**Malnutrition Quality Improvement Initiative (MQii) Toolkit**

**Nutritional Care Evaluation and Decision Tool**

***Are your patients receiving optimal nutrition care?***

***Do you know where there are opportunities to improve? Is there an opportunity to improve your 30-day readmissions rate?***

***Is there an opportunity to lower your pressure ulcer prevalence, infection rate, or falls rate?***

*This tool is intended to help you consider the current state of the nutrition care in your organisation and identify potential opportunities for quality improvement. This tool assesses to what extent your organisation is currently supporting good practices for nutrition care. This tool is not intended to cover every potential area for nutrition quality improvement, but rather to aid you in beginning to think about where opportunities for quality improvement may exist.*

*Once completed, the tool will help highlight areas where there may be gaps in nutrition care quality in your organisation. You may then select an area on which to focus your quality improvement efforts, based on what will be most feasible and impactful in your hospital.*

Instructions: The questions below are organised by different phases of the nutrition care continuum.

Respond to each question to the best of your knowledge. Answering the questions, you should think about what nutrition care is actually like in your organisation right now, not how you think it might be in the future or how you wish it to be.

Some questions in the various sections “build” upon one another, such that your answer to the first question may lead to a related, but more detailed, question about that aspect of care at your hospital.

**Questionnaire**

Malnutrition Risk Screening

| **Answer the questions below regarding malnutrition risk**  **screening practices at your hospital:** | **Yes** | **No** |
| --- | --- | --- |
| 1. Does a member of your care team (e.g., nurse or healthcare assistant) perform a malnutrition risk screening for all patients admitted to the hospital? |  |  |
| * 1. Does a member of your care team (e.g., nurse or healthcare assistant) perform a malnutrition risk screening for all patients ages 65+ within 24 hours of admission? |  |  |
| * 1. Is the malnutrition risk screening tool in use at your organisation a validated screening tool? |  |  |
| * + 1. If no, does your current tool produce reliable results (i.e., if administered by different clinicians, does it produce the same result)? |  |  |
| * + 1. If no, does your current tool produce valid results (i.e., do subsequent nutrition assessments typically confirm the malnutrition risk screening results)? |  |  |
| * + 1. If no, do you have plans to implement a validated screening tool? |  |  |
| * 1. If screened, are the results of screening documented in the patient records or electronic health record (EHR)? |  |  |
| * + 1. Are “at-risk” results clearly communicated (e.g., easy to find in the patients notes or EHR) to other members of the team (e.g., dietitians, doctors)? |  |  |
| * + 1. Is a dietitian referral automatically triggered in the EHR if screening results indicate patient is at risk for malnutrition? |  |  |
| * + 1. Is a dietitian approved protocol in place to initiate a malnutrition-risk diet order? |  |  |
| ***If you answered “no” to any of the questions above, this may represent an opportunity or area for malnutrition quality improvement in your hospital.***  STOP | | |

Nutrition Assessment

*(**Some of the questions in this section are specific to support provided by dietitians. If you are not a dietitian or are unsure of the answer to these questions, seek a dietitian in your hospital to assist with answering them).*

| **Answer the questions below regarding nutrition assessment**  **practices at your hospital:** | **Yes** | **No** |
| --- | --- | --- |
| 1. Does a dietitian conduct a nutrition assessment for all patients who were identified to be at at-risk for malnutrition? |  |  |
| * 1. Does a dietitian conduct the nutrition assessment within 24-48 hours following determination that the patient is at risk for malnutrition? |  |  |
| i. If no, does a dietitian conduct the nutrition assessment using a criteria based response time policy? | ☐ | ☐ |
| * 1. Does a dietitian conduct the patient nutrition assessment for patients using a validated assessment tool? |  |  |
| i. If no, does a dietitian conduct the patient nutrition assessment using structured format to carry out the assessment? | ☐ | ☐ |
| * 1. Are the results of the nutrition assessments documented in the patients notes or EHR? |  |  |
| * + 1. Are the results of the nutrition assessment clearly communicated (e.g., easy to find in the patient notes or EHR) to the next-in-line clinician? |  |  |
| * 1. Are all active diet orders reevaluated by a dietitian following the nutrition assessment? |  |  |
| ***If you answered “no” to any of the questions above, this may represent an opportunity or area for malnutrition quality improvement in your hospital.***  STOP | | |

Malnutrition Diagnosis

| **Answer the questions below regarding malnutrition diagnosis**  **practices at your hospital:** | **Yes** | **No** |
| --- | --- | --- |
| 1. Are dietitians in your hospital able to prescribe? |  |  |
| * 1. If yes, are other clinicians in your hospital (e.g., physicians, nurses) aware of dietitian prescribing rights and how to support their implementation (e.g., having protocols in place to address assessment findings)? |  |  |
| * 1. If no, is there a process for the dietitian to communicate results and/or recommendations for the patient’s nutrition care to the medical team based on the assessment? |  |  |
| * 1. Are the assessment results and/or recommendations easily available to the medical team (e.g., in the patients notes or EHR)? |  |  |
| * 1. Is there an electronic trigger or process to call the medical teams attention to the assessment? |  |  |
| * + 1. If so, is it actionable (e.g., are the assessment recommendations followed)? |  |  |
| 1. Are doctors (or other approved clinicians) at your hospital aware of their role in documenting malnutrition diagnoses in the medical record? |  |  |
| * 1. Are the medical team easily able to make a diagnosis of malnutrition based on dietitian assessment results? |  |  |
| * 1. Do the medical team’s orders and diagnoses almost always align with the dietitian’s recommendations? |  |  |
| ***If you answered “no” to any of the questions above, this may represent an opportunity or area for malnutrition quality improvement in your hospital.***  STOP | | |

Malnutrition Care Plan Development

|  |  |  |
| --- | --- | --- |
| **Answer the questions below regarding malnutrition care plan development practices at your hospital:** | **Yes** | **No** |
| 1. Do patients who receive a malnutrition diagnosis receive a specific malnutrition care plan/care standards? |  |  |
| * 1. Does the malnutrition care plan include all of the following components:      1. The prescribed treatment/intervention;      2. An identification of care team members; and      3. A timeline for follow-up? |  |  |
| * 1. Is the malnutrition care plan developed immediately following patient diagnosis? |  |  |
| * 1. Are patient and/or caregiver input and preferences sought in development of the malnutrition care plan? |  |  |
| * 1. Is the malnutrition care plan communicated to the patient and/or caregivers? |  |  |
| * 1. Is the malnutrition care plan recorded in the patient notes or EHR? |  |  |
| * 1. Is the malnutrition care plan communicated to the care team? |  |  |
| ***If you answered “no” to any of the questions above, this may represent an opportunity or area for malnutrition quality improvement in your hospital.***  STOP | | |

Nutrition Intervention Implementation

|  |  |  |
| --- | --- | --- |
| **Answer the questions below regarding malnutrition intervention**  **support practices at your hospital:** | **Yes** | **No** |
| 1. Do patients who are diagnosed as malnourished consistently receive a nutrition intervention? (*If you are not a dietitian or are unsure of the answer to this question, seek a dietitian in your hospital to assist with answering it).* |  |  |
| * 1. Are recommended or prescribed nutrition interventions clearly outlined in the care plan? |  |  |
| * + 1. Do recommended or prescribed nutrition interventions/orders get started (as outlined in the care plan) within 24 hours of diagnosis? |  |  |
| * + 1. Is there an effective system for members of the care team (including doctors, dietitians, nurses, pharmacists, etc.) to clearly communicate about implementation of the nutrition intervention? |  |  |
| * + 1. Is implementation of nutrition interventions documented in the patients notes or EHR? |  |  |
| * 1. Are nutrition interventions effectively administered to patients? |  |  |
| * + 1. Is there a “dedicated mealtime” for the patient to receive food, oral nutritional supplements, or other nutrition support without interruption (and with staff support, e.g., feeding assistance, if necessary)? |  |  |
| * + 1. Is the importance of nutrition interventions, including consumption of the nutrition intervention, clearly communicated to patients and their caregivers? |  |  |
| * + - 1. Are oral nutritional supplements delivered with other medications? |  |  |
| * + - 1. Do clinicians track, monitor, and record the amount of food or supplement consumed by the patient to ensure optimal nutrition support? |  |  |
| * + - 1. Are oral nutritional supplements included on the medication record? |  |  |
| ***If you answered “no” to any of the questions above, this may represent an opportunity or area for malnutrition quality improvement in your hospital.***  STOP | | |

Malnutrition Monitoring & Evaluation

| **Answer the questions below regarding malnutrition monitoring and evaluation practices at your hospital:** | **Yes** | **No** |
| --- | --- | --- |
| 1. Is there a defined plan established to monitor and evaluate each patient identified as malnourished during their inpatient hospital stay? |  |  |
| * 1. Is there a process in place for discussing the patient’s nutritional status with patients and/or caregivers and seeking feedback from the patient and/or caregiver? |  |  |
| * 1. Are findings and recommendations based on patient follow-up documented in the patient’s notes or EHR? |  |  |
| 1. Is this information easy for other clinicians to find and use to implement the recommendations? |  |  |
| 1. Is there a protocol or process in place for re-screening patients identified as malnourished/at risk for malnutrition and evaluation of patients believed to be at risk, but who were not found to be malnourished when assessed? |  |  |
| ***If you answered “no” to any of the questions above, this may represent an opportunity or area for malnutrition quality improvement in your hospital.***  STOP | | |

Discharge Planning

| **Answer the questions below regarding malnutrition-focused**  **discharge planning practices at your hospital:** | **Yes** | **No** |
| --- | --- | --- |
| 1. Do you incorporate nutrition instructions into patient discharge planning for patients determined to be at risk or malnourished? |  |  |
| * 1. Do nurses, dietitians, doctors, and others involved in discharge planning clearly understand the importance of nutrition considerations following hospital discharge? |  |  |
| * 1. Is there a designated space for nutrition information in the discharge planning template? |  |  |
| 1. Do patients who are/were at risk of malnutrition or malnourished in the hospital receive social services or discharge planning advice to ensure the patient’s nutrition care needs are supported following discharge? |  |  |
| * 1. Do you provide patients and their caregivers with education on their nutritional status and information/recommendations on maintaining optimal nutrition following discharge? |  |  |
| * 1. Do you coordinate with the ‘next-in-line’ provider to discuss or share information on the patient’s nutritional status while in the hospital and provide recommendations for maintaining the patient’s nutritional status? |  |  |
| 1. Are there programs in place to support patients in maintaining their nutritional status after hospital discharge, particularly for patients lacking a support system outside of the hospital (e.g., programs for patient follow-up communication following discharge)? |  |  |
| 1. Does discharge planning, including discussion of nutrition considerations, begin at least 48 hours prior to discharge? |  |  |
| ***If you answered “no” to any of the questions above, this may represent an opportunity or area for malnutrition quality improvement in your hospital.***  STOP | | |

**Evaluating and Interpreting Results**

Once you have completed the questionnaire, identify and review questions to which you responded “no.” These reflect areas where your organisation may not currently be supporting malnutrition care good practices. Consider which of these opportunities to pursue for quality improvement, considering the anticipated feasibility and impact of a potential quality improvement project in that area using the questions outlined below. It is suggested that you aim to identify 1-3 opportunities on which to focus for your organisations quality improvement project.

*Prioritize/rank opportunities by:*

* ***Feasibility:***
  + *Do you have the right support, buy-in, and participation from all relevant members of the care team to support this?*
    - *Is the selected area of improvement one where you have a potential champion who is directly engaged in the process (i.e. a nurse will be effective in helping improve malnutrition screening)*
  + *Is there buy-in and support from hospital or executive leadership for the selected area of intervention?*
  + *Is the QI team able and willing to support this effort (e.g., raise visibility in the hospital around it, devote resources to it, champion it to hospital leaders)?*
  + *If an EHR-related intervention is selected, do you have an existing relationship with an IT/Informatics representative who can help you with EHR activities? How flexible is your system to changes in the EHR templates or processes? How open is your organisation when it comes to making changes in the EHR?*
  + *Do you have sufficient resources (financial) if needed to support the identified change?*
* ***Impact:***
  + *Given that each step of the nutritional care process builds upon previous steps, is the selected intervention the earliest step in the process where there is a “breakdown” in nutritional care (e.g., if all the interventions are necessary, start with the screening step as subsequent nutrition care steps build upon it)?*
  + *Is there widespread understanding across the clinical staff around the impact of the selected intervention/aspect of care on overall patient outcomes?*
  + *Is the intervention tied to another program or project that has the clear ability to show economic impact (e.g., built into a readmission monitoring and reduction program)?*
  + *Does the intervention align with other pre-established hospital goals or metrics?*

**Next Steps**

Once you have selected **one or more areas** on which to focus your hospital’s nutrition quality improvement efforts you can then move on to:

* Understanding good practices for your selected area of nutrition quality improvement (e.g., screening, assessment, diagnosis, care planning, intervention implementation, monitoring and evaluation, discharge planning)
* Identifying tools and resources to support implementation and aiding in the education of care team members within your hospital
* Collecting data, evaluate results, and providing timely feedback on the impact of your project to care team members, hospital leadership, and other key stakeholders

**Recommended Resources**

* [MQii Toolkit](http://malnutritionquality.org/static/pdf/abbreviated-mqii-toolkit.pdf)
* [Hospital Malnutrition: Prevalence, Identification and Impact on Patients and the Healthcare System (nih.gov)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3084475/)
* [Importance of Integrating Malnutrition Care Into U.S. Healthcare (physicianleaders.org)](https://www.physicianleaders.org/news/importance-of-integrating-malnutrition-care-into-u.s.-healthcare)
* [Critical Role of Nutrition in Improving Quality of Care: An Interdisciplinary Call to Action to Address Adult Hospital Malnutrition | Elsevier Enhanced Reader](https://reader.elsevier.com/reader/sd/pii/S2212267213006412?token=AF9B5186658E7E6C18CCC34CA77365FEBAE44CF4EC06FF74066AE64359AE9373E380F76F6052899D6E83DA5B2E917E3B)
* [Identifying malnutrition | Elsevier Enhanced Reader](https://reader.elsevier.com/reader/sd/pii/S2352900816300073?token=47F62D6AF4D6702E3B10283BA60B5F725C4A99E321B63952D5C3261C6B7117C7863349D5861A2EF4205BD125C6E5D79C)