



Impact Statement

Project Title: Ensure Quality Improvement in Nutrition Care Process

Issue: Quality improvement projects have been a staple of many healthcare disciplines; however, this has not been the case in nutrition care. Malnutrition for hospitalized patients is a major health and healthcare concern with 1.95 million hospital stays involving malnutrition (in 2013) that accounts for \$42 billion in economic burden. Additionally, malnutrition related stays have 1.5-5 times higher in-hospital deaths, most hospital stays were 2 times longer and ~50-70% of these patients did not have a routine discharge from the hospital. Using quality improvement programs is a way to help address malnutrition in hospitalized patients to understand where improvements in nutrition screening, assessment, intervention, diagnosis and discharge planning can occur. As quality improvement is new(er) in the nutrition care landscape, having a baseline understanding of the nutrition care process in US hospitals will provide direction for intervention.

What has been done: As a follow up to a web-based tool (<https://abbotteqip.com/>) that was launched in 2015 the analysis of over 100,000 (anonymous) patient data was completed to provide a baseline understanding of the nutrition care process in US hospitals.

Impacts/New Partnerships: This tool allowed partnerships with over 200 hospitals that contributed data to the system and has resulted in a manuscript that is currently under review for publication.

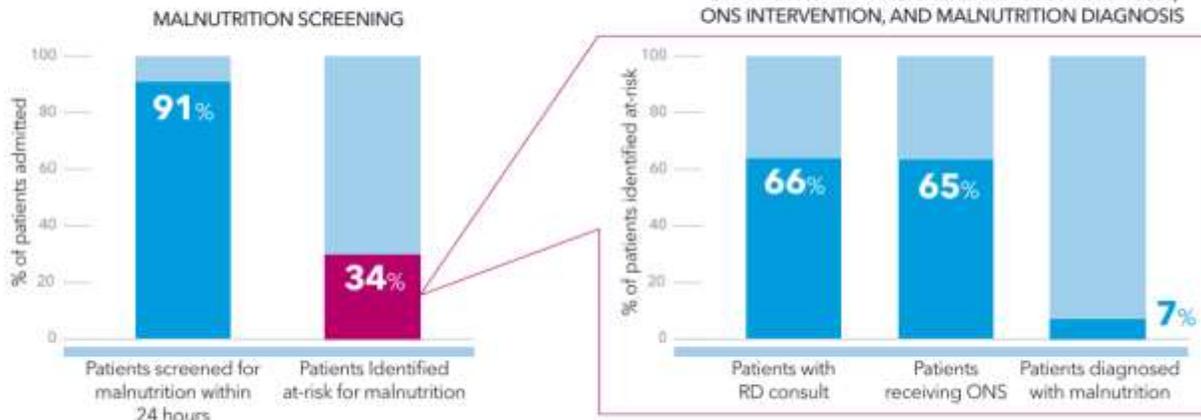
Outcome of Project (societal impact/ measure of increased quality of life) The most vulnerable populations are at highest risk for malnutrition, including those in the lowest income communities and over the age of 65. Therefore, it is important to develop easy tools for institutions to track and improve upon their nutrition care. Given that data has demonstrated that malnourished patients do less well with regards to recovery and returning to normal life, it is critical to find ways to improve overall patient nutritional status. This tool can provide individualized information for each institution to help provide direction for nutrition quality improvement programs.

How has your project been aided by your FSLI experience?

This project has required a lot of team work, as with most manuscripts. My fellow co-authors are close colleagues and both knew I was participating in the FSLI program. I used that opportunity to share with them some of the areas I was trying to improve on from a leadership standpoint, to use our time working together on the project as an opportunity to provide feedback. Additionally, in working with our clinical data analytics team, we needed to depart from our standards for clinical trials to using formats more conducive to survey data. This required a change in thought process and utilized many of the leadership and influencing skills learned within FSLI. From a systems standpoint, FSLI helped me to have a broader view of the food system as it relates to hospitalized patients. This has enabled me to better understand some of the barrier to improving nutrition care and realizing that many are not related to nutrition per se.

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eQIP aggregates participant data for benchmarking and identification of improvement opportunities



The national report can be accessed at www.abbottnutrition.com/eqip
Data from the November 2015 eQIP National Report from 48,732 adult hospital patients (aged 18 years and older) collected from June through September 2015.