 readmissions.

The data shows that these efforts are working. Between 2010 and 2015, readmission rates fell by 8 percent nationally. *Source:* https://blog.cms.gov/2016/09/13/new-data-49-states-plus-dc-reduce-avoidable-hospital-readmissions/#_ftn2

ALL SETTINGS HAVE A ROLE

The picture gets even bigger when we look at the aging population growing rapidly and being at risk for malnutrition. It is a good time to examine all settings and their role in preventing

hospital admissions and readmissions by offering healthy and appealing food, nutrition, and dining options. Foodservice operators in all settings play a key role and can make a difference.

It is important to remember that older adults are at risk for malnutrition across the care continuum and may become more vulnerable to malnutrition during recovery from illness, especially those requiring hospitalization. The prevention and treatment of malnutrition offers a tremendous opportunity in all settings to improve clinical outcomes and trim healthcare costs.

The Association of Nutrition & Foodservice Professionals has published "The ANFP Standard," a set of principles that clarify the organization's mission and goals. They also help describe the unique qualities that nutrition and foodservice professionals bring to the workplace. (<http://www.anfponline.org/about-anfp/about-nutrition-and-food-service-professionals>)

The ANFP Standard embraces the importance of food and dining, and supports the critical role of food and the dining

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experience. Included in the document are the statements:

- An optimal dining experience is much more than just “eating.” It involves the nutritional value of food, the way food is presented, the environment in which food is presented, and often, the human interactions that occur during the dining experience.
- When these factors are properly managed and integrated, the dining experience plays a significant role in human health, happiness, and wellbeing.
- We call the proper management and integration of all of the major elements in the dining experience The ANFP Standard.
- The ANFP Standard is a philosophy of care that promotes high-quality results as nutrition and foodservice professionals go about their work.

REDUCING HOSPITALIZATION IN ALL SETTINGS

So how can we prevent hospital admissions, improve care transitions, and reduce re-hospitalizations related to nutrition in all settings?

This requires keeping current with nutrition

and culinary trends for the home, community, and healthcare settings to provide optimum food and dining experiences. Offering customers a pleasant atmosphere along with healthy food options plays an important role in prevention and management of malnutrition.

Senior living trends for dining currently include more congregate eating venues, availability of meals to meet the community and healthcare settings, diversity in meal options for diversity in cultures, ethnicity, religious values, etc. Person-centered choice is a central component for success with food, nutrition, and dining. It is all about knowing your clients and keeping them informed, along with finding solutions to help them make better decisions concerning their health.

Some suggested recommendations to hospitals and nursing facilities include:

- Share nutrition risk information ahead of the admission. Care transitions from acute to post-acute settings require additional risk information than what is currently being provided in simple discharge summaries. Develop a care transition plan with local hospitals to include

discharge planning that incorporates nutrition information.

- > Identify nutritional needs (diet order) to allow no lapse in time for adequate nutrition to be provided.
- > Standardize terminology for diet orders and supplements with the hospital to decrease confusion during care transitions.
- > Develop a protocol and identify specific nutritional information needed.
- Conduct a nutrition screening and referral process for those identified at nutritional risk. Develop a facility protocol of when to refer nutritionally high risk individuals to the RDN for prompt intervention.
- Develop a “best practice” protocol for accurate weight and intake. How will you measure? How will you monitor? How do you assess nutrition intervention success?
- Focus on person-centered care and providing food and dining based on their preferences to maximize overall intake and quality of life.
- Liberalize the diet to avoid stringent diet restrictions that may contribute to poor appetite, decreased food

PERSON-CENTERED CHOICE IS A CENTRAL COMPONENT

for success with food, nutrition, and dining. It’s all about knowing your clients and keeping them informed, along with finding solutions to help them make better decisions concerning their health.

intake, increased risk of illness, infection, and weight loss. Recently Angela Sader, MBA, RDN, LD, a leader in long-term care nutrition program management, shared that *“Another way to look at this is also that if we want to be part of the solution for reducing hospital returns we have to set someone up to be successful when they get home. Putting them on a diet that they will not follow because all they have is a microwave or they eat with all their friends at the VFW for dinner is not helpful in most cases. Putting them on a regular diet after they are stable and showing them portion control and small modifications will allow their meds to be set at the right levels and give them a chance for better success when they get home. A guide of types of foods to limit, importance of weighing often, and who to call immediately if something changes will go a long way to feeling better and for a lot of people being happy.”*

- Try “real food” first, prior to initiating nutritional supplements when additional calories or protein is needed. (Consider fortified foods either at or between meals based on resident preference.)
- Develop a transitional care plan that addresses nutritional needs for the next 30 days after admission.
- Incorporate facility-based nutrition care processes in the Quality Assurance Performance Improvement (QAPI) program.


For clients being discharged to home, it is important to include comprehensive discharge planning. Some areas to address involving nutrition include:

- Review any appointments needed for follow-up or services required (cooking, grocery shopping, etc.).
- Educate resident, family, and caregiver on all pertinent nutrition-related information.
- Assess their availability and access to food following discharge. Can they afford food? Do they need assistance from community resources for food?


- Consider making a direct contact after SNF discharge:
 - > Phone call next day
 - > Once a week for a month
 - > Once a month for three months

SUMMING IT UP


While acute care and nursing facilities are working to improve their overall care transitions and internal programs to reduce hospital readmissions, consider that foodservice operators in all settings play a key role in prevention and management of malnutrition. Many times malnutrition becomes the driving force for the hospital admission or readmission. Knowing your customers, providing a positive dining experience, and helping them make informed decisions about nutrition, food, and dining applies to all settings. ■



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- Alliance to Advance Patient Nutrition Website: <http://malnutrition.com/alliance>
- Defeat Malnutrition Today, a coalition working to defeat senior malnutrition. A core component includes the Malnutrition Quality Improvement Initiative (MQii), which is designed to help your organization improve malnutrition care and subsequently achieve better outcomes. The primary goal is to advance evidence-based, high-quality, patient-driven care for hospitalized older adults who are malnourished or at-risk for malnutrition. Website: <http://www.defeatmalnutrition.today/>
- The Partnership for Patients. CMS website at <https://partnershipforpatients.cms.gov/>

CE Questions



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Reading *Reducing Hospital Admissions with Food, Nutrition, and Dining* and successfully completing these questions online has been approved for 1 hour of continuing education for CDM, CFPPs. CE credit is available ONLINE ONLY. To earn 1 CE hour, purchase the online CE quiz in the ANFP Marketplace. Visit **www.ANFPonline.org/market**, select “**Publication**,” then select “**CE article**” at left, then search the title “*Reducing Hospital Admissions with Food, Nutrition, and Dining*” and purchase the article.

- A 2013 report from the Office of the Inspector General stated that in 2011 more than ____ Medicare beneficiaries were admitted from Skilled Nursing Facilities (SNFs) to hospitals.
A. 100,000
B. 500,000
C. 825,000
- The Hospital Readmissions Reduction Program from 2010 to 2015 has resulted in Medicare beneficiaries avoiding ____ hospital readmissions.
A. 465,000
B. 565,000
C. 600,000
- Not only are there increased costs associated with hospital readmissions, there is also:
A. Increased requirements for specific regulations mandating malnutrition must be a diagnosis
B. Increased risk to residents experiencing harm and other negative care outcomes
C. Increased agreements between nutrition supplement companies and food distributors
- Food, nutrition, and dining to prevent hospital admissions and readmissions are important in ____ settings.
A. Hospital and nursing facility
B. Home and community
C. All the above
- Senior living food and dining current trends include:
A. Standardized institutional menus
B. More congregate dining options and meal diversity
C. Strict adherence to posted meal times
- A central component for success with food, nutrition, and dining to improve outcomes is:
A. Person-centered care
B. A formal menu
C. Having a formal wait/hospitality staff during meal service
- A focus for reducing readmissions to hospitals related to nutrition incorporate:
A. Person-centered care and teamwork
B. Clear care transitions processes for healthcare facilities to include policies and procedures for overall nutritional interventions
C. All the above