Introduction

Older adults age 65+ are at an increased risk for malnutrition and its associated complications.1 Malnutrition can further exacerbate the likelihood of poor outcomes for patients in this age group.2 However, despite evidence that demonstrates the benefits of maintaining adequate nutrition for promoting healing and recovery, and a clinical consensus model for implementing optimal malnutrition care, performance gaps remain in hospitals with respect to malnutrition screening, assessment, intervention, monitoring, and overall care. To address these gaps, Avalere and the Academy sought to assess whether eCQMs could be developed to accurately and reliably measure malnutrition care quality. To do so, we first conducted feasibility testing of four de novo malnutrition eCQMs to support optimal malnutrition care.

Methods

Avalere and the Academy sought to assess whether eCQMs could be developed to accurately and reliably measure malnutrition care quality. To do so, we first conducted feasibility testing of four de novo malnutrition eCQMs with three electronic health record (EHR) vendors and three hospitals. Subsequently, we performed validity and reliability testing at two hospital sites using live patient data collected electronically from the EHRs.

To test feasibility, sites assessed data elements used across 6 quality measure concepts. To test feasibility, sites assessed data elements used across 6 quality measure concepts. Subsequently, we performed validity and reliability testing at two hospital sites using live patient data collected electronically from the EHRs.

Table 1 / Agreement Between EHR-Extracted Data Elements and Chart Abstracted Data Elements

Table 2 / Calculated Measure Performance Rate for Two Field Testing Sites

References


Disclosures: Support for the MQii provided by Abbott.