



MALNUTRITION QUALITY
IMPROVEMENT INITIATIVE

Learning Collaborative Learning Event: Gaining Leadership Buy-in

The Malnutrition Quality Improvement Initiative (MQii) is a project of the Academy of Nutrition and Dietetics, Avalere Health, and other stakeholders who provided guidance and expertise through a collaborative partnership. Support provided by Abbott.

Today's Learning Objectives

After this presentation you should be able to:

- Understand why leadership buy-in is important to support your project and when to seek that buy-in
- Identify best practices for seeking leadership buy-in
- Feel prepared for maintain senior leadership engagement



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Today's Presenter:

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*Implementation and Quality
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Today's Presenter:

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Why Leadership Engagement Buy-in is So Important and How it Can Support Your Project

Approve resources for project design and implementation

Require prioritization of IT report generation

Facilitate support and prioritization across disciplines

Provide venues for dissemination of results and increasing awareness across your facility

When Should I Seek Leadership Buy-in?

As soon as you identify that your facility would benefit from participation in the MQii!

Best Practices for Seeking Leadership Buy-in

- 1 Engage champions from different disciplines to demonstrate multi-stakeholder support
- 2 Share statistics about the prevalence, burden, and impact of malnutrition on hospitalized patients
- 3 Work with IT to pull facility-specific data on outcomes associated with malnourished vs. non-malnourished in current patients
- 4 Link opportunities associated with MQii Learning Collaborative participation to institutional priorities, goals, and metrics
- 5 Communicate the benefits of participation (e.g., potential for improved outcomes, collaboration with other hospitals, benchmarking, publication/visibility)

Engage Champions From Different Disciplines

BEST PRACTICES

- Reach out to stakeholders from different disciplines including dietitians, physicians, nurses, QI team
- Share the importance of optimal malnutrition care for that discipline (e.g., for nurses, reduced wound rates and lower overall patient burden)
- Clearly & frequently communicate roles, expectations, and progress
- If possible, identify a champion within the discipline who is engaged and passionate about nutrition
- Engage leadership who can facilitate access to necessary resources (e.g., IT, Performance/Quality Improvement, specific clinical departments)

TOOLS & RESOURCES

- “What is My Role?” information on [MQii homepage](#) and associated one-pagers

What is My Role?

PHYSICIAN	+
DIETITIAN	+
NURSE	+
QUALITY LEADER	+
HOSPITAL EXECUTIVE	+
PHARMACIST & CARE TEAM	+
PATIENT ADVOCATE	+

- [MQii Stakeholder Letters](#) (Resources page under “Soliciting Leadership Support”)

Share Statistics About the Prevalence, Burden, and Impact of Malnutrition (1/2)

BEST PRACTICES

- Tell the story that resonates best with each audience, attempting to understand how addressing malnutrition aligns with their particular goals
- Share data on:
 - Malnutrition prevalence for hospitalized patients, especially older adults
 - Costs of disease-associated malnutrition
 - Potential benefits to the patient AND hospital of malnutrition quality improvement
- Outline a common purpose:
 - Malnutrition quality improvement activities can impact: readmissions, infections, wounds, fall risk, healing and recovery, comorbidities, etc.

“I have been so surprised by the fact that our clinicians were happy to join my project team when they realized the importance to our patients. They are very willing to be a part of this journey and are enjoying this as much as I am.”

Share Statistics About the Prevalence, Burden, and Impact of Malnutrition (2/2)

TOOLS & RESOURCES

- [MQii Briefing: The Value of Quality Malnutrition Care](#)
- [MQii Overview Presentation](#)

Articles on Malnutrition Prevalence and Burden:

- [All-Cause Readmissions for Patients with Hospital Stays](#)
- [Characteristics of Hospital Stays](#)

Articles on Value of Malnutrition Quality Improvement:

- [Effectiveness of MQii on Practitioner Malnutrition Knowledge and Screening, Diagnosis, and Timeliness of Care](#)
- [Impact on 30-day Readmissions and LOS in Hospitalized Patients](#)
- [Budget Impact of a Comprehensive Nutrition-Focused Quality Improvement Program](#)

Pull Facility-Specific Data on Malnourished vs. Non-Malnourished Patient Outcomes

BEST PRACTICES

- Work with your IT team to pull data on outcomes of interest for malnourished vs. non-malnourished patients
 - Readmissions
 - Length-of-stay
 - Pressure ulcers/wounds
 - Infection rates
 - Fall rates
- Develop a table or resource highlighting the difference in outcomes for the current patient population
- Consider using data on additional cost per malnourished patient to demonstrate potential savings to the hospital of addressing malnutrition

TOOLS & RESOURCES

Sample Table of Hospital-Specific Data

Outcome of Interest	2017 Malnourished Patients	2017 All Patients	Change
Re-admission Rate	7.75%	6.46%	1.29% Reduction
Length-of-stay	10.3 days	6.4 days	3.9 days Reduction

Articles with Information on Additional Cost per Malnourished Patient:

1. Fingar KR, Weiss AJ, Barrett ML, Elixhauser A, Steiner CA, Guenter P, Hise Brown M. All-Cause Readmissions Following Hospital Stays for Patients with Malnutrition, 2013 (AHRQ HCUP Report, published December 2016). Available at: <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb218-Malnutrition-Readmissions-2013.isp>
2. Weiss AJ, Fingar KR, Barrett ML, Elixhauser A, Steiner CA, Guenter P, Hise Brown M. Characteristics of Hospital Stays Involving Malnutrition, 2013 (AHRQ HCUP Report, published September 2016). Available at: <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb210-Malnutrition-Hospital-Stats-2013.isp>

Link MQii Learning Collaborative Participation Opportunities To Institutional Priorities

BEST PRACTICES

- Identify your hospital-wide goals and determine how malnutrition affects those outcomes
- Establish a firm business case for the hospital:
 - How will patients and ultimately the hospital benefit from addressing malnutrition (e.g., reduced readmissions, better care and outcomes for patients)?
 - Highlight potential short-term wins
- Tailor your project to the specific needs of the hospital, demographics of the patients, and staffing within the organization
- Set goals for your malnutrition quality improvement project to show how they will ladder up to the hospital-wide goals (e.g., better malnutrition diagnosis, care plan development, and discharge planning to prevent readmissions)

Because these goals are hospital-specific, the project lead may want to create their own resources highlighting how the effort will support hospital goals

“Quality improvement is a top priority within our organization, so as soon as I introduced the MQii and the possibility of CMS adopting malnutrition as one of their eCQMs, she was immediately on board and supportive. We like the idea of pioneering and innovating and being a national leader in advancing malnutrition quality improvement.”



Communicate the Benefits of Participation (1/2)

SHARE BEST PRACTICES WITH LEADERSHIP TO IMPROVE PATIENT CARE

Internal Dissemination Activities

Best practices /
procedure for
implementation

Recurring meetings with leadership to
provide updates on process and
implementation status

Process
improvement results
(i.e., what changed?)

Share reports on improvements as
they are identified with key
institutional leaders



Impacts on critical
outcomes (e.g.,
clinical or economic)

Work with key staff to track and
monitor impacts to critical outcomes
associated with quality improvement
in the areas of focus; tie project
impacts to hospital goals and metrics

Benefits of Internal Dissemination

- Spreads best practices to clinicians throughout your institution that are associated with improved patient care
- Reflects positively on your department
- Can appeal to internal stakeholders such as facility directors and other decision-makers

Communicate the Benefits of Participation (2/2)

CONTRIBUTE TO THE BODY OF EVIDENCE SUPPORTING BEST PRACTICES

External Dissemination Activities

Best practices /
procedure for
implementation

Poster or abstract describing process
improvement or process for designing
QI project

Process
improvement results
(i.e., what changed?)

Poster, abstract, presentation, or
manuscript describing results of
process improvements and potential
short-term impacts

Impacts on critical
outcomes (e.g.,
clinical or economic)

Poster, abstract, presentation, or
manuscript describing impacts of
process/quality improvement on
critical outcomes (e.g., clinical
outcomes, cost of care, etc.)

Benefits of External Dissemination

- Contributes to the evidence-base of best practices, informing other clinicians on ways to improve patient care
- Brings credibility to your organization
- Can help reinforce internal engagement activities

Keeping Senior Leadership Engaged is Critical to Your Success

You received leadership support and approval in order to begin this intervention, but keeping them engaged will ensure you are able to make modifications to your intervention as necessary as well as identify and pursue future QI opportunities

Tips for Maintaining Senior Engagement:

Continue to demonstrate how participation in the MQii supports progress toward institutional priorities

Identify champions across disciplines

Ensure you link discussion of your intervention to the business case previously presented; refer to newly published evidence, where available

Meet with leadership monthly to provide them with an update on your implementation status and progress to-date

Keeping Senior Leadership Engaged is Critical to Your Success (Cont.)

Tips for Maintaining Senior Engagement:

If possible, request IT provide data around nutrition metrics so you can bring evidence to your leadership conversations

Use your data to demonstrate any short-term wins and highlight opportunities to expand your current intervention or pursue new areas for QI

Work directly with leadership on strategies to address implementation challenges or to tackle expanded/new QI

Publish your data in peer-reviewed journals and present it at conferences

Share your project updates and findings via internal and external newsletters and other opportunities (e.g., hospital newsletters, professional society updates), and provide any publications to leadership

Resources

“What’s My Role” & Associated One-Pagers ([Link](#))

MQii Stakeholder Letters ([Link](#))

MQii Briefing: The Value of Quality Malnutrition Care ([Link](#))

MQii Overview Presentation ([Link](#))

“Prevalence and Burden of Malnutrition Among Hospitalized Patients” on the MQii Resources page ([Link](#))

“Benefits of Malnutrition Quality Improvement” on the MQii Resources page ([Link](#))

MQii Implementation FAQs ([Link](#))

Learning Collaborative Participant Videos ([Link](#))

Have Questions



Please reach out to a member of
the MQii Team at
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