

# About the MQii



MALNUTRITION QUALITY  
IMPROVEMENT INITIATIVE

These materials were developed by 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. Support provided by Abbott.

© 2018. All rights reserved.

## Introduction to the Malnutrition Quality Improvement Initiative

The Malnutrition Quality Improvement Initiative (MQii) is a multi-year effort that began in 2013 when a variety of stakeholder organizations began to highlight gaps in existing malnutrition care and the impact of these gaps on patient outcomes. Based on the results of subsequent literature reviews, landscape assessments, engagements with key stakeholders, and best practices research, the MQii was established in partnership with the Academy of Nutrition and Dietetics, Avalere Health, and other stakeholders providing guidance through key technical expert and advisory roles. The engagement was undertaken to advance evidence-based, high quality, patient-centered care for hospitalized older adults (age 65 and older<sup>i</sup>) who are malnourished or at-risk for malnutrition. Support for the MQii was provided by Abbott.

### MQii Objectives

- ✓ **Support healthcare institutions in achieving malnutrition standards of care** through use of an interdisciplinary, evidence-based malnutrition quality improvement toolkit and a set of malnutrition electronic clinical quality measures
- ✓ **Advance the adoption of malnutrition best practices at healthcare institutions**—through a nationwide MQii Learning Collaborative with the goal of improving outcomes that are important to patients and clinicians
- ✓ **Improve nutrition risk identification and care as patients transition across care settings**, for example, through integration into existing care transition pathways and accountable care models

The MQii places the patient at the center of the quality improvement process and uses widely-accepted quality improvement practices to support healthcare organizations in achieving better malnutrition quality of care. Such established practices and models include Plan-Do-Study-Act, LEAN, and Six Sigma. The [MQii Principles and Models of Quality Improvement](#) resource provides additional information on these models and how to implement them in your facility.

The design and implementation of the MQii are based on several [guiding principles](#). The guiding principles provide a snapshot of the overall intention of the MQii, and should be used as a reference as sites employ different approaches to support the uptake of the clinical workflow and other components of the Toolkit

### The MQii Toolkit

The Toolkit is a collection of evidence-based malnutrition care best practices and resources and is intended for use by all members of the care team (e.g., nurses, dietitians, physicians, patients and caregivers) who engage in care for older adult patients who are malnourished or at risk of malnutrition. By using this Toolkit to support quality improvement (QI), healthcare institutions may be able to:

- Reduce variation in clinical practice in malnutrition care across different care providers
- Improve clinicians' knowledge of the importance of malnutrition and best practices for optimal malnutrition care delivery
- Explore how optimal malnutrition care impacts cost of care proxies such as average length of stay and 30-day all-cause readmissions for patients who are malnourished or at risk for malnutrition

<sup>i</sup> While the MQii materials were developed with a focus on the 65 and older population, most MQii materials are applicable to all adult hospitalized patients ages 18 and older.

The MQii Toolkit was tested over a three-month implementation period in 2016 through a multi-site Demonstration and Learning Collaborative. The Toolkit's use [demonstrated](#) that the introduction of recommended malnutrition quality improvement actions helps healthcare institutions achieve performance goals in nutrition care.

The [MQii Toolkit](#) (and the accompanying [Tools and Resources](#)) intend to help hospitals and health systems implement this initiative. As hospitals use the MQii Toolkit to achieve malnutrition standards of care, they are encouraged to evaluate the impact of their quality improvement project using a set of [malnutrition electronic clinical quality measures](#) (additional information provided below) and/or the additional quality indicators outlined in the Toolkit.

Please note that while the Toolkit addresses care for patients ages 65+, most recommendations and tools referenced in the Toolkit are applicable to all adults ages 18+.

Note: The [Glossary of Terms](#) may be useful as you read through this document.

## The Malnutrition Electronic Clinical Quality Measures (eCQMs)

The Academy of Nutrition and Dietetics and Avalere developed and tested a set of four malnutrition eCQMs throughout 2015-2016. The four eCQMs are:

- **NQF #3087:** Completion of a Malnutrition Screening Within 24-hours of Admission<sup>ii</sup>
- **NQF #3088:** Completion of a Nutrition Assessment for Patients Identified as At-Risk for Malnutrition Within 24-hours of a Malnutrition Screening
- **NQF #3089:** Nutrition Care Plan for Patients Identified as Malnourished After a Completed Nutrition Assessment
- **NQF #3090:** Appropriate Documentation of a Malnutrition Diagnosis

Building upon these four foundational measures, the Academy and Avalere have also developed a malnutrition composite measure. This measure intends to evaluate whether evidence-based care takes place throughout the malnutrition clinical workflow. The malnutrition composite measure is currently under review by the Centers for Medicare & Medicaid Services (CMS) for proposed adoption into the Hospital Inpatient Quality Reporting Program.

## The MQii Learning Collaborative

In 2016, the Academy and Avalere established the MQii Learning Collaborative. This Collaborative brings together leading hospitals and health systems across the U.S. to support acceleration and dissemination of malnutrition best practices for patients. Learning Collaborative participants undertake a data-driven, patient-centered, malnutrition quality improvement project at their respective institutions using a best practices Toolkit, and are encouraged to use the malnutrition eCQMs to track and monitor improvement. Figure 1 below highlights this dual-pronged approach, whereby healthcare institutions can more rapidly and effectively achieve malnutrition care standards through joint use of these tools.

---

<sup>ii</sup> The first eCQM ("Completion of a Malnutrition Screening within 24-hours of Admission") is intended for use in patients ages 18+. This aligns with previous Joint Commission nutrition screening standards. In addition, the MQii eCQM Technical Expert Panel recommended focusing the screening measure on patients ages 18+ to enhance ease of patient screening upon admission. The remaining three eCQMs are specified for use in patients ages 65+.

**The MQii Toolkit provides practical resources to enable healthcare institutions achieve optimal nutrition standards of care**



**Data reported from eCQMs will help healthcare institutions demonstrate their success in meeting the standards of care**

**Figure 1: Dual-Pronged Approach Helps Hospitals Achieve Malnutrition Standards of Care**

In 2017, fifty hospitals across the U.S. participated in the Learning Collaborative and showed meaningful improvements in the delivery of malnutrition care. In 2018, the Learning Collaborative is further expanding to demonstrate the scalability of these activities in a diverse array of healthcare institutions throughout the United States and beyond. In addition, the Academy and Avalere are working with Learning Collaborative participants to explore opportunities to better screen for and provide care to malnourished patients and patients at risk of malnutrition as they transition across care settings. Should you be interested in learning more about the Learning Collaborative or how you can get involved, please click [here](#).

### **Additional Background on the Development of MQii**

To learn more about how the MQii was informed by key stakeholders in malnutrition care, feel free to review the dialogue proceedings (links provided below) from three multi-stakeholder roundtables, hosted by Avalere and the Academy of Nutrition and Dietetics, which were held to identify and discuss solutions to salient areas for malnutrition quality improvement.

[Dialogue Proceedings: Measuring the Quality of Malnutrition in the Hospitalized Elderly Patient](#). This dialogue was held to explore approaches to measuring and improving the quality of care for patients with malnutrition. Participants identified a set of specific measurement and improvement areas and prioritized three main areas for initial action: (1) execution of a nutrition care plan, (2) defining malnutrition as a “never event,” and (3) the use of an electronic health record template (Health Information Technology Infrastructure) to support nutrition care.

[Dialogue Proceedings: Launching the Malnutrition Quality Improvement Initiative](#). During this second dialogue event, Avalere and the Academy shared progress to date on malnutrition quality improvement activities with key stakeholders, officially introduced the MQii, and obtained expert input on pathways for successful implementation. This input informed the design of the MQii and development of the Toolkit.

[Dialogue Proceedings: Advancing Patient-Centered Malnutrition Care Transitions](#). In a third dialogue event, a multi-stakeholder group of health and community leaders and advocates met to develop real-world solutions to better integrate nutrition risk identification and care into existing care transition pathways and accountable care models. These proceedings outline key considerations and recommendations for clinicians/community and social service providers, patients/caregivers, payers, and policymakers to advance patient-centered malnutrition care transitions.