Opening Questions

Show of hands...

1. How many of you were already aware of the new QPI Sub-Unit?
2. How many of you have visited the QPI section of the CNM website?
3. Who is subscribed to the special QPI electronic mailing list (listserv)?

Why Does Quality Matter?

• The Health care system in the USA is “broken”
• Institute of Medicine: “Crossing the Quality Chasm” the 2nd report of the IOM – published in 2001
• Identified 6 Aims of Quality in health care

“Fundamental reform of health care is needed to ensure that all Americans receive care that is safe, effective, patient centered, timely, efficient, and equitable.”
Today's Health Care Environment

- October 2012 the Patient Protection and Affordable Care Act was approved (Health Care Reform)
- Centers for Medicare and Medicaid Services (CMS) implemented a new hospital Value Based Purchasing (VBP) program
- Accountable Care Organizations established
  - Organizations that are accountable to the patients and third party payers for the quality, appropriateness and efficiency of the healthcare provided

Value Based Purchasing (VBP)

Value Based Purchasing is promoting “quality” outcomes with “financial” consequences

VBP is moving from Quantity/Volume-based to Quality/Value-based care

<table>
<thead>
<tr>
<th>Volume-Based</th>
<th>Value-Based</th>
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<tbody>
<tr>
<td>• Paid by patient admission</td>
<td>• Paid for meeting Evidence Based care</td>
</tr>
<tr>
<td>• Paid by service provided</td>
<td>• Paid for outcomes (mortality)</td>
</tr>
<tr>
<td></td>
<td>• Paid for prevention of safety events</td>
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<tr>
<td></td>
<td>• Paid for Patient Satisfaction</td>
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Accountable – Financials $$

Future Hospital Reimbursement More Closely Tied to Performance

Value Based Purchasing

How Hospitals Get Reimbursed!!

Value Based Purchasing
### Why Create the QPI Sub-Unit?

- **Changing healthcare environment**  
  - Pay for Performance (Quality versus Quantity)
- **Showcase importance of Clinical Nutrition**  
  - Improve patient outcomes/prevent HACs
- **Assure regulatory compliance**  
  - Assess current state/implement improvements
- **Questions/Issues posted on CNM EML**  
  - Inquire about quality monitors  
  - Process improvement projects

### Sub-Unit Purpose and Goals

**Purpose:** To educate (and equip) Clinical Nutrition Managers on the various healthcare quality standards, measures, and process improvement methodologies.

**Goals:**
- Increase awareness of the impact Quality and continual PI has in today’s healthcare arena
- Keep CMNs abreast of the quality management initiatives and resources from the Academy + **partner with QMC**
- Provide a forum for sharing Quality and PI tools and ideas
- **Highlight successful quality/process improvement projects**

### Partnership with Academy’s QMC

- Initial thoughts/proposal shared with Sharon McCauley
- Presented purpose/goals of sub-unit to the QMC’s face-to-face meeting August 17, 2013
- QMC considered sub-unit’s goals and countered with:  
  - Sub-Unit name change (delete “Management”)  
  - Contact Academy’s Research area for ANHII – data analysis  
  - Sub-Unit serve as resource to QMC (workgroups, etc)  
  - Investigate Six Sigma training/certification (similar to the Informatics 10x10)
- Oversight of the CNM SOPPs workgroup (revisions)

### Sub-Unit Strategies/Deliverables

- Separate EML members can chose to “opt in”  
  - **done**
- Dedicated QPI sub-unit section on the website  
  - **done**
- QPI updates/articles in quarterly newsletter  
  - **done x 3**
- Call for QM and PI tools/resources from members for the existing CNM Resource Library  
  - **expanded section**
- Educational session at annual CNM symposium  
  - **done**  
  + Quality posters area  
  - **TBD**
- Annually sponsored award/recognition to winning CNM/team for quality improvement project  
  - **TBD**
QPI EML Signup

QPI Sub-Unit Member Info

QPI Sub-Unit - Member Info

QPI EML Signup

QPI Sub-Unit Glossary of Terms

Glossary of Terms

Additio...
Quality Improvement Award - Pending

Under development:

- Guidelines and application process to be developed
  - SMART goal format → Aim statement
  - Problem analysis → SWOT, Fishbone diagram, etc.
  - Metrics with pre-/post- data outcomes
  - Impact, Barriers, Lessons Learned, Next Steps...
- CNM members submit QI projects to the sub-unit
- QPI sub-unit forms a QI Project Committee
- Committee reviews and scores projects
- Winner selected and awarded prize and recognition

In Addition:

- Posters can be showcased at annual symposium
- Can expand the exhibits to include QI project posters
- Winner of QI project can be announced at symposium (winner gets FREE registration to symposium)
- Maybe also consider a “People’s Choice Award” with symposium attendees voting

Your Feedback? Grab your Session Worksheet...

Proposed Future Opportunity

Develop national Clinical Dietetic Quality Indicator program similar to Nursing’s NDNQI (National Database for Nursing Quality Indicators)

Why would this be beneficial?....
Don’t Know How We Compare To others?

- Hospital Administrators ask for CNMs for justification
  - Question need for the number of Dietitians (FTEs) budgeted
  - Want to know if we matchup or ranking compared to other facilities
- There are no national comparative nutrition indicators, except for nutritionDay in the US for malnutrition
- Nursing has been comparing nursing sensitive indicators since 1998 with NDNQI (National Database of Nursing Quality Indicators)
- Goals of NDNQI
  - Provide comparative information to hospitals for use in quality improvement activities
  - Develop national data on the relationship between nurse staffing and patient outcomes

NDNQI Data Model

Adapted Donabedian’s conceptual framework

- Structure
  - Measures of quantity and quality of nursing staff
  - Hospital characteristics like Magnet recognition, teaching status, bed size, etc.
- Process
  - Measure aspects of nursing care (assessment/intervention)
- Outcome
  - Patient outcomes related to quantity or quality of nursing care

A. Donabedian, The Quality of Care, JAMA 1988;260 (12):1743-1748

Hospital Characteristics

For NDNQI Comparison Groups:
- Hospital Type
- Staffed Bed Size
- Teaching Status
- Location
  - Metropolitan/Micro/Non
  - Census Division
  - State
- Magnet Status
- Case Mix Index

NDNQI Benchmarking Benefits

If a facility participates in NDNQI they get:
- Reports with trending data
- Used for
  - Quality Improvement
  - Focus on Best Practices
  - Set Targets
  - Monitor Interventions
  - Resource Allocation
  - Budget Planning
Possible Solution...ANDHII

ANDHII – Academy of Nutrition and Dietetics Health Informatics Infrastructure

- Available to all Academy members
- Formatted to 4 step NCP and standardized language from IDNT Reference Manual
- Data entry, clinical decision-making, data base for report generation
- Primarily dropdown selections from NCP terminology
- Also free text capability

What about Nutrition-Related DRG (ICD-9) Terms?
Would you want Nutrition DRGs captured in the data the RDNs enter?
Only Malnutrition DRGs or BMI/Other Nutrition Deficiencies?

ANDHII Reports

- Reports can be developed for info of interest to CNMs
- Can run your own reports for:
  - Comparison of your RDNs
  - Patient outcomes data
- Inability at this time for national facility comparison
- Academy can create report templates

What templates would CNMs want?

ANDHII Report Templates

What information entered into ANDHII would CNMs want to know?  Examples...
- Prevalence of each Nutrition Diagnosis
- Nutrition Diagnosis resolution average
- Prevalence of each Nutrition Intervention
- Each Nutrition Dx to corresponding Nutrition Intervention
- Compare actual Diet Order to Nutrition Prescriptions established by RDN
- Others...give us your feedback ➔ Session Worksheet

Other Quality Measures

Per Academy’s Quality Management:
All measures address one or more quality element or objective of safety, effectiveness, patient-centeredness, timeliness, efficiency and/or equity.

Three Types of Measures:
1. Outcome
2. Process
3. Structural
1) Outcome Measures

- Measures end results of a function or process
- Quantifiable data elements compared to goal or benchmark values/trends
- Indicators of quality of care (services) provided
- Examples:
  - Increased po intake
  - Pt/client weight loss
  - Pt/client satisfaction scores
  - Decreased length of stay

2) Process Measures

- Measures how often activities/actions are done in a period of time
- Data compared to regulatory standards, practice guidelines, policy and procedures
- Results of process improvement initiatives
- Examples:
  - Pts screened for nutrition risk within 24 hrs.
  - Pts at tube feeding goal within 48 hrs.
  - Tray accuracy

3) Structural Measures

- Measures “numbers” tracking (statistical data)
- Indicators of quantity, efficiency, cost/revenue
- Monitors effective use of resources/technology to support or improve outcomes
- Examples:
  - Staffing levels (FTE/bed)
  - Meal food cost
  - Staff productivity
  - Staff competency

Considerations for Nutrition Measures

- Nutrition Risk Level (high/moderate/low)
- Nutrition Assessment / Intervention / Reassessment Cycle (frequency-timeframes)
- Consecutive NPO/Clear Liquid days
- Oral Nutrition Supplementation usage
- Nutrition Support Prevalence (oral diet vs NS)
- Ratio of Enteral Nutrition vs Parenteral Nutrition
- Days until reach Nutrition Support goal volume
Nutrition Measures...continued

- Patients with Pressure Ulcer followed by RDN
- Hospital LOS comparison (followed by RDN vs not)
- Patients educated by RDN and readmission rate
- RDN Education: Advanced Degree / Certification
- RDN to Dietetic Technician staffing ratio

What nutrition measures do you monitor?

Use your Session Worksheet...

In Conclusion...

If you have an interest in Quality or Process Improvement

- Visit the QPI website
- Sign up for the QPI EML
- Utilize QPI resources
- Consider submitting a QI Project for award program
- Participation in ANDHII
- Evaluate your nutrition measures

Literature Examples/References

Structural Measure

Process Measure

Outcome Measure

Cost Reduction