



MALNUTRITION QUALITY
IMPROVEMENT INITIATIVE

MQii Team Roles and Clinical Workflow Mapping

The Malnutrition Quality Improvement Initiative (MQii) is 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.

Presentation Roadmap

- 1** Project and Care Team Roles and Responsibilities
- 2** Existing Nutrition Care Workflow Mapping
- 3** Next Steps

Presentation Objectives

Objectives

- Review roles and responsibilities of different MQii project teams
- Map out existing malnutrition care workflow
- Review data collection methods for the MQii quality indicators

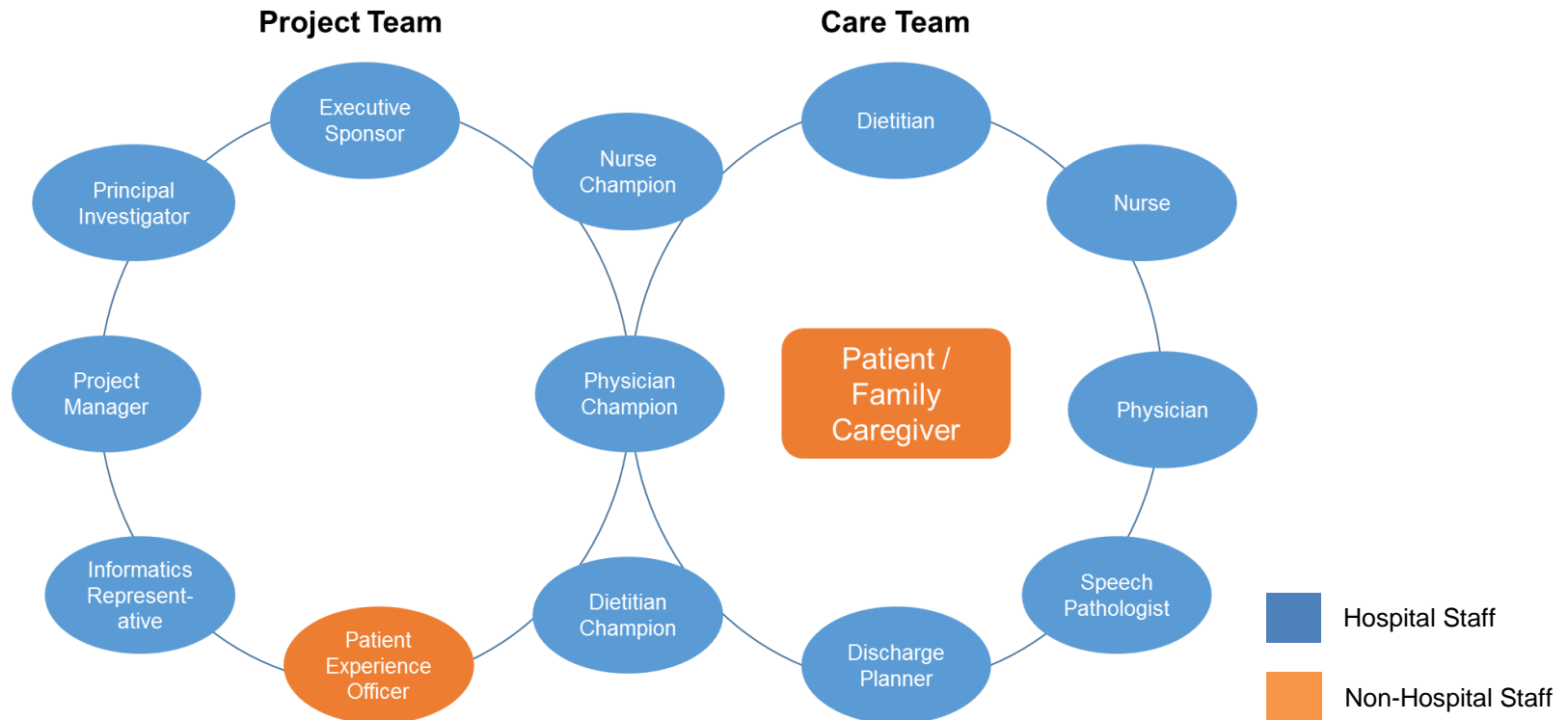


Project & Care Team Roles and Responsibilities

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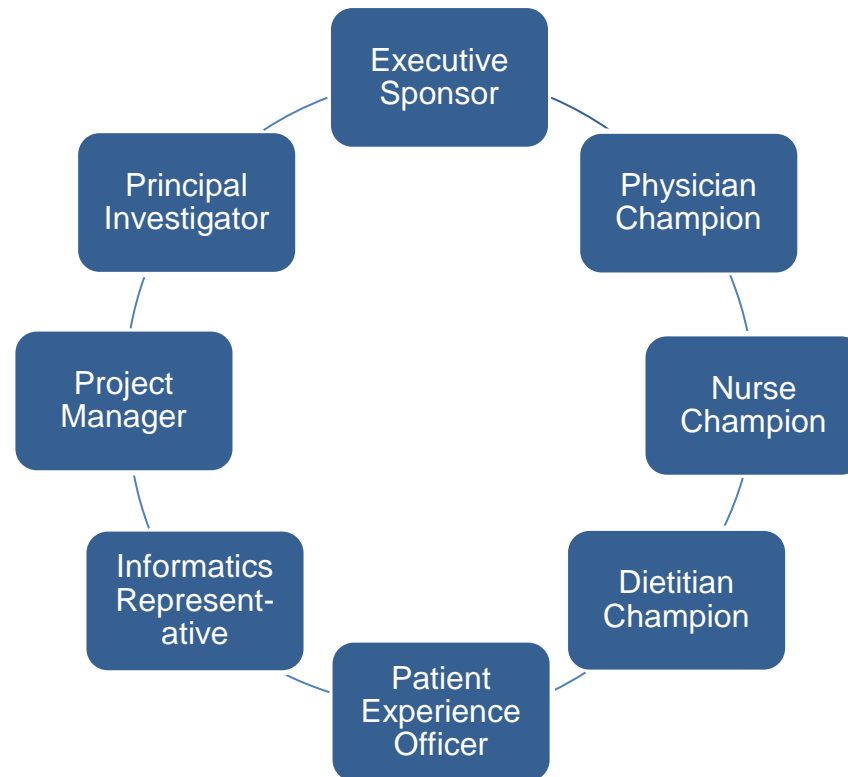
Multidisciplinary Project and Care Teams Are Essential for Effective Implementation of the MQii

- 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



Project Team Roles & Responsibilities

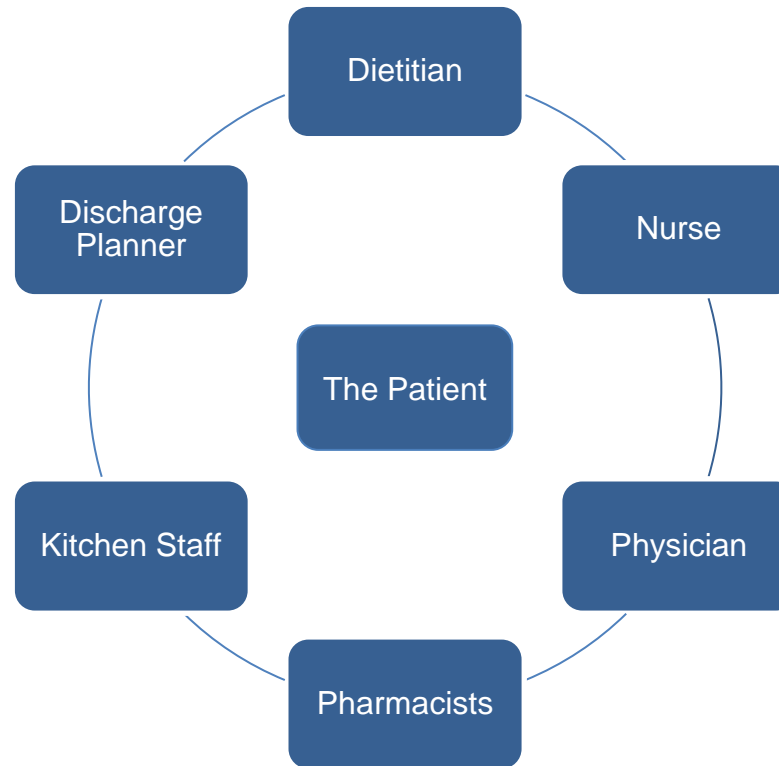
WHEN BUILDING THE PROJECT TEAM, YOU SHOULD CONSIDER IDENTIFYING INDIVIDUALS TO FILL THE FOLLOWING ROLES:*



Project Team roles can be customized based on your facility's existing organization structure. Roles are not mutually exclusive and individuals may play more than one role.

Care Team Roles and Responsibilities

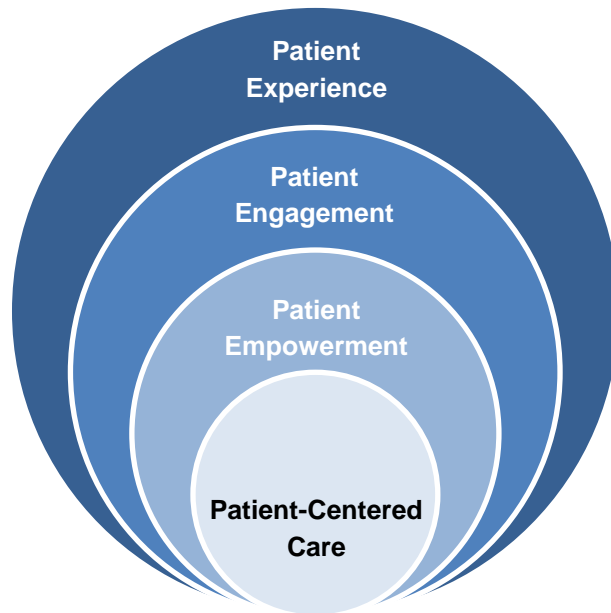
THE CARE TEAM IS RESPONSIBLE FOR DAY-TO-DAY CARE OF THE PATIENT AND MAY INCLUDE BOTH MEDICAL AND NON-MEDICAL PERSONNEL



Care Team members will vary by the care needs of each unique patient. However, a dietitian, nurse, and physician are anticipated at a minimum.

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



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.



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Existing Nutrition Care Workflow Mapping

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A Key Step to Quality Improvement Interventions is Understanding and Mapping Existing Workflow Processes

Purpose: To understand current clinical practice for treating nutrition needs for admitted older adults

Objective: To map out specific clinical steps through each phase of the care continuum:

- Admission
- Screening
- Assessment & Diagnosis
- Intervention (care plan development & implementation)
- Monitoring & Evaluation
- Discharge

Goal: To compare the current workflow to recommended care practices in order to identify areas for targeted intervention

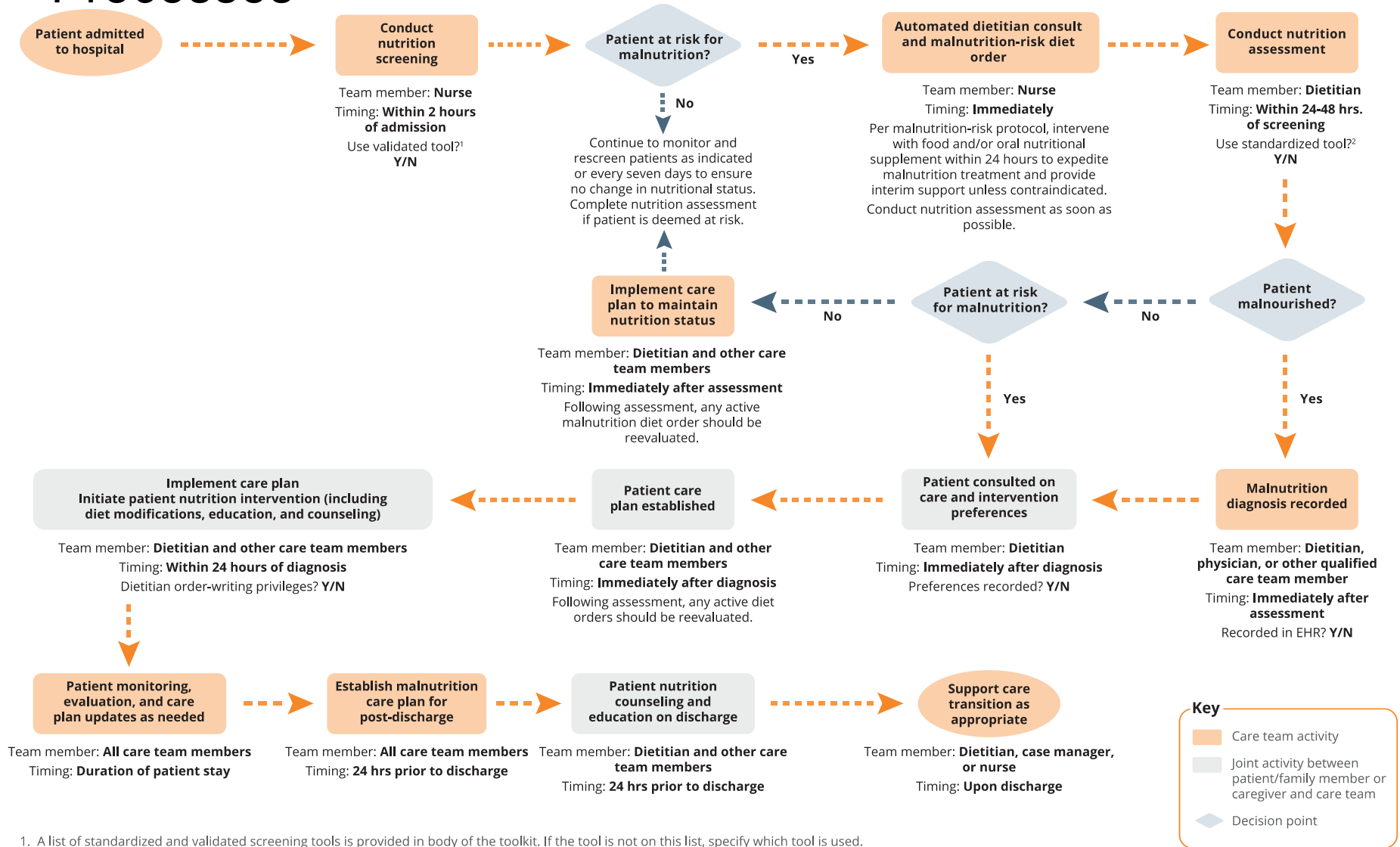
Breakout Session: Clinical Workflow Mapping

Use this time to walk through your facility's or team's typical workflow for addressing the nutrition care of admitted older patients

Key Steps:

- Create a visual of all steps taken by your care team to address malnutrition care for a single patient. A workflow map (or flowchart) is recommended for this exercise.
 - **A sample flowchart is provided on the next slide.** Feel free to add more or fewer details to best capture the processes at your institution
- Include steps for each aspect of malnutrition care:
 - Malnutrition Screening
 - Nutrition Assessment
 - Malnutrition Diagnosis
 - Malnutrition Care Plan Development
 - Intervention Implementation
 - Malnutrition Monitoring and Evaluation
 - Discharge Planning related to "At-Risk" or Malnourished Patients

Sample Flowchart for Recommended Malnutrition Care Processes



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.



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Understanding the Recommended Clinical Workflow

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The Next Step is to Compare the Existing Workflow Processes to Recommended Care Practices

Purpose: To compare the current workflow to recommended care practices (please refer to Figure 4 in the [Toolkit](#))

Objective: To identify areas for targeted intervention among each phase of the care continuum as needed

Goal: To identify appropriate interventions and assign relevant care team members to implement each recommended change

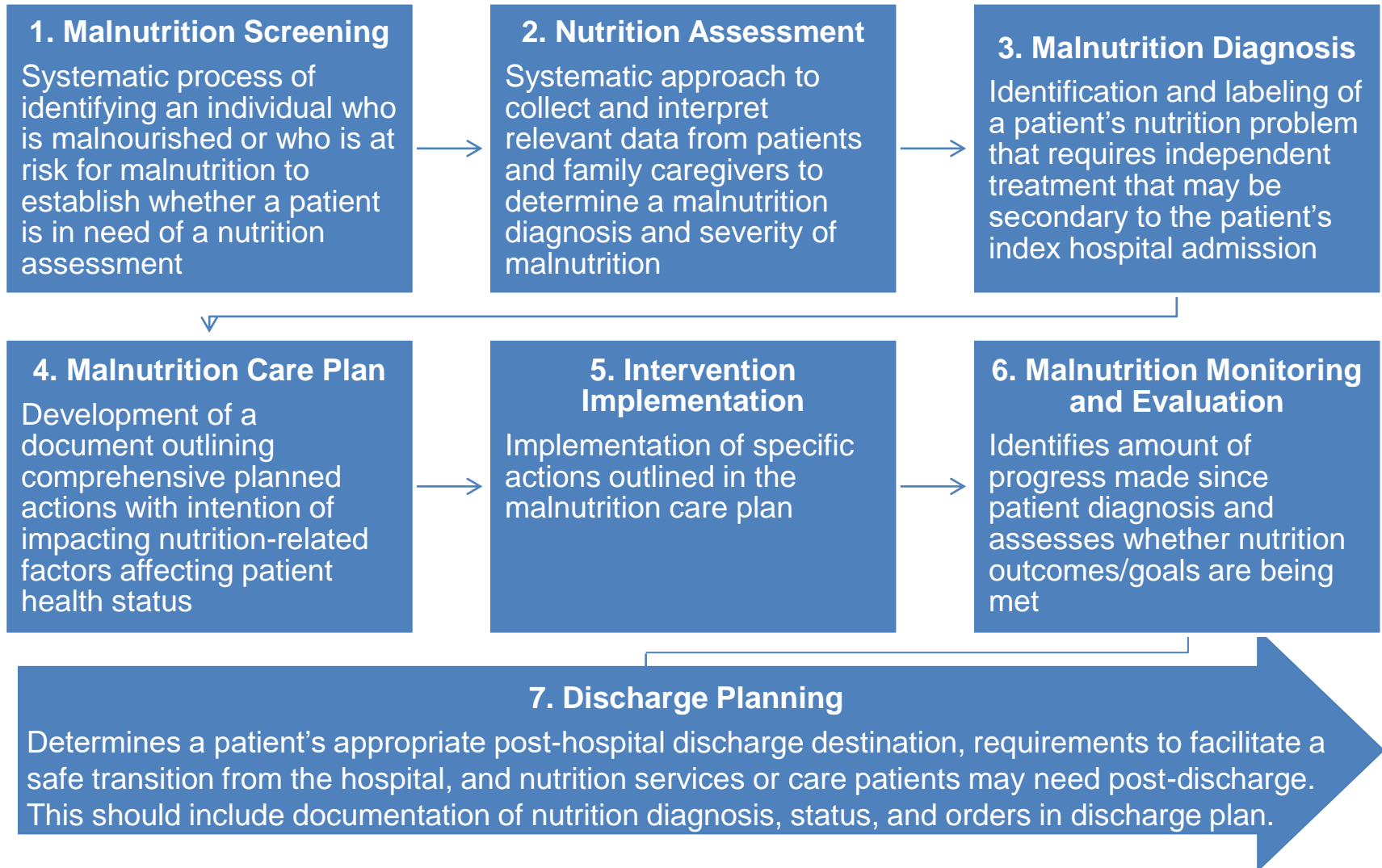
Breakout Session: Identifying Intervention Activities

Use this time to review the existing malnutrition workflow and help your Project Team identify key areas for targeted intervention to improve nutrition care of admitted older patients

Key Steps:

- Review the Recommended Clinical Workflow in the [Toolkit](#) (Figure 4; also depicted on the following slide)
- Compare the current processes mapped in the previous exercise to the detailed descriptions of each care component and best practices in the [Toolkit](#)
- Identify areas where your current workflow and the recommended workflow are not aligned and which areas are feasible to address
 - You can look to the “Best Practices” boxes for ideas of interventions to implement with your team for this initiative
 - You can also use the [MQii Nutrition Care Opportunity Assessment Tool](#) on the [MQii website](#) for more guided direction and suggestions

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





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Next Steps

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Next Steps

Review Workflow
with Project Team
Members

Ensure the entire Project Team understands the gaps in your current workflow for malnutrition care and how aspects of the recommended workflow can guide implementation of the selected quality improvements

Train the Care
Team

Provide training to Care Team members on the selected quality improvements and the changes they will need to implement in their care practices. See the [Implementation Training Presentation](#) on the MQii website to help guide the training.



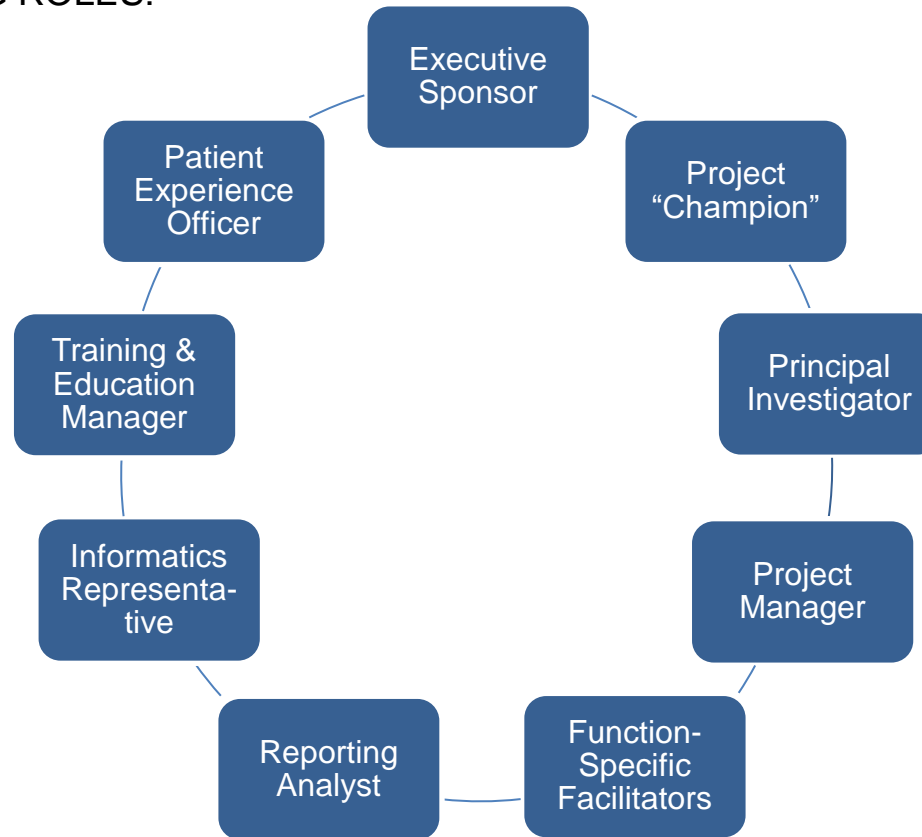
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Appendix: Detailed Project Team Roles and Responsibilities

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Project Team Roles & Responsibilities

WHEN BUILDING THE PROJECT TEAM, YOU MAY CONSIDER IDENTIFYING INDIVIDUALS TO FILL THE FOLLOWING ROLES:



Project Team roles can be customized based on existing organization structure. Roles are not mutually exclusive and individuals may play more than one role.

Project Team Roles & Responsibilities Details (1 of 2)

Role	Responsibilities
Executive Sponsor	Senior executive hospital leader (i.e., Chief Medical Officer, Chief Quality Officer) to generate leadership's buy-in, support the demonstration, help to communicate developments and progress updates to hospital leadership, and ensure all necessary clinical, information technology, and project management resources are made available.
Clinician Project "Champion"	Physician, Nurse, or Dietitian leader in charge of generating support and buy-in for the project by all relevant parties (both more senior level support as well as support of all relevant staff and care team members). Can be co-champions (e.g., physician and dietitian or physician and nurse) as an alternative. Will serve as the informal senior leader(s) for the project within the hospital site.
Principal Investigator (PI)	Clinician leader to help navigate the hospital's research-related requirements (e.g., submission to the IRB). Does not necessarily need to be a different individual from the "Project Champion."
Project Manager	Team leader (i.e., clinical leader or quality improvement director and different from the "champion") to help influence practice, educate and respond to staff member questions, and serve as a point-of contact for project.

Project Team Roles & Responsibilities Details (2 of 2)

Role	Responsibilities
Care Team Leaders	Clinician unit leaders (including a physician, nurse, and dietitian) to serve as facilitators across the different clinical professionals to ensure coordination in the hospital of key functional roles on the care team and facility administration (e.g., food supply manager). Responsible for communicating with and supporting the project manager from a function-specific perspective. The Project Champion, PI, or Project Manager may provide guidance for selecting individuals for each of these roles.
Reporting Analyst	Data analytics representative to assist with collecting, aggregating, and sharing necessary data with initiative teams throughout the demonstration.
Informatics Representative	Informatics team member to help design electronic health record (EHR) modules or order sets necessary to implement the recommended workflow or identified interventions as needed.
Training and Education Manager	Staff member to help facilitate training using your facility's existing training infrastructure. May also assist with other support for individuals implementing the demonstration. Can be from Human Resources (or similar functional area) or assigned Project Team member.
Patient Experience Officer	If available, an individual to provide the patient perspective on the demonstration and its implementation (e.g., an individual from the hospital's Patient and Family Advisory Council).