

# Plan Your Initiative



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.

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## Section Takeaways

Following your completion of this section, you will know how to:

- Prepare to engage key individuals to build internal support for the project
- Build your Project Team
- Build your Care Team

### Assess Your Readiness to Implement the MQii

Before getting started, see how ready you are to begin or take on a QI initiative by taking this [MQii Readiness Questionnaire](#).

For individuals or teams with less familiarity with or direct experience implementing clinical quality improvement initiatives, please review the primer in Appendix 2 titled the [MQii Principles and Models of Quality Improvement](#). Additionally, it may be beneficial to review some of the online quality improvement resources listed below:

- [American Society for Quality \(ASQ\) Quality Tools A to Z](#) (Resources and templates for data collection, statistics, and reporting for quality improvement)<sup>[11]</sup>
- [HRSA Quality Improvement \(QI\) Resources](#) (Including the Importance of QI, Establishing an Organizational Foundation for QI, QI Programs: The Improvement Journey, Supporting the QI Program: Keep the Momentum Going)<sup>[12]</sup>
- [Institute for Healthcare Improvement Flowchart Resources](#)<sup>[13]</sup>
- [Ways to Approach the Quality Improvement Process Improve](#)<sup>[14]</sup>
- [CMS Toolkit for Making Written Material Clear and Effective](#) (Health literacy resource to ensure readable and usable materials)<sup>[15]</sup>

### Build Internal Support

Prior to implementing the MQii at your hospital, as with any quality improvement initiative, **be sure that there is institutional alignment with the goals, processes, and resource allocation necessary to properly implement the initiative.** Institutional support—from your executive staff, administrative staff, and clinician leaders—is essential for ensuring effective implementation and that resources are available to support the initiative. Key talking points and sample letter templates are available on the [MQii Tools and Resources](#) page that can be used to reach out to stakeholders (e.g. key leadership, administrative staff, patients and family caregivers, and others) to inform them of their role in this initiative.

For information on resources to build awareness and support within your facility, refer to information in [Spread the Word and Raise Awareness of the MQii at Your Organization](#) within the “Why Implement the MQii in Your Facility” section of this MQii Toolkit (“the Toolkit”).

Key management activities that need to occur prior to project implementation and to ensure institutional alignment include:

- Identify a Project Champion (or Champions)<sup>iv</sup>
- Secure support from senior executive leadership
- Identify Project Team members and define roles and responsibilities
- Identify the project focus (i.e., the clinical improvement activity to be implemented)
- Gain approval from executive leadership for resources needed to support implementation

The following section outlines steps for building your various initiative teams.

## Build Your Initiative Teams

With a Project Champion and executive commitment in place for the initiative, the next step is to establish a well-defined, interdisciplinary MQii Project Team and Care Team.

The **MQii Project Team** is responsible for communicating the goals and objectives of the MQii to the Care Team and overseeing general management for achieving those goals. An interdisciplinary team brings different perspectives to what is often a cross-functional problem and helps promote effective resource use. Such a diverse team will help ensure cohesive action and ongoing collaboration in support of the goals and objectives of the initiative. (See [Table 1: MQii Project Team Roles and Responsibilities](#) for descriptions of different roles suggested for the Project Team.)

Your facility can employ a degree of customization with the roles and assigned individuals for the Project Team, as needs vary by organization depending on the existing organizational structure. Not only may your team decide that not all Project Team roles are necessary for implementation, but an individual may take on more than one role.

**Take the time to think of who should be on the Project Team and make a list of anyone you feel is a good candidate to consider. Identify which roles or specific individuals should be required to help make this a successful initiative.** Among the key individuals, it is strongly recommended that a physician champion be identified early on to help garner buy-in from hospital executives and other leadership staff. If available at your facility, you may also consider representation from a Patient Advisory Council to provide a patient perspective. That said, customize your project to the staff and resources that are available to support your efforts; you can start with a smaller team and grow it as your project gains momentum and visibility.

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<sup>iv</sup> The Project Champion leads day-to-day efforts for this initiative, including developing project management processes, spreading enthusiasm across the hospital for this project, reviewing all educational webinars, attending expert webinars, and spearheading project implementation (e.g., leads clinician training). If you are the individual leading this effort at your organization, you are likely the Project Champion.

**Table 1: MQii Project Team Roles and Responsibilities**

Project Team Role	Recommended Individual	Responsibilities	Estimated Time <sup>v</sup>
<b>Executive Sponsor</b>	Senior executive hospital leader (e.g., Chief Medical Officer, Chief Quality Officer)	Hospital Leader to champion the effort from a leadership perspective, and works to maintain executive leadership buy-in. A representative from the hospital's C-Suite is highly recommended.	~1 hour per month to review progress and approach
<b>Project Champion / Lead(s)</b>	Team leader (i.e., clinical leader or quality improvement director and different from the clinician "Champion")	Leads day-to-day efforts for this initiative. Develops project management processes and spreads enthusiasm across the hospital for this project. Reviews all educational webinars, attends expert webinars, participates in discussion boards and leads project implementation (e.g., leads clinician training).	10 - 15 hours per month (depends on QI focus and resources)
<b>Dietitian Champion</b>	Dietitian	If the Project Champion is not a dietitian, we recommend securing buy-in from a dietitian leader (CNM or Director) who will champion this effort in the nutrition department and make sure targeted QI changes are adopted. If the Project Champion is a dietitian, this role would overlap.	4 – 6 hours per month (Depends on QI focus) or refer to Project Champion if dietitian is project champion
<b>Nurse Champion</b>	Nurse (includes NP, CRNP, and other nurse-level professionals)	Nurses are the first line of defense to identify malnourished patients. They also play a critical role in implementing interventions and discharge planning. Having a nurse champion involved can facilitate training and education of nursing staff to make sure their nutrition care responsibilities are implemented effectively.	3 – 4 hours per month (Depends on QI focus)
<b>Physician Champion</b>	Physician	Clinician who generates support and buy-in for the project by all relevant parties and can communicate to other physicians in the hospital. Steps in when needed to move the project forward. Physician Champion should meet at least monthly with the Project Champion to provide input and update communication to physicians.	2 - 3 hours per month
<b>IT Developer and/ or Report Analyst*</b>	Informatics team member/ Data analytics representative	Assists with extraction of data elements required for eQMs, length-of-stay, readmissions, as well as any other necessary data.	40 hours total on average
<b>Patient Advocate / Patient Representation</b>	Individual from the hospital's Patient and Family Advisory Council (if available)	Although this may take slightly different forms across different health systems, the role of the patient voice is pivotal to the success of quality improvement. A patient's perspective may add essential insights about their experiences within the healthcare system that can inform the direction of a particular project.	Dependent on frequency of project team or steering committee meetings

<sup>v</sup> Note that these are *estimates*, and the actual time commitment may vary based on factors, such as the team structure and size or data collection needs.

The **MQii Care Team** consists of the providers who will be responsible for direct patient care within the units implementing the initiative. Care Team members may not necessarily serve on the Project Team and its composition will differ between units. Care Team members who will likely play a role on both the Care Team and Project Team are the “champions” or Care Team leaders for each staff role on the team (e.g., physician, nurse, or dietitian champions).

To the extent possible, MQii Care Teams should consist of interdisciplinary clinicians and include patient and family caregivers. Patient and family caregivers are considered integral members of the Care Team and there are ample opportunities for them to play a role in effectively implementing the clinical work flow. [Table 2: MQii Care Team Roles and Responsibilities](#) outlines the roles and responsibilities that should be applied to specific members of the MQii Care Team, highlighting best practices identified in the literature. For organizations that do not employ the staff listed, the roles and responsibilities should be appropriately assigned to other staff on the Care Team. Given the varying availability of hospital Care Team resources, Care Teams must be flexible in their team structure and approach.

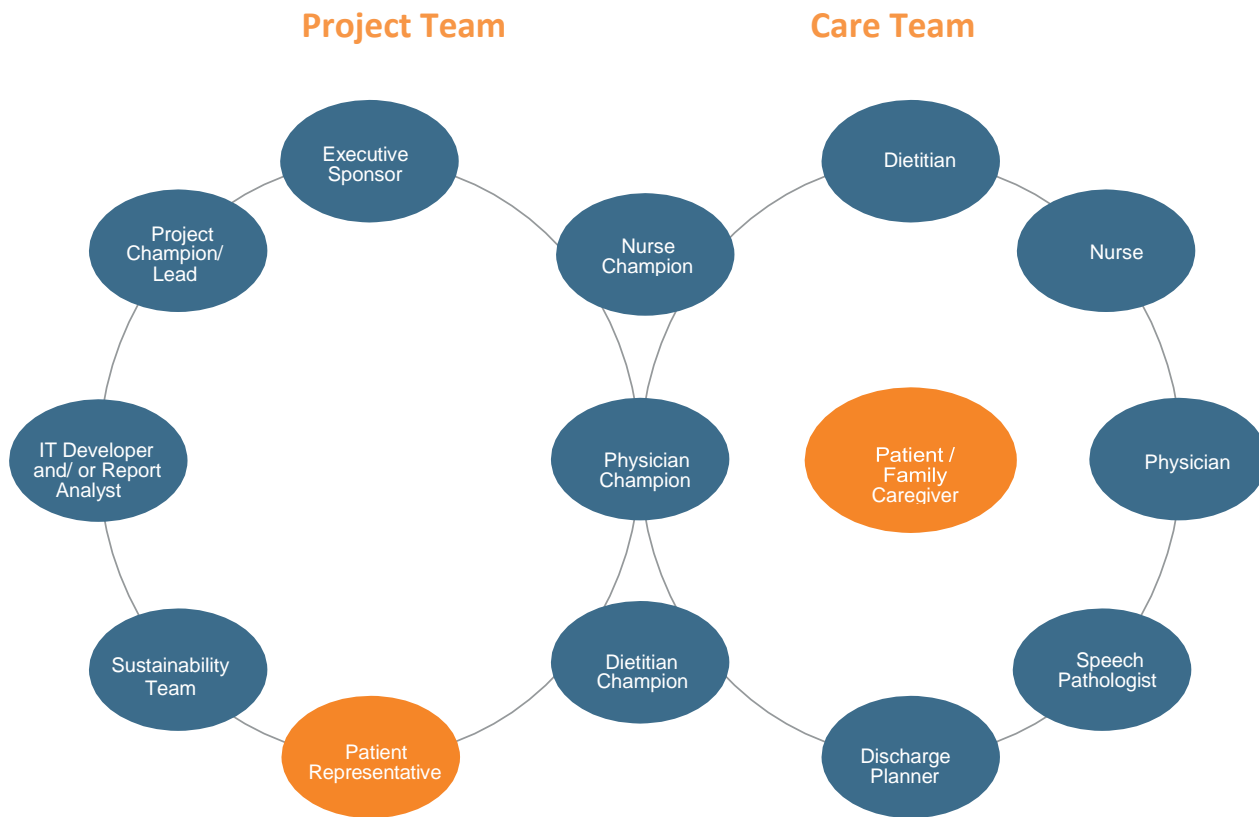
**Just as you did for the Project Team, take the time to think of who should be on the Care Team and make a list of anyone you feel is a good candidate to consider. Identify which specific individuals should be required to help make this a successful initiative.**

## Table 2: MQii Care Team Roles and Responsibilities

### Care Team Role Roles & Responsibilities

<b>Physician<sup>[16]</sup></b>	<ul style="list-style-type: none"> <li>• Incorporate malnutrition care into systematic care processes</li> <li>• Check medical record for initial malnutrition screening of admitted patients</li> <li>• Support hospital procedures that provide an interim nutrition intervention in accordance with the patient's care plan for patients identified as malnourished or "at risk"</li> <li>• Ensure malnutrition diagnosis is included as a patient complication in coding</li> <li>• Ensure malnutrition care plan is documented or updated in patient's medical record</li> <li>• Include malnutrition care plan considerations in daily patient monitoring and status assessment</li> <li>• Ensure malnutrition follow-up care is included in discharge planning</li> <li>• Engage with patients/family caregivers around malnutrition status and goals</li> </ul>
<b>Dietitian<sup>[17]</sup></b>	<ul style="list-style-type: none"> <li>• Ensure hospital procedures that support an interim nutrition intervention in accordance with the patient's care plan in patients identified as malnourished or "at risk"</li> <li>• Conduct nutrition assessment, recommend diagnosis, and record recommended malnutrition diagnosis in the patient medical record</li> <li>• Develop and implement interdisciplinary malnutrition care plan (including nutrition intervention) to address malnutrition diagnosis</li> <li>• Document malnutrition care plan to address malnutrition diagnosis in the patient record</li> <li>• Update documentation of changes to the malnutrition care plan, as needed</li> <li>• Provide interdisciplinary Care Team with direction around therapy options to support implementation of nutrition intervention</li> <li>• Help interdisciplinary Care Team establish patient monitoring processes and track key patient outcome measures to evaluate effectiveness of the nutrition intervention</li> <li>• Contribute malnutrition expertise and engage other team members on progress made</li> <li>• Participate in interdisciplinary hospital rounds</li> <li>• Ensure patient/family caregiver understanding of malnutrition care and education plan during hospitalization and upon discharge, including consideration of follow-up appointments, use of community nutrition services, and communication with primary care provider</li> <li>• Document nutrition interventions' impact on patient outcomes for hospital Quality Committee</li> </ul>
<b>Nurse<sup>[18]</sup> (includes NP, CRNP, and other nurse-level professionals)</b>	<ul style="list-style-type: none"> <li>• Provide malnutrition screening of all patients age 65+ years within 24 hours of admittance</li> <li>• Communicate and document screening results in the paper or electronic medical record</li> <li>• Rescreen patients at high risk for malnutrition due to chronic conditions (e.g., stroke, COPD, diabetes, and certain cancers) every 72 hours and communicate changes in clinical status</li> <li>• Malnutrition screening should be added to the protocols for select primary diagnoses if it does not already exist in current hospital procedures</li> <li>• Implement the malnutrition care plan in collaboration with other Care Team members</li> <li>• For patients determined to be at risk for malnutrition during screening, issue a nutrition intervention (such as dietitian consult and malnutrition-risk diet orders)</li> <li>• Monitor nutrition intervention implementation and communicate patient status to attending physician, dietitian, and other Care Team members as necessary</li> <li>• Work with the Care Team to develop a comprehensive discharge malnutrition care and education plan</li> <li>• Reinforce importance of malnutrition care and follow-up post discharge to patient/caregiver</li> </ul>
<b>Patient or Family Caregiver</b>	<ul style="list-style-type: none"> <li>• Engage with providers around causes for diagnosis</li> <li>• Ensure understanding of inpatient treatment and any treatment for the post-discharge setting</li> <li>• Obtain a completed discharge plan at time of discharge for any outpatient treatment</li> <li>• Be an active participant in communicating patient preferences and scheduling follow-up care</li> <li>• Offer suggestions and solutions to address root cause of malnutrition</li> <li>• Be an active participant in care, communication preferences around the malnutrition care plan and accounting for progress whenever possible</li> </ul>

**Figure 3** shows how the MQii Project Team and the Care Team may overlap with one another. As you reach out to staff to fill these roles, you may want to refer to the [Implementation Training Presentation](#). These slides can help you share the outlined expectations with the identified team members and help clarify their role on the teams and involvement in this initiative.



**Figure 3: Example of Project Team and Care Team Overlapping Relationship**

Note: This figure is illustrative only. Project and Care Teams may include more members, fewer members responsible for multiple roles, or have varying overlap among team roles.

● Hospital Staff  
● Non-Hospital Staff

Once the MQii Project Team has been established, the Project Manager should convene a kick-off meeting. This meeting will be used to:

1. Introduce the team members to each other
2. Review and explain the MQii
3. Describe each person's role and expectations for participation in the initiative
4. Establish ground rules to promote communication and collaboration among team members

In addition to clearly assigning and communicating the roles and responsibilities to all team members, project timelines should also be firmly established. To facilitate timely implementation and review of performance toward MQii goals, the Project Manager (or supporting team member) should schedule regular team meetings (bi-weekly, or monthly) for Project and select Care Team members to attend. Creating agendas in advance of each meeting will help direct the topics for discussion and review. A [sample meeting agenda](#) is provided at [www.MQii.today](http://www.MQii.today).

**Please note:** During your implementation phase, you are encouraged to establish and identify a few Project and/or Care Team members to serve on a Sustainability Team. These individuals do not need to be Project Champions or leads, but can instead be individuals who understand the value of malnutrition quality improvement and are actively engaged in your project. The Sustainability Team will work together to ensure improvement efforts (and any progress achieved) are sustained once implemented. See the [Keep It Going](#) section for additional information on the Sustainability Team and sustaining your gains

In addition to the Care Team members listed in [Table 2](#), other healthcare professionals may play an important role on the team when patient needs require their services. The following list includes additional medical and non-medical staff members who can play a role on the Care Team depending on the hospital's organizational structure and the patient's unique needs:

- Pharmacists
- Physician assistants
- Social workers
- Case managers
- Discharge planners
- Speech pathologists
- Wound care providers
- Hospital administrators
- Therapists

## Additional Resources

It may also help to familiarize all your team members with key aspects of malnutrition care that should be expected of individual Care Team members. The online resources linked below (from the Alliance to Advance Patient Nutrition) highlight this specific information:

- [Role of the Dietitian](#)<sup>[17]</sup>
- [Role of the Physician](#)<sup>[16]</sup>
- [Role of the Nurse](#)<sup>[18]</sup>
- [Role of the Hospital Administrator](#)<sup>[19]</sup>