



MALNUTRITION QUALITY
IMPROVEMENT INITIATIVE

MQii Malnutrition Care Assessment and Decision Tool

- *Are your patients receiving optimal nutrition care?*
- *Do you know where there are opportunities to improve? Is there an opportunity to improve your 30-day readmissions rate?*
- *Is there an opportunity to lower your pressure ulcer prevalence, infection rate, or falls rate?*

This tool is intended to help you consider the current state of malnutrition care in your hospital and identify potential opportunities for quality improvement. Accordingly, this tool assesses to what extent your hospital is currently supporting best practices for malnutrition care. This tool is not intended to cover every potential area for malnutrition quality improvement, but rather to aid you in beginning to think about where opportunities for quality improvement may exist.

Once completed, the tool will help highlight areas where there may be gaps in malnutrition care quality in your hospital. You may then select an area on which to focus your quality improvement efforts, based on what will be most feasible and impactful in your hospital. You may use the MQii Toolkit to:

- Understand best practices for quality improvement in the areas you identified;
- Access associated tools and resources to help implement them in your hospital;
- Educate your care teams; and
- Track and monitor the impact of the quality improvement efforts.

Instructions: The questions below are organized by different phases of the malnutrition care continuum. Respond to each question to the best of your knowledge. Answering the questions, you should think about what malnutrition care is actually like in your hospital right now, not how you think it might be in the future or how you wish it to be.

Some questions in the various sections “build” upon one another, such that your answer to the first question may lead to a related, but more detailed, question about that aspect of care at your hospital.



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Malnutrition Risk Screening

Answer the questions below regarding malnutrition risk.

Yes

No

- | | | |
|--|--------------------------|--------------------------|
| 1. Does a member of your care team (e.g., nurse or diet tech) perform a malnutrition risk screening for all patients ages 65+ admitted to the hospital? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Does a member of your care team (e.g., nurse or diet tech) perform a malnutrition risk screening for all patients ages 65+ within 24 hours of admission? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is the malnutrition risk screening tool in use at your facility a validated screening tool? | <input type="checkbox"/> | <input type="checkbox"/> |
| i. If no, does your current tool produce reliable results (i.e., if administered by different clinicians, does it produce the same result)? | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. If no, does your current tool produce valid results (i.e., do subsequent nutrition assessments typically confirm the malnutrition risk screening results)? | <input type="checkbox"/> | <input type="checkbox"/> |
| iii. If no, do you have plans to implement a validated screening tool? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. If screened, are the results of screening documented in the electronic health record (EHR)? | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Are “at-risk” results clearly communicated (e.g., easy to find in the EHR) to other providers, or to next-in-line clinicians (e.g., dietitians)? | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. Is a dietitian consult automatically triggered in the EHR if screening results indicate patient is at risk for malnutrition? | <input type="checkbox"/> | <input type="checkbox"/> |
| iii. Is a dietitian/physician approved protocol in place to initiate a malnutrition-risk diet order? | <input type="checkbox"/> | <input type="checkbox"/> |




If you answered “no” to any of the questions above, this may represent an opportunity or area for malnutrition quality improvement in your hospital.

Nutrition Assessment

(Some of the questions in this section are specific to support provided by dietitians. If you are not a dietitian or are unsure of the answer to these questions, seek a dietitian in your hospital to assist with answering them.)

Answer the questions below regarding malnutrition risk.	Yes	No
1. Does a dietitian conduct a nutrition assessment for all patients aged 65+ who were identified to be at at risk for malnutrition?	<input type="checkbox"/>	<input type="checkbox"/>
a. Does a dietitian conduct the nutrition assessment within 24-48 hours following determination that the patient is at risk for malnutrition?	<input type="checkbox"/>	<input type="checkbox"/>
b. Does a dietitian conduct the patient nutrition assessment for patients ages 65+ using a validated assessment tool?	<input type="checkbox"/>	<input type="checkbox"/>
i. If no, do dietitians use the Nutrition-Focused Physical Exam (NPFE) as part of their nutrition assessment?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are the results of the nutrition assessments documented in the EHR?	<input type="checkbox"/>	<input type="checkbox"/>
i. Are the results of the nutrition assessment clearly communicated (e.g., easy to find in the EHR) to the next-in-line clinician (e.g., physician)?	<input type="checkbox"/>	<input type="checkbox"/>
d. Are all active diet orders reevaluated by a dietitian following the nutrition assessment?	<input type="checkbox"/>	<input type="checkbox"/>



If you answered “no” to any of the questions above, this may represent an opportunity or area for malnutrition quality improvement in your hospital.

Malnutrition Diagnosis


Answer the questions below regarding malnutrition risk.	Yes	No
1. Do dietitians in your hospital have order-writing privileges?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, are other clinicians in your hospital (e.g., physicians, nurses) aware of dietitian order-writing privileges and how to support their implementation (e.g., having protocols in place to address assessment findings)?	<input type="checkbox"/>	<input type="checkbox"/>
b. If no, is there a process for the dietitian to communicate results and/or recommendations for the patient's nutrition care to the physician based on the assessment?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are the assessment results and/or recommendations easily available to the provider (e.g., physician, PA, NP) in the EHR?	<input type="checkbox"/>	<input type="checkbox"/>
a. Is there an electronic trigger to call the provider's attention to the assessment?	<input type="checkbox"/>	<input type="checkbox"/>
i. If so, is it actionable (e.g., does it generate a dietary note for the MD to pull into his/her progress notes, or allow him/her to order the recommendations from the trigger)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are physicians (or other approved clinicians) at your hospital aware of their role in documenting malnutrition diagnoses in the medical record and/or adding malnutrition to the problem list?	<input type="checkbox"/>	<input type="checkbox"/>
a. Are providers (e.g., physician, PA, NP) easily able to make a diagnosis of malnutrition based on dietitian assessment results?	<input type="checkbox"/>	<input type="checkbox"/>
b. Do physician orders and diagnoses almost always align with the dietitian's recommendations?	<input type="checkbox"/>	<input type="checkbox"/>



If you answered "no" to any of the questions above, this may represent an opportunity or area for malnutrition quality improvement in your hospital.

Malnutrition Care Plan Development


Answer the questions below regarding malnutrition risk	Yes	No
1. Do patients who receive a malnutrition diagnosis receive a specific malnutrition care plan?	<input type="checkbox"/>	<input type="checkbox"/>
a. Does the malnutrition care plan include all of the following components:	<input type="checkbox"/>	<input type="checkbox"/>
i. The prescribed treatment/intervention		
ii. An identification of care team members		
iii. A timeline for follow-up		
b. Is the malnutrition care plan developed immediately following patient diagnosis?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are patient and/or caregiver input and preferences solicited in development of the malnutrition care plan?	<input type="checkbox"/>	<input type="checkbox"/>
d. Is the malnutrition care plan communicated to the patient and/or caregivers?	<input type="checkbox"/>	<input type="checkbox"/>
e. Is the malnutrition care plan recorded in the EHR?	<input type="checkbox"/>	<input type="checkbox"/>
f. Is the malnutrition care plan communicated to the patient care team?	<input type="checkbox"/>	<input type="checkbox"/>



If you answered “no” to any of the questions above, this may represent an opportunity or area for malnutrition quality improvement in your hospital.

Malnutrition Intervention Implementation


Answer the questions below regarding malnutrition risk.	Yes	No
1. Do patients who are diagnosed as malnourished consistently receive a malnutrition intervention? <i>(If you are not a dietitian or are unsure of the answer to this question, seek a dietitian in your hospital to assist with answering it.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
a. Are recommended or prescribed nutrition interventions clearly outlined in the care plan?	<input type="checkbox"/>	<input type="checkbox"/>
i. Do recommended or prescribed nutrition interventions/orders get started (as outlined in the care plan) within 24 hours of diagnosis?	<input type="checkbox"/>	<input type="checkbox"/>
ii. Is there an effective system for members of the care team (including physicians, dietitians, nurses, pharmacists, etc.) to clearly communicate about implementation of the nutrition intervention?	<input type="checkbox"/>	<input type="checkbox"/>
iii. Is implementation of nutrition interventions documented in the EHR?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are nutrition interventions effectively administered to patients?	<input type="checkbox"/>	<input type="checkbox"/>
i. Is there a “dedicated mealtime” for the patient to receive food, oral nutritional supplements, etc. without interruption (and with hospital staff support, e.g., feeding assistance, if necessary)?	<input type="checkbox"/>	<input type="checkbox"/>
ii. Is the importance of nutrition interventions, including consumption of the nutrition intervention, clearly communicated to patients and their caregivers?	<input type="checkbox"/>	<input type="checkbox"/>
1. Are oral nutritional supplements delivered with other medications?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do clinicians track, monitor, and record the amount of food or supplement consumed by the patient to ensure optimal nutrition support?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are oral nutritional supplements included on the medication record?	<input type="checkbox"/>	<input type="checkbox"/>



If you answered “no” to any of the questions above, this may represent an opportunity or area for malnutrition quality improvement in your hospital.

Malnutrition Monitoring & Evaluation

Answer the questions below regarding malnutrition risk	Yes	No
1. Is there a defined plan established to monitor and evaluate each patient identified as malnourished during their inpatient hospital stay?	<input type="checkbox"/>	<input type="checkbox"/>
a. Is there a process in place for discussing the patient's nutritional status with patients and/or caregivers and soliciting feedback from the patient and/or caregiver?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are findings and recommendations based on patient follow-up documented in the EHR?	<input type="checkbox"/>	<input type="checkbox"/>
i. If not documented in the EHR, are the findings and recommendations documented in a paper-based record?	<input type="checkbox"/>	<input type="checkbox"/>
1. Is this information easy for other clinicians to find and use to implement the recommendations?	<input type="checkbox"/>	<input type="checkbox"/>
c. Is there a protocol or process in place for re-screening patients identified as malnourished/at risk for malnutrition and receiving, and evaluation of patients believed to be at risk, but who were not found to be malnourished when assessed?	<input type="checkbox"/>	<input type="checkbox"/>



If you answered "no" to any of the questions above, this may represent an opportunity or area for malnutrition quality improvement in your hospital.

Discharge Planning

Answer the questions below regarding malnutrition risk.	Yes	No
1. Do you incorporate malnutrition instructions into patient discharge planning for patients determined to be at risk or malnourished?	<input type="checkbox"/>	<input type="checkbox"/>
a. Do nurses, dietitians, physicians, and others involved in discharge planning clearly understand the importance of nutrition considerations following hospital discharge?	<input type="checkbox"/>	<input type="checkbox"/>
b. Is there a designated space for malnutrition information in the discharge planning template?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do patients who are/were at risk of malnutrition or malnourished in the hospital receive social services or at discharge planning consult to ensure the patient's nutrition care needs are supported following discharge?	<input type="checkbox"/>	<input type="checkbox"/>
a. Do you provide patients and their caregivers with education on their nutritional status and information/recommendations on maintaining optimal nutrition following discharge?	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you coordinate with the next-in-line provider to discuss or share information on the patient's nutritional status while in the hospital and provide recommendations for maintaining the patient's nutritional status?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are there programs in place to support patients in maintaining their nutritional status after hospital discharge, particularly for patients lacking a support system outside of the hospital (e.g., programs for patient follow-up communication following discharge, programs to connect patients to food/nutritional support services, programs to coordinate care with step-down facilities)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does discharge planning, including discussion of nutrition considerations, begin at least 24 hours prior to discharge?	<input type="checkbox"/>	<input type="checkbox"/>



If you answered “no” to any of the questions above, this may represent an opportunity or area for malnutrition quality improvement in your hospital.

Note: The gaps in care identified above reflect interventions that the toolkit specifically aims to help you support; however, there may be other malnutrition-focused interventions that you identify as appropriate for your hospital. You are welcome to use the toolkit to guide and inform your process for building the foundation for malnutrition quality improvement, implementing a quality improvement program, and tracking and monitoring its results, even if your target intervention/goal does not align with one of the gaps identified above. Some examples have included:

- Helping medical coders and physicians understand the criteria for malnutrition in order to demonstrate to payers that the correct process for malnutrition was followed and a malnutrition diagnosis is warranted
- Tracking changes in readmissions and length of stay associated with changes in nutrition support processes
- Engaging with physicians to clearly delineate how to enable dietitians to provide care at the “top of their license”
- Creating tools or programs to provide nutrition support following discharge, or to enhance communication with next-in-line providers (e.g., long-term care facilities, post-acute care facilities, home caregivers)

Evaluating and Interpreting Results

Once you have completed the questionnaire, identify and review questions to which you responded “no.” These reflect areas where your hospital may not currently be supporting malnutrition care best practices. Consider which of these opportunities to pursue for quality improvement, taking into account the anticipated feasibility and impact of a potential quality improvement project in that area using the questions outlined below. It is suggested that you aim to identify 1-3 opportunities on which to focus for your hospital’s quality improvement project.

Prioritize/rank opportunities by Feasibility and Impact:

Feasibility:

1. Do you have the right support, buy-in, and participation from all relevant members of the care team to support this?
 - Do you have a physician identified who can serve as the project champion?
 - If a physician champion is unavailable, is the selected area of improvement one where you have a potential champion who is directly engaged in the process (i.e. a nurse may be effective in helping improve malnutrition screening)?

2. Is there buy-in and support from hospital or executive leadership for the selected area of intervention?
3. Is the QI team able and willing to support this effort (e.g., raise visibility in the hospital around it, devote resources to it, champion it to hospital leaders)?
4. If an EHR-related intervention is selected, do you have an existing relationship with an IT/Informatics representative who can help you with EHR activities? How flexible is your system to changes in the EHR templates or processes? How open is your organization when it comes to making changes in the EHR?
5. Do you have sufficient resources (financial) if needed to support the identified change?

Impact:

1. Given that each step of the malnutrition clinical workflow builds upon previous steps, is the selected intervention the earliest step in the process where there is a “breakdown” in malnutrition care (e.g., if all of the interventions are necessary, start with the screening step as subsequent nutrition care steps build upon it)?
2. Is there widespread understanding across the clinical and administrative staff around the impact of the selected intervention/aspect of care on overall patient outcomes?
3. Is the intervention tied to another program or project that has the clear ability to show economic impact (e.g., built into a readmissions monitoring and reduction program)?
4. Does the intervention align with other pre-established hospital goals or metrics?

Next Steps :

Once you have selected one or more areas on which to focus your hospital’s malnutrition quality improvement efforts, refer to the toolkit to:

- Understand best practices for your selected area of malnutrition quality improvement (e.g., screening, assessment, diagnosis, care planning, intervention implementation, monitoring and evaluation, discharge planning)
- Identify tools and resources to support implementation and aid in the education of care team members within your hospital
- Collect data, evaluate results, and provide timely feedback on the impact of your project to care team members, hospital administrators and leadership, and other key stakeholders