



MQii Malnutrition Knowledge and Awareness Test

This test intends to assess hospital staff members' knowledge of the impact of malnutrition and importance of optimal malnutrition care practices, specifically as related to undernutrition. You may administer this test to assess baseline knowledge around malnutrition prevalence and care concepts prior to implementing the Malnutrition Quality Improvement Initiative (MQii). Please note that this assessment has been used and refined following its use by a hospital site; however, the test has not been validated and cannot be considered a validated tool.

Instructions: There are 25 multiple-choice questions included in the test. Please answer to the best of your ability. Please review all provided answers before responding, and then select the answer that you feel is most accurate based on your knowledge of malnutrition.

Contact Information:

Name:

Position and Unit:

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Malnutrition Knowledge and Awareness Test

1. The following clinical findings can be used to make a formal diagnosis of malnutrition **except**:
 - a. Insufficient food intake
 - b. Fluid accumulation
 - c. Loss of muscle mass
 - d. Presence of bed sores
 - e. Decrease in grip strength



2. Which of the following types of older adult patients should receive a malnutrition screening?
 - a. All patients 65 years and older
 - b. All patients 65 years and older, excluding surgical patients
 - c. Patients 65 years and older at high risk of malnutrition
 - d. Patients 65 years and older with an malnutrition-related index admission

3. Morbidity, mortality, and direct medical costs associated with disease-related malnutrition in the U.S. total approximately:
 - a. \$633 million
 - b. \$917 million
 - c. \$8 billion
 - d. \$74 billion
 - e. \$157 billion

4. Which of the following is not a recommended type of data to inform whether a patient is diagnosed as malnourished:
 - a. Gastrointestinal symptoms
 - b. Serum albumin level
 - c. Body mass index
 - d. Functional capacity
 - e. Dietary intake

5. Approximately what percentage of all adult patients admitted to the hospital are at risk for malnutrition or are already malnourished?
 - a. Less than 10 %
 - b. 10 to 20 %
 - c. 20 to 50 %
 - d. 50 to 70 %
 - e. More than 70 %

6. How soon following a positive malnutrition screening should a patient receive a nutrition assessment?
 - a. Within 12 hours
 - b. Within 24 hours
 - c. Within 36 hours
 - d. Within 48 hours
 - e. Within 72 hours

7. Which of the following is not a recommended next step for malnourished patients immediately following the nutrition assessment?
 - a. Confirm and record malnutrition diagnosis
 - b. Consult patient on care preferences
 - c. Establish nutrition care plan
 - d. Provide patient education and counseling on condition
 - e. Automatically renew existing malnutrition-risk diet order

8. All of the following actions are appropriate following a nutrition assessment except:
 - a. Documenting results in the electronic health record
 - b. Performing a malnutrition screening
 - c. Discussing results with the patient and/or caregiver
 - d. Communicating results to other care team members
 - e. Recording the patient's diagnosis

9. Which of the following commonly result from malnutrition:
 - a. Weight loss
 - b. Falls
 - c. Hospital-acquired infections
 - d. Pressure ulcers
 - e. All of the above

10. Following a nutrition assessment, when should a patient receive a malnutrition diagnosis, if appropriate?
 - a. Within 12 hours
 - b. Within 24 hours
 - c. Within 36 hours
 - d. Within 48 hours
 - e. Within 72 hours

11. Following admission, when should a patient receive a malnutrition screening?
 - a. Within 12 hours
 - b. Within 24 hours
 - c. Within 36 hours
 - d. Within 48 hours
 - e. Within 72 hours

12. Which of the following are not data that should be collected during a nutrition assessment?
 - a. Family nutrition history
 - b. Anthropometric measurements
 - c. Biochemical data
 - d. Physical exam information
 - e. Food and nutrition patient history

13. Which of the following is essential to include in a malnutrition care plan?
 - a. Patient preferences
 - b. Treatment goals
 - c. Prescribed treatment or intervention
 - d. All of above

14. Which of the following is true regarding a nutrition assessment?
 - a. All admitted patients should receive a nutrition assessment
 - b. The assessment should utilize a standardized tool
 - c. The assessment should be led by a nurse or nurse practitioner
 - d. Limited patient/family caregiver involvement should be required

15. Which of the following is not reflective of a recommended best practice for all surgical patients:
- Screening for malnutrition upon admission if the patient has not received a malnutrition screening within seven days prior to admission
 - Completing malnutrition screening or assessment within 24 hours prior to surgery for patients who are in NPO (nothing by mouth) status
 - Discussing plans to implement NPO status with patients prior to surgery
 - Performing a nutrition assessment for patients directly following surgery
 - Continuing to rescreen patients every seven days post-surgery, length of stay permitting
16. Which of the following is true regarding discharge planning for a patient treated for malnutrition?
- The patient should be given educational materials about continuing their nutrition care after discharge
 - Recommendations should include timing for follow-up care activities
 - Nutrition-related discharge instructions may be given independent of discharge instructions for the primary condition
 - a and b above
 - a, b, and c above
17. How soon should the implementation of a malnutrition care plan begin once a patient is diagnosed as malnourished or at risk for malnutrition?
- Within 48 hours following creation of the malnutrition care plan
 - Within 24 hours following creation of the malnutrition care plan
 - Immediately following creation of the malnutrition care plan
 - Within 12 hours following creation of the malnutrition care plan
 - Prior to end of day following creation of the malnutrition care plan
18. Which of the following is not a validated screening tool?
- Malnutrition Screening Tool (MST)
 - Mini Nutritional Assessment (MNA)
 - Simplified Nutritional Appetite Questionnaire (SNAQ)
 - Malnutrition Universal Screening Tool (MUST)
 - Simple Adult Nutrition Screening Tool (SANST)

19. When should a patient's initial malnutrition-risk diet order (an interim diet order initiated for patients identified as at risk based on malnutrition screening) be reevaluated?
- Within 48 hours of receiving the initial diet order
 - Following a nutrition assessment or reassessment
 - Once first food or oral nutritional supplement is given
 - Prior to discharge
 - b and c above
20. All of the following represent factors that may lead the clinician and patient to consider modifications to a malnutrition care plan except:
- Patient preferences change
 - Challenges meeting treatment goals for the patient
 - Transfer to another unit or facility
 - Change in patient's clinical status or condition
21. According to the National Quality Forum, patient-centered care is consistent with, respectful of, and responsive to all of the following except:
- Patient's experiences
 - Patient's priorities
 - Patient's goals
 - Patient's needs
 - Patient's values
22. What are the processes associated with nutrition intervention monitoring and evaluation as identified by the Academy of Nutrition and Dietetics?
- Monitor patient status, communicate results, assess timing for discharge
 - Monitor progress, measure outcomes, evaluate changes
 - Discuss care plan goals with the patient, check the medical record, conduct follow-up assessment
 - Plan, do, study, act

23. How soon following a malnutrition diagnosis should a patient receive a malnutrition care plan?
- Immediately
 - Before end of day
 - Within 12 hours
 - Within 24 hours
 - Within 36 hours
24. How long before hospital discharge should malnutrition discharge planning for a given patient begin?
- Within 12 hours of discharge
 - Within 24 hours of discharge
 - Within 36 hours of discharge
 - Within 48 hours of discharge
 - When the patient care plan is developed
25. All of the following are true regarding the use of electronic health records (EHRs) except:
- They should include documentation from all stages of patient care
 - They are an effective mechanism to support care transitions
 - Documentation in the EHR is sufficient for care team coordination
 - They may help remind providers of important next steps in patient care
 - They support easier, lower-cost data abstraction

Answer Key: Malnutrition Knowledge and Awareness Test

1. D
2. A
3. E
4. B
5. C
6. D
7. E
8. B
9. E
10. A
11. B
12. A
13. D
14. B
15. D
16. D
17. C
18. E
19. B
20. C
21. A
22. C
23. A
24. B
25. C