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
Before We Get Started…

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## Today’s Agenda

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

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

Christy McFadden, MS, RDN, CSO
Quality Improvement Specialist
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
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.

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
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

<table>
<thead>
<tr>
<th>Determining Our Prevalence of Malnutrition</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Total patients assessed on 3.27.18</td>
<td>618</td>
</tr>
<tr>
<td>Total assessed with data included</td>
<td>582</td>
</tr>
<tr>
<td>Total malnutrition diagnoses</td>
<td>122</td>
</tr>
<tr>
<td>% Patients with malnutrition</td>
<td>21%</td>
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</tbody>
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<table>
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<tr>
<th>Gaps in Screening Process</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>MST &gt;2 found in those with malnutrition</td>
<td>50 (41%)</td>
</tr>
<tr>
<td>No MST completed</td>
<td>10</td>
</tr>
</tbody>
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<table>
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<tr>
<th>Gaps in Consulting MNT</th>
<th></th>
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<tbody>
<tr>
<td>No Nutrition Consult ordered</td>
<td>41 (34%)</td>
</tr>
<tr>
<td>Nutrition Consult ordered</td>
<td>81 (66%)</td>
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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

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<thead>
<tr>
<th>Determining Our Prevalence of Malnutrition</th>
<th>Total patients assessed</th>
<th>329</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Total malnutrition diagnoses</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>% Patients with malnutrition</td>
<td>13% (0-30%)</td>
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<table>
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<tr>
<th>Gaps in Screening Process</th>
<th>MST &gt;2</th>
<th>17</th>
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</thead>
<tbody>
<tr>
<td>% of Malnourished patients with MST &gt;2</td>
<td>40%</td>
<td></td>
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<thead>
<tr>
<th>Gaps in Consulting MNT</th>
<th>% No Nutrition Consult ordered</th>
<th>55%</th>
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<tbody>
<tr>
<td></td>
<td>Nutrition Consult ordered</td>
<td>45%</td>
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</table>
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
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.

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
Questions?

15 mins