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
Before We Get Started…

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<td>Kelsey Jones</td>
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<td>Moderated discussion on dissemination, with insights on:</td>
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<td>Catherine D’Andrea, RDN, LDN;</td>
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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

## Quality Strategies

The Quality Management Committee (QMC) identified the need to parallelize its efforts with major players in the National Quality Arena to achieve and empower members to better healthcare quality leaders in all delivery and payment models. The below are recommendations for:

- It is imperative for RNs to grow, enhance, and expand their knowledge base as a part of the quality team and quality initiatives.
- RDs need to be involved, opportune, and visible. RDs 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 RDNs and RDs of national quality measures for work, 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 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 four learning modules for parts each taking 70 minutes. These are intended to educate members on current quality strategies:

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

Earn 1.0 CEU credit after viewing all modules and successfully taking the quiz below.

- Learn More about the Quality Leader Alliance
- Quality Strategy QIP Examples

#### Tags

- QualityStrategies
- Practice
- QualityStrategies
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:
  o Nutrition screening (accuracy, timing, volume)
  o RDN assessment + malnutrition communication
  o MD documentation (recognition of malnutrition)
  o 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

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. PPDC 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)
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
Examples of Projects Shared
Gerontological Society of America (GSA) – 2018 Annual Scientific Meeting, Boston, Massachusetts

Advancing Patient-Centered Malnutrition Care Transitions

**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 overweight and obese individuals have insufficient nutrition (Figure 1).

![Figure 1. Nutrition and the U.S. Population](image)

More than 40% of adults aged 50+ are not getting the right amount of protein each day. 70% of adults are overweight or have obesity.

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., patient-centered medical home, accountable care) or population health management algorithms (e.g., comprehensive shared care plans, the transitional care model, or risk stratification across care settings, particularly as patients transition care settings).

**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 Gerontological Society of America (GSA) convened a national Dialogue event, “Advancing Patient-Centered Malnutrition Care Transitions” on March 14, 2018 in Washington, D.C. The event brought together stakeholders and 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, nurses, government and private payers, patient and caregiver advocacy groups, and community-based service providers, to address malnutrition-focused transitional care gaps.

Malnutrition-focused transitional care gaps. The objectives of the day-long Dialogue were:

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

In anticipation of the Dialogue, we conducted a targeted literature search of articles and gray 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, QICs), quality improvement programs, and key stakeholders. In total, we performed a full review of 90 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](image)

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 3. Barriers to Addressing Patients’ Nutrition Needs across Care Settings](image)

![Figure 4. Framework for Integrating Malnutrition Care into System-Level Care Pathways](image)

![Figure 5. Recommendations to Advance Malnutrition Care as Patients Transition Across Care Settings](image)

**CONCLUSIONS**

The Dialogue outlined ways that clinicians, community and social services providers, dietitians, 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 escalating 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 leverage hospital-based teams and community-based clinicians and service providers (e.g., primary care groups, nutritionists, 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-up 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 as a component of chronic disease management. Other stakeholders should similarly seek to integrate optimal nutrition care into care coordination models and programs.

**REFERENCES**

Examples of Projects Shared
Institute for Healthcare Improvement (IHI) - National Forum 2018, Orlando, Florida
Examples of Projects Shared

IHI NATIONAL FORUM 2018 – ORLANDO, FL

Enculturing Nursing Bedside Shift Report Through Shared Leadership and PDSA Methodology

University of Pittsburgh Medical Center (UPMC) Shadyside

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

Background / Problem
Prior to 2013 our nurses utilized a Voicerecording system for shift report. With VoiceRec’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 enculturate 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:

- Conduct a current state assessment of BSR
- Identify any barriers to doing BSR
- Develop interview questions and assign units
- PPDC RNs interview 5 RNs on another unit
- Evaluate interview results both qualitative and quantitative comments
- Define clear BSR expectations
- Engage RN leadership to hire 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% of unit (3 of 21) consistently conducted BSR 100% of the 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

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:
     - 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
   - Expectations:
     - BSR conducted every day at every shift change by every nurse
     - Unit Directors review/verify, 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, MedSurg, 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 66% to 73% Top Box scores (+17%)
- Bedside Shift Report increased from 31% to 50% Top Box scores (+19%)

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
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
- 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

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

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<tr>
<th>Conference</th>
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<tr>
<td>Applied Health Economics and Health Policy</td>
<td>1.03</td>
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<tr>
<td>Journal for Healthcare Quality</td>
<td>1.29</td>
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<tr>
<td>Journal of Informatics in Health and Biomedicine (JAMIA)</td>
<td>3.69</td>
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<td>Journal of Nursing Care Quality</td>
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<tr>
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<td>3.15</td>
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<td>Journal of the Academy of Nutrition and Dietetics (JAND)</td>
<td>2.44</td>
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<tr>
<td>The American Journal of Managed Care</td>
<td>2.74</td>
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<tr>
<td>The Journal of Nutrition</td>
<td>4.15</td>
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<tr>
<td>Value in Health</td>
<td>3.82</td>
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*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

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/

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 discusses 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