

Date

Hospital IT Leader
Role in the Organization
Contact Information

RE: A New Opportunity to Improve Quality and Value for Our Patients and 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 quality improvement initiative (MQii). I am writing to ask for your support and partnership to join this innovative opportunity and to help provide the evidence for the implementation of evidence-based malnutrition risk identification and management at our hospital.

Malnutrition* 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 Hospitals that are more successful in closing this gap implement clinical data monitoring programs that involve EHR data documented by clinicians that can be reviewed and inform hospital decision-making.

Recently, a set of malnutrition-focused electronic clinical quality measures (eCQMs) were published for use in hospitals. These straightforward, clinically relevant quality measures allow our clinicians and hospital leadership to make decisions on improving the care our at-risk or malnourished patients receive. I would like to schedule a meeting with you to talk further about advancing and improving malnutrition care at our hospital and plan how we can collect the EHR data, work with our physicians, nurses, dietitians, and patient representatives as well as our quality leadership will need to establish malnutrition care best practices.

Additional information and recommendations for next steps are provided on the attached page. Thank you for your consideration to help establish the database for implementing a malnutrition-focused quality improvement initiative in our hospital. I look forward to the opportunity to speak with you soon.

Sincerely,

[YOUR NAME]
Role / Position
Contact Information

* Malnutrition is the inadequate intake of nutrients over time. It can be present in both underweight and overweight individuals, and may contribute to chronic illness and acute disease or illness and infection.

The Impact of Patient Malnutrition:

Malnutrition¹ 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.²
- 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 \$25,200.³
- 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,⁴ and malnourished hospitalized adults have a 54% higher likelihood of hospital 30-day readmissions than those who are well nourished.³
- 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.⁵

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. In addition, as part of the Learning Collaborative, we will have access to exchange ideas and best practices with quality leaders and other hospitals across the nation.
- 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 MQiiTM 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 an IT leader in our organization, your support is critical to help our organization understand the current gaps in malnutrition care.

- I ask for your partnership in supporting our hospital's efforts to provide the best care and the highest value for patients. The support your team provides with developing reports and analyzing our hospital's clinical data helps our clinical leadership leverage what is documented in the EHR to understand how well our clinicians are providing malnutrition care to our patients.
- I seek your guidance with mapping our existing care workflows to the EHR to understand how we are documenting our clinical data, as well as with development of an EHR extract report to analyze our performance.

¹ Malnutrition is the inadequate intake of nutrients over time. It can be present in both underweight and overweight individuals, and may contribute to chronic illness and acute disease or illness and infection.

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- 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 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>.
- ³ 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>.
- ⁴ 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.
- ⁵ 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