



Getting Started with Your Malnutrition Quality Improvement Project

The Malnutrition Quality Improvement Initiative (MQii) is 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.

Presentation Overview

- Assess Your Facility's Readiness
- Assemble Your Team
- Understand the Process for Malnutrition Quality Improvement (QI)
- Map Your Clinical Workflow
- Select Your Quality Improvement Focus
- Using a Plan-Do-Study-Act Approach to QI

Assess Your Facility's Readiness: Understand How to Support Your Ability to Undertake Malnutrition QI

MQii Readiness Questionnaire

Are you ready to end malnutrition in your hospital?

Do you have the needed resources to do this?

Is your culture one of improvement?

	Strongly Disagree (1 point)	Disagree (2 points)	Neutral (3 points)	Agree (4 points)	Strongly Agree (5 points)
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Ability to Support Quality Improvement Efforts:

1. This hospital likes to do new and different things to improve care for patients.
2. Change in the hospital is managed well and sustained (based on experiences in the past three years).

Use the [Readiness Questionnaire](#) to evaluate your facility's readiness to undertake malnutrition quality improvement and initial steps to prepare for your project.

Assemble Your Team: Recommended Roles and Responsibilities for Your Core Team

Member	Role	Suggestions	Est Time
Executive Sponsor	Hospital Leader to champion the effort from a leadership perspective, works to maintain executive leadership buy-in	Recommend Executive Sponsor and Project Champion establish regular meetings (i.e., monthly) to receive progress updates	30 mins. per month to review progress and approach
Project Champion	<i>Dietitian</i> who generates support and buy-in for project by all relevant parties. Leads day-to-day efforts for this initiative. Develops processes for this project at site and spreads enthusiasm across hospital about the effort. Attends all educational webinars, participates in discussion boards and leads Toolkit implementation (e.g., leads clinician training). A nurse and/or physician may serve as a Co-champion.	Recommend Project Champion establish a team of champions (see next slide) and lead weekly “huddles” throughout this effort to discuss barriers and next steps. It might be useful to hold meetings twice a week.	10 - 15 hours per month (depends on QI focus and resources)
IT/Informatics Representative	Assist with collecting and analyzing data elements required for eCQMs, length-of-stay, readmissions, and any other necessary data	Recommend maintaining regular communications with the Project Champion to ensure timely transmission of data	~40 hours total to build eCQM report

Assemble Your Team: Value of Including Champions for Each Role in the Care Team

Recommended	Value-Add	Est Time
Dietitian Champion	<p>If the Project Champion is not a dietitian, we recommend engaging a dietitian leader who will champion this effort across dietitians and make sure targeted QI changes are adopted.</p> <p>It is also ideal to include a dietitian staff member on the team in addition to the dietitian project champion</p>	4 – 8 hours per month (Depends on QI focus)
Nurse Champion	<p>Nurses are the first line of defense to identify malnourished patients. They also play a critical role in implementing interventions and discharge planning. It can be useful to have a nurse champion the value of this effort across nursing staff and make sure their nutrition care responsibilities are implemented effectively.</p>	4 – 8 hours per month (Depends on QI focus)
Physician Champion	<p>Physicians play a critical role in implementing interventions, particularly when establishing a diagnosis and support optimal care coordination amongst members of the care team. We recommend securing support from a physician leader who will champion this effort and make sure targeted QI changes are adopted.</p>	4 – 8 hours per month (Depends on QI focus)

Assemble Your Team: Suggested Additional Team Member

Recommended	Value-Add	Est Time
Quality Improvement Team Representative	A representative from your institution's Quality Improvement Department/Committee should be identified to serve as a liaison responsible for the identification of existing quality improvement tools and resources within your institution to support implementation.	1 hour a month to attend huddles

Understand the Process for Malnutrition Quality Improvement

Engage Your Project Team and Secure their Commitment

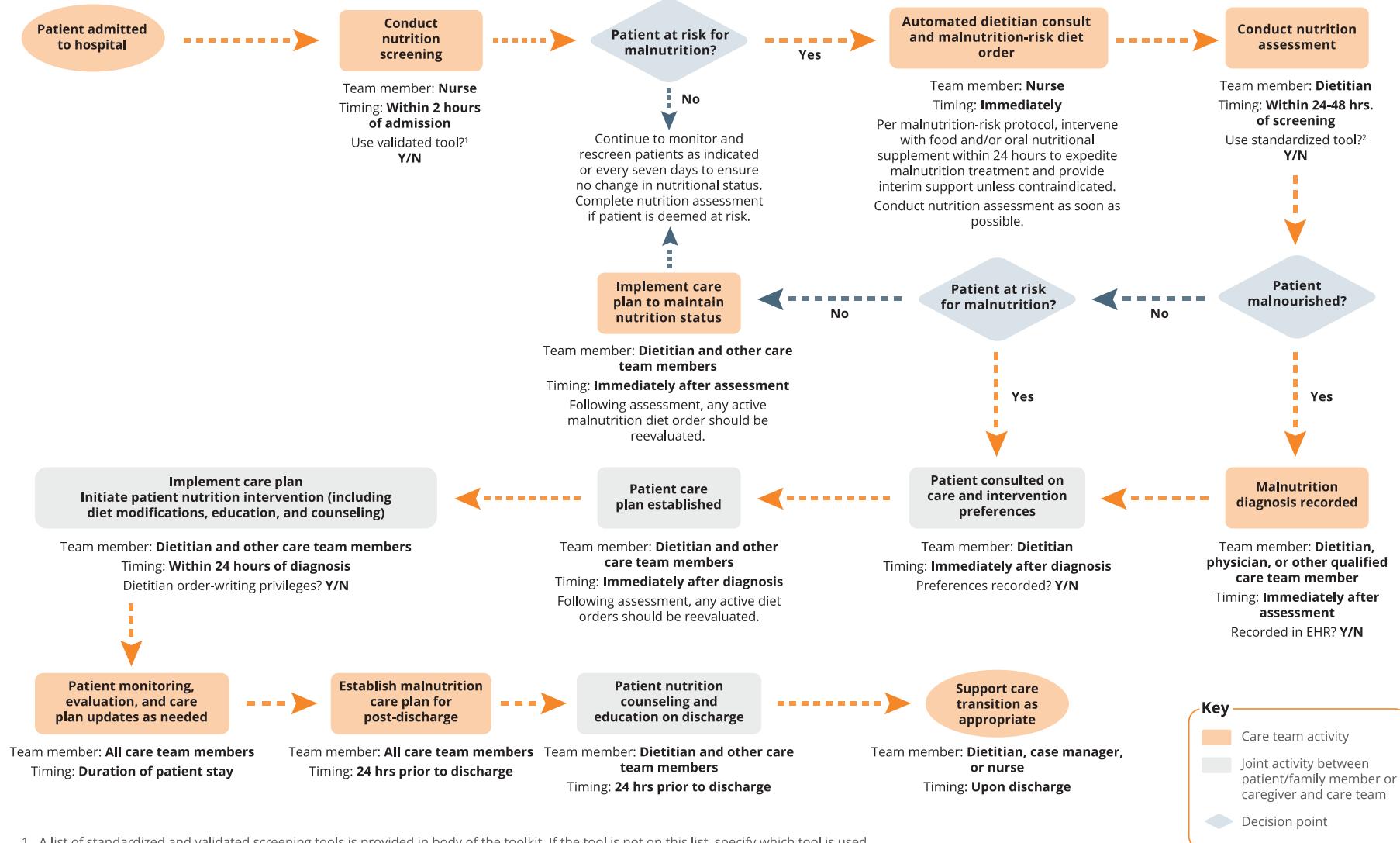
Identify and Map Your Workflow and Compare to Recommended Best Practices

Complete the Assessment and Decision Tool

Use the Output to Select your QI Focus and Intervention

Plan Your Implementation and Introduce the Changes

Map Your Clinical Workflow



1. A list of standardized and validated screening tools is provided in body of the toolkit. If the tool is not on this list, specify which tool is used.

2. A list of standardized and validated assessment tools is provided in body of the toolkit. If the tool is not on this list, specify which tool is used.

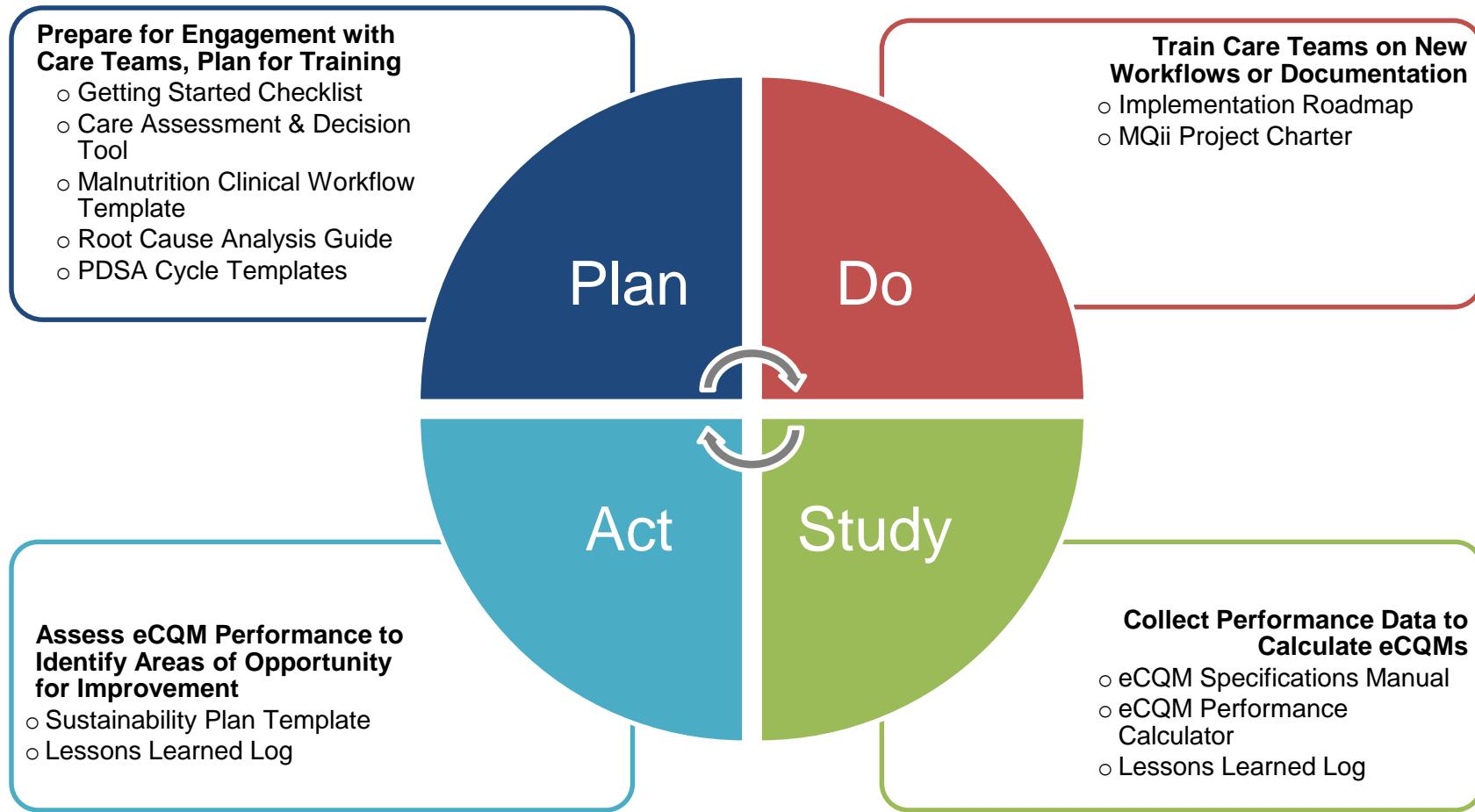
Select Your Malnutrition QI Intervention

Use the [Care Assessment and Decision Tool](#) to consider where opportunities for improvement exist, based on the results of your clinical workflow mapping

Answer the questions below regarding malnutrition risk screening practices at your hospital:	Yes	No
1. Does a member of your care team (e.g., nurse or diet tech) perform a malnutrition risk screening for all patients ages 65+ admitted to the hospital?	<input type="checkbox"/>	<input type="checkbox"/>
a. Does a member of your care team (e.g., nurse or diet tech) perform a malnutrition risk screening for all patients ages 65+ within 24 hours of admission?	<input type="checkbox"/>	<input type="checkbox"/>
b. Is the malnutrition risk screening tool in use at your facility a validated screening tool?	<input type="checkbox"/>	<input type="checkbox"/>
i. If no, does your current tool produce reliable results (i.e., if administered by different clinicians, does it produce the same result)?	<input type="checkbox"/>	<input type="checkbox"/>
ii. If no, does your current tool produce valid results (i.e., do subsequent nutrition assessments typically confirm the malnutrition risk screening results)?	<input type="checkbox"/>	<input type="checkbox"/>
 If you answered “no” to any of the questions above, this may represent an opportunity or area for malnutrition quality improvement in your hospital.		

You can also use the electronic clinical quality measures (eCQMs) to collect baseline data on your care processes and identify existing gaps in care delivery.

Using a PDSA Approach to QI Allows You to Pursue Improvements with Guidance from eCQM Data



Each tool includes guidance on how and when your team is recommended to use it to support QI decision-making and/or your QI implementation approach

MQii Tools To Support Participants' QI Initiatives (1/2)

PROJECT MANAGEMENT TOOLS IN THE PLAN & DO STEPS OF THE PDSA CYCLE FOCUS ON SETTING UP YOUR QI INITIATIVE AND PROJECT TEAM

Each tool includes guidance on how and when it can be used to support you with managing your QI intervention

Getting Started Checklist

Outlines critical steps for beginning a malnutrition QI project

Malnutrition Clinical Workflow Template

Allows you to map your current workflow and compare it to the recommended best practice workflow

Care Assessment & Decision Tool

Guides your team's understanding of the current state of malnutrition care

Implementation Roadmap

Recommends actions for your implementation period, including expected outcomes and suggested timing

Root Cause Analysis Guide

This will facilitate and allow you and your team to drill down to the root cause and find optimal solutions

PDSA Cycle Templates

After you assess your progress the PDSA cycle will help you prepare and take any next steps

MQii Project Charter*

Planning tool to be completed with your team as you work through the Implementation Roadmap

“Plan” Resources

“Do” Resources



QI: Quality Improvement

*Tools referenced can be found on the MQii website at: <http://www.MQii.Today>

MQii Tools To Support Participants' QI Initiatives

PROJECT MANAGEMENT TOOLS IN THE STUDY & ACT STEPS OF THE PDSA CYCLE FOCUS ON IMPLEMENTATION, COLLECTING AND ANALYZING DATA

Each tool includes guidance on how and when it can be used to support you with managing your QI intervention

eCQM Specifications Manual

Provides you with guidance for how to implement the four malnutrition eCQMs

Lessons Learned Log*

Provides a template for documenting the lessons learned over the course of your QI implementation

Sustainability Plan Template *

Guides you with development of a plan for short- and long-term strategies for sustaining improvements

eCQM Performance Calculator*

Allows you to use your extracted EHR data to calculate your hospital's eCQM performance

Lessons Learned Log*

Allows you to use those lessons logged during implementation to extract insights and identify potential modifications that may be made to your project

“Study” Resources

“Act” Resources



QI: Quality Improvement

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Data Collection Will be Critical to Implementation

Engage Your IT Team and Secure their Commitment

Identify and Map Data Elements & Build eCQM report

Run Report and Evaluate Performance

Use the Report to Measure Progress

Refine the Report as Needed to Align with Your MQii Goals