

MQii Learning Collaborative Implementation Roadmap

OBJECTIVE

The following Implementation Roadmap is a guide intended to support your identification and implementation of a malnutrition quality improvement project at your facility. Please note that none of the included recommendations is mandatory. This document is intentionally open-ended so that you can customize recommendations to suit the needs of your individual site and maximize your opportunity for a successful project.

INTENDED USERS

The project champion will be the primary user of the Implementation Roadmap. However, throughout the document, there are numerous activities for which it is suggested the project team, QI department, or IT department be consulted or play an active role. This will depend on the availability of your team and should be customized as appropriate.

DOCUMENT CONTENTS

The Roadmap presents the following aims:

Pre-Implementation

- Select Your QI Focus
- Select Your QI Intervention
- Establish Monitoring Strategy

Implementation

- Implement Your Intervention

Post-Implementation

- Sustain Your QI Progress

For each identified aim, the following guidance is provided:



SUPPORT DOCUMENTS

QI Implementation Charter: An administrative planning document designed to capture the components of your intervention. The Implementation Roadmap aligns with the Charter and will help you think through each of the components. It is recommended that you document final decisions in the Charter as you work through the Roadmap.

Onboarding Checklist: A guidance document walking you through key administrative steps required to gain approval from your facility and to position you to execute this initiative

- [Getting Started with General MQii Participation](#)

Pre-Implementation Recommended Activities

Select your Quality Improvement Focus, Intervention, and Quality Indicators

Aim: Select your Quality Improvement Focus

Your QI Focus is the area of the malnutrition workflow in which you will focus your improvement. This may include any of the following areas:

- Screening
- Assessment
- Diagnosis
- Care plan development
- Intervention implementation
- Discharge planning

Recommended Action	Expected Outcome	Resources or Tools	Timing
<ol style="list-style-type: none"> 1. Convene project team members 2. Create a workflow map of existing care practices to address malnutrition among older admitted adults 3. Compare your current workflow processes to recommended care practices to identify where improvement efforts would be most beneficial 4. If available, use your hospital data and any reports to inform what you select as your QI Focus 5. Select your QI Focus and add to your QI Implementation Project Charter document 	<p>QI Focus is selected</p> <p><i>Note: the level of detail for your QI Focus will depend on your preference</i></p> <p>Examples:</p> <ol style="list-style-type: none"> 1. Simplified QI Focus: Assessment 2. Detailed QI Focus: Improve the timeliness the recommended intervention reaches the patient to within 8 hours of assessment findings by September 29th (<i>greater detail</i>) 	<ul style="list-style-type: none"> • MQii QI Implementation and Project Charter Template • MQii meeting agenda template • Available data you have to identify gaps or areas you may want to improve • Malnutrition Care Clinical Flowchart and Template • MQii Care Assessment and Decision Tool • Recordings from "Mapping your Workflow" and "Data and Quality Improvement Implementation" webinars • Root Cause Analysis Template • MQii Toolkit Tools and Resources 	<p>This activity begins following project approval, or as soon as you are ready to begin your project</p>

Pre-Implementation Recommended Activities

Select your Quality Improvement Focus, Intervention, and Quality Indicators

Aim: Select your Quality Improvement Intervention

Your QI Intervention is the strategy to bring about desired change

Action	Expected Outcome	Resources and Tools	Timing
<ol style="list-style-type: none"> 1. Reconvene project team to determine your QI intervention. Examples include, but are not limited to: <ol style="list-style-type: none"> a. Modify your EHR (e.g., automate referral of patients at risk of malnutrition to a dietitian) b. Change a process (e.g., decrease time from screening to assessment) c. Change documentation (e.g., utilize a standardized nutrition assessment template) d. Implement education modules (e.g., educate staff on burden of malnutrition and the recommended clinical workflow) e. Change facility policies (e.g., seek order writing privileges for dietitians, if state permits) f. Modify patient hand-off and discharge procedures (e.g., add nutrition orders to discharge instructions) 2. Identify intervention start and end date 3. Determine internal actions and next steps for implementation 	<p>QI intervention is selected, and a plan is established for implementation, including consideration of necessary resources, rollout schedule, timing for necessary internal meetings, etc.</p>	<ul style="list-style-type: none"> • Recording from "Data and Quality Improvement" webinar • MQii Toolkit "Implementation Guide" section, including downloadable customizable training presentations on page 52 • MQii Tools and Resources 	<ul style="list-style-type: none"> • Following the selection of your QI Focus, immediately begin to identify what your QI intervention will be and how you will accomplish your goals • Schedule regular meetings with your MQii project team (weekly if possible) and determine your overarching intervention timeline, including start and end dates, as well as timing for potential milestones • Your timeline will be dependent on your selected intervention

Pre-Implementation Recommended Activities

Select your Quality Improvement Focus, Intervention, and Quality Indicators

Aim: Establish Monitoring Strategy

Metrics are how your team will determine how your intervention is progressing and if you are accomplishing the desired changes. This may include data used to inform eCQM reporting, indicators either developed by your team (along with your QI department) or referenced from the MQii Toolkit, or non-patient level data.

Action	Expected Outcome	Resources and Tools	Timing
<ol style="list-style-type: none"> 1. Reconvene project team 2. Engage your QI department to determine what should be measured to assess implementation progress and what data would be required 3. Determine whether data can be captured using existing tools or if data needs to be captured de novo <ol style="list-style-type: none"> a. Existing tools may include administrative claims and/or EHR data <ol style="list-style-type: none"> i. If your QI Intervention aligns with data, you may consider using the data transmission report prepared for the MQii Team internally to assess your progress b. For interventions requiring monitoring using non-patient level data and quality indicators not using eCQM data elements, de novo data collection may be necessary 4. Establish a timeline for review of identified metrics to assess progress 	<p>An intervention monitoring strategy, including identification of metrics of interest, necessary data, a data collection process, and a timeline for data review, is established</p>	<ul style="list-style-type: none"> • MQii Toolkit “Plan for Data Collection” section • MQii eCQMs and Quality Indicators Overview Presentation • MQii eCQMs Specifications Manual • Internally generated reports • MQii Toolkit “Begin Implementation” section, including downloadable, customizable training presentations • MQii Data Management Guide • MQii Knowledge Attainment Test • MQii Toolkit Tools and Resources 	<ul style="list-style-type: none"> • Following the selection of your QI intervention, you will begin determining your QI Indicators <ul style="list-style-type: none"> ○ Optimal timing is at least two weeks prior to the pre-established intervention start date • QI is a continuous and iterative process. As a best practice, it is recommended that project teams continuously assess improvement throughout implementation, as IT resources will allow

Implementation Recommended Activities

Launch your intervention

Aim: Implement Intervention

Begin implementing your intervention at the designated start date, referring to the processes and details identified with your Project Team during pre-implementation

Action	Expected Outcome	Resources and Tools	Timing
<ol style="list-style-type: none"> 1. Educate your team regarding the components of the intervention <ol style="list-style-type: none"> a. Training materials should be developed and ready to use at the time of implementation 2. Launch your intervention in alignment with the previously identified intervention start date (roll out to floors, units, or departments in a way that makes sense for your hospital) 3. Track and monitor your process and your progress in alignment with the previously established monitoring plan 4. Adjust your intervention, as necessary 	<p>The desired intervention will be rolled out and the change will begin</p>	<ul style="list-style-type: none"> • PDSA cycle templates • Rapid Cycle Quality Improvement Framework • MQii Implementation Training • MQii Toolkit Tools and Resources 	<ul style="list-style-type: none"> • This depends upon your intervention and your organization's needs, available resources, desires for change, and ability to make the desired improvements. Achieving the quality improvement across the entire organization will take time and steadfastness • Ideally, implementation of your intervention will include a schedule for kickoff, monitoring of data and progress, and a date to have your improvement fully rolled out

Post-Implementation Recommended Activities

Consider sustainability and areas of refinement

Aim: Sustain your QI progress

Successful QI requires a plan to ensure gains continue to be realized and scalability is considered once initial implementation and testing of the initiative have concluded. Where QI is less successful, data can support the refinement of the intervention approach with the objective of realizing desired change.

Action	Expected Outcome	Resources and Tools	Timing
<ol style="list-style-type: none"> 1. Establish a sustainability team to champion your intervention beyond the implementation period and the original department/unit <ol style="list-style-type: none"> a. This may include members of your project team b. It is recommended that this team include an individual from your QI Department or someone with experience sustaining QI efforts 2. At the previously identified end date, review progress made on metrics included in the monitoring strategy 3. Celebrate successes and “quick wins” to maintain momentum across the project team, garner interest from other staff, and support buy-in for the next improvement cycle 4. Develop a sustainability plan 5. Disseminate QI intervention across other units, departments, or hospitals, incorporating lessons learned from initial implementation and testing 6. Where there are still opportunities for improvement within your identified QI Focus Area, consider refinement of your intervention approach <ol style="list-style-type: none"> a. Identify feasible changes that can be implemented immediately versus those that should be incorporated into a future improvement cycle 7. Consider additional areas of the recommended clinical workflow to target for quality improvement based on baseline data result or areas not previously prioritized following initial workflow mapping 	<p>A plan for continuing or refining your intervention moving forward beyond the established implementation testing period is established</p>	<ul style="list-style-type: none"> • PDSA cycle templates • Root Cause Analysis Template • QI Prioritization Template • Sustainability Plan Template • Force Field Analysis • Lessons Learned Log 	<p>It is recommended that a plan for sustainability or refinement be established prior to the conclusion of the implementation period so that execution of the plan and sustaining of momentum can occur immediately. However, this will depend on your intervention, available resources, and facility culture</p>