Assessing For Malnutrition and the Risk for Malnutrition

Presented by: SHC Clinical Reimbursement
Objectives

• Review the RAI Coding Guidelines for coding Malnutrition and Risk for Malnutrition
• Educate on the new Nestle Mini Nutrition Assessment
• Discuss the process for completing the Nestle MNA
RAI Coding Guidelines

Identify diagnoses:

- The disease conditions in this section require a physician-documented diagnosis (or by a nurse practitioner, physician assistant, or clinical nurse specialist if allowable under state licensure laws) in the last 60 days.

Determine whether diagnoses are active:

- Once a diagnosis is identified, it must be determined if the diagnosis is active.

- Active diagnoses are diagnoses that have a direct relationship to the resident’s current functional, cognitive, or mood or behavior status, medical treatments, nursing monitoring, or risk of death during the 7-day look-back period.
The Impact of Malnutrition/Risk for Malnutrition on PDPM

IF I5600 is checked, this will add one (1) point to the NTA Component

Table 17: NTA Case-Mix Groups

<table>
<thead>
<tr>
<th>NTA Score Range</th>
<th>NTA Case-Mix Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>12+</td>
<td>NA</td>
</tr>
<tr>
<td>9-11</td>
<td>NB</td>
</tr>
<tr>
<td>6-8</td>
<td>NC</td>
</tr>
<tr>
<td>3-5</td>
<td>ND</td>
</tr>
<tr>
<td>1-2</td>
<td>NE</td>
</tr>
<tr>
<td>0</td>
<td>NF</td>
</tr>
</tbody>
</table>
Introducing the Nestle Mini Nutrition Assessment

- **Mini Nutritional Assessment** – Short Form (MNA®-SF). The MNA®-SF is a screening tool to help identify elderly patients who are malnourished or at risk of.
Introducing the Nestle Mini Nutrition Assessment

- The MNA®-SF provides a simple and quick method of identifying elderly persons who are at risk for malnutrition, or who are already malnourished. It identifies the risk of malnutrition before severe changes in weight or serum protein levels occur.
Introducing the Nestle Mini Nutrition Assessment

- The MNA®-SF was developed by Nestlé and leading international geriatricians and remains one of the few validated screening tools for the elderly. It has been well validated in international studies in a variety of settings and correlates with morbidity and mortality.
Introducing the Nestle Mini Nutrition Assessment

• The MNA®-SF will be added to the Medical Nutritional Therapy Evaluation in MatrixCare to allow the clinician to assess/screen for malnutrition/risk for malnutrition early in the Patients’ stay, which may be prior to RD review.
Completing the Nestle Mini Nutrition Assessment

A

Has food intake declined over the past three months due to loss of appetite, digestive problems, chewing or swallowing difficulties?

Score 0 = Severe decrease in food intake
1 = Moderate decrease in food intake
2 = No decrease in food intake

Ask patient or caregiver or check the medical record

- “Have you eaten less than normal over the past three months?”
- If so, “is this because of lack of appetite, chewing, or swallowing difficulties?”
- If yes, “have you eaten much less than before or only a little less?”
## Completing the Nestle Mini Nutrition Assessment

<table>
<thead>
<tr>
<th>B. Weight loss during the last 3 months?</th>
<th>Ask patient / Review medical record</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight loss greater than 3 kg (6.6 pounds)</td>
<td>“Have you lost any weight without trying over the last 3 months?”</td>
</tr>
<tr>
<td>Does not know</td>
<td>“Has your waistband gotten looser?”</td>
</tr>
<tr>
<td>Weight loss between 1 and 3 kg (2.2 and 6.6 pounds)</td>
<td>“How much weight do you think you have lost? More or less than 3 kg (or 6 pounds)?”</td>
</tr>
<tr>
<td>No weight loss</td>
<td>Though weight loss in the overweight elderly may be appropriate, it may also be due to malnutrition. When the weight loss question is removed, the MNA® loses its sensitivity, so it is important to ask about weight loss even in the overweight.</td>
</tr>
</tbody>
</table>

### Score Guide
- 0 = Weight loss greater than 3 kg (6.6 pounds)
- 1 = Does not know
- 2 = Weight loss between 1 and 3 kg (2.2 and 6.6 pounds)
- 3 = No weight loss
Completing the Nestle Mini Nutrition Assessment

<table>
<thead>
<tr>
<th>C</th>
<th>Mobility?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score 0 = Bed or chair bound</td>
<td></td>
</tr>
<tr>
<td>1 = Able to get out of bed/chair, but does not go out</td>
<td></td>
</tr>
<tr>
<td>2 = Goes out</td>
<td></td>
</tr>
</tbody>
</table>

Ask patient / Review patient’s medical record / Ask caregiver

- “How would you describe your current mobility?”
- “Are you able to get out of a bed, a chair, or a wheelchair without the assistance of another person?” – if not, would score 0
- “Are you able to get out of a bed or a chair, but unable to go out of your home?” – if yes, would score 1
- “Are you able to leave your home?” – if yes, would score 2

- Bed or Chair Bound - (Score=0)
- Able to get out of bed/chair but does not go out - (Score=1)
- Goes out - (Score=2)
# Completing the Nestle Mini Nutrition Assessment

<table>
<thead>
<tr>
<th>D</th>
<th>Has the patient suffered psychological stress or acute disease in the past three months?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score</td>
<td>0  = Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ask patient / Review patient medical record / Use professional judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Have you been stressed recently?”</td>
</tr>
<tr>
<td>“Have you been severely ill recently?”</td>
</tr>
</tbody>
</table>
### Completing the Nestle Mini Nutrition Assessment

#### E. Neuropsychological problems?

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Severe dementia or depression</td>
</tr>
<tr>
<td>1</td>
<td>Mild dementia</td>
</tr>
<tr>
<td>2</td>
<td>No psychological problems</td>
</tr>
</tbody>
</table>

Review patient medical record / Use professional judgment / Ask patient, nursing staff or caregiver

- "Do you have dementia?"
- "Have you had prolonged or severe sadness?"

The patient’s caregiver, nursing staff or medical record can provide information about the severity of the patient’s neuropsychological problems (dementia).
Completing the Nestle Mini Nutrition Assessment

F1

Body mass index (BMI)?
(weight in kg / height in m²)

Score 0 = BMI less than 19
1 = BMI 19 to less than 21
2 = BMI 21 to less than 23
3 = BMI 23 or greater

Determining BMI
BMI is used as an indicator of appropriate weight for height (Appendix 1)

BMI Formula – US units
• BMI = (Weight in Pounds / [Height in inches x Height in inches]) x 703

F1. Body Mass Index (BMI) (weight in kg) / (height in m)squared

○ BMI not available
○ BMI less than 19 - (Score=0)
○ BMI 19 to less than 21 - (Score=1)
○ BMI 21 to less than 23 - (Score=2)
○ BMI 23 or greater - (Score=3)
Completing the Nestle Mini Nutrition Assessment

Screening Score
(Max. 14 points)

12-14 points: Normal nutritional status
8-11 points: At risk of malnutrition
0-7 points: Malnourished

Malnutrition Risk Assessment: Screening score (max. 14 points) 12-14 points: Normal nutritional status 8-11 points: At risk of malnutrition 0-7 points: Malnourished

MNA Screening Score:
Score: 0.0
Level:

MD notified of MNA Risk Score and Diagnosis obtained for:

- Score: (0-7) Diagnosis of Malnutrition obtained
- Score: (8-11) Diagnosis of Risk of Malnutrition obtained

No diagnosis obtained

Care plan updated?

- Yes
- No
Completing the Nestle Mini Nutrition Assessment

Recommendations for Intervention

**MNA* Score**

- **Normal Nutritional Status (12 – 14 points)**
  - **RESCREEN**
    - After acute event or illness
    - Once per year in community dwelling elderly
    - Every 3 months in institutionalized patients

- **At Risk of Malnutrition (8 – 11 points)**
  - **MONITOR**
    - Close weight monitoring
    - Rescreen every 3 months

- **Malnourished (0-7 points)**
  - **TREAT**
    - Nutrition intervention
      - Diet enhancement
      - Oral nutritional supplementation (400-600 kcal/d)²
    - Close weight monitoring
    - Further in-depth nutrition assessment

- **No Weight Loss**

- **Weight Loss**
Process for Completing the Nestle MNA

1. Resident admits to facility.
2. MDSC completes the MNA during daily PPS meeting with IDT (when completing GG Usual Performance Determination).
3. Results are reviewed, care planned, and communicated to clinical team, RD and MD/NP for interventions, follow up, and diagnosis as needed.
Other Clinical Indicators of Malnutrition/Risk For

- Pressure Ulcers/Injury
- Surgical Wounds
- Oral/Dental issues
- Dysphagia/altered diet
- NPO-artificial feeding
- Labs
- Medication side effects

- Diagnosis i.e.; Diabetes, CKD, Hypothyroidism, Digestive issues, cholecystitis, liver failure, Cancer
- Culture/food preferences
When Does This Start?

• **The Nestle MNA-SF** will be turned on in MatrixCare on **Friday, October 1st, 2021**.

• Begin using the MNA Screening Tool at that time.
Questions?