## **Glossary of Terms**



MALNUTRITION QUALITY IMPROVEMENT INITIATIVE

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## **Glossary of Terms**

**Care Team** The clinicians and providers who will be responsible for the direct patient care within the hospital implementing the MQii.

**Clinical Practice Variability** The extent to which clinical practitioners' behavior departs from established, evidence-based practices that represent timely and effective care. (For this project, the MQii Toolkit ("the Toolkit") reduces clinical practice variability to the extent that it facilitates greater alignment with evidence-based recommendations on malnutrition care processes and timing.)

**Data Tools/Sources**<sup>[1]</sup> Mechanisms that support data collection and provide information regarding patient care throughout the clinical workflow. Data sources may or may not be applicable depending on the stage in the clinical workflow. Examples of where this type of information may come from include:

- Validated screening tools such as the Malnutrition Screening Tool (MST)<sup>[21]</sup>
- Modified versions of validated tools
- Screening tools developed internally that are appropriate to the hospital's patient population
- Medical or health records
- Physician referral form
- Standardized nutrition assessment tools such as the Subjective Global Assessment (SGA)
- Patient/family caregiver interviews
- · Community-based surveys and focus groups
- Statistical reports and epidemiologic studies
- Relevant clinical guidelines
- Current literature evidence base
- Results from documented quality improvement initiatives
- · Reminder and communications tools embedded within electronic health records
- Patient self-monitoring data
- Anthropometric measures
- Biochemical data and medical tests
- Remote follow-up, including telephone and electronic health record messaging systems
- Patient and family caregiver surveys

**Driver Diagram**<sup>[49]</sup> A visual tool that helps translate the goals of an improvement project. They provide a way of systematically laying out aspects of an improvement project so that they can be discussed and agreed upon, providing a framework for monitoring progress toward project goals.

**Malnutrition**<sup>[3]</sup> Most simply defined as the inadequate intake of protein and/or energy over prolonged periods of time resulting in loss of fat stores and/or muscle wasting including starvation-related malnutrition, chronic disease-related malnutrition and acute disease or injury-related malnutrition.

**Malnutrition Care Plan**<sup>[1]</sup> The development of a document outlining comprehensive planned actions with the intention of impacting malnutrition-related factors affecting patient health status.

**Malnutrition Diagnosis**<sup>[1]</sup> The identification of and labeling of a patient's malnutrition problem that requires independent treatment that may be unrelated to the patient's index hospital admission.



**Malnutrition-Risk Diet Order** An interim diet order that is initiated for patients identified as at risk based on malnutrition screening upon admission and pending a Dietitian consult and nutrition assessment. Various diet orders utilized by facilities for patients at malnutrition-risk are as follows:

- High-Calorie, High-Protein Nutrition Therapy
- High-Calorie Nutrition Therapy
- Underweight Nutrition Therapy
- Nutrient Dense
- High Nutrient
- Three (3) small meals with snacks high in complex carbohydrates and low in simple sugars (fewer than 10g/serving); small amounts of rehydration solution between meals
- Small portions and frequent feedings of calorie dense foods and drinks containing fat and sugar
- Soft diet with nutritional supplements to meet energy requirements
- The malnutrition-risk diet order should be reevaluated and updated based upon the nutrition assessment.

**Malnutrition Intervention Implementation** The implementation of specific actions to address malnutrition outlined in the care plan.

**Malnutrition Screening**<sup>[20, 21]</sup> The systematic process of identifying an individual who is malnourished or who is at risk for malnutrition to establish whether the patient is in need of a nutrition assessment.

**Monitoring and Evaluation**<sup>[1]</sup> The systematic process to identify the amount of progress made since patient diagnosis and assesses whether outcomes relevant to the malnutrition diagnosis and treatment goals are being met.

**Nutrition Assessment**<sup>[1]</sup> The systematic approach to collect and interpret relevant data from patients, family caregivers, and patient family members to determine a patient's malnutrition severity and establish a malnutrition diagnosis.

**Patient-Centered**<sup>[50]</sup> Healthcare that establishes a partnership among practitioners, patients, and their families (when appropriate) to ensure that decisions respect patients' wants, needs, and preferences and that patients have the education and support they need to make decisions and participate in their own care.

Patient Engagement<sup>[51]</sup> An ongoing process in which patients take an active role in their own health care.

**PDSA** Plan-Do-Study-Act (PDSA) Cycle, a systematic series of steps for gaining valuable learning and knowledge for the continual improvement of a product or process.

**Project Team** An interdisciplinary team responsible for ensuring cohesive action and ongoing collaboration in support of the goals and objectives of the MQii.

**Quality**<sup>[52]</sup> A direct correlation between the level of improved health services and the desired health outcomes of individuals and populations.

**Quality Improvement**<sup>[53]</sup> Systematic activities that are organized and implemented by an organization to monitor, assess, and improve its healthcare with the goal of seeking continuous improvement in the care delivered to the patients the organization serves.

**Quality Indicator**<sup>[54]</sup> "[M]easurable [element] of practice performance for which there is evidence or consensus that it can be used to assess the quality, and hence change in the quality of care provided."

**Quality Measure**<sup>[55]</sup> Tools that help us measure or quantify healthcare processes, outcomes, patient perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality healthcare and/or that relate to one or more quality goals for healthcare.



**Rapid Cycles of Change (or Rapid Improvement Cycles)**<sup>[56]</sup> "A quality improvement method that identifies, implements and measures changes made to improve a process or a system." A commonly used 4-stage strategy for rapid improvement is the Plan-Do-Study-Act (PDSA) Cycle. "The PDSA cycle is shorthand for testing a change—by planning it, implementing it, observing the results, and acting on what is learned. This is the scientific method used for action-oriented learning."

**Shared Decision-Making**<sup>[57]</sup> Is the process of communication, deliberation, and decision making during which:

- One or more clinicians share with the patient information about relevant testing or treatment options, including the severity and probability of potential harms and benefits and alternatives of these options given the specific nature of the patient's situation;
- The patient explores and shares with the clinician(s) his or her preferences regarding these harms, benefits, and potential outcomes; and
- Through an interactive process of reflection and discussion, the clinician(s) and patient reach a mutual decision about the subsequent treatment or testing plan.

