

MQii Readiness Questionnaire

- *Are you ready to end malnutrition in your hospital?*
- *Do you have the needed resources to do this?*
- *Is your culture one of improvement?*

The tool below helps you answer these questions and determine the extent to which your hospital is ready to pursue malnutrition-focused quality improvement (QI). Your hospital's level of readiness will suggest the ease or difficulty you may encounter and help you determine where to start in your malnutrition-focused QI efforts.

Instructions:

This tool has 20 questions and should take approximately 5-10 minutes to complete. Please respond to each question to the best of your knowledge. Answering the questions, you should think about how nutrition care is actually delivered in your hospital right now, not how you think it might be in the future or how you wish it to be.

If possible, have multiple individuals within your hospital (e.g., a dietitian leader, a nurse leader, a physician leader, a hospital administrator) and/or on different units complete the tool to reflect multiple perspectives on the hospital's readiness to support malnutrition QI. The project manager intending to lead the QI project should average scores to identify one composite score for the hospital. Identify and discuss any discrepancies between individuals and units to determine a plan for moving forward (e.g., how to tailor the QI project to the needs of different units).

Following completion of the questionnaire, use the scoring rubric and results assessment table below to interpret your results and identify recommended actions for engaging in a QI project given your level of readiness. Use the Malnutrition Quality Improvement Initiative (MQii) Toolkit to address gaps in your knowledge and enhance your ability to implement a malnutrition-focused QI project.

Readiness to Intervene Questionnaire:

Ability to Support Quality Improvement Efforts:

<u>What are we trying to accomplish?</u>	Strongly Disagree (1 point)	Disagree (2 points)	Neutral (3 points)	Agree (4 points)	Strongly Agree (5 points)
1. This hospital likes to do new and different things to improve care for patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Change in the hospital is managed well and sustained (based on experiences in the past three years).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. When physicians are involved in changes, the change is easier and more readily adopted across the organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. This hospital has a Quality Improvement Committee/Team that serves as a resource for quality improvement projects/efforts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Multi-disciplinary care teams are frequently used and embraced for quality improvement in our hospital culture.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Senior executives in this hospital are visible and strong supporters of quality improvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Patients and caregivers or patient advisory councils participate in quality improvement efforts in the hospital.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Providers (e.g., physicians, nurses, dietitians) in this hospital understand that they have an important role to play in supporting quality improvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Providers have experience supporting quality improvement (e.g., PDSA, Lean, Six Sigma).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Providers have experience reviewing and implementing quality improvement tools or resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Providers have experience accessing, interpreting, and using clinical data for quality improvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Readiness to Intervene Questionnaire:

Ability to Support Quality Improvement Efforts:

<u>What are we trying to accomplish?</u>	Strongly Disagree (1 point)	Disagree (2 point)	Neutral (3 point)	Agree (4 point)	Strongly Agree (5 point)
12. I have the ability to access data in the EHR easily and use it to perform data analysis, create reports, view data longitudinally, etc. (either by myself or with help from a colleague, or through an existing relationship with Informatics/IT team members).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ability to Support Malnutrition-Focused Quality Improvement:

13. Senior executives in this hospital understand the negative impacts of malnutrition on patient outcomes and hospital cost of care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Providers (e.g., physicians, nurses, dietitians) in this hospital understand the negative impacts of malnutrition on patient outcomes and hospital cost of care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Providers understand that they have an important role to play in supporting malnutrition care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. If my facility were to implement a QI initiative for improving malnutrition care, I have staff or a team ready and the time available to take on the task.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Dietitians in this hospital are involved in existing or past (within the last 3 years) quality improvement efforts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Dietitians in this hospital have a significant role in informing malnutrition diagnoses and nutrition interventions/orders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Dietitians in this hospital are familiar with and use the Academy of Nutrition and Dietetics' recommended Nutrition Care Process model in providing nutrition support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. This hospital has ready access to a dietitian at all times (i.e., sufficient dietitian availability 24/7).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL RESPONSES PER COLUMN

Add up the total number of responses in each column

Multiply by the point value for each column:

_____	_____	_____	_____	_____
x1	x2	x3	x4	x5

Total Responses Per Column

ADD UP ALL POINTS ACROSS THIS ROW FOR A FINAL SCORE.

Strongly Disagree Points:	Disagree Points:	Neutral Points:	Agree Points:	Strongly Agree Points:
_____	_____	_____	_____	_____

FINAL SCORE: _____

Scoring Information:

Add up your score based on the points assigned for each question above. Scores can range from 20 to 100. If multiple individuals in the hospital completed the tool, average the scores (add up the scores of each respondent and then divide by the total number of respondents) to get your composite score for the hospital.

Results Assessment Table:

Use the Results Assessment Table below to determine your readiness to implement malnutrition-focused QI based on your score, as calculated above. A higher score indicates that your hospital likely has the resources, engagement, and opportunities to immediately initiate a QI project. A lower score indicates that your hospital may have a lower level of readiness to initially engage in QI. Please note that a low score does not mean that you should not pursue malnutrition quality improvement in your hospital; rather, it indicates that you may want to engage in additional support activities to lay the foundation for QI in your hospital prior to implementing the project. Some of these activities for consideration are outlined in the “Recommended Actions” of the table below.

You can use the MQii Toolkit to undertake the “Recommended Actions” and facilitate malnutrition-focused QI in your hospital. For example, it will provide you with tools and information to help familiarize your staff with quality improvement concepts, get leadership buy-in, engage your hospital’s Quality Committee, identify and gain access to necessary clinical data for results analysis, educate other providers on the importance of malnutrition, and other key activities necessary to support QI.

Please note, relevance of the “General Interpretation” and “Recommended Actions” will vary by hospital. You may find that your hospital is already very strong on one aspect of malnutrition-related QI activities, but weaker on others. For example, your hospital may already have strong dietitian engagement in QI, so even if your hospital scores as being in the “Pre-consideration Phase” overall, you may determine you do not need to seek opportunities for dietitian empowerment as a key action. As such, actions should be undertaken “as applicable” based on the unique circumstances and existing capabilities of your institution.

TOTAL SCORE	STAGE DESCRIPTION	GENERAL INTERPRETATION	RECOMMENDED ACTIONS <i>(Undertake as applicable)</i>
<52	Stage 1: Pre-Consideration (Lower Readiness)	<ul style="list-style-type: none"> • Limited institutional engagement around and leadership support for QI • Limited familiarity with QI concepts or experience implementing it • Limited knowledge among administrators or providers around the importance and impact of malnutrition • Limited access or availability of data to support effective QI • Limited availability of staff to support a malnutrition QI project • Limited dietitian staffing levels to support engagement in malnutrition QI 	<ul style="list-style-type: none"> • Initiate education to familiarize hospital leadership and providers with malnutrition prevalence, burden, and care gaps • Seek opportunities to tie malnutrition to other quality or cost of care concerns • Build a project team interested and engaged in malnutrition-focused QI to begin to champion the importance and potential impact of these projects • Educate malnutrition project team about QI concepts (e.g., PDSA, Six Sigma) and how to implement malnutrition QI • Seek opportunities for expanded dietetics staffing to allow for involvement in QI in the hospital
53-64	Stage 2: Consideration (Fair Readiness)	<ul style="list-style-type: none"> • Some interest in pursuing QI projects • Some knowledge of QI concepts across the organization (may be inconsistent) • Expressed leadership interest in QI but limited involvement to date from providers and patients/ caregivers 	<ul style="list-style-type: none"> • Use malnutrition project team to expand knowledge of malnutrition burden and how to do malnutrition-focused QI • Engage with hospital leadership and quality committees to generate buy-in and support

TOTAL SCORE	STAGE DESCRIPTION	GENERAL INTERPRETATION	RECOMMENDED ACTIONS <i>(Undertake as applicable)</i>
53-64	Stage 2: Consideration (Fair Readiness)	<ul style="list-style-type: none"> • Some familiarity with the importance of malnutrition (may be inconsistent) • Potential availability of data or staff to support QI projects, but barriers remain • Some dietitian experience and leadership in QI 	<ul style="list-style-type: none"> • Engage with Patient and Family Council (if available) to identify malnutrition challenges and get patient support for change • Begin to identify resources and build relationships (e.g., with data or informatics officers) to support future malnutrition QI efforts • Continue to demonstrate dietitians' involvement and leadership in QI efforts
65-76	Stage 3: Reflection (Good Readiness)	<ul style="list-style-type: none"> • Organizational familiarity with QI concepts • General leadership culture oriented toward QI and support for QI efforts • Some patient and caregiver engagement in QI efforts to date • General knowledge of malnutrition challenges in the hospital and good efforts to support malnutrition care across providers to date • Access to or ability to access necessary data to support QI • Availability of some necessary staff to support a QI project 	<ul style="list-style-type: none"> • Demonstrate the importance of pursuing malnutrition-focused QI to leadership, quality committees, etc. by sharing information on potential benefits, case examples • Use malnutrition team to build employee awareness programs on malnutrition QI and how to implement and use QI tools • Engage with Patient and Family Council (if available) to identify opportunities for change and demonstrate patient support for malnutrition QI efforts

TOTAL SCORE	STAGE DESCRIPTION	GENERAL INTERPRETATION	RECOMMENDED ACTIONS <i>(Undertake as applicable)</i>
65-76	Stage 3: Reflection (Good Readiness)	<ul style="list-style-type: none"> • Good dietitian experience engaging in QI 	<ul style="list-style-type: none"> • Begin to identify individuals capable of providing leadership for malnutrition QI across disciplines (e.g., nurse leader, physician champion)
77-88	Stage 4: Identification (Very Good Readiness)	<ul style="list-style-type: none"> • Good leadership support for and engagement around QI efforts • Hospital-wide knowledge and familiarity with the impact of malnutrition, and interest to address existing barriers to optimal care • Regular patient and caregiver engagement in QI efforts to date • Good readiness and availability of staff necessary to assemble team and begin QI project • Good ability to access and collect data to support QI • Good dietitian involvement in past QI efforts and some dietitian experience leading QI projects 	<ul style="list-style-type: none"> • Engage with leadership, quality committees to ensure buy-in and identify opportunities for their engagement and support • Finalize malnutrition QI project cross-discipline leadership (project team), including identifying representative from Patient and Family Council (if available) • Begin to assemble educational and training materials and resources • Identify availability of data and engage with data/informatics lead to establish data collection processes

TOTAL SCORE	STAGE DESCRIPTION	GENERAL INTERPRETATION	RECOMMENDED ACTIONS <i>(Undertake as applicable)</i>
89-100	Stage 5: Implementation (Excellent Readiness)	<ul style="list-style-type: none"> • Strong leadership engagement and enthusiasm for malnutrition QI project • Preexisting hospital-wide education around malnutrition, good knowledge about its impact and burden, and strong support for QI in this area • Robust patient and caregiver engagement in QI efforts to date • Established cross-discipline team ready and available to implement quality improvement • Good systems in place to access and use data for QI tracking/metrics and rapid cycle feedback to care teams • Strong dietitian experience leading QI efforts 	<ul style="list-style-type: none"> • Establish goals of project and intervention to pursue (i.e., aspect of malnutrition care to focus on for change) • Engage hospital leadership to generate hospital-wide buy-in and support for the QI project • Familiarize project team with goals, timing, and plan for implementation of the QI effort • Begin to disseminate educational and training materials about the project • Establish data collection systems to extract data for QI project, calculate quality indicators, and provide feedback to care teams • Clearly define dietitian versus other provider roles in leading the project

Interpreting Results with Missing or Incomplete Data:

Given the length of the survey, we recommend excluding any survey for which 5 or more questions were left unanswered. Should this be prevalent across your organization (or if you are the sole responder and you find that you are unable to answer 5 or more questions), we suggest that you follow up with relevant leaders (e.g., other providers, Quality Committee staff, hospital leadership) to address gaps in your knowledge and determine appropriate responses to the questions.

If four or fewer questions are left unanswered, use the table below to determine your adjusted score so that it aligns with the scale of the Results Assessment Table and you can interpret your results accordingly.

Number of Questions Left Unanswered	Calculation
Missing one question	Adjusted Score = actual score x (20/19)
Missing two questions	Adjusted Score = actual score x (20/18)
Missing three questions	Adjusted Score = actual score x (20/17)
Missing four questions	Adjusted Score = actual score x (20/16)