Welcome to Today's Expert Webinar for the 2019 MQii Learning Collaborative:
"MQii Learning Collaborative Participant Dissemination Workshop"
March 1, 2019

We will get started 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…

Today's Agenda

Agenda Item	Presenter
Welcome and Introduction	Kelsey Jones
Overview of the JAND Supplement Opportunity	Catherine D'Andrea, RDN, LDN
Catholic Health Initiatives Research and Dissemination Example	Amanda Goldman, MS, RD, LD, FAND; Sharon Siegel, RD, LD
Questions – 15 mins	

Today's Webinar Panel

Catherine D'Andrea, RDN, LDN
Manager, Quality Initiatives
Academy of Nutrition and Dietetics

Amanda Goldman, MS, RD, LD, FAND
System Director, Quality & Wellness
CHI Food & Nutrition Services

Sharon Siegel, RD, LD
System Clinical Nutrition Manager, Louisville
KentuckyOne Health & University of Louisville Hospital

JAND Supplement Opportunity

Malnutrition Quality Improvement Initiative Yields Value for Multidisciplinary Patient Care and Clinical Nutrition Practice

- Will feature articles and abstracts documenting the importance of multidisciplinary malnutrition quality improvement and its impact on outcomes
- Led by the Academy and Avalere, with support provided by Abbott
- Publication date: September 2019

A Supplement to the
Journal of the
Academy of Nutrition
and Dietetics
The premier source for the practice and science of food, nutrition, and dietetics

Call for Abstracts!

Promote yourself/your team/your organization

Increase awareness of Malnutrition in hospitalized patients

Advance nutrition/dietetic practice

Promote the role of the RDN

Support a culture of quality in healthcare

Malnutrition Focus Abstract Categories

- **Multidisciplinary Team Engagement and Key Learnings**
  - Include: learning objective, relevance, background, quality improvement process, results, conclusion, and implications

- **Data Integration and Process Outcome Results**
  - Include: purpose, relevance, background, methods, results, conclusions, and implications

- **Research Outcome Results**
  - Include: objective/hypothesis, relevance, background, methods, results, conclusions, and implications

Looking for information and tips on writing abstracts?
Recording of the February, 13, 2019 dissemination webinar is posted at
https://www.youtube.com/watch?v=8j8bJU9zOm0&feature=youtu.be
Tips for Abstract Writing and Submissions handout available at
http://mqii-member.defeatmalnutrition.today/

Potential Stories

- **Multidisciplinary Team Engagement and Key Learnings**
  - Building a team within an organization to improve malnutrition care
  - Creating a process to engage leadership on QI efforts related to malnutrition screening

- **Data Integration and Process Outcome Results**
  - Introducing malnutrition data elements into EHR for eCQM data collection
  - Addressing challenges associated with improving nutrition screening using MST in the EHR, improving malnutrition screening rates

- **Research Outcome Results**
 - Malnutrition pilot or QI activities with outcomes data

JAND Submission Guidelines and Requirements

- Abstracts must be submitted via the MQii JAND Supplement submission website.

- Abstracts may be **250-500** words in length.

- Abstracts must be submitted using one of the template guidelines.

- Submit all information listed on the online form, including the **FUNDING SOURCE.**

- Students must provide the name, e-mail, and phone number of faculty advisor.

- Abstracts must be original material and may not have been previously printer, published or presented prior to September 2019.

- Research results and conclusions must be complete at the time of submission.

- **Proofread** your abstract carefully.

JAND Submission Information and Dates

- Submission link will be sent out via the MQii DISH to all Learning Collaborative participants.

- Call for Abstracts link will be open from **Wednesday, April 3, 2019 to Thursday, April 18, 2019**.

- **Submission Guidelines and Abstract Categories** handout with templates will be emailed to webinar attendees and sent via the MQii DISH to all Learning Collaborative participants.
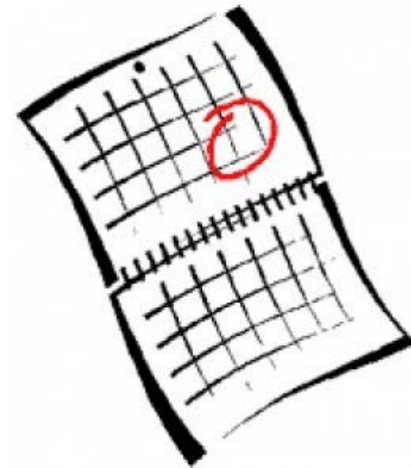
For questions and further information contact:
Quality@eatright.org

Catholic Health Initiatives

Imagine better health.[SM]

Malnutrition Research: Improving Patient Outcomes & Decreasing Hospital Costs Through Nutrition

Learning Objectives

At the end of this session, the attendee will be able to:

- Describe the importance of a comprehensive malnutrition program and its impact on clinical quality outcomes, including morbidity, mortality and readmissions

- Explain how to lead an interdisciplinary team to promote best practices and implement strategies used to improve data collection and enhance reimbursement

- Understand the general process of translating a research project into an abstract or manuscript

Amanda Goldman, *MS, RD, LD, FAND*
System Director, Quality & Wellness
CHI Food & Nutrition Services
Director, Diabetes & Nutrition Care
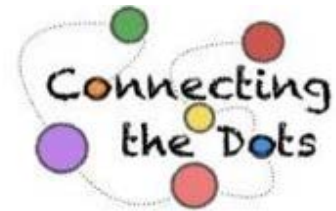*CHI Saint Joseph Health*

Catholic Health Initiatives

Who We Are

- Third largest non-profit health system in the United States

- CHI facilities located in 18 states through 100 hospitals and clinics

- Over 90,000 employees

- Continually striving to *Build Healthier Communities*

Integration: Key to Success

Malnutrition

Definition: The unhealthy condition that results from not eating enough food or not eating enough healthy food; poor nutrition

Acute Care Setting:
- Impacts approximately 30-50% of hospitalized patients
- Recent research is showing some results even higher than 50%
- Typically only 3% of those patients have a documented medical diagnosis of malnutrition
- During 2015, less than 2% of KentuckyOne Health (multi-hospital system) patients had a documented medical diagnosis of malnutrition

Sources: 1. Coats KG et al. *J Am Diet Assoc.*1993;93:27-33. 2. Giner M et al. *Nutrition.*1996;12:23-29. 3. Thomas DR et al. *Am J Clin Nutr.*2002; 75:308-313. 4. Somanchi M et al. *JPEN.* 2011;35:209-216. 5. Guigoz Y. *J Nutr Health Aging.* 2006;10:466-487. 6. Jensen GL, et al. *JPEN J Parenter Enteral Nutr*. 2010;34:156-159.

Stakeholders

Who will help share the vision and champion the process?

If nursing is to support the malnutrition identification process, include a nurse champion along with a clinical nutrition lead

Consider including the following:

- Registered Dietitian
- Nurse
- Discharge Planning
- CDI Team
- Coding Team
- Quality Management

- Wound Therapy
- Administrative Support
- Physician
- IT
- Medical Home
- Other

Comprehensive Malnutrition Platform
Across Disciplines

- Inclusive Approach
  - Identify malnourished patients using evidence-based standards; Assists physicians with determining type and severity of malnutrition
  - Comprehensive documentation protocols for multidisciplinary team
  - Training for dietitians and other team members
- Complements the use of the CHI Malnutrition Screening Tool
- Assists with enhancing reimbursement back to individual facilities
- Outcomes and impact on readmissions are tracked and reported to leadership
- Decreased risk during a RAC Audit (Recovery Audit Contractors)
- Clinical Dietitians increase their skill set to provide improved care

Platform Features
Through Planning & Implementation

Clinical Dietitian Training

- Nutrition-Focused Physical Assessment Workshop
  - Classroom Training and Skills Training

Program Policy & Procedure

Outcomes and Tracking

Program Compliance Audits

Training also offered to:

- Physicians

- Nursing

- Clinical Documentation Specialists and Coders

Malnutrition: CDI & Coding
Collaboration

Why is it important?

- Provides an accurate picture of the patient's condition

- Supports the interdisciplinary care provided to patients

- Ensures appropriate reimbursement for facility as reimbursement may change due to specific conditions or issues that arise

  - Comorbidity – Pre-existing condition that impacts treatment and increases length of stay

  - Complication – Arises during acute-care stay and increases length of stay

- DRG (diagnostic-related group) assignment determines financial reimbursement

  - Secondary diagnoses can also impact reimbursement

  - Comorbidity and complication (CC)

  - Major comorbidity and complication (MCC)

Malnutrition Program Effectiveness

- How will you maintain the integrity of your program?

- Ensure proper monitoring system is in place

- Recognize areas of opportunity

  - Is the clinical team documenting characteristics appropriately and consistently?

  - Does your audit tool provide what you need?

  - Are physicians acknowledging your documentation?

  - How are you impacting readmissions and other clinical outcomes?

- Recognize further need for training to increase competence/confidence
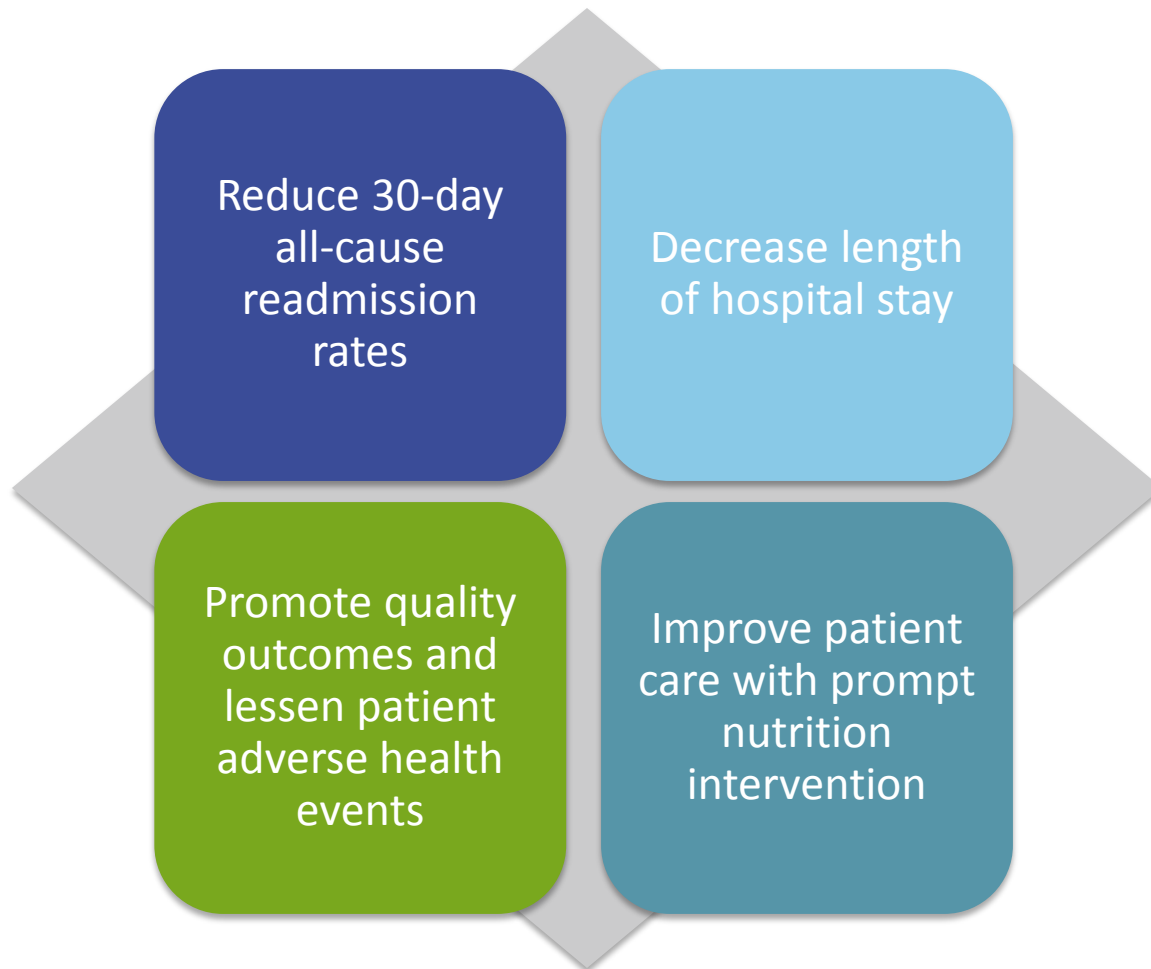
Sharon Siegel, RD, LD

*System Clinical Nutrition Manager, Louisville
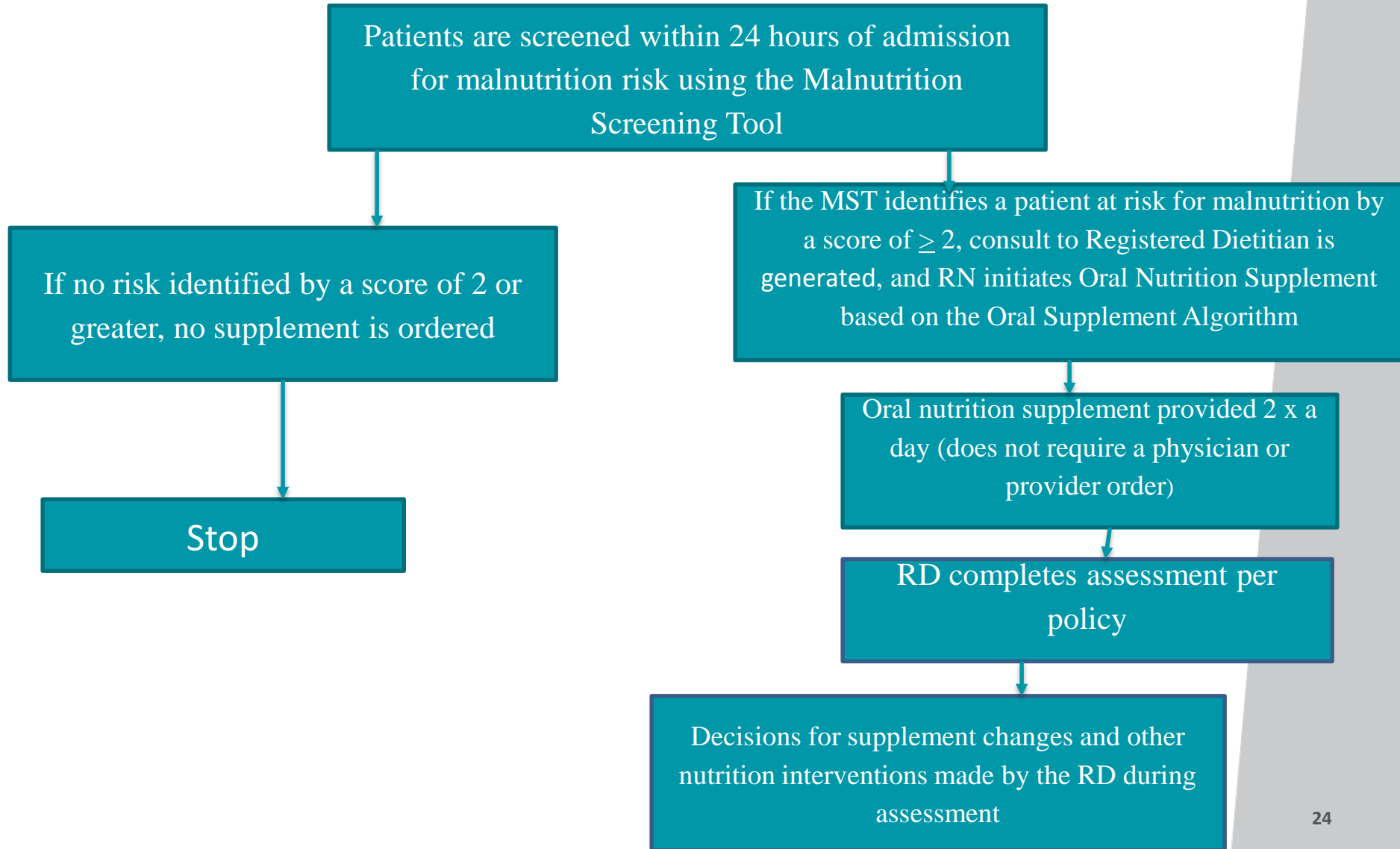KentuckyOne Health & University of Louisville Hospital*

Our Story

- **2012**: ASPEN/AND Consensus statement regarding identification and documentation of adult malnutrition

- **2013**: MST added to Electronic Medical Record as a screen for malnutrition

- **2013**: ONS policy implemented at Jewish Hospital as an action step after Falls Audit; Saint Joseph Hospital and other KentuckyOne facilities follow

- **2014**: ICD-10 multi-facility Task Force initiated to review coding of malnutrition as it relates to outcomes

- **2015**: Dietitians trained in nutrition-focused physical assessment

- **2016**: Malnutrition coding initiated

- **2018**: Research study completed on impact of nutrition-focused quality improvement initiatives among hospitalized malnourished patients, and presented at three poster sessions

Desired Outcomes of Malnutrition Initiative

Reduce 30-day all-cause readmission rates

Decrease length of hospital stay

Promote quality outcomes and lessen patient adverse health events

Improve patient care with prompt nutrition intervention

Nursing Protocol for Nutrition Intervention

Patients are screened within 24 hours of admission for malnutrition risk using the Malnutrition Screening Tool

If no risk identified by a score of 2 or greater, no supplement is ordered

Stop

If the MST identifies a patient at risk for malnutrition by a score of ≥ 2, consult to Registered Dietitian is generated, and RN initiates Oral Nutrition Supplement based on the Oral Supplement Algorithm

Oral nutrition supplement provided 2 x a day (does not require a physician or provider order)

RD completes assessment per policy

Decisions for supplement changes and other nutrition interventions made by the RD during assessment

24

Admission History

Actions:

1) RN opens Admission History in Cerner to initiate malnutrition screening.

2) RN screens patient for nutrition risk utilizing the MST.

Malnutrition Screen

Order Details

✓ Nutrition History

＊ Psychosocial Hist

Sleep Apnea Risk

＊ Social Habits

Spiritual/Cultural

＊ Valuables and Be

Eating Poorly Due to Decreased Appetite
- ○ No
- ◉ Yes

Unplanned Weight Loss in Past 3 to 6 Months
- ○ No
- ◉ Yes
- ○ Unsure

Unplanned Weight Loss Amount
- ○ 2-13 lbs/0.9-5.9 kg
- ○ 14-23 lbs/6.4-10.5 kg
- ○ 24-33 lbs/10.6-15 kg
- ◉ 33 lbs or more/15 kg or more
- ○ Unsure

Malnutrition Screening Tool Total
5   Malnutrition Screening Tool Score Greater to or Equal to 2 = RN provides oral nutrition supplement 2-3 times per day per facility standards

Malnutrition Screening Tool Risk Level
- ○ Patient not at risk
- ◉ Patient at risk

Oral Nutrition Supplement (ONS) Decision Tree

Jewish Hospital & St. Mary's HealthCare
KentuckyOne Health™

P.O. Supplement Algorithm

* Patients that are NPO should not have supplements ordered.

1. Has the patient's diet advanced past clear liquid?

YES → Proceed to Question #2

NO → **Ensure Clear***

2. Has the patient's diet advanced past clear liquids but the patient requires Nectar Thick Liquids?

YES → **TwoCal HN***

NO → **Ensure Enlive**
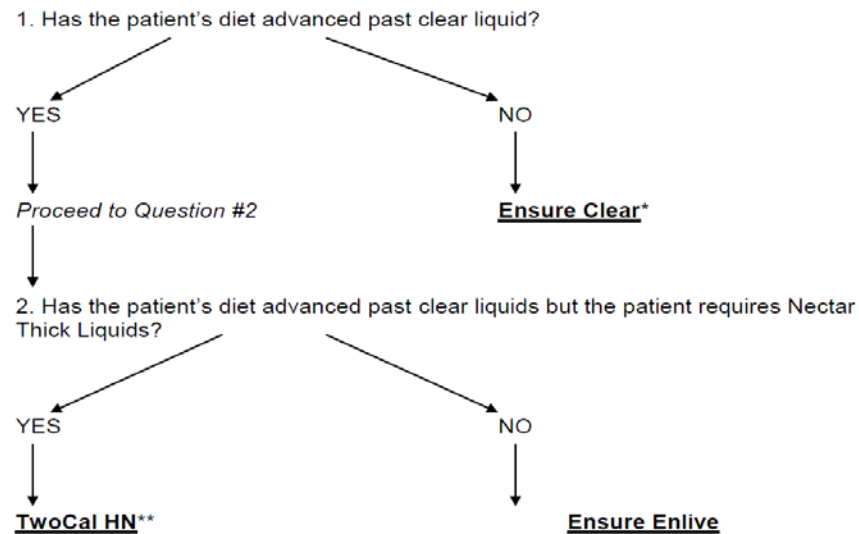
Notes:

Decisions for therapeutic diet supplements (i.e. Glucerna, Nepro) will be made by the RD during assessment.

** Patients that require thickened liquids of any consistency on clear liquid diets should not have supplements ordered until RD assessment.

*** Patients that require honey or pudding thick liquids should not have supplements ordered until RD assessment.

Discharge Process

Dietitian documents discharge supplement recommendations and instructions in the medical record, to be included in the printed discharge instructions

Physician completes discharge criteria, including instructions for continuation of oral supplement

Physician completes discharge criteria, including instructions for continuation of oral supplement

Develop Discharge Plan

1. Nurse and Dietitian provide patient education via Discharge Instruction information
2. Handouts included in Discharge folder paperwork and used to reinforce importance of ONS post-discharge
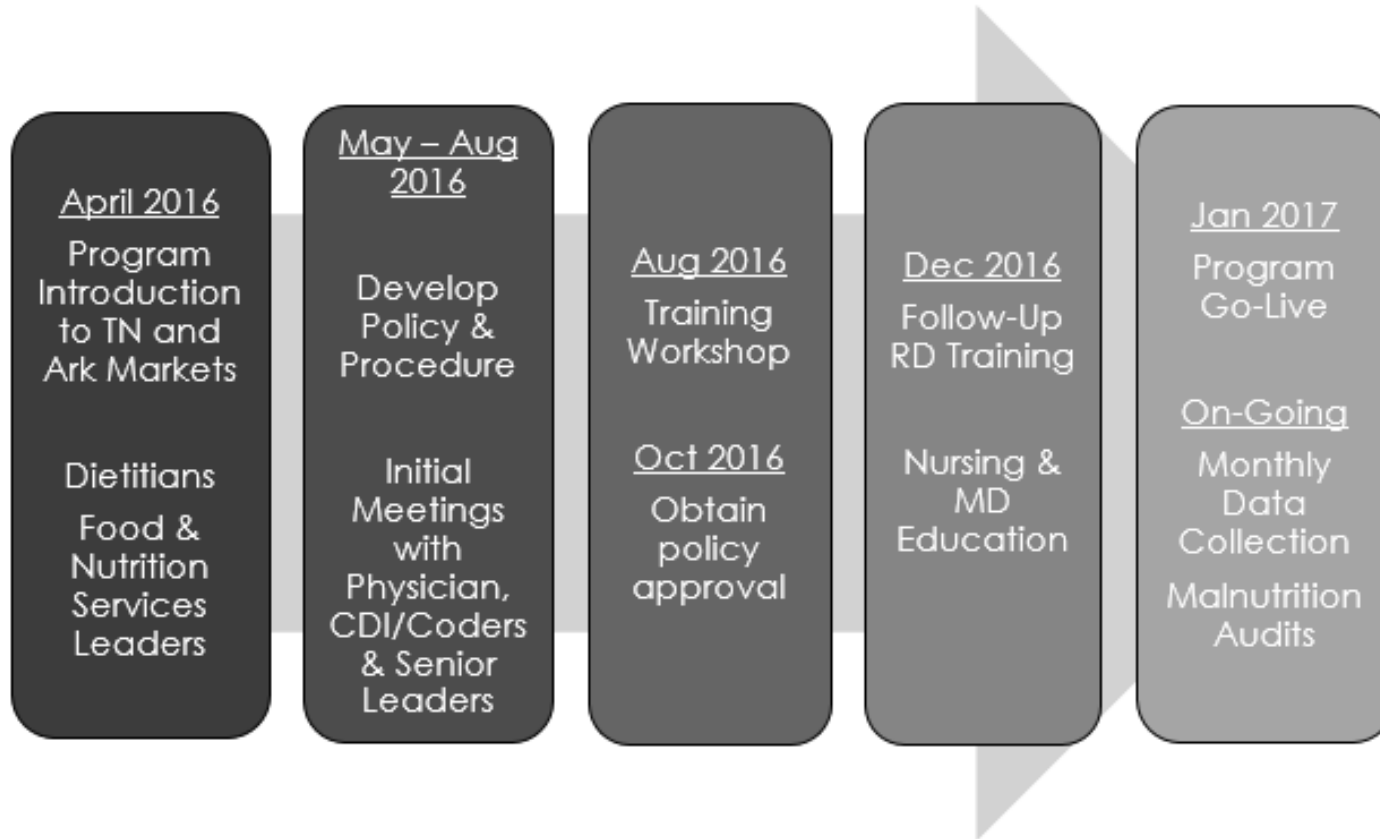3. Dietitian provides ONS coupons and samples

Compliance

EHR report available to assist with auditing compliance of MST $\geq$2 patients and ordering ONS includes:
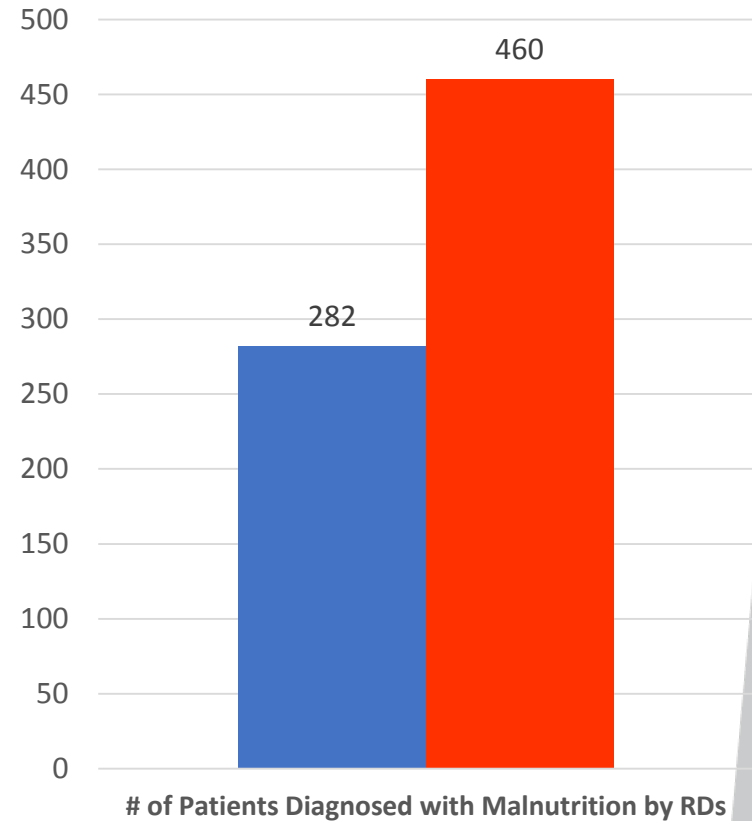
- Admitted patients during the Date Range entered with a MST Score of two or greater

- MST score and MST score date & time documented

- Oral supplement order with date & time ordered (contains the type of supplement selected and typed special instructions)

- Diet Order with date & time ordered

- Malnutrition Diagnosis—any active diagnosis entered by the physician that surrounds Malnutrition (per codified values)—may be an admitting diagnosis, discharge diagnosis, working diagnosis, etc.

April 2016
Program Introduction to TN and Ark Markets

Dietitians
Food & Nutrition Services Leaders

May – Aug 2016

Develop Policy & Procedure

Initial Meetings with Physician, CDI/Coders & Senior Leaders

Aug 2016
Training Workshop

Oct 2016
Obtain policy approval

Dec 2016
Follow-Up RD Training

Nursing & MD Education

Jan 2017
Program Go-Live

On-Going
Monthly Data Collection
Malnutrition Audits

CHI Memorial Hospital
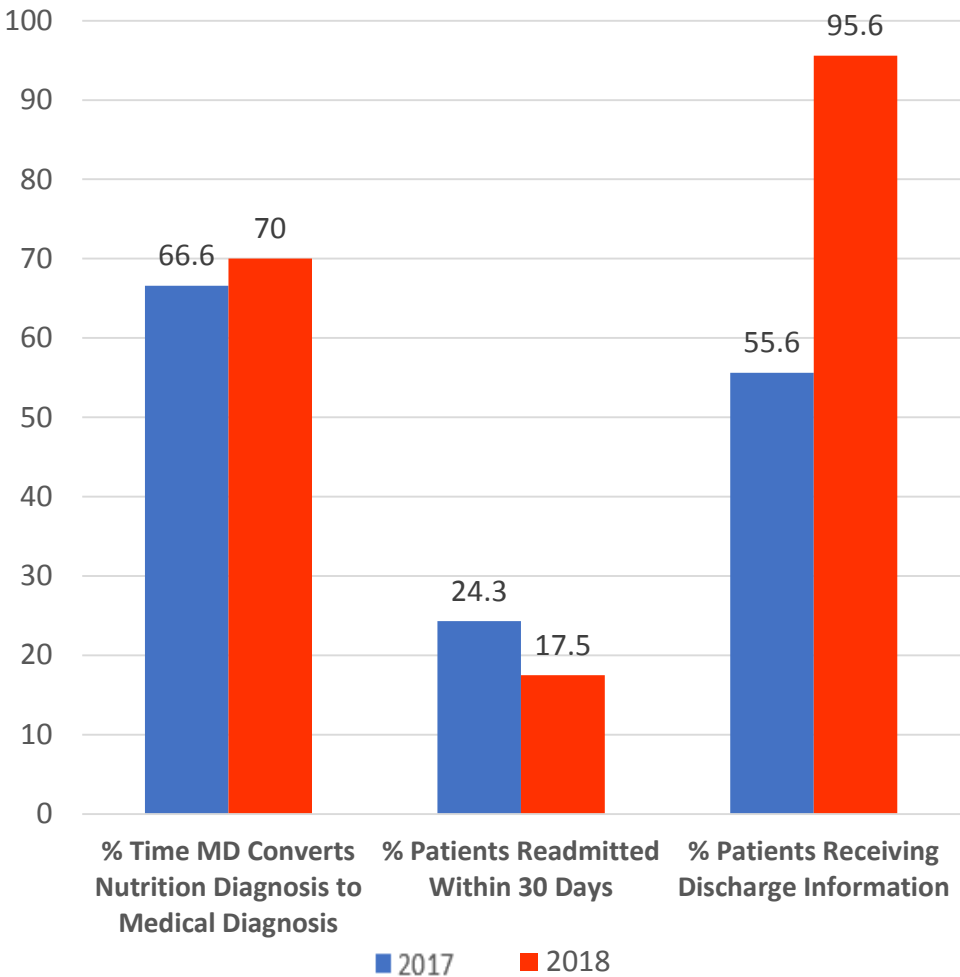
Benefits

- Improved clinical outcomes for our patients
- Decreased readmission rates
- Increased patient education at discharge
- Increased reimbursement from Malnutrition Coding
- Clinical Dietitians viewed as "Malnutrition Experts" within facility
- Increased visibility with Senior Leadership Team

Studying our Work

Research Dissemination

Abstracts and Poster Sessions:

- ISPOR – International Society for Pharmacoeconomics and Outcomes Research
  - May 2018
- Academy Health
  - June 2018
- Food and Nutrition Conference & Expo
  - October 2018

Manuscripts and Publication:

- Journal of Nursing Care Quality
  - https://journals.lww.com/jncqjournal/Abstract/publishahead/Impact_of_a_Nutrition_Focused_Quality_Improvement.99471.aspx
  - Journal – To be printed July 2019

Thank You!

Thank you for joining our session today.

Speaker Contact Information:

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Sharon Siegel, RD, LD
SharonSiegel2@KentuckyOneHealth.org

Brief Reminder: Abstract Recommendations

TYPICAL ELEMENTS REQUESTED – MAY VARY

- Title (typically 10-15 words)
- Learning Objective (*sometimes*)
- Authors
  - Primary/Contact
  - Contributing/Other
- **Abstract (Typical Flow):**
  - Background/Opportunity/Problem
  - Goal/Aim/Purpose (SMART format)
  - Methods/Strategies/Approach
  - Results/Outcomes
  - Conclusions/Impact/Considerations
- References/Literature Support (*sometimes*)

Abstract Considerations:

- Single paragraph summary of the QI project (for *JAND* Supplement, must be 250-500 words)
- Needs to be complete but concise
- Consider it your "elevator/sales pitch"
- Needs to be strong enough to stand alone to represent scope of work
- Needs to stand out among a large volume of other abstracts to select
- When published needs to compel interest from others

Section Sentence Rule-of-Thumb: 2 / 4 / 4 / 2

Questions?

15 mins