

Plan for Data Collection

Assess Your Data Collection Options



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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Section Take Aways

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

- Identify indicators or metrics to track the impact of your improvement activities
- Evaluate and prepare sources for data capture
- Be familiar with the suggested MQii quality indicators

Identify Quality Indicators or Other Metrics to Track Improvement

In order to assess the effectiveness of the MQii implementation in your hospital, **the Project Team Leader and a Reporting Analyst should identify key quality measures, indicators, or metrics to be assessed throughout the course of the MQii implementation.** Quality Measures or indicators should be identified prior to implementation of the selected improvement activity, along with the mechanism for their data capture (see next section), and communicated to the Care team.

Sites should identify quality measures and/or indicators in the context of their organization's goals for improvement and be aligned with the selected improvement activities to change the existing clinical workflow. Teams may collect data on as many measures or indicators as are relevant to their improvement and implementation goals.

Determine a Data Capture Mechanism

Once you have identified indicators to measure your performance on the selected clinical improvement(s), you will need to determine the method for collecting that performance data. A standardized and consistent method of data collection should be used throughout the MQii implementation period. Data collected during this period will be used for comparison against any baseline data (collected prior to implementation) and help determine whether any change in malnutrition quality resulted from implementation of the MQii. A standardized method of data collection will make it easier to compare results and will alleviate questions or concerns regarding data capture.

It is recommended that data in alignment with the selected quality measures or indicators be collected using a hospital's electronic health record (EHR) system when possible. Using the EHR system typically allows for quicker and lower cost data abstraction compared with paper-based methods. But this varies by EHR system, so **explore what data your system has available to collect on the selected malnutrition quality measures or indicators and your ability to run custom reports.** If available and embedded in your system, a malnutrition documentation template can greatly facilitate data collection on key data elements.

Review the Suggested MQii eCQMs and Quality Indicators

Depending on the improvement activities you have selected to implement in your hospital, the electronic clinical quality measures (eCQMs) and quality indicators in Table 7 may be ones that you can track for this initiative. Collecting data on these suggested eCQMs or indicators will provide evidence on significant points of interest that may be used to further advance quality improvement efforts, such as the percentage of patients admitted to hospital who are at risk for malnutrition.

Please note: These suggested eCQMs and indicators are intended for use with patients age 65+ years. A full set of specifications for the eCQMs can be found in the [eCQMs Specifications List](#), while indicator specifications can be found in the [MQii Data Management Guide](#), along with tools for performance feedback on these indicators.

Table 7: Suggested MQii eCQMs and Quality Indicators

Recommended Clinical Workflow Stage	Suggested eCQMs	Suggested MQii Quality Indicators
Malnutrition Screening	1. Completion of a Malnutrition Screening within 24 hours of Admission	<ol style="list-style-type: none"> 1. Percentage of patients age 65+ years admitted to hospital who received a malnutrition screening with a validated screening tool 2. Percentage of patients age 65+ years admitted to hospital who received a malnutrition screening 3. Percentage of patients age 65+ years identified as “at risk” through a malnutrition screening who had a malnutrition-risk diet order implemented within 24 hours of the completed screening 4. Length of time between hospital admission and completion of malnutrition screening 5. Length of time between identification of a patient age 65+ years as “at risk” based on a malnutrition screening and implementation of a malnutrition-risk diet order, but before a nutrition assessment with a standardized tool 6. Length of time between admission and implementation of a malnutrition-risk diet order in patients age 65+ years identified as “at risk” based on a malnutrition screening, but before a nutrition assessment with a standardized tool
Nutrition Assessment	1. Completion of a Malnutrition Screening within 24 hours of Admission	<ol style="list-style-type: none"> 7. Percentage of patients age 65+ years identified as “at risk” for malnutrition based on a malnutrition screening who also had a completed nutrition assessment with a standardized tool 8. Length of time between patients age 65+ years identified as “at risk” for malnutrition based on a malnutrition screening and completion of a nutrition assessment using a standardized tool 9. Length of time between admission and completion of a nutrition assessment with a standardized tool for patients age 65+ years identified as “at risk” for malnutrition based on a malnutrition screening

Recommended Clinical Workflow Stage	Suggested eQMs	Suggested MQii Quality Indicators
Malnutrition Diagnosis	3. Appropriate Documentation of a Malnutrition Diagnosis	10. Percentage of patients age 65+ years identified as malnourished with a nutrition assessment using a standardized tool who have a documented dietitian-based malnutrition diagnosis 11. Percentage of patients age 65+ years who have a documented provider medical diagnosis of malnutrition 12. Percentage of patients age 65+ years identified as malnourished with a nutrition assessment using a standardized tool who have a documented dietitian-based malnutrition diagnosis and a provider medical diagnosis of malnutrition
Malnutrition Care Plan Development	4. Nutrition Care Plan for Patients Identified as Malnourished after a Completed Nutrition Assessment	13. Percentage of patients age 65+ years with a completed nutrition assessment and a documented malnutrition diagnosis who have a documented malnutrition care plan
Intervention Implementation		14. Percentage of patients age 65+ years with a documented malnutrition diagnosis who had a nutrition intervention implemented 15. Length of time between documented malnutrition diagnosis and implementation of a nutrition intervention for patients age 65+ years diagnosed as malnourished 16. Length of time between admission and implementation of a nutrition intervention for patients age 65+ years diagnosed as malnourished
Discharge Planning		17. Percentage of patients age 65+ years with a malnutrition diagnosis as a result of a nutrition assessment with a standardized tool who have a malnutrition care plan included as part of their post-discharge care plan

In addition to these MQii eQMs and quality indicators, you may also find quality indicators from the American Society for Parenteral and Enteral Nutrition (ASPEN) useful to implement as well. They are well-aligned with the MQii indicators and may provide additional areas for performance measurement.

Other quality indicators that your organization may wish to track as a part of this initiative are listed below. These quality indicator concepts assess aspects of patient-centered care and high-priority clinical outcomes anticipated to be impacted by MQii implementation. Although these concepts may not be directly related to MQii outcomes, improvements in malnutrition care may impact them.

(additional quality indicators listed on next page)

Suggested Patient-Centered Quality Indicators

- a. Consideration of patient preference in initiating a malnutrition-risk diet order
- b. Confirmation of malnutrition screening by the patient at discharge
- c. Confirmation of receipt of malnutrition education by patient and/or family caregiver at discharge
- d. Consideration of patient or family preference initiating a feeding tube during end of life care

Suggested Outcome Quality Indicators

- a. Average length of stay for patients receiving malnutrition care since MQii implementation
- a. Readmission rate of patients receiving malnutrition care since MQii implementation
- b. Percentage of patients receiving malnutrition care who developed hospital-acquired infections following MQii implementation