

Appendices



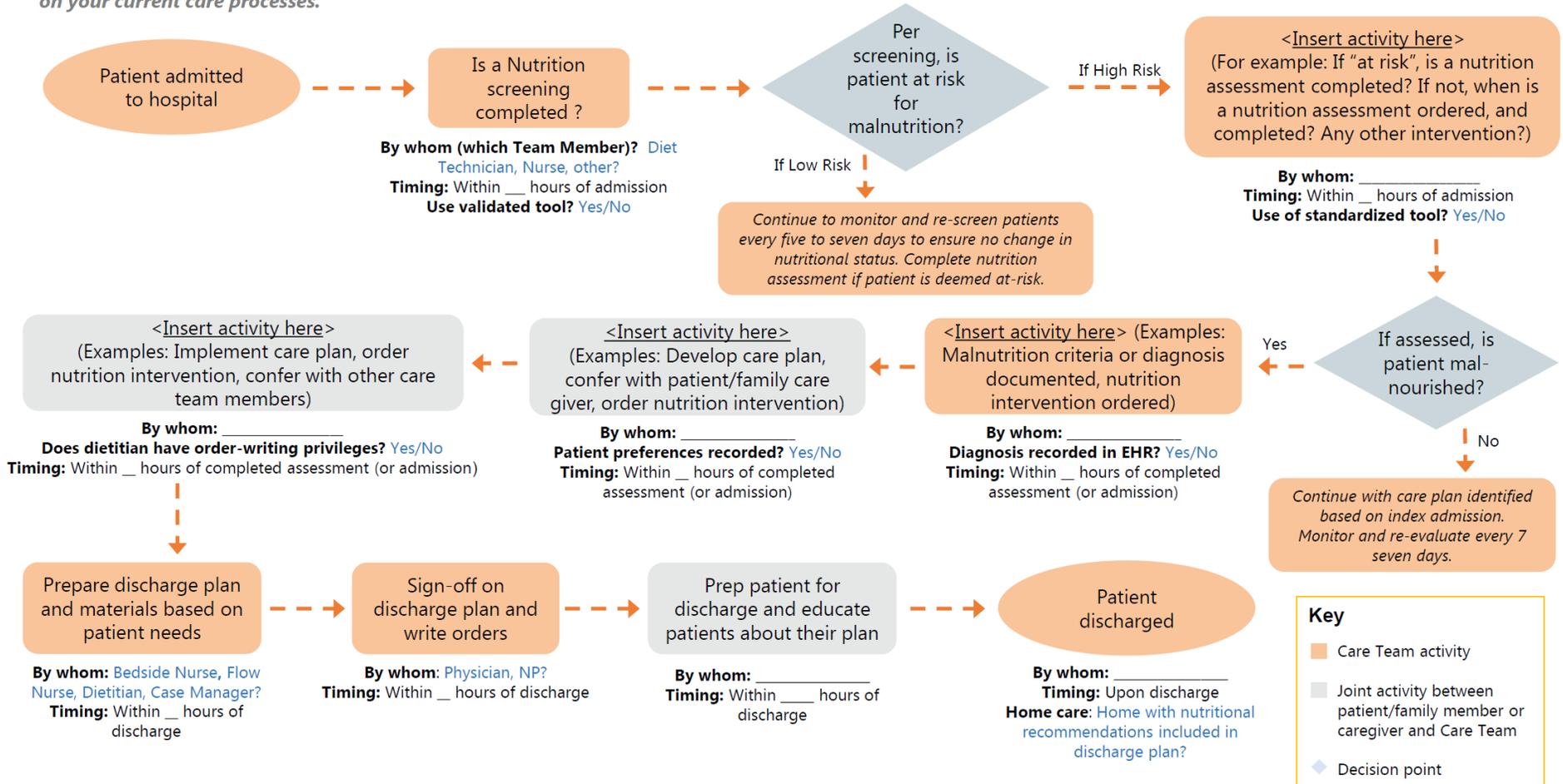
MALNUTRITION QUALITY
IMPROVEMENT INITIATIVE

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.

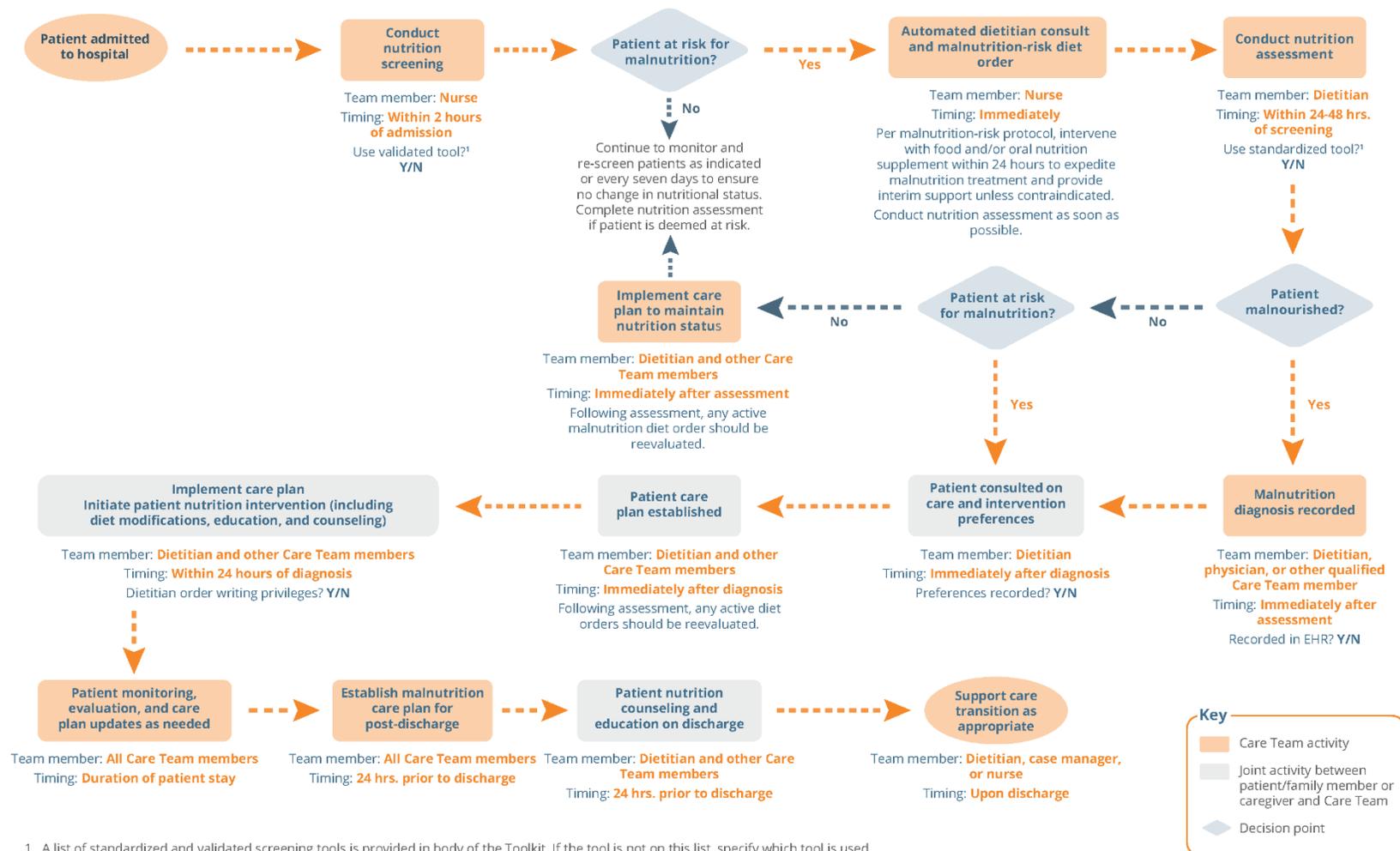
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Appendix 1: MQii Sample Flowchart for Recommended Malnutrition Care

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.



Appendix 1: MQii Sample Flowchart Template and Best Practices Flowchart for Recommended Malnutrition Care



Appendix 2: MQii Guiding Principles

The design and implementation of the MQii are based on several guiding principles. The guiding principles provide a snapshot of the overall intention of the MQii and should be used as a reference as sites employ different approaches to support the uptake of the clinical workflow and other components of the toolkit.



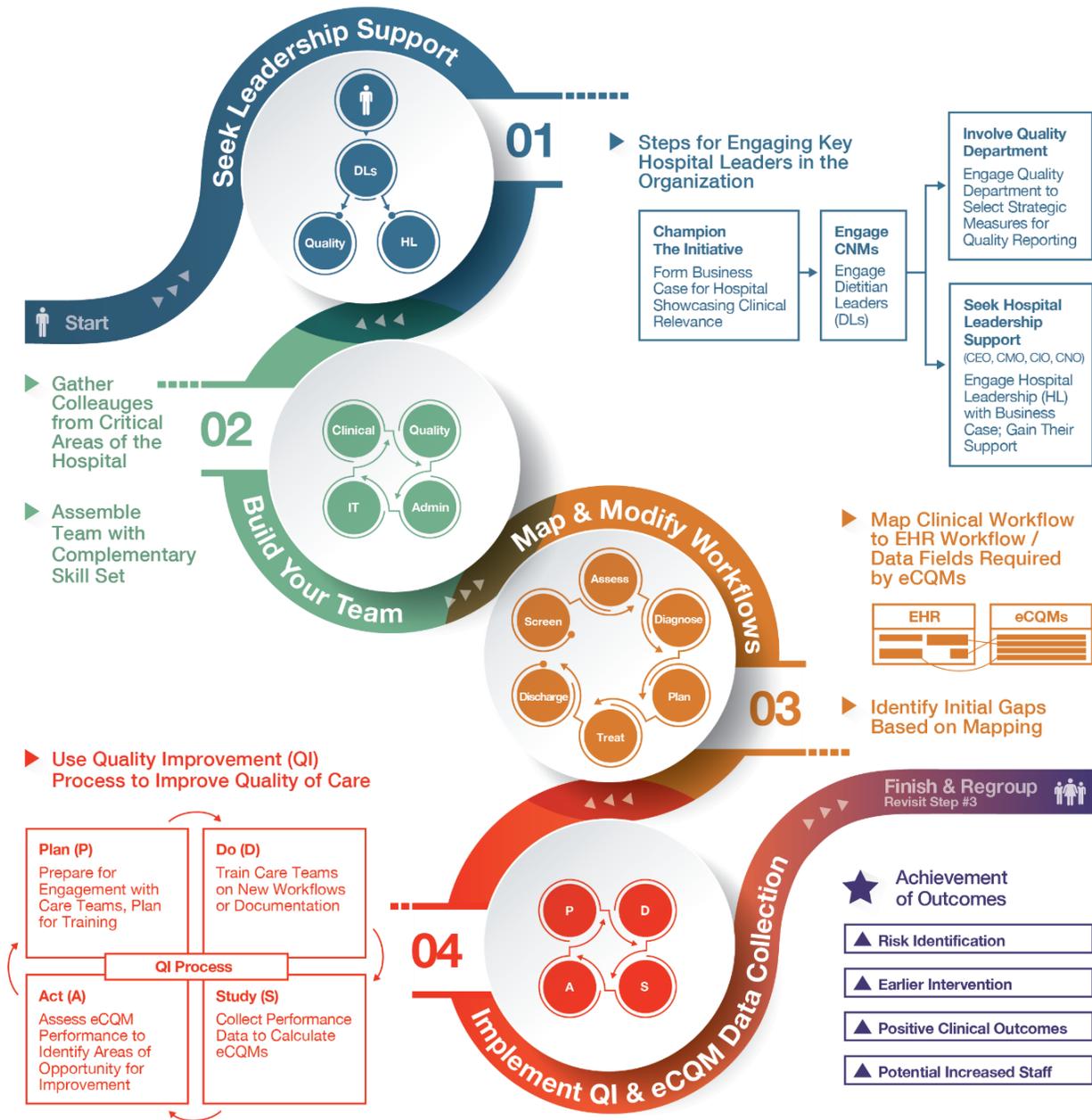
Appendix 3: Malnutrition Quality Improvement Journey



Malnutrition Quality Improvement

What You Can Do to Champion Malnutrition Quality Improvement (QI) and Collect eCQM Data

For More Information Please Visit www.MQii.Today



CNM: Clinical Nutrition Manager; DL: Dietitian Leader; eCQM: electronic clinical quality measures; EHR: Electronic Health Record; IT: Information Technology; QI: Quality Improvement

Appendix 4: eCQM Infographic



Electronic Clinical Quality Measures (eCQMs)

- Improve Patient-Centered Malnutrition Care and Outcomes
- Align with CMS and Provider Quality Priorities

20-50%

of patients at risk of or malnourished upon hospital admissionⁱ

7%

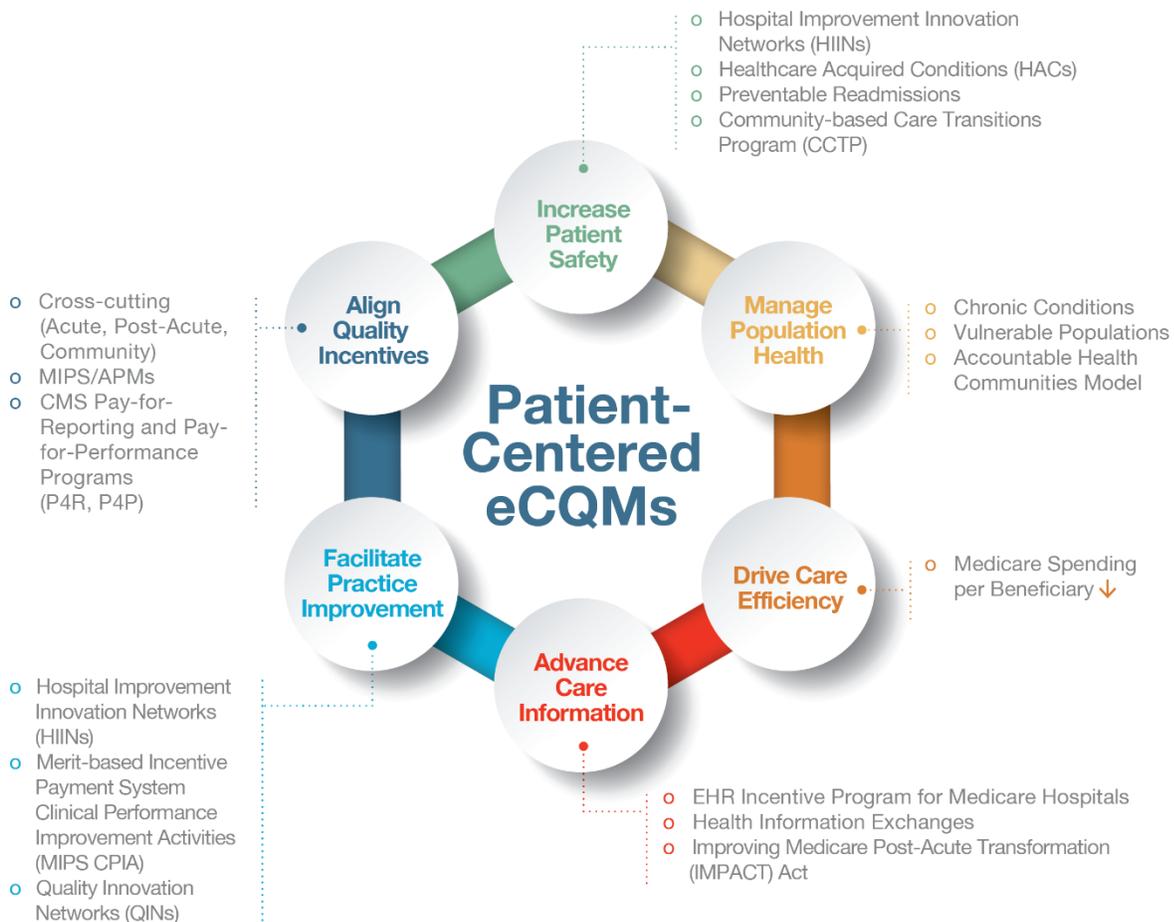
of hospitalized patients typically diagnosed, leaving many others potentially undiagnosed and untreatedⁱⁱ

Up to 5X

more likely to result in in-hospital deathⁱⁱ

\$157B

annual economic burden with \$51.3B associated with older adultsⁱⁱⁱ



eCQMs can help drive improved care quality while minimizing the administrative burden faced by hospitals and providers.

ⁱBarker LA, Gout BS, and Crowe TC. Hospital malnutrition: Prevalence, identification, and impact on patients and the healthcare system. *Int J of Environ Res and Public Health*. 2011;8:514-527.
ⁱⁱWeiss AJ, Fingar KR, Barrett ML, et al. Characteristics of Hospital Stays Involving Malnutrition, 2013. HCUP Statistical Brief #210. September 2016. Agency for Healthcare Research and Quality. Rockville, MD. Available at: <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb210-Malnutrition-Hospital-Stay-2013.pdf>. Accessed September 26, 2016.
ⁱⁱⁱSnider J, et al. Economic burden of community-based disease-associated malnutrition in the United States. *JPEN J Parenteral Enteral Nutr*. 2014;38:55-165.



Electronic Clinical Quality Measures (eCQMs)

- Improve Patient-Centered Malnutrition Care and Outcomes
- Align with CMS and Provider Quality Priorities

An Innovative Approach: The MQii Toolkit provides practical, interdisciplinary tools and resources to help hospitals implement malnutrition best practices. Data reported from the eCQMs will help hospitals measure their success in meeting the standards of care.



The MQii Toolkit is an interdisciplinary, patient-centered resource that includes recommended, evidence-based best practices to support an optimal malnutrition-focused clinical workflow. The de novo malnutrition eCQMs for hospitalized older adults assess the alignment of care with nutrition best practices while minimizing administrative burden through electronic reporting.

eCQM Measurement Objectives

Measure Description	Measure Objective
Completion of a Malnutrition Screening Within 24 hours of Admission	Patients received a malnutrition screening and results documented in their medical record within 24 hours of their admission to the hospital
Completion of a Nutrition Assessment for Patients Identified as At-Risk for Malnutrition within 24 hours of a Malnutrition Screening	Patients who were identified to be at-risk of malnutrition from a screening were provided a nutrition assessment within 24 hours of the screening
Appropriate Documentation of a Malnutrition Diagnosis	Patients who were assessed and found to be malnourished should have a physician confirmed diagnosis of malnutrition documented in their medical record to ensure care plan implementation and transfer of necessary medical information upon discharge
Nutrition Care Plan for Patients Identified as Malnourished after a Completed Nutrition Assessment	Patients who were assessed and found to be malnourished should also have a documented nutrition care plan in their medical record