MQii Project Charter

Document Purpose:

1) Document your QI Focus area and identify improvement goals
2) Organize your project team and confirm roles and responsibilities for implementation activities
3) Outline an intervention to achieve your QI Focus goals
4) Document an approach for monitoring change in your hospital during implementation

Instructions:

1) Review guidance in the "Implementation Roadmap"
2) Use the output of completing the "Implementation Roadmap" to guide completion of this document
3) Delete instructions and examples included within each section in orange text and replace with content
4) Circulate document to team members for signature, as desired
5) Recommended: Provide document to your hospital leadership for input

Time:

Please allow between 45-minutes to 1 hour to complete this document, depending on your intervention.

Best-practice:

This document is intended to be a planning tool, however, we encourage sites to continuously review and update this document throughout implementation to prevent activities from going outside of the team and leadership, and approved scope. This should be completed and reviewed as a team, depending on team structure and staff schedules. Often, it may be easier for the project champion/manager to complete this document and then circulate it to the team for comment. When identifying team members and assigning roles and responsibilities consider including a team member to serve at the Sustainability Team Project Manager.[1] Also, when finalizing your implementation approach in the Charter consider resources needed to sustain the effort in the long-term, (i.e. revisions to existing policy, revisions to new employee training materials, and /or revisions to staff annual training materials) and take steps as needed during implementation to ensure these resources are available when your team is ready to develop your Sustainability Plan in the Post-Implementation phase.

Key Terms:

QI Focus: The area of the malnutrition care workflow that your site will focus its improvement, such as Screening, Assessment, Diagnosis, Care Plan, Intervention Implementation, or Discharge Planning.

QI Intervention: A strategy to bring about desired change (i.e. education of staff, change the build in your EHR, a process change, a documentation change, etc.).

Quality Indicators: Quality measures, or metrics, developed by your team (ideally in partnership with your QI department) or pulled from the MQii Toolkit to monitor the impact of your intervention implementation that makes use of readily available hospital inpatient administrative data.

[1] The Sustainability Team Project Manager is responsible for ensuring the Sustainability Plan (developed during Post-Implementation) is implemented. It is recommended that this person be someone other than the Project Champion to ensure full attention is given to the act of implementing the sustainability plan.

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.

MALNUTRITION QUALITY IMPROVEMENT INITIATIVE

Hospital Name

QI Focus

QI Focus:	If your institution is planning to address multiple focus areas of the workflow as part of your intervention, please complete a QI Implementation Project Charter for each area of focus. **Example:** *Assessment*
QI Focus Goal(s):	Brief statement(s) that identify improvement goal(s) for chosen QI Focus area. It is recommended to limit this statement to two sentences. Goal statement(s) are encouraged to be specific, measureable, achievable, relevant, and time-bound. **Example:** *Increase the number of patient referrals to a dietitian for patients admitted from the Emergency Department by December 31st 2017, in order to properly assess at-risk patients* *Increase awareness of how to administer an assessment*
Target Date for Achieving Goals:	Target date for achieving desired goals for QI Focus area. This can be the end of the Post-Implementation period or sooner for applicable small improvement goals. **Example:** *October 31, 2017*

QI Intervention Implementation Strategy

QI Intervention:	No more than 3 sentences to describe what and how your team will be implementing change in your hospital to achieve your QI Focus Goals. **Example:** *Pilot automated referral to dietitian feature in the electronic health record (EHR)* *Educate clinical staff about the importance of addressing malnutrition*		
Intervention Start Date and End Date:	Estimated intervention start date and target date for achieving goals. **Example:** Start: July 17, 2017; End: October 31, 2017		
Project Team Members Assisting with Implementation:*	**Name/Title/Email:**	**Role/Responsibilities:**	
	Name/Title/Email:	**Role/Responsibilities:**	
Internal Actions Needed for Implementation:* This section is for teams to document actions needed to implement their intervention in their facility and assign a team member for each action needed.	**Action 1:** Actions needed at your hospital to start up and implement your intervention. **Example:** *Schedule a meeting with Jan from our education department*	**Team Member Responsible:** **Example:** *Hillary Clark*	**Target Date:** **Example:** *June 16, 2017*
	Action 2:	**Team Member Responsible:**	**Target Date:**
	Action 3:	**Team Member Responsible:**	**Target Date:**

QI Intervention Monitoring Strategy

eCQMs:* Data used to inform eCQM reporting and to measure success(es).	**eCQM 1:** **Example:** *Completion of a Nutrition Assessment for those Identified as At-Risk by a Malnutrition Screening within 24 hours*	**Goal Measured:** **Example:** *Increase the number of patient referrals to a dietitian for patients admitted from the Emergency Department by December 31st 2017, in order to properly assess at-risk patients*	**Data Review Frequency:** **Example:** *Monthly*
	eCQM 2:	**Goal Measured:**	**Data Review Frequency:**
	eCQM 3:	**Goal Measured:**	**Data Review Frequency:**

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Quality Indicator(s):* Measures, either developed by your team or pulled from the MQii Toolkit, that use inpatient administrative data to measure success(es). Recommend including measures to assess the implementation process as well as the outcome of your intervention where possible.	**Indicator 1:** **Example:** *Name of nurse who submitted referrals*	**Goal Measured:** **Example:** *Increase the number of patient referrals to a dietitian for patients admitted from the Emergency Department by December 31st 2017, in order to properly assess at-risk patients*	**Data Source:** **Example:** *EHR* **Data Review Frequency:** **Example:** *Monthly by team and hospital leadership*
	Indicator 2:	**Goal Measured:**	**Data Source:** **Data Review Frequency:**
	Indicator 3:	**Goal Measured:**	**Data Source:** **Data Review Frequency:**
Other:* Metrics that use non-patient level data to measure success(es). Recommend including metrics to assess the implementation process, as well as the outcome of your intervention, where possible.	**Example:** *Percentage of improvement from baseline on Knowledge Attainment survey following training*	**Goal Measured:** **Example:** *Increase awareness of how to administer an assessment*	**Data Source:** **Example:** *Awareness Survey* **Data Review Frequency:** *1-week following Assessment training*
		Goal Measured:	**Data Source:** **Data Review Frequency:**
		Goal Measured:	**Data Source:** **Data Review Frequency:**

Team Operations

Team Management	Activities for maintaining communications with team members regularly and the approach for decision-making throughout the implementation period. **Example:** *The team will meet once per week on Tuesday mornings from 9 a.m. - 10 a.m. Decisions will be made by consensus, guided by criteria analysis where needed. If a consensus cannot be reached, the Project Champion will make the final decision.*
Potential Implementation Barriers	Consider any and all potential barriers that could impede progress implementing this intervention. For each identified barriers, include potential solutions.

*Add as many rows as needed

Optional

Team Member Initials: _____ Date: _____
Team Member Initials: _____ Date: _____
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