Quality Outcomes and Financial Benefits of Nutrition Intervention

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Clinical Liaison
DISCLOSURE

• Support for this program is provided by Abbott Nutrition

• The speaker is a member of the Abbott Nutrition Sales Force

• The program is not intended for continuing education credits for any health care professional
OBJECTIVES

• Discuss healthcare reform trends
• Describe the effect of nutrition intervention on improved patient outcomes
• Examine evidence-based recommendations for patients at risk for malnutrition
• Review Health Economic data supporting the use of oral nutritional supplements (ONS) in hospitalized patients
• Discuss next steps
A Changing Healthcare Landscape:
The Effect of Nutrition on Clinical Outcomes
A CHANGING HEALTHCARE LANDSCAPE

**Hospital Value Based Purchasing (VBP)**
Payment adjustments based on interventions and outcomes related to:
- Efficiency (2015)
- Outcomes (2014)
- Processes of Care
- Patient Satisfaction measures
- 1.50% of DRG payments in 2015

**Readmission Reduction Program**
Hospitals benchmarked against national averages and penalties for low-performers inflicted for:
- Patients who have been discharged then return to hospital within 30 days after having AMI, CHF, pneumonia and for COPD and Hip/Knee Arthroplasty 2015
- Even if reason for return is not related to original hospitalization
- Payment Adjustments for all Medicare payments to hospital – 1% in 2013, 2% in 2014, 3% in 2015

**Hospital Acquired Condition Reduction Program**
CMS does not reimburses for the following conditions that occur in the hospital:
- Burns/electric shock
- Falls
- Pressure ulcers stage III & IV
- Surgical foreign object retention
- Air embolism
- Blood incompatibility
- Poor glycemic control
- Catheter-associated urinary tract infections
- Bottom 25% will be penalized 1% in 2015 (new)

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Performance against the nation determines penalty

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CMS=Centers for Medicare and Medicaid Services
SHIFTING MARKET DYNAMICS PROVIDE AN OPPORTUNITY TO ELEVATE THE ROLE OF NUTRITION

Evolving Demographics

- ↑ Aging Population
- ↑ Disease Incidence
- ↑ Health Care Consumption
- ↑ Quality of Life

Evolving Health Policy

- ↓ CMS Payments
- ↑ Quality of Care
- ↓ Cost of Care

↑ Role of Nutrition in Improving Patient Outcomes

September 4, 2015
SOME PREVENTABLE OCCURRENCES PRESENT A FINANCIAL BURDEN

Surgical Site Infections
$39,858,268¹

Pressure Ulcers
$11,111,505,060¹

Falls
$6,560,726,004¹

Readmissions
$12,000,000,000²

Malnutrition:
Identification and Intervention Throughout the Continuum of Care
MALNUTRITION IS AN INDEPENDENT PREDICTOR OF POOR CLINICAL OUTCOMES
RECOMMENDED CHARACTERISTICS FOR THE IDENTIFICATION AND DOCUMENTATION OF ADULT MALNUTRITION

THE SKELETON IS STILL IN THE CLOSET

**In 1974**, CE Butterworth published “The Skeleton in the Hospital Closet” in *Nutrition Today*¹, and wrote,

“I suspect...that **one of the largest pockets of unrecognized malnutrition in US**...exists not in rural slums or urban ghettos but in the private rooms or wards of big city hospitals.”

**In 2011**, M Somanchi published “The Facilitated Early Enteral and Dietary Management Effectiveness Trial in Hospitalized Patients With Malnutrition” in *JPEN*², and wrote,

**“Malnutrition is a common problem** in the hospital setting that **often goes unrecognized** by healthcare providers. *Investigators have reported that malnutrition occurs in 30% to 55% of hospitalized patients.”**

MALNUTRITION: SCOPE OF THE PROBLEM

Prevalent across all healthcare settings

<table>
<thead>
<tr>
<th>Healthcare Setting</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>30-50%&lt;sup&gt;1-4&lt;/sup&gt;</td>
</tr>
<tr>
<td>Long-Term Care</td>
<td>21%-51%&lt;sup&gt;5&lt;/sup&gt;</td>
</tr>
<tr>
<td>Outpatient &amp; Homecare</td>
<td>13-30%&lt;sup&gt;5&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

Risk is increased in:<sup>6</sup>
- Older adults
- Critically ill patients
- Patients with comorbid chronic diseases, e.g., cancer, COPD, chronic kidney disease

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<sup>4</sup> Somanchi M et al. JPEN. 2011;35:209-216.  
<sup>5</sup> Guigoz Y. J Nutr Health Aging. 2006;10:466-487.  
Malnutrition led to poor hospitalization outcomes and survival\(^1\)

- In a large, prospective cohort (1,079 patients), data were collected examining the impact of malnutrition on length of hospital stay, readmission, hospitalization cost and mortality

<table>
<thead>
<tr>
<th>Malnourished patients:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Had higher mortality rates at 1 year (34% vs. 4.1%)</td>
<td>(P=0.001)</td>
</tr>
<tr>
<td>Had higher mortality rates at 2 years (42.6% vs. 6.7%)</td>
<td></td>
</tr>
<tr>
<td>Had higher mortality rates at 3 years (48.5% vs. 9.9%)</td>
<td>(P=0.001)</td>
</tr>
<tr>
<td>Longer length of hospital stays</td>
<td></td>
</tr>
<tr>
<td>Were more likely to be readmitted within 15 days</td>
<td>(P&lt;0.025)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The study also showed:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The mean difference between actual cost of hospitalization and the average cost for malnourished patients was greater than well-nourished patients</td>
<td>(P&lt;0.014)</td>
</tr>
</tbody>
</table>
CAUSES OF LEAN BODY MASS LOSS

Normal
Aging
Bed rest
Poor diet
Cyclical dieting
Lack of physical activity

Abnormal—stressed state
Chronic diseases – Cancer, Diabetes, COPD
Acute illnesses/complications – Flu, Sepsis, Wounds
Surgical healing/immobilization – General, Orthopedic, Cardiac
Acute injuries/immobilization – Sports-related, Trauma/accidents, Burns
**BED REST, AGE AND HOSPITALIZATION INCREASE LOSS OF MUSCLE**

1. **Healthy Young**
   - **28 Days** Inactivity
   - ≈ 1 lb loss of muscle

2. **Healthy Elders**
   - **10 Days** Inactivity
   - ≈ 2.2 lb loss of muscle

3. **Elderly Inpatients**
   - **3 Days** Hospitalization
   - ≈ 2.2 lb loss of muscle

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LOSS OF LEAN BODY MASS INCREASES RISK FOR COMPLICATIONS\(^1\)

<table>
<thead>
<tr>
<th>% Loss of Total LBM</th>
<th>Complications</th>
<th>Associated Mortality (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Decreased immunity, increased infections</td>
<td>10</td>
</tr>
<tr>
<td>20</td>
<td>Decreased healing, weakness, infection</td>
<td>30</td>
</tr>
<tr>
<td>30</td>
<td>Too weak to sit, pressure ulcers, pneumonia, no healing</td>
<td>50</td>
</tr>
<tr>
<td>40</td>
<td>Death, usually from pneumonia</td>
<td>100</td>
</tr>
</tbody>
</table>

LINK BETWEEN LBM AND FUNCTIONALITY

Nutrition

ADLs

Muscle / LBM

Functionality

Strength
FALLS ARE ASSOCIATED WITH MALNUTRITION

45% of patients who fall in the hospital suffer from malnutrition,¹ which is significantly associated with reduced mobility.²

RISK OF NEVER EVENTS WITH PRE-EXISTING MALNUTRITION/WEIGHT LOSS

<table>
<thead>
<tr>
<th>Event</th>
<th>Odds Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical site infection</td>
<td>2.5</td>
</tr>
<tr>
<td>Pressure Ulcer</td>
<td>3.8</td>
</tr>
<tr>
<td>Catheter-associated UTI</td>
<td>5.1</td>
</tr>
<tr>
<td>Mediastinitis after CABG</td>
<td>5.3</td>
</tr>
</tbody>
</table>

Improving Clinical and Economic Outcomes With Nutrition Intervention
INADEQUATE FOOD INTAKE

• More than 50% of patients did not eat full meal provided\(^1\)

• Of those patients who ate less than \(\frac{1}{4}\) of their meals, more than 50% did not receive nutrition supplementation\(^1\)

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DISCONNECT BETWEEN MD AND RD

Physicians do not order the recommendations in the dietitian’s nutrition care plan

39-57% of the time.¹⁴

HIGH PROTEIN ONS RESULT IN CLINICAL, NUTRITIONAL AND FUNCTIONAL BENEFITS

### Demographics

- Systematic review of 36 RCTs
- 3790 subjects (mean age 74 years; 83% of trials in patients >65 years)
- Patient populations: hip fractures, pressure ulcers, COPD, cancer, GI disease, etc.

### Treatment

- **Group 1 (treatment)**
  - High-Protein ONS

- **Group 2 (control)**
  - Usual Care

### Measurements

- Readmissions
- LOS
- Complications
- Handgrip strength
- Body composition
- Body Weight
- Nutritional Status
- Energy/Protein Intake

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HIGH PROTEIN ONS RESULT IN CLINICAL, NUTRITIONAL AND FUNCTIONAL BENEFITS¹

<table>
<thead>
<tr>
<th>Reduction</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>19% Reduction in complications</td>
<td>(P&lt;0.001)</td>
</tr>
<tr>
<td>10% Reduction in length of hospital stay</td>
<td>(P=0.04)</td>
</tr>
<tr>
<td>30% Reduction in hospital readmissions</td>
<td>(P=0.004)</td>
</tr>
</tbody>
</table>

The study also showed:

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improvement in handgrip strength</td>
<td>(P&lt;0.014)</td>
</tr>
<tr>
<td>Improvement in body weight</td>
<td>(P&lt;0.001)</td>
</tr>
<tr>
<td>Increase in muscle mass (mid-arm muscle circumference)</td>
<td>(P&lt;0.05)</td>
</tr>
<tr>
<td>Increase in protein and energy intake with little reduction in normal food intake</td>
<td>(P&lt;0.001)</td>
</tr>
</tbody>
</table>

# NUTRITION INTERVENTION CAN HELP IMPROVE CLINICAL OUTCOMES

<table>
<thead>
<tr>
<th>Readmissions</th>
<th>LOS</th>
<th>Complications (Wounds, Infections, Pressure Ulcers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cawood 2011¹</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Gariballa 2006²</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Stratton 2010³</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Norman 2008⁴</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Somanchi 2011⁵</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Brugler 1999⁶</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Milne 2009⁷</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Rana 1992⁸</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

## NUTRITION INTERVENTION CLINICAL STUDY OVERVIEW BY PATIENT POPULATION

<table>
<thead>
<tr>
<th></th>
<th>Post-Surgical</th>
<th>GI</th>
<th>Cancer</th>
<th>Respiratory (COPD+ and Pneumonia)</th>
<th>Elderly</th>
<th>Renal Failure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keele 1997¹</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rana 1992²</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jensen 1997³</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stratton 2005⁴</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Stratton 2007⁵</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Norman 2008⁶</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cawood 2012⁷</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Gariballa 2006⁸</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Vivanti 2011⁹</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Neelemaat 2012¹⁰</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Nutrition Intervention: Readmissions
EVIDENCE THAT NUTRITION INTERVENTION DECREASES READMISSION

Hospital patients who received dietary counseling + oral nutrition supplements (ONS) experienced significantly fewer readmissions ($p=0.041$)$^1$

30-day readmission rates decreased from 16.5–7.1% after institution of a comprehensive nutrition pathway from inpatient to post-discharge$^2$

Patients who received ONS (up to 995 kcal/ day in addition to food) for 6 weeks had fewer readmissions: 29% who consumed ONS vs. 40% who ate food only$^3$

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EVIDENCE THAT NUTRITION INTERVENTION DECREASES READMISSION

Objective

- Study examined whether nutritional support of older patients during acute illness leads to a clinical benefit.¹

Patients and intervention

- Randomized, double-blind, placebo-controlled 445 hospitalized patients aged 65 to 92 years.
- Normal hospital diet plus ONS (223 subjects) or a normal hospital diet plus a placebo (222 subjects) daily.
- ONS provide 995 kcal.
- Outcome measure: 6 months of disability, non-elective readmission and length of hospital stay, discharge destination, morbidity, and mortality.

Results

- Over 6 months, 29% of patients in the supplements group were readmitted to the hospital compared with 40% of patients in the placebo group.*
- LOS was 9.4 days in the supplements group compared with 10.1 days in the placebo group.

Patients who received ONS (up to 995 kcal/day in addition to food) for 6 weeks had fewer readmissions: 29% who consumed ONS vs. 40% who ate food only

¹ Gariballa S, et al Am J Med. 2006;119:693-9. *Adjusted hazard ratio 0.68 (95% confidence interval 0.49-0.94)
EVIDENCE THAT NUTRITION INTERVENTION DECREASES READMISSION

Objective

• St. Francis Hospital examined initiating a nutrition care plan for acutely ill patients.

Patients and intervention

• Pilot study showed that nutrition intervention was not being provided in a uniform and timely manner.

• Free-standing hospital committee, the Nutrition Care Committee (NCC), began developing a malnutrition pathway that would serve as an integrated plan for providing nutrition care to high-risk patients.

Results

• Significant improvement in the identification of high-risk patients (from 25.9% to 86%).

• Significant improvement in timeliness of nutrition (from 6.9 days to 2.4 days).

• Comparison before vs. after in a similar patient population indicated reductions in:
  – average LOS from 10.8 to 8.1 days.
  – incidence of major complications from 75.3% to 17.5%.
  – 30-day readmission rates from 16.5% to 7.1%.

30-day readmission rates decreased from 16.5–7.1% after institution of a comprehensive nutrition pathway from inpatient to post-discharge

Health Economic Studies on the Impact of Oral Nutrition Supplements Among Hospital Patients
HEOR – WHAT IS IT?

Health Economics:
• Analysis of the economic aspects of health and healthcare
• Focuses on the costs (inputs) and the consequences (outcomes) of healthcare interventions
• Applies economic theories to medical practices

Outcomes Research:
• Aims to understand the end results of healthcare practices or interventions.
• Evaluates the effect of healthcare interventions on patient-reported clinical, humanistic and economic outcomes.
IMPACT OF ORAL NUTRITIONAL SUPPLEMENTATION PROVIDED DURING HOSPITALIZATION WAS STUDIED IN A RETROSPECTIVE HEALTH ECONOMIC ANALYSIS

The Sample

11-year database from 2000-2010

ONS Use Within Sample

Within the 11-year database, ONS use was used in 724,027 of 43,968,567 adult inpatient episodes

44 million adults ages 18+ after inpatient episodes

Rate of ONS use: 1.6%

ORAL NUTRITION SUPPLEMENTATION PROVIDED DURING HOSPITALIZATION WAS ASSOCIATED WITH:¹

21% decrease in length of stay (2.2 days)

21.6% decrease† in episode costs ($4734)

6.7% decrease* in probability of 30-day readmissions

¹ Monetary figures are based on 2010 US dollars and inflation adjusted.
*Readmission defined as return to study hospital for any diagnosis. Data measured delayed readmission and does not include patients not readmitted due to recovery or death.
IMPACT OF ORAL NUTRITIONAL SUPPLEMENTATION PROVIDED DURING HOSPITALIZATION WAS STUDIED IN MEDICARE AGE 65+ POPULATION

ONS IMPROVED THE FOLLOWING OUTCOMES IN MEDICARE PATIENTS AGES 65 AND OLDER: ¹

- 8.4% decrease in probability of 30-day readmission¹
- 1.7 day (16%) decrease in hospital length of stay¹
- $3079 (15.8%) decrease in episode cost¹

**ONS DECREASED THE PROBABILITY OF 30-DAY READMISSIONS IN SPECIFIC 65+ MEDICARE POPULATIONS**¹,²

### Change in 30-Day Readmission Probability with ONS

<table>
<thead>
<tr>
<th>Condition</th>
<th>Probability Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>COPD¹</td>
<td>-13.1%*</td>
</tr>
<tr>
<td>Acute Myocardial Infarction (AMI)²</td>
<td>-12.0%*</td>
</tr>
<tr>
<td>Congestive Heart Failure (CHF)²</td>
<td>-10.1%*</td>
</tr>
<tr>
<td>Pneumonia (PNA)²</td>
<td>-5.2%</td>
</tr>
<tr>
<td>All Diagnoses (Ages 65+)²</td>
<td>-8.4%*</td>
</tr>
</tbody>
</table>

* Indicates significance at the 1% level

Implementation Process
CURRENT US NUTRITION CARE LANDSCAPE\textsuperscript{1}

- **90%** Nutrition screen completed within 24 hours of admission
- **38%** Use of a validated screening tool
- **73%** Nutrition screen findings documented in medical record
- **34%** Nutrition screen resulted in a clinician’s intervention >75% of the time

USE THESE SIX PRINCIPLES TO EFFECTIVELY ADDRESS MALNUTRITION AND IMPROVE PATIENT OUTCOMES IN THE HOSPITAL

   EHR=electronic health record
   NCP = nutrition care plan
YOU CAN USE THE MALNUTRITION SCREENING TOOL (MST) TO SCREEN YOUR PATIENTS’ NUTRITIONAL STATUS

The set of questions helps you quantify your patients’ malnutrition risk level and guides you on what action to take.

<table>
<thead>
<tr>
<th>Step</th>
<th>Question</th>
<th>Score</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Have you recently lost weight without trying?</td>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unsure</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>If yes, how much weight have you lost?</td>
<td>2-13 lb</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>14-23 lb</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>24-33 lb</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>34 lb or more</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unsure</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Have you been eating poorly because of a decreased appetite?</td>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>1</td>
</tr>
</tbody>
</table>

Add weight loss and appetite scores

MST SCORE: 

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1 Ferguson, M et al. Nutrition 1999 15:458-464
Quality Improvement

“Those who don't know history are destined to repeat it.”

Edmund Burke
Quality Improvement is a formal approach to the analysis of performance and systematic efforts to improve it.

The IHI Triple Aim is a framework developed by the Institute for Healthcare Improvement that describes an approach to optimizing health system performance.

It is IHI’s belief that new designs must be developed to simultaneously pursue three dimensions, which are called the “Triple Aim”:

• Improving the patient experience of care (including quality and satisfaction)
• Improving the health of populations
• Reducing the per capita cost of health care

IMPACT OF A MULTIDISCIPLINARY NUTRITION PROGRAM ON LENGTH OF STAY, HOSPITAL COSTS, AND READMISSION¹

Akron General Medical Center

- Level 1 Trauma Center
- Teaching Hospital
- Over 100 years of service
- Magnet designation
- NICHE designation

57% REDUCTION IN TIME TO INTERVENTION\(^1\)

<table>
<thead>
<tr>
<th>Year</th>
<th>Day 1</th>
<th>Day 1-2</th>
<th>Day 2-3</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>Nursing admission screen, referral to RD</td>
<td>RD sees patient, writes order or verbal order</td>
<td>Patient receives supplement (2.3 days)</td>
</tr>
<tr>
<td>2013</td>
<td>Nursing admission screen, referral to RD</td>
<td>Patient receives supplement (&lt;24 hrs)</td>
<td>RD sees patient, validates order</td>
</tr>
</tbody>
</table>

LENGTH OF STAY REDUCED BY 0.77 DAYS

Reduction in LOS for Diagnoses Commonly Treated with ONS and other Diagnoses

Dx Commonly Treated with ONS       Other Dx

\[ p = \text{<0.01} \]

18% REDUCTION IN THE PROBABILITY OF 30-DAY READMISSION

Change in Probability of 30-Day Readmission

-18.1%  -3.8%

Dx Commonly Treated with ONS  Other Dx

P=<0.059

Educate patients on their nutrition care plan to continue their recovery at home and help avoid readmissions
POST ACUTE SERVICES ARE BECOMING INCREASINGLY MORE IMPORTANT IN DRIVING IMPROVED PATIENT OUTCOMES FOR HOSPITALS\(^1\)

- Hospitals need to pay much more attention to the transition of patient care into post acute / community
- Transition of care has not historically been your responsibility
  - Increased attention on follow-up care
  - Greater opportunity for active involvement of home health care

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Post-Hospital Syndrome

Associated causes:

- Poor Nutrition
- Pain and Discomfort
- Decline in Mental Functioning
- Sleep Deprivation

Malnutrition during hospitalization may cause poor outcomes, yet often receive little attention.
NUTRITIONAL STATUS BECOMES PROGRESSIVELY COMPROMISED THROUGH THE CONTINUUM OF CARE

Upon Admission to the Hospital

30% to 50% of patients are malnourished upon admission\(^1,2\)

During Hospital Stay

38% of patients with normal nutrition status experience a decline during hospitalization\(^3\)

Post-discharge

Many patients continue to lose weight\(^4\)

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3 STEPS FOR ADDRESSING MALNUTRITION

1. **Screen and recognize** all patients at risk of malnutrition

2. **Rapidly implement nutrition interventions** and continue monitoring your patients

3. **Include nutrition in every discharge plan** with education on why nutrition is important to recovery
QUESTIONS? THANK YOU!!

OH THE THINGS YOU CAN FIND, IF YOU DON’T STAY BEHIND!

~ DR. SEUSS