Quality Nutrition Outcomes:
Idea to Implementation

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The process of:

• Identifying and analyzing performance gaps

• Planning for future performance improvement

• Designing and developing cost effective interventions to close performance gaps

• Implementing the interventions

• Evaluating the results

American Society for Training and Development
Vanderbilt

• Clinical improvements
  – Doing the right thing

• Process improvements
  – Doing the right thing in the right way

“Quality improvement is more than a course; it is a mindset.”
Components of Quality Improvement

• Safe
• Effective
• Patient centered
• Timely
• Efficient
• Equitable

Identify Area for Improvement

Evaluate Current practice

– Example of what traditional RD does
– Data collection, not quality driven
– No measurable outcomes
– Quality issues seldom escalated
– Image of the dietitian
– PI projects usually Foodservice related
Future Practice

Future RD Role

• Less Charting
• More Interventions
• More Rounding
• Face Time with Medical Staff
• Focus on Quality Interventions

Health Care Reform

• No reward for attempts
• Actions are nice, results are what counts
• Outcomes = Success
Identify Area for Improvement

- Gap Analysis
  - Recommendations documented but not implemented

- Process improvement without measurable outcomes

- Example: Brainstorming ‘pie in the sky’ nutrition ideals then met with system leader for guidance.
Considerations for Measurable Outcomes

Met with System Exec for Quality and Safety

• Direct Impact
• Best Practice
• Persistent Issues
• Process vs Outcomes
• Consensus vs Meaningfulness

Reality measure:
– What is feasible, what is measurable, what is easy to measure, report?
Literature Review

- Utilize EB nutrition practices to develop study
- Current literature/research limited
- National Quality Foundation – lacking nutrition goals
- Dietetic professional organizations differ in practice guidelines
- Billing codes and evidence based practice at odds
Barriers

- Organizational
- Technical
- Educational
- Motivational

Challenge:

Isolating nutrition interventions to outcomes.
Overcoming Barriers

• Impact of the PI on the system/hospital
• Buy in from clinical dietitians – People will support that which they help create
• Call at the top
• Measure everything that you can
• When programmers want to do something it is easy, when they don’t, it is hard
• Things usually never happen as fast as you think they will
MEMORIAL HERMANN HOSPITAL SYSTEM

11 hospitals
System Nutrition Initiative
Clinical Nutrition Council

System Executive Sponsor
FANS Outsourced
Our process

• Adequacy of oral intake affecting LOS
• Barriers: count oral, EN, TPN, etc
• What percentages are acceptable
• How to track:
  – Required RD documentation
  – Relying on subjective RN assessment
  – Data would not be meaningful
• Design: Simple
• In line with current System ICU Dashboard
• EB: ASPEN Guidelines on Enteral Nutrition
Hospital System - Nutrition Metrics

Quality Improvement:
Initiation of EN within 48 hours of ICU admission

Projected Outcome:
Reduced morbidity, mortality and LOS per ASPEN guidelines

Rationale:
- EB guidelines
- Definitive yes / no and patient area
- MD support
- Ease of data collection by RD only
Side benefits

- Long process with many paths taken…
  - System Formulary
  - System RD retreat
  - System Power Note
  - Critical Care Guidelines
  - Face Time, Presence, Recognition at CPC meetings (physician buy-in)
  - Changing to this QI mindset has changed how we view all nutrition practices
Benefits of Quality Monitoring and Outcomes

- Optimal patient care
- Elevate, promote, expand
  - Involvement in other areas – CPC meetings, Interdisciplinary CEUs, MD Orientation
  - Recognition for CEO / CNO / CMO / CFO
  - MD recognition at facility level
- Separate Dietitians from foodservice identity
- Motivation and Unification of Clinical Nutrition Staff
Memorial Hermann Nutrition Quality Metric

Goal to measure:
Initiation of Enteral Nutrition within 48 hours of admission to the ICU
• Baseline data from 5 hospitals, 15 ICUs

Presenting at:
• System CPC Meetings
• Facility Pharmacy & Therapeutics, Critical Care Meetings
EN Compliance by ICU

Percentage of Eligible ICU patients with EN initiated within 48 hours of ICU Admission

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Moving Forward

• Automated Report
• Room for Improvement
  – Enteral nutrition protocols
  – Evaluate exclusion criteria
  – Education of RDs and MDs
• Future Monitoring:
  – Order to initiation time
  – Adequacy of intake
  – Outcomes by intake
    • (Hypocaloric vs Full Feeds)
• American Society for Training and Development
• The Vanderbilt Healthcare Improvement Group. 2012. www.vanderbilt.edu/vhig