MALNUTRITION QUALITY IMPROVEMENT INITIATIVE

Learning Collaborative Learning Event: Establishing Your Data Collection Process & Use of the eCQM Performance Calculator

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.

MALNUTRITION QUALITY IMPROVEMENT INITIATIVE

Today's Presenter:

Angel Valladares, MPH
eCQM Expert and Site Advisor
Senior Manager, Avalere

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 tools that are available to support your data collection efforts to inform your quality improvement project(s) and monitor your results:
    - The eCQM Performance Calculator
    - The MQii Data Management Guide
- Understand who from your Project Team you should engage to help you use data collection and management tools
- Identify when in your project lifecycle you should have a data collection process established
- Hear from a previous Learning Collaborative participant's experience on how data informed their malnutrition quality improvement

Webinar Terms & Definitions

- **QI Focus:** The specific area(s) of improvement your organization is focused on such as Screening, Assessment, Diagnosis, Care Plan, Intervention Implementation, or Discharge Planning
- **Intervention:** A strategy to bring about desired change (e.g., education of staff, changes to EHR components, a workflow change, a documentation change, etc.)
- **Quality Indicators:** Targeted measures or metrics, available in the MQii Toolkit or developed by your team (ideally in partnership with your QI department) to monitor the impact of your intervention implementation that makes use of readily available hospital inpatient administrative data
- **Quality Measures:** Tools that help us measure or quantify healthcare processes, outcomes, patient perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality health care
- **Electronic Clinical Quality Measures (eCQMs):** Quality measures that use data electronically extracted from electronic health records (EHRs) and/or health information technology systems to measure the quality of health care provided.
- **MQii eCQM Data Export:** Data file extracted from your EHR that is generated by your IT department according to the MQii eCQM specifications

QI: Quality Improvement; IT: Information Technology

MALNUTRITION QUALITY IMPROVEMENT INITIATIVE

Today's Presenter:

Ken Nepple, MD FACS
Physician Value Officer, UI Health Care
Associate Professor, Department of Urology
Associate CMIO, Health Care Information Systems

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.

Data Collection Provides the Ability to Monitor Improvements in Malnutrition Care Practices

Data Collection is Critical Regardless of Collaborative Participation Tier

TIER 1: COLLECTION & REPORTING

- Collect eCQM, quality indicator and outcomes data to:
  - Identify where gaps exist in your malnutrition care processes
  - Monitor improvements in malnutrition care best practices
  - Demonstrate the impact and value of malnutrition care on the facility
- Report data to MQii Team for performance feedback and benchmarking

TIER 2: COLLECTION ONLY

- Collect eCQM, quality indicator and outcomes data to:
  - Identify where gaps exist in your malnutrition care processes
  - Monitor improvements in malnutrition care best practices
  - Demonstrate the impact and value of malnutrition care on the facility

Along with the Four eCQMs, Data Collection May Include Intervention, D/C Planning and Outcomes Data

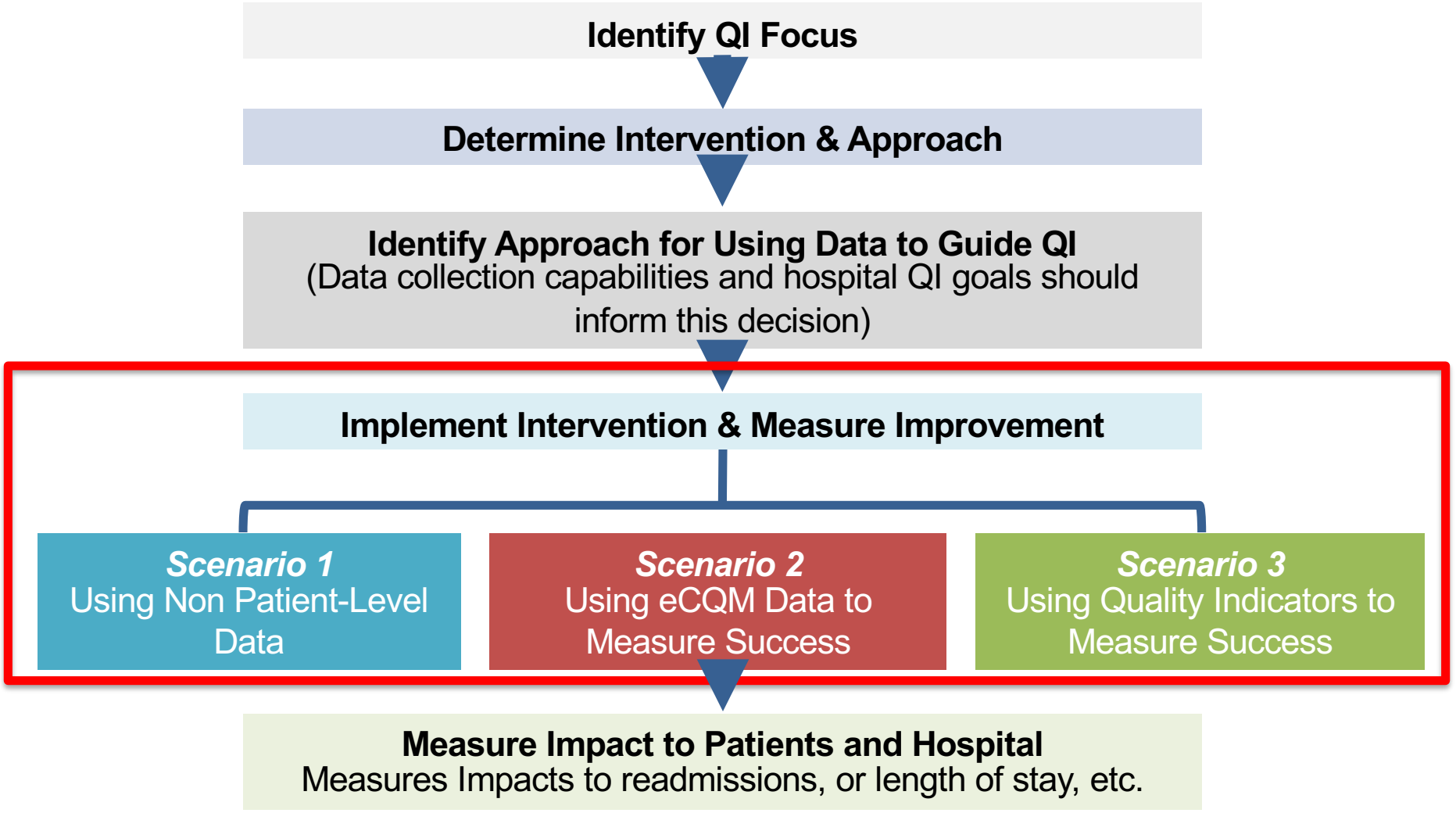
CRITICAL ECQM & ADDITIONAL INDICATOR(S) DATA ELEMENTS:

Measure or Indicator	Critical Measure Data Elements
Completion of a Malnutrition Screening within 24 hours of Admission	• Completed malnutrition screening • Time interval between screening and admission
Completion of a Nutrition Assessment for Patients Identified as At-Risk for Malnutrition within 24 hours of a Malnutrition Screening	• Malnutrition screening result (at-risk/not at-risk) • Completed nutrition assessment • Time interval between assessment and screening
Nutrition Care Plan for Patients Identified as Malnourished after a Completed Nutrition Assessment	• Nutrition assessment result (findings) • Documentation of a nutrition care plan
Appropriate Documentation of a Malnutrition Diagnosis	• Nutrition assessment result (findings) • Medical diagnosis of malnutrition on problem list
Nutrition Intervention Implementation	• Delivery/Advancement of nutrition intervention • Completion of nutrition intervention
Nutrition Care Plan is Included in Discharge Planning	• Output of nutrition care plan in discharge plan

MAJOR PATIENT OUTCOMES FOR ASSESSMENT:

Patient Outcome	Description
Hospital Length of Stay (LOS)	• Collected as part of measure exclusion criteria, LOS data will be collected to track and monitor improvements over the course of the QI
Readmission Rate	• After QI completion, 30-day readmission across intervention period as well as comparable timeframe in previous year to assess improvement

Scenarios for Determining Data Collection Approach



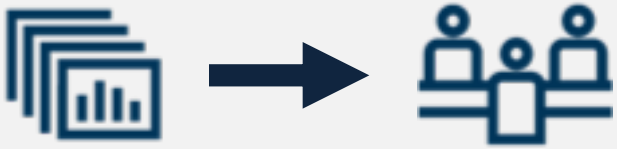
Successful QI is driven by review and analysis of patient data that is actionable and supports refinements to quality improvement approaches

Using Non-Patient-Level Data (e.g., Tracking Tools)

Scenario 1

QI Focus: *Assessment*

EXAMPLE CASE STUDY:



Educational Training for Care Team

- **Intervention:** Conducting training sessions with staff regarding the burden of malnutrition and the importance of referring at-risk patients to dietitians for assessment
- **Objective:** Increase care team awareness of malnutrition and the need to address malnutrition risk in a timely manner
- **What to Measure:** Change in care team knowledge regarding best practices and knowledge of malnutrition burden

Key Recommendations:

- For team members unable to make scheduled training sessions, arrange for one-on-one reviews of the information
- Provide one-page handouts and posters in unit selected for the intervention to allow for easy reference by care teams

Data Involved:

- Tracking of care team training attendance
- Care team members' scores on a knowledge test

The Appendix lists recommendations for sites choosing to host a staff training for their intervention

Measuring Success: Using Non Patient-Level Data (e.g., Tracking Tools)

Scenario 1

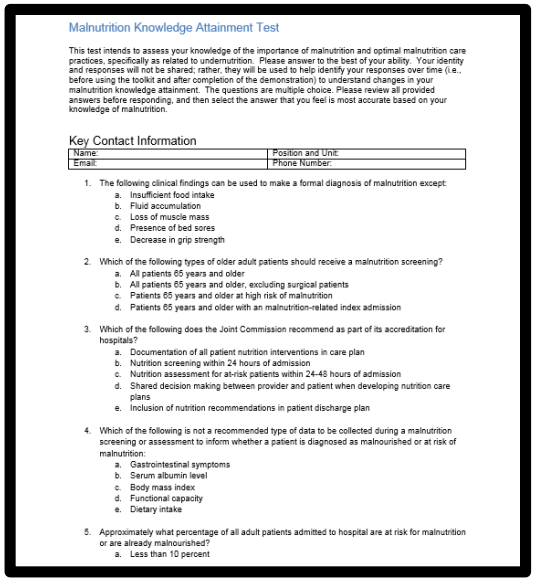
QI Focus: ***Assessment***

SURVEYS AND TRACKING TOOLS CAN BE USED TO MEASURE EDUCATIONAL TRAINING AND / OR AWARENESS SPREADING

- This type of intervention is well informed by surveys or tracking tools that allow you to measure the extent to which you are spreading awareness or training staff

- The MQii has provided a Knowledge Attainment Test used to assess care team knowledge of disease burden and each stage of the recommended clinical workflow
  - Monitor attendance at training sessions to ensure that only those who attend receive knowledge tracking surveys
  - This tool can be accessed on the MQii Toolkit (link)

Use scores on the tracking tools such as the Knowledge Attainment Test to measure change over time and to identify areas of continued weakness



Malnutrition Knowledge Attainment Test

This test intends to assess your knowledge of the importance of malnutrition and optimal malnutrition care practices, specifically as related to undernutrition. Please answer to the best of your ability. Your identity and responses will not be shared; rather, they will be used to help identify your responses over time (i.e., before using the toolkit and after completion of the demonstration) to understand changes in your malnutrition knowledge attainment. The questions are multiple choice. Please review all provided answers before responding, and then select the answer that you feel is most accurate based on your knowledge of malnutrition.

Key Contact Information

Name:	Position and Unit:
Email:	Phone Number:

1. The following clinical findings can be used to make a formal diagnosis of malnutrition except:
   a. Insufficient food intake
   b. Fluid accumulation
   c. Loss of muscle mass
   d. Presence of bed sores
   e. Decrease in grip strength

2. Which of the following types of older adult patients should receive a malnutrition screening?
   a. All patients 65 years and older
   b. All patients 65 years and older, excluding surgical patients
   c. Patients 65 years and older at high risk of malnutrition
   d. Patients 65 years and older with an malnutrition-related index admission

3. Which of the following does the Joint Commission recommend as part of its accreditation for hospitals?
   a. Documentation of all patient nutrition interventions in care plan
   b. Nutrition screening within 24 hours of admission
   c. Nutrition assessment for at-risk patients within 24-48 hours of admission
   d. Shared decision making between provider and patient when developing nutrition care plans
   e. Inclusion of nutrition recommendations in patient discharge plan

4. Which of the following is not a recommended type of data to be collected during a malnutrition screening or assessment to inform whether a patient is diagnosed as malnourished or at risk of malnutrition:
   a. Gastrointestinal symptoms
   b. Serum albumin level
   c. Body mass index
   d. Functional capacity
   e. Dietary intake

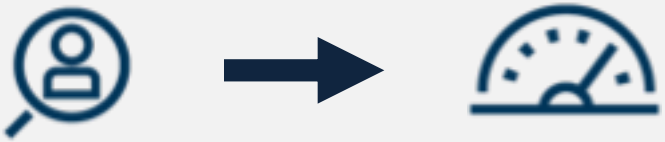
5. Approximately what percentage of all adult patients admitted to hospital are at risk for malnutrition or are already malnourished?
   a. Less than 10 percent

Scenario 2

QI Focus: *Assessment*

Using eCQM Data to Measure Success

EXAMPLE CASE STUDY:



Improving At-Risk Patient Assessment Rates

- **Intervention:** Piloting automated referral to dietitian feature in the EHR (i.e., a best practice alert)
- **Objective:** Increase referrals to dietitians for nutrition assessment to properly assess at-risk patients
- **What to Measure:** eCQM #2: Completion of a nutrition assessment for those identified as at-risk by a malnutrition screening within 24 hours

Key Recommendations:

- Ensure interdisciplinary representation in your project team to support collaboration between nurses and dietitians
- Look at your data frequently to assess whether the feature is working properly and iron out problems with care flow

Data Involved:

- Patient-level process data elements which are already being collected as part of the eCQM performance report

Measuring Success: Use of Data that is Used to Inform eCQM Reporting

Scenario 2

QI Focus: *Assessment*

eCQM-ALIGNED INTERVENTIONS CAN BE INFORMED BY USE OF COMPONENTS IN YOUR MEASURE PERFORMANCE REPORTS

Enter relevant data elements that correspond to your intervention into the eCQM Performance Calculator* to monitor and track your performance on a recurring basis:

MALNUTRITION QUALITY IMPROVEMENT INITIATIVE

Malnutrition eCQM Performance Data

Learning Collaborative 2.0 - Cohort #1
Participating Hospital Name
May 3, 2017

Baseline Performance Period													
Quality Measure	Measure Population		Denominator					Numerator				
			Denominator Exclusions			Denominator		Numerator Elements		Numerator	Performance Score	
Completion of a Malnutrition Screening within 24 hours of Admission (Patients Age 18+ Years)	Measure Population (All Patients 18+)		Length of Stay <24 hrs			Denominator		# Screening Completed	# Completed w/in 24hrs	Numerator	Performance Score	
	2000		5			1995		750	700	700	35.09%	
Completion of a Nutrition Assessment for Patients (Age 65+ Years) Identified as At-Risk for Malnutrition within 24 hours of a Malnutrition Screening	Measure Population (All Patients 65+)	Measure Population- # Found At-Risk	Denominator Exclusions			Denominator		Numerator Elements		Numerator	Performance Score	
			Length of Stay <24 hrs					# Assessment Complete	# Completed w/in 24hrs			
	1000	450	5			445		375	350	350	78.65%	
Nutrition Care Plan for Patients (Age 65+ Years) Identified as Malnourished after a Completed Nutrition Assessment	Measure Population (All Patients 65+)	Measure Population- # Sev/Mod	Denominator Exclusions			Denominator		Numerator Elements		Numerator	Performance Score	
			Length of Stay <24 hrs	Discharge to Hospice	Left AMA			# w/ Care Plan				
	1000	325	1	5	5	314		200		200	63.69%	
Appropriate Documentation of a Malnutrition Diagnosis for Patients (Age 65+ Years)	Measure Population (All Patients 65+)	Measure Population- # Sev/Mod Malnourished	Denominator Exclusions			Denominator		Numerator Elements		Numerator	Performance Score	
			Length of Stay <24 hrs	Discharge to Hospice	Left AMA			# w/ MN Diagnosis				
	1000	325	1	5	5	314		125		125	39.81%	
	Raw MN Diagnosis Rate*, **		*Raw Malnutrition (MN) diagnosis rate reflects the total number of patients who had medical diagnoses of malnutrition documented in their medical record as a proportion of the									
	10.00%		**For this facility, # patients had a diagnosis of malnutrition, # of those did not have a completed nutrition assessment, an additional # had an assessment but no recorded findin									

Using the eCQM Performance Calculator

1. After finalizing your initial data extract for calculating your performance scores, you can work with your IT department to generate the report on a recurring basis
2. The eCQM Performance Calculator* allows you to use your measure data extract to continuously monitor intervention progress
3. Continue to generate the report and enter your data into the eCQM Performance Calculator on a frequent basis (i.e., weekly) to assess how your intervention is going

What is the eCQM Performance Calculator?

THE ECQM PERFORMANCE CALCULATOR ALLOWS YOU TO CALCULATE ECQM PERFORMANCE SCORES USING DATA FROM THE MQII DATA EXPORT

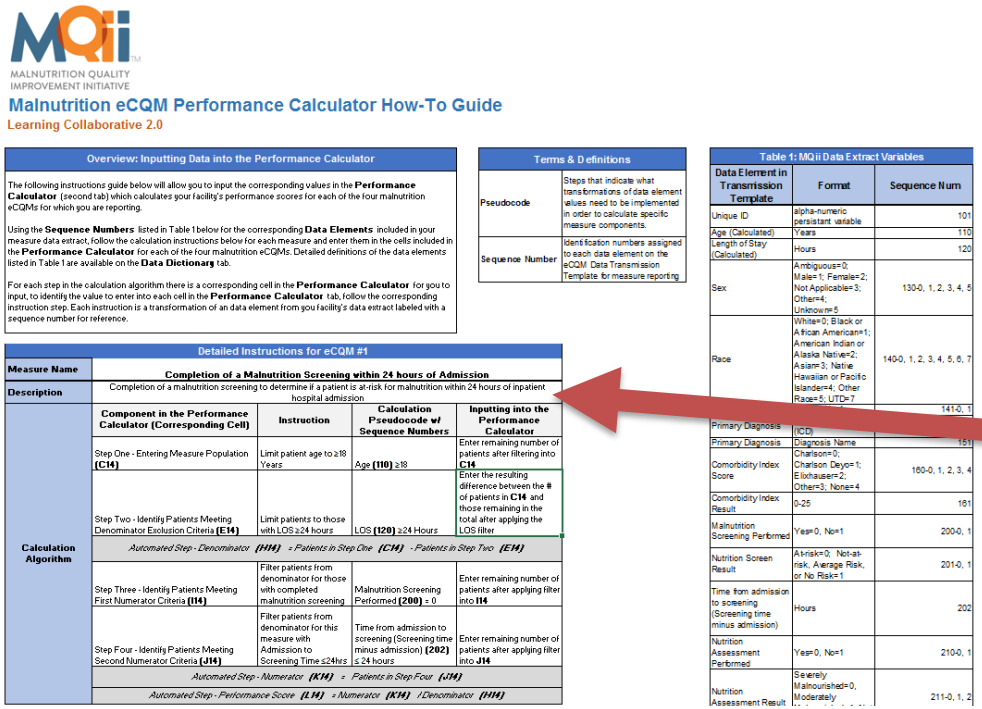
- The purpose of this tool is for sites to calculate and review eCQM performance data more frequently at their facility during implementation and beyond

- To support sites in using the MQii Performance Calculator, the MQii Team has included a "How-To Guide" within a separate tab in the MQii Performance Calculator to walk sites through the steps of **calculating the eCQMs using data from your MQii Data Export**

- On the next few slides, we will provide an overview of the performance calculator, and will provide a live demonstration of how to calculate one of the eCQM performance scores using the Malnutrition eCQM Performance Calculator

Overview of the "How-To Guide" For Calculating Your eCQM Performance Scores

The guide includes all required steps to extract the necessary components from your MQii Data Extract report developed by your IT and calculate the measures:



MALNUTRITION QUALITY IMPROVEMENT INITIATIVE

Malnutrition eCQM Performance Calculator How-To Guide

Learning Collaborative 2.0

Overview: Inputting Data into the Performance Calculator
The following instructions guide below will allow you to input the corresponding values in the **Performance Calculator** (second tab) which calculates your facility's performance scores for each of the four malnutrition eCQMs for which you are reporting. Using the **Sequence Numbers** listed in Table 1 below for the corresponding **Data Elements** included in your measure data extract, follow the calculation instructions below for each measure and enter them in the cells included in the **Performance Calculator** for each of the four malnutrition eCQMs. Detailed definitions of the data elements listed in Table 1 are available on the **Data Dictionary** tab. For each step in the calculation algorithm there is a corresponding cell in the **Performance Calculator** for you to input, to identify the value to enter into each cell in the **Performance Calculator** tab, follow the corresponding instruction step. Each instruction is a transformation of an data element from you facility's data extract labeled with a sequence number for reference.

Terms & Definitions	
Pseudocode	Steps that indicate what transformations of data element values need to be implemented in order to calculate specific measure components.
Sequence Number	Identification numbers assigned to each data element on the eCQM Data Transmission Template for measure reporting

Table 1: MQii Data Extract Variables		
Data Element in Transmission Template	Format	Sequence Num
Unique ID	alpha-numeric persistant variable	101
Age (Calculated)	Years	110
Length of Stay (Calculated)	Hours	120
Sex	Ambiguous=0; Male=1; Female=2; Not Applicable=3; Other=4; Unknown=5	130-0, 1, 2, 3, 4, 5
Race	White=0; Black or African American=1; American Indian or Alaska Native=2; Asian=3; Native Hawaiian or Pacific Islander=4; Other Race=5; UTD=7	140-0, 1, 2, 3, 4, 5, 6, 7
Primary Diagnosis (ICD)		141-0, 1
Primary Diagnosis	Diagnosis Name	151
Comorbidity Index Score	Charlson=0; Charlson Deyo=1; Elixhauser=2; Other=3; None=4	160-0, 1, 2, 3, 4
Comorbidity Index Result	0-25	161
Malnutrition Screening Performed	Yes=0, No=1	200-0, 1
Nutrition Screen Result	At-risk=0; Not-at-risk, Average Risk, or No Risk=1	201-0, 1
Time from admission to screening (Screening time minus admission)	Hours	202
Nutrition Assessment Performed	Yes=0, No=1	210-0, 1
Nutrition Assessment Result	Severely Malnourished=0, Moderately	211-0, 1, 2

Detailed Instructions for eCQM #1				
Measure Name	**Completion of a Malnutrition Screening within 24 hours of Admission**			
Description	Completion of a malnutrition screening to determine if a patient is at-risk for malnutrition within 24 hours of inpatient hospital admission			
Calculation Algorithm	**Component in the Performance Calculator (Corresponding Cell)**	**Instruction**	**Calculation Pseudocode w/ Sequence Numbers**	**Inputting into the Performance Calculator**
	Step One - Entering Measure Population **(C14)**	Limit patient age to ≥18 Years	Age **(110)** ≥18	Enter remaining number of patients after filtering into **C14**
	Step Two - Identify Patients Meeting Denominator Exclusion Criteria **(E14)**	Limit patients to those with LOS ≥24 hours	LOS **(120)** ≥24 Hours	Enter the resulting difference between the # of patients in **C14** and those remaining in the total after applying the LOS filter
	Automated Step - Denominator ***(H14)*** *= Patients in Step One* ***(C14)*** *- Patients in Step Two* ***(E14)***			
	Step Three - Identify Patients Meeting First Numerator Criteria **(I14)**	Filter patients from denominator for those with completed malnutrition screening	Malnutrition Screening Performed **(200)** = 0	Enter remaining number of patients after applying filter into **I14**
	Step Four - Identify Patients Meeting Second Numerator Criteria **(J14)**	Filter patients from denominator for this measure with Admission to Screening Time ≤24hrs	Time from admission to screening (Screening time minus admission) **(202)** ≤ 24 hours	Enter remaining number of patients after applying filter into **J14**
	Automated Step - Numerator ***(K14)*** *= Patients in Step Four* ***(J14)***			
	Automated Step - Performance Score ***(L14)*** *= Numerator* ***(K14)*** */Denominator* ***(H14)***			

Data Transmission Template

Data Transmission Template

Data Element Name	Unique ID [alpha-numeric persistant variable]	Age [Calculated]	Length of Stay [Calculated] [Hours]	Sex [Ambiguous=0; Male=1; Female=2; Not Applicable=3; Other=4; Unknown=5]	Race [White=0; Black or African American=1; American Indian or Alaska Native=2; Asian=3; Native Hawaiian or Pacific Islander=4; Other Race=5; UTD=7]	Hispanic Ethnicity [Yes=0, No=1]	Primary Diagnosis [Diagnosis Code (ICD)]	Primary Diagnosis [DIAGNOSIS NAME]
Facility Name for Each Record								
Example Record	SAMPLE_001	66	16, 12:30	1	0	1	J44.1	Chronic obstructive

Using the How-to-Guide

1. For each eCQM measure, follow the calculation process outlined, which includes steps for each specific columns of data in your MQii eCQM Data Export (below)

2. Input each step in the relevant cell in the performance calculator tab to generate your performance score for each measure.

Work with your IT to generate the report on a recurring basis appropriate for monitoring your intervention

Using Other Quality Indicators to Measure Improvement

Scenario 3

QI Focus: *Assessment*

EXAMPLE CASE STUDY*:

Reducing Time Interval between Screening & Assessment

- **Intervention:** Educating dietitian team on process to ensure patients are assessed within 48 hours of screen
- **Objective:** Increase proportion of assessments that occur within 48 hours of screening completion
- **What to Measure:** Quality indicator for length of time between completion of malnutrition screening and nutrition assessment for those found at-risk**

Key Recommendations:

- Identify process barriers / obstacles that may be impacting your care team's ability to achieve the objective
- Incorporate a feature that alerts clinicians when a patient may be overdue on a nutrition assessment

Data Involved:

- Documentation of completed nutrition assessment [included in measure performance report]
- Timestamps for completed malnutrition screening and nutrition assessment respectively [included in measure performance report]

**This example is for a hospital that is seeking to tackle improved timing assessment in a longer timeframe than the relevant eCQM currently requires. **Quality indicators that do not fully align with the eCQMs may still leverage data from the eCQM performance report generated to inform the measures, but could require you to calculate them independently of the performance calculator*

Measuring Success: Using Other Quality Indicators to Measure Improvement

Scenario 3

QI Focus: ***Assessment***

THE eCQM PERFORMANCE CALCULATOR CAN INFORM PROJECTS RELATED TO THE eCQMS BUT YOU WILL NEED TO USE OTHER INDICATORS IF YOUR PROJECT DOES NOT ALIGN WITH THE eCQMS

- Successful QI is driven by review and analysis of patient data that is actionable and supports refinements to quality improvement approaches
- Refer to the quality indicators provided in the MQii Toolkit or generate your own organization's indicators to track and monitor QI outside the scope of the eCQMs
- The data management guide* (provided in the Toolkit) allows you to track and monitor your indicators on a frequent basis regardless of QI focus

Additional MQii quality indicators and the data management guide can be found in the MQii Toolkit (link)

More information on the Data Management Guide, including a walkthrough of the tools, will be provided in an upcoming Coffee Break webinar

Scenario 3

QI Focus: *Assessment*

The Data Management Guide* Can Help You Monitor Progress on Key Indicators of Malnutrition Quality

THIS GUIDE IS A HELPFUL TOOL FOR TRACKING AND MONITORING YOUR PROGRESS WITH YOUR QUALITY IMPROVEMENT PROJECT

MQii Data Management Process

1	**Assess Data Availability** Use the Data Dictionary included in the guide to identify the right indicators to track based on your quality improvement project (e.g., screening, assessment, etc.)
2	**Collect Data** Leverage the performance report you are using to report on the eCQMs (if applicable) to identify the data points needed to track indicators
3	**Calculate Measure and/or Indicator Results** Calculate indicators using the **Quality Indicator Calculations** available in the guide
4	**Populate Feedback Report** Generate output report on a recurring basis using the **Feedback Report Data** tab
5	**Review Results** Select a recurring period to meet with your project team and review results and look for gaps and areas of improvement to focus on

**More information on the Data Management Guide, including a walkthrough of the tools, will be provided in an upcoming Coffee Break webinar*

eCQM Performance Calculator Demo

Suggested Next Steps for Establishing A Monitoring Strategy – *All Scenarios* (1 of 2)

GOAL: IDENTIFY AN INTERVENTION MONITORING STRATEGY THAT INCLUDES METRICS TO MEASURE THE IMPLEMENTATION PROCESS AND OUTCOME, A DATA COLLECTION PROCESS, AND A TIMELINE FOR REGULAR DATA REVIEW

- **Step 1:** Engage your QI department to determine what data needs to be used to monitor both the implementation process as well as the outcome of implementation
  - Review MQii suggested quality indicators with your QI department, as applicable

Suggested Next Steps for Establishing A Monitoring Strategy – *All Scenarios* (2 of 2)

- **Step 2:** Determine whether data can be captured using existing tools or if data needs to be captured de novo:
  - **Existing tools** may include administrative claims and/or EHR data
    - If your QI Intervention aligns with data, you may consider using the MQii eCQM Data Export prepared for the MQii Team to assess your progress
  - **De novo data collection** may be necessary for interventions requiring monitoring using non-patient level data and quality indicators not using eCQM data elements
- **Step 3:** Establish a timeline for review of identified metrics to assess progress, include a list of stakeholders who should be part of the data review meeting
- **Step 4:** Document metrics identified and your data collection process in your MQii QI Implementation Project Charter

Data Collection and Feedback Should Occur Throughout Your Project

REVIEW OF YOUR DATA CAN PROVIDE YOU WITH MEANINGFUL INFORMATION ON WHERE YOU NEED TO IMPROVE AND HOW YOU ARE PROGRESSING

1	Before starting your project to inform project focus and to establish a baseline to monitor progress
2	Through the duration of the project to gather real-time feedback
3	At the conclusion of the project to evaluate change over time

Malnutrition Diagnosis during Adult Inpatient Hospitalizations: Analysis of a Multi-Institutional Collaborative Database of Academic Medical Centers

Conrad M. Tobert, MD; Sarah L. Mott, MS; Kenneth G. Nepple, MD, FACS

- UIHC inpatient baseline malnutrition documentation rate of 4.4%
- Similar to national rates

Results A total of 5,896,792 hospitalizations were identified from 105 institutions during the 2-year period. It was found that 292,754 patients (5.0%) had a malnutrition diagnosis during their hospital stay. By institution, median rate of malnutrition diagnosis during hospitalization was 4.0%, whereas the rate of severe malnutrition diagnosis was 0.9%. There was a statistically significant increase in malnutrition diagnosis from 4.0% to 4.9% between 2014 and 2015 ($P<0.01$). Institutional factors associated with increased diagnosis of malnutrition were higher hospital volume, hospital ranking, and patient satisfaction scores ($P<0.01$).

Conclusions Missing a malnutrition diagnosis appears to be a universal issue because the rate of malnutrition diagnosis was consistently low across academic medical centers. Institutional variables were associated with the prevalence of malnutrition diagnosis, which suggests that institutional culture influences malnutrition diagnosis. Quality improvement efforts aimed at improved structure and process appear to be needed to improve the identification of malnutrition.

J Acad Nutr Diet. 2017;■:■-■.

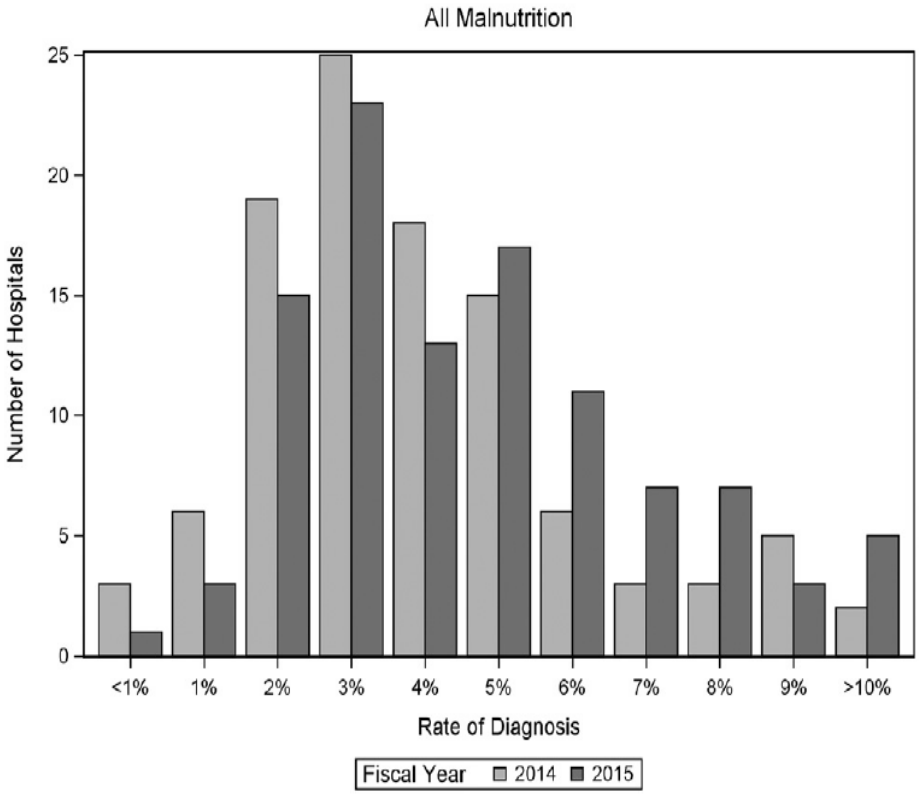
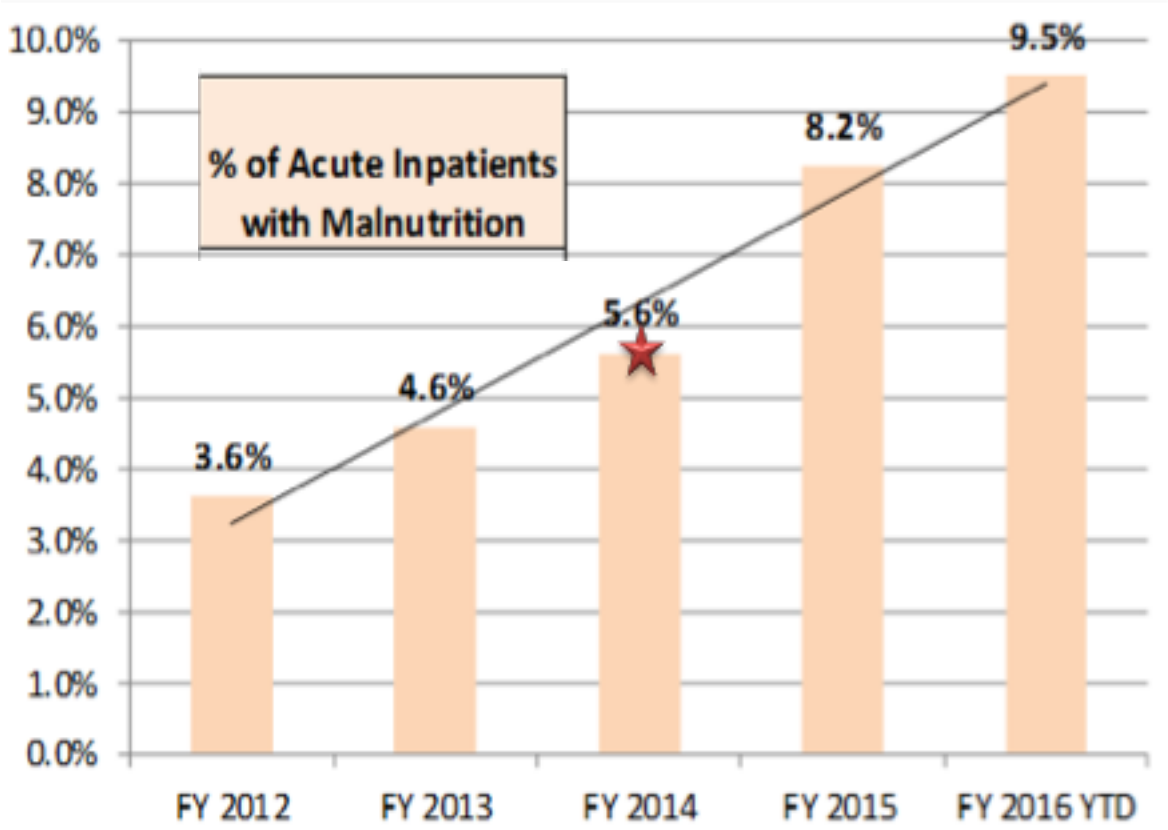


Figure 1. Distribution of rates of any malnutrition diagnosis during adult inpatient hospitalization at 105 academic medical centers during 2014 and 2015 in the University Health System Consortium (Vizient) database.

Improvement in Hospital Malnutrition Diagnosis



Resources

eCQM Performance Calculator (link)

Data management guide (link)

Have Questions

Please reach out to a member of the MQii Team at

MalnutritionQuality@avalere.com