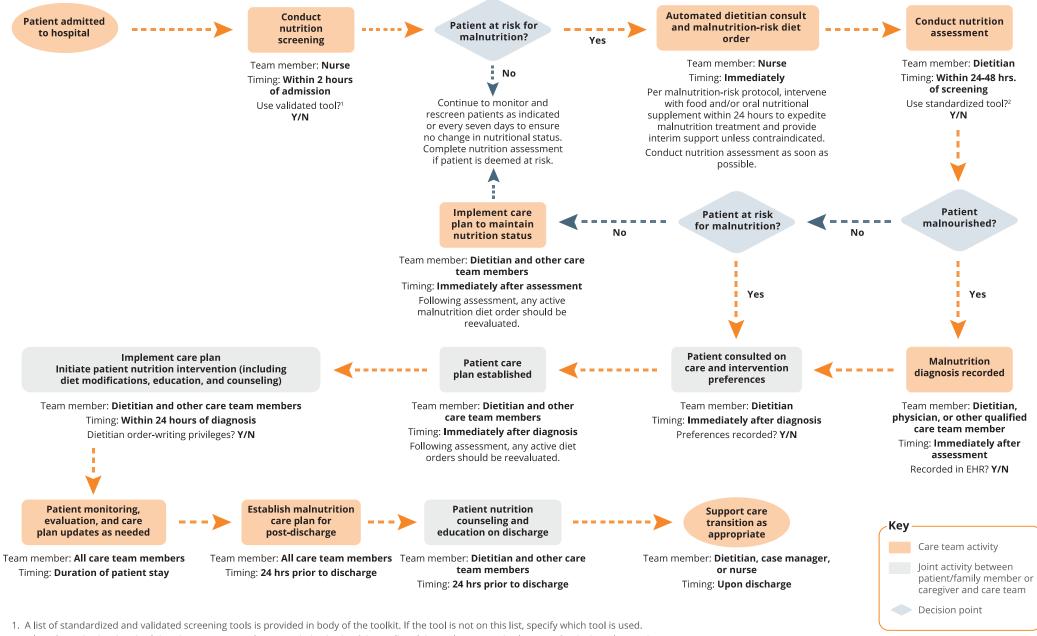


MQii Sample Flowchart for Malnutrition Care

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.

Flowchart Template for YOUR Current Malnutrition Care Workflow. Use the sample flowchart for recommended care (on next slide) as a point of comparison to help you complete your own flowchart and identify opportunities for QI. Fill in, Add, or modify steps, boxes, actors, and timing for each step based on your current care processes. Per <Insert activity here> screening, is (For example: If "at risk", is a nutrition Is a Nutrition If High Risk Patient admitted patient at risk assessment completed? If not, when is screening to hospital for a nutrition assessment ordered, and completed? malnutrition? completed? Any other intervention?) By whom (which Team Member)? Diet If Low Risk Technician, Nurse, other? By whom: **Timing:** Within ___ hours of admission **Timing:** Within hours of admission Use validated tool? Yes/No Use of standardized tool? Yes/No Continue to monitor and re-screen patients every five to seven days to ensure no change in nutritional status. Complete nutrition assessment if patient is deemed at-risk. <Insert activity here> <Insert activity here> (Examples: <Insert activity here> If assessed, is (Examples: Implement care plan, order Malnutrition criteria or diagnosis (Examples: Develop care plan, patient malnutrition intervention, confer with other care documented, nutrition confer with patient/family care nourished? team members) intervention ordered) giver, order nutrition intervention) By whom: By whom: By whom: No Does dietitian have order-writing privileges? Yes/No Patient preferences recorded? Yes/No Diagnosis recorded in EHR? Yes/No **Timing:** Within hours of completed assessment (or admission) **Timing:** Within _ hours of completed **Timing:** Within __ hours of completed assessment (or admission) assessment (or admission) Continue with care plan identified based on index admission. Monitor and re-evaluate every 7 seven days. Prepare discharge plan Sign-off on Prep patient for Patient and materials based on discharge plan and discharge and educate Key discharged patient needs write orders patients about their plan Care Team activity By whom: Bedside Nurse, Flow By whom: Physician, NP? By whom: By whom: Nurse, Dietitian, Case Manager? **Timing:** Within __ hours of discharge **Timing:** Upon discharge Joint activity between **Timing:** Within hours of patient/family member or **Timing:** Within _ hours of **Home care**: Home with nutritional discharge caregiver and Care Team discharge recommendations included in discharge plan? Decision point

MQiiSample Flowchart for Recommended Malnutrition Care



2. A list of standardized and validated assessment tools is provided in body of the toolkit. If the tool is not on this list, specify which tool is used.

