MQii Implementation Training

Presentation Roadmap

1   Review of Project Teams and Toolkit Resources

2   Understanding the Recommended Clinical Workflow

3   Training on Malnutrition Care Intervention

4   Next Steps

Review of Project Team Roles and Toolkit Resources

# Multidisciplinary Project and Care Teams Are Essential for Effective Implementation of the MQii

- The Project Team consists of demonstration leaders responsible for guiding overall execution of the intervention
- The Care Team is responsible for direct patient care
  - Given the consideration of patient-driven care throughout this demonstration, patients/family caregivers are considered an integral part of the Care Team
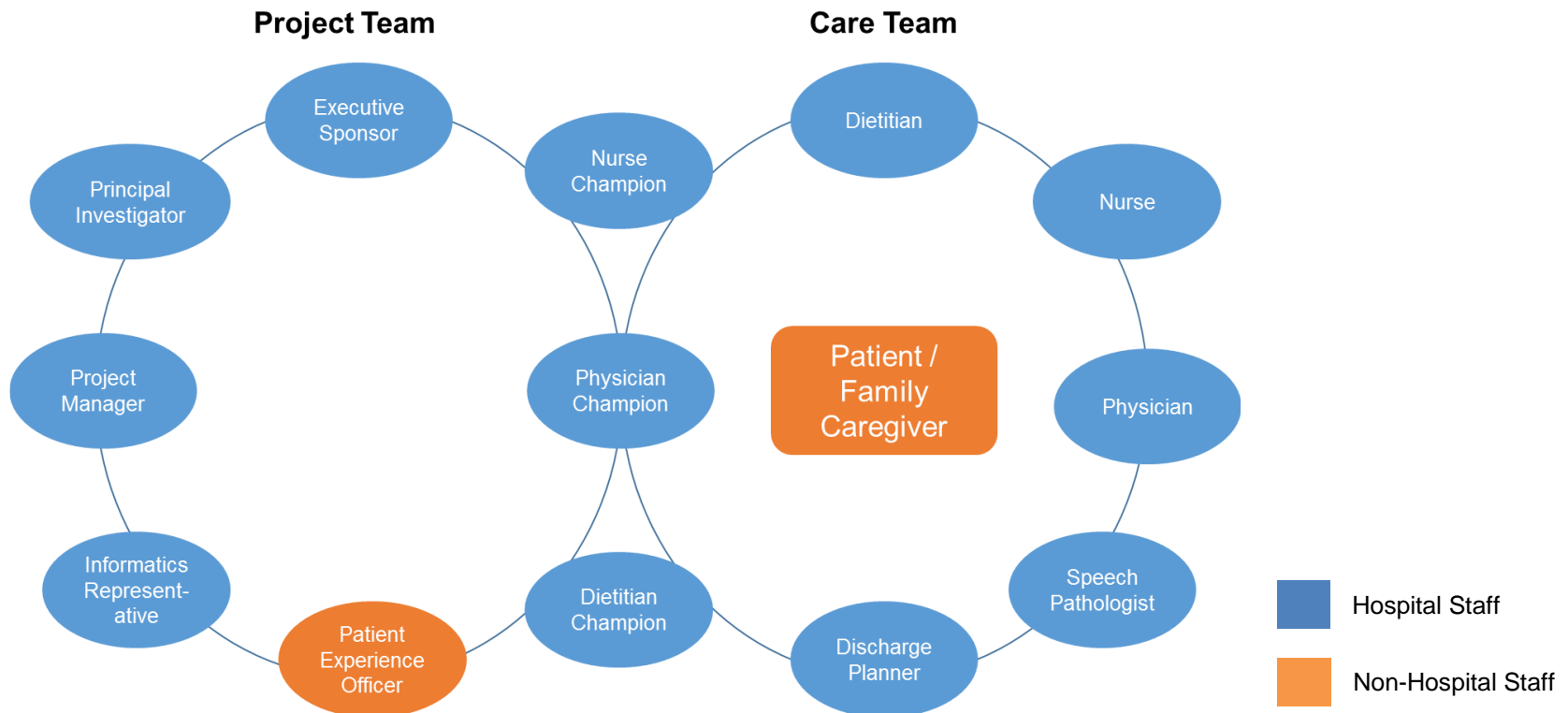
Involvement of the Patient/Family Caregiver is an Essential Component of the MQii

THE CONCEPT OF PATIENT-CENTERED CARE IS ONE THAT IS CONTINUOUSLY EVOLVING AS THE ROLE OF THE PATIENT BECOMES INCREASINGLY DEFINED

Patient Experience

Patient Engagement

Patient Empowerment

Patient-Centered Care
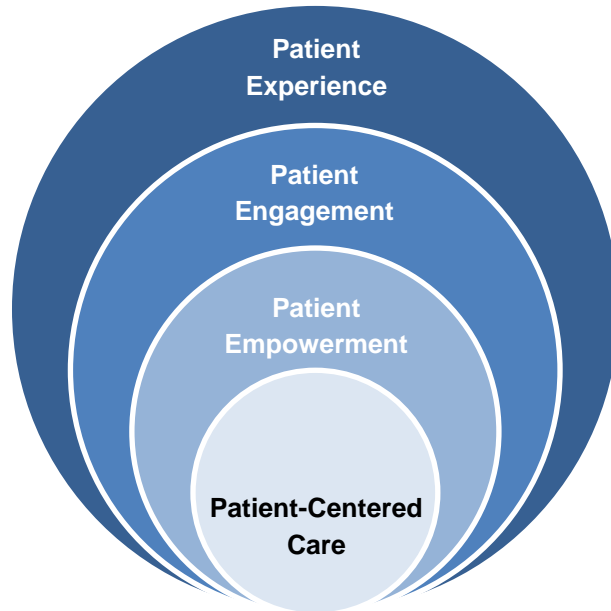
Examples of patient-driven care deriving from the Toolkit include:

- Patient provides input on food and oral nutritional supplement decisions

- Patient receives education and counseling regarding their conditions

- Patient helps inform discharge planning

Throughout the MQii, patients are expected to be informed participants in their care, helping to drive decision-making as a member of the Care Team.

MQii Implementation Aims to Improve your Hospital's Nutrition Care Processes and Associated Outcomes

Implementation Objectives

1 — **Reduce clinical practice variability** related to malnutrition care

2 — **Provide a feasible and usable malnutrition quality improvement toolkit** that can be easily deployed by a multi-disciplinary care team in an acute setting

3 — **Improve knowledge** of the importance of malnutrition and best practices for optimal malnutrition care delivery

4 — **Impact clinical outcomes** of average length of stay and 30-day all-cause readmissions as surrogates for the cost of care

Care Team Leadership Is Critical for Driving Results

Objective #1: Reduce clinical practice variability

Your Role

1. **Support changes and enhancement to clinical care practices**
   - Support use of recommended clinical workflow for optimal nutrition care by ensuring timely and consistent care of malnutrition care best practices

2. **Serve as leaders in change management and help care team members meet initiative goals and data collection requirements**
   - Be familiar with quality indicators used and help monitor how care team members track this information

3. **Ensure that conducted workflow mapping is an accurate reflection of actual current practices**

4. **Confirm target areas for clinical improvement and methods for implementation**

MQii

* Also a Learning Collaborative research question

Care Team Leadership Is Critical for Driving Results

Objective #2: **Provide a feasible and usable malnutrition quality improvement toolkit**

Your Role

1. Support implementation and assessment of the toolkit

2. Be familiar with toolkit strategies help ensure implementation of recommended care workflow

3. Provide your feedback on implementation of this initiative by sharing thoughts on ease of use and relevance for changing care practices

4. Participate in regular team meetings and share information on barriers or challenges and successes of implementation

* Also a Learning Collaborative research question

Care Team Leadership Is Critical for Driving Results

Objective #3: **Improve levels of malnutrition**

Your
Role

1. **Understand importance and impact of malnutrition on patient outcomes and associated costs**

2. **Help educate other care teams of this importance and strategies for improving malnutrition care**

* Also a Learning Collaborative research question

Care Team Leadership Is Critical for Driving Results

Objective #4: **Impact clinical outcomes of average length of stay and 30-day all-cause readmission rates**

Your Role

1. Help oversee care team documentation of accurate clinical care practices

2. Help reduce these rates by improving quality of malnutrition care as recommended by MQii strategies

* Also a Learning Collaborative research question

Training Your Care Team on Nutrition Care Interventions

Reviewing Existing Workflow Processes Will Help Identify Where Quality Improvement is Most Needed

Your MQii Project Team should complete the following activities to guide MQii implementation:

- **Create a workflow map of existing care practices to address malnutrition among admitted adults**

- **Compare your current workflow processes to recommended care practices**

- **Identify areas in your facility's nutrition workflow to identify where improvement efforts are needed**

There Are Seven Key Components in the Recommended MQii Nutrition Care Workflow

1. Malnutrition Screening

Systematic process of identifying an individual who is malnourished or who is at risk for malnutrition to establish whether a patient needs a nutrition assessment

2. Nutrition Assessment

Systematic approach to collect and interpret data from patients and family caregivers to determine a malnutrition diagnosis and severity of malnutrition

3. Malnutrition Diagnosis

Documentation of a patient's nutrition problem that requires independent treatment using standard taxonomy (e.g., ICD-10) in the patient's medical record

4. Malnutrition Care Plan

Development of comprehensive planned actions to address nutrition-related factors affecting patient health status

5. Intervention Implementation

Implementation of specific actions outlined in the malnutrition care plan

6. Malnutrition Monitoring and Evaluation

Track progress made since malnutrition diagnosis and assess whether nutrition outcomes/goals are being met

7. Discharge Planning

Determines a patient's appropriate post-hospital requirements for nutrition services or nutrition care. This should include documentation of nutrition diagnosis, status, and orders in discharge plan.

Training for Malnutrition Screening

Conduct Malnutrition Screening

Timing:	Recommended to occur within 24 hours of patient admission
Responsible Care Team Member:	Nurse or qualified care team member
Clinical Data to Collect/Record:*	• Recent weight loss • Decreased appetite • Height • Weight
Key Steps:	➢ Score patient to determine risk and document results ➢ For at-risk patients, refer immediately for nutrition consult and assessment ➢ For patients at risk *during screening*, expedite nutrition intervention within 24 hrs with food or ONS

Key Decision Point: If the patient is determined to be at risk for malnutrition from either the initial or secondary screening test during hospital stay, a nutrition assessment is needed

*Validated tools for data collection of malnutrition screening include: Birmingham Nutrition Risk (BNR), Maastricht Index, Malnutrition Screening Tool (MST), Malnutrition Universal Screening Tool (MUST), Mini Nutrition Assessment (MNA), Nutrition Risk Classification (NRC), Nutritional Risk Index (NRI), Nutritional Risk Screening (NRS) 2002, Prognostic Inflammatory and Nutritional Index (PINI), Prognostic Nutritional Index (PNI), Simple Screening Tool, Short Nutrition Assessment Questionnaire (SNAQ), Subjective Global Assessment (SGA)
ONS: Oral nutrition supplement

Training for Nutrition Assessment

Complete Nutrition Assessment
Timing: Within 24–48 hours following a screening where patient is determined to be "at risk"
Responsible Care Team Member: Dietitian
Clinical Data to Collect/Record: • Food and nutrition history   • Anthropometric measurements   • Biochemical data   • Physician exam information
Key Steps: ➢ Review patient information that may impact nutrition or health status   ➢ Consult with other care team members; Conduct patient/caregiver interviews   ➢ Compare information to predefined assessment scale

Key Decision Point: If the patient is determined to be "malnourished" providers may need to seek/consider patient or family decisions around malnutrition treatment, particularly for end-of-life care

Training for Malnutrition Diagnosis

Establish Malnutrition Diagnosis	
Timing:	Immediately following nutrition assessment
Responsible Care Team Member:	Dietitian and care team member qualified to make medical diagnoses (e.g., physician, nurse practitioner, etc.)
Clinical Data to Collect/Record:	• Description of alternations in a patient's status • Malnutrition signs and symptoms • Malnutrition etiology • Patient diagnosis code (confirm in medical record)
Key Steps:	➢ Record diagnosis ➢ Establish possible causes from nutrition assessment; Consider conditions unique to patient ➢ Communicate diagnosis to patient/caregiver and address their immediate questions

Key Decision Point: Continuation of malnutrition care should only proceed if the provider identifies a malnutrition-related diagnosis and if it is in alignment with patient/family wishes, particularly for end-of-life care

Training for Malnutrition Care Plan Development

Determine Malnutrition Care Plan

Timing:	Immediately following diagnosis (within 24 hours)
Responsible Care Team Member:	Dietitian
Clinical Data to Collect/Record:	• Description of malnutrition care plan in patient's medical record
Key Steps:	➢ Confer with patient/caregiver to develop a nutrition care plan specific to patient preferences and needs ➢ Re-evaluate automated malnutrition-risk diet order based on result of nutrition assessment ➢ For each element of care plan, identify the care team member to complete and document each task ➢ Determine and document hand-off procedures ➢ Communicate care plan to patient/caregiver ➢ Coordinate with primary care and other post-discharge providers as needed or appropriate

Key Decision Point: Identify and outline specific actions in the care plan to performing care team members as appropriate for optimal execution

Training for Malnutrition Intervention Implementation

Begin Care Plan Implementation, including Malnutrition Intervention	
Timing:	Within a maximum of 24 hours following diagnosis
Responsible Care Team Member:	All care team members
Clinical Data to Collect/Record:	• Noted completion of each malnutrition care plan component in patient medical record
Key Steps:	➢ Carry out care as outlined by malnutrition care plan, including providing malnutrition intervention as recommended ➢ Continue ongoing communication of malnutrition care plan to patient/caregiver and all Care Team members ➢ Collaborate with additional providers as needed ➢ Engage patient/caregiver in malnutrition care plan ➢ Document completion of each malnutrition care plan component in patient medical record

Key Decision Point: Modifications to the malnutrition care plan may be warranted if the patient's medical condition changes during the hospital stay, nutrition goals are met prior to discharge, or the plan does not meet patient needs

Training for Malnutrition Monitoring and Evaluation

Monitor and Evaluate Patient Nutrition Status

Timing: As needed; per results of screening and assessment

Responsible Care Team Member: All or multiple care team members

Clinical Data to Collect/Record:
- Changes in baseline from both biochemical and medical tests, anthropometric data, patient intake, and other relevant data points

Key Steps:
- ➢ Conduct follow-up assessment to establish whether malnutrition care plan is producing positive or negative outcomes
- ➢ Obtain feedback from patient/caregiver on effect of malnutrition care plan
- ➢ Document findings in patient medical record
- ➢ Consider impact of changes in patient diagnosis, treatment, or other developments
- ➢ Adjust malnutrition care plan as needed

Key Decision Point: Patients not meeting malnutrition care plan goals should be continuously monitored for change in status. Malnutrition care may need to continue post discharge and should be coordinated with other providers

Training for Malnutrition Discharge Planning

Provide Patient with Malnutrition-Focused Discharge Plan and Instructions

Timing: 24 hours prior to hospital discharge for those assessed as "at risk" or "malnourished"

Responsible Care Team Member: Nurse, Dietitian, or qualified care team member

Clinical Data to Collect/Record:
- Nutrition-related components in discharge template

Key Steps:
- ➢ Include malnutrition diagnosis, nutrition orders, malnutrition care plan, ongoing malnutrition recommendations, and malnutrition-focused education in discharge plan
- ➢ Establish follow-up appointment date and time
- ➢ Ensure communication of malnutrition care plan to post-discharge providers and patient/caregivers
- ➢ Ensure patient/caregiver has access to ongoing malnutrition education or resources to meet malnutrition care plan goals

Key Decision Point: Malnutrition-related components in discharge plan are only necessary for patients identified as "at risk" or malnourished during hospital stay

MQii Website

Accessing the MQii Website

The MQii website provides flexible access to the toolkit and implementation resources

Access the full Toolkit on the website by clicking here:
https://malnutritionquality.org/mqii-toolkit/

Additional Resources to Support Toolkit Implementation

- Alliance to Advance Patient Nutrition resources:
  - [Malnutrition Fact Sheet](#)
  - [Role of the Dietitian](#)
  - [Role of the Physician](#)
  - [Role of the Nurse](#)
  - [Patient Education](#)
  - [Malnutrition Screening Tool](#)
  - [Patient Discharge Assessment](#)
  - [Nutrition Care Process Video Tutorials](#)

- [Video: Malnutrition in Older Adults – Alliance for Aging Research](#)
- Academy of Nutrition and Dietetics Nutrition Care Process:
  - [Part 1](#)
  - [Part 2](#)

- [A.S.P.E.N Clinical Guidelines: *Nutrition Screening, Assessment, and Intervention in Adults*](#)

- [Institute for Healthcare Improvement Flowchart Resources](#)

A full list of additional resources is provided in the Additional Resources section of the [toolkit](#).
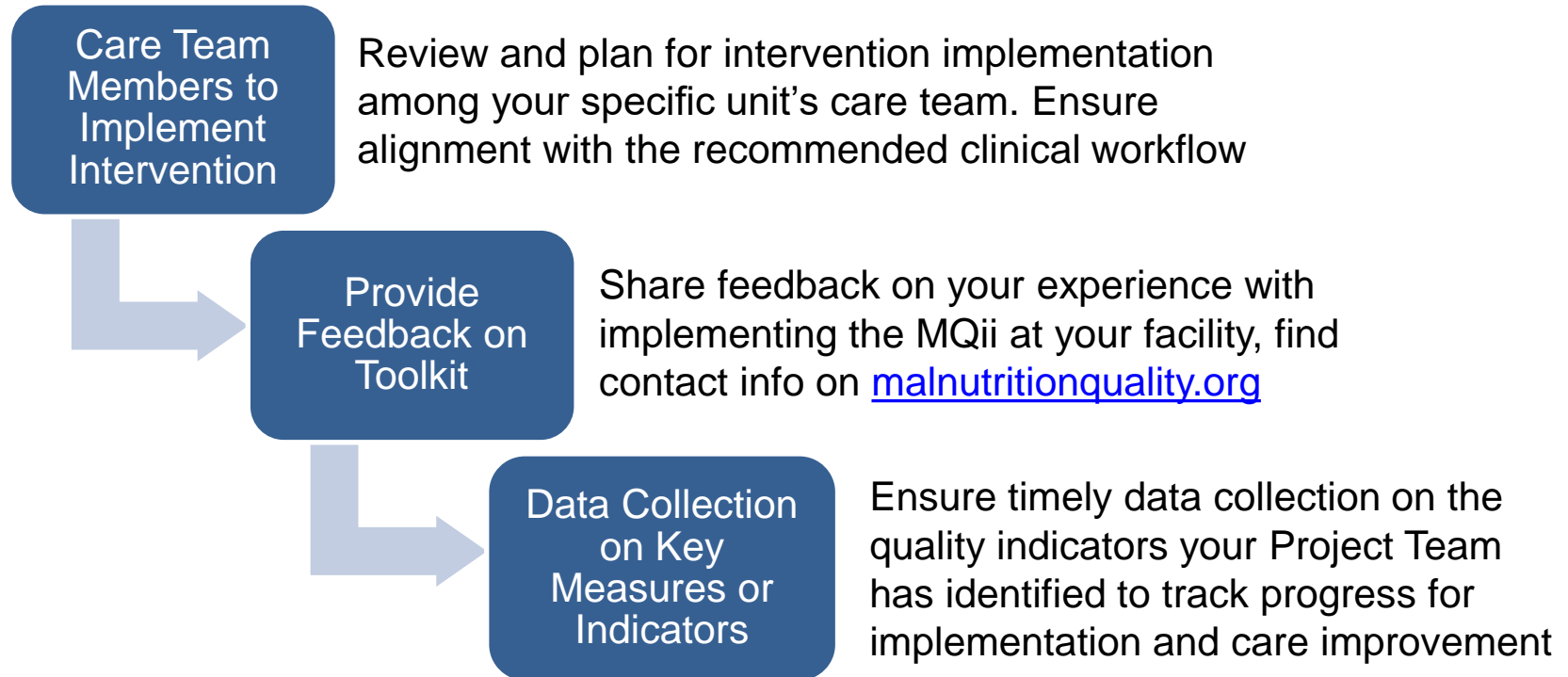
Next Steps

Next Steps

Care Team Members to Implement Intervention

Review and plan for intervention implementation among your specific unit's care team. Ensure alignment with the recommended clinical workflow

Provide Feedback on Toolkit

Share feedback on your experience with implementing the MQii at your facility, find contact info on malnutritionquality.org

Data Collection on Key Measures or Indicators

Ensure timely data collection on the quality indicators your Project Team has identified to track progress for implementation and care improvement

Project Team Responsibilities Include Supporting MQii Implementation and Evaluation

Attend regular meetings to review intervention progress and make refinements as needed	Ensure participation of all relevant staff	Support continued on-site training and education of care team members
Conduct data collection and analysis	Provide feedback on facilitators and barriers to clinical improvement	Support MQii awareness throughout your facility and beyond

Appendix: Data Collection for Tracking Progress

Progress Can Be Monitored Using the Global Malnutrition Composite Score or Similar Quality Indicators

Data collected will inform:

- Whether or not the recommended clinical workflow and timing of care is being met through initiative implementation

- Areas to target for quality improvement to best meet recommended clinical practices

However, you can choose or create your own indicators to track and monitor the selected areas for clinical improvement

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Key Steps:

- Work with your informatics representative to determine whether GMCS or other quality indicators can currently be collected through your facility's EHR

- For those not currently captured, assess whether it may be feasible to create additional data fields to capture this information during your implementation phase

- If unable to capture electronically, discuss how to collect any data manually
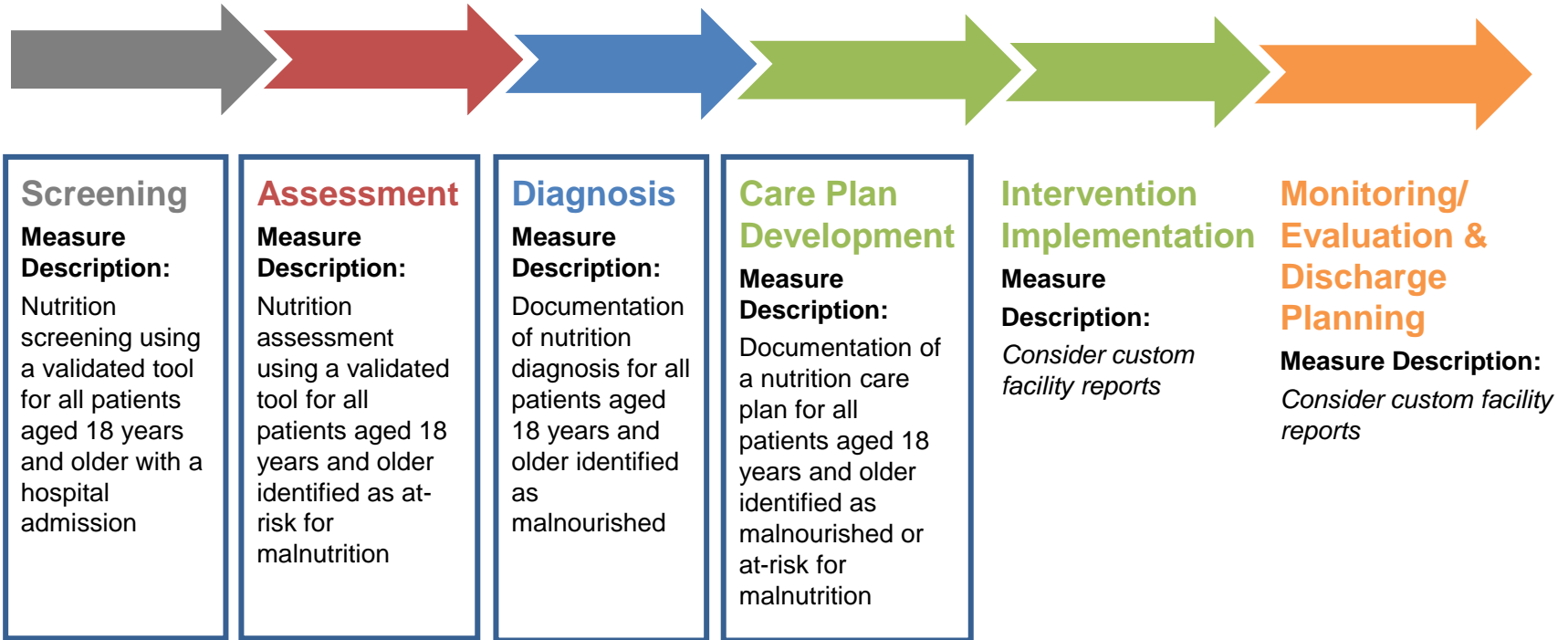
Monitoring Performance Will Inform Intervention Modifications

Data collected should be reviewed and analyzed on a regular basis

You will want to confirm that the:

- EHR system has the capacity to easily run clinical reports

- Project and care team members have knowledge of running such data reports and will be able to do so throughout the demonstration

- Project and care team members are able to review generated data reports to inform clinical improvement activities

The Global Malnutrition Composite Score Aligns with the Malnutrition Care Workflow

Screening

Measure Description:

Nutrition screening using a validated tool for all patients aged 18 years and older with a hospital admission

Assessment

Measure Description:

Nutrition assessment using a validated tool for all patients aged 18 years and older identified as at-risk for malnutrition

Diagnosis

Measure Description:

Documentation of nutrition diagnosis for all patients aged 18 years and older identified as malnourished

Care Plan Development

Measure Description:

Documentation of a nutrition care plan for all patients aged 18 years and older identified as malnourished or at-risk for malnutrition

Intervention Implementation

Measure Description:

Consider custom facility reports

Monitoring/ Evaluation & Discharge Planning

Measure Description:

Consider custom facility reports

☐ = GMCS measures this step in the malnutrition care workflow

MQii Suggests Quality Indicators That Align with the Malnutrition Care Workflow (1 of 3)

Malnutrition Care Workflow
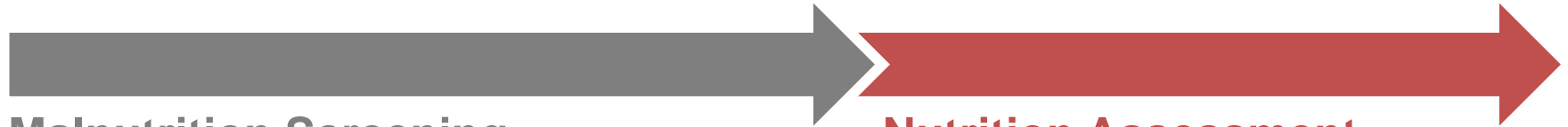
Malnutrition Screening

- Percentage of adult patients admitted to hospital who received a malnutrition screening with a validated screening tool
- Percentage of patients identified as "at risk" through a malnutrition screening who had a malnutrition-risk diet order implemented
- Length of time between hospital admission and completion of malnutrition screening
- Length of time between identification of a patient as "at risk" based on a malnutrition screening and implementation of a malnutrition-risk diet order, but before a nutrition assessment with a standardized tool
- Length of time between admission and implementation of a malnutrition-risk diet order in patients identified as "at risk" based on a malnutrition screening, but before a nutrition assessment with a standardized tool

Nutrition Assessment

- Percentage of patients identified as "at risk" for malnutrition based on a malnutrition screening who also had a completed nutrition assessment with a standardized tool
- Length of time between patients identified as "at risk" for malnutrition based on a malnutrition screening and completion of a nutrition assessment using a standardized tool
- Length of time between admission and completion of a nutrition assessment with a standardized tool for patients identified as "at risk" for malnutrition based on a malnutrition screening

MQii Suggests Quality Indicators Aligned with the Malnutrition Care Workflow (2 of 3)

Malnutrition Care Workflow
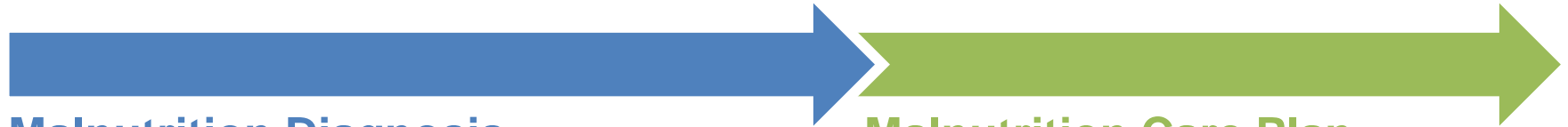
Malnutrition Diagnosis

- Percentage of adult patients identified as malnourished with a nutrition assessment using a standardized tool who have a documented dietitian-based malnutrition diagnosis

- Percentage of patients who have a documented provider medical diagnosis of malnutrition

- Percentage of patients identified as malnourished with a nutrition assessment using a standardized tool who have a documented dietitian-based nutrition diagnosis and a provider medical diagnosis of malnutrition
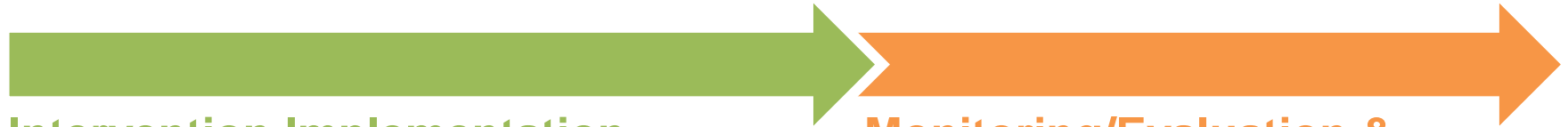
Malnutrition Care Plan Development

- Percentage of adult patients with a completed nutrition assessment and a documented malnutrition diagnosis who have a documented malnutrition care plan

MQii Suggests Quality Indicators Aligned with the Malnutrition Care Workflow (3 of 3)

Malnutrition Care Workflow

Intervention Implementation

- Percentage of adult patients with a documented malnutrition diagnosis who had a nutrition intervention implemented
- Length of time between documented malnutrition diagnosis and implementation of a nutrition intervention for patients diagnosed as malnourished
- Length of time between admission and implementation of a nutrition intervention for patients diagnosed as malnourished

Monitoring/Evaluation & Discharge Planning

- Percentage of patients with a malnutrition diagnosis as a result of a nutrition assessment with a standardized tool who have a malnutrition care plan included as part of their post-discharge care plan