Malnutrition Quality Improvement Initiative
Hospital Executive Letter

Date

Hospital Executive Leader
Role in the Organization
Contact Information

RE: A New Opportunity to Improve Quality Care for Our Patients and Potentially Decrease Costs for Our Institution

Dear [INSERT NAME],

We have a new opportunity to improve quality and value for our patients and our institution by implementing a malnutrition care quality improvement initiative. I am writing to ask for your support and partnership to lead implementation of evidence-based malnutrition risk identification and management at our hospital.

Malnutrition, which is the inadequate intake of nutrients over time (presenting in both underweight and overweight individuals) is a leading cause of morbidity and mortality, especially among older hospitalized adults. Hospitalized patients who are malnourished have a greater risk of complications, falls, pressure ulcers, infections, and readmissions, and experience 4 to 6 days longer length of stay.[1] This has been shown to result in up to 5 times higher mortality, higher readmission rates and associated costs, and higher cost hospital stays (up to $25,200 vs. $12,500).[5]

Addressing malnutrition can have substantial benefits; a recent study found that optimizing nutrition care with implementation of a nutrition-focused quality improvement program resulted in about $3,800 cost savings per patient treated for malnutrition.[2]

I would like to schedule a meeting with you to talk further about advancing and improving malnutrition care at our hospital. More specifically, I look forward to planning how we can work with our physicians, nurses, dietitians, and patient representatives, as well as our quality and IT leadership, to establish malnutrition care best practices.

Further information and next steps are provided on the attached page. Thank you for considering implementation of a malnutrition-focused quality improvement initiative. I look forward to the opportunity to speak with you.

Sincerely,
[YOUR NAME]
Role / Position
Contact Information

The Impact of Patient Malnutrition:

Malnutrition is a leading cause of morbidity and mortality, especially among older hospitalized adults.

- Evidence suggests that 20% to 50% of all patients are at-risk for or are malnourished at the time of hospital admission, and yet a 2016 analysis found that only 7% of patients are typically diagnosed with malnutrition during their hospital stay, leading to millions of cases left undiagnosed and potentially untreated.[3]
- Hospitalized patients who are malnourished have a greater risk of complications, falls, pressure ulcers, infections, readmissions, and experience 4 to 6 days longer length of stay.[4]
- A 2016 analysis of average hospital costs in the U.S found that non-neonatal and non-maternal hospital stays cost $12,500; these costs doubled for patients diagnosed with malnutrition, averaging up to $25,200.[5]
- In addition to these significant cost and healthcare outcomes, up to 31% of malnourished patients and 38% of well-nourished patients experience nutritional decline during their hospital stay,[6] and malnourished hospitalized adults have a 54% higher likelihood of hospital 30-day readmissions than those who are well nourished.[5]
- Similarly, average cost per readmission has been found to be between 26-34% higher than readmission costs for patients without malnutrition.[5]
- Overall, it is estimated that the economic burden of the morbidity, mortality, and direct medical costs associated with disease-related malnutrition in the U.S. totals $157 billion, with $51.3 billion attributed to those age 65 years and older, who are the most at risk for disease-related malnutrition.[7]

What Can be Done:

We have an opportunity to participate in the Malnutrition Quality Improvement Initiative (MQii), a project of the Academy of Nutrition and Dietetics, Avalere Health, and other stakeholders who provided guidance and expertise through a collaborative partnership.

- The MQii will provide tools and support for us to launch a malnutrition-focused quality improvement project at our facility.
- The quality improvement resources available through the MQii have broad and multi-disciplinary stakeholder support. The MQii Advisory Committee includes representatives from several professional organizations whose missions are to accredit hospitals, improve nutrition care, and improve the healthcare provided to older adults.
- A MQii™ Toolkit, and other resources that will be available, will help ensure quality malnutrition care and optimal workflow processes are in place for our patients and will help us track our progress using quality indicators and validated and tested electronic clinical quality measures (eCQMs).
- There are no fees required to participate in the initiative. The MQii Toolkit is free and available to the public online.

Your Support:

As a leader in our organization, your support is critical to ensure that optimal nutritional care processes are in place for our patients and are being followed by our clinicians.

- I ask for your partnership and support joining the MQii Learning Collaborative to help our organization understand the current gaps in malnutrition care and opportunities to improve rates of screening, assessment, diagnosis, intervention, monitoring, and care coordination for malnourished and at-risk older adults.

[1] Barker LA, Gout BS, and Crowe TC. Hospital malnutrition: Prevalence, identification, and impact on patients and the healthcare system. Int J of Environ Res and Public Health. 2011;8:514-527.
[2] Sulo S et al. Budget impact of a comprehensive nutrition-focused quality improvement program for malnourished hospitalized patients. Am Health Drug Benefits. 2017;10(5):262-270.
[3] Weiss AJ, Fingar KR, Barrett ML, Elixhauser A, Steiner CA, Guenter P, Brown MH. Characteristics of hospital stays involving malnutrition, 2013. HCUP Statistical Brief #210. Rockville, MD: Agency for Healthcare Research and Quality. Available at: http://www.hcup-us.ahrq. gov/reports/statbriefs/sb210-Malnutrition-Hospital-Stays-2013.pdf.
[4] Barker LA, Gout BS, and Crowe TC. Hospital malnutrition: Prevalence, identification, and impact on patients and the healthcare system. Int J of Environ Res and Public Health. 2011;8:514-527.
[5] Fingar KR, Weiss AJ, Barrett ML, et al. All-Cause readmissions following hospital stays for patients with malnutrition, 2013. HCUP Statistical Brief #218. December 2016. Agency for Healthcare Research and Quality, Rockville, MD. https://www.hcup-us.ahrq.gov/reports/statbriefs/sb218-Malnutrition-Readmissions-2013.pdf.
[6] Braunschweig C et al. Impact of declines in nutritional status on outcomes in adult patients hospitalized for more than 7 days. J Am Diet Assoc 2000; 100 (11): 1316-1322.
[7] Snider J, et al: Economic burden of community-based disease-associated malnutrition in the United States. JPEN J Parenteral Enteral Nutr. 2014;38:55-165