Quality Improvement
Define the Rationale for Participating in Quality Improvement
PREVALENCE OF MALNUTRITION

**HOSPITAL ADMISSION**

30% to 50% of hospital patients have or are at risk of malnutrition upon admission1-8

**HOSPITAL STAY**

33% of severely malnourished patients and 38% of well-nourished patients experience nutritional decline7

**HOSPITAL DISCHARGE**

Many patients continue to be at nutritional risk after discharge8

**HOSPITAL READMISSION**

Patients with malnutrition and poor food intake are at increased risk for readmission1,9

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CMS REDUCES PAYMENTS FOR PREVENTABLE READMISSIONS

• More than 2,600 hospitals penalized by CMS in FY 2014

• Fines in FY 2014 $428 million as estimated by CMS

• Penalties increase in FY 2015 to 3%: A hospital with $100 million in Medicare payments could be penalized $3 million

• 75% of hospitals subject to the Hospital Readmission Reduction Program are being penalized

• Hardest hit hospitals are in New Jersey, New York, Washington DC, Arkansas, Kentucky, Mississippi, Illinois, and Massachusetts

MALNUTRITION NEGATIVELY AFFECTS PATIENT OUTCOMES

Quality Improvement
WHAT IS QUALITY IMPROVEMENT?

Quality Improvement is a formal approach to the analysis of performance and systematic efforts to improve it.

WHAT IS THE ROLE OF QUALITY IMPROVEMENT IN HEALTHCARE?

Linked aims of quality improvement

Batalden PB, Davidoff F. What is “quality improvement” and how can it transform healthcare? Qual Saf Health care 2007; 16: 2-3.
WHAT IS THE ROLE OF QUALITY IMPROVEMENT IN HEALTHCARE?

QI Work as Systems and Processes

• To make improvements, an organization needs to understand its own delivery system and key processes
• The concepts behind QI recognize that both resources (inputs) and activities carried out (processes) are addressed together to ensure or improve quality of care (outputs/outcomes)
• QI can be small and simple or large and complex
• QI can assume many forms and is most effective if it is individualized to meet the needs of a specific organization’s health service delivery system

INPUTS, PROCESSES AND OUTPUTS/OUTCOMES

**RESOURCES**
(INPUTS)
People
Infrastructure
Materials Information
Technology

**ACTIVITIES**
(PROCESSES)
What is done
How it is done

**RESULTS**
(OUTPUTS OR OUTCOMES)
Health services delivered
Change in health behavior
Change in health status
Patient satisfaction

http://www.hrsa.gov/quality/toolbox/methodology/qualityimprovement/
The Health Resources and Services Administration (HRSA) and the Institute of Medicine (IOM) have recently outlined goals for quality improvement (QI) in healthcare settings\(^1\).

In light of these goals and the Affordable Care Act’s focus on value-based care, implementing a strong, evolving QI program has become more important than ever.

WHAT IS THE ROLE OF QUALITY IMPROVEMENT IN HEALTHCARE?

Nutrition-focused QI projects are becoming more common because of the widespread evidence showing improved outcomes in at-risk patients receiving early, appropriate nutrition intervention.\(^{1-3}\)

In addition to improved patient outcomes, QI initiatives can also improve hospital processes, increasing efficiency and lowering operating costs.

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FIVE-YEAR EVOLUTION OF A MALNUTRITION TREATMENT PROGRAM IN A COMMUNITY HOSPITAL

Performance Improvement Project

Benchmarking Study

Nutrition Screening Pilot

Malnutrition Clinical Pathway

Outcomes Studies 1 & 2

OUTCOMES OF AN EFFECTIVE NUTRITION SCREENING AND INTERVENTION PROGRAM

Case Study: St. Francis Healthcare
A malnutrition treatment program, developed and implemented as a collaborative, interdisciplinary effort, resulted in reduced delays in initiating and achieving a therapeutic level of nutrition care for patients at a significant risk for malnutrition.

60%
Identification of high-risk patients

- Time to initial nutrition intervention: 4.5 d
- Patients at high risk for malnutrition: $1000/pt
- Average length of stay: 2.7 d

- Mortality rates*: 44%/57%
- Complication rates: 77%
- Readmission rates: 57%

*In patient groups with highest risk for malnutrition.

IMPROVING THE PERFORMANCE OF NUTRITION SCREENING THROUGH A SERIES OF QUALITY IMPROVEMENT INITIATIVES

National University Hospital: Nutrition screening QI project

Conducted from 2008 through 2013; 4,467 patients

Pre-intervention audit identified 4 opportunities for improvement

- Reducing screening errors
- Eliminating missing or blank forms
- Decreasing referral time to the dietitian
- Increasing referral of at-risk patients to a dietitian

Corrective interventions included

- Creating a new nutrition screening protocol
- Training staff on how to conduct screening
- Empowering nurses to refer at-risk patients directly to the dietitian
- Removing question on the screening tool responsible for the majority of errors

### IMPROVING THE PERFORMANCE OF NUTRITION SCREENING THROUGH A SERIES OF QUALITY IMPROVEMENT INITIATIVES

<table>
<thead>
<tr>
<th>Pre-Audit Identified Opportunities:</th>
<th>QI Demonstrated Results:</th>
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<tbody>
<tr>
<td>Reducing screening errors</td>
<td>Reduced screening errors from 33% to 5%</td>
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<tr>
<td>Eliminating missing or blank forms</td>
<td>Reduced missing or blank forms from 8% to 1%</td>
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<tr>
<td>Decreasing referral time to the dietitian</td>
<td>Decreased dietitian referral time from 7.5 days to 14 hours</td>
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<tr>
<td>Increasing referral of at-risk patients to a dietitian</td>
<td>Decreased non-referral of at-risk patients from 10% to 3%</td>
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WHY IS IT THE TIME RIGHT FOR QUALITY IMPROVEMENT?

- High prevalence of hospital malnutrition
- Hospital Readmissions Reduction Program
- Government and Regulatory emphasis
- Personal and Professional Development
Review the objectives and implementation steps of Abbott Nutrition’s quality improvement program
eQIP IS A SIMPLE, TURNKEY QUALITY IMPROVEMENT PROJECT (QIP) AIMED TOWARD:

• Painting the picture of your nutrition process in a clear and impactful way
• Identifying and closing any gaps in the nutrition process, optimizing its ability to impact your hospital’s quality goals
• Providing the ability to compare key metrics to help identify areas for needed efficiency and focus
eQIP is conducted in 3 phases to assess current nutrition care practices and determine the opportunities for improvements in hospital processes.
THE ABBOTT NUTRITION eQIP

PHASE 1: BASELINE DATA COLLECTION

1. Review the eQIP Implementation Guide to determine the scope of the project, the patient population to study, and specified time period for data collection (monthly or quarterly).

2. Determine if the current EHR system is capable of data collection or if modifications are needed to accommodate data collection.

3. Collect aggregated data according to variables in Appendix I for the specified time period.

4. Input aggregated data to the Abbott Nutrition eQIP online portal.

5. Review automatically generated data analysis report with Abbott Nutrition representative and determine what improvements to nutrition processes are warranted.
PHASE 2: IMPLEMENTATION OF NUTRITION PROCESS IMPROVEMENTS

1. Based on the data analysis report from Phase 1, implement changes to your nutrition care process.
   - Implement strategies from the recommended nutrition care pathway outlined at the end of this document to help improve your overall nutrition care process for adult patients at risk of malnutrition.

2. Using the same data collection procedures in Phase I, collect nutrition process data for the specified time period to compare to data from the baseline collection period.

3. Input aggregated data into the eQIP online portal and review data report with an Abbott representative and determine the impact of process improvements.
PHASE 3: FOLLOW-UP NUTRITION PROCESS DATA COLLECTION AND ANALYSIS

1. Implement any further improvements indicated by the previous period’s data report and collect data for the new specified time period.

2. Submit data to the Abbott Nutrition eQIP online portal and review the data report with an Abbott representative to determine next steps.

3. Conduct periodic data collection to evaluate nutrition process performance in order to maintain desired levels of quality.
FOCUS ON BEING PART OF THE TEAM

http://www.hrsa.gov/quality/toolbox/methodology/qualityimprovement/
FOCUS ON USE OF THE DATA

Data is the cornerstone of QI. It separates what is thought to be happening from what is really happening

• Establishes a baseline (Starting with low scores is ok)

• Reduces placement of ineffective solutions

• Allows monitoring of procedural changes to ensure that improvements are sustained

• Indicates whether changes lead to improvements

• Allows comparisons of performance across sites

http://www.hrsa.gov/quality/toolbox/methodology/qualityimprovement/
**BENEFITS OF QI**

**Baseline**
- Establishes a picture of where you are

**Process**
- Redesigns RD’s role
- Gain physician and other HCP support
- Highlights potential resource constraints

**Future**
- Builds case for future outcomes research
SUMMARY

- Prevalence of malnutrition and focus on readmissions remains high in US hospitals
- Quality Improvement is key to optimal nutrition care
- Implementation of Quality Improvement can help highlight your path to success