

February 13, 2024

Pre-Rule Making Measure Review Committee
Partnership for Quality Measurement
MMSSupport@battelle.org

RE: Feedback on Release of Measures Under Consideration List for 2023-2024 Review Cycle

I appreciate the opportunity to submit comments in support of MUC2023-114, the expansion of the Global Malnutrition Composite Score from 65 years of age and older to 18 years of age and older. Morrison Healthcare is one of the world's largest Food and Nutrition Services contract companies, contracted with 900+ U.S. hospitals to employ and manages approximately 3,000 registered dietitian nutritionists (RDNs). As the Vice President of Nutrition and Wellness, I manage a team of RDNs that lead our clinical nutrition programs, wellness, and sustainability, a fully accredited dietetic internship, and oversee the organization's regulatory and standardization processes. In 2020, we expanded the team to include a Corporate Director of Malnutrition, indicative of our value in identifying and treating patients with malnutrition. We now have added 3 Malnutrition Managers to help support our malnutrition program.

There is a high prevalence of malnutrition among hospitalized patients, but it frequently goes unrecognized, compounding other health conditions. Up to 50% of all patients are at risk for or are malnourished at the time of hospital admission.¹ Only 7% of patients are typically diagnosed with malnutrition during their hospital stay.² Malnutrition has a significant impact on patient outcomes as malnourished hospitalized adults have a 54% higher likelihood of hospital 30-day readmissions than those who are well-nourished.³ Patients with a malnutrition diagnosis and nutrition care plan had a 24% reduction in readmission risk vs those without a care plan for outlining intervention and treatment.⁴

Malnutrition is a leading cause of morbidity and mortality, especially among hospitalized adults. Hospitalized patients who are malnourished have a greater risk of complications, falls, pressure injuries, infections, and readmissions, and experience 4 to 6 days longer length of stay. Because of the importance of identifying and treating malnutrition, we have developed an industry-leading program for our clinical nutrition managers to help them successfully move their malnutrition program forward.

The endorsement and inclusion of MUC2023-114, expansion of the Global Malnutrition Composite Score from 65 years of age and older to 18 years of age and older, in the Hospital Inpatient Quality Reporting (IQR) program, **will ultimately improve patient care outcomes through standardized identification and treatment of malnutrition.** In its recent committee meeting, the Pre-Rulemaking Review (PRMR) committee identified areas for consideration with corresponding conditions for expanding the GMCS to include all adults ages 18 and over. Please see our comments below regarding specific areas of concern.

- Our malnutrition program focuses on all patients, not just those over 65. Expanding the GMCS to include 18 years of age and older will not burden the facility more because we are already identifying and treating malnutrition in patients of all ages.
- One component of our program is establishing an interdisciplinary malnutrition committee to meet monthly. This communication helps ensure that all interdisciplinary team members have a voice regarding malnutrition care, which includes patient representation.
- The dietitians' scope of practice emphasizes the importance of person-centered care based on collaboration with patients and caregivers in planning nutrition interventions.
- Morrison Healthcare's policy on clinical nutrition care includes that a nutrition assessment be completed on all patients who exceed the average length of stay in the hospital. Since research

shows that a patient's nutrition status can decline during their hospital stay, we want to ensure these patients are assessed and treated for malnutrition if they do not screen at-risk upon admission. This is our standard of practice.

On behalf of Morrison Healthcare, I appreciate the opportunity to submit these comments in support of MUC2023-114, the expansion of the Global Malnutrition Composite Score. This measure will not only enhance the quality of care for patients with malnutrition, but also address the social determinants of health that contribute to food insecurity and health disparities in our communities. As an essential hospital partner, Morrison Healthcare is committed to advancing health equity and improving nutrition outcomes for all patients, regardless of age, race, ethnicity, income, or disability.

Sincerely,

A handwritten signature in black ink, appearing to read "Peggy O'Neill", enclosed within a hand-drawn oval.

Peggy O'Neill, Vice President, Nutrition & Wellness

Morrison Healthcare

peggyo'neill@iammorrison.com

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1. Wells JL and Dumbrell AC. Nutrition and Aging: Assessment and treatment of compromised nutritional status in frail elderly patients. *Clin Interv Aging*. 2006; 1(1):67-69.
 2. Weiss AJ, Fingar KR, Barrett ML, Elixhauser A, Steiner CA, Guenter P, Brown MH. Characteristics of hospital stays involving malnutrition, 2013. HCUP Statistical Brief #210. Rockville, MD: Agency for Healthcare Research and Quality. Available at: <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb210-Malnutrition-Hospital-Stays-2013.pdf>.
 3. Fingar KR, Weiss AJ, Barrett ML, et al. All-cause readmissions following hospital stays for patients with malnutrition, 2013. HCUP Statistical Brief #218. December 2016. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb218-Malnutrition-Readmissions-2013.pdf>.
 4. Valladares AF, et al. How a Malnutrition Quality Improvement Initiative Furthers Malnutrition Measurement and Care: Results From a Hospital Learning Collaborative. *JPEN J Parenter Enteral Nutr*. 2020;