

How to Determine and Communicate the Value of Nutrition Support to Your Administrators

Key steps and preparation for justifying nutrition support to your hospital administrators.

1 Form a Nutrition Value Core Team

- a. Enlist the Nutrition Support Team (NST). If there is not a formal nutrition support department in your institution, create an informal one by bringing together the nutrition support specialists.
- b. Find a champion. The champion acts as a communication bridge with the medical staff and the Chief Executive Officers (C-suite). The champion does not need to be a nutrition expert but should be educated by NST on the basic functions and goals of nutrition support provision. If an experienced physician is not available, consider partnering with the Medical Director of the hospitalists group, Chief Quality Officer, or Chief Nursing Officer.
- c. Individuals do make a difference. The provision of optimal nutrition care should be an individual commitment, whether as part of a formal NST or a partial or virtual one.

2 Liaise with Influencers

- a. Exhibit transdisciplinarity. Recognize the importance of cross functioning. The basic tenet of transdisciplinarity is the focus on function and not form. The specific functions should be codified in an NST policy and procedures manual.
- b. Each NST member should develop a liaison with medical staff members in their care area.
- c. Recruit C-suite members, coding documentation improvement specialists, informatics professionals, process improvement specialists, and marketing staff.
- d. Include Advanced Practice Providers (APPs) such as advanced nurse practitioners and physician assistants who are increasingly involved in the management of inpatient and outpatient healthcare.
- e. Add NST and therapy information in new employee and medical staff orientations.

3 Collect Institution-Specific Data for Your Presentation

Use the worksheet from part 3 of the *ASPEN Value Project Playbook* to collect institutional data to support your case and to manage the work.

- a. Review annual updates on measures that can be influenced by NST-directed interventions and impact the bottom line.

Investigate the impact of nutrition on the institution's reimbursement-linked measures, such as length of stay (LOS) and readmissions. Review severity of illness (SOI), risk of mortality (ROM), costs, and reimbursement data. Also look at diagnostic related grouping (DRG) or therapeutic areas (TAs) most impactful to the institution.

Compare individuals who had a coded diagnosis of malnutrition with those who did not. Adopt criteria for diagnosing malnutrition in the institution with medical staff approval.

Analyze a sample of records to determine which patients without a coded diagnosis had a recommendation for one, but it was not translated/accepted by the provider and incorporated in the appropriate area in the medical record.

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Step 3 Continued

- b. Explore opportunities for improved revenue stream. For example, consultative fee under physician, advanced practice providers, or dietitians.
- c. Review and report local data and outcomes on a regular basis regarding measures such as: malnutrition documentation as percent of discharges, coding, cost effectiveness, cost avoidance, length of stay, readmissions, episodes of central line infections, incidence of hyperglycemia in nutrition support patients, morbidity and mortality for those with and without nutrition support.
- d. Review data from AND/MQii, ASPEN/Value Project, CMS, AHRQ frequently.
- e. Get data specific to your institution by 1) participating in clinical quality improvement studies and other research utilizing process improvement tools such as: Plan Do Study Act (PDSA)/Plan Do Check Act (PDCA), Lean Enterprise Institute (www.lean.org) and 2) working with industry, following appropriate Pharma guidelines, to take part in QI projects.

4 Develop Your Presentation

- a. Combine the institutional data collected from step 3 with the key Value Project talking points in part 2 of the *ASPEN Value Project Playbook* to build your presentation.
- b. You can add pre-made slides, infographics, and posters found at nutritioncare.org/valueproject to your presentation.
- c. Demonstrate nutrition therapy's compatibility with your institution's mission statement, strategic/business plans, and hospital/departmental metrics. Part 2 of the playbook includes sample copy for making your nutrition support request.
- d. Presentation should be short enough to keep it interesting but long enough to cover the subject. Be specific regarding the institution's volumes, costs, outcomes (quality and financial), and other opportunities.
- e. Exhibit adaptability, regardless of institution type, size, consistency, location or resources, centralized or decentralized; no "cookie-cutter" template, this goes for formal and informal teams.
- f. Write in the language of the C-suite.
- g. Practice your presentation beforehand.

5 Schedule and Present Presentation to the C-Suite

Be prepared. Practice, practice, practice.

6 Follow up With Frequent Reports to the Champion, Key Departments, C-Suite, and Medical Staff

Involve C-suite representative(s) in presentations, conferences, publications, and other events. Notify everyone of nutrition related findings and reports, awards and certifications of NST, etc.

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Resources

1. Malone A, Hamilton C. The Academy of Nutrition and Dietetics/the American Society for Parenteral and Enteral Nutrition consensus malnutrition characteristics: application in practice. *Nutr Clin Pract.* 2013 Dec;28(6):639-50.
2. Barrocas A. Demonstrating the Value of the Nutrition Support Team to the C-Suite in a Value-Based Environment: Rise or Demise of Nutrition Support Teams? *Nutr Clin Pract.* 2019 Dec;34(6):806-821.