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.[1,2] 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.[1,2] 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."[3] 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.[4] 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.[5] 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.[1] 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

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demonstration is to provide tools for hospital facilities to achieve standards of care in their care delivery for malnourished patients. And the objective of the eCQMs is to provide data that will show hospital facilities whether and by how much they meet the standards of care.

THE ACADEMY AS A MEASURE STEWARD

The Academy and Avalere Health established bimonthly teleconferences with stakeholder involvement. A Technical Expert Panel (TEP) was created to assist in measure development review in 2015-2016. TEP members include registered dietitian nutritionists (RDNs) specializing in nutrition informatics, 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 patient advocate; and Academy and Avalere 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 University 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 generated is being conducted. Additional field testing is also occurring in the spring in another hospital facility setting. Separate feasibility assessments with EHR vendors have also been conducted with Cerner Corporation 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 process[6] in June 2016; when the NQF's review process is complete, the Academy will release the measures to the public, establishing the Academy as a measure steward.[7] Measure stewardship 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 available a list of measures that they're considering adopting through the federal rule-making process for use in Medicare programs. The MUC List satisfies 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.[8]

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 standardizing clinical practice through application of a toolkit. The toolkit implements the quality improvement techniques of a plan-do-study-act model, and addresses performance gaps by analyzing the clinical process workflow of malnutrition care (Figure). Quality indicators can be used to assess a facility's goals for improvement, as well as clinical practice variability across the entire recommended clinical workflow.

The malnutrition quality improvement demonstration was put into use for field testing at Vanderbilt University 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 participating sites and test groups (ie, Iowa's field testing for the eCQMs) also performed 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 redistributed for a 3-month use. Data collection and results are projected to be finalized in June 2016. During this same time period, a Learning Collaborative comprised of additional hospital facility sites will review and utilize the toolkit in their unique and varied environments to better understand existing typical clinical and documentation workflows. The review will be conducted by an interdisciplinary care team, made up of a dietitian nutritionist, 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 outcomes. As the primary transformational 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

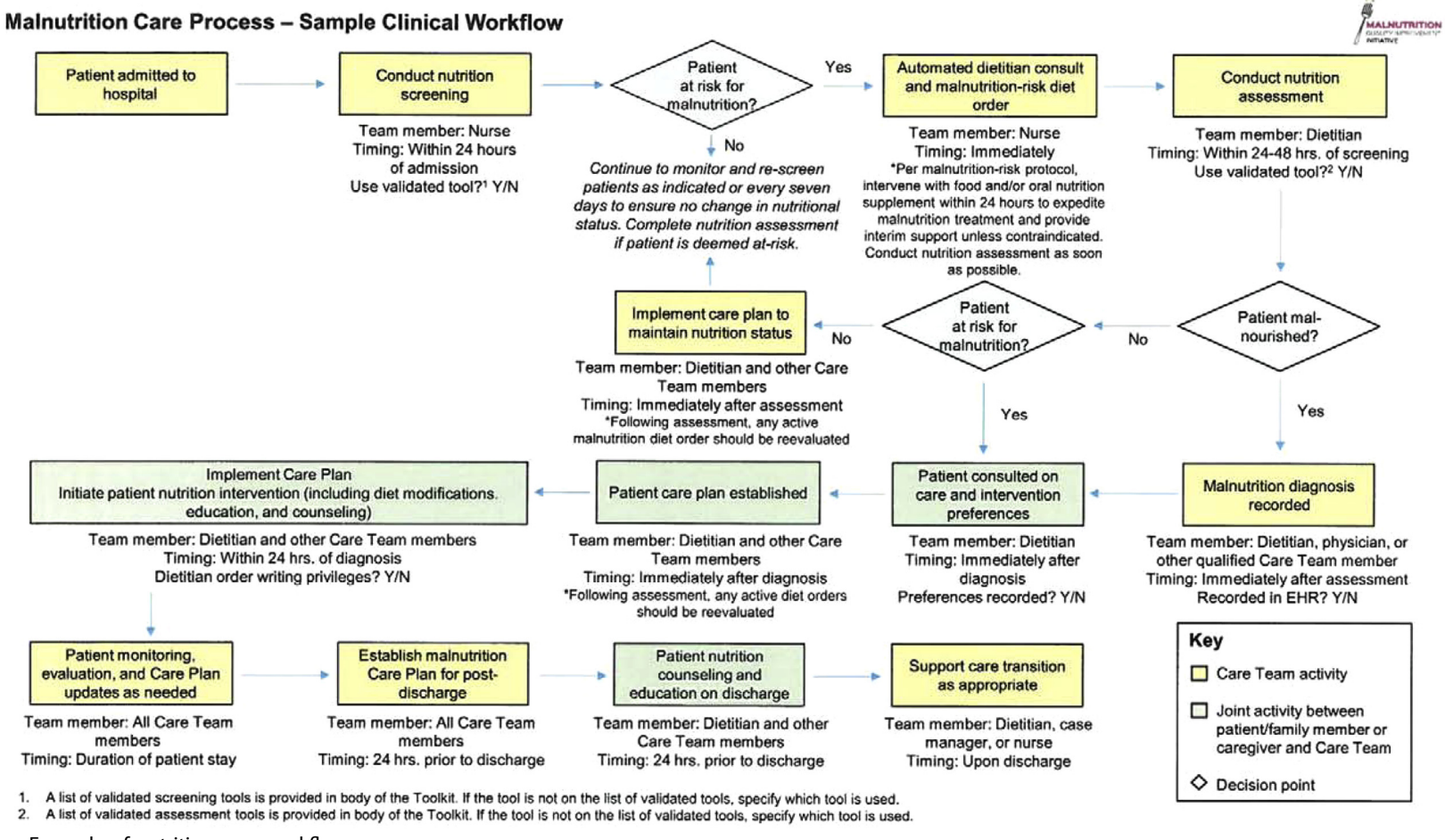

Figure. Example of nutrition care workflow.

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]

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DISCLOSURES

STATEMENT OF POTENTIAL CONFLICT OF INTEREST

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