MALNUTRITION QUALITY IMPROVEMENT INITIATIVE

Learning Collaborative Learning Event: Mapping Your Clinical Workflow and Identifying Gaps

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.

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Today's Presenter:

Kelsey Jones, MPA
Implementation and Quality Improvement Expert
Senior Director, Avalere

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Today's Learning Objectives

After this presentation you should be able to:

- Identify why mapping your malnutrition care workflow is important
- Describe how to map your care workflow and identify gaps for improvement
- Understand the different tools available to help you select and document your QI focus

Why is Mapping Your Existing Care Workflow Important for Selecting Your QI Focus?

Reviewing existing workflow processes will help identify where quality improvement is most needed

- Care Team members and units are often ***only*** aware of what happens in their step of the process, and are often unaware of the malnutrition care workflow from start to finish
- Mapping allows your care team to identify what the current process ***is*** and compare it to what the ***should be*** across all care team members

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Mapping Your Workflow

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How Do I Map My Malnutrition Care Workflow?

Two ways your team can choose to do this:

1) Track a patient through the care workflow and document the steps they progress through using the "Malnutrition Care Clinical Flowchart Template"

   - *Takes multiple days to complete but more representative of what is actually happening*

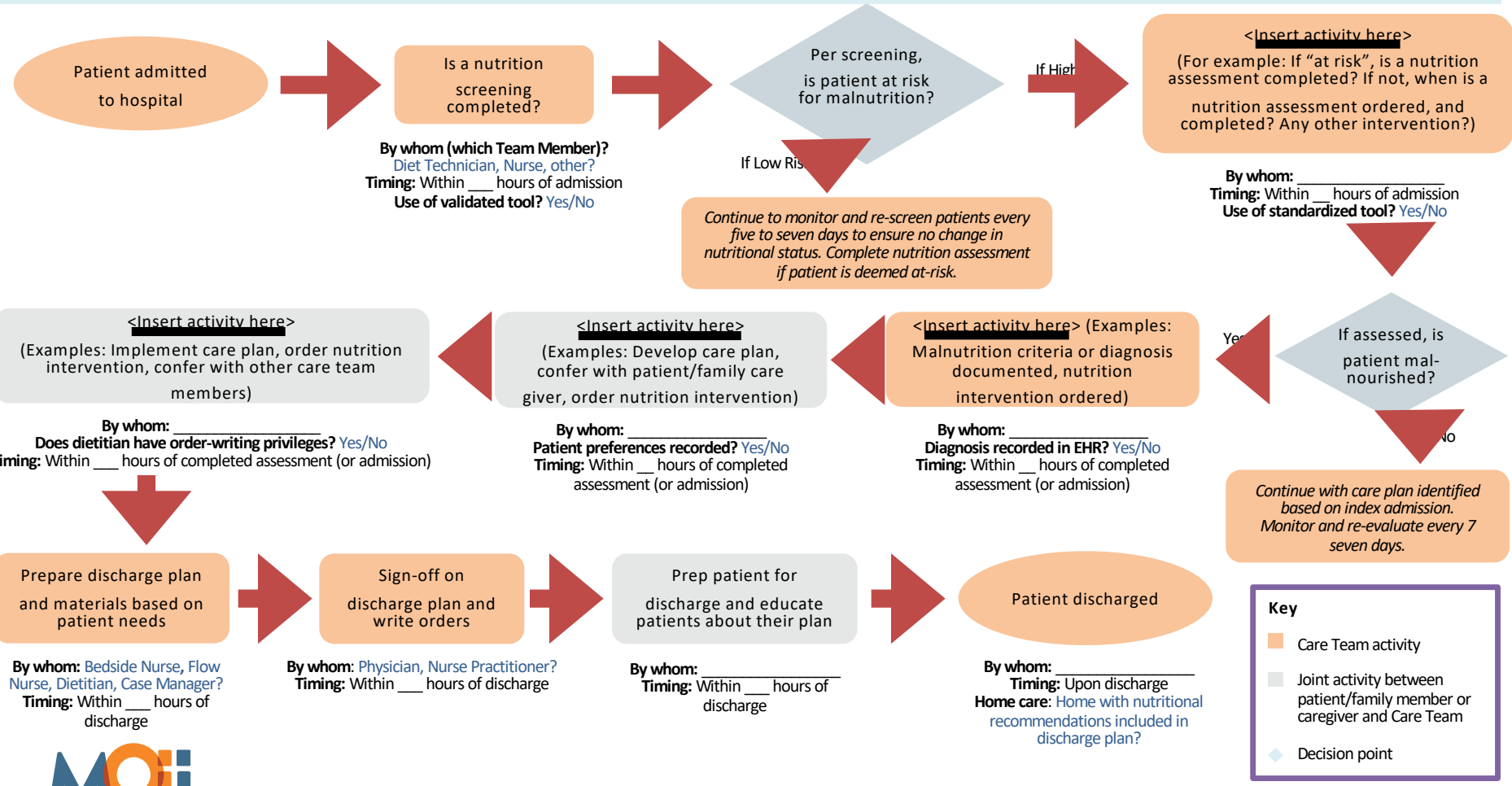
2) Sit down with representatives from all relevant care team units (i.e., physicians, dietitians etc.) and talk about what happens in their workflow from the patient's perspective. Document the steps in the Flowchart Template

   - *Likely to take 1 hour to complete*

The Flowchart Template

Below is an image of a Flowchart Template you can complete with your teams. The editable template is available on the MQii website under "Malnutrition Care Clinical Flowchart and Flowchart Template".

Please fill in, add, or modify steps, boxes, actors, and timing for each step on this slide to reflect your current care processes. There is a key at the bottom to outline the shapes and colors



Compare Your Clinical Workflow to the Recommended Workflow

Reconvene your care team representatives to compare your workflow to the recommended workflow (on the next slide) and review best-practices

- *We recommend you not review the recommended workflow until after you have mapped your existing workflow*
    - *This meeting is likely to take up to 1 hour to complete*

At the beginning of your meeting, we recommend you review the 2 minute video at the link below as a team:

- *Alliance Nutrition Care Model and Toolkit* ***Module 3: Recognize and Diagnose All Patients At Risk of Malnutrition***

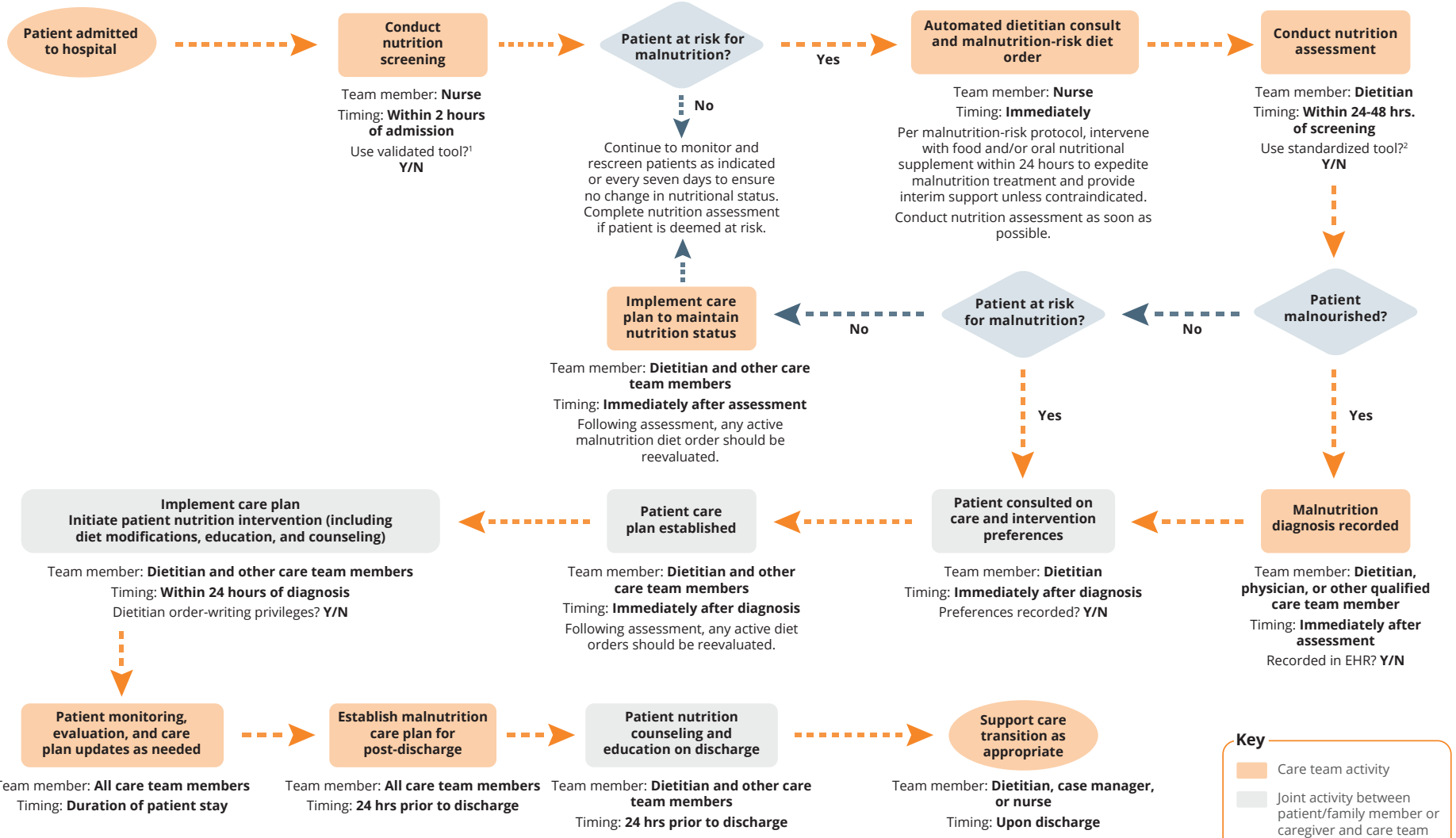
Once you have reviewed the Video, walk through the recommended workflow on the next slide with your team and compare your workflow to this

- *Take note of areas where your workflow is different to identify opportunities for improvement*

Alliance Nutrition Care Model and Toolkit. Module 3: Recognize and Diagnose All Patients At Risk of Malnutrition.
Available at: http://malnutrition.com/getinvolved/hospitalnutritiontoolkit

The Recommended Malnutrition Care Process Flow

Below is an image of the Recommended Flowchart to compare to your version. A version of this to use is available on the MQii website under "Malnutrition Care Clinical Flowchart and Flowchart Template".



1. A list of standardized and validated screening tools is provided in body of the toolkit. If the tool is not on this list, specify which tool is used.
2. A list of standardized and validated assessment tools is provided in body of the toolkit. If the tool is not on this list, specify which tool is used.

MALNUTRITION QUALITY IMPROVEMENT INITIATIVE

Today's Presenter:

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

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New Hanover Regional Medical Center

Project Team Members

CORE TEAM MEMBERS:

*Project Lead / Clinical Nutrition Manager
*Physician Champion
*Registered Dietitian Champions
*Nurse Champion
*Data Analyst
Mgr Clinical Databases
Mgr Clinical Documentation Improvement
*Chief Nursing Executive
Administrator of Clinical Outcomes

ADDED / Ad Hoc:

Case Management / Social Work
Nurse Educator
Additional Nurse Champions
Additional Physician Champion

QI Focus Areas / GAPS

- Nursing: Admission Screen & Overall Awareness of Nutrition Workflow
- MD Communication / Education
- Discharge / Post-Discharge

QI Interventions & Implementation

Supporting Data

Malnutrition eCQM Performance Data

Learning Collaborative 2.0 - July Cohort
New Hanover Regional Medical Center
September 11, 2017

Performance Period: August 1 - September 1, 2017								
Quality Measure	Measure Population	Denominator			Numerator			
		Denominator Exclusions		Denominator	Numerator Elements		Numerator	Performance Score
	Measure Population (All Patients 18+)	Length of Stay <24 hrs			# Screening Completed	# Completed w/in 24hrs		
Completion of a Malnutrition Screening within 24 hours of Admission (Patients Age 18+ Years)	3720	337		3383	3236	2755	2755	81.44%

- 147 screens not completed in 1 month period of time
- 81% screened within DNV / TJC guidelines
- 40% of screened patients are “at risk” = 59 patients
- 20% of “at risk” patients are dx with Malnutrition = 12 patients
- ~$2354 per patient = $338, 976 annually

$2.3 million annually

Advice for July Cohort Participants Starting Out

Get used to talking about malnutrition

Know the research and use it to support your initiative, utilize your resources

Create a team of high performers that are passionate about making a difference and doing worthwhile work

Take it one step at a time

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Selecting Your QI Focus

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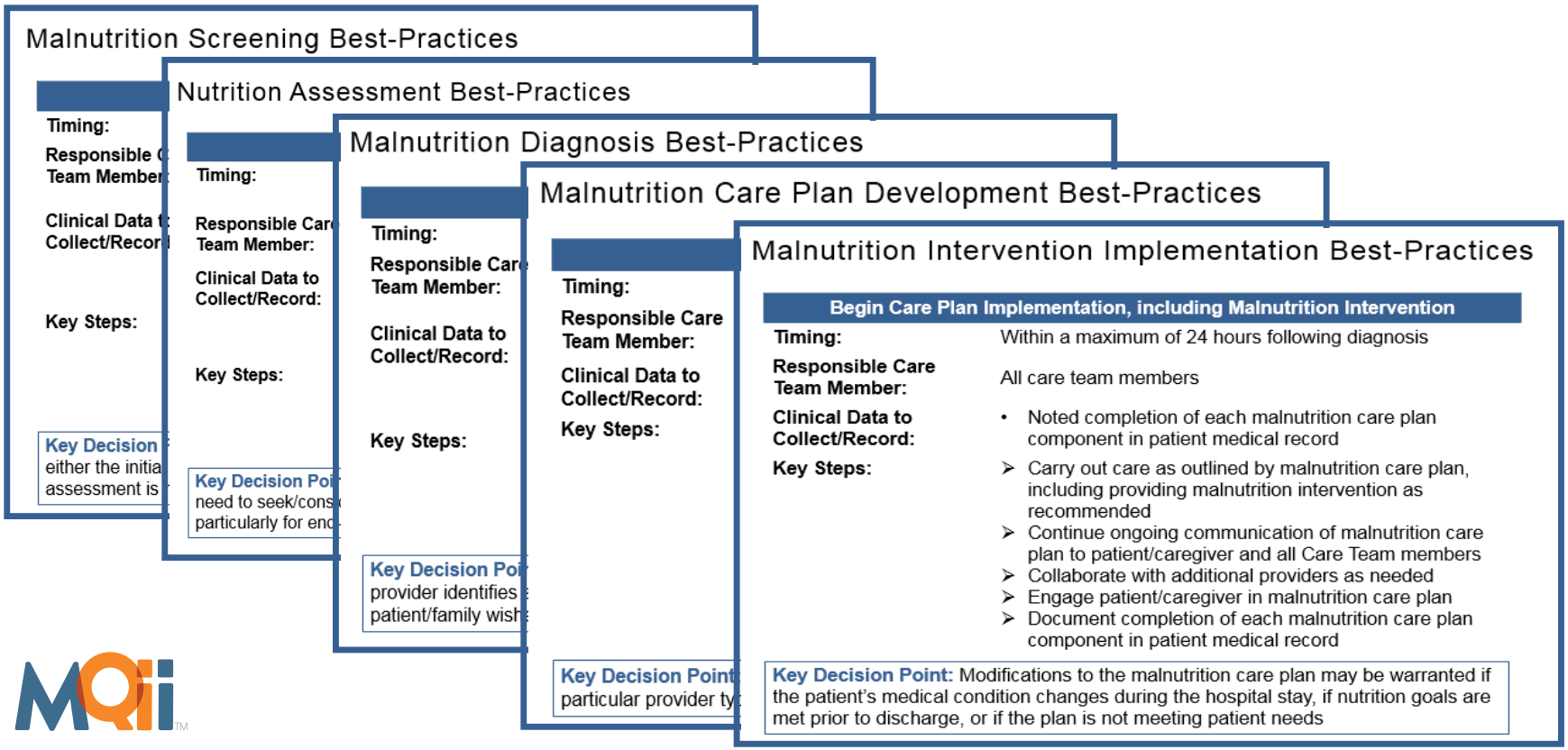
Resource: Best Practice Guidance

THE APPENDIX OF THIS DECK HAS A SLIDE WITH BEST PRACTICES FOR EACH STEP OF THE RECOMMENDED MALNUTRITION CARE WORKFLOW

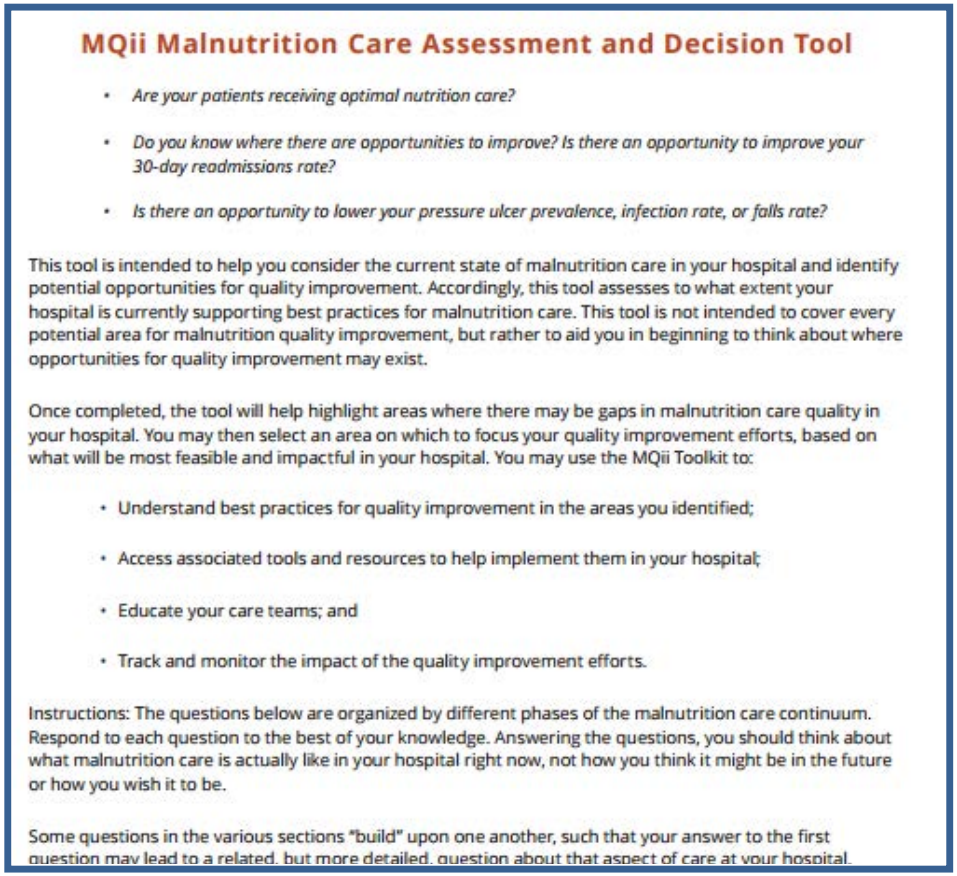
- Review these slides after you walk through the recommended workflow to consider best practices upon which your facility could improve



Resource: Care Assessment and Decision Tool

YOU CAN ALSO USE THE CARE ASSESSMENT AND DECISION TOOL TO IDENTIFY OPPORTUNITIES ON WHICH TO FOCUS YOUR MALNUTRITION QUALITY IMPROVEMENT ACTIVITIES

- Using this tool, your team will walk through and complete a set of questions regarding how you currently deliver malnutrition care
- As your team progresses through each of the questions you can identify where your activities may not align with best practices and discuss opportunities for improvement



MQii Malnutrition Care Assessment and Decision Tool

- *Are your patients receiving optimal nutrition care?*
- *Do you know where there are opportunities to improve? Is there an opportunity to improve your 30-day readmissions rate?*
- *Is there an opportunity to lower your pressure ulcer prevalence, infection rate, or falls rate?*

This tool is intended to help you consider the current state of malnutrition care in your hospital and identify potential opportunities for quality improvement. Accordingly, this tool assesses to what extent your hospital is currently supporting best practices for malnutrition care. This tool is not intended to cover every potential area for malnutrition quality improvement, but rather to aid you in beginning to think about where opportunities for quality improvement may exist.

Once completed, the tool will help highlight areas where there may be gaps in malnutrition care quality in your hospital. You may then select an area on which to focus your quality improvement efforts, based on what will be most feasible and impactful in your hospital. You may use the MQii Toolkit to:

- Understand best practices for quality improvement in the areas you identified;
- Access associated tools and resources to help implement them in your hospital;
- Educate your care teams; and
- Track and monitor the impact of the quality improvement efforts.

Instructions: The questions below are organized by different phases of the malnutrition care continuum. Respond to each question to the best of your knowledge. Answering the questions, you should think about what malnutrition care is actually like in your hospital right now, not how you think it might be in the future or how you wish it to be.

Some questions in the various sections "build" upon one another, such that your answer to the first question may lead to a related, but more detailed, question about that aspect of care at your hospital.

Resource: Prioritization Matrix

ONCE YOU'VE IDENTIFIED YOUR QI OPPORTUNITIES, USE THE PRIORITIZATION MATRIX TO DETERMINE WHICH PROJECT(S) TO FOCUS ON FIRST

When prioritizing, consider whether the opportunity is :

- ✓ High-volume
- ✓ Problem-prone
- ✓ Resource-intensive

You may also want to take into account:

- ✓ Value to the patient or facility if change is achieved
- ✓ Feasibility of implementation
  - Leadership buy-in
  - Alignment with existing hospital programs and goals
  - Staff buy-in for change

Potential QI Focus Areas or Intervention Efforts	High-Volume (Y or N)	Problem-Prone (Y or N)	Resource-Intensive (Y or N)	Other Factor(s)	Comments/ Rationale	Rank
1. Conducting training sessions with staff regarding the burden of malnutrition and the importance of referring at-risk patients to dietitians for assessment	Y	N	N	Our dietitians have previously requested nurses receive this type of training	Until automated systems can be implemented, dietitians are reliant on patient referral by other providers	2
2. Piloting automated referral to dietitian feature in the EHR (i.e., a best practice alert)	N	N	Y	This has been on our radar to implement for several months now – leadership interest in the MQii would prioritize this activity for IT	Automated process has the potential to streamline the referral process and ensure patients do not fall through the cracks	1

Resource: Project Charter

THE PROJECT CHARTER IS A RESOURCE INTEND TO HELP YOU THINK THROUGH ALL COMPONENTS OF YOUR PROJECT, INCLUDING:

- Your QI Focus area and improvement goals
- Your Project Team and specific roles and responsibilities for implementation activities
- The intervention to achieve your QI Focus goals
- The approach for monitoring change in your hospital during implementation

All completed Project Charters should be returned to the MQii Team ASAP

Resources

- Malnutrition Care Clinical Flowchart and Flowchart Template (Link)
- Toolkit Best Practices (Link)
- Care Assessment and Decision Tool (Link)
- Prioritization Matrix (Link)
- Project Charter (Link)

Have Questions

Please reach out to a member of the MQii Team at

MalnutritionQuality@avalere.com

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Appendix

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.

Best Practices for Malnutrition Screening

Conduct Malnutrition Screening	
Timing:	Within 24 hours of patient admission
Responsible Care Team Member:	Nurse or qualified care team member
Clinical Data to Collect/Record:*	• Recent weight loss • Decreased appetite • Height • Weight
Key Steps:	➢ Score patient to determine risk and document results ➢ For at-risk patients, refer immediately for nutrition consult and assessment ➢ For patients at-risk *during screening*, expedite nutrition intervention within 24 hrs with food or ON supplement

Key Decision Point: If the patient is determined to be at risk for malnutrition from either the initial or secondary screening test during hospital stay, a nutrition assessment is needed

*Validated tools for data collection of malnutrition screening include: Birmingham Nutrition Risk (BNR), Maastricht Index, Malnutrition Screening Tool (MST), Malnutrition Universal Screening Tool (MUST), Mini Nutrition Assessment (MNA), Nutrition Risk Classification (NRC), Nutritional Risk Index (NRI), Nutritional Risk Screening (NRS) 2002, Prognostic Inflammatory and Nutritional Index (PINI), Prognostic Nutritional Index (PNI), Simple Screening Tool, Short Nutrition Assessment Questionnaire (SNAQ), Subjective Global Assessment (SGA)
ON: Oral nutrition

Best Practices for Nutrition Assessment

Complete Nutrition Assessment	
Timing:	Within 24-48 hours following a screening where patient is determined to be “at risk”
Responsible Care Team Member:	Dietitian
Clinical Data to Collect/Record:	• Food and nutrition history • Anthropometric measurements • Biochemical data • Physician exam information
Key Steps:	➢ Review patient information that may impact nutrition or health status ➢ Consult with other care team members; Conduct patient/caregiver interviews ➢ Compare information to predefined assessment scale

Key Decision Point: If the patient is determined to be “malnourished” providers may need to seek/consider patient or family decisions around malnutrition treatment, particularly for end-of-life care

Best Practices for Malnutrition Diagnosis

Establish Malnutrition Diagnosis	
Timing:	Immediately following nutrition assessment
Responsible Care Team Member:	Dietitian or qualified care team member
Clinical Data to Collect/Record:	• Description of alternations in a patient's status • Malnutrition signs and symptoms • Malnutrition etiology • Patient diagnosis code (confirm in medical record)
Key Steps:	➢ Record diagnosis ➢ Establish possible causes from nutrition assessment; Consider conditions unique to patient ➢ Communicate diagnosis to patient/caregiver and address their immediate questions

Key Decision Point: Continuation of malnutrition care should only proceed if the provider identifies a malnutrition-related diagnosis and if it is in alignment with patient/family wishes, particularly for end-of-life care

Best Practices for Malnutrition Care Plan Development

Determine Malnutrition Care Plan	
Timing:	Immediately following diagnosis (within 24 hours)
Responsible Care Team Member:	Dietitian
Clinical Data to Collect/Record:	• Description of malnutrition care plan in patient's medical record
Key Steps:	➢ Confer with patient/caregiver to develop a nutrition care plan specific to patient preferences and needs ➢ Re-evaluate automated malnutrition-risk diet order based on result of nutrition assessment ➢ For each element of care plan, identify the care team member to complete and document each task ➢ Determine and document hand-off procedures ➢ Communicate care plan to patient/caregiver ➢ Coordinate with primary care and other post-discharge providers as needed or appropriate

Key Decision Point: Identify and outline specific actions in the care plan to particular provider types as appropriate for optimal execution

Best Practices for Malnutrition Intervention Implementation

Begin Care Plan Implementation, including Malnutrition Intervention	
Timing:	Within a maximum of 24 hours following diagnosis
Responsible Care Team Member:	All care team members
Clinical Data to Collect/Record:	• Noted completion of each malnutrition care plan component in patient medical record
Key Steps:	➢ Carry out care as outlined by malnutrition care plan, including providing malnutrition intervention as recommended ➢ Continue ongoing communication of malnutrition care plan to patient/caregiver and all Care Team members ➢ Collaborate with additional providers as needed ➢ Engage patient/caregiver in malnutrition care plan ➢ Document completion of each malnutrition care plan component in patient medical record

Key Decision Point: Modifications to the malnutrition care plan may be warranted if the patient's medical condition changes during the hospital stay, if nutrition goals are met prior to discharge, or if the plan is not meeting patient needs