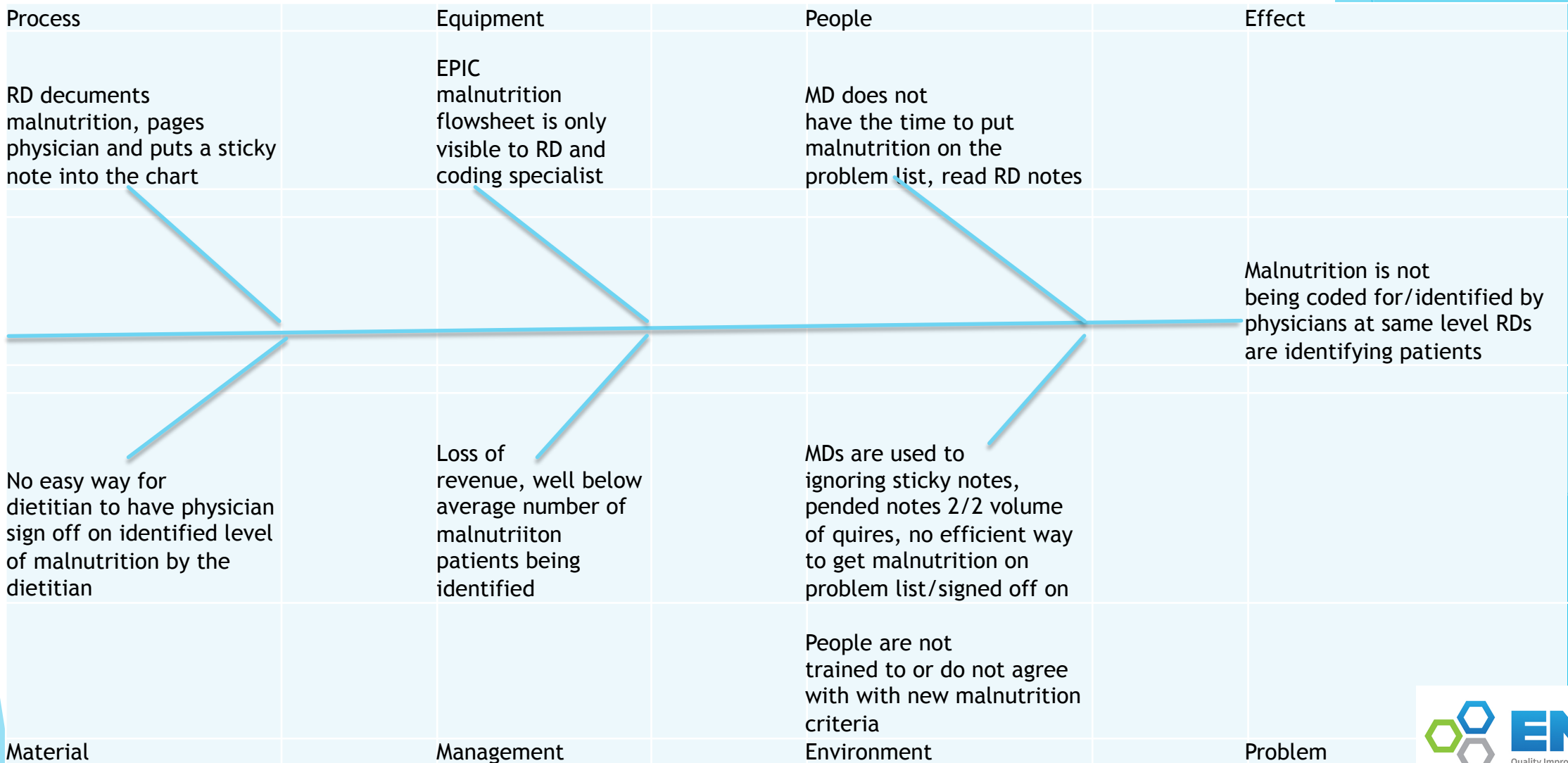# AIM Statement

The Lahey Nutrition Quality Improvement Team will

increase

the number of cases coded appropriately for malnutrition

in the inpatient hospital setting

from 749 cases (13.5% of all admissions) in the past 6 months

to 936 cases (a 25% increase)

by 6 months after the implementation of the cosignable note (7/6/16)

Change Management

- When it was identified that we were identifying malnourished patients below the national average, and the coding team had a level of frustration with physician's not following up to queries generated when the specialist read the dietitian's note

- A team of 3: dietitian, Coding Specialist and IT were built to guide the project

- It was difficult to get buy-in from IT, they just wanted to know what we wanted them to do and when it was needed

- At a physician work group meeting our presentation of the idea garnered buy-in from the physician's as well as further expanding the dietitan's role in documenting malnutrition on the problem list

- With the expanded role in identifying malnutrition and getting in coded for, buy-in from all on site and a secondary site was achieved

- Short term wins were celebrated via email to all dietitians as to allow everyone to feel this was their project and they had a stakeholder role

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PLAN

Process	Equipment	People	Effect
RD documents malnutrition, pages physician and puts a sticky note into the chart	EPIC malnutrition flowsheet is only visible to RD and coding specialist	MD does not have the time to put malnutrition on the problem list, read RD notes	Malnutrition is not being coded for/identified by physicians at same level RDs are identifying patients
No easy way for dietitian to have physician sign off on identified level of malnutrition by the dietitian	Loss of revenue, well below average number of malnutriiton patients being identified	MDs are used to ignoring sticky notes, pended notes 2/2 volume of quires, no efficient way to get malnutrition on problem list/signed off on	
		People are not trained to or do not agree with with new malnutrition criteria	
Material	Management	Environment	Problem

Baseline or Collected Data

Oct 2015 through May 2016	
# of Cases of Malnutrion Coded for	749
# of patient's admitted to hospital	5474
% of patients coded for Malnutition	13.68%
# of patient's identified by RD with malnutrition	**

** the report to generate this information remains in process with IT department

The current data is not able to be separated out on a monthly basis, it will be able to moving forward

DO- Implementation Plan

What	Who	Due Date	Complete?	Results	Comments
Cosignable Malnutrition Note	EPIC	June 1st	Yes	3 individual dot phrases for each category of malnutrition were created with a dot phrase for the physician attestation	
Report to track number of cases of Malnutrition coded for over time period	CDI	June 1st	Yes		Not the most user friendly report but after it is drilled down the data is present
Report to identify number of cases identified by the dietitian as having malnutrition	EPIC	July 6th	No	Along with the CDI report will be able to identify how many cases of malnutrition are coded for and how many RD is identifying and able to follow the variance	
Dietitian training on new note	RD	Prior to July 6th	No		
Physician Training-hospatilists	RD/MD	Prior to July 6th	No		
Physician Training-specialties	RD/MD	July 31st	No		
Physician Training-surgical groups	RD/MD	July 31st	No		
Dietitains with access to problem list	EPIC	July 6th	No		
Dietitian training on adding to problem list	EPIC	July 6th	No		Scheduled for June 23rd and 30th

DO- Communication Plan

Target Audience	Message Content	Delivery Mechanism	Sender	Date and Time	Follow Up Needed?
Dietitians	How to use the cosignable note How to put items on the problem list	Visual demonstartion at staff meeting Tip Sheet for reference	Sara	June 23rd and 30th at 11 am	Yes, check in at staff meeting about how it is going
Coders	What new note looks like	Visual demonstartion at staff meeting Tip Sheet for reference	Trish	Prior to July 6th	
Physician-hospitalist	How to use the cosignable note Information about the etiolgy based malnutrition definitions	Requesting no formal presentation, just tip sheet for now	Sara/MD	E-mail blast July 5th	Yes
Physician-specialty	How to use the cosignable note Information about the etiolgy based malnutrition definitions	Requesting no formal presentation, just tip sheet for now	Sara/MD	E-mail blast July 5th	Yes
Physician-surgeon	How to use the cosignable note Information about the etiolgy based malnutrition definitions	Requesting no formal presentation, just tip sheet for now	Sara/MD	E-mail blast July 5th	Yes

STUDY

- No data or pilot study results yet

- Unable to do pilot study as it will go live system wide on July 6th

ACT

DASHBOARD

Dashboard
AIM
The Nutrition QI team will increase the number of cases coded for malnutrition appropriately in the hospital setting as currently on 13.5% of all admissions are being coded for malnutrition
Plan
A cosignable malnutrition note would be created in EPIC with a specific attestation by they Physician onto the RD's note. Once cosignature is obtained the RD will place it on the problem list
Do
The dietitians were trained on how to create the note, ask for cosignature and place malnutrition on the problem list when cosigned. The physician's were given a tip sheet on the new process. IT created a new report to track all the patients who were identified as having malnutrition. The coding specialist were alerted to the new process and given the same tip sheet as the physicians.
Study
Go live is July 6, 2016
Act
Will follow up

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LESSONS LEARNED

▶ What the dietitians and coding specialist thought were the biggest obstacle for physicians was way different than what the physicians viewed as the biggest obstacle

▶ It's hard to get people away from looking at alubumin/prealbumin for malnutrition-they are accepting of the new definitions but still use the old ones at the same time

▶ Persistence pays off-continually working with IT, requesting status updates, making phone calls can help move the process along