

Malnutrition Advocacy Day

Defeat Malnutrition Today

September 26, 2016

defeatmalnutrition.today

...vital to healthy aging

Bob Blancato
National Coordinator
Defeat Malnutrition Today

defeatmalnutrition.today

...vital to healthy aging

Introduction

- What is malnutrition?
- What is the impact of older adult malnutrition in the United States?
- What can we do about malnutrition?

Update on Malnutrition Diagnoses: New AHRQ Data

Peggi Guenter, PhD, RN, FAAN
Senior Director of Clinical Practice,
Quality, and Advocacy
American Society for Parenteral and
Enteral Nutrition



Malnutrition Definitions

Malnutrition is an acute, subacute or chronic state of nutrition, in which a combination of varying degrees of undernutrition with or without inflammatory activity have led to a change in body composition and diminished function. For our purposes: undernutrition.

Nutrition insufficiency is inadequate nutrition to meet metabolic needs.

More appropriate term in hospitalized patients who often have lower nutrition intake at the same time as increased metabolic needs.

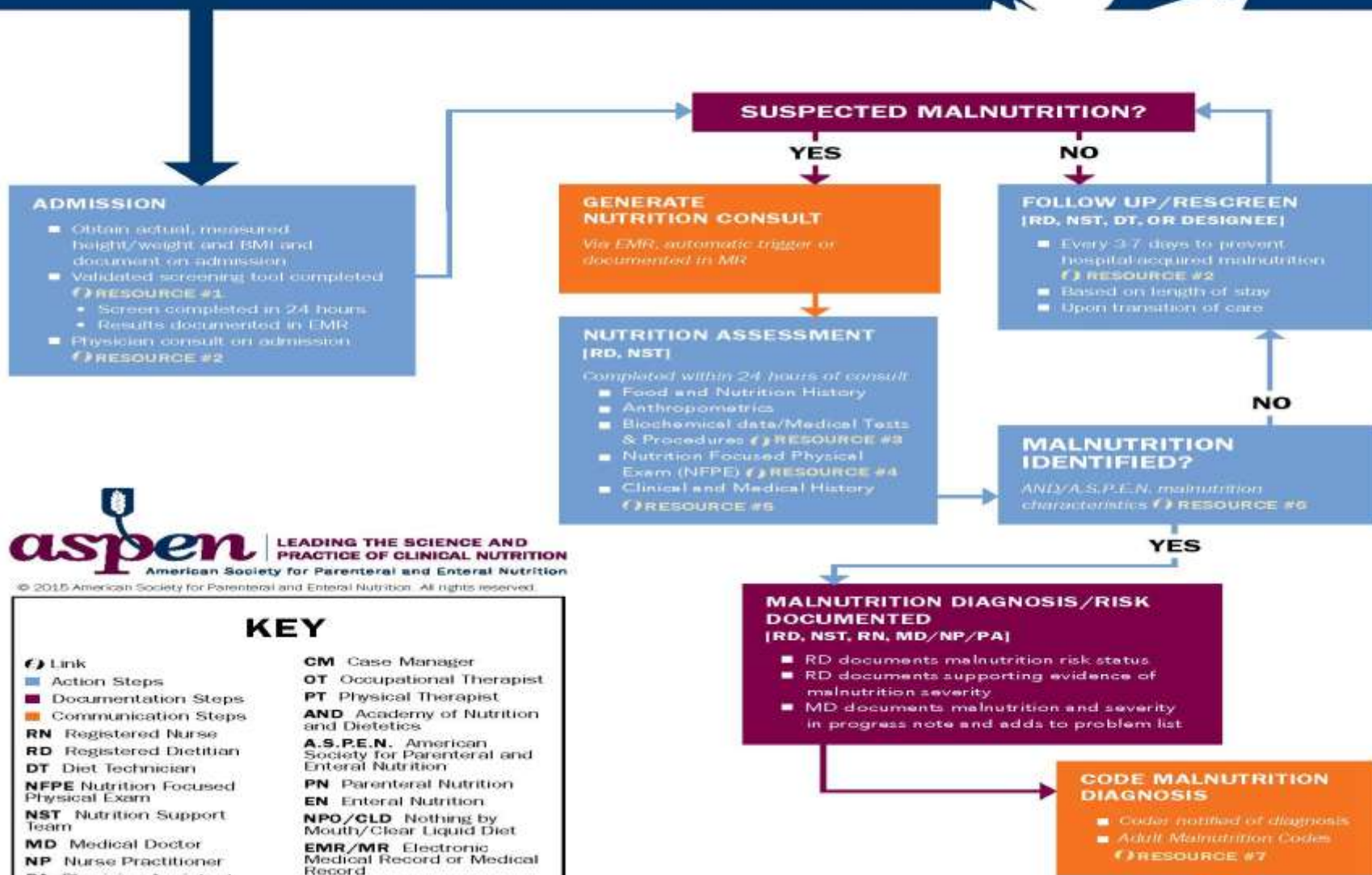


**IF IT WAS EASY TO SEE,
IT WOULD BE EASY TO DIAGNOSE**

Learn more at www.nutritioncare.org/maw

IG THE SCIENCE AND
CE OF CLINICAL NUTRITION
enteral and Enteral Nutrition

A.S.P.E.N. ADULT NUTRITION CARE PATHWAY (Age 18+ years)



KEY

↗ Link	CM Case Manager
➡ Action Steps	OT Occupational Therapist
■ Documentation Steps	PT Physical Therapist
■ Communication Steps	AND Academy of Nutrition and Dietetics
RN Registered Nurse	A.S.P.E.N. American Society for Parenteral and Enteral Nutrition
RD Registered Dietitian	PN Parenteral Nutrition
DT Diet Technician	EN Enteral Nutrition
NFPE Nutrition Focused Physical Exam	NPO/CLD Nothing by Mouth/Clear Liquid Diet
NST Nutrition Support Team	EMR/MR Electronic Medical Record or Medical Record
MD Medical Doctor	BMI Body Mass Index
NP Nurse Practitioner	
PA Physician Assistant	
PharmD Pharmacist	

Incidence of Malnutrition over the Years

Surveys Based on Selected Hospitalized Populations

- Bistrian 1974 Surgical patients 50%
1976 Medical patients 44%
- McWhirter 1994 Med-surg patients 40%
- Braunschweig 2000 Med-surg patients 54%
- Robinson 2003 Med-surg patients 50%
- Somanchi 2011 Medical patients 53%
- Nicolo 2014 Med-surg and ICU patients 39%

These surveys used a wide array of diagnostic tools but the malnutrition incidence is high when surveyed for.

Impact on Malnutrition on Outcomes

Frequently Measured Patient Outcomes

- Length of Stay
- Infection Rate
- Wound Complications
- Pressure Ulcers
- Mortality Rate
- Readmission Rate
- Cost of Hospitalization

Impact on Malnutrition on Outcomes

- Studley 1936 Found mortality rate almost 10 times higher in surgical patients who lost >20% BW
- Barker 2011 review found higher readmission rates, costs, and mortality with malnutrition
- Fry 2011 used HCUP NIS data and found higher infection rates and pressure ulcers in patients diagnosed with malnutrition
- Corkins 2014 used HCUP NIS data and found higher LOS, costs, mortality, and use of post-discharge home care
- Kassin, Allaudeen, Mudge 2011-2012 Three studies found higher readmission rates in malnourished patients.

Table 5. ICD-9-CM diagnosis codes for malnutrition

ICD-9-CM diagnosis code	Description
Postsurgical nonabsorption	
579.3	Other and unspecified postsurgical nonabsorption
Nutritional neglect	
995.52	Child neglect (nutritional)
995.84	Adult neglect (nutritional)
Cachexia	
799.4	Cachexia
Protein-calorie malnutrition	
260	Kwashiorkor
261	Nutritional marasmus
262	Other severe protein-calorie malnutrition
263.0	Malnutrition of moderate degree
263.1	Malnutrition of mild degree
263.2	Arrested development following protein-calorie malnutrition
263.8	Other protein-calorie malnutrition
263.9	Unspecified protein-calorie malnutrition
Weight loss, failure to thrive	
783.21	Loss of weight
783.3	Feeding difficulties and mismanagement
783.41	Failure to thrive (child)
783.7	Adult failure to thrive
Underweight	
783.22	Underweight
V85.0	Body Mass Index less than 19, adult
V85.51	Body Mass Index, pediatric, less than 5th percentile for

AHRQ HCUP NIS

AHRQ=Agency for Healthcare Research and Quality

HCUP=Healthcare Cost and Utilization Project

- Family of healthcare databases and software tools
- Federal-State-Industry partnership
- Creates national information on encounter level data

NIS= National Inpatient Survey

- National database of hospital inpatient stays
- Representative of all hospitals and all payers
- Representative of 95% of all hospitals

<http://www.hcup.us.ahrq.gov>

2010 HCUP NIS DATA

Special Report



Malnutrition Diagnoses in Hospitalized Patients: United States, 2010

Mark R. Corkins, MD, CNSC, FAAP¹; Peggi Guenter, PhD, RN²;
Rose Ann DiMaria-Ghalili, PhD, RN, CNSC³; Gordon L. Jensen, MD, PhD⁴;
Ainsley Malone, MS, RD, CNSC⁵; Sarah Miller, PharmD, MS, BCNSP⁶;
Vihas Patel, MD, FACS, CNSC⁷; Steve Plogsted, PharmD, BCNSP, CNSC⁸;
Helaine E. Resnick, PhD, MPH²; and the American Society for Parenteral
and Enteral Nutrition

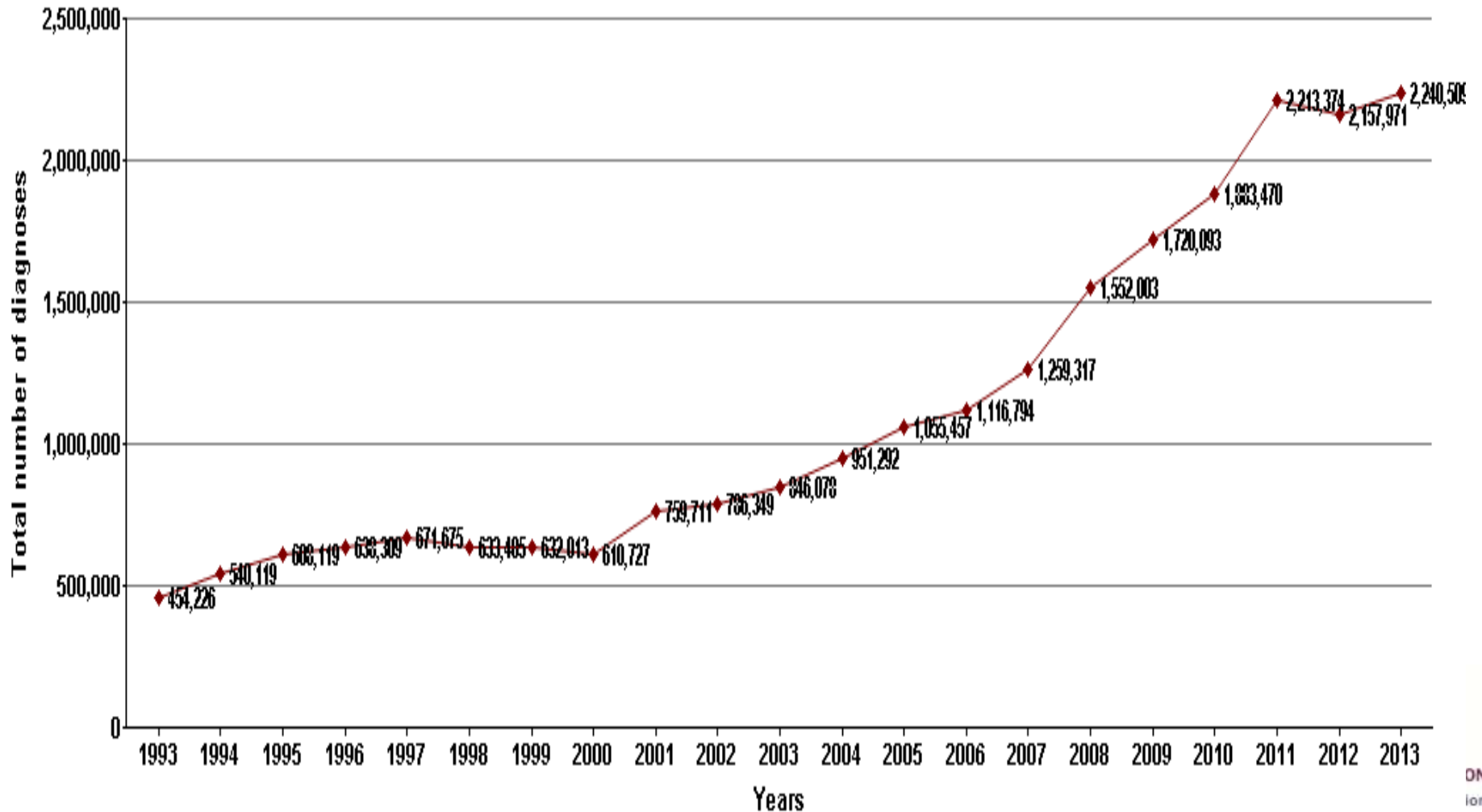
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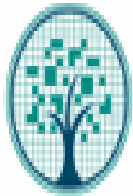


National Coded Incidence

Total number of diagnoses

ICD-9-CM all-listed diagnosis codes 579.3, 995.52, 995.84, 799.4, 260, 261, 262, 263.0, 263.1, 263.2, 263.8, 263.9, 783.21, 783.3, 783.41-783.41, 783.7, 783.22





H·CUP

HEALTHCARE COST AND
UTILIZATION PROJECT



Agency for Healthcare
Research and Quality

STATISTICAL BRIEF #210

September 2016

Characteristics of Hospital Stays Involving Malnutrition, 2013

*Audrey J. Weiss, Ph.D., Kathryn R. Fingar, Ph.D., M.P.H.,
Marguerite L. Barrett, M.S., Anne Elixhauser, Ph.D., Claudia A.
Steiner, M.D., M.P.H., Peggi Guenter, Ph.D., R.N., and Mary Hise
Brown, Ph.D.*

Introduction

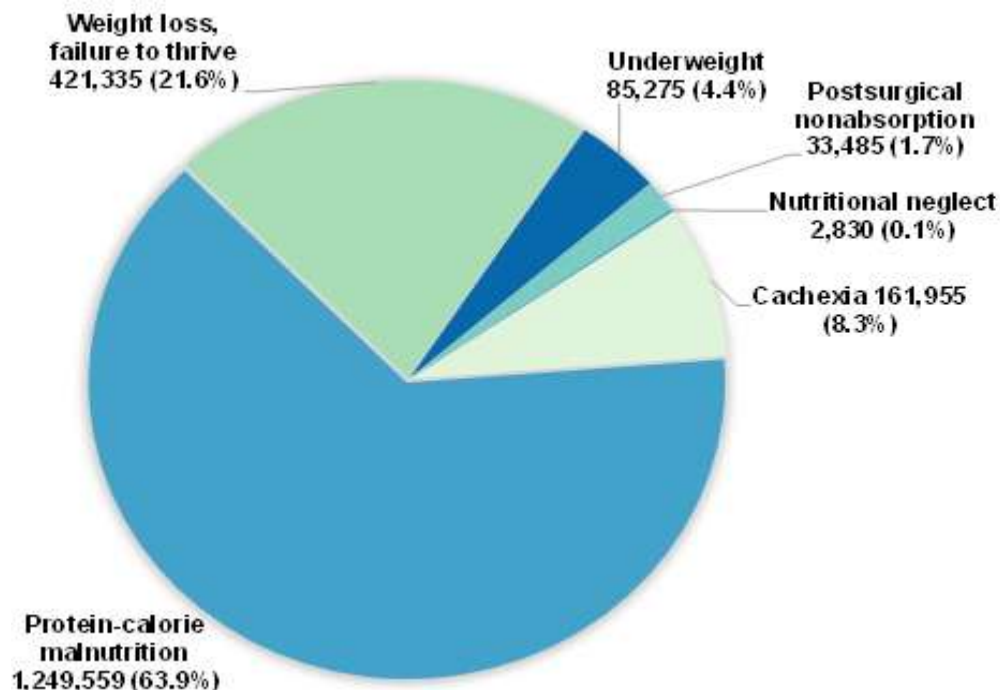
Highlights

- In 2013, there were nearly 2 million hospital inpatient stays involving malnutrition. The most common type was protein-calorie malnutrition (63.9 percent of all malnutrition stays), accounting for 4.5 percent of all inpatient stays and 9.1 percent of aggregate costs (nonmaternal and nonneonatal only).

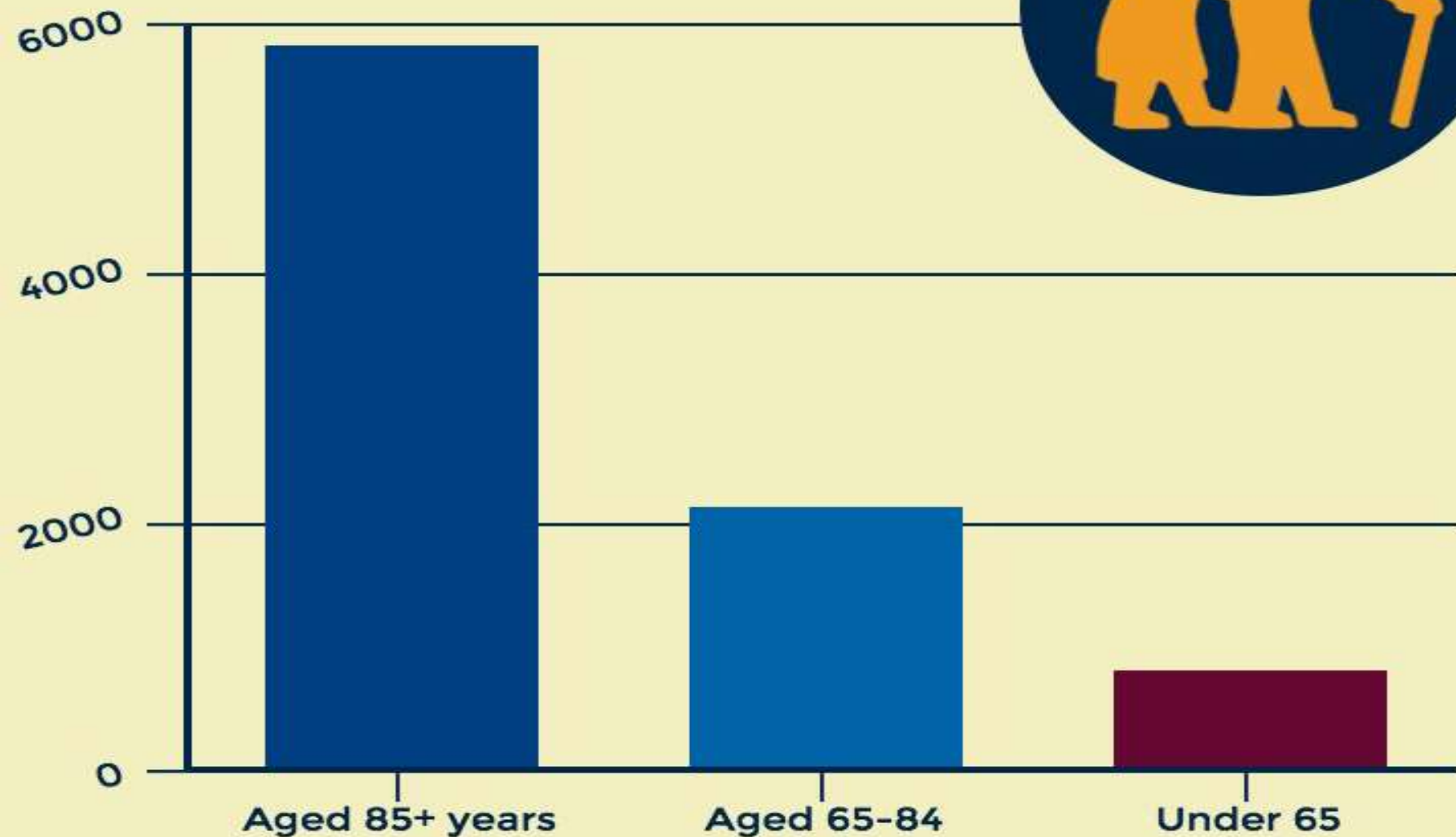
STATISTICAL BRIEF #210

2013 NIS data

- 1.95 million hospital stays that involved malnutrition (7.1% of nonmaternal, nonneonatal hospital stays)
- Highest category was protein-calorie malnutrition at 1.25 million or 64%

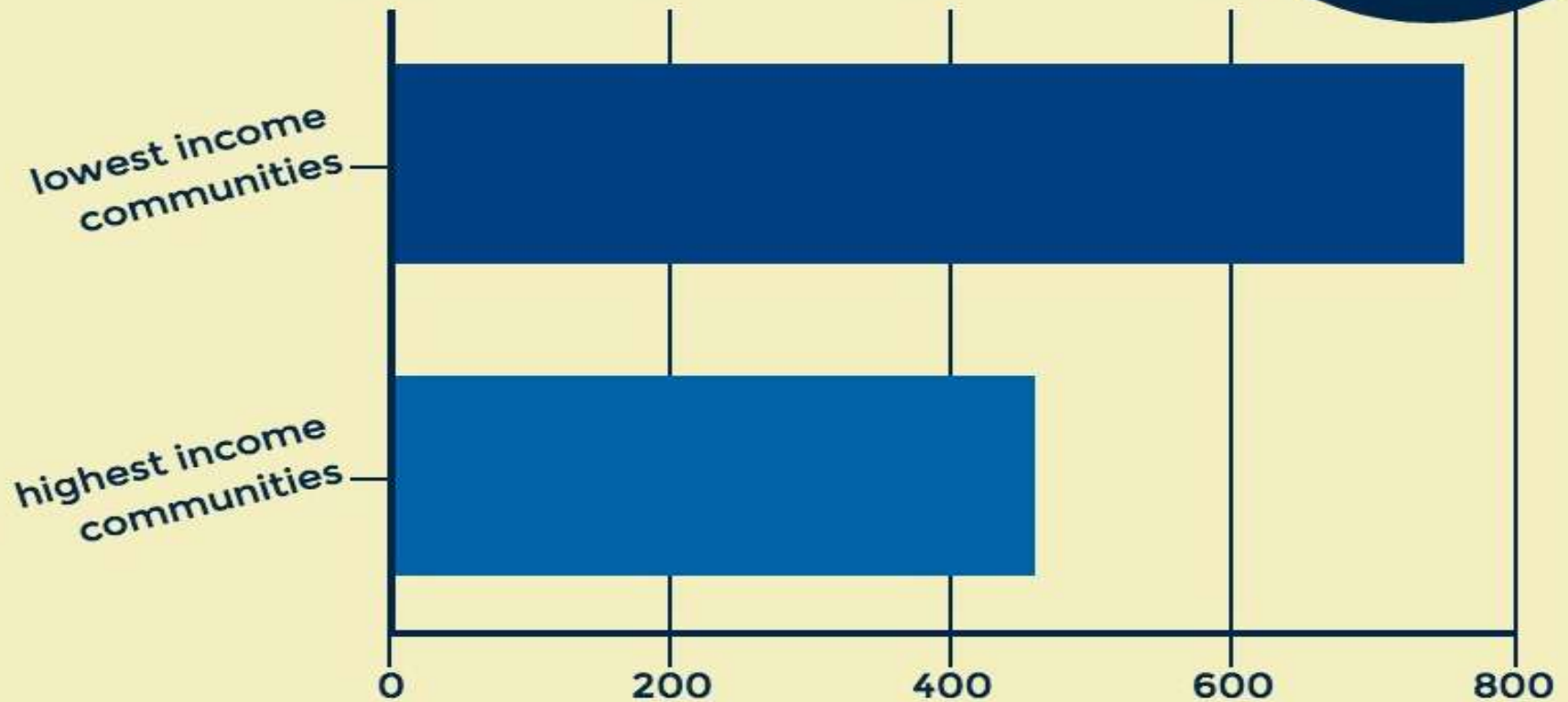


Older Adults



Malnutrition Related Hospital Stays per 100,000 Population

In lowest income communities



Malnutrition Related Hospital Stays per 100,000 Population

Longer Hospital Stays

Most hospital
stays were

2x longer



47%-71%

of patients with malnutrition did
not have a routine discharge

Human Cost

Most malnutrition-related stays have a substantially higher proportion of in-hospital deaths



1.5x to 5x higher

than those unrelated to malnutrition

Economic Burden

Hospital stays involving malnutrition accounted for



\$42 billion

Related Diagnostic Categories with Protein-Calorie Malnutrition

Primary Condition Grouping	Percent of Protein- Calorie Malnutrition Stays	Rank Among Condition Groupings
Infectious and parasitic	17.1%	1
Digestive system	14.6%	2
Respiratory system	12.7%	3
Circulatory system	11.7%	4
Injury and poisoning	9.9%	5

MALNUTRITION IN HOSPITALIZED PATIENTS

ASSOCIATED WITH HIGHER COSTS, LONGER STAYS & INCREASED MORTALITY

1.95 million

hospital stays involved malnutrition in 2013



Malnutrition is associated with:

Economic Burden

Hospital stays involving malnutrition accounted for

\$42 billion



Human Cost

Most malnutrition-related stays have a substantially higher proportion of in-hospital deaths

1.5x to 5x higher

than those unrelated to malnutrition



Longer Hospital Stays

Most hospital stays were

2x longer

47%-71% of patients with malnutrition did not have a routine discharge

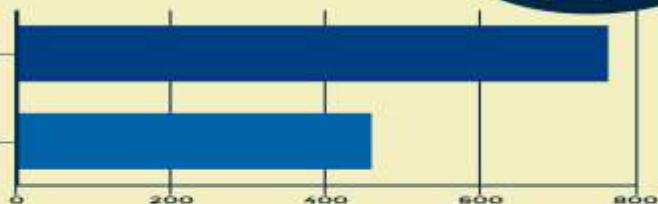


Rate of malnutrition is highest:

In lowest income communities

lowest income communities

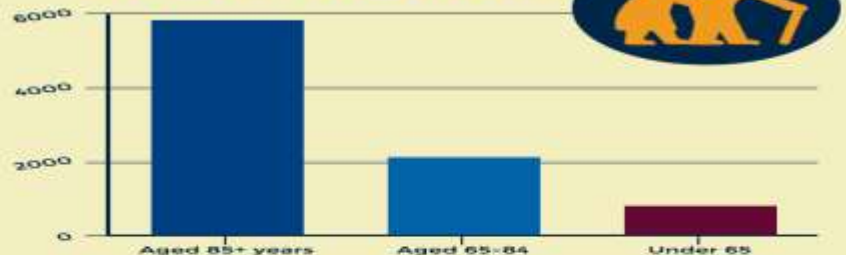
highest income communities



Malnutrition Related Hospital Stays per 100,000 Population



Older Adults



Malnutrition Related Hospital Stays per 100,000 Population



Understand the impact of malnutrition.
Learn more at: www.nutritioncare.org/malnutrition



Longitudinal Data Collection

- Documentation and coding are key
- Needs to be ongoing
- Next AHRQ statistical brief is on readmissions related to malnutrition
- Need to match what we are seeing clinically and in selected surveys with national databases based on coding so that we can begin to measure impact of interventions on malnutrition at a national level

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Electronic Clinical Quality Measures eCQMs

Sharon McCauley
Academy of Nutrition and Dietetic
Quality Management

Advocacy Day

September 26, 2016



The four electronic clinical quality measures (eMeasures or eCQMs) for Malnutrition are:

- NQF #3087: Completion of a Malnutrition Screening within 24 hours of Admission
- NQF #3088: Completion of a Nutrition Assessment for Patients Identified as At-Risk for Malnutrition within 24 hours of a Malnutrition Screening
- NQF #3089: Nutrition Care Plan for Patients Identified as Malnourished after a Completed Nutrition Assessment
- NQF #3090: Appropriate Documentation of a Malnutrition Diagnosis





NQF #3087: Completion of a Malnutrition Screening within 24 hours of Admission

- Fully specified for use with electronic health records measuring the proportion of malnutrition screenings for patients admitted to inpatient care that occur within 24 hours of admission
- Multiple studies addressing the early identification and subsequent treatment of malnutrition demonstrate that malnutrition and malnutrition risk are independent predictors of mortality, increased hospitalization costs and length of stay



NQF #3088: Completion of a Nutrition Assessment for Patients Identified as At-Risk for Malnutrition within 24 hours of a Malnutrition Screening



- Fully specified for use with EHRs measuring the proportion of nutrition assessments completed for patients at-risk of malnutrition identified by a completed malnutrition screening
- Nutrition assessment is recommended for patients who are identified to be at risk of malnutrition by screening



NQF #3089: Nutrition Care Plan for Patients Identified as Malnourished after a Completed Nutrition Assessment

- Hybrid eMeasure partially specified for use with EHRs and partially requiring chart abstracted measure data
- Calculates the proportion of patients age 65 years and older who have documented findings of malnutrition as a result of a nutrition assessment and also have a nutrition care plan documented in the patient's medical record
- Findings from the nutrition assessment serve as the basis for determining the appropriate way to address the patient's condition



NQF #3090: Appropriate Documentation of a Malnutrition Diagnosis

- Hybrid eMeasure partially specified for use with EHRs and partially requiring chart abstracted measure data
- In the 2017 Inpatient Prospective Payment System (IPPS) Final Rule issued by CMS, the agency responded to stakeholder comments supporting the inclusion of malnutrition-focused quality measures:
 - Ensure proper discharge planning and/or transitions of care to a post-acute provider such as a long-term care hospital (LTCH)
 - Including malnutrition diagnosis in the patient's medical record would support the follow through of care planning for malnutrition continues after discharge



Summary

- This set of performance eMeasures addresses:
 - malnutrition quality in patients' ages 65+ years in the hospital setting by utilizing specific steps for recommended care
 - establishing consistent standards of practice and a clinical workflow process that demonstrates best practices of quality service and intervention delivery

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Manager of Legislative Affairs
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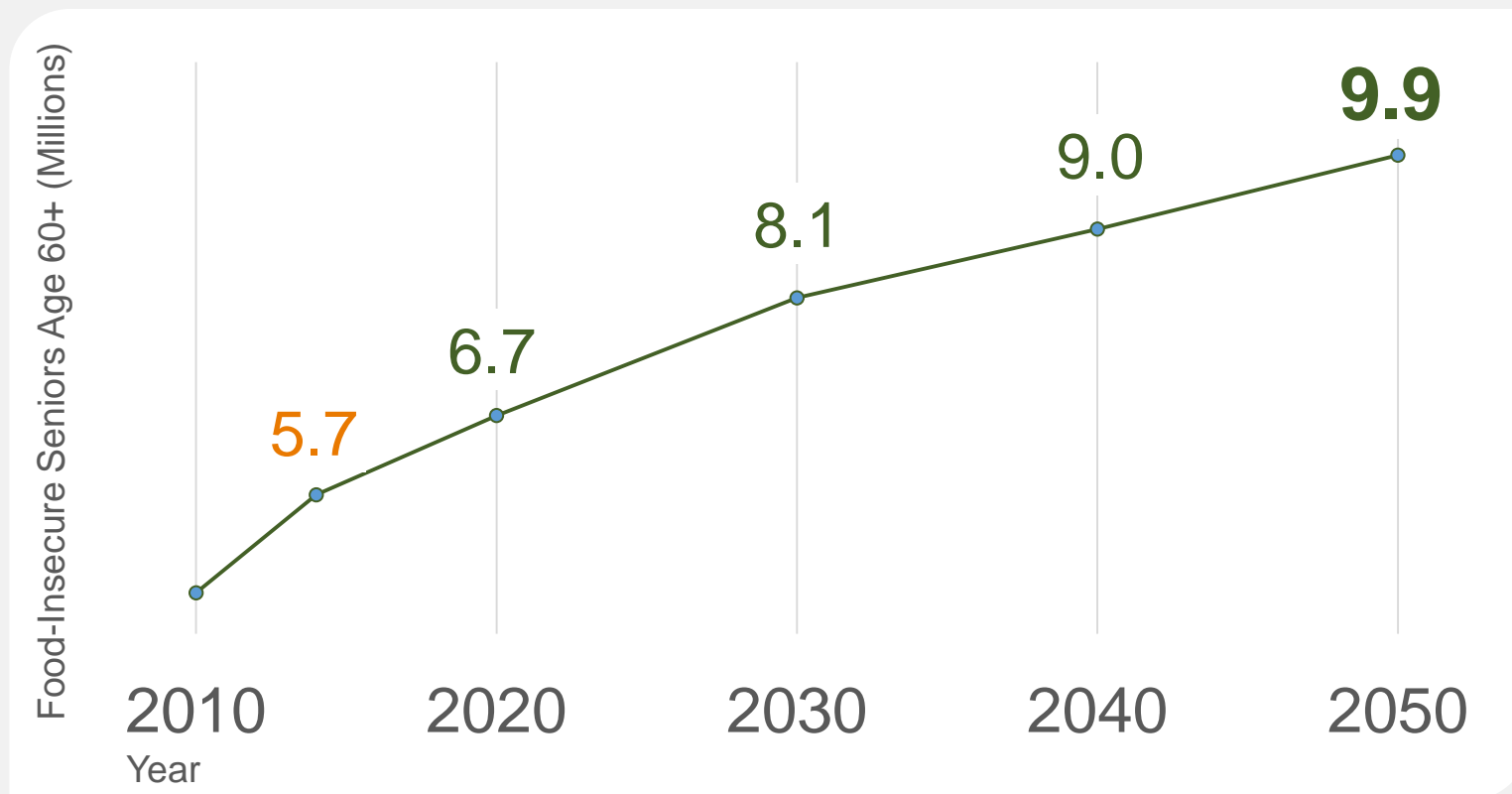
...vital to healthy aging



**TOGETHER
WE
CAN
SOLVE
SENIOR
HUNGER**

**Federal Nutrition
Safety Net for
Seniors**

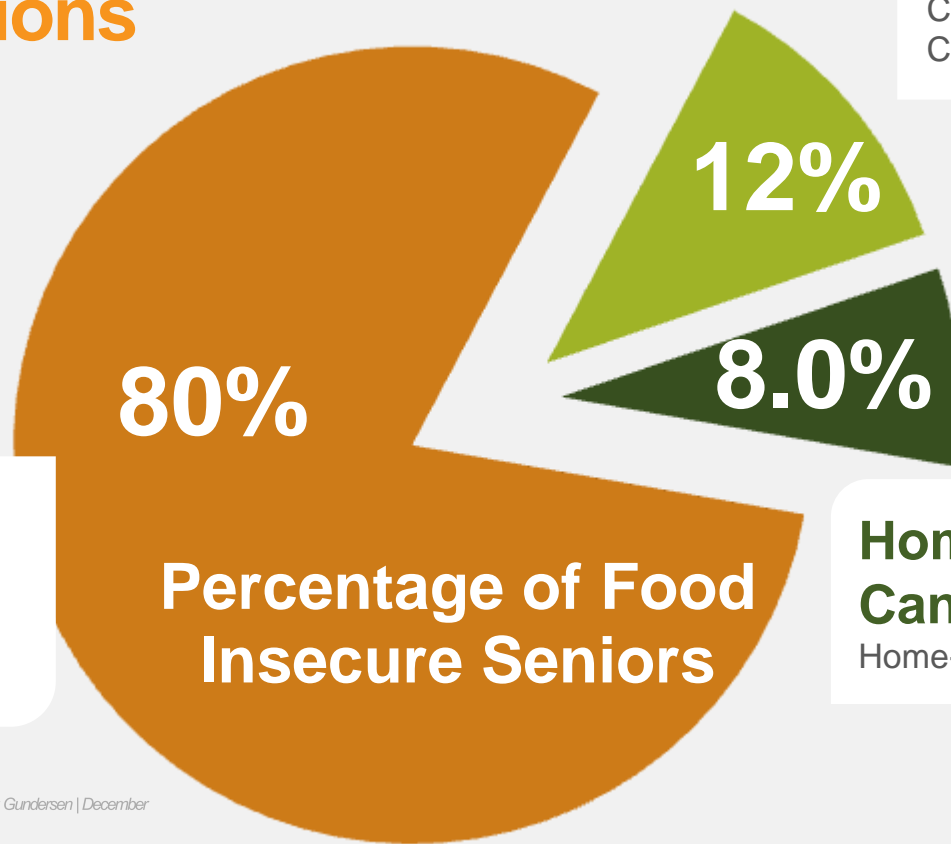
The State of Senior Hunger as Baby Boomers Age



The **population of food-insecure seniors will double** if food insecurity remains constant.

Source: U.S. Census Bureau Projections of the Population by Age and Sex for the United States: 2010 to 2050

Food Insecure Seniors Require a Continuum of Interventions



Not Homebound
SNAP Assistance & Commodities

Homebound, Can Cook
Commodities and Congregate Meals

Homebound, Cannot Cook
Home-delivered meals

Percentage of Food Insecure Seniors

Source: Special Analysis of NHANES Data from Craig Gundersen | December 2015



MOST MOBILE SENIORS

Seniors are able to leave their homes, shop for groceries, participate in community meal programs, and/or pick up food packages and prepare meals at their home.



LEAST MOBILE SENIORS

Seniors have limited ability to leave their homes, shop or prepare meals.

Homebound seniors are unable to shop or prepare meals.

Supplemental Nutrition Assistance Program **SNAP**

Senior Farmers' Market Nutrition Program **SFMNP**

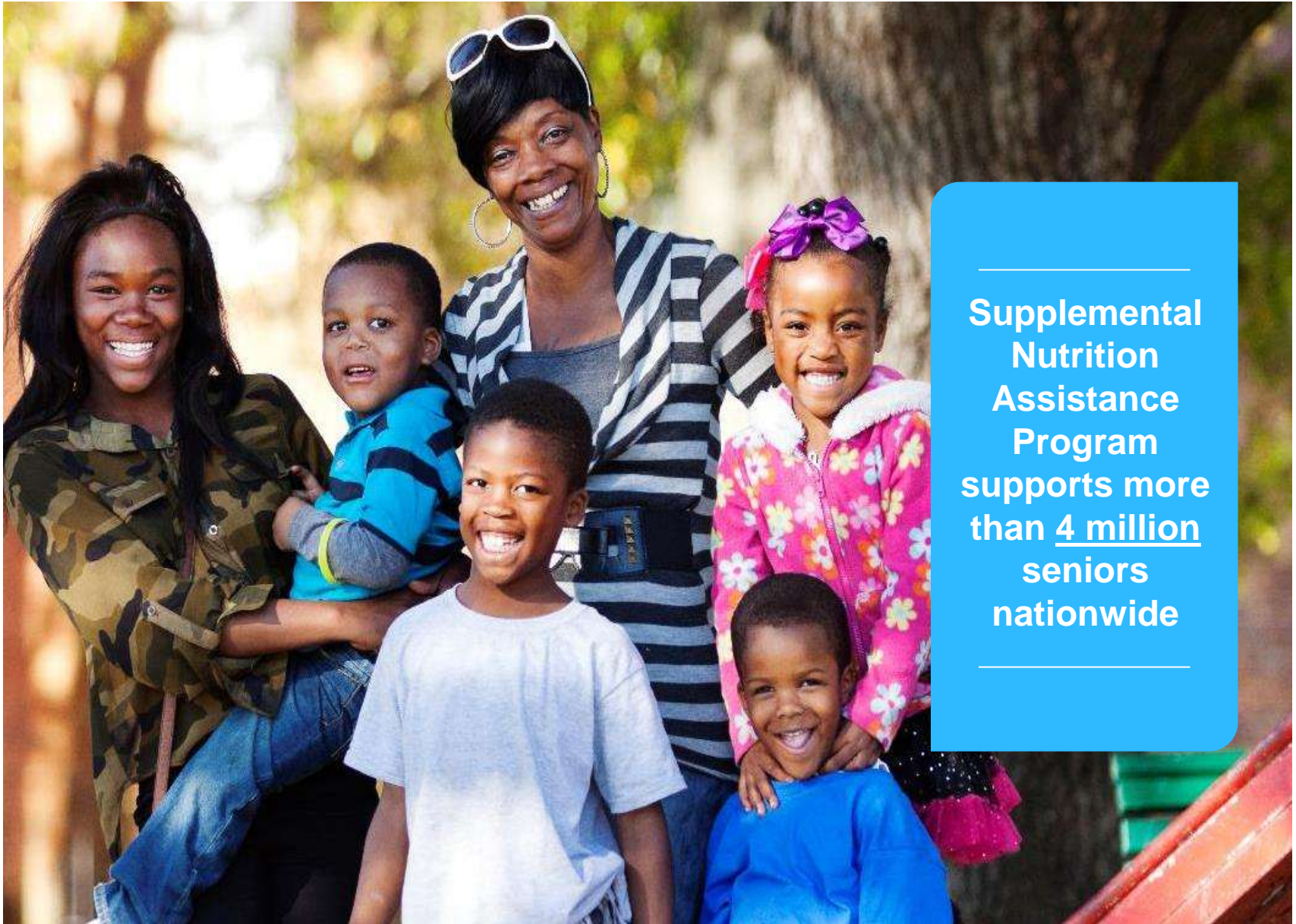
Commodity Supplemental Food Program **CSFP**

The Emergency Food Assistance Program **TEFAP**

Congregate Meals

Home-Delivered Meals

Charitable grocery and meal programs, such as food banks, mobile pantries, grocery bags, and congregate and home-delivered meal programs, such as Meals on Wheels.



**Supplemental
Nutrition
Assistance
Program
supports more
than 4 million
seniors
nationwide**

**Supplemental
Nutrition
Assistance for
Older Adults –
by the
numbers**

82%
of seniors
receiving
SNAP live
alone

**Only
41%**
of eligible
seniors are
enrolled in
SNAP

\$110
is the
average
benefit;
\$16 is the
minimum



Strengthening SNAP for Seniors

- Benefit adequacy
- Simplifying Application & Recertification Processes
- Online purchases & home-deliveries





ACCESS TO HEALTHFUL PRODUCE AND COMMODITIES

**Commodity Supplemental
Food Program (CSFP)**

**The Emergency Food
Assistance Program (TEFAP)**

**Senior's Farmers Market
Nutrition Program**



Congregate & Home-Delivered Meals

Reaching 2.5 million Seniors at senior centers or homes



1 YEAR

=



1 DAY

We can provide a senior Meals on Wheels for 1 YEAR for roughly the same cost as 1 DAY in a hospital.

A woman with short dark hair, wearing a quilted purple and white jacket and blue jeans, stands in profile looking to the left. In the background, a yellow school bus is parked on a street at dusk or dawn. The scene is softly lit, with the bus's headlights and streetlights visible.

Upcoming Vehicles for Strengthening Senior Nutrition Programs

- Appropriations for Older Americans Act, CSFP, & TEFAP
- Farm Bill in 2018 for SNAP, CSFP, TEFAP



Thank you!

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LINI

LATINO INTEGRATIVE NUTRITION INITIATIVE

Right foods & fitness. Right times. Right ways.

Diverse Older Adults and the Dilemma of Malnutrition

Cecilia Pozo Fileti, MS, RD, FADA, FAND
President, Latino Health Communications
Latino Integrative Nutrition Initiative Project Director

Congressional Briefing
September 26, 2016

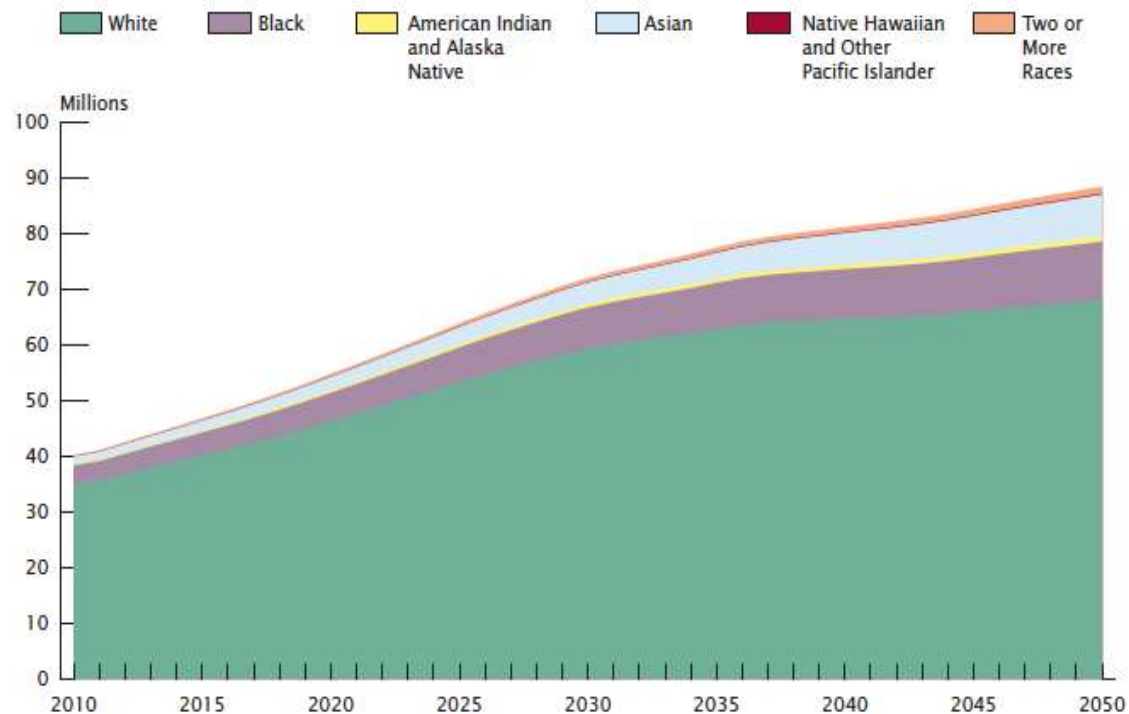
Overview

- **Increasing Diversity of the Older American Population**
- **Healthy Aging ... Off Course**
- **Malnutrition**
- **Stepping Towards Solutions**

Increasing Diversity of the Older American Population



Figure 4.
Projected Population Aged 65 and Over by Race for the United States: 2010 to 2050



Note: Unless otherwise specified, data refer to the population who reported a race alone. Populations for each race group include both Hispanics and non-Hispanics, as Hispanics may be of any race.

Source: U.S. Census Bureau, 2008.

Increasing Diversity of the Older American Population: A Focus on Hispanics

The Older Hispanic Population: Past, Present, and Future

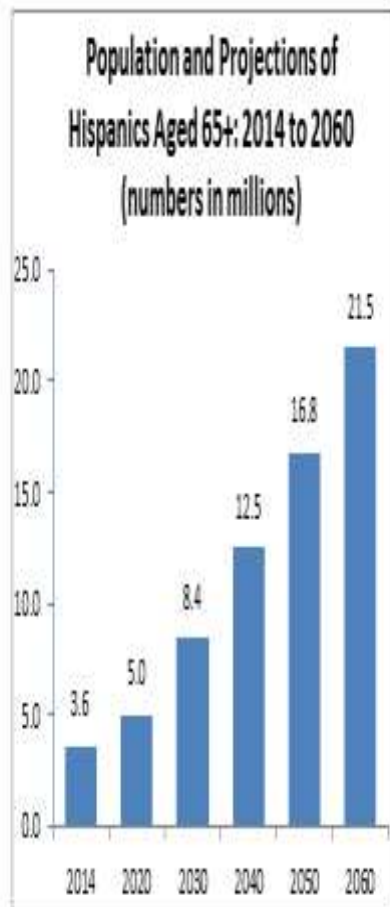
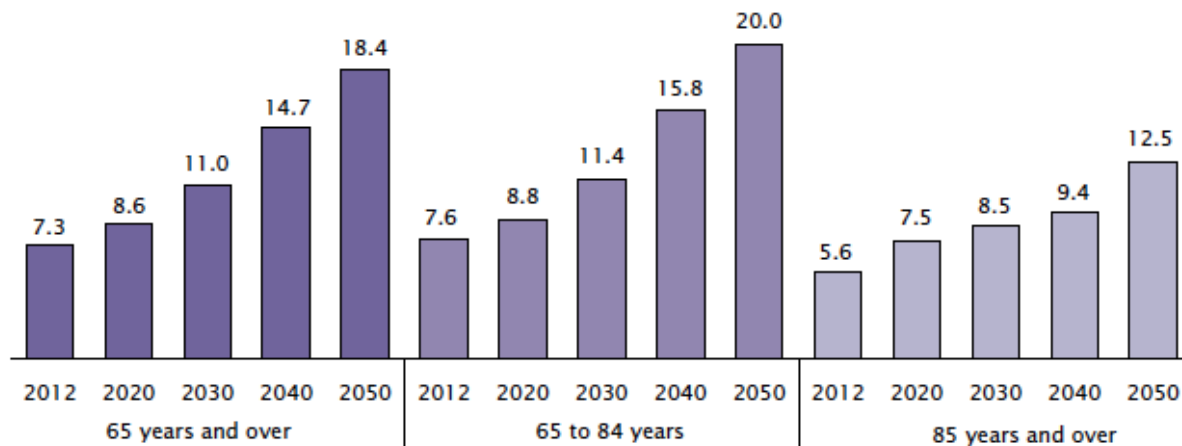


Figure 8.
**Percent Hispanic for the Older Population by Selected Age Groups for
the United States: 2012 to 2050**

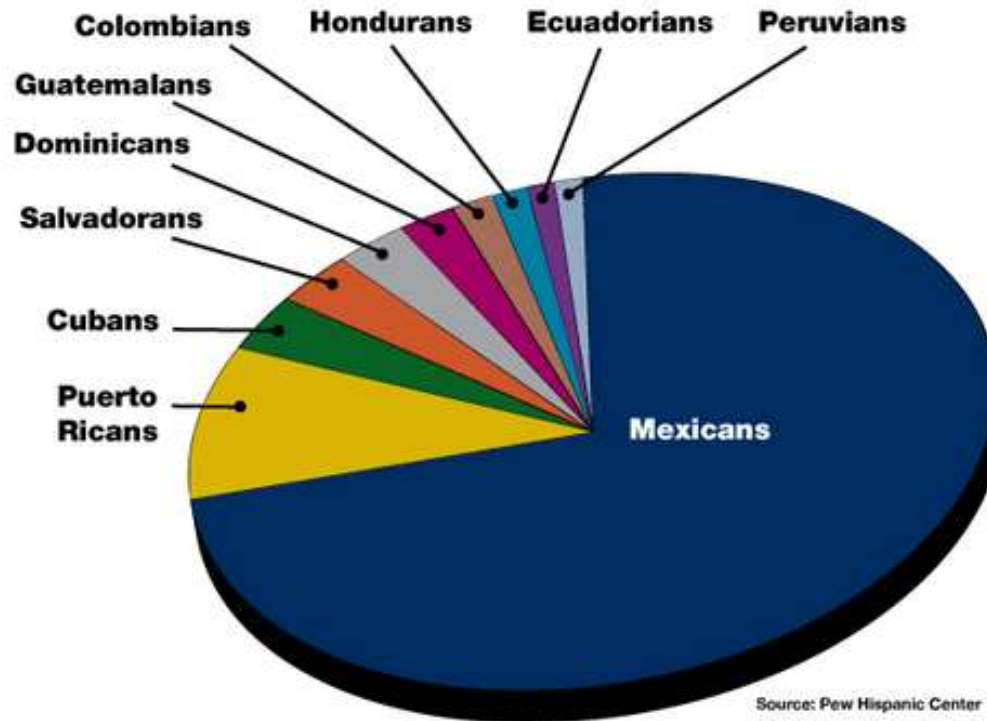


Source: U.S. Census Bureau, 2012 Population Estimates and 2012 National Projections.

Increasing Diversity of the Older American Population: Hispanic Diversity



The 10 Largest Latino Ethnic Groups in the U.S.



Malnutrition: Key Indicator of Older Adult Health Status



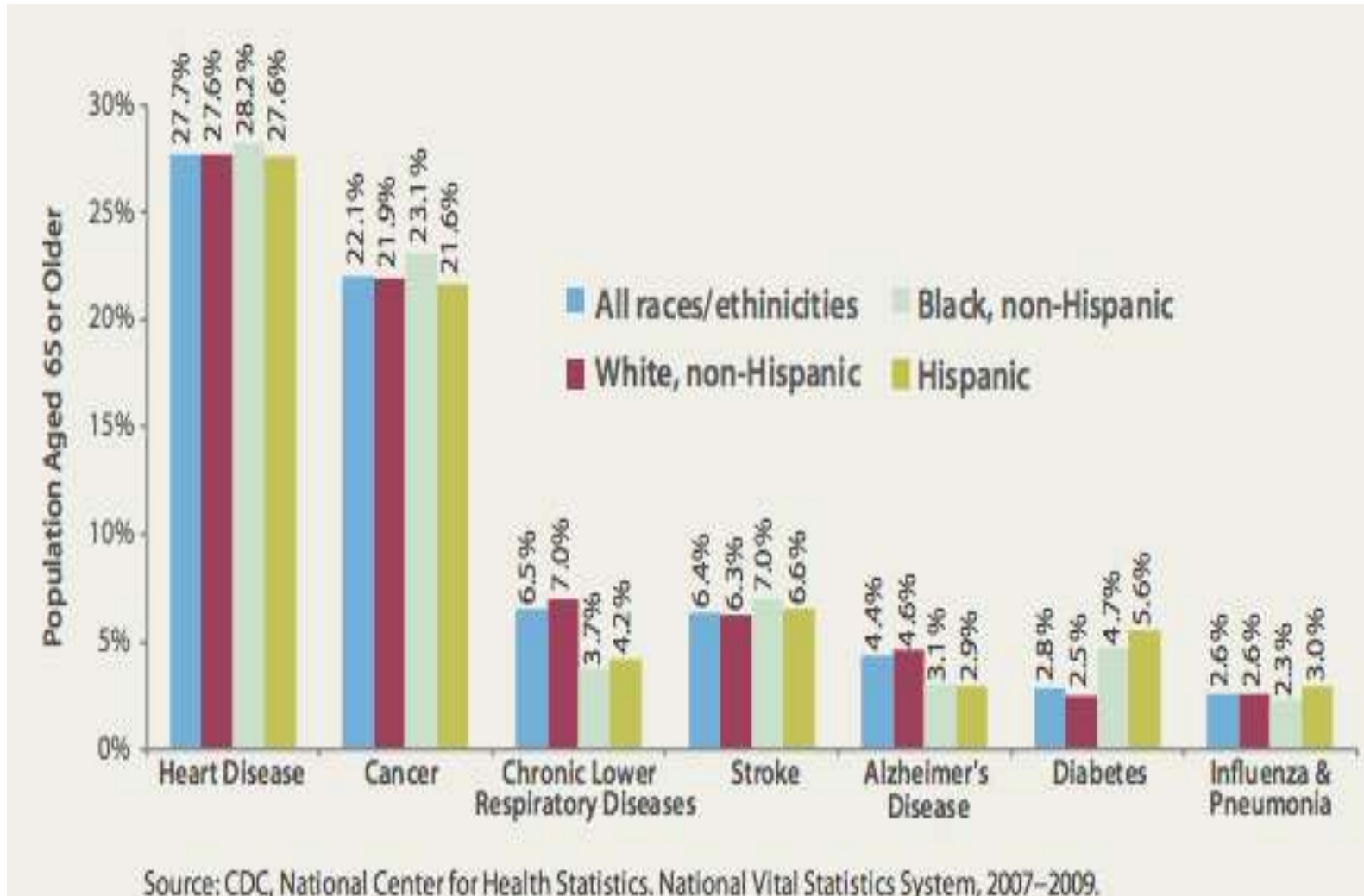
defeat **malnutrition**.today

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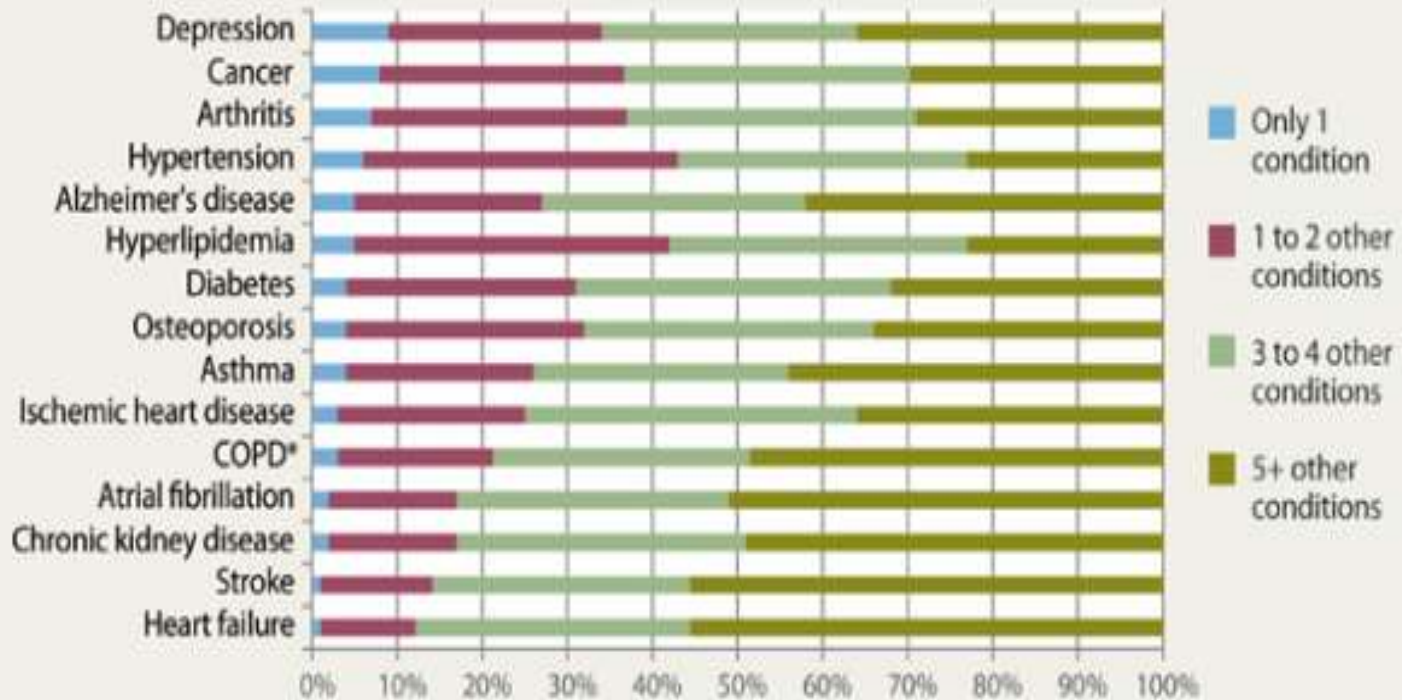
Chronic Conditions: Leading Cause of Death

for

U.S. Adults aged 65 and older



Multiple chronic conditions among Medicare fee-for-service beneficiaries



*chronic obstructive pulmonary disease.

Source: Centers for Medicare & Medicaid Services. *Chronic Conditions Among Medicare Beneficiaries*.
<http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/Downloads/2012Chartbook.pdf>

The Rise of Community-Based Care

According to the U.S. Census Bureau,
37% of adults age 65+ have a disability



These patients generally use more health services

But most of these patients also have functional limitations, so they **often need assistance from family members** to perform activities of daily living

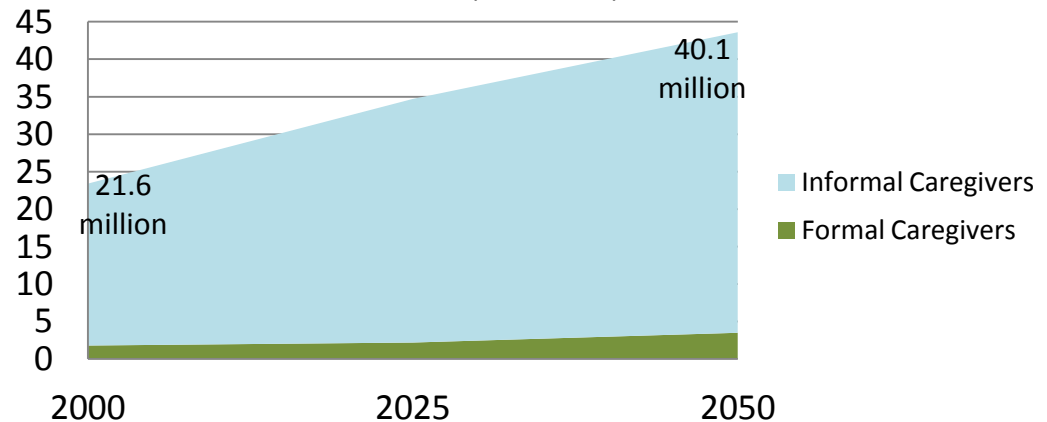


The **Affordable Care Act** has led to an increase in disabled older adults remaining at home

- Federal funds are given to states that provide home and community-based health services to individuals with disabilities in the community



Unpaid, Informal Caregivers vs. Formal, Paid Caregivers
(in millions)



SOURCE: The National Health Interview Survey, 1994; estimates based from the National Long-Term Care Survey Caregiver Supplement, 1989, and the National Health Interview Survey, 1994.

A Hidden Epidemic of Malnutrition

Today, there is a focus on...

Poor
Nutrition

...which most people define as...

Overweight
& Obesity

Hispanic Americans are **1.2x** more likely to be obese than Non-Hispanic Whites

Food
Insecurity

1 in 4 Hispanic older adults face food insecurity vs. the national average of ~1 in 7

Hunger

Thousands of Hispanic older Americans go to bed hungry on a daily basis

Malnutrition

...but a hidden epidemic of under nutrition and **malnutrition** must also be addressed

What is Malnutrition?

Malnutrition simply means **poor nutrition**.

It can be related to:

- An excessive or imbalanced diet
- Clinical conditions that impair the body's absorption or use of foods
- A diet that lacks essential nutrients

It can look like this...



Or it can look like this...



What about sarcopenia?

- **A progressive loss of muscle protein stores and strength.**
- Occurs when an older adult does not get enough dietary protein to meet their needs, the risk for sarcopenia
- Sarcopenia increases the risk of frailty, falling, functional disability and impaired immune response.
- Overweight older adults are not protected
 - The aging of the population and the obesity epidemic have converged to create a new public health malnutrition problem: **sarcopenic obesity**

“The ‘fat frail’ have the worst of both worlds as they age—increased weakness due to sarcopenia and a need to carry greater weight due to obesity”

- Ronenn Roubenoff, *Obesity Research*

Von Haehling S, Morley JE, Anker SD. An overview of sarcopenia: facts and numbers on prevalence and clinical impact. *J Cachexia Sarcopenia Muscle*. 2010;1(2):129-133.

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Castaneda C, Charnley JM, Evans WJ, et al. Elderly women accommodate to a low-protein diet with losses of body cell mass, muscle function, and immune response. *Am J Clin Nutr*. 1995;62:30-39.

Where is malnutrition happening?

In the Emergency Room

As many as **60%** of adults aged 65+ present to the ER malnourished or at risk for malnutrition, regardless of education levels, sex, or area of residence.

On Admission to the Hospital

1 in 3 hospitalized patients is malnourished upon admission.

As a Hospital Patient

Declines in nutritional status occur among about **31%** of adult patients from admission to discharge.

After a Hospital Stay

Nearly **20%** of Medicare patients are readmitted to the hospital within 30 days of discharge, which can often be related to poor nutrition following a hospital stay.

In Rehab Clinics, Nursing Homes, and the Community

The prevalence of malnutrition among older adults is estimated to be as much as **50%** in rehabilitation settings, **13.8%** in nursing homes, and **5.8%** in the community.

Malnutrition can affect people **ANYWHERE.**

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In this Increasingly Quality- and Value-Centered Market, Malnutrition Has a Significant Impact

MALNUTRITION IS ASSOCIATED WITH A HIGH BURDEN OF DISEASE, INCREASED COMORBIDITIES, AND SIGNIFICANT ECONOMIC COSTS.



1 in 3 patients
are malnourished
upon admission^{1,2}

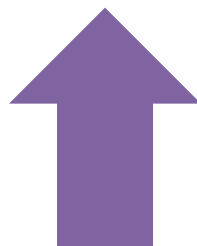


31 percent
of patients experience
declines in nutrition
status during their
hospital stay³

Malnutrition-associated outcomes include

depression of the immune system, impaired wound healing, and muscle wasting⁴

Malnutrition increases
length of stay by
4 to 6 days⁴



Malnutrition increases
costs by
up to 300 percent⁵

¹ Coats KG et al. Hospital-associated malnutrition (a reevaluation 12 years later). *J Am Diet Assoc.* 1993; 93:27–33.

² Giner M et al. In 1995 a correlation between malnutrition and poor outcome in critically ill patients still exists. *Nutrition* 1996; 12:23-29.

³ Braunschweig C et al. Impact of declines in nutritional status on outcomes in adult patients hospitalized for more than 7 days. *J Am Diet Assoc.* 2000; 100:1316-1322.

⁴ Barker et al., Hospital Malnutrition: Prevalence, Identification and Impact on Patients and the Healthcare System. *J Environ Res Public Health.* Feb 2011; 8(2): 514–527.

⁵ Isabel TD and Correia M. The impact of malnutrition on morbidity, mortality, length of hospital stay and costs evaluated through a multivariate model analysis. *Clinical Nutrition.* 2003;22(3):235–239.



LINI

LATINO INTEGRATIVE NUTRITION INITIATIVE

Right foods & fitness. Right times. Right ways.

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Mission

Mission

The Latino Integrative Nutrition Initiative supports evidence-based informed choices by U.S. Hispanics in the access and provision of culturally and linguistically appropriate nutrition services and nourishment for all family members, especially those at high risk with the right foods, at the right times, in the right way to:

- Optimize health throughout life
- Reverse negative consequences of malnutrition and obesity
- Link people, products, tools and resources in support of healthy Hispanic living

www.liniproject.org



Stepping Towards Solutions

- Join LINI and the Defeat Malnutrition Today Coalition
- Focus on vulnerable populations: Older Adults & Diverse Populations
- Promote CLAS Malnutrition Services:
 - Prevent
 - Identify
 - Treat
- Begin TODAY ... Support adoption by CMS of the four new electronic clinical quality measures for Hospital In-Patient Quality Reporting Program.

Meredith Ponder
Policy Director
Defeat Malnutrition Today

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...vital to healthy aging

In Closing...

- What is our ask today?
 - For Members of Congress to sign a letter urging CMS to adopt quality measures regarding malnutrition

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Questions?

info@defeatmalnutrition.today

#DMTAdvocacyDay

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