

The MQii Toolkit

Introduction to the MQii Toolkit



MALNUTRITION QUALITY
IMPROVEMENT INITIATIVE

These materials were developed by the Malnutrition Quality Improvement Initiative (MQii), 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.

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Introduction to the MQii Toolkit

This MQii Toolkit is a guide for identifying and implementing clinical quality improvements for malnutrition care. It is grounded in key principles of quality improvement and highlights best practices for screening, assessing, diagnosing, and treating adults, age 65+ years, admitted to the hospital who are malnourished or may be at risk of malnutrition. This Toolkit is designed to support changes among the Care team's clinical knowledge and practices for malnutrition care. It aims to do so by promoting a patient-centered approach, improving coordination across the care team, and raising awareness of best practices for optimal malnutrition care delivery.

The main audience for this document is individuals at a hospital who assume responsibility for leading implementation of the MQii. Going forward, these individuals will be referred to as the "Project Team", whose primary members include the project champion, project manager, principal investigator and Care team (malnutrition support clinician) leads. (Detailed descriptions of the various Project Team roles for this initiative can be found in Table 1 of the Plan Your Initiative section of this MQii Toolkit.) These individuals are most responsible for gaining support for the initiative across the organization and introducing the initiative to other staff members.

However, as the initiative gets underway, other members of the Project Team or Care team may wish to consult this document throughout implementation of the initiative. Feel free to encourage use of this document or the additional support materials provided through the mqii.today.

Key items to keep in mind as you review and implement the MQii Toolkit

- **Feel free to tailor the use of this Toolkit by referencing the most relevant sections for implementation at your hospital.** This Toolkit is intended to help you with full implementation of the MQii. It supports teams with varying levels of experience implementing quality improvement initiatives. Therefore, more experienced teams may find some of the background sections less relevant for their organization, while less experienced teams will find the same background information helpful for understanding the fundamentals of quality improvement activities and how to introduce them to their facilities.
- **Think about the availability of staff and resources to help you implement the clinical improvements recommended in this Toolkit.** Every organization has varying levels of ability to take on new quality improvement projects. Be sure to connect with your immediate care team colleagues, relevant clinical leadership, and hospital leadership or executives to make sure you have the support you need to effectively implement the changes you decide to target to improve malnutrition care in your hospital.
- **Use all resources at your disposal to reach your malnutrition quality improvement goals.** Using this Toolkit as your primary guide, you will find that there are many other additional resources that can support your teams to improve their quality of malnutrition care. Supporting resources to help you implement your improvement goals can be found on the mqii.today. Many literature and online resources are also referenced throughout this document and a helpful list is provided in the [Additional Resources section](#). Use whatever helps most to train and educate your team for achieving optimal care and outcomes.

Why Implement the MQii in Your Facility

Establishing the Case for Implementing the Malnutrition
Quality Improvement Initiative



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Section Take Aways

Following your completion of this section you will be ready to:

- The importance and impact of best practice malnutrition care to your organization
- How implementing the MQii could improve malnutrition care in your organization
- How to raise awareness of the MQii among key individuals in your organization

The Case for the MQii

Malnutrition is most simply defined as the inadequate intake of protein and/or energy over prolonged periods of time resulting in loss of fat stores and/or muscle wasting including starvation-related malnutrition, chronic disease-related malnutrition and acute disease or injury-related malnutrition⁴

Malnutrition is a leading cause of morbidity and mortality, especially among older adults.

20-50 percent of patients are at risk of malnutrition or already malnourished upon hospital admission¹

Evidence suggests that 20 to 50 percent of patients are at risk for malnutrition or are already malnourished at the time of hospital admission.¹ Unfortunately, only 7 percent of patients are typically diagnosed with malnutrition during their hospital stay, leading to millions of cases left undiagnosed and thus untreated.² The inability to identify and diagnose these patients leaves them at risk for other medical complications.

Older adults age 65+ years in particular are at an increased risk of malnutrition.³ As many as 65 percent of older adults admitted to the hospital may be malnourished.³ Given that increased age is a major risk factor for malnutrition and its associated complications, malnutrition can further exacerbate the risk of poor outcomes in this age group.

Furthermore, patients who are malnourished while in the hospital have a greater risk of complications, readmissions, hospital-acquired conditions, and increased length of stay,^{2,4} which is associated with an up to 300% increase in costs.⁷

Malnutrition increases hospital length of stay by 4 to 6 days³ & costs by up to 300 percent⁶

Yet despite the evidence that demonstrates the benefits of nutrition for healing and recovery, and a clinical consensus model for implementing optimal malnutrition care, significant **performance gaps remain in hospitals with respect to malnutrition screening, assessment, intervention, monitoring, and overall care.** A 2014 study highlights that while most hospitals report malnutrition screening is taking place within 24 hours of admission, fewer than half were knowledgeable about the 2012 Consensus Statement from the Academy of Nutrition and Dietetics/American Society for Parenteral and Enteral Nutrition (ASPEN) that recommends specific markers and characteristics for diagnosis of malnutrition.⁵

Additionally, several care gaps were identified, including a lack of multidisciplinary clinician participation in the delivery of malnutrition care, inadequate knowledge about or use of nutrition tools, and inadequate training of family caregivers to help treat malnutrition.⁵

The MQii seeks to make tools and processes available to hospitals to close these gaps in care and knowledge, and potentially improve patient outcomes. Figure 1 indicates how the MQii is designed to address these gaps by establishing a clear aim to demonstrate an improvement in the quality of malnutrition care at your facility. Reducing variability in clinical practice for malnutrition care is a primary driver for change. By introducing clinical improvements or activities that address each of the change concepts in Figure 1, it is anticipated that a facility can reduce clinical practice variability and demonstrate the critical improvements in malnutrition care. These changes, in turn, may also improve patient outcomes that potentially lower the cost of care in your facility (see the Outcomes of Interest in Figure 1).

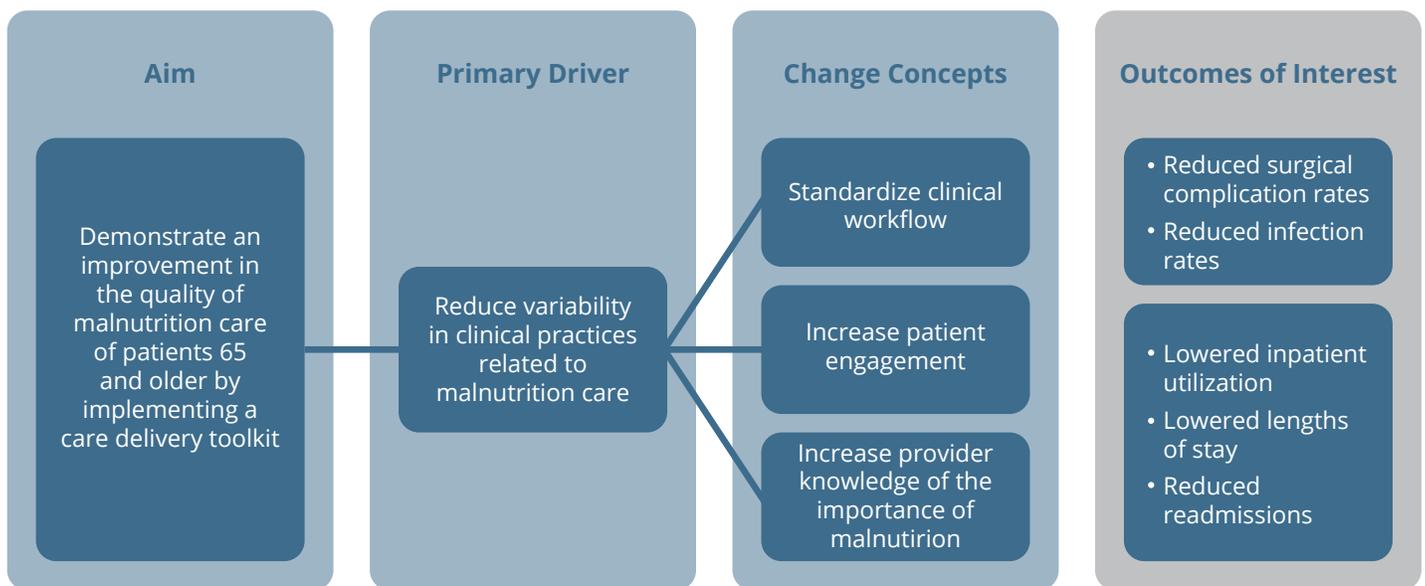


Figure 1: Driver Diagram Illustrating the MQii Theory of Change

Spread the Word and Raise Awareness of the MQii at Your Organization

Before getting started, it is important to ensure that hospital leaders – executive staff, administrative staff, and clinician leaders – understand the impact and importance of malnutrition on your hospital's patient population.

Depending on the level of malnutrition awareness in your facility, you may want to review and circulate educational information from the following sources regarding the burden and impact of malnutrition and how addressing it can improve patient and hospital outcomes:

- [Primer: The Importance of Addressing Malnutrition Care](#)
- [Alleviating Hospital-Based Malnutrition: A baseline progress report](#) (Alliance to Advance Patient Nutrition)³³
- [Malnutrition: A Serious Concern for Hospitalized Patients](#)⁶ (*Today's Dietitian* article)
- Critical Nutrients for Surgical and Trauma Wounds⁷ (by Krishnan K. in *Support Line*, December 2015;37(6): 3-8.)
- Nutrition Professionals Improve Clinical and Financial Outcomes in Patients Receiving Parenteral Nutrition⁸ (by Nishnick A. in *Support Line*, December 2015;37(6): 3-8.)

To help secure understanding and support from relevant hospital staff leadership to implement the MQii at your facility, you can share this [MQii Overview Presentation](#). It presents malnutrition facts, as well as goals of the initiative, and expectations of the care team leaders who would be responsible for implementing the related quality improvement activities.

If a more targeted approach to introducing this initiative to key individuals would be beneficial, feel free to access these [MQii introductory outreach letter templates](#). These resources can be tailored and personalized for the individuals you wish you engage. There is a separate letter template for hospital executives, clinical staff, and patient and family caregivers facilitating awareness of the effort and the role each can play to support it.

Key Steps for Implementing a Quality Improvement Project

1. Assess your readiness to implement a malnutrition quality improvement project
2. Build internal support and buy-in from key leadership
3. Identify a strong MQii project team and care team to implement a clinical improvement activity
4. Work with your MQii teams to select a malnutrition-related clinical activity on which to focus a quality improvement project
5. Plan for data collection to track improvement on the selected activity for clinical improvement
6. Begin implementation, starting with training the relevant care team members on the selected clinical improvement and making sure changes are consistently carried out among all care teams and units
7. Continue to track progress over time to help ensure the improvements sustain themselves or are further modified after the initial implementation phase