A Competitive Edge in Raising Awareness of Malnutrition: One Organization’s Success in Malnutrition Awareness Week Efforts

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Learning Objective: To raise awareness around hospital malnutrition among providers and clinicians.

Relevance: Education and awareness are the foundation for quality projects aimed at improving the identification, prevention and treatment of hospital malnutrition. High quality care of malnourished patients requires engagement of the healthcare team, not only registered dietitian nutritionists (RDNs).

Quality Improvement Process on Which Initiative is Based: While using the Malnutrition Quality Improvement Initiative (MQii) Toolkit to establish our Malnutrition Steering Committee and the teams efforts to improve various steps in the care flow, it was realized that education and awareness are the bedrock for success. Key messages were selected to disseminate, including enlightenment on the role of the RDN in patient care, clinical outcomes and costs of care related to malnutrition, appropriate criteria to diagnose malnutrition and an emphasis on the appropriate clinical interpretation of serum albumin levels.

The MQii Toolkit was utilized to create compelling presentations for stakeholders, including executives, providers and clinicians system wide. Malnutrition Awareness Weeks (MAW) were recognized in 2016, 2017 and 2018. In 2018, a competition among RDNs was implemented incentivizing them with prizes to engage providers and clinicians. They were encouraged to have brief one-on-one conversations with clinicians providing them with an educational flyer and red pen, to remind them to “stop correlating albumin with malnutrition.” RDNs who engaged the most clinicians were awarded gift cards. RDNs who engaged 10 or more clinicians received a movie ticket. MAW was highlighted in team huddles and on our intranet with videos featuring RDNs interviewing executives and physicians. Additionally, physicians and coders helped disseminate the message to a broader audience.

Results / Key Learnings: In 2018, 331 conversations occurred with providers and clinicians about malnutrition. There were 660 views of our malnutrition intranet page (up from 150 in 2017) where more information and education opportunities continue to be made available. Generally, attending physicians were aware of the appropriate interpretations of serum albumin levels in the clinical setting. Nurses and medical residents tended to believe that low serum albumin levels are related to malnutrition and are impacted by nutrition interventions. During the conversations, nurses also expressed placing a higher value on conducting the malnutrition screening and documenting oral intake after learning about malnutrition.

Conclusions: RDNs are effective in engaging clinical staff to support awareness and quality improvement efforts. Adding a competitive incentive for participation encourages spreading the message and raising the visibility of RDNs.

Implications for Policy or Practice: Empowering RDNs in engaging their colleagues creates more consideration for the care of malnourished patients among other clinicians and highlights the RDN role in patient care. It ultimately impacts other quality efforts by improving screening by nursing, improving documentation by providers, and enhancing discharge planning.

Funding Source: None

Interdisciplinary Team Engagement and Key Learnings

Engagement of the Academy’s Dietetic Practice Groups with MQii

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Learning Objective: Raise awareness of Malnutrition Quality Improvement Initiative (MQii) efforts and recruitment in the Learning Collaborative among the Academy’s Dietetic Practice Groups (DPGs).

Relevance: As efforts of the Malnutrition Quality Improvement Initiative (MQii) were underway it became apparent to MQii Partners, Academy of Nutrition and Dietetics and Avalere Health, that engagement with the Academy’s DPG Leaders is critical in order to advance objectives of the initiative which include: Advance adoption of malnutrition electronic clinical quality measures (eCQMs); Improve effectiveness and timeliness of malnutrition care through an interdisciplinary toolkit; and Support availability of tools that can be integrated into EHR systems to improve care quality.

Quality Improvement Process on Which Initiative is Based: Three major strategies were identified and operationalized to advance the noted objectives. First, a Lunch and Learn event was held for DPG Leaders at the Food & Nutrition Conference & Expo™ (FNCE) 2017 to brief them on current MQii activities. Second, a series of MQii follow-up webinars with DPG leaders got underway in order to provide MQii updates and provide opportunity for attendees to ask questions. Lastly, a Malnutrition Quality Improvement survey was deployed to 26 DPG memberships to gain member interest level with participation in the MQii Learning Collaborative.

Results / Key Learnings: Over 100 participants attended the MQii Lunch and Learn event at FNCE Chicago 2017. Attendees received a customized malnutrition communication packet to share with their DPG membership focusing on how to get started using malnutrition eCQMs, obtaining C-suite and clinical care team support, and overcoming barriers. Four separate DPG engagement webinars occurred from February to March 2018. During the webinars DPG leaders were updated on MQii progress and engaged in a discussion to share their insights on where their memberships have opportunities to be involved with MQii. The Malnutrition Quality Improvement survey indicated that 20% of respondents were interested in participating in the MQii Learning Collaborative.

Conclusions: DPGs play a unique role of facilitating dietetic practitioners to connect with fellow like-minded colleagues. Targeting the 26 DPGs allowed the Academy to significantly increase recruitment efforts for the MQii Learning Collaborative. A total of 119 adult in-patient acute-care hospitals expressed interest in joining the MQii Learning Collaborative.

Implications for Policy or Practice: Reaching out to DPGs highlights the significance of members to transition their work with MQii to their DPG networks in order to advance malnutrition care within the area of practice.

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