MQii Sample Flowchart for 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.

1. **Patient admitted to hospital**
   - By whom: Diet Technician, Nurse, other?
   - Timing: Within ___ hours of admission

2. **Is a Nutrition screening completed?**
   - Use validated tool? Yes/No
   - By whom: Diet Technician, Nurse, other?
   - Timing: Within ___ hours of admission

3. **Per screening, is patient at risk for malnutrition?**
   - If Low Risk
     - 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.
   - If High Risk
     - **<Insert activity here>** (For example: If “at risk”, is a nutrition assessment completed? If not, when is a nutrition assessment ordered, and completed? Any other intervention?)
   - By whom: Diet Technician, Nurse, other?
   - Timing: Within ___ hours of admission

4. **Use of standardized tool? Yes/No**
   - By whom: Diet Technician, Nurse, other?
   - Timing: Within ___ hours of admission

5. **Diagnosis recorded in EHR? Yes/No**
   - Timing: Within ___ hours of admission
   - By whom: Diet Technician, Nurse, other?
   - Timing: Within ___ hours of admission

6. **Patient discharged**
   - By whom: Physician, NP?
   - Timing: Within ___ hours of discharge

7. **Prepare discharge plan and materials based on patient needs**
   - By whom: Bedside Nurse, Flow Nurse, Dietitian, Case Manager?
   - Timing: Within ___ hours of discharge

8. **Sign-off on discharge plan and write orders**
   - By whom: Physician, NP?
   - Timing: Within ___ hours of discharge

9. **Prep patient for discharge and educate patients about their plan**
   - By whom: ______
   - Timing: Within ___ hours of discharge

10. **Patient discharged**
    - By whom: ______
    - Timing: Upon discharge

11. **Home care: Home with nutritional recommendations included in discharge plan?**
    - By whom: ______
    - Timing: Upon discharge

**Key**
- Care Team activity
- Joint activity between patient/family member or caregiver and Care Team
- Decision point
MQiiSample Flowchart for Recommended Malnutrition Care

**Patient admitted to hospital**

**Conduct nutrition screening**
- Team member: Nurse
- Timing: Within 2 hours of admission
- Use validated tool? Y/N

**Patient at risk for malnutrition?**
- Yes
  - Automated dietitian consult and malnutrition-risk diet order
    - Team member: Nurse
    - Timing: Immediately
    - Per malnutrition-risk protocol, intervene with food and/or oral nutritional supplement within 24 hours to expedite malnutrition treatment and provide interim support unless contraindicated. Conduct nutrition assessment as soon as possible.
- No
  - Continue to monitor and rescreen patients as indicated or every seven days to ensure no change in nutritional status. Complete nutrition assessment if patient is deemed at risk.

**Implement care plan to maintain nutrition status**
- Team member: Dietitian and other care team members
- Timing: Immediately after assessment
- Following assessment, any active malnutrition diet order should be reevaluated.

**Patient at risk for malnutrition?**
- No
  - Patient malnourished?
    - Yes
      - Malnutrition diagnosis recorded
        - Team member: Dietitian, physician, or other qualified care team member
        - Timing: Immediately after assessment
        - Recorded in EHR Y/N
    - No
      - Patient care plan established
        - Team member: Dietitian and other care team members
        - Timing: Immediately after diagnosis
        - Preferences recorded? Y/N

**Support care transition as appropriate**
- Team member: Dietitian, case manager, or nurse
- Timing: Upon discharge

**Patient monitoring, evaluation, and care plan updates as needed**
- Team member: All care team members
- Timing: Duration of patient stay

**Establish malnutrition care plan for post-discharge**
- Team member: All care team members
- Timing: 24 hrs prior to discharge

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.