MALNUTRITION QUALITY IMPROVEMENT INITIATIVE

MQii Frequently Asked Questions (FAQs)

1. What is the per-week hourly time commitment for this initiative?

This will vary depending on the scope of changes and an individual's role in the project. For instance, the project manager may spend a few hours per week training staff on best practices in malnutrition care, tracking and monitoring changes in clinical practice, and supporting the project and care teams. By contrast, the time commitment for a care team member (e.g., nurse, physician, dietitian) not in a leadership role on the team will be minimal, as they will primarily be spending time receiving an initial training, familiarizing themselves with the best practices and how to implement them, and later reviewing feedback reports.

2. Will participation in this initiative substantially affect our clinical workflow? Will we be expected to tackle all aspects of the recommended clinical workflow?

The Malnutrition Quality Improvement Initiative was developed based on the nutrition care process. To start, use the clinical workflow mapping process or answer the questions in the *Malnutrition Care Assessment and Decision Tool* to determine which aspect(s) of optimal malnutrition care your institution will focus on to support quality improvement. The workflow mapping helps your facility identify how your current workflow process compares to the recommended workflow, identify where gaps exist in your current process, and determine the best areas in your workflow to target for improvement. The number of aspects of the recommended clinical workflow your organization tackles is up to your project team.

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.

3. Is it essential to use a validated screening tool?

While we are aware that many hospitals and health systems do not currently use a validated screening tool, it is strongly recommended to best identify malnourished and at-risk patients. For a complete list of validated screening tools, please see Table 3 of the toolkit.

4. What is a malnutrition-risk diet order?

Various diet orders utilized by facilities for patients at malnutrition-risk are as follows:

- High-Calorie, High-Protein Nutrition Therapy
- High-Calorie Nutrition Therapy
- Underweight Nutrition Therapy
- Nutrient Dense
- High Nutrient
- Three (3) small meals with snacks high in complex carbohydrates and low in simple sugars (fewer than 10g/serving); small amounts of rehydration solution between meals
- Small portions and frequent feedings of calorie dense foods and drinks containing fat and sugar
- Soft diet with nutritional supplements to meet energy requirements

Additional specifics that may be added to a diet order include:

- Adult MVI - Multi-vitamin Concentrate Intravenous Infusion
- Assist with Feeding
- Food Choices to Add Calories and Protein
- Underweight Sample 1-Day Menu
- Suggestions for Increasing Calories and Protein
- Benefits of Physical Activity
- Swallowing Difficulties
- Dental Health
- Failure To Thrive Syndrome in Older Adults

5. What is the minimum number of people we need to participate in the initiative?

The number of individuals who may be involved will vary, depending on which clinical improvement(s) are identified to support components of the recommended clinical workflow for this initiative, and the size of your organization.

6. Which Care Team members need to be involved in implementation?

At a minimum, physicians, nurses, and dietitians should be involved in the implementation. If possible, a "champion" or clinical leader should be identified for each functional role (e.g., nurse champion, dietitian champion, physician champion) to support the buy-in and training of their colleagues.

7. Which Care Team member is recommended to lead data collection and documentation efforts?

Each care team member will be involved in recording information in the electronic health record (EHR) that is relevant to the components of the care process that they support (e.g., nurses support data collection around malnutrition screening, dietitians support data collection around a patient's nutrition assessment, etc.). Additionally, the project and care teams should consider working with an individual in the Informatics Department to determine how to extract relevant data from the EHR in order to analyze results and track how quality improvement efforts are changing the variability in clinical practice over the course of the initiative.

8. Does my institution need to use the suggested MQii e-measures or quality indicators?

Implementation can be tailored to focus clinical improvements on only certain components of the recommended nutrition care process (e.g., improving malnutrition screening rates), and you can address certain components before moving on to others (e.g., encouraging increased development of nutrition care plans). As such, data collection for any of the suggested MQii e-measures and/or quality indicators is encouraged and aligns with recommended practices for malnutrition care. Alternately, you may choose to start with a combination of self-created metrics and perhaps a single suggested e-measure or indicator. As your team successfully addresses care components, you can then incorporate other metrics, indicators, or e-measures once the care team has a firm grasp on the initial clinical improvements and data collection for the associated metrics or suggested indicator(s).

9. What additional resources are available to support implementation of the MQii?

Web links to useful resources and tools that may help your implementation efforts can be found throughout the toolkit. Resources addressing various aspects of malnutrition care — from education about malnutrition's prevalence and economic impact, to daily quality-improvement implementation, to clinical guidelines — can be accessed on the Additional Resources page of the online Toolkit. Resources include tools for different provider types (physicians, nurses, dietitians), and address the full spectrum of patient care from admission to discharge. Materials include handouts, presentations, and informational videos.