Malnutrition Care: Preparing for the Next Level of Quality

IN 2013, THE ACADEMY OF Nutrition and Dietetics (Academy) entered into a joint project with Avalere Health to improve quality of care in the US health system by recognizing the unaddressed area of malnutrition. Together the Academy and Avalere Health have embarked on a collaborative journey to advance high-quality, patient-driven care for hospitalized adults aged 65 years and older who are malnourished or at risk for malnutrition. Avalere Health is a research and advisory services firm that supports stakeholders in improving care delivery through better data, insights and strategies.

Improving the care delivered to malnourished patients is a concern shared by many stakeholders. In November 2013 and September 2014, the Academy and Avalere Health conducted multi-stakeholder dialogues, where participants could discuss how to design and implement specific improvements to malnutrition care in acute care settings. The dialogues included participants from the American Nurses Association, American Kidney Fund, Society of Hospital Medicine, Office of the National Coordinator for Health Information Technology, National Association of Nutrition and Aging Services Programs, Academy of Medical Surgical Nurses, Healthwise, American Society for Parenteral and Enteral Nutrition, The Joint Commission-Department of Quality Measurement, Discern Consulting, Centers for Medicare and Medicaid Services-Quality Improvement Group, Geisinger Health System-Regulatory Performance Improvement, University of Michigan Health Systems, AvaMed-Payment and Health Care Delivery Policy, McKesson Corporation-Electronic Health Record Quality Measurement Workgroup, National Partnership for Women and Families, American Hospital Association-Quality & Patient Safety, Alliance to Advance Patient Nutrition, Abbott Nutrition, Avalere Health, and the Academy.

The goal of the dialogues—reduced burden of hospital malnutrition by improving quality of nutrition care, defined by improved clinical outcome and reduced cost of care—served as the springboard for participants to identify key levers for improved care, define how to achieve the desired results, and understand how results are measured. Participants defined subject areas to create a framework that would include key barriers to optimal care, identify areas prioritized for quality improvement and measurement, and summarize best practice domains and examples. The two dialogues resulted in three goals for malnutrition care of the older adult in the hospital setting:

- understand how nutrition care processes and executed plans currently occur, utilizing the interdisciplinary care team;
- recognize the adaptation of malnutrition-structured data, and identify missing components within the electronic health records systems; and
- classify the best methods to improve outcomes through measurement, such as performance metrics and protocols.

As a result of the dialogues, the Academy and Avalere Health concluded that a formal initiative should be established to address these goals.

PRACTICE AND MEASURES
In 2015, the Academy and Avalere Health created the Malnutrition Quality Improvement Initiative (MQII), which included a two-part parallel effort:

- launch a malnutrition quality improvement demonstration in the hospital setting; and
- create new (de novo) electronic clinical quality measures to facilitate optimal, evidence-based malnutrition care.

Electronic clinical quality measures (eCQMs) are “tools that help measure and track the quality of health care services provided by eligible professionals, eligible hospitals and critical access hospitals (CAHs) within our health care system.” They serve as metrics by which patient care can be measured by an electric health record (EHR) system. De novo eCQMs are not based on an existing measure. De novo eCQMs must adhere to the National Quality Forum (NQF) measure submission process and requirements for eMeasure submissions. The NQF is a not-for-profit, nonpartisan membership-based organization established in 1999, that promotes health care quality through measurement and public reporting. NQF’s membership comprises over 400 organizations, representing consumers, health plans, medical professionals, employers, government and other public health agencies, pharmaceutical and medical device companies, and other quality improvement organizations. The Academy is an association member of the NQF.

Clinical guidelines for patients malnourished or at risk of malnutrition recommend screening, assessment, diagnosis, nutrition intervention, care plan use, counseling, and discharge planning. Evidence suggests gaps remain in care delivery, which calls the clinical workflow process into question.

In order to realize malnutrition standards of care, the Academy and Avalere Health came up with an objective for each project: the objective of the malnutrition quality improvement...
demonstration is to provide tools for
hospital facilities to achieve standards
of care in their care delivery for
malnourished patients. And the objec-
tive of the eCQMs is to provide data that
will show hospital facilities whether
and by how much they meet the stan-
dards of care.

THE ACADEMY AS A MEASURE
STEWARD
The Academy and Avalere Health
established bimonthly teleconferences
with stakeholder involvement. A Tech-
nical Expert Panel (TEP) was created to
assist in measure development review
in 2015-2016. TEP members include
registered dietitian nutritionists
(RDNs) specializing in nutrition infor-
matics, standards and interoperability,
hospital/medical center food and
nutrition services, and clinical areas of
nutrition support and behavioral
health; physicians in hospital medicine
and nutrition; a nurse with a focus in
the electronic health industry; a pa-
tient advocate; and Academy and Ava-
lere Health staff. The TEP developed
and reviewed four de novo eCQMs:

- malnutrition screening within
  24 hours;
- diet orders within 24 hours;
- nutrition assessment for patients
  identified at risk for malnutrition
  within 24 hours of the
  screening; and
- documentation of malnutrition
diagnosis.

The eCQMs are currently being field
tested in a hospital facility—the Uni-
versity of Iowa Health System in Iowa
City—to make sure the hospital's EHR
system is able to effectively record and
report the eCQMs. Testing results and
reporting extraction has been completed, and as of this writing, refining of overall EHR reports gener-
ated is being conducted. Additional
field testing is also occurring in the
spring in another hospital facility
setting. Separate feasibility assess-
ments with EHR vendors have also
been conducted with Cerner Corpora-
tion and Epic Systems. Both companies
provide EHR software to mid-size and
large medical groups, hospitals, and
integrated health care organizations.

The four eCQMs will be submitted to
the NQF to begin the endorsement
process8 in June 2016; when the NQF's
review process is complete, the Acad-
emy will release the measures to the
public, establishing the Academy as a
measure steward.9 Measure steward-
ship allows the Academy to be solely
responsible for the review and
enhancement of the malnutrition
measure set. The Academy will need to
handle ongoing maintenance activities
of the measures to ensure the accuracy
and currency of measure information.
The eCQMs will also be submitted to
the CMS in July 2016 for their Measures
Under Consideration (MUC) List.

In order to comply with the Patient
Protection and Affordable Care Act
(PPACA), the Department of Health and
Human Services (DHHS) must establish
a federal pre—rule-making process for
the selection of quality and efficiency
measures for use in certain Medicare
programs no later than December 1 of
each year. DHHS makes publicly avail-
able a list of measures that they're
considering adopting through the fed-
eral rule-making process for use in
Medicare programs. The MUC List sat-
ifies the statutory requirement. To
understand more on this process, refer
to the Measures under Consideration
User Guide Issue Tracking System
Guidance, which CMS provides to give
guidance to stakeholders proposing
pre—rule-making measures.10

Following these key milestones with
the NQF and CMS, the Academy and
Avalere Health will work with The Joint
Commission (TJC) to review their
criteria for establishing a Certification
Program for Malnutrition.

PREPARE TO BE A PART OF THE
TEAM
In response to the goals established at
the multi-stakeholder dialogues, the
Academy and Avalere Health conducted
a series of interviews with a variety of
health care providers to identify gaps in
the health care workflow. Once these
gaps were identified, the Academy and
Avalere Health developed a hospital
malnutrition quality improvement
demonstration, focused on standard-
izing clinical practice through applica-
tion of a toolkit. The toolkit implements
the quality improvement techniques
of a plan-do-study-act model, and ad-
dresses performance gaps by analyzing
the clinical process workflow of
malnutrition care (Figure). Quality in-
dicators can be used to assess a facility's
goals for improvement, as well as clin-
ical practice variability across the entire
recommended clinical workflow.

The malnutrition quality improve-
ment demonstration was put into use
for field testing at Vanderbilt Univer-
ity Medical Center in Nashville, TN, in
January 2016. The demonstration has
been approved by an Institutional
Review Board (IRB) for use in quality
improvement research. Chesapeake IRB
provided independent review of the
MQII demonstration and Learning
Collaborative protocol. Many partici-
pat ing sites and test groups (ie, Iowa's
field testing for the eCQMs) also per-
formed their own internal review.

Training and implementation
occurred during a 2-week feasibility
test. The toolkit was revised based on
the findings of the test, and redis-
tributed for a 3-month use. Data
collection and results are projected to
be finalized in June 2016. During this
same time period, a Learning Col lab-
orative comprised of additional hospital
facility sites will review and utilize the
toolkit in their unique and varied en-
vironments to better understand
existing typical clinical and documen-
tation workflows. The review will be
conducted by an interdisciplinary care
team, made up of a dietitian nutri-
tionist, a nurse, a physician, a speech
pathologist, and other care team
members; the team will work together
to analyze differences between existing
and recommended clinical workflow.

The malnutrition eCQMs and MQII
demonstration toolkit will be available
in the fall of 2016. In the future, the
MQII demonstration toolkit and eCQMs
may be applied across settings, used in
clinical practice improvement, and
have electronic specifications.

THE RDN AS
TRANSFORMATIONAL LEADER
Malnutrition care is an opportunity for
RDNs and their interdisciplinary teams
to champion positive patient out-
comes. As the primary transfor-
mational leader responsible for
adopting the malnutrition eCQMs and
initiating the use of the MQII toolkit,
RDNs may be on the forefront of taking
quality of care to the next level within
their nutrition department, patient
units, and hospital setting. They will
play a key role in evaluating their
hospital nutrition care workflow to
Figure. Example of nutrition care workflow.
determine which quality improvement projects are necessary to close the gap in malnutrition care delivery. In addition, the RDN will play an integral part in promoting patient-centered care by adopting core principles of patient engagement, activation of self-care, and shared decision making with patient and family care givers.

In summary, RDNs will serve as transformational leaders, advancing their professional clinical competence in malnutrition care. The Academy believes that when the RDN establishes him- or herself in this leadership role, and works side-by-side with care team members, it will promote excellence in performance and a shift in focus to value-based programs driven by measurement and the outcomes achieved.9

References


DISCLOSURES
STATEMENT OF POTENTIAL CONFLICT OF INTEREST
No potential conflict of interest was reported by the authors.

FUNDING/SUPPORT
Avalere Health’s work on the projects described in this article was funded by Abbott.