

MQii Project Implementation Roadmap

OBJECTIVE

The following Implementation Roadmap is a guide intended to support your identification and implementation of a malnutrition quality improvement project at your facility. Please note that none of the included recommendations are mandatory. This document is intentionally open-ended in the hopes that, much like the MQii Toolkit, you will customize recommendations to suit the needs of your individual site and maximize your opportunity for a successful project.

INTENDED USERS

The Project Champion will be the primary user of the Implementation Roadmap. However, throughout the document there are numerous activities where it is suggested the Project Team, QI Department, or IT Department be consulted or play an active role. This will be dependent on availability of your team and should be customized as appropriate.

DOCUMENT CONTENTS

The Roadmap consists of the following Aims:

Pre-Implementation

- Select Your QI Focus
- Select Your QI Intervention
- Establish Monitoring Strategy

Implementation

- Implement Your Intervention

Post-Implementation

- Sustain your QI Progress

For each identified Aim, the following guidance is provided:



SUPPORT DOCUMENTS

Getting Started Checklist: Guidance document walking you through key administrative steps required to gain approval from your facility and to position you to execute this initiative.

QI Implementation Charter: Administrative planning document where you may capture all of the components of your intervention. The Implementation Roadmap aligns with the Charter and will help you think through each of the components. It is recommended that you document final decisions in the Charter as you work through the Roadmap.

Pre-Implementation Recommended Activities

Select your Quality Improvement Focus, Intervention, and Quality Indicators

Aim: Select your Quality Improvement Focus

Your QI Focus is the area of the malnutrition workflow where you will focus your improvement. This may include improvements to any of the following:

- Screening
- Assessment
- Diagnosis
- Care plan development
- Intervention implementation
- Discharge planning

| Recommended Action | Expected Outcome | Resources or Tools | Timing |
|---|---|--|--|
| <ol style="list-style-type: none"> 1. Convene Project Team members 2. Create a workflow map of existing care practices to address malnutrition among older admitted adults 3. Compare your current workflow processes to recommended care practices to identify where improvement efforts would be most beneficial 4. If available, use your hospital data and any reports to inform what you select as your QI Focus 5. Select your QI Focus and add to your QI Implementation Project Charter document | <p>QI Focus is selected</p> <p><i>Note: the level of detail for your QI Focus will be depend on your preference</i></p> <p>Examples:</p> <ol style="list-style-type: none"> 1. Simplified QI Focus: Assessment 2. Detailed QI Focus: Improve the timeliness the recommended intervention reaches the patient to within 8 hours of assessment (<i>greater detail</i>) | <ul style="list-style-type: none"> • MQii QI Implementation and Project Charter Template • MQii Sample Meeting Agenda • Data you have available to identify gaps or areas you may want to improve • MQii Best Practices Workflow Template • MQii Care Assessment and Decision Tool • Root Cause Analysis Guide | <p>This activity begins following project approval, or as soon as you are ready to begin your project.</p> |

Pre-Implementation Recommended Activities

Select your Quality Improvement Focus, Intervention, and Quality Indicators

Aim: Select your Quality Improvement Intervention

Your QI Intervention is the strategy to bring about desired change

| Action | Expected Outcome | Resources and Tools | Timing |
|---|---|---|---|
| <ol style="list-style-type: none"> 1. Reconvene Project Team to determine your QI intervention. Examples include, but are not limited to: <ol style="list-style-type: none"> a. Modify your EHR (e.g., automate referral of patients at-risk of malnutrition to a dietitian) b. Change a process (e.g., decrease time from screening to assessment) c. Change documentation (e.g., utilize a standardized nutrition assessment template) d. Implement education modules (e.g., educate staff on burden of malnutrition and the recommended clinical workflow) e. Change facility policies (e.g., seek order writing privileges for dietitians, if state permits) f. Modify patient hand-off and discharge procedures (e.g., add nutrition orders to discharge instructions) 2. Identify intervention start and end date 3. Determine internal actions and next steps for implementation | <p>QI intervention is selected and a plan is established for implementation, including consideration of necessary resources, rollout schedule, timing for necessary internal meetings, etc.</p> | <ul style="list-style-type: none"> • MQii Toolkit Implementation Guide, including downloadable, customizable training presentations on page 56 | <ul style="list-style-type: none"> • Following the selection of your QI Focus, immediately begin to identify what your QI intervention will be and how you will accomplish your goals • Schedule regular meetings with your MQii Project Team (weekly if possible) and determine your overarching intervention timeline, including start and end dates, as well as timing for potential milestones • Your timeline will be dependent on your selected intervention |

Pre-Implementation Recommended Activities

Select your Quality Improvement Focus, Intervention, and Quality Indicators

Aim: Establish Monitoring Strategy

Metrics are how your team will determine how your intervention is progressing and if you are accomplishing the desired changes. This may include data used to inform eCQM reporting, indicators either developed by your team (along with your QI department) or referenced from the MQii Toolkit, or non-patient level data.

| Action | Expected Outcome | Resources and Tools | Timing |
|---|--|---|--|
| <ol style="list-style-type: none"> 1. Reconvene Project Team 2. Engage your QI department to determine what should be measured to assess implementation progress and what data would be required 3. Determine whether data can be captured using existing tools or if data needs to be captured de novo <ol style="list-style-type: none"> a. Existing Tools may include administrative claims and/or EHR data <ol style="list-style-type: none"> i. If your QI Intervention aligns with data, you may consider using the data transmission report prepared for the MQii Team internally to assess your progress b. De novo data collection may be necessary for interventions requiring monitoring using non-patient level data and quality indicators not using eCQM data elements 4. Establish a timeline for review of identified metrics to assess progress | <p>An intervention monitoring strategy is established including identification of metrics of interest, necessary data, a data collection process, and a timeline for data review</p> | <ul style="list-style-type: none"> • MQii Quality Indicators p. 50 • MQii eCQMs and Quality Indicators Overview Presentation • MQii eCQMs Specifications Manual • Malnutrition eCQM Performance Calculator (MQii Collaboration Space under Data Collection Resources) • Internally generated reports • MQii Toolkit Implementation Guide, including downloadable, customizable training presentations • MQii Knowledge Attainment Test • MQii Toolkit Tools and Resources | <ul style="list-style-type: none"> • Following the selection of your QI intervention, you will begin determining your QI Indicators <ul style="list-style-type: none"> ○ Optimal timing is at least two weeks prior to pre-established intervention start date • QI is a continuous and iterative process. As a best practice, it is recommended Project Teams continuously assess improvement throughout implementation, as IT resources will allow |

Implementation Recommended Activities

Launch your intervention

Aim: Implement Intervention

Begin implementing your intervention at the designated start date referring to the processes and details identified with your Project Team during pre-implementation

| Action | Expected Outcome | Resources and Tools | Timing |
|--|--|---|---|
| <ol style="list-style-type: none"> 1. Educate your team regarding the components of the intervention <ol style="list-style-type: none"> a. Training materials should be developed and ready to use at the time of implementation 2. Launch your intervention in alignment with the previously identified intervention start date (roll out to floors, units, or departments in a way that makes sense for your hospital) 3. Track and monitor your process and your progress in alignment with the previously established monitoring plan 4. Make adjustments to your intervention, as necessary | <p>The desired intervention will be rolled out and the change will begin</p> | <ul style="list-style-type: none"> • PDSA Cycle Templates • Rapid Cycle Quality Improvement Framework • MQii Toolkit recommended clinical best practices • MQii Toolkit Tools and Resources | <ul style="list-style-type: none"> • This is dependent upon your intervention and your organization's needs, available resources, desires for change, and ability to make the desired improvements. Achieving the improvement across the entire organization will take time and steadfastness. • Ideally implementation of your intervention will include a schedule for kickoff, monitoring of data and progress, and a date to have your improvement fully rolled out |

Post-Implementation Recommended Activities

Consider sustainability and areas of refinement

Aim: Sustain Your QI Progress

Successful QI requires a plan to ensure gains continue to be realized and scalability is considered once initial implementation and testing of the initiative have concluded. Where QI is less successful, data can support the refinement of the intervention approach with the objective of realizing desired change.

| Action | Expected Outcome | Resources and Tools | Timing |
|--|---|--|--|
| <ol style="list-style-type: none"> 1. Establish a Sustainability Team to champion your intervention beyond the implementation period and the original department/unit <ol style="list-style-type: none"> a. This may include members of your Project Team b. It is recommended this team include an individual from your QI Department or someone with experience sustaining QI efforts 2. At the previously identified end date, review progress made on metrics included in the monitoring strategy 3. Celebrate successes and “quick-wins” to maintain momentum across Project Team, garner interest from other staff, and support buy-in for the next improvement cycle 4. Develop a sustainability plan 5. Disseminate QI intervention across other units, departments, or hospitals, incorporated lessons learned from initial implementation and testing 6. Where there are still opportunities for improvement within your identified QI Focus Area, consider refinement to your intervention approach <ol style="list-style-type: none"> a. Identify feasible changes that can be implemented immediately versus those that should be incorporated into a future improvement cycle 7. Consider additional areas of the recommended clinical workflow to target for quality improvement based on baseline data result or areas not previously prioritized following initial workflow mapping | <p>A plan is established for continuing or refining your intervention moving forward beyond the established implementation testing period</p> | <ul style="list-style-type: none"> • PDSA Cycle Templates • Root Cause Analysis Guide • QI Prioritization Template • Sustainability Plan Template • Lessons Learned Log | <p>It is recommended that a plan for sustainability or refinement is established prior to the conclusion of the implementation period so execution of the plan and sustaining of momentum can occur immediately. However, this will be dependent on your intervention, available resources, and facility culture</p> |