Appendices
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

1. A list of standardized and validated screening tools is provided in body of the Toolkit. If the tool is not on this list, specify which tool is used.
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.
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.

MQii Guiding Principles

- Founded on evidence demonstrating that nutrition intervention can improve patient clinical outcomes and lower cost of care for malnourished and at-risk hospitalized adults, including decreasing morbidity and mortality, hospital-acquired conditions and complications, enhancing care transitions, and reducing patient length of stay and unplanned readmissions.

- Aims to address the gap in optimal malnutrition care delivery for hospitalized older adults (ages 65+) based upon evidence across the entire spectrum of malnutrition care delivery, including screening, assessment, diagnosis, nutrition intervention, and discharge planning.

- Seeks to advance early screening, assessment, diagnosis and prompt nutrition intervention for malnourished and at risk hospitalized older adults.

- Seeks to promote a patient-driven nutrition intervention that incorporates patients’ clinical presentations, preferences and risk factors.

- Defines nutritional interventions as standard or specialized diets, oral nutrition supplements, tube feeding, parenteral nutrition, and patient education or counseling.

- Aims to promote safety and improve patient outcomes with malnutrition care coordination across all members of the care team, including patients, families, dietitians, physicians, nurses, and other healthcare professionals.
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.Tod
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 admission
7% of hospitalized patients typically diagnosed, leaving many others potentially undiagnosed and untreated
Up to 5x more likely to result in in-hospital death
$157B annual economic burden with $51.3B associated with older adults

- Hospital Improvement Innovation Networks (HIINs)
- Healthcare Acquired Conditions (HACs)
- Preventable Readmissions
- Community-based Care Transitions Program (CCTP)
- Chronic Conditions
- Vulnerable Populations
- Accountable Health Communities Model
- Medicare Spending per Beneficiary
- EHR Incentive Program for Medicare Hospitals
- Health Information Exchanges
- Improving Medicare Post-Acute Transformation (IMPACT) Act

Patient-Centered eCQMs

- Cross-cutting (Acute, Post-Acute, Community)
- MIPS/APMs
- CMS Pay-for-Reporting and Pay-for-Performance Programs (P4R, P4P)
- Hospital Improvement Innovation Networks (HIINs)
- Merit-based Incentive Payment System Clinical Performance Improvement Activities (MIPS CPA)
- Quality Innovation Networks (QINs)

Increase Patient Safety
Manage Population Health
Facilitate Practice Improvement
Advance Care Information
Drive Care Efficiency

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


Appendix 4: eCQM Infographic

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

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Measure Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completion of a Malnutrition Screening Within 24 hours of Admission</td>
<td>Patients received a malnutrition screening and results documented in their medical record within 24 hours of their admission to the hospital</td>
</tr>
<tr>
<td>Completion of a Nutrition Assessment for Patients Identified as At-Risk for Malnutrition within 24 hours of a Malnutrition Screening</td>
<td>Patients who were identified to be at-risk of malnutrition from a screening were provided a nutrition assessment within 24 hours of the screening</td>
</tr>
<tr>
<td>Appropriate Documentation of a Malnutrition Diagnosis</td>
<td>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</td>
</tr>
<tr>
<td>Nutrition Care Plan for Patients Identified as Malnourished after a Completed Nutrition Assessment</td>
<td>Patients who were assessed and found to be malnourished should also have a documented nutrition care plan in their medical record</td>
</tr>
</tbody>
</table>