



MALNUTRITION QUALITY
IMPROVEMENT INITIATIVE

MQii Implementation Training

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 Roadmap

- 1** Review of Project Teams and Toolkit Resources
- 2** Understanding the Recommended Clinical Workflow
- 3** Training on Malnutrition Care Intervention
- 4** Next Steps



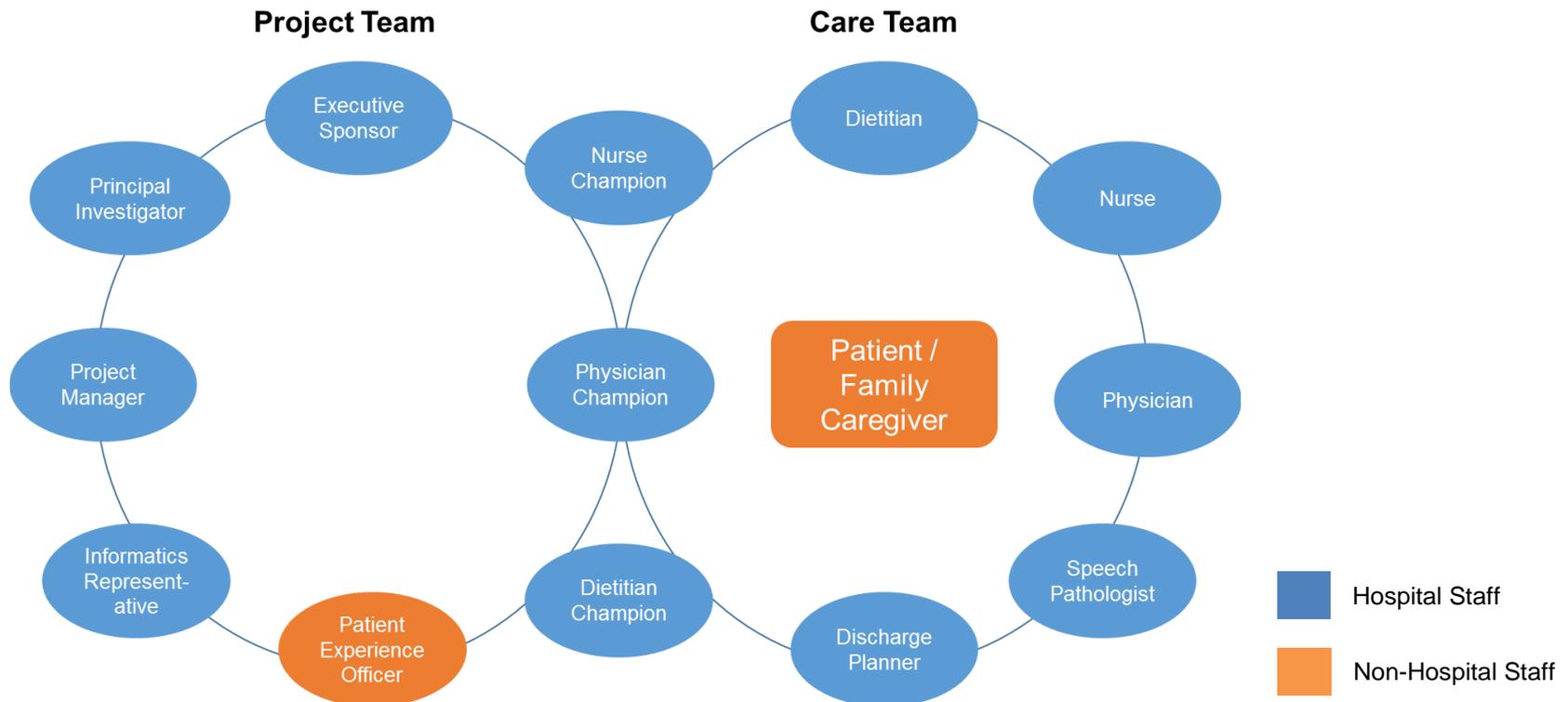
MALNUTRITION QUALITY
IMPROVEMENT INITIATIVE

Review of Project Team Roles and Toolkit Resources

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.

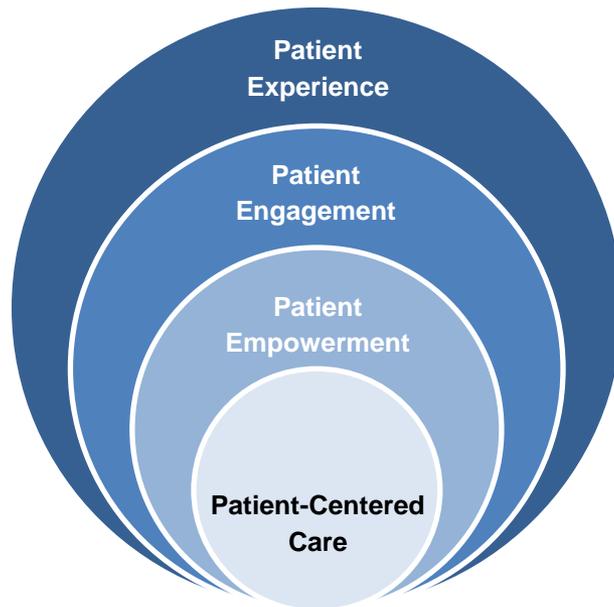
Multidisciplinary Project and Care Teams Are Essential for Effective Implementation of the MQii

- The Project Team consists of demonstration leaders responsible for guiding overall execution of the intervention
- The Care Team is responsible for direct patient care
 - Given the consideration of patient-driven care throughout this demonstration, patients/family caregivers are considered an integral part of the Care Team



Involvement of the Patient/Family Caregiver is an Essential Component of the MQii

THE CONCEPT OF PATIENT-CENTERED CARE IS ONE THAT IS CONTINUOUSLY EVOLVING AS THE ROLE OF THE PATIENT BECOMES INCREASINGLY DEFINED



Examples of patient-driven care deriving from the Toolkit include:

- Patient provides input on food and oral nutritional supplement decisions
- Patient receives education and counseling regarding their conditions
- Patient helps inform discharge planning

Throughout the MQii, patients are expected to be informed participants in their care, helping to drive decision-making as a member of the Care Team.

MQii Toolkit Implementation Will Allow Assessment of Four Primary Research Objectives

Toolkit Implementation Objectives

1

Reduce clinical practice variability related to malnutrition care

2

Provide a feasible and usable malnutrition quality improvement Toolkit that can be easily deployed by a multi-disciplinary care team in an acute setting

3

Improve knowledge of the importance of malnutrition and best practices for optimal malnutrition care delivery

4

Explore clinical outcomes of average length of stay and 30-day all-cause readmissions as surrogates for the cost of care

Care Team Leadership Is Critical for Obtaining MQii Demonstration Results & Inform Research Objectives

Objective #1: Reduce clinical practice variability

Your Role

- 1. Support changes and enhancement to clinical care practices**
 - Support use of recommended clinical workflow for optimal nutrition care by ensuring timely and consistent care of malnutrition care best practices
- 2. Serve as leaders in change management and help care team members meet initiative goals and data collection requirements**
 - Be familiar with eMeasures or quality indicators used and help monitor how care team members track this information
- 3. Ensure that conducted workflow mapping is an accurate reflection of actual current practices**
- 4. Confirm target areas for clinical improvement and methods for implementation**

Care Team Leadership Is Critical for Obtaining MQii Demonstration Results & Inform Research Objectives

Objective #2: Provide a feasible and usable malnutrition quality improvement Toolkit

Your Role

- 1. Support implementation and assessment of the Toolkit**
- 2. Be familiar with toolkit strategies help ensure implementation of recommended care workflow**
- 3. Provide your feedback on implementation of this toolkit or initiative by sharing thoughts on ease of use and relevance for changing care practices**
- 4. Participate in regular team meetings and share information on barriers or challenges and successes of implementation**

Care Team Leadership Is Critical for Obtaining MQii Demonstration Results & Inform Research Objectives

Objective #3: Improve levels of malnutrition

Your Role

1. **Understand importance and impact of malnutrition on patient outcomes and associated costs**
2. **Help educate other care teams of this importance and strategies for improving malnutrition care**
3. **Work with PI to facilitate administration of knowledge attainment test pre- and post- demonstration (if applicable)**
4. **Complete knowledge attainment test pre- and post-demonstration (if applicable)**

Care Team Leadership Is Critical for Obtaining MQii Demonstration Results & Inform Research Objectives

Objective #4: Explore clinical outcomes of average length of stay and 30-day all-cause readmission rates

Your Role

1. **Help oversee care team documentation of accurate clinical care practices**
2. **Help reduce these rates by improving quality of malnutrition care as recommended by toolkit strategies**



MALNUTRITION QUALITY
IMPROVEMENT INITIATIVE

Training Your Care Team on Nutrition Care Intervention

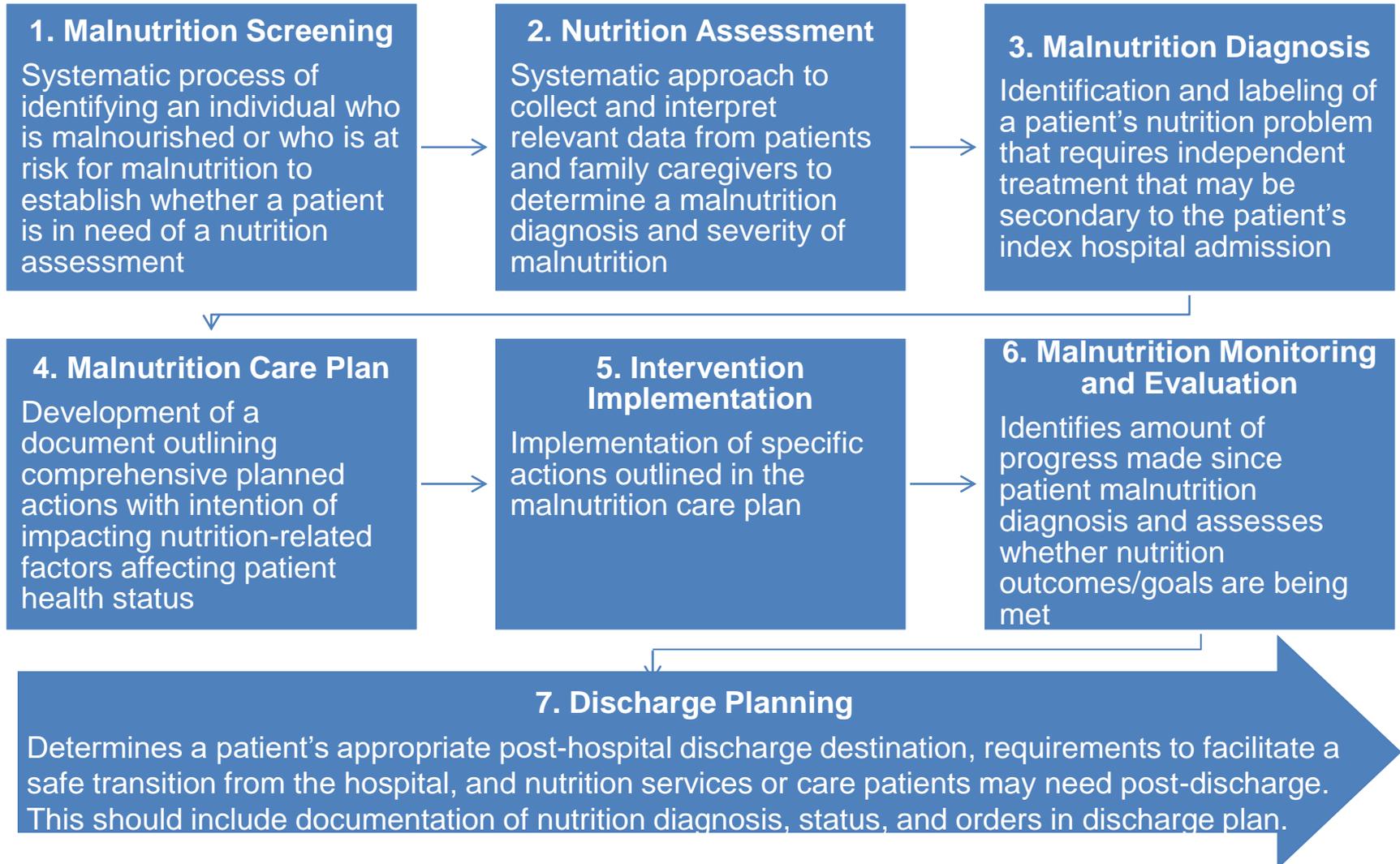
The Malnutrition Quality Improvement Initiative (MQii) is a project of the Academy of Nutrition and Dietetics, Avalere Health, and other stakeholders who provided guidance and expertise through a collaborative partnership. Support provided by Abbott.

Reviewing Existing Workflow Processes Will Help Identify Where Quality Improvement is Most Needed

Your MQii Project Team has completed the following activities and will share results with you to guide MQii implementation:

- **Created a workflow map of existing care practices to address malnutrition among admitted older adults**
- **Compared your Care Team's current workflow processes to recommended care practices in order to identify where improvement efforts would be most beneficial**
- **Identified areas in your facility's nutrition workflow for targeted improvement intervention among your Care Teams**

There Are Seven Key Components in the Recommended MQii Nutrition Care Workflow



Ensuring All Care Members Are Aware of and Trained on Recommended Practice Will Be a Critical Component

The following slides review each step of the recommended care components and highlight key items for successful implementation

Your Trainer will focus on addressing the care components that have been identified for targeted intervention for this MQii demonstration, but please review approaches for other components to understand what comprehensive and recommended malnutrition care looks like

Trainers and trainees can follow along on p. 27–44 of the Toolkit for additional details and suggested best practices

VIDEO: Introduction to the Recommended Clinical Workflow

Alliance Nutrition Care Model and Toolkit
Module 3: Recognize and Diagnose All Patients At Risk of Malnutrition

View the video by clicking on this link:

<http://malnutrition.com/getinvolved/hospitalnutritiontoolkit>

(videos located on the bottom of the web page)

Training for Malnutrition Screening

Conduct Malnutrition Screening

Timing:	Within 24 hours of patient admission
Responsible Care Team Member:	Nurse or qualified care team member
Clinical Data to Collect/Record:*	<ul style="list-style-type: none">• Recent weight loss• Decreased appetite• Height• Weight
Key Steps:	<ul style="list-style-type: none">➤ Score patient to determine risk and document results➤ For at-risk patients, refer immediately for nutrition consult and assessment➤ For patients at risk <i>during screening</i>, expedite nutrition intervention within 24 hrs with food or ONS

Key Decision Point: If the patient is determined to be at risk for malnutrition from either the initial or secondary screening test during hospital stay, a nutrition assessment is needed

Training for Nutrition Assessment

Complete Nutrition Assessment

Timing:	Within 24–48 hours following a screening where patient is determined to be “at risk”
Responsible Care Team Member:	Dietitian
Clinical Data to Collect/Record:	<ul style="list-style-type: none">• Food and nutrition history• Anthropometric measurements• Biochemical data• Physician exam information
Key Steps:	<ul style="list-style-type: none">➤ Review patient information that may impact nutrition or health status➤ Consult with other care team members; Conduct patient/caregiver interviews➤ Compare information to predefined assessment scale

Key Decision Point: If the patient is determined to be “malnourished” providers may need to seek/consider patient or family decisions around malnutrition treatment, particularly for end-of-life care

Training for Malnutrition Diagnosis

Establish Malnutrition Diagnosis

Timing:	Immediately following nutrition assessment
Responsible Care Team Member:	Dietitian or qualified care team member
Clinical Data to Collect/Record:	<ul style="list-style-type: none">• Description of alternations in a patient's status• Malnutrition signs and symptoms• Malnutrition etiology• Patient diagnosis code (confirm in medical record)
Key Steps:	<ul style="list-style-type: none">➤ Record diagnosis➤ Establish possible causes from nutrition assessment; Consider conditions unique to patient➤ Communicate diagnosis to patient/caregiver and address their immediate questions

Key Decision Point: Continuation of malnutrition care should only proceed if the provider identifies a malnutrition-related diagnosis and if it is in alignment with patient/family wishes, particularly for end-of-life care

Training for Malnutrition Care Plan Development

Determine Malnutrition Care Plan

Timing:	Immediately following diagnosis (within 24 hours)
Responsible Care Team Member:	Dietitian
Clinical Data to Collect/Record:	<ul style="list-style-type: none">• Description of malnutrition care plan in patient's medical record
Key Steps:	<ul style="list-style-type: none">➤ Confer with patient/caregiver to develop a nutrition care plan specific to patient preferences and needs➤ Re-evaluate automated malnutrition-risk diet order based on result of nutrition assessment➤ For each element of care plan, identify the care team member to complete and document each task➤ Determine and document hand-off procedures➤ Communicate care plan to patient/caregiver➤ Coordinate with primary care and other post-discharge providers as needed or appropriate

Key Decision Point: Identify and outline specific actions in the care plan to particular provider types as appropriate for optimal execution

Training for Malnutrition Intervention Implementation

Begin Care Plan Implementation, including Malnutrition Intervention

Timing:	Within a maximum of 24 hours following diagnosis
Responsible Care Team Member:	All care team members
Clinical Data to Collect/Record:	<ul style="list-style-type: none">• Noted completion of each malnutrition care plan component in patient medical record
Key Steps:	<ul style="list-style-type: none">➤ Carry out care as outlined by malnutrition care plan, including providing malnutrition intervention as recommended➤ Continue ongoing communication of malnutrition care plan to patient/caregiver and all Care Team members➤ Collaborate with additional providers as needed➤ Engage patient/caregiver in malnutrition care plan➤ Document completion of each malnutrition care plan component in patient medical record

Key Decision Point: Modifications to the malnutrition care plan may be warranted if the patient's medical condition changes during the hospital stay, nutrition goals are met prior to discharge, or the plan does not meet patient needs

VIDEO: Rapidly Implement Nutrition Interventions

Alliance Nutrition Care Model and Toolkit
Module 4: Rapidly Implement Nutrition Interventions

View the video by clicking on this link:

<http://malnutrition.com/getinvolved/hospitalnutritiontoolkit>

(videos located on the bottom of the web page)

Training for Malnutrition Monitoring and Evaluation

Monitor and Evaluate Patient Nutrition Status

- Timing:** As needed; per results of screening and assessment
- Responsible Care Team Member:** All or multiple care team members
- Clinical Data to Collect/Record:**
- Changes in baseline from both biochemical and medical tests, anthropometric data, patient intake, and other relevant data points
- Key Steps:**
- Conduct follow-up assessment to establish whether malnutrition care plan is producing positive or negative outcomes
 - Obtain feedback from patient/caregiver on effect of malnutrition care plan
 - Document findings in patient medical record
 - Consider impact of changes in patient diagnosis, treatment, or other developments
 - Adjust malnutrition care plan as needed

Key Decision Point: Patients not meeting malnutrition care plan goals should be continuously monitored for change in status. Malnutrition care may need to continue post discharge and should be coordinated with other providers

Training for Malnutrition Discharge Planning

Provide Patient with Malnutrition-Focused Discharge Plan and Instructions

- Timing:** 24 hours prior to hospital discharge for those assessed as “at risk” or “malnourished”
- Responsible Care Team Member:** Nurse, Dietitian, or qualified care team member
- Clinical Data to Collect/Record:**
- Note documentation of discharge
 - Nutrition-related components in discharge template
- Key Steps:**
- Include malnutrition diagnosis, nutrition orders, malnutrition care plan, ongoing malnutrition recommendations, and malnutrition-focused education in discharge plan
 - Establish follow-up appointment date and time
 - Ensure communication of malnutrition care plan to post-discharge providers and patient/caregivers
 - Ensure patient/caregiver has access to ongoing malnutrition education or resources to meet malnutrition care plan goals

Key Decision Point: Malnutrition-related components in discharge plan are only necessary for patients identified as “at risk” or malnourished during hospital stay

VIDEO: Develop a Discharge Plan for Patient Nutrition and Education

Alliance Nutrition Care Model and Toolkit
Module 5: Develop a Discharge Plan for Patient Nutrition and Education

View the video by clicking on this link:

<http://malnutrition.com/getinvolved/hospitalnutritiontoolkit>

(videos located on the bottom of the web page)



MALNUTRITION QUALITY
IMPROVEMENT INITIATIVE

MQii Website

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.

Accessing the MQii Website

The MQii website provides flexible access to the Toolkit and implementation resources

Access the full Toolkit on the website by clicking here:
<http://mqii.defeatmalnutrition.today/mqii-toolkit.html>

Additional Resources to Support Toolkit Implementation

- Alliance to Advance Patient Nutrition resources:
 - [Malnutrition Fact Sheet](#)
 - [Role of the Dietitian](#)
 - [Role of the Physician](#)
 - [Role of the Nurse](#)
 - [Patient Education](#)
 - [Malnutrition Screening Tool](#)
 - [Patient Discharge Assessment](#)
 - [Nutrition Care Process Video Tutorials](#)
- [American Society for Quality data collection, statistics, and reporting templates](#)
- [Video: Malnutrition in Older Adults – Alliance for Aging Research](#)
- Academy of Nutrition and Dietetics Nutrition Care Process:
 - [Part 1](#)
 - [Part 2](#)
- [A.S.P.E.N Clinical Guidelines: *Nutrition Screening, Assessment, and Intervention in Adults*](#)
- [Institute for Healthcare Improvement Flowchart Resources](#)

A full list of additional resources is provided on p. 63–66 of the Toolkit.

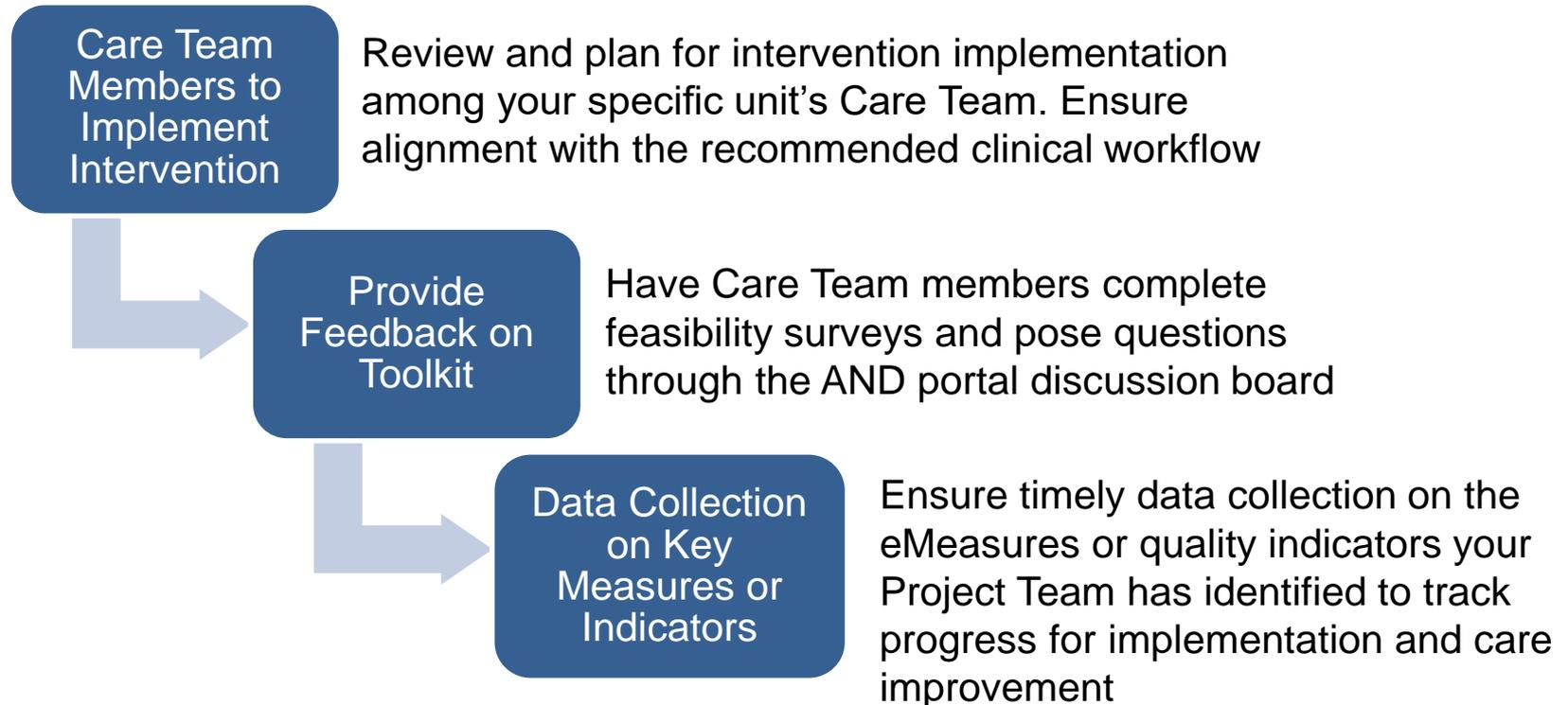


MALNUTRITION QUALITY
IMPROVEMENT INITIATIVE

Next Steps

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.

Next Steps



Project Team Responsibilities Include Supporting MQii Implementation and Evaluation

Attend regular meetings with Project Care Team to review intervention progress

Ensure participation of all relevant staff providing nutrition care

Support continued on-site training and education of different Care Team members

Facilitate data collection and analysis

Provide feedback on facilitators and barriers to clinical improvement

Support MQii awareness throughout your facility and beyond



MALNUTRITION QUALITY
IMPROVEMENT INITIATIVE

Appendix: Data Collection for MQii eMeasure and Quality Indicators

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.

Changes in Care Practices Can Be Monitored Using Suggested eMeasures* and/or Quality Indicators

Data collected for the MQii eMeasures and quality indicators will serve to inform:

- Whether or not the recommended clinical workflow and timing of care is being met through initiative implementation
- Areas to target for quality improvement to best meet recommended clinical practices

However, you can choose or create your own indicators to track and monitor the selected areas for clinical improvement

Key Steps:

- Work with your informatics representative to determine which eMeasures and/or quality indicators can currently be collected through your facility's EHR
- For those not currently captured, assess whether it may be feasible to create additional data fields to capture this information during your implementation phase
- If unable to capture electronically, discuss how to collect any data manually

Monitoring Performance on the eMeasures or Quality Indicators Will Inform Intervention Modifications

Data collected on any eMeasures and/or quality indicators via your EHR system should be reviewed and analyzed on a regular basis

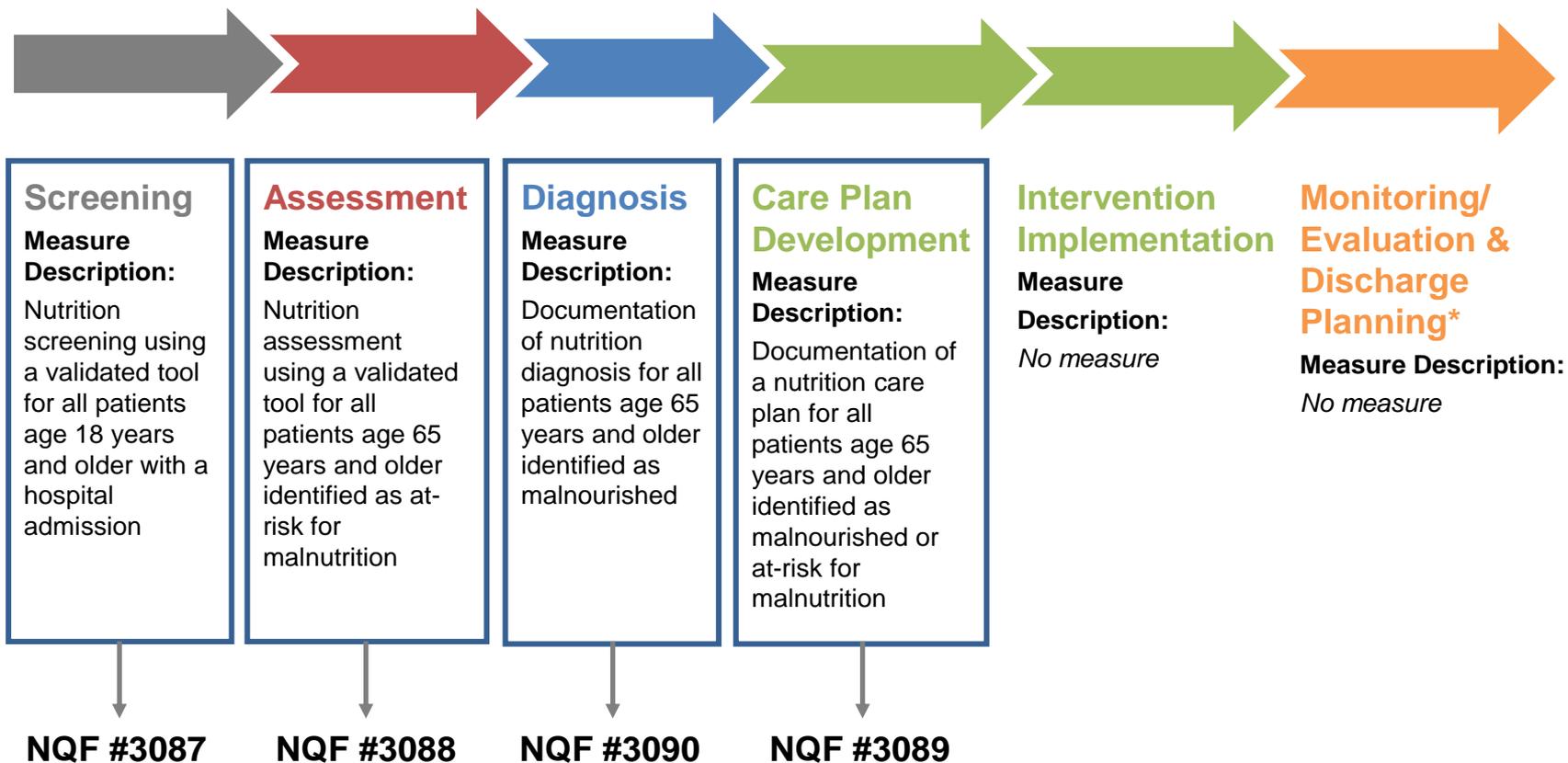
You will want to confirm that the:

- EHR system has the capacity to easily run clinical reports
- Project and Care Team members have knowledge of running such data reports and will be able to do so throughout the demonstration
- Project and Care Team members are able to review generated data reports to inform clinical improvement activities

Only care practices of healthcare providers will be assessed; no patient data or PHI need to be collected

Malnutrition Electronic Clinical Quality Measures (eCQMs) Align with the Malnutrition Care Workflow

Malnutrition eCQMs Align with the Malnutrition Care Workflow



These four developed quality measures help providers understand how they are performing against quality improvement goals set forth in the MQii Toolkit

 = Measure developed to address this step in the malnutrition care workflow



*Measures for intervention implementation, monitoring/evaluation, and discharge planning were not technically feasible due to limitations in the availability of measure data.

MQii Suggested Quality Indicators Align with the Malnutrition Care Workflow (1 of 3)

Malnutrition Care Workflow



Malnutrition Screening

- Percentage of patients age 65 years and older admitted to hospital who received a malnutrition screening with a validated screening tool
- Percentage of patients age 65 years and older admitted to hospital who received a malnutrition screening
- Percentage of patients age 65 years and older identified as “at risk” through a malnutrition screening who had a malnutrition-risk diet order implemented within 24 hours of the completed screening
- Length of time between hospital admission and completion of malnutrition screening
- Length of time between identification of a patient age 65 years and older as “at risk” based on a malnutrition screening and implementation of a malnutrition-risk diet order, but before a nutrition assessment with a standardized tool
- Length of time between admission and implementation of a malnutrition-risk diet order in patients age 65 years and older identified as “at risk” based on a malnutrition screening, but before a nutrition assessment with a standardized tool

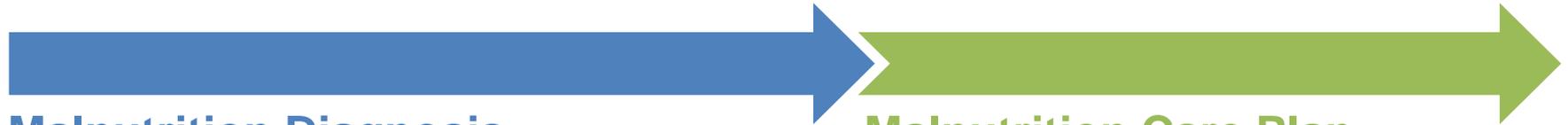


Nutrition Assessment

- Percentage of patients age 65 years and older identified as “at risk” for malnutrition based on a malnutrition screening who also had a completed nutrition assessment with a standardized tool
- Length of time between patients age 65 years and older identified as “at risk” for malnutrition based on a malnutrition screening and completion of a nutrition assessment using a standardized tool
- Length of time between admission and completion of a nutrition assessment with a standardized tool for patients age 65 years and older identified as “at risk” for malnutrition based on a malnutrition screening

MQii Suggested Quality Indicators Align with the Malnutrition Care Workflow (2 of 3)

Malnutrition Care Workflow



Malnutrition Diagnosis

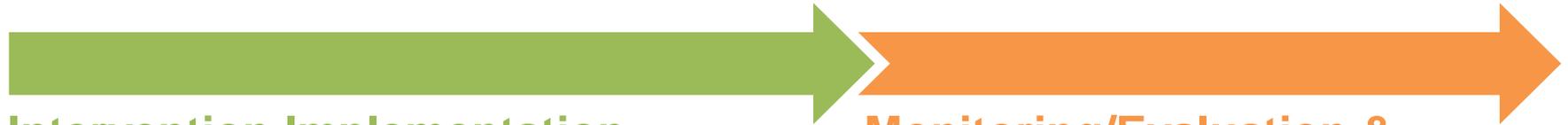
- Percentage of patients age 65 years and older identified as malnourished with a nutrition assessment using a standardized tool who have a documented dietitian-based malnutrition diagnosis
- Percentage of patients age 65 years and older who have a documented provider medical diagnosis of malnutrition
- Percentage of patients age 65 years and older identified as malnourished with a nutrition assessment using a standardized tool who have a documented dietitian-based nutrition diagnosis and a provider medical diagnosis of malnutrition

Malnutrition Care Plan Development

- Percentage of patients age 65 years and older with a completed nutrition assessment and a documented malnutrition diagnosis who have a documented malnutrition care plan

MQii Suggested Quality Indicators Align with the Malnutrition Care Workflow (3 of 3)

Malnutrition Care Workflow



Intervention Implementation

- Percentage of patients age 65 years and older with a documented malnutrition diagnosis who had a nutrition intervention implemented
- Length of time between documented malnutrition diagnosis and implementation of a nutrition intervention for patients age 65 years and older diagnosed as malnourished
- Length of time between admission and implementation of a nutrition intervention for patients age 65 years and older diagnosed as malnourished

Monitoring/Evaluation & Discharge Planning

- Percentage of patients age 65 years and older with a malnutrition diagnosis as a result of a nutrition assessment with a standardized tool who have a malnutrition care plan included as part of their post-discharge care plan