



Welcome to Today's Expert Webinar for the 2019  
MQii Learning Collaborative:  
**“Elevating the Value of Malnutrition Care  
Within Your Facility”**

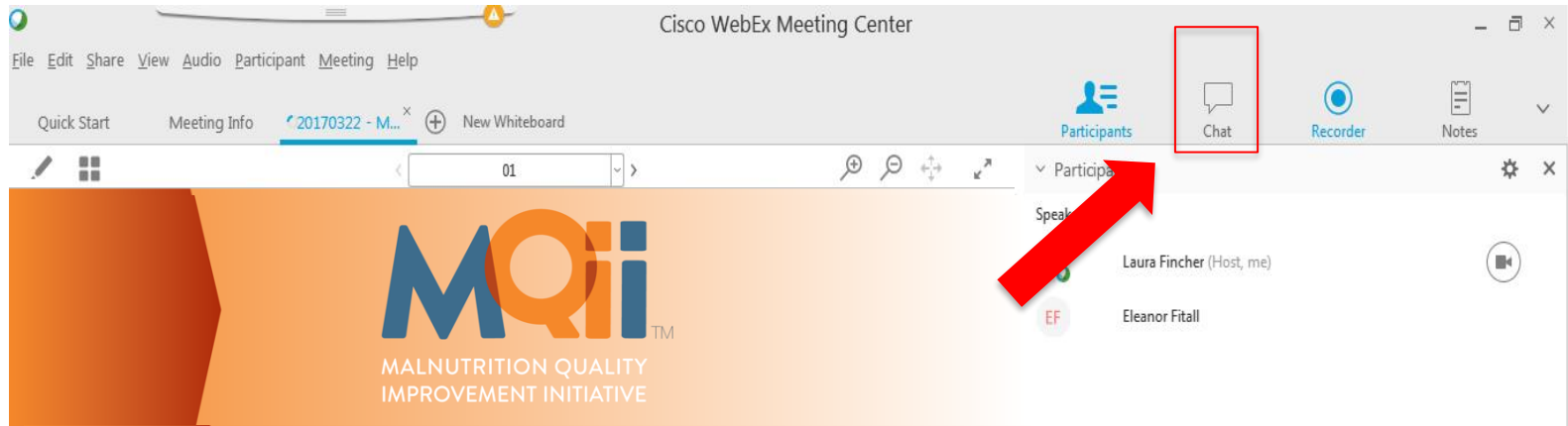
November 7, 2019

We will start promptly at 2:00 PM ET  
(1:00 PM CT; 12:00 PM MT; 11:00 AM 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...



## Welcome to Today's Expert Webinar for the 2019 MQii Learning Collaborative: "Elevating the Value of Malnutrition Care Within Your Facility"

November 7, 2019

We will start promptly at 2:00 PM ET  
(1:00 PM CT; 12:00 PM MT; 11:00 AM 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.

CISCO

Recorder

Select button to record on server

Connected



# Today's Agenda

Agenda Item	Presenter
Welcome and Introduction to the Webinar	Christina Badaracco, MPH, RD <i>Research Scientist at Avalere Health</i>
Engaging Your Organization in Malnutrition Quality Improvement	Christy McFadden, MS, RDN, CSO <i>Quality Improvement Specialist at Spectrum Health</i>
Questions – 15 min	



MALNUTRITION QUALITY  
IMPROVEMENT INITIATIVE



Christy McFadden, MS, RDN, CSO  
Quality Improvement Specialist

- *Know* your audience
- Data tell the story
- Seek opportunities to engage colleagues

# Spectrum Health

## Grand Rapids, Michigan

- Butterworth Hospital
- Helen DeVos Children's Hospital
- Meijer Heart Center
- Blodgett Hospital

## Regional Hospitals

- Zeeland Community Hospital
- United Memorial Hospital
- Ludington Hospital
- Gerber Memorial Hospital
- Pennock Hospital
- Big Rapids Hospital



Others include Continuing Care hospitals and Spectrum Health Lakeland

# Won't you be my neighbor?

Part of knowing your audience is *knowing* people

- Meet and network with colleagues from various disciplines
- Meet and greets
- Mentoring relationships

Coding teams

- Common cause – spread awareness and improve documentation
- Malnutrition was among top 2 most queried diagnoses to providers (Congestive Heart Failure was #1)
- Helped us with initial data to tell the story of malnutrition at SH

Chief Nursing Officer and Vice President of Clinical Operations

- My professional mentor
- Created opportunities especially for key presentations
- Champions malnutrition efforts to this day



This Photo by Unknown Author is licensed under [CC BY-NC-ND](#)

## A few good presentations

- Kick-off presentation for the Clinical Quality and Safety Committee (leads quality work) was memorable
- Executive support and mentor relationship led to standing up the Malnutrition Steering Committee
- Consistent theme – the Skeleton in the Hospital Closet
- Catchy phrases stick with people

## The Skeleton in the Hospital Closet

*As awareness of the role of nutrition in recovery from disease increases, physicians are becoming alarmed by the frequency with which patients in our hospitals are being malnourished and even starved. One authority regards physician-induced malnutrition as one of the most serious nutritional problems of our time.*

**by CHARLES E. BUTTERWORTH, Jr., M.D.**

Butterworth CE. The Skeleton in the Hospital Closet. *Nutrition Today*. 1974; March/April:4-8.

# Improvement work

JAN 2017 Policy for RDN order writing approved system wide

NOV 2017 Problem list policy allows RDN to add malnutrition diagnoses

RDN training in malnutrition diagnosis and physical assessment

## Electronic Health Record

- Validated Malnutrition Screening Tool (MST) to be completed by nursing within 12 hours of admission (hard stop)
- Improved RDN malnutrition documentation
- Created Malnutrition Note – routed to providers for cosign



[This Photo](#) by Unknown Author is licensed under [CC BY](#)



# Data tell the story

- Grand Rapids Hospitals Malnutrition Prevalence Study – prevalence of malnutrition on one day
- Information Services (IS/IT) pulled our data from our Electronic Health Record
- Expanded to children’s hospital and regional hospitals the second year

<b>Determining Our Prevalence of Malnutrition</b>	Total patients assessed on 3.27.18	618
	Total assessed with data included	582
	Total malnutrition diagnoses	122
	% Patients with malnutrition	21%
<b>Gaps in Screening Process</b>	MST $\geq$ 2 found in those with malnutrition	50 (41%)
	No MST completed	10
<b>Gaps in Consulting MNT</b>	No Nutrition Consult ordered	41 (34%)
	Nutrition Consult ordered	81 (66%)

# Data tell the story

- Regional Hospitals Malnutrition Prevalence Study – prevalence of malnutrition in October 2018
- RDNs assessed all admitted patients each Wednesday until at least 50 patients were completed

<b>Determining Our Prevalence of Malnutrition</b>	Total patients assessed	329
	Total malnutrition diagnoses	42
	% Patients with malnutrition	13% (0-30%)
<b>Gaps in Screening Process</b>	MST $\geq 2$	17
	% of Malnourished patients with MST $>2$	40%
<b>Gaps in Consulting MNT</b>	% No Nutrition Consult ordered	55%
	Nutrition Consult ordered	45%

# Be prepared to share anywhere

- Talk to leaders and clinicians
- Use your voice
- Malnutrition impacts every patient population
- Use a variety of outlets
- Provide education
- Create competition to influence engagement
- Tell patient stories

## What does malnutrition look like at Spectrum Health?

Preliminary results from a Malnutrition Prevalence study conducted by SH RDNs in March 2018 showed that 20% of patients would be diagnosed with malnutrition when Nutrition Consults are placed properly. ***RDNs were not consulted in 40% of the cases of malnutrition.*** Screening for malnutrition and nutrition risk criteria and consulting the RDN is critical in identifying, treating and preventing malnutrition at SH.

**Stop and think about nutrition today!**

Main “tile” in our organization’s intra-web page

We also handed out red SH pens to reinforce:  
STOP using albumin as an indicator for malnutrition

STOP and think about nutrition for your patient

# Share each success

## Continuously update contributors

- Executives
- Clinical leaders
- Providers
- Quality
- Informatics
- Coding
- IS/IT
- Finance
- Clinicians
- Mentors

Give them information to share with their teams

Thank them for their contributions

**September 26-30, 2018**  
National Malnutrition Awareness Week

**Conversations started.**  
331 RD one-to-one conversations with clinicians about malnutrition including 68 physicians and 168 nurses

**Use InSite.**  
660 views of the Malnutrition InSite page

**Educational Materials.**  
Multiple flyers were disseminated at various huddles, emailed to hospitalists and coding teams, and posted for mid-levels and nursing staff

**Why is this important?**  
Spectrum Health is at risk of having Unspecified Severe Protein Calorie Malnutrition coded and billed inappropriately based on albumin level especially when a Registered Dietitian (RD) is not involved.  
Efforts to help clinicians better understand the ASPEN criteria and the role of the RD will lead to better identification of those at risk for PCM, better patient outcomes, improved quality of care, and improved financial health of the organization.

**Key Findings.**  
1. Continued efforts are needed to make medical residents and nurses aware that a low albumin level does not indicate poor nutrition status, of the ASPEN criteria and the role of the RD  
2. Some nurses now have a better understanding for the purpose of documenting meal intake in EPIC  
3. Some nurses are consulting MNT more now when MST is >2

# JAND Supplements

## **Achievements in Improving Documentation to Depict a More Accurate Clinical Representation of Patients with Malnutrition While Increasing Visibility of the RDN**

**Author:** C. McFadden; Spectrum Health

**Purpose:** The purpose of this quality project was to improve the documentation of malnutrition diagnoses in the electronic health record (EHR) to represent more accurate depictions of patients' clinical conditions.

## **RDN Audits to Determine the Prevalence of Hospital Malnutrition Reveal a Need to Shift the Focus of Quality Improvement Efforts**

**Author:** C. McFadden; Spectrum Health

**Purpose:** To identify areas of improvement in the care of malnourished patients, registered dietitian nutritionists (RDNs) evaluated the prevalence of malnutrition in acute care hospitals to inform processes for identifying malnourished patients and intervene with nutrition care plans.

## **A Competitive Edge in Raising Awareness of Malnutrition: One Organization's Success in Malnutrition Awareness Week Efforts**

**Author:** C. McFadden; Spectrum Health

**Learning Objective:** To raise awareness around hospital malnutrition among providers and clinicians.

# Clinical Leadership and Innovation Help Achieve Malnutrition Quality Improvement Initiative Success



Mary Beth Arensberg, PhD, RDN, LDN, FAND; Catherine D'Andrea, RDN, LDN; Mujahed Khan, MBA, RDN, LDN

---

## ABSTRACT

Malnutrition is a frequent, but often overlooked clinical issue that can significantly impact patient health outcomes and thus has been identified as a critical target for quality improvement. One recent advancement helping build momentum in quality improvement is the Malnutrition Quality Improvement Initiative (MQii). Frameworks like the MQii need clinical leadership to achieve success. A new taxonomy for clinical dietetics leadership describes five components of leadership behaviors—change, patient focus, self-direct, technical, and relationship—that align with the MQii tools and resources. Qualitative interviews were conducted with four clinical nutrition leaders from three health care systems or institutions who were part of the 2018-2019 MQii Learning Collaborative and had reported success and innovations using the MQii framework. The clinical dietetics leadership taxonomy was applied to describe how the clinical nutrition leaders demonstrated and supported leadership opportunities for clinical nutrition staff through implementation of the MQii.

**Funding/Support** Publication of this supplement was supported by Abbott. The Academy of Nutrition and Dietetics does not receive funding for the MQii. Avalere Health's work to support the MQii was funded by Abbott.

*J Acad Nutr Diet.* 2019;119(9 Suppl 2):S49-S55.

**Keywords:** Clinical leadership; Malnutrition Quality Improvement Initiative; Dietetics leadership taxonomy; Leadership behaviors

---

# Continuous improvement (next steps)

Tier 1 member of MQii

Engage Data Scientists for outcomes data

Discharge planning for patients with malnutrition

- Education
- Outpatient RDN referrals
- RDN recommendations
- Connect to community resources
- Medically Tailored Meals research



[This Photo](#) by Unknown Author is licensed under [CC BY-SA](#)

# Questions?



15 mins