MALNUTRITION QUALITY IMPROVEMENT INITIATIVE

Welcome to Today's Expert Webinar for the 2019 MQii Learning Collaborative:

"MQii Learning Collaborative Participant Dissemination Workshop"

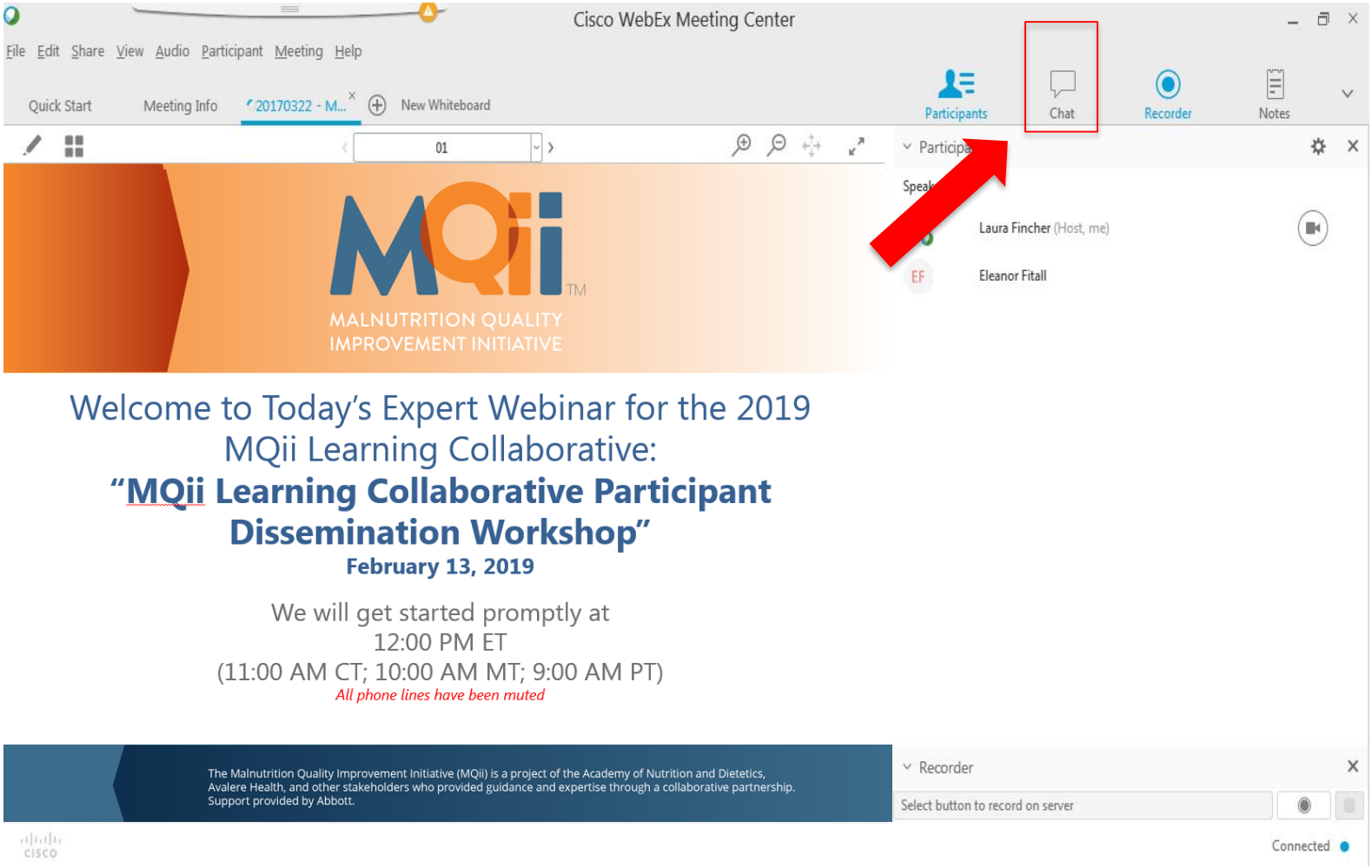
February 13, 2019

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



Today's Agenda

Agenda Item	Presenter
Welcome and introduction to the "MQii Learning Collaborative Participant Dissemination Workshop" webinar	Kelsey Jones
Moderated discussion on dissemination, with insights on: • Reasons to share your work; • Types of work to share; • Sample abstracts; • Tips and considerations; • Examples of projects shared; • Current dissemination opportunities; and • Tools and resources	Catherine D'Andrea, RDN, LDN; Sherri Jones, MS, MBA, RDN, LDN, SSGB, FAND; and Mujahed Khan, MBA, RDN, LDN
Questions – 15 mins	

Today's Webinar Panel

MODERATOR

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

PANEL SPEAKERS

Sherri Jones, MS, MBA, RDN, LDN, SSGB, FAND
Senior Improvement Specialist
UPMC Presbyterian Shadyside

Mujahed Khan, MBA, RDN, LDN
Senior Manager, Quality Improvement
Academy of Nutrition and Dietetics

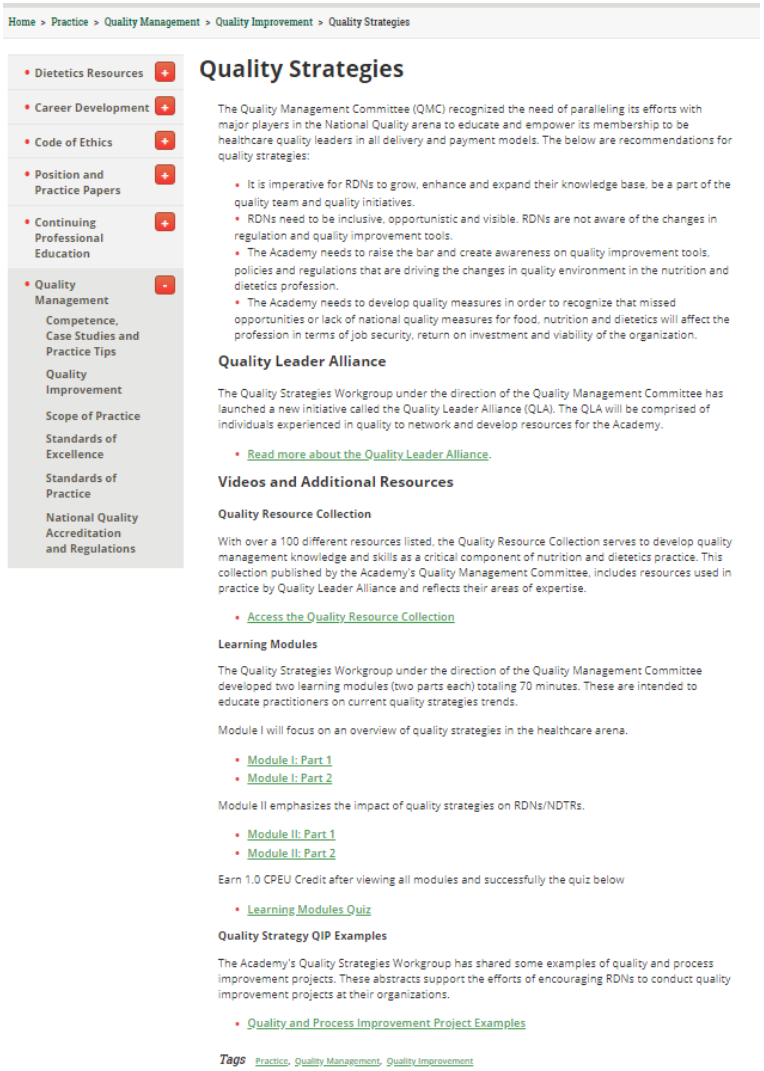
Why You Should Share Your Work

- To advance nutrition/dietetic practice
- To promote the role of the RDN
- So others can learn from your success
- To establish best practices and support evidence-based practice
- To give others ideas of QI initiatives to pursue
- To promote yourself/your team/your organization
- To celebrate successes and encourage your team to continue great work
- To increase awareness of Malnutrition in hospitalized patients
- To get feedback/input from others for future considerations
- To support a culture of quality in healthcare
  - National Academy of Medicine (IOM) 6 aims for improvement
  - National Quality Strategy
- To show your leadership that MQii work is important on a larger scale

QI projects are encouraged. Work does not have to be formal research.

Academy's Quality Improvement Efforts

www.EatrightPro.org/QualityStrategies



Home > Practice > Quality Management > Quality Improvement > Quality Strategies

- Dietetics Resources
- Career Development
- Code of Ethics
- Position and Practice Papers
- Continuing Professional Education
- Quality Management
  - Competence, Case Studies and Practice Tips
  - Quality Improvement
  - Scope of Practice
  - Standards of Excellence
  - Standards of Practice
  - National Quality Accreditation and Regulations

Quality Strategies

The Quality Management Committee (QMC) recognized the need of paralleling its efforts with major players in the National Quality arena to educate and empower its membership to be healthcare quality leaders in all delivery and payment models. The below are recommendations for quality strategies:

- It is imperative for RDNs to grow, enhance and expand their knowledge base, be a part of the quality team and quality initiatives.
- RDNs need to be inclusive, opportunistic and visible. RDNs are not aware of the changes in regulation and quality improvement tools.
- The Academy needs to raise the bar and create awareness on quality improvement tools, policies and regulations that are driving the changes in quality environment in the nutrition and dietetics profession.
- The Academy needs to develop quality measures in order to recognize that missed opportunities or lack of national quality measures for food, nutrition and dietetics will affect the profession in terms of job security, return on investment and viability of the organization.

Quality Leader Alliance

The Quality Strategies Workgroup under the direction of the Quality Management Committee has launched a new initiative called the Quality Leader Alliance (QLA). The QLA will be comprised of individuals experienced in quality to network and develop resources for the Academy.

- Read more about the Quality Leader Alliance.

Videos and Additional Resources

Quality Resource Collection

With over a 100 different resources listed, the Quality Resource Collection serves to develop quality management knowledge and skills as a critical component of nutrition and dietetics practice. This collection published by the Academy's Quality Management Committee, includes resources used in practice by Quality Leader Alliance and reflects their areas of expertise.

- Access the Quality Resource Collection

Learning Modules

The Quality Strategies Workgroup under the direction of the Quality Management Committee developed two learning modules (two parts each) totaling 70 minutes. These are intended to educate practitioners on current quality strategies trends.

Module I will focus on an overview of quality strategies in the healthcare arena.

- Module I: Part 1
- Module I: Part 2

Module II emphasizes the impact of quality strategies on RDNs/NDTRs.

- Module II: Part 1
- Module II: Part 2

Earn 1.0 CPEU Credit after viewing all modules and successfully the quiz below

- Learning Modules Quiz

Quality Strategy QIP Examples

The Academy's Quality Strategies Workgroup has shared some examples of quality and process improvement projects. These abstracts support the efforts of encouraging RDNs to conduct quality improvement projects at their organizations.

- Quality and Process Improvement Project Examples

Tags Practice, Quality Management, Quality Improvement

Members Engaged in QI Work Dissemination

Types of Work to Share

EARLY PHASE: STRUCTURE AND PROCESS MEASURES
MILESTONES DURING QI PROCESS (PRIOR TO DATA COMPARISON)

- Your initial small tests of change
- Your readiness assessment and how you identified what to target QI project
- How you engaged stakeholders and managed buy-in
- Working with IT to:
  - Enhance assessment documentation
  - Prepare the EHR for data extraction
- Best ways to in-service participants: RDNs, Physicians, Coders
- Validating NFPE competency
- Implementing/enhancing nutrition screening process

You still need to report some type of results though.
How did you evaluate the impact of what was accomplished?

Types of Work to Share

LATE PHASE: OUTCOME MEASURES
END RESULT OF QI PROCESS (PRE/POST DATA COMPARISON)

- Involves data collection prior to and post improvement strategy
- Have pre and post data – your quality measures
- Can you show how results were sustained over time
- Does it support the PDSA cycle (plan/do/study/act)
- Improvement in the following:
  - Nutrition screening (accuracy, timing, volume)
  - RDN assessment + malnutrition communication
  - MD documentation (recognition of malnutrition)
  - Malnourished patient outcomes (intake, weight gain, LOS)

Abstract Components: Anatomy of an Abstract

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 (typically 200-350 words)
  Approx. 1800 characters = 250 words
- Needs to be complete but concise
- Consider it your "elevator/sales pitch"
- Will be only thing conference organizers will see of your work
- 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 to read/attend

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

Sample Abstract

SUBMITTED TO 2018 IHI NATIONAL FORUM

Institute *for* Healthcare Improvement

Submitting your Final Storyboard and Supporting Information through IHI.org

You are required to enter in the following information:

- **Storyboard Title (Please limit the title to 15 or less words)**

Enculturing Nursing Bedside Shift Report Through Shared Leadership and PDSA Methodology (11)

- **Description (Please limit the description to 100 or less words)**

Prior to 2013 our nurses utilized a Voicecare recording system for shift report. With Voicecare's discontinuation, report was given face-to-face with encouragement for report at the bedside. A July 2016 audit revealed however that since 2013 only three (14%) nursing units conducted bedside shift report (BSR) consistently. As a result, the Shared Leadership Professional Practice and Development Council (PPDC) adopted Bedside Shift Report as a focus for improving nursing practice. PPDC partnered with an Improvement Specialist to develop improvement strategies to help enculture and sustain Bedside Shift Report as "normal" practice. (91)

- **Aim (Please limit the aim to 15 or less words)**

To increase occurrence of bedside shift report as evidenced by HCAHPS survey Top Box Scores (15)

- **Actions Taken (Please limit actions taken to 50 or less words)**

PPDC members conducted a current state assessment and identified barriers. Minimum BSR elements were defined, tools developed, and expectations set by PPDC membership consensus. BSR was promoted to all Shared Leadership Councils for dissemination to all nurses. PPCD members served as champions. HCAHPS adopter questions were added to patient surveys. (50)

- **Summary of Results (Please limit the summary of results to 50 or less words)**

A follow-up 2017 audit revealed occurrence of BSR increased from 14% to 67% of nursing units consistently conducting BSR per nurse interviews. Once HCAHPS adopter questions were added, HCAHPS top box scores (% always) increased from 31% in December 2017 to 50% in July 2018. (45)

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Tips and Considerations

CONFERENCE RELATED – WRITING FOR SELECTION

- Pay attention to conference Theme and/or Objectives
- Choose an angle that fits conference topics – relevance + originality
- Consider the audience – appeal to the attendees
  - Ask: "*Would this topic interest attendees and why should others care*?"
- Use key words from theme/objectives in the title
- Short attention-catching titles are best, but must also describe your topic
- Entice the reader from the very beginning with first few sentences
- How can you make your project stand out or different from others
- Make sure the elements flow well and progression of ideas is clear
- Connect the dots – methods are targeted at the problem, results address the objective/aim, conclusions are supported by the results, etc.

Tips and Considerations

CONFERENCE RELATED – SUBMISSION ISSUES

- If electronic submission, type in Word format to draft out 1st then copy/paste into electronic submission → key to performing limitation counts
- Clarify whether count limitation is words or characters (with/without spaces)
- With limits cut filler words or jargon: the, a, an, of, rather, such as, etc.
- Define abbreviations/acronyms that may not be understood
- Follow the specific directions (if given)
- Start early – note deadline date/time – allow enough time to draft and review
- Determine if you can save and come back later
- Have others/objective people read it over – both for content + English structure
- View previous abstract examples (if available)
- Proofread - check for typographical errors of spelling/grammar/punctuation etc.
- Choose more recent references

Tips and Considerations

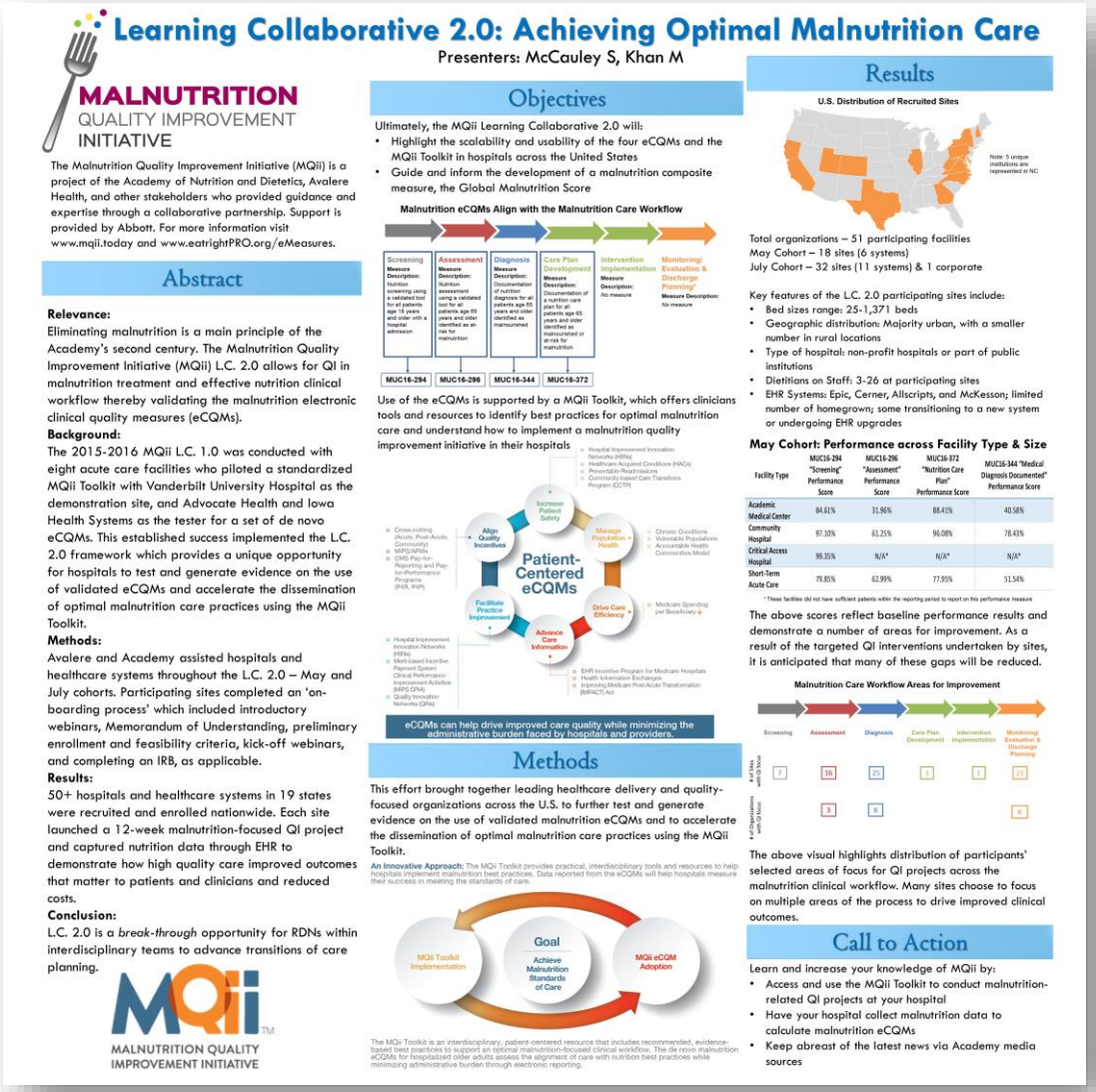
FROM A JUDGE OR SELECTION COMMITTEE PERSPECTIVE

- Did you follow the directions? – include everything needed, conform to word/character limits, etc.
- Is it incomplete or missing information?
- Is it well written in terms of language, grammar, etc.?
- Does the title describe the project outlined in the abstract?
- Is the problem, purpose, and/or goal clear?
- Are the methods and improvement strategies outlined? (actions taken)
- Is there an outcome and actual results? Is it clear how outcome was measured?
- Do the results align and support the goals?
- Does everything connect?
- Did the project make an impact to the: organization, customer, profession?
- Is it original? Able to be replicated by others?

Key to Success: Pay attention to detail…
(follow directions and proofread)

Examples of Projects Shared

Academy of Nutrition and Dietetics- Food and Nutrition Conference & Expo (FNCE) 2017, Chicago, Illinois



Learning Collaborative 2.0: Achieving Optimal Malnutrition Care

Presenters: McCauley S, Khan M

MALNUTRITION QUALITY IMPROVEMENT INITIATIVE

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Abstract

Relevance:
Eliminating malnutrition is a main principle of the Academy's second century. The Malnutrition Quality Improvement Initiative (MQii) L.C. 2.0 allows for QI in malnutrition treatment and effective nutrition clinical workflow thereby validating the malnutrition electronic clinical quality measures (eCQMs).

Background:
The 2015-2016 MQii L.C. 1.0 was conducted with eight acute care facilities who piloted a standardized MQii Toolkit with Vanderbilt University Hospital as the demonstration site, and Advocate Health and Iowa Health Systems as the tester for a set of de novo eCQMs. This established success implemented the L.C. 2.0 framework which provides a unique opportunity for hospitals to test and generate evidence on the use of validated eCQMs and accelerate the dissemination of optimal malnutrition care practices using the MQii Toolkit.

Methods:
Avalere and Academy assisted hospitals and healthcare systems throughout the L.C. 2.0 – May and July cohorts. Participating sites completed an 'on-boarding process' which included introductory webinars, Memorandum of Understanding, preliminary enrollment and feasibility criteria, kick-off webinars, and completing an IRB, as applicable.

Results:
50+ hospitals and healthcare systems in 19 states were recruited and enrolled nationwide. Each site launched a 12-week malnutrition-focused QI project and captured nutrition data through EHR to demonstrate how high quality care improved outcomes that matter to patients and clinicians and reduced costs.

Conclusion:
L.C. 2.0 is a *break-through* opportunity for RDNs within interdisciplinary teams to advance transitions of care planning.

MQii MALNUTRITION QUALITY IMPROVEMENT INITIATIVE

Objectives

Ultimately, the MQii Learning Collaborative 2.0 will:
- Highlight the scalability and usability of the four eCQMs and the MQii Toolkit in hospitals across the United States
- Guide and inform the development of a malnutrition composite measure, the Global Malnutrition Score

Malnutrition eCQMs Align with the Malnutrition Care Workflow

Screening	Assessment	Diagnosis	Care Plan Development	Intervention Implementation	Monitoring/ Evaluation & Discharge Planning*
Measure Description: Nutrition screening using a validated tool for all patients age 18 years and older with a hospital admission	Measure Description: Nutrition assessment using a validated tool for all patients age 65 years and older identified as at-risk for malnutrition	Measure Description: Documentation of nutrition diagnosis for all patients age 65 years and older identified as malnourished	Measure Description: Documentation of a nutrition care plan for all patients age 65 years and older identified as malnourished or at-risk for malnutrition	Measure Description: No measure	Measure Description: No measure
MUC16-294	MUC16-296	MUC16-344	MUC16-372		

Use of the eCQMs is supported by a MQii Toolkit, which offers clinicians tools and resources to identify best practices for optimal malnutrition care and understand how to implement a malnutrition quality improvement initiative in their hospitals

eCQMs can help drive improved care quality while minimizing the administrative burden faced by hospitals and providers.

Methods

This effort brought together leading healthcare delivery and quality-focused organizations across the U.S. to further test and generate evidence on the use of validated malnutrition eCQMs and to accelerate the dissemination of optimal malnutrition care practices using the MQii Toolkit.

An Innovative Approach: The MQii Toolkit provides practical, interdisciplinary tools and resources to help hospitals implement malnutrition best practices. Data reported from the eCQMs will help hospitals measure their success in meeting the standards of care.

The MQii Toolkit is an interdisciplinary, patient-centered resource that includes recommended, evidence-based best practices to support an optimal malnutrition-focused clinical workflow. The de novo malnutrition eCQMs for hospitalized older adults assess the alignment of care with nutrition best practices while minimizing administrative burden through electronic reporting.

Results

U.S. Distribution of Recruited Sites

Total organizations – 51 participating facilities
May Cohort – 18 sites (6 systems)
July Cohort – 32 sites (11 systems) & 1 corporate

Key features of the L.C. 2.0 participating sites include:
- Bed sizes range: 25-1,371 beds
- Geographic distribution: Majority urban, with a smaller number in rural locations
- Type of hospital: non-profit hospitals or part of public institutions
- Dietitians on Staff: 3-26 at participating sites
- EHR Systems: Epic, Cerner, Allscripts, and McKesson; limited number of homegrown; some transitioning to a new system or undergoing EHR upgrades

May Cohort: Performance across Facility Type & Size

Facility Type	MUC16-294 "Screening" Performance Score	MUC16-296 "Assessment" Performance Score	MUC16-372 "Nutrition Care Plan" Performance Score	MUC16-344 "Medical Diagnosis Documented" Performance Score
Academic Medical Center	84.61%	31.96%	88.41%	40.58%
Community Hospital	97.10%	61.25%	96.08%	78.43%
Critical Access Hospital	99.35%	N/A*	N/A*	N/A*
Short-Term Acute Care	79.85%	62.99%	77.95%	51.54%

*These facilities did not have sufficient patients within the reporting period to report on this performance measure

The above scores reflect baseline performance results and demonstrate a number of areas for improvement. As a result of the targeted QI interventions undertaken by sites, it is anticipated that many of these gaps will be reduced.

Malnutrition Care Workflow Areas for Improvement

The above visual highlights distribution of participants' selected areas of focus for QI projects across the malnutrition clinical workflow. Many sites choose to focus on multiple areas of the process to drive improved clinical outcomes.

Call to Action

Learn and increase your knowledge of MQii by:
- Access and use the MQii Toolkit to conduct malnutrition-related QI projects at your hospital
- Have your hospital collect malnutrition data to calculate malnutrition eCQMs
- Keep abreast of the latest news via Academy media sources

MQii™

Examples of Projects Shared

Gerontological Society of America (GSA) – 2018 Annual Scientific Meeting, Boston, Massachusetts

Advancing Patient-Centered Malnutrition Care Transitions

Mujahed Khan, MBA, RDN, LDN, Academy of Nutrition and Dietetics
Sharon McCauley, MS, MBA, RDN, LDN, FADA, FAND, Academy of Nutrition and Dietetics
Kelsey Jones Pratt, MPA, Avalere Health
Meredith Ponder Whitmire, JD, Defeat Malnutrition Today
Robert Blancato, MPA, Defeat Malnutrition Today

Avalere

defeatmalnutrition.today ...vital to healthy aging

eat right. Academy of Nutrition and Dietetics

WHAT WE LEARNED

Significant opportunities exist to facilitate improved care for patients with poor nutrition or malnutrition as they transition across care settings; operationalizing multi-stakeholder recommendations to enhance screening and nutrition care, data infrastructure, and patient education and shared decision making can address these needs and improve patients' overall health.

BACKGROUND

Malnutrition--both under and overnutrition--is an important issue that can impact functionality, healthy aging, and quality of life. Malnutrition affects individuals in acute, post-acute, and community settings alike, and includes overweight and obese individuals who lack sufficient nutrition (Figure 1).

Figure 1. Nutrition and the US Population

Care coordination and smooth transitions across the care continuum are critical for patients with poor nutrition or malnutrition, especially older adults. To date, care standards and associated tools to address nutrition status have not been consistently adopted into care coordination models (e.g., the patient-centered medical home, accountable care) or population health management solutions (e.g., comprehensive shared care plans, the transitional care model, or risk stratification models) or across care settings, particularly as patients transition care.

OBJECTIVES

1. To understand barriers to better integration of malnutrition care into system-level care pathways
2. To identify opportunities for screening and nutrition care, patient education and shared decision making, and data infrastructure to facilitate improved transitions for patients with poor nutrition or malnutrition between care settings.

METHODS

Avalere Health, the Academy of Nutrition and Dietetics ("the Academy"), and the Defeat Malnutrition Today coalition convened a national Dialogue event, "Advancing Patient-Centered Malnutrition Care Transitions" on March 14, 2018 in Washington, D.C. The event sought to bring together multi-stakeholder representatives of organizations engaged in the delivery of care or support for malnourished and at risk individuals, including clinicians, (e.g., physicians, dietitians), social workers, payers, professional societies, patient and caregiver advocacy groups, and community-based service providers, to address malnutrition-focused transitional care gaps. The objectives of the day-long Dialogue were to:

1. Evaluate the current state of care transitions for malnourished patients and patients at risk for malnutrition;
2. Identify high-priority care transition gaps and opportunities to address these gaps across the care continuum; and
3. Outline key considerations for integrating malnutrition care into system-level care pathways to support patient goals and improve outcomes.

In anticipation of the Dialogue, we conducted a targeted literature search of white and grey literature to understand current care delivery mechanisms across acute, community, and post-acute care. We searched PubMed and Google Scholar to identify literature, guidelines, and clinical consensus documents focused on nutrition, as well as a review of nutrition-focused tools, quality measures, data sources (i.e., registries, QCDRs), quality improvement programs, and key stakeholders. In total, we performed a full review of 99 studies.

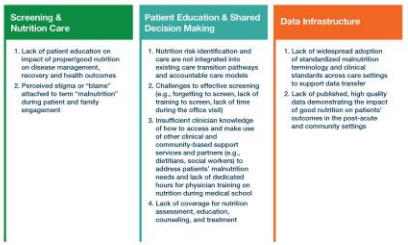
RESULTS

Multi-stakeholder input received during the Dialogue, as well as findings from the literature review, highlighted a significant opportunity to better integrate malnutrition care standards, tools, and best practices into patients' care as they transition across care settings (Figure 2).

Figure 2. Better Integration of Malnutrition Care into Care Transitions Is Necessary

To do so, participants noted the need for better screening and nutrition care, patient education and shared decision-making, and data infrastructure to support improved coordination, communication and patient engagement in addressing nutrition needs. However, participants also identified barriers inhibiting the effective delivery of nutrition care as patients transition across settings of care (Figure 3).

Figure 3. Barriers to Addressing Patients' Nutrition Needs across Care Settings



Understanding these barriers, Dialogue participants agreed that there is an opportunity for stakeholders to work together to better integrate patients' nutrition needs into care transitions and proposed a model to better address this issue through existing system-level care pathways (Figure 4).

Figure 4. Framework for Integrating Malnutrition Care into System-Level Care Pathways

Finally, Dialogue participants outlined key recommendations for multiple stakeholders, including patients and caregivers, policymakers, healthcare providers, and payers, to promote improved patient transitions between care settings (Figure 5).

Figure 5. Recommendations to Advance Malnutrition Care as Patients Transition Across Care Settings

CONCLUSIONS

The Dialogue outlined ways that clinicians, community and social service providers, patients and caregivers, payers, and policymakers can partner to address malnutrition care gaps and operationalize recommendations that (1) support systematic nutrition screening and care, (2) provide better education and shared decision making to patients and their caregivers, and (3) improve data infrastructure to capture and share critical nutrition information.

To implement some of these recommendations, we will establish a pilot to advance systematic identification, treatment, and management of patients who are malnourished or at risk for malnutrition as they transition across care settings. The pilot will seek to engage hospital-based teams and community-based clinicians and service providers (e.g., primary care group practices, dietitians, meal providers, and others) to integrate patient-centered nutrition care into existing care transition pathways or models. Specifically, the pilot will aim to ensure interventions and follow-ups for nutrition care are in place when patients are discharged from the hospital and to improve recognition and management of patients' nutrition risk prior to their admission to a hospital and/or as a component of chronic disease management. Other stakeholders should similarly seek to integrate optimal nutrition care into care coordination models and programs.

REFERENCES

1. Barker LA, Gout BS, Crowe TC. Hospital malnutrition: Prevalence, identification, and impact on patients and the healthcare system. Int J Environ Res Public Health. 2011;8:514-527.
2. National Resource Center on Nutrition Physical Activity and Aging. Malnutrition and Older Americans.
3. Guigoz Y. The Mini Nutritional Assessment (MNA) review of the literature--What does it tell us? J Nutr Health Aging. 2006;10:466-487.
4. Snider JT, Linthicum MT, Wu Y, et al. Economic burden of community-based disease-associated malnutrition in the United States. JPEN J Parenter Enteral Nutr. 2014;38(2 Suppl):77S-85S.
5. Estimated (Age-Adjusted) Percentage of US Adults with Overweight and Obesity by Sex. 2013-2014 NHANES data.
6. NHANES data from 2007-2008.

Support for the Dialogue was provided by Abbott

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Examples of Projects Shared

Institute for Healthcare Improvement (IHI) - National Forum 2018, Orlando, Florida

Addressing Nutrition as a Social Determinant of Health Through Improved Identification and Care Coordination for Malnutrition Across Settings of Care

Problem Statement

Aim Statement

Approach

Limited Efforts to Address Individuals' Nutrition Needs Across Care Settings

Three Models to Improve Care Coordination

Conclusion: Scaling Models Intended to Address Malnutrition and Other Social Determinants of Health

References

Examples of Projects Shared

IHI NATIONAL FORUM
2018 – ORLANDO, FL

UPMC LIFE CHANGING MEDICINE

Enculturing Nursing Bedside Shift Report Through Shared Leadership and PDSA Methodology

UPMC Shadyside

MAGNET RECOGNIZED AMERICAN NURSES CREDENTIALING CENTER

Sherri Jones, MS, MBA, RDN, LDN, FAND; Sharon Hanchett, MSN, RN, OCN; Lindsay Pegher, MSN, RN, RN-BC; Karen Urban, RN; Andrew Thomas, MSN, RN

University of Pittsburgh Medical Center (UPMC) Shadyside

Background / Problem

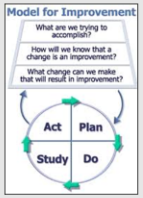
Prior to 2013 our nurses utilized a Voicecare recording system for shift report. With Voicecare's discontinuation, report was given face-to-face with encouragement for report at the patient bedside. A July 2016 audit revealed however, that since 2013 only three (14%) nursing units conducted bedside shift report (BSR) consistently. As a result, the Shared Leadership Professional Practice and Development Council (PPDC) adopted Bedside Shift Report as a focus for improving nursing practice. PPDC partnered with an Improvement Specialist to develop improvement strategies to help enculture and sustain Bedside Shift Report as "routine" nursing practice.

Aim

To increase occurrence of nursing bedside shift report as evidenced by HCAHPS survey Top Box Scores

Strategy

The Professional Practice and Development Council engaged the assistance of an Improvement Specialist to use an organized process improvement methodology to improve the BSR practice. As a result, a PDSA process was utilized as follows:



- **PLAN**
  - Conduct a current state assessment of BSR
  - Identify any barriers to doing BSR
- **DO**
  - Develop interview questions and assign units
  - PPDC RNs interview 5 RNs on another unit
- **STUDY**
  - Evaluate interview results both quantitative and qualitative (comments)
- **ACT**
  - Define clear BSR expectations
  - Engage RN leadership to hold RNs accountable
  - Develop BSR resources and tools for the nurses

Current State

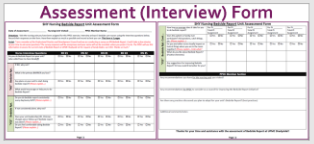
Based on interviews of a total of 104 RNs on all 21 nursing units:

- 14% units (3 of 21) consistently conducted BSR 100% of time
- 63% of RNs (66 of 104) were comfortable doing BSR
- 58% of RNs (60 of 104) said unit leaders held staff accountable
- 70% of RNs (73 of 104) said they do visual inspection in room together

BSR Barriers Included:

takes too long, too many interruptions, patients sleeping, RN assignments, RN resistance, unit leaders don't enforce, HIPAA issues

Assessment (Interview) Form



The PPDC Concluded:

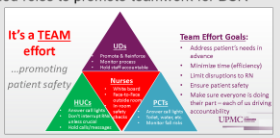
- Bedside Shift Report expectations need defined
- Need to be REALISTIC
- Patient Safety is imperative
- Accountability needs to happen
- Teamwork with other positions on unit must occur (roles/responsibilities)

Actions

1. PPDC defined BSR minimum elements and expectations

Minimum Elements:	Expectations:
• RN face-to-face handoff outside room • Safety check together inside room • Update communication whiteboard • Inform patient of plan of care for the day and see if questions	• BSR conducted every day at every shift change by every nurse • Unit Directors reinforce, follow-up, and hold nurses accountable to do BSR consistently as defined

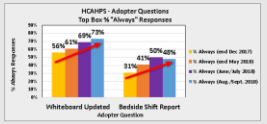
2. PPDC defined roles to promote teamwork for BSR

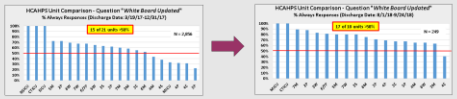


3. BSR content checklists created for ICUs, Med/Surg, and Oncology units
4. PPDC set a target date for all RNs to comply with defined BSR
5. BSR information was communicated to all Shared Leadership Councils
6. Unit Directors conducted BSR observations with real time reinforcement
7. HCAHPs adopter questions were added to patient satisfaction surveys
   - *"At the change of shift my off going nurse and oncoming nurse discussed my care at my bedside"*
   - *"The whiteboard in my room was updated regularly"*
8. A script was developed utilizing key words for both RNs to utilize
9. July 2018 "Article of the Month" focused on BSR for CPEUs

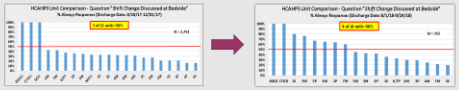
Outcomes

- Whiteboard Updated increased from 56% to 73% Top Box scores (↑17%)
- Bedside Shift Report increased from 31% to 50% Top Box scores (↑19%)





Whiteboard Updated increased from 15 units to 17 units >50% Top Box



Bedside Shift Report increased from 3 units to 8 units >50% Top Box

*(*Note: Total unit volume differs pre- vs post-data due to ICU discharges with HCAHPS surveys returned)*

Future Considerations

- Revise minimum expectations to be true report at the patient bedside
- Add BSR to RN orientation and preceptor checklist
- Create a BSR patient-centered brochure to distribute upon admission
- Conduct BSR competency checks utilizing standard checklist

Improvement Specialist supported by a generous grant from the Shadyside Hospital Foundation

Shadyside Hospital Foundation

MQii™

Current Dissemination Opportunities

FNCE CALL FOR ABSTRACTS

- Submissions close on February 15th
- Late-breaking Submissions open May 1st and close May 30th
- Accept submissions in categories of:
  - Research
  - Project or Program
  - Innovation

https://eatrightfnce.org/program/posters-abstract-presenters/

- Electronic submission process
- All abstracts accepted will be published in the October issue of the *Journal of the Academy of Nutrition and Dietetics*
- Expected to attend FNCE
- Research/Project/Program abstracts presented during a Poster Session
- Innovation abstracts presented with 5 minute oral stage presentation

Note: The 2019 FNCE® must be the first national or regional presentation and publication of your abstract, or you must withdraw or decline your acceptance.

Current Dissemination Opportunities

CNM QPI PROJECT PROGRAM

- Submissions close on March 1st
- No category specifications
- Electronic submission process
- Work (*project outcomes*) should be current and not >2 years from the time of submission
- Work is allowed to have been presented/published elsewhere within past year
- Symposium attendance is not required
- First place project author receives FREE symposium registration ($360 value)
- Top 10 selected RDN/NDTR projects presented as a Poster Session
- Top 5 selected Student projects presented as a Poster Session

For More Information and to Submit Visit:
https://www.cnmdpg.org/page/qi-pi-project-award-information

Current Dissemination Opportunities

JAND SUPPLEMENT

- **Call for MQii Abstracts for Special *JAND* Supplement**
- Have you initiated a malnutrition quality improvement project?
- Do you have multidisciplinary team key learnings, data integration and process outcomes, or research outcomes to share?
- Consider submitting an abstract for publication in a special Malnutrition Quality Improvement Initiative (MQii) Supplement to the September 2019 *Journal of the Academy of Nutrition and Dietetics*.
- The Supplement will feature abstracts documenting the importance of multidisciplinary malnutrition quality improvement in clinical practice and its impact on process and research outcomes.

More Details to be Announced Soon…

Webinar on Friday, March 1st

Other Poster Session and Manuscript Opportunities

CONFERENCE SUBMISSION OPPORTUNITIES

Conference	Submission Deadline	Meeting Date
AcademyHealth Annual Research Meeting	Mid-January	June Same Year
Clinical Nutrition Management (CNM) Symposium	March	May Same Year
Academy of Nutrition and Dietetics Food & Nutrition Conference & Expo	February	October Same Year
GSA Annual Scientific Meeting	March	November Same Year
The European Society for Clinical Nutrition and Metabolism	April	September Same Year
SMDM Annual North American Meeting	May	October Same Year
American Society on Aging (Aging in America Conference)	October	April Following Year
ASPEN 2018 Nutrition Science & Practice Conference	October	March Following Year
Institute for Healthcare Improvement (IHI) Annual Forum	September	December Same Year
AMDA Annual Conference (Society for Post-Acute and Long-Term Care Medicine)	November	March Following Year
American Society for Nutrition (ASN) Annual Meeting	February	June Same Year
National Association for Healthcare Quality Next – Annual Conference	January	September Same Year
SHM Annual Conference	December	March Following Year
American Geriatric Society Annual Meeting	December	May Following Year

TARGET JOURNALS

Conference	Impact Factor*
Applied Health Economics and Health Policy	1.03
Journal for Healthcare Quality	1.29
Journal of Informatics in Health and Biomedicine (JAMIA)	3.69
Journal of Nursing Care Quality	1.22
Journal of Parenteral and Enteral Nutrition (JPEN)	3.15
Journal of the Academy of Nutrition and Dietetics (JAND)	2.44
The American Journal of Managed Care	2.74
The Journal of Nutrition	4.15
Value in Health	3.82

**Journal Impact Factor reflects the yearly average number of citations to recent articles published in that journal*

AMDA: American Medical Directors Association; ASPEN: American Society for Parenteral and Enteral Nutrition; GSA: Gerontological Society of America; SHM: Society for Hospital Medicine;

MQii Dissemination Requests

We value the opportunity to highlight the work of Learning Collaborative members through various forums, such as:

- Sharing your research and publications via the monthly “Dish” newsletter
- Highlighting posters and panel sessions at conferences which other Learning Collaborative members may be attending


Learning Collaborative

September 28, 2018

The Dish

Testing a New Malnutrition Screening Tool

MQii Learning Collaborative partici
colleagues recently published ar
Nutrition on **“ThedaCare Nutritio
Intensive Care Unit Patients at R
Risk Screen 2002.”** Specifically, t
the Nutrition Risk Screen (NRS) 2
for malnutrition. Their research fo
(i.e., improved ability to identify pat
more patients at low risk for malnu
more about Lori’s study and findin

To better support your dissemination activities, we:

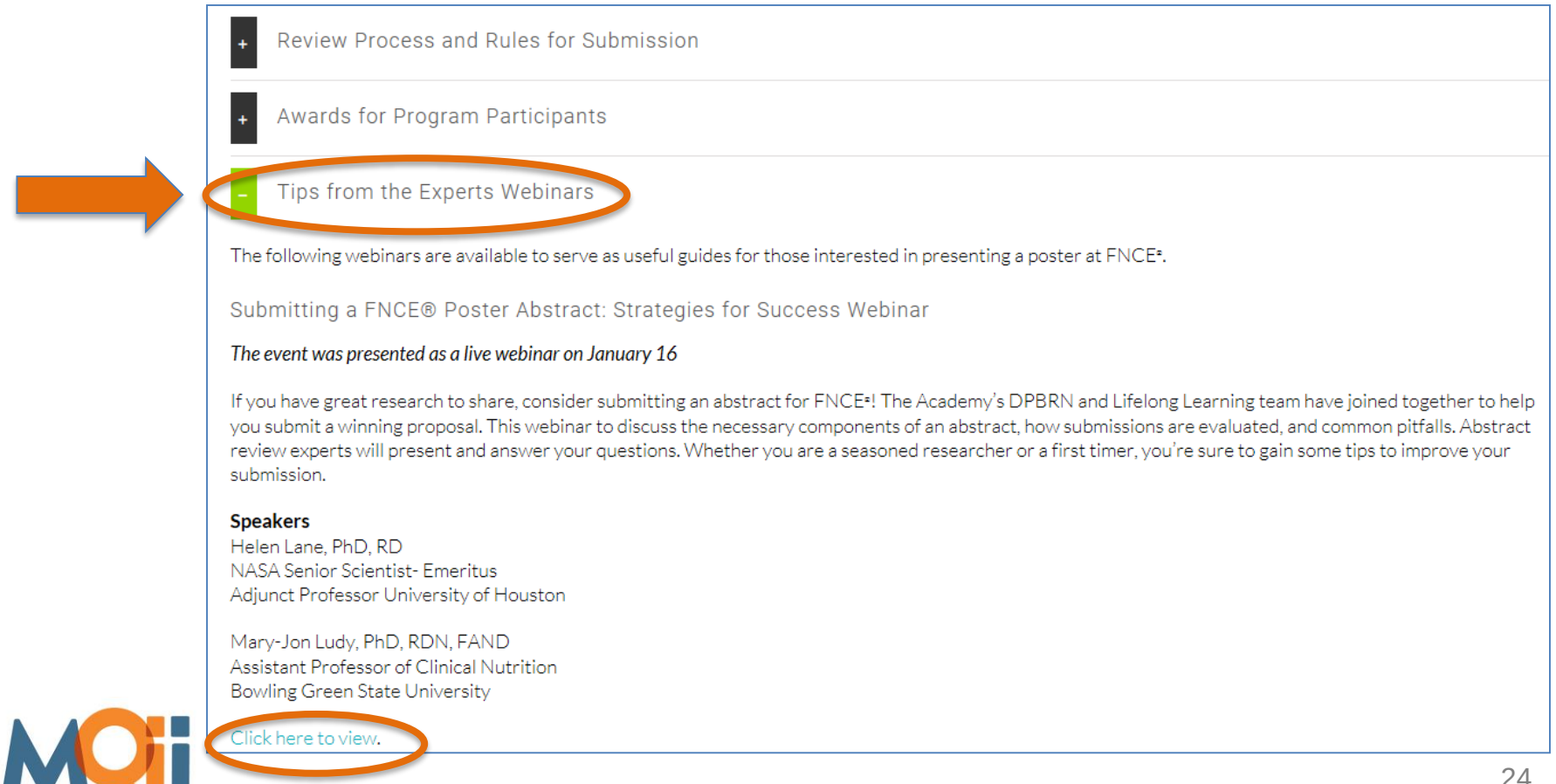
- Welcome the opportunity to provide a high quality version of the MQii logo with you for you to include on any MQii-related dissemination materials
- Request that you share any MQii Learning Collaborative-related materials with Avalere and the Academy for a brief review prior to submission (if possible, please share 30 days in advance)

Note: MQii is a trademarked entity and should be referred to as such (including use of the full name or the abbreviation, “MQii”) in any publications. This includes, but is not limited to, white papers, manuscripts, posters, press releases, blog posts, and/or other public visibility efforts.

Tools and Resources

REFER TO WEBINAR HANDOUT → TIP SHEET

- Videos available from Academy on FNCE abstracts
- https://eatrightfnce.org/program/posters-abstract-presenters/



+ Review Process and Rules for Submission

+ Awards for Program Participants

– Tips from the Experts Webinars

The following webinars are available to serve as useful guides for those interested in presenting a poster at FNCE®.

Submitting a FNCE® Poster Abstract: Strategies for Success Webinar

The event was presented as a live webinar on January 16

If you have great research to share, consider submitting an abstract for FNCE®! The Academy's DPBRN and Lifelong Learning team have joined together to help you submit a winning proposal. This webinar to discuss the necessary components of an abstract, how submissions are evaluated, and common pitfalls. Abstract review experts will present and answer your questions. Whether you are a seasoned researcher or a first timer, you're sure to gain some tips to improve your submission.

Speakers
Helen Lane, PhD, RD
NASA Senior Scientist- Emeritus
Adjunct Professor University of Houston

Mary-Jon Ludy, PhD, RDN, FAND
Assistant Professor of Clinical Nutrition
Bowling Green State University

Click here to view.

Questions?

15 mins