



Welcome to Today's  
Expert Webinar for the 2018 MQii Learning  
Collaborative:  
**“Performing Malnutrition Screenings”**

We will get started promptly at  
12:00PM ET  
(11:00AM CT; 10:00AM MT; 9:00AM PT)

*All phone lines have been muted*

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.

# Before We Get Started...

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**MQii**  
MALNUTRITION QUALITY  
IMPROVEMENT INITIATIVE

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Participants

Chat

Recorder

Notes

Participants

Speak

Laura Fincher (Host, me)

EF Eleanor Fitall

Recorder

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# Today's Agenda

Agenda Item	Presenter
Welcome and introduction to the “Performing Malnutrition Screenings” webinar	Kelsey Jones
Importance of nutrition screening and how to work with an interdisciplinary team to perform effective screening	Christina Biesemeier, MS, RD, LDN, FADA
Implementing a malnutrition screening quality improvement initiative and insights and lessons learned	Angela Lago, MS, RD, LDN, CNSC
Questions – 15 mins	



MALNUTRITION QUALITY  
IMPROVEMENT INITIATIVE



- Importance of Nutrition Screening
- How to Work with an Interdisciplinary Team to Perform Effective Screening
- Experience at Vanderbilt University Medical Center

Christina Biesemeier, MS, RD, LDN, FADA, FAND  
***Director of Clinical Nutrition Services,  
Vanderbilt University Medical Center***

# Disclosures

- Editor-in-Chief of the Academy of Nutrition and Dietetics Nutrition Care Manual

# Definition of Malnutrition & Its Impact

- “An acute, sub-acute or chronic state of nutrition in which a combination of varying degrees of overnutrition or undernutrition, with or without inflammatory activity, have led to a change in body composition and diminished function.” (White, *JPEN*, 2012)
- **Impact of Malnutrition**  
(Correia, *Clin Nutr*, 2003; de Luis, *Nutr Hosp*, 2014; Fry, *Arch Surg*, 2010)
  - **Altered response to medical and surgical therapy**
  - **Direct association with higher complications:**
    - Impaired wound healing
    - Increased post-operative infection rates
    - Increased mortality
    - Longer length of stay in the hospital
    - Increased cost of care

# Prevalence of Malnutrition

- **Review of 20 different prospective and retrospective studies investigating the rate of malnutrition (Norman, *Clin Nutr*, 2008)**
  - Range of **20% to 50%**
  - Weighted mean of all studies of **41.7%**
  - 7 Studies used the Subjective Global Assessment to ID malnutrition
- **Similar results reported in other studies (Argiles, *Eur J. Oncol Nurs*, 2005; McCauley, *J Acad Nutri Diet*, 2016)**
  - Studies included a focused effort to identify malnutrition using the Malnutrition Clinical Characteristics (MCC's) based on the Academy of Nutrition and Dietetics/ASPEN *Adult Malnutrition Consensus Statement* (2012)
  - Malnutrition rate: Range of **20-50%**

# The Problem: Failure to Recognize At-Risk Patients

- **Malnutrition is under-recognized and an unaddressed problem in many hospitals**

1) Discharge data for 39 million patients from 1993 and 2010 (Corkins, *JPEN*, 2014):

- Rate of reported malnutrition in 2010 = 3.2%
- The rate of reported malnutrition increased during this time interval

2) University HealthSystem Consortium (UHC)/Vizient data for FY 2014 - 2015

- Data available for 105 of 112 University Medical Centers & ~5.9 million hospitalized patients (Tobert, *J Acad Nutr Diet*, 2018):
  - 5% of patients had a diagnosis of any malnutrition (Median institutional rate = 4.0%; range = 0.6% to 18.6%)
  - 1.4% of patients had a diagnosis of severe malnutrition (Median prevalence rate of 0.9%; range = 0.0% to 10.3%)
  - Documentation of malnutrition improved from 2014 to 2015
  - Any malnutrition – from 4.0% to 4.9%; Severe malnutrition – from 0.7% to 1.1%

- **Nutrition screening is a requirement for hospital accreditation by The Joint Commission**

- **Nutrition Intervention for malnutrition is based on Nutrition Screening and the Nutrition Care Process**



# What's Going On?

**Increased reporting of malnutrition is associated with:**

- 1. Higher patient volumes,**
- 2. Being in the top 50 of U.S. News and World Report hospitals rankings, and**
- 3. Higher patient experience star score (HCAHPS score).**

**A variety of contributing factors has been reported:**

- Lack of awareness
- Insufficient education and training of health care providers (Argiles, 2005)
- Inadequate RDN support/staffing
- Lack of interdisciplinary team participation in the delivery of nutrition care
- Barriers to implementation of nutrition interventions after diagnosis (Tolbert, 2018)
- Use of multiple definitions to identify malnutrition
- Lack of a single marker for malnutrition
- Variety in the manifestation of malnutrition in humans
- Inability to demonstrate early improvements in malnutrition with intervention, leading some to question the effectiveness of the interventions
- Physician approach to managing nutrition care doesn't include the integrated approach needed for positive outcomes
- Health care providers do not always change practice based on the evidence

# Working with an Interdisciplinary Team – Enhances Ability to Manage Malnutrition

- Network – Identify interested partners
- Sell the problem, not the solution – from several angles and with real-life impact
- Raise awareness with Hospital Administrators about the impact of the problem – Decreased ALOS = decreased cost
- Be aware of the impact on team members' work load and time commitment
- Use technology to “require” nutrition screening and to streamline documentation, when possible
- Remember that the patient is the central member of the patient care team & educate patients & family members
- Be single-minded and stay focused



# Experience at Vanderbilt University Medical Center



- **Field Testing** of the Malnutrition Quality Improvement Initiative Toolkit demonstration developed by the Academy and Avalere based on information obtained from interviews with healthcare providers about gaps in the health care workflow – January 2016
- **Nutrition Screening:** Audits to determine completion rates, performance improvement “work” = Improvement + some continuing gaps
- **Nutrition Diagnosis of Malnutrition:** 11 week audit in both adult and pediatric hospitals to determine our Nutrition Diagnosis rate
  - Adult patients with any malnutrition = 7.7%
  - Adult patients with moderate malnutrition = 2.7%
  - Adult patients with severe malnutrition = 5.0%

## Follow-up:

- Training of RDs – Nutrition Assessment using MCCs & Nutrition Focused Physical Exams, and Malnutrition Documentation
- Collaboration with Clinical Documentation Specialists = System for easy identification by CDS of RD documentation, leading to queries to providers

# Experience at Vanderbilt University Medical Center

## Single Vendor EHR:

Decision made in 2015

Late 2015 – EPIC selected as vendor

Implementation date selected – November 2, 2017 – All VUMC on the same day



## Impact:

**Planning for EPIC a priority** – 1) Review of Work Flows, 2) Care Process Development & Documentation; 3) Orders for nutrition, 4) Interdisciplinary processes

**No changes in current systems** – Limited changes in orders allowed

- Decision made to use Malnutrition Screening Tool (MST) for adult patients and STAMP Protocol for pediatric patients in Nursing Admit History

**MST and STAMP** put into operation by Clinical Nutrition - “Manual System”

- Development continued for ~2 years, including autopopulation of interdisciplinary fields: Nutrition Diagnoses (Patient Story) + RD recommendations and malnutrition diagnosis (Patient Summary) – Limited ability to view and refine during development

**Our Reality:** Plans had to be curtailed – “no changes to current nutrition screens” = Obtained agreement to change 2 questions r/t appetite and weight loss AND imbed MST calculations in our EHR + **MST Report**

# Experience at Vanderbilt University Medical Center



## Implementation and Immediate Refinement to enable operation

Assigned a SWAT team – Administrative oversight + Goals to resolve issues & quickly

## Stabilization – Further Refinements

## Optimization – Where we are now and will be into the future:

- MQii Malnutrition Care Assessment and Decision Tool – What are our issues?
- The 4 Disciplines of Execution Operations System – FranklinCovey Co., 2012

### 1) Setting Wildly Important Goals – “from x to y by when” (aka Lag Measures)

WIG Areas – Limited number & specific:

- Identifying and treating malnutrition (Inpatient only)
- Demonstrating the impact of nutrition interventions by tracking patient outcomes (Inpatient and Outpatient)

2) Once WIGs are defined, we'll select Lead Measures – Predictive and can be influenced by staff in real time – Measures of behaviors that, if done, lead to goal achievement

### 3) Scoreboards

4) Frequent Review of actions taken, barriers, and next accountabilities

# Experience at Vanderbilt University Medical Center



## Optimization

### Incorporating the Initiative into Core Department Operation

- **Department Champions** – Clinical Group Leaders and Project Leaders (Career Ladder)
- **Incorporation into Performance Management System** – WIGS are our Department Annual Goals and link to VUMC Cascade Goals – Annual evals rate contribution to achievement

### Use of Academy of Nutrition and Dietetics Health Informatics Infrastructure (ANDHII.org)

- **Secure, web-based platform** that stores patient data, diagnoses and intervention details using the **Nutrition Care Process Terminology (NCPT)**
- Provides tools for RDs to **demonstrate their interventions' impacts** by tracking patient and client outcomes
- Adds data (anonymous) to the national **Dietetics Outcomes Registry**, contributing to the evidence supporting nutrition practice and helping ensure high-quality patient care

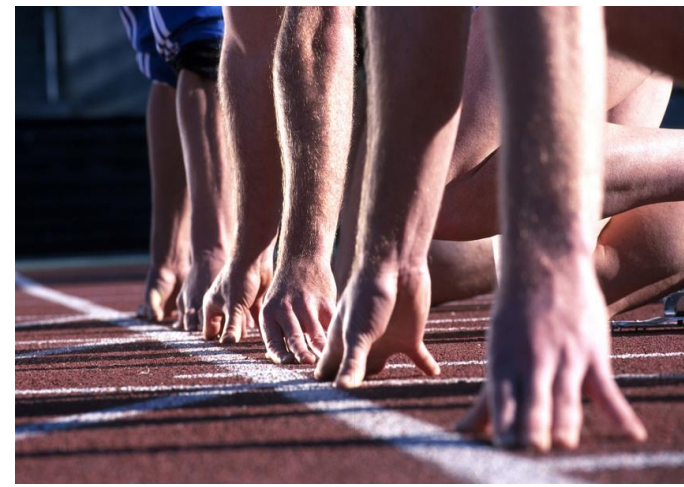
### EPIC Reports

- **Nutrition Care Plan** – Diagnosis, Goals, Intervention, Outcomes
- **eCQMs**



# Take-Home Points

- Use an Evidence-Based Approach
- Promote Staff Engagement in the Process (4DX)
- Stay Focused – Don't try to do too many things at once!
- Form Partnerships with your Health Care Colleagues
- Be Flexible and Persistent
- Move into Positions with Budget Control & Staff Management so you can be a Decision-Maker



# Exhibit Leadership in Your Organization

“True leaders define and achieve enduring success by developing character and competence and taking principled action; they don’t wait for others to define it for them.

Because they see themselves as uniquely gifted, they compete against no one but themselves.

**These leaders create their own future.”**

. . . Stephen Covey







MALNUTRITION QUALITY  
IMPROVEMENT INITIATIVE



Angela Lago, MS, RD, LDN, CNSC  
***Clinical Nutrition Manager,  
New Hanover Regional Medical Center***

- Implementing a Malnutrition Screening Quality Improvement Initiative
- Tools & Interventions Used at New Hanover Regional Medical Center
- Insights & Lessons Learned

# Disclosures

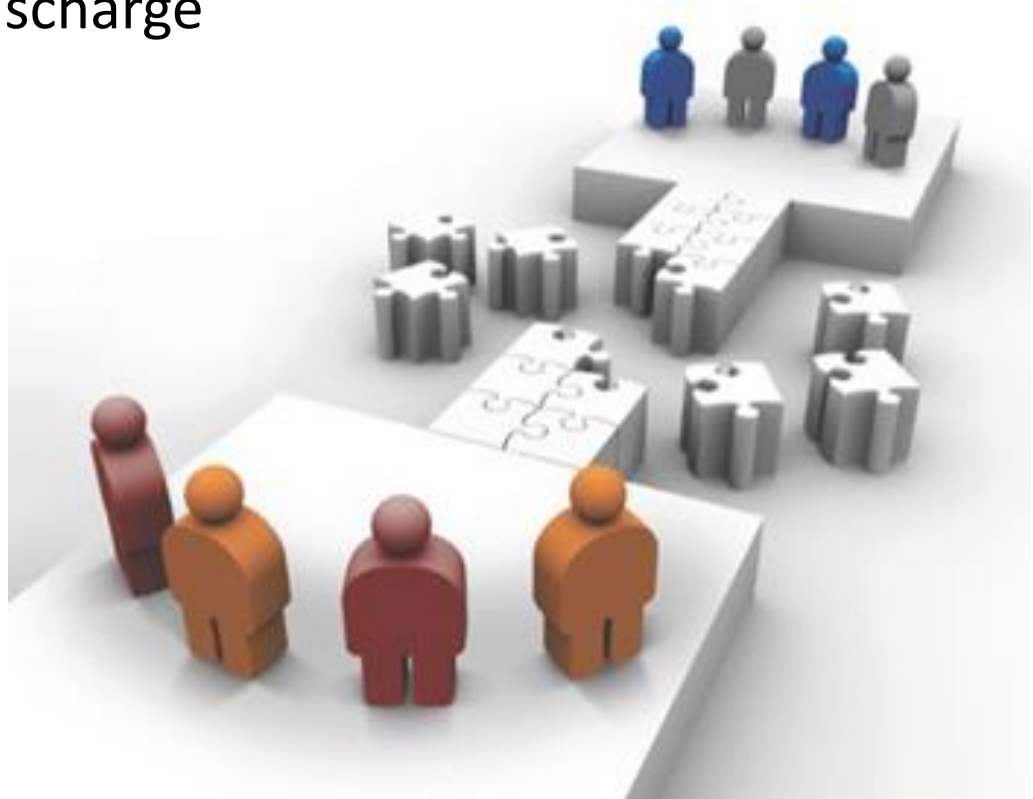
- Nothing to disclose

# New Hanover Regional Medical Center



## QI Focus Areas (GAPS)

- **Nursing: Admission Screen & Overall Awareness of Nutrition Workflow**
- MD Communication / Education
- Discharge / Post-Discharge  
(Transition of Care)





# QI Interventions & Implementation

- **Streamline Screening Tool**
- Nurse Education

Nutrition - Nutrition Screening

Time taken: 1437

9/11/2017

Show: ☒ Last Filed ☐ Details ☒ All Choices

Values By

+ Create Note

▼ Nutrition Screening - MUST answer ALL questions to calculate score

Have you lost weight recently without trying?

☐ 1=Yes 2-13 lb

☐ 2=Yes 14-23 lb

☐ 3=Yes 24-33 lb

☐ 4=Yes 34 lb or...

☐ 0=No

☐ 2-Unsure

Nutrition Screening: 9/8 2046 - 9/11 1437

Have you been eating poorly because of decreased appetite?

☐ 1=Yes

☐ 0=No

Nutrition Screening: 9/8 2046 - 9/11 1437

Pressure Injury

☐ 2=YES Stage 1-4, Deep Tissue Pressure Injury, or Unstagable

☐ 0=N/A

Nutrition Screening: 9/8 2046 - 9/11 1437

History of Weight Loss Surgery

☐ 2=Yes

☐ 0=No

Nutrition Screening: 9/8 2046 - 9/11 1437

Adult Nutrition Screening Score

If Nutrition Screening Score greater or equal to 2, patient is at nutritional risk and patient information has been sent to Nutrition Screening system list for clinical nutrition follow-up

Restore

Close

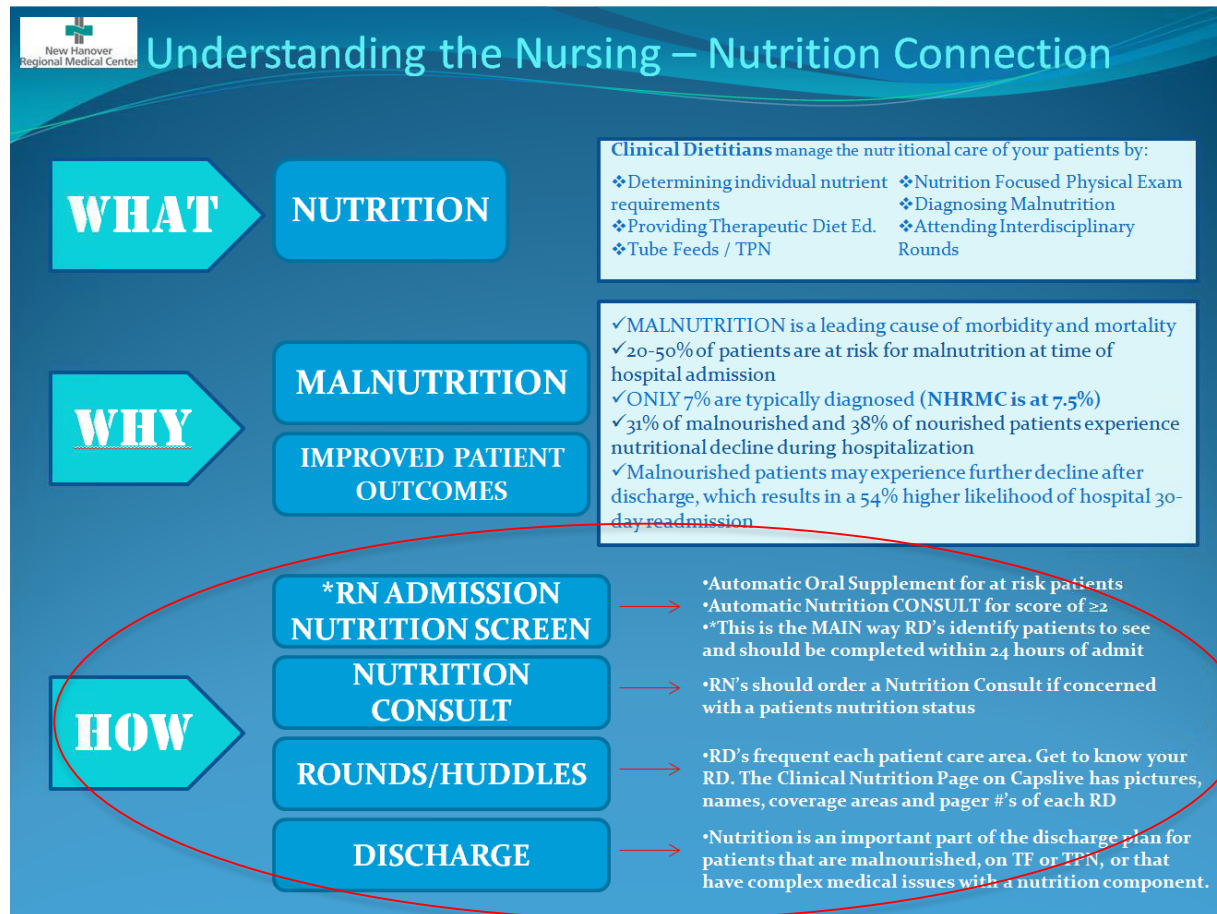
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Previous

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# QI Interventions & Implementation

- Streamline Screening Tool
- Nurse Education



# QI Interventions & Implementation

- Streamline Screening Tool
- Nurse Education



## Nursing Nutrition Screening Within 24 Hours of Admission

February 19, 2018

**Purpose:** Nursing completes an initial nutrition risk screening within 24 hours of the patient's admission to ensure timely identification of patients at nutrition risk.

### Nursing Nutrition Screening:

- Is to be performed within the first 24 hours of the patient's admission.
- The nursing nutrition screening is the main way Registered Dietitians identify patients at nutrition risk.
- Patients whose nutrition screening score is  $\geq 2$  are at nutrition risk.
- Patients at nutrition risk will automatically receive oral nutrition supplements with their next meal tray.
- An automatic Nutrition Consult is generated for patients identified at nutrition risk.

### Malnutrition:

- Is the leading cause of morbidity and mortality
- 20-50% of patients are at risk for malnutrition at the time of hospital admission
- 31% of malnourished patients experience further nutritional decline during hospitalization
- Malnourished patients may experience continued decline after discharge, which results in a higher likelihood of readmission

### Nursing's Nutrition Screening and Malnutrition Awareness Contributes To:

- Improved patient care and outcomes
- Transitions of care
- Decreased readmission
- Continuous quality improvement
- Improved hospital reimbursement

# QI Interventions & Implementation

- Streamline Screening Tool
- **Nurse Education**
  - Nursing Congress / Practice Council
  - Clinical Informatics Council
  - Nurse Manager Congress
  - Nurse Manager Meetings
  - Utilization Management Meetings
  - Medical Record Review Team





# QI Results & Interpretation

**Long-term trends on performance data were measured from November 2017 to June 2018. Results below indicate the relative change in performance across that timeframe:**

- **eCQM 1 Screening: -1.53% relative change since November 2017 (post-implementation period)**
  - The performance on this measure has remained relatively steady around 76-80%
  - Staffing levels seem to be contributing to a systematic gap for hospitals across the collaborative.
  - Additionally, patient subpopulations with different screening needs could account for this persistent gap
  - **The ACCURACY has improved significantly!** 86 (13%) inaccurate nursing nutrition screens in March 2015 vs 13 (4%) inaccurate nursing nutrition screens in March 2018.
- **eCQM 2 Assessment: +3.90% relative change since November 2017 (post-implementation period)**
  - Likely that staffing limitations could be impacting slow improvement



# Insights & Lessons Learned

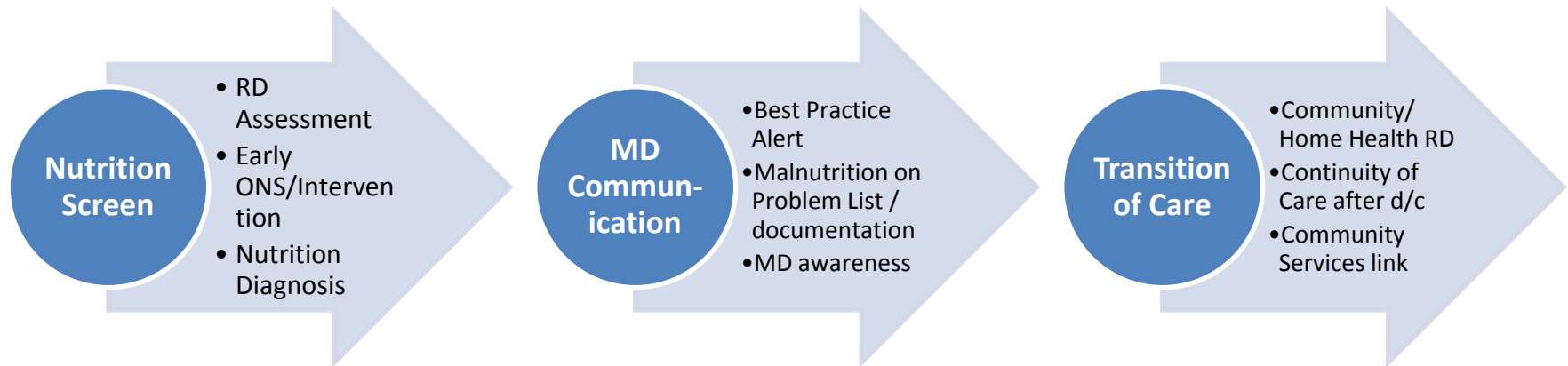


- Create a team of high performers that are passionate about making a difference and doing worthwhile work!
- Executive level support is key!
- Nurse manager accountability is necessary!
- Get used to talking about malnutrition A LOT!
- This is a marathon, not a sprint!





## The nutrition screen is the link to every other process you will put in place...



# *Questions?*



15 mins

# CPEU Credit

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